

Democratic Republic of the Congo

July 2020

Main highlights

- As of 18 July, there were 8,403 confirmed cases of COVID-19 in the DRC, with 193 reported deaths. No case has been confirmed amongst UNHCR's persons of concern in the DRC so far.
- As of 29 June, an estimated total of 1,2 million refugees, internally displaced persons and host community members had been reached by awareness-raising sessions on COVID-19, carried out by UNHCR and partners.
- As of 29 June, UNHCR had installed 3,125 handwashing stations across DRC (including 469 donated to authorities and 441 to health structures), over 102,000 persons received soap, and 2,069 community infrastructures had been disinfected (dormitories, community structures, etc.).
- As part of the "Tine Mungu" pilot project (meaning "protect yourself") launched since late April, South Sudanese refugees and locals have so far produced 2,450 masks out of 6,000 planned in Meri refugee settlement. 450 masks will be used for COVID-19 awareness-raising. Those who made them had previously benefited from tailoring classes with the support of UNHCR.



In an area hosting refugees from the Central African Republic, a journalist records awareness-raising radio spots on COVID-19 in several languages, with the support of UNHCR and local authorities. © UNHCR/Ghislaine Nentobo

Operational context

As the state of emergency was extended for the fifth time until 4 July, Kinshasa's neighbourhood of Gombe remained on lockdown until 30 June, when it was finally lifted. 14 provinces are now affected by COVID-19, with notable numbers of cases in the eastern provinces of South Kivu (141 cases) and North Kivu (106 cases), which host refugees and internally displaced persons. There are growing fears that COVID-19 may also reach refugee-hosting areas of northern DRC through neighbouring Bangui, the capital of the Central African Republic, where 3,099 cases have been confirmed. On 25 June, the Ebola epidemic was declared over in eastern DRC as no new cases have been reported since 27 April. However since 1 June, 21 new unrelated cases were recorded in another part of the country, in Equateur Province. In early June, there were repeated incursions by the South

Sudanese army into refugee-hosting areas in DRC despite border closures, leading refugees and locals to flee. On 17 and 18 May, some 45,000 persons, according to local DRC authorities, had attempted to flee towards the Ugandan border with the DRC shortly after deadly militia attacks on civilians in Ituri province. While some have been able to return to their area of origin, thousands remained close to the border. On 1 July, Uganda agreed to temporarily open its borders. Approximately 1,500 asylum-seekers entered the country through Guladjo and Mount Zeu crossing points in Zombo district.

UNHCR COVID-19 response

The health and well-being of refugees and internally displaced persons (IDPs) is a priority for UNHCR, and it has adjusted its operations in DRC to address the COVID-19 response and continue supporting its persons of concern and host communities.

UNHCR has supported the inclusion of refugees and IDPs into the DRC's national preparedness and response plan against COVID-19 and is following up with authorities to ensure that they are fully taken into account in the implementation of preparedness, prevention and response activities.

UNHCR continues its protection and assistance activities, while at the same time, mitigating any negative impact of its actions on affected populations, in line with the principle of "do no harm". While continuing critical assistance to refugees and IDPs using remote management methods, UNHCR is reducing the number of beneficiaries being received in its offices and has adjusted its activities to promote social distancing between staff and persons of concern, and between persons of concern. Handwashing and social distancing, as well as masks, are mandatory during any distribution.

UNHCR is installing handwashing stations in refugee camps and IDP sites across DRC, while distributing soap and disinfecting community infrastructures. UNHCR is contributing to community messaging about COVID-19 and measures to prevent infection. Information material prepared on behalf of the Ministry of Health, and translated in the languages spoken by refugees, is being distributed across the country. Awareness-raising is also being done through awareness sessions and radio broadcasts (in Kasai, Haut-Katanga, Tanganyika, Nord Ubangi, Sud Ubangi, North Kivu, South Kivu, Ituri and Haut Uele provinces), and through established community committees. Awareness-raising sessions are taking place in groups of less than 15 refugees keeping at least two meters distance from each other.

Lastly, UNHCR supports authorities and the national health system by assisting with the construction of isolation sites and medical checkpoints, and by donating medicines and equipment such as masks, handwashing stations and more, in areas hosting refugees and internally displaced persons.



PROTECTION

- As of 29 June, an estimated total of 1.2 million refugees, internally displaced persons and host community members had been reached by awareness-raising sessions on COVID-19, carried out by UNHCR and partners. This includes at least 12,855 individuals reached by community-based protection groups, which are supported by UNHCR in Ituri, North Kivu, South Kivu and Tanganyika provinces. This shows the positive impact of directly involving communities in their own protection activities.
- UNHCR continued to monitor human rights violations despite movement restrictions related to COVID-19. In March, 4,463 human rights violations were recorded in DRC compared to 2,236 in February. This included 952 cases of sexual and gender-based violence (SGBV) in March, compared to 714 in February.
- In response to signs of increased SGBV amidst the COVID-19 crisis, UNHCR reinforced specific awareness-raising on the issue, including messages on SGBV prevention and how survivors can access services. As of 29 June, almost 14,000 refugees, displaced persons and host community members had been reached by such specific awareness-raising.
- Given restricted mobility due to COVID-19, UNHCR set up a toll-free number in South Kivu Province, as a way for refugees, displaced persons and those under UNHCR's mandate to confidentially report protection incidents, including sexual exploitation and abuse.
- On 18 June, UNHCR's partner INTERSOS released a report on local perceptions of COVID-19 in North Kivu Province, which hosts 1.9 million internally displaced persons. A total of 771 persons were surveyed in the last three weeks of May (61 per cent men and 39 per cent women). Almost half (47 per cent) link the COVID-19 pandemic to the Ebola epidemic ongoing since August 2018. A quarter (24 per cent) think

foreigners brought the virus to Africa, and 9 per cent think it is a made-up disease. Importantly, 229 persons (almost 30 per cent) stated having no information on COVID-19, and a majority (65 per cent) mentioned the radio as the preferred means of receiving information. The outcomes of such surveys that UNHCR and its partners conduct across the country will feed into how the awareness-raising activities are conducted.

- UNHCR and partners have also observed that, in displaced persons' return areas in Tanganyika Province, communities have little information on COVID-19, its mode of transmission, prevention and symptoms. Some think that COVID-19 is a matter for wealthy travelers who travel by plane, for example. In the displacement site of Kikumbe, in the provincial capital of Kalemie, some said that the disease did not concern them. UNHCR is reinforcing awareness-raising efforts in these areas.
- In the second week of June, UNHCR and partner AIDES distributed over 73,000 kg of biomass briquettes, made by refugees, to a total of 36,406 Burundian refugees (8,731 households) in Lusenda camp and Mulongwe settlement. Using biomass briquettes instead of wood for fire means women do not need to leave the camp in search of firewood, which can expose them to violence and also allows them to keep distance in the context of COVID-19.
- In Kinshasa, as some refugees' ID cards and family composition documents expired on 4 May, UNHCR and partners set up a special process based on appointments to distribute renewed documents, amidst the COVID-19 crisis. So far, 278 refugee ID cards and 52 family composition documents were distributed.
- Following the DRC Government's request to close displacement sites in Kalemie (Tanganyika Province), UNHCR provided assistance for the voluntary return of a total of 9,003 persons (3,600 households) living in Kaseke and Kakomba displacement sites, while ensuring social distancing. Most individuals will relocate to return zones which were identified as safe within Kalemie Territory. Each person received cash assistance in groups of less than 20 and all participants were informed on COVID-19 prevention.
- In the second half of May, UNHCR registered 377 new births amongst refugees from the Central African Republic, using special measures to prevent COVID-19. These included the use of kiosks to reinforce social distancing, rapid registration mechanisms allowing partners to gather information on new births from health centres, and handwashing stations.



EDUCATION

- In areas hosting refugees from the Central African Republic, UNHCR's partner ADSSE organized home schooling for 59 final year primary school pupils to prepare them for the national certificate exams, despite COVID-19 related challenges. The home-schooling teachers worked with small groups of not more than six pupils, while respecting social distancing and recommended hygiene measures.



SHELTER

- In Mahagi and Bule Territories (Ituri Province), UNHCR's partner the Danish Refugee Council (DRC) built 903 emergency shelters in the first two weeks of June, improving social distancing between families. In addition, almost 600 shelters were restored or rehabilitated in Mahagi Territory.
- In South Kivu Province, 1,000 displaced households who lost their houses during the floods in May 2020 will benefit from cash for shelter assistance, allowing them to pay up to three months of rent.



HEALTH

- At the Nyalanya health center in Aba (Haut Uele Province), which caters for South Sudanese refugees and locals, UNHCR installed 6 refugee housing units for quarantining suspected COVID-19 cases.
- Since the beginning of the pandemic, UNHCR has so far supported the training of a total of 428 health workers on COVID-19 in refugee-hosting areas.
- In Kinshasa, 27 chronically ill refugees (non COVID-19) received monthly cash allowances, in order to reinforce their medical treatment as a preventive measure against COVID-19, as they are vulnerable to the disease. Another 41 refugees with health problems, including elderly persons and persons with disabilities, received cash assistance to enable them to buy food amidst limited livelihoods due to the COVID-19 crisis.
- UNHCR is carrying out weekly food distributions to volunteering medical staff and police officers deployed at the nine medical checkpoints that UNHCR helped set up in Kasai Central Province. UNHCR also installed solar panels at four of the checkpoints.

**WATER AND SANITATION**

- As of 29 June, UNHCR had installed 3,125 handwashing stations across DRC (including 469 donated to authorities and 441 to health structures), over 102,000 persons received soap, and 2,069 community infrastructures had been disinfected (dormitories, community structures, etc.).
- Burundian refugees and host community business associations in Lusenda camp and Mulongwe settlement (South Kivu Province) have taken the initiative of making and selling soap to respond to the COVID-19 pandemic. UNHCR's partner ADRA trained six associations in Lusenda camp in soap manufacturing during the third week of May.
- In Kinshasa, a total of 271 refugee households received hygiene kits consisting of soap and disinfectant gel for the prevention of COVID-19 from May to June 2020.
- A water tank was set up to ensure water supply at the hospital of Kananga (capital of Kasai Central Province), which UNHCR is rehabilitating for potential COVID-19 cases.
- UNHCR's partner the Danish Refugee Council completed the construction of 45 latrines and 25 showers in Tsukpa and Lala displacement site in Djugu Territory (Ituri Province), improving hygiene conditions and helping to prevent contagious diseases, including COVID-19.
- UNHCR's partner ACTED replaced 18 broken taps at 10 water points in Mole refugee camp, to ensure refugees from the Central African Republic have access to potable water and wash their hands regularly.

Operational impact and constraints

UNHCR's regular operations across the DRC are affected by confinement and social distancing measures adopted as part of the Government's fight against COVID-19. The main activities that have been affected so far are the following:

- In Tanganyika Province, movement restrictions for field staff has restricted monitoring of sexual and gender-based violence, and a reduction in the number of awareness-raising sessions and persons reached.
- The current focus of resources on COVID-19 risks to negatively impact funding for other health responses, including for the supply of PEP kits for survivors of sexual and gender-based violence.
- Despite increased risks of sexual and gender-based violence linked to COVID-19, post-exposure prophylaxis (PEP) kits are not sufficiently available and unevenly distributed in Ituri Province. Also due to COVID-19 related movement restrictions, the re-deployment of PEP kits from one zone to another is delayed.
- Out of the 662 unaccompanied or separated children referred by UNHCR to the ICRC, the relatives of 14 children have been located. Amongst them, relatives of 12 children have fled to Uganda and therefore family reunification is currently not possible due to COVID-19 related border closures. UNHCR is in contact with ICRC to ensure the children's protection whilst awaiting reunification.
- With UNHCR and partner agencies less present in Lusenda camp and Mulongwe settlement (South Kivu Province) due to deteriorated roads following the April floods, as well as to COVID-19 related movement restrictions, it has become more challenging to monitor SGBV and child protection incidents amongst Burundian refugees. UNHCR is reinforcing phone communication with community-based groups.

Identified needs and gaps

**PROTECTION**

- Due to insufficient funds, radio spots on COVID-19 are no longer aired on the 10 community radios used by UNHCR in Nord and Sud Ubangi provinces, which host refugees from the Central African Republic. UNHCR had been using radio broadcasts three times daily since April to raise awareness on COVID-19 in French, Lingala and Sango, for both refugees and host community members. The spots have the capacity to reach a wide range of people, including in areas with difficult physical access.
- With school closures, some cases of economic exploitation of children (field work, construction work) were reported amongst South Sudanese refugees in May. UNHCR and partners are monitoring the situation in

order to improve case management and increasing awareness-raising activities about economic exploitation of children during COVID-19.

- In Lubumbashi (Haut Katanga Province), despite the President's announcement that landlords shall refrain from evictions in this period of COVID-19, protection issues in the housing sector are still reported amongst refugees. UNHCR reviewed the grievances of refugees and is continuing advocacy on their behalf.



EDUCATION

- In both urban centres of Kinshasa and Lubumbashi, UNHCR and partner ADSSE carried out remote monitoring of refugee students during school closings. Some students need pedagogical support during school closures, as they are not adequately assisted by their parents, who do not have much time or pedagogical capacities.



SHELTER

- Shelter construction is needed to help reduce overcrowding in displacement sites and improve social distancing, taking into account COVID-19. In South Kivu, where there are no official IDP sites, shelter is one of the most immediate IDP needs in informal sites and to decongest host families' dwellings.
- Heavy rains and flooding continued to affect nearly 150,000 individuals, including internally displaced persons and refugees, in Uvira and Fizi territories (South Kivu Province). Many have lost their homes and are staying in temporary sites with little social distancing, or health or sanitation facilities.



HEALTH

- In several UNHCR-managed displacement sites in Ituri Province, funding for the health response has run out at the end of May. Displaced persons therefore risk losing access to essential health services.
- Access to quality healthcare for refugees from the Central African Republic (CAR) and Burundi is limited by the absence of a laboratory in areas hosting them – namely Nord and Sud Ubangi Provinces, and Fizi Territory in South Kivu Province. Although the provinces hosting refugees from CAR received kits from the DRC Government to collect swabs for COVID-19 tests, and the hospital of the city of Baraka (South Kivu Province) has software to test patients, the national guidance is to send samples to the National Institute for Biomedical Research (INRB) in Kinshasa.



WATER, SANITATION AND HYGIENE (WASH)

- In Tanganyika Province, UNHCR's partner INTERSOS expressed challenges when implementing preventive measures against COVID-19. These included: the absence of WASH equipment for handwashing at the entrance of displacement sites; failure to comply with systematic handwashing and temperature taking at the entrance of health centres; poor information and understanding about COVID-19 among community volunteers and members of protection committees in displacement sites.
- In North Kivu Province, the lack of soap and lack of water and sanitation infrastructure remain important gaps in terms of implementation of handwashing and other hygiene measures in displacement sites.

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_17699

