

# COVID-19

## GNWP Mitigation and Adaptation Strategy and Appeal

October 2020

### Country Update

# Democratic Republic of Congo

#### **Context and government response:**

As of October 19, 2020, the Democratic Republic of the Congo (DRC) has registered 11,052 cases of COVID-19, including 303 deaths. Limited testing and test kits may mean the number is higher. On March 24, the Congolese government declared a state of emergency and initiated a number of preventative and containment measures, including a total lockdown of the capital city of Kinshasa; closure of all borders and restriction domestic and international travel; banning of all public gatherings, and shutdown of schools, restaurants, and places of worships.

The COVID-19 outbreak comes amid a new Ebola case in the eastern city of Beni, the world's worst measles epidemic, an on-going cholera outbreak, an acute hunger crisis affecting over 13 million people, recent fatal natural disasters (flooding), and devastating armed conflict and human rights abuses – all threatening the health, security, and livelihoods of Congolese citizens and the degree of state capacity to respond to the multiple and intersecting crises. At the same time, the country's experience tackling Ebola outbreaks may serve as a valuable resource in responding to the COVID-19 crisis.

President Felix Tshisekedi announced the formation of a COVID-19 Task Force, but the government's response has been criticized as chaotic and inefficient. After the first confirmed case of COVID-19, there was widespread confusion and frustration among Congolese citizens due to inaccurate and contradictory information from the government and health officials, creating a gap between leaders and the country's populations.

In July 2020, a confidential letter from DRC's health minister to the prime minister was released on social media. The letter accused unnamed members of the cabinet of colluding with networks within the health ministry and embezzling governments funds and funds from aid partners. These serious allegations came at a time when health workers in Kinshasa were on a partial strike in protest of not being paid for their work in response to COVID-19.

#### **Summary of impact:**

GNWP partners have also noted an increase in fake news, including through the trivialization of the disease, and in sharing superstitious misinformation relating to the disease, in addition to a surge in counterfeit medicine sales.

Due to deeply entrenched traditional gender norms, women in DRC are among the most vulnerable groups exposed to the negative impacts of the COVID-19 pandemic. As frontline workers and primary caregivers in health facilities and in homes, women are more directly exposed to the virus. They face additional burdens of unpaid domestic work due to lockdown measures and school closures, and at the same time, are at higher risk of income and job loss, and higher risk of domestic violence and abuse.

The COVID-19 outbreak has had a devastating impact on the informal sector economy in DRC. The majority of Congolese women are informal labor workers, and many women have had their incomes sharply reduced or completely eliminated – amid rising prices for basic necessities. GNWP Partners in North Kivu reported a lack of income-generating opportunities for women in their communities, especially those working in markets and small businesses, due to lockdown measures. They also highlighted the psychosocial impacts of COVID-19 due to school and church closures, as well as stress related to economic consequences of lockdown measures including inflation in food prices and inability for farmers to work. They highlighted the severe negative impact of border closures on livelihoods and food insecurity – citing that some families fear starvation more than the virus.

UN Women Africa reports that limited mobility and stress induced by fear and uncertainty has also contributed to the increase of domestic and sexual violence instances in DRC. The National Police figures for Kinshasa report a 5% increase in violence against women in March alone. The real number is likely much higher – as most incidences go unreported.

However, the state's responses and the financial contributions of the international partners continue to at best, deprioritize gender, and at worse, be completely gender blind, as evidenced by the World Bank-support of 47M USD to respond to the crisis.

Multifarious armed conflict and violence continued amid the outbreak of COVID-19. Between March 23 and May 15, despite the UN S-G's call for a global ceasefire, violent clashes between armed groups and state military have caused 480,000 people in DRC to flee their homes – by far the highest number in the world. In the midst of a global health and humanitarian crisis, displaced populations not only face the devastating impact of conflict and loss, but also face increased risks of contracting the disease due to lack of shelter, crowded living conditions, and lack of clean water in displacement sites.

In addition, flooding caused by heavy rain in the eastern provinces of the DRC, particularly in South Kivu, have killed 36 people and displaced 77,000 others, and caused the destruction of infrastructure, including homes, shelters, bridges, and health clinics in some of DRC's poorest communities.

The armed conflict and flooding contribute to significantly increasing the risk of a disease outbreak, including the spread of COVID-19, and contributes to significantly increasing the demand for immediate humanitarian assistance amid already limited capacities and already dwindling resources due to the economic impact of COVID-19.

Many NGOs and humanitarian assistance organizations have stopped non-essential staff from coming in and out of the country, and some “non-essential” aid workers were evacuated, which has made the delivery of necessary services more difficult. Moreover, aid agencies have been concerned about the closures of borders with Burundi and Rwanda, which often serve as their supply routes. The governor of North Kivu expressed concerns about aid agencies “importing” COVID-19 and emphasized the risk to refugee and internally displaced populations.

GNWP partners report that since the beginning of the confinement, a lot of donor-funded activities have been paralyzed due to the border closures and diversion of funding towards health emergency response. This has severely slowed down the work of peacebuilding organizations, and many activities have been delayed or stopped. Organizations are also not able to pay their staff due to the lack of funding. Peacebuilding organizations are using Skype and Zoom to conduct meetings, but this means there is a heavy reliance and consumption of internet which is not always readily available.

**Responses led by women peacebuilders:**

Local civil society organizations and women's rights groups have quickly mobilized as women peacebuilders assume the role of first responders in many parts of the country. GNWP partners in East DRC are working to produce masks but resources for distributing the masks are scarce. GNWP partner, Synergie des Femmes pour les Victimes des Violences Sexuelles (SFVS), has conducted sensitization in local communities in North Kibua on transmission and infection of COVID-19, as well as barrier measures. These sensitization activities are ongoing. They have also continued their work on face-to-face counseling to women and girls facing gender-based violence due to COVID-19 with use of protection measures.

GNWP's Young Women Leaders for Peace in DRC are working to create rapid information sharing and dissemination platforms to raise awareness on preventative measures, coordinate efforts, and fight misinformation.

GNWP partner, SOFEPADI, has reinforced the distribution of PEP kits to health centers in areas currently affected by conflict such as the territories of Djungu and Irumu in Ituri Province. These actions are mainly directed towards displaced persons living in IDP sites. To date, they have identified and assisted 403 of the most vulnerable households, composed mainly of children, the elderly and other vulnerable women. This support has consisted of providing them with survival kits that will enable them to feed themselves for at least two months. In order to meet their specific needs, SOFEPADI has provided 1,500 women and girls with dignity kits consisting mainly of basic hygiene products.