

Democratic Republic of the Congo

17 April 2020

Main highlights

- As of 16 April, there were 287 confirmed cases of COVID-19 in the DRC, with 23 reported deaths. No case has been detected amongst UNHCR's persons of concern in the DRC so far.
- The Ebola epidemic continues: two individuals died of the disease just days before the declaration of the end of the epidemic in DRC was to be declared on 12 April.
- On 3 April, UNHCR and partner INTERSOS launched a mobile money cash distribution using a hopscotch game to promote social distancing for nearly 6,000 internally displaced persons (IDPs) living in Beni and Butembo towns, North Kivu Province. The use of mobile money is a way to reduce direct contact amidst the COVID-19 pandemic.
- In Kinshasa, 238 urban refugees, including 57 with specific needs, received either cash assistance to supplement their food rations, or assistance to buy food provisions, as a response to restrictions in place amidst COVID-19.



A displaced woman receives cash assistance from UNHCR through mobile money in Beni, North Kivu Province, amidst the COVID-19 pandemic. © UNHCR/Ibrahima Diane

Operational context

On 6 April, the capital Kinshasa's Gombe commune, which is the epicenter of COVID-19 in the country, went into a total lockdown until at least 20 April, whereby inhabitants cannot leave their homes. For the same period, all outward movements from Goma, Beni and Butembo towns (North Kivu Province) have been suspended. Lastly, all movements between Goma and Bukavu (South Kivu Province) are suspended. On 2, 3 and 4 April, the first cases of COVID-19 were respectively reported in the towns of Bunia (Ituri Province), Beni (North Kivu Province), and Idiofa (Kwilu Province), but since then no further cases in these provinces have been reported.

UNHCR COVID-19 response

The health and well-being of refugees and IDPs is a priority for UNHCR, and it has adjusted its operations in DRC to address the COVID-19 response and continue supporting its beneficiaries.

UNHCR has contributed to inclusion of refugees and IDPs into the DRC's national preparedness and response plan against COVID-19, and it 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 it is continuing critical assistance to refugees and IDPs, UNHCR is reducing the number of beneficiaries being received in its offices and has adjusted its activities to limit interaction between staff and persons of concern, and between persons of concern, taking into account physical distancing requirements. Handwashing is mandatory during any distribution.

UNHCR is informing its beneficiaries about COVID-19 and measures to prevent infection. Information material prepared by UNICEF 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 sensitization sessions and radio (in Kasai, Haut-Katanga, Nord Ubangi, North Kivu and Ituri provinces), and through established community committees. Sensitization sessions are taking place in groups of less than 15 refugees keeping at least two meters distance from each other.



BASIC NEEDS AND FOOD SECURITY

- UNHCR is reviewing its cash assistance modalities in favour of mobile money to limit physical contacts.
- On 31 March, a cash distribution took place in the Bembeyi IDP site, near Bunia (Ituri Province), with strict COVID-19 prevention measures in place. IDPs were also sensitized on COVID-19 using posters, while handwashing was supervised at the entrance of the distribution point. All staff was wearing masks and had sanitizing gel at disposal, while the number of beneficiaries in the queue was limited, and a minimum distance imposed between them.
- In anticipation for a cash-for-food distribution for refugees from the Central African Republic (CAR), UNHCR and partner ADSSE began preparations for the distributions, coupled with awareness-raising campaigns for refugees on COVID-19 to respect social distancing and hygiene measures. Partner WFP plans to provide two months' worth of half rations of cash-for-food. The distribution started on 13 April and is ongoing in the four refugee camps.



PROTECTION

- Awareness-raising on COVID-19 and measures to be taken to avoid the spread of the virus are continuing across DRC. UNHCR created 5 radio spots being broadcast in 11 locations, and sensitized over 30,000 refugees to COVID-19 through awareness raising sessions. UNHCR began a three-day awareness-raising campaign on COVID-19-related restrictions of movements for refugees living in out-of-camp locations in Nord Ubangi Province.
- As of the week of 13 April, radio spots on COVID-19 have started in North Kivu Province. IDPs are now being reached through radio in Haut-Katanga, and North Kivu provinces, and in the Kasai area.
- Protection monitoring continues across the DRC, through established community-based mechanisms.
- UNHCR and partners continue to respond to sexual and gender-based violence (SGBV) alerts; four cases were documented in Tanganyika Province in the first week of April. UNHCR and partner AIDES provided psychological follow-up at home while respecting physical distancing, while all four survivors received medical care within 72 hours.
- In camps hosting refugees from CAR, awareness-raising on SGBV is now carried out in a door-to-door fashion in refugees' shelters, in order to avoid crowds. Three minors who were victims of SGBV at Inke camp, Nord Ubangi Province were provided with legal aid, clothes and hygiene kits as well as psychosocial and medical assistance and food assistance.
- As UNHCR has reduced physical contacts with unaccompanied and separated children, as well as with host families, alternative communication means were set up in camps hosting refugees from CAR, using phones to remain in touch with Child Protection committees.
- On 6 April, UNHCR relocated a group of South Sudanese refugees, who belong to a specific ethnic group, from the Aru Transit Centre (TC) to Biringi settlement. The 66 persons (19 households) had been staying in the TC since 2016, for fear of social tensions if relocated to the settlement with other refugees. Refugees

in Biringi settlement warmly welcomed the new arrivals, after UNHCR carried out many peaceful coexistence activities in preparation for the relocation. The move also supports decongestion of the Aru TC and the prevention of COVID-19.

- In Ituri Province, UNHCR referred 662 separated and unaccompanied children, identified in displacement sites, to UNICEF and ICRC for family reunification. The referral process has been simplified to allow for a more rapid reunification given the heightened vulnerability of separated children in the context of the COVID-19 outbreak and the likely increase of operational restrictions for UNHCR and other actors.



SHELTER

- At the Kavimvira TC in Uvira, South Kivu Province, UNHCR's Government partner, the National Refugee Commission (CNR), was able to free up dormitory hangars to shelter asylum-seekers.
- Shelters are being constructed in Mulongwe settlement in preparation of the relocation of refugees from overcrowded TCs in South Kivu Province. An estimated 1,400 persons in the TCs have been granted refugee status, out of the 2,900 residents, and will be relocated. The shelters are constructed with a minimum distance between them, to allow for the isolation of refugees upon relocation, and prevent an eventual spread of COVID-19.



HEALTH

- UNHCR and partner AVSI completed the rehabilitation of a health centre in Dhebu, Djugu Territory, Ituri Province. While not specifically planned for COVID-19, the rehabilitated health centre enhances access to basic health services for the local population and displaced persons in the area.
- In Kasai Province, UNHCR and partner AIDES have supported provincial authorities with 264 tarpaulins to construct three isolation centres to prepare for a possible COVID-19 outbreak.
- UNHCR also donated 71 tarpaulins for eight medical checkpoints put in place by the Government in Kasai Central Province.
- Urban refugees in Bukavu (South Kivu Province) and Goma (North Kivu Province) were enrolled in a mutual health insurance, and arrangements were made to ensure their access to secondary healthcare through partner AIDES.



WATER AND SANITATION

- In the first three weeks of its COVID-19 response for refugees in the DRC, UNHCR installed 335 handwashing stations in various refugee settlements, distributed soap to 5,455 refugees and host community members, and lastly disinfected 1,400 showers and latrines in refugee settlements.
- For IDPs, UNHCR is providing core relief items (CRIs), including soap. UNHCR has installed handwashing stations for other distributions (such as cash distributions) and has been conducting sensitization on COVID-19, while applying social distancing measures.
- In Bukavu (South Kivu Province), UNHCR equipped the Ndendere TC and surrounding area with two standpipes to address recurring water shortages. This also contributes to the prevention of waterborne diseases and supports regular washing of hands to prevent COVID-19.
- UNHCR distributed hygiene kits to six areas hosting South Sudanese refugees, composed of masks, gloves, soaps and handwashing stations, to contribute to their preparedness to COVID-19.

Operational impact and constraints

UNHCR's regular operations across the DRC are affected by confinement and social distancing measures. The main activities that have been affected so far are the following:

- In eastern DRC, needs assessment missions are suspended until protocols are put in place for COVID-19. This limits UNHCR's capacity to assess protection needs.
 - In Kalemie, Tanganyika Province, court hearings, aiming to provide justice to SGBV survivors are suspended while authorities work on COVID-19 prevention measures.
 - 52 Rwandan candidates for Voluntary Repatriation remain blocked in TCs and Assembly Points in North Kivu Province, due to the suspension of repatriations amidst COVID-19.
 - Insecurity in South Kivu Province, as well as the need to adapt to new COVID-19 related measures, are delaying distributions in refugee camps.
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Identified needs and gaps



BASIC NEEDS AND FOOD SECURITY

- Prices for basic items have started to increase throughout DRC, which could lead to an increase in social tensions, and affect urban refugees in eastern DRC and in Kinshasa. Urban refugees already face difficulties maintaining their income during the confinement.
- Markets along the DRC's border with CAR have been suspended. As a result, scarcity and price hikes have already been observed in refugee-hosting areas.



PROTECTION

- Border closures and movement restrictions in North Kivu Province have made some displacement-affected areas almost isolated from aid, such as Nobili (Beni Territory), where over 150,000 IDPs arrived in late 2019. Since 19 March, small return movements have been reported from Nobili; reports describe the movements as “go and see” visits to places of origins. These may have been encouraged by the closure of the border with Uganda, which affects food supplies, business activities and humanitarian aid. UNHCR staff usually travel through Uganda to provide assistance in Nobili. UNHCR is monitoring the situation through community partners, IDPs, and local authorities.



SHELTER

- Since mid-March, an estimated 8,390 persons fleeing armed attacks have arrived in the ISP displacement site in Bunia, Ituri Province, which was already overcrowded with 16,765 inhabitants. New arrivals are currently hosted in five hangars, while four more are planned. Armed attacks continue throughout the province, and more population movements are recorded. IDP sites do not have capacity for further arrivals. There is a need to decongest local housing in order to place IDPs in host families, while preventing a spread of COVID-19.



HEALTH

- In areas hosting refugees and IDPs, health structures are especially under pressure, as they do not have capacity, nor are they sufficiently equipped, to respond to a possible COVID-19 outbreak coupled with a displacement situation.

Working in partnership

- As co-lead of the Cash Working Group in the DRC, UNHCR is drafting COVID-19-related recommendations for cash actors. Recommendations focus on avoiding mass-gathering during distributions by reviewing their frequency and implementing spacing and hygiene measures at distribution points.

The Protection Cluster has prepared a note on the lessons learned from the impact of the Ebola response, and is working with the CCCM Working Group and Shelter Cluster on advocacy related to the need for additional land, essential for the decongestion of sites in Ituri and North Kivu.

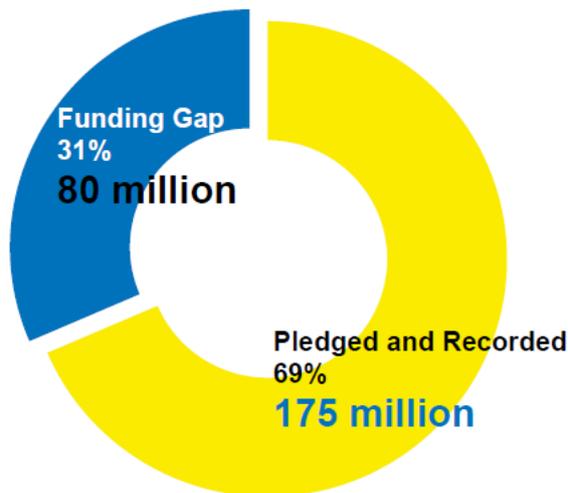
External / Donor Relations

FUNDING REQUESTED FOR THE CORONAVIRUS EMERGENCY SITUATION

UNHCR is grateful for the critical support provided by donors who have provided generous and timely support to the Coronavirus Emergency Situation globally, and to DRC as well as those who have contributed to UNHCR programmes with unearmarked funding. Special thanks to the United States who have made a contribution of USD 64 million to UNHCR's COVID-19 response, of which USD 400,000 has been earmarked for DRC.

USD 255M

Requested for UNHCR's COVID-19 response globally over the next nine months



TOTAL CONTRIBUTED OR PLEDGED TO THE COVID-19 APPEAL | USD

175M

Including:

United States 64.0M | United Kingdom 25.0M | Japan 23.9M | European Union 17.9M | Denmark 14.6M | CERF 6.9M | Canada 6.4M | Ireland 3.3M | Sweden 3.0M | Sony Corporation \$3.0M | Education Cannot Wait 1.8M | Australia 0.8M | Private donors 0.3M

UNEARMARKED CONTRIBUTIONS | USD

Sweden 76.4M | Norway 41.4M | Netherlands 36.1M | Denmark 34.6M | United Kingdom 31.7M | Germany 25.9M | Private donors in Spain 20M | Switzerland 16.4M | Private donors in Republic of Korea 10.5M

DONORS OF REGIONAL OR SUB-REGIONAL FUNDS IN 2020 | USD

USA (13.9M) | Germany (8.4M) | Sweden (6.9M) | Canada (3.7M) | Finland (3.3M) | Private Donors Australia (2.1M)

DONORS FOR UNHCR OPERATIONS IN DRC IN 2020 | USD

USA (6.2M) | Sweden (3.1M) | European Union (1.6M) | Canada (0.7M) | Japan (0.6M) | United Nations Foundation (0.3M) | International Olympic Committee (0.2M) | UNAIDS (0.04M)

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