IN THE MEANIME

THE FIRST HALF OF 2020

The first six months of this year have been challenging for the humanitarian community in the Democratic Republic of the Congo.

In the face of increasing humanitarian needs exacerbated by recurrent crises and the pandemic of COVID-19, the DRC Humanitarian Fund is once again demonstrating its flexibility by supporting the emergency response and joint efforts already in place in the country, while ensuring that assistance goes where it is most urgently needed.

Contributions received by the end of 2019 made it possible to release US$10 million in April to address the expansion of COVID-19. Through a rapid allocation process, 18 partners were identified to carry out their activities in seven provinces affected by the pandemic (Ituri, Kinshasa, Kwilu, Kongo Central, North Kivu, South Kivu and Tanganyika).

At mid-year, seven donor countries, including Belgium, Canada, Germany, Ireland, The Netherlands, Sweden and the Republic of Korea, renewed their commitment to the Fund with $34 million.

In addition to the funds available, this financial support has been crucial to continue covering the most critical needs in the country. At the end of June 2020, a standard allocation of $49 million was launched to reinforce the emergency operations of humanitarian partners and two additional reserve allocations for two provinces in crisis. While $4 million will be used to meet priority needs in Ituri, where the humanitarian situation has deteriorated in recent months, another envelope of $2 million will be used to support ongoing operations, in view of the new Ebola virus disease epidemic declared in the province Equateur on the 1st of June, 2020.

These first six months have also been marked by important work carried out in parallel by the Humanitarian Financing Unit, in the context of the transfer of management to OCHA, to ensure full compliance with the CBPF global rules at the country level, strengthen the Fund’s performance, ensure transparency towards its stakeholders and increase its implementation capacity under the new management modalities (Operational Manual 2020).

In the meantime, HF partners with on-going projects in the first half of 2020 have made joint efforts to ensure that aid delivery reaches the most in need.

Stories from the field has been elaborated with the HF partners in order to illustrate activities and results of on-going or recently completed projects funded by the DRC Humanitarian Fund.

Overview (as of July 2020)

- 71 on-going projects
- 40 partners
- 12 provinces
- 33 territories
**OVERCOMING BARRIERS TO REACH THE MOST VULNERABLE**

DRC HF PARTNERS MOBILIZE TO PURSUE THEIR MISSION DESPITE OPERATIONAL CHALLENGES CREATED BY COVID-19

Since early March when Congolese authorities confirmed the first COVID-19 case, relief organizations have made great efforts to maintain their interventions, despite the risk of the virus. Today reaching the most vulnerable communities is more critical than ever.

In DRC, most humanitarian partners operating in the affected provinces have implemented measures such as physical distancing, handwashing, and taking temperature. For some partners, the task has become more difficult due to reduced movement to beneficiary communities, but they are doing their best to ensure that the most vulnerable populations are reached and receive appropriate assistance.

As of August 5, 17 provinces were affected by COVID-19, with a cumulative number of 9,309 cases. Kinshasa remains the most affected with over 7,701 cases.

**Supporting HF partners to stay and deliver**

Since the flexible arrangements have been made available by the DRC Humanitarian Fund, along with other Country-based pooled funds, partners impacted by the COVID-19 context have had the opportunity to resort to them to recover delay and reorientate specific aspects of their projects.

HF partners have indeed encountered new obstacles, from logistical challenges to movement restrictions impacting the community participation or schools closure affecting beneficiaries.

Thanks to the flexibility of the Fund, partners are able to rethink, adapt as well as innovate some of their activities in the benefit of the beneficiaries. As of July 2020, changes due to COVID-19 were integrated in seven projects through the flexible arrangements. And the number is likely to increase.

**Reorganizing, not to leave anyone in need behind**

In the Mweso health zone, province of North Kivu, the international NGO Action Contre la Faim (ACF) provided assistance in food security to vulnerable communities. In early April, ACF ensured food distribution to 1,000 beneficiary households from five villages. Due to the high number of beneficiaries and preventive measures against COVID-19, the activity took three times longer than usual.

To ensure that the communities understand and respect the measures taken, ACF team supported by the local Chief Medical Officer and his nursing staff led awareness-raising sessions two days before the distribution. ACF also provided leaflets on how to protect oneself and limit the spread of COVID-19 in the area to those concerned, such as beneficiaries (who can read), accountability committee members, village key informants and local authorities.
Measles will not wait

Since the beginning of their intervention, Première Urgence Internationale and the Provincial Health Division have organised vaccination campaigns in the Kasai and Kasai Central provinces to help stop the spread of measles. Between April and June 2020, over 45,740 children under the age of 5 were vaccinated in health zones where a response was much needed.

While both provinces have been spared by the COVID-19 up until now, Première Urgence Internationale has ensured that the activities were carried out with the prevention measures. In the frame of their campaigns, besides the vaccines, the organization brought handwashing facilities to the vaccination sites set up in the beneficiary communities. They briefed the community members on the logistical rearrangement and raised awareness on the Covid-19 and barrier gestures that everyone should adhere to.

“In the communities, most of the beneficiaries are already alerted by the COVID-19 because the community relays are active, and they raise awareness” explains Rémy Kalenga Mwamba, Technical project manager for Première Urgence Internationale. Supported by the local authorities, the community mobilizers through the Community Animation Cells have been spreading messages about measles and then COVID-19 by using megaphones as well as broadcasts and printed messages in Tshiluba, the local language. “Sometimes, the use of gloves and masks may generate some reactions in the communities, but then our team takes the time to explain”.

For Rémy, the most challenging aspect of operating in a Covid-19 context is to contain the crowd. “It represents more work for us to organize a vaccination campaign because it is done with smaller groups and we need to release people gradually when the activity is over, and this is a time constraint” he says. Yet, he is confident because the team makes every effort to maintain their operation. Carrying additional stock of vaccines, the team is always prepared for more.
FIGHTING CHOLERA IN TANGANYIKA

Located in the south-east of the Democratic Republic of the Congo, Kalemie is the largest city in Tanganyika Province, with a population of nearly 147,000. While its proximity to the lakes is a major economic advantage for thousands of families, it is also a source of infectious diseases, such as cholera. The lack of proper hygiene practices, infrastructure and access to water, hygiene and sanitation services contributes to the spread of the disease and makes Kalemie a high-risk area.

For 15 months, the national NGOs Actions et Interventions pour le Développement et l’Encadrement Social (AIDES) and Centre d’Etudes et d’Actions Sociales (CENEAS) have been jointly working in the Health zones Kalemie and Nyemba (Tanganyika), Bukama (Haut-Lomami) and Lubumbashi (Haut-Katanga) to support community mechanisms to fight the cholera epidemic.

Upon the arrival of AIDES in the Kalemie Health Zone in May 2019, Dr. John Madinda, Project Manager, recalls that “the situation was really deplorable. There were many cases of death due to poor care and lack of inputs for care”.

With funding of the DRC Humanitarian Fund, AIDES built three health structures. “Previously there was no Cholera Treatment Unit and now people can be treated in these buildings”, explains Dr. John Madinda. Until the end of July 2020, 4,461 cholera cases were treated, including 13 deaths.

While AIDES provided referrals, free transport and care for patients, CENEAS was responsible for setting up chlorination points (inputs, chlorination kits and distribution of Aquatabs to households that have no access to treatment sites) as well as disinfection of public areas and households identified through the community approach.

“We used to draw water from streams and springs, but the water was of poor quality and not good for our consumption. We are grateful because today the problem is solved”.

Thanks to both interventions, including the rehabilitation of 34 water points, over 36,740 people from and around the targeted communities have now a better access to drinking water.

Besides, awareness-raising activities on infant and Young child feeding in emergencies, and on the respect of hygiene rules and waste management were organized in the affected Treatment Centres and households. CENEAS also developed an approach targeting a ‘clean village’ while encouraging the community to build latrines with locally produced materials. The NGO reports that the needs related to water coverage remain important in the two health zones Kalemie and Nyemba.
By the end of 2019, the epidemic has affected 23 of the 26 provinces in the country, with nearly 31,000 cases reported. In 2020, nearly 1.8 million people are still at risk of cholera due to the lack of hygiene measures and access to water and sanitation in communities, schools, health facilities or drop-in centres. Between January and May 2020, 9,581 cases (including 143 deaths) were recorded.

While the fight against cholera in DRC requires long-term investment, the allocations of the Humanitarian Fund enable the best-placed organizations to play a crucial role in providing water, emergency health care and hygiene promotion and prevention activities to people at risk. Six partners with HF funding from 2019 have been operating this year in six provinces – North Kivu, Ituri, South Kivu, Haut-Lomami, Haut-Katanga and Tanganyika – with cholera control and prevention activities, targeting at least 312,960 people, 52 per cent of whom are children.

**Working with the local media to spread key messages**

From the first days of the prevention measures against Covid-19 taken by the government, both partners applied the wearing of masks, systematic hand washing and the compulsory use of disinfectants during each visit and field activities.

Due to reduced field activities, AIDES helped broadcasting messages about barrier gestures and social distancing on local radio and TV channels (Radio-Television of Tanganyika).

Similarly, CENEAS used local radio channels to share public messages on cholera and COVID-19, broadcasted five times a week in French and Swahili.

On the Congolese National Radio and Television Kalemie, they have organized talk shows through the radio programme « SANTE NIWEWE MOYA » (Health is Yourself, in Swahili). So far, they have received positive feedback. “Thank you for your instructions, we now wash our hands properly” said one caller from a beneficiary community.

CENEAS has also reached a larger audience in the province via the TV channel Television Grand Tanganyika. This great visibility has helped to reinforce trust with the communities. “Thanks to the media coverage of our staff, the community mobilizers and mothers’ clubs are well received in the communities” says Aisha, staff from CENEAS.
TOGETHER TO PROTECT THE CIVILIANS

Tanganyika, Haut-Katanga
Standard allocation, January 2019

For several months, Alain Niembo Kamulete has been visiting communities in the province of Haut-Katanga to raise awareness about the dangers of mines and explosive remnants of war still present in the area. For each awareness and education session, he uses role-playing to address and illustrate the types of behaviour one should adopt before a potential danger.

This participatory dynamic is very popular among the communities. In the village Kemia that day (see photo), at least 80 people attended the session given in Swahili, the local language. Women, men and children interacted during the role-plays.

"People didn’t know anything about the dangers of explosives. Here in the village of Kemia, there are risks. A community member who was hit by an explosive device was present with us at the awareness raising," says Alain.

With other community liaison officers of the national NGO Groupe Africain de Déminage Développement et Environnement (GADDE), Alain was trained by the DRC Red Cross, supported by the Centre Congolais de Lutte Anti-Mines (CCLAM). Their common objective is to contribute to the protection of civilians.

Every day, landmines and explosive remnants of war cause casualties. According to Landmine Monitor 2019 data, 59 states and other areas are contaminated by antipersonnel mines around the world (as of October 2019). This is a consequence of longlasting conflicts. In DRC, nearly 1.4 million people need to benefit from the decontamination of land contaminated by mines and explosive remnants of war in conflict areas. This requires non-technical surveys to locate all suspected hazardous and contaminated areas, as well as technical surveys in contaminated areas to determine the overall extent of contamination².

Through investigations and surveys, we have discovered that in the Pweto Health Zone [Haut-Katanga], there are still mines and explosive remnants of war. The goal of our team here is to protect the population³, explains Assuma Minalakambue, team leader and head of operations in Pweto for GADDE.

Over the years, the approach of raising awareness and disseminating basic safety instructions has shifted to a more constructive engagement with affected communities. Mine risk education aims to involve the population and to find sustainable solutions together.

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³ IMAS Mine Risk Education. Best Practice Guidebook.
From May 2019 to July 2020, GADDE and the DRC Red Cross team in Tanganyika have sensitized over 74,770 people on Mine Risk Education in the targeted communities in Haut-Katanga and Tanganyika. By surveying sensitized communities on the presence of explosive devices, the teams are able to mark and prevent access to hazardous areas. "We also trained focal points who provide feedback, as well as teachers and local authorities," says Assuma. Besides, the community radio KAPINGI also helped to get the messages across.

During the implementation of the project, 140 hazardous areas were identified and marked by GADDE and the DRC Red Cross teams. These areas were reported to CCLAM and UNMAS. The DRC Red Cross of Tanganyika also distributed cash to 20 identified mine victims and guided them in their purchases.

Since the pandemic hit the province of Haut-Katanga, preventive actions have changed the scene. Alain and his colleagues wear masks; fewer people are invited to attend the sessions; and each activity is punctuated by hand washing and physical distancing, both for inter-community dialogues and for mediation and sensitization sessions.

Until the end of the project, the focal points based in the territory have been reporting new alerts. Awareness raising on mine risk education in communities remains paramount.

With funding of the DRC Humanitarian Fund, four partners have been carrying out mine action activities in 2020 in the provinces of Haut-Katanga, North Kivu, Tanganyika and South Kivu.
“It was in September, when I was working in the field. Three men appeared and asked to spend the night in the hut I use when I go farming for a few days. As it is a custom to offer shelter to travellers in my area, I did not suspect any bad intention. At night, they came to my bed and raped me, the three of them”.

The day after the incident, Denise decided to go home to her two children. She did not know what to do. In the village, she met a psychosocial worker who convinced her to go to the Vutsorovia health centre to receive first aid.

“I was resigned to die if this was my fate, rather than tell what had happened to me,” she recalled.

To help reducing the incidence of Gender-based violence (GBV) in the community, the partner organized awareness-raising campaigns and trained staff from community structures established for referencing GBV cases. Psychosocial assistants were also recruited and based in the community to effectively attend the survivors.

To provide care, Alimbongo became a priority health zone for humanitarian assistance.

From May 2019 to April 2020, with funding of the DRC Humanitarian Fund, and with the participation of local actors, Health Education community Action Leadership (Heal Africa) contributed to the improvement of the living conditions of the most vulnerable people in the health zone, including through assistance to survivors of sexual violence. Heal Africa trained 13 psychosocial workers on techniques for providing support and active listening in terms of gender-based sexual violence, sexual abuse and exploitation.

As for many other women in her situation, psychosocial support helped Denise to progressively rebuild her life. She now sees her future as “bright and full of resources to make available to other women in [her] village”. With her new sewing machine received by HEAL Africa, she has planned to make uniforms to prepare for the next school year.

Until July 2020, 16 organizations in 7 provinces - Kasai, Kasai Central, Ituri, Mai-Ndombe, North Kivu, South Kivu, Tanganyika - have been implementing activities related to gender-based sexual violence, ranging from medical and psychosocial care to legal and economic support and awareness-raising campaigns.

Ensuring the involvement of men and younger generations in awareness-raising remains a key element in preventing GBV, which disproportionally affects women and children in conflict and post-conflict situations.
THE DRC HUMANITARIAN FUND IS A MULTI-DONOR COUNTRY-BASED POOLED MECHANISM CREATED IN 2006 TO ALLOCATE FUNDING TO THE MOST URGENT LIFE-SAVING INTERVENTIONS IN THE DEMOCRATIC REPUBLIC OF THE CONGO.

Our donors in 2019