COUNTRY REPORT / DRC

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DEC CVA REAL-TIME RESPONSE REVIEW: DEMOCRATIC REPUBLIC OF CONGO

COUNTRY REPORT

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LIST OF ACRONYMS

CBCA	Community of Baptist Churches in Central Africa
Covid-19	Coronavirus 19
CHS	Core Humanitarian Standard
DEC	Disasters Emergency Committee
DRC	Democratic Republic of Congo
EAC	Anglican Churches of the Congo
HQ	Headquarters
NCC	National Coordination Committee
MEAL	Monitoring, Evaluation, Accountability and Learning
RTRR	Real Time Response Review
PPE	Personal Protective Equipment
SGBV	Sexual and Gender Based Violence
SCUK	Save the Children UK
WHO	World Health Organisation
URD	Urgence Rehabilitation Développement
UK	United Kingdom
WASH	Water Sanitation and Hygiene
WFP	World Food Programme

SUMMARY OF ANALYSIS & RECOMMENDATIONS

SYNTHESIS OF ANALYSIS BASED ON THE CHS COMMITMENTS & CRITERIA

	Commitments	Quality Criterion	Analysis
1	Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Humanitarian response is appropriate and relevant	Although the virus did not spread as it had been feared it might early in the year, the decision to allocate resources for Health and WASH activities made full sense as part of a "no regrets" approach in the context of DRC. The question now is whether to continue to disseminate broad prevention messaging about Covid-19 or whether to adopt a more specific approach, taking into account the impacts of the pandemic in the country.
2	Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.	Humanitarian response is effective and timely	Timeliness of aid in the context of uncertainty and global disruption of the supply chain was an issue and DEC Member Charities did what they could to overcome the various constraints. If changes are to be made to programmes for phase 2, flexibility is key to ensure timeliness.
3	Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action	Humanitarian response strengthens local capacities and avoids negative effects	The community-based approach to prevention and surveillance supported by the DEC Member Charities contributes to better preparedness and strengthens local capacities. However, Covid-19 is seen as the latest "business" for local authorities and internationals, highlighting the importance of previous experiences in the acceptance of present and future responses.
4	Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them	Humanitarian response is based on communication, participation and feedback	Communicating with communities in order to raise awareness and deal with rumours is a key aspect of the response in DRC. DEC Member Charities are actively working on these issues through a wide range of approaches and media (social media, churches, community workers, etc.).
5	Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints	Complaints are welcomed and addressed	Teams pay for past mistakes when they arrive in areas where previous responses have gone badly, as is the case in some places in DRC. This highlights the importance of putting in place safeguarding and accountability measures in order to avoid any misconduct.
6	Communities and people affected by crisis receive coordinated, complementary assistance	Humanitarian response is coordinated and complementary	DEC Member Charities are involved in various coordination systems at national and regional levels with aid actors as well as with national and local authorities. This coordination is effective despite the fact that meetings are organised at a distance.
7	Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection	Humanitarian actors continuously learn and improve	The engagement of DEC Member Charities with the DEC RTRR underlines their willingness to learn and improve. Changes already introduced for phase 2 show that they are capable of doing so.
8	Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers	Staff are supported to do their job effectively, and are treated fairly and equitably	Duty of care, as implemented by DEC Member Charities in this response, has been central in order to minimise the risk of Covid-19 transmission amongst staff and partner organisations. Working from home and using new distance-learning or distance-supporting approaches has introduced new ways of working that will certainly last beyond the Covid-19 pandemic.
9	Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.	Resources are managed and used responsibly for their intended purpose	No specific information was collected related to this issue.

KEY RECOMMENDATIONS

FROM A BROAD TO A MORE SPECIFIC APPROACH TO COVID-19 PREVENTION

- Prevention messages could be much more focused on at-risks groups (e.g., co-morbidity cases, elderly people) instead of the initial approach, which was more general.
- Special attention should be given to monitoring the secondary impacts of Covid-19 on specific groups such as vulnerable children, young girls and teenagers.

FROM A COVID-SPECIFIC RESPONSE TO A BROADER APPROACH TOWARDS EPIDEMICS

- Even though there are very few confirmed cases of Covid-19, it makes sense to continue supporting a community-based approach to prevention and surveillance systems that are useful for other epidemics.
- The use of social media to reach young people is an interesting development, given the substantial number of mobile phones in the country and should be strengthened.

THE IMPORTANCE OF COMMUNICATION & TRUST

- The quality of the information shared is also of paramount importance: the specific characteristics of Covid-19 should be explained (high transmission but low morbidity - apart from for some population groups), rumours should be monitored and messages adapted according to the evolution of the pandemic.
- Communicating with communities to raise awareness and combat rumours is essential in DRC and efforts should continue to be made, using different media, communicating through various opinion leaders and targeting different population groups.
- The role of faith-based organisations and churches is of key importance in such a context. The partnership with EAC, who in turn are working with other churches and mosques, is an effective way to counterbalance the population’s lack of trust in the authorities.

EACH HUMANITARIAN RESPONSE PREPARES THE NEXT - FOR THE BETTER OR FOR THE WORSE

- Some DEC partners are considering the idea of preparing the future vaccine campaign against Covid-19 through the sensitization of communities, given that they might initially be reluctant to get vaccinated.

1. INTRODUCTION

1.1. GENERAL CONTEXT OF THE REVIEW

1.1.1. GLOBAL CONTEXT

In the context of the Covid-19 pandemic, the Disasters Emergency Committee (DEC) launched a specific Coronavirus Appeal on 14 July 2020. By the end of August 2020, the collective fundraising campaign had raised over £22.5 million, including UK Aid Match.

For this specific Appeal, and contrary to other DEC Appeals in response to emergencies already unfolding, the approach was proactive, based on the idea that responding as early as possible with preventative measures was the most effective way of stopping the pandemic. Prioritising countries in anticipation of humanitarian needs from the Covid-19 epidemic was challenging and decisions had to be made with a 'no regrets' approach based on the likely humanitarian impact of an outbreak in each country[1].

The resources mobilized via the Coronavirus 2020 Appeal were allocated to the 14 DEC Member Charities already working in 7 fragile states in Asia (Afghanistan and Bangladesh for the Rohingya crisis), the Middle East (Yemen and Syria) and Africa (DRC, Somalia and South Sudan). These 7 countries were therefore selected as priority countries facing a critical situation exacerbated by the Covid-19 crisis. The funds were used either to adapt on-going projects, or to develop new projects to respond to anticipated health-related and other impacts of the pandemic, or to cope with the impacts of the measures taken to stop it. Special attention was given to specific due diligence and protection measures for staff and partners.

A first allocation of £13m was made in July 2020, of which DEC Member Charities budgeted £10.9m for Phase 1 programmes (14 June 20 - 31 January 21). A second allocation was disbursed in November 2020. Phase 2 programmes will run from 1 February 2021 - 31 January 2022. The DEC insists that the operations that it funds should be accountable to the British public, who donated generously to the Appeal, and should contribute to learning and the continuous improvement of humanitarian practices.

1.1.2. THE CONTEXT OF THE DEMOCRATIC REPUBLIC OF CONGO

At the time when countries were being selected for funding from this appeal, the Democratic Republic of Congo (DRC), which is faced with multiple vulnerabilities and risks, was ranked very high (9th out of 189) in the INFORM Covid-19 Risk Index[2]. The DRC has experienced conflict for more than 2 decades. This has resulted in challenges such as ethnic divisions, poverty, human rights violations, and internal displacement. With over 5 million displaced persons, DRC has the vast majority of IDPs and the largest number of displaced people in Africa, as reported by UNHCR. At the beginning of 2020, the underdeveloped health-care system was already dealing with Ebola, Cholera, Measles and Malaria outbreaks.

[1] As data about prevalence of COVID at the time of the decision were not available and/or accurate in most of the countries, DEC secretariat used the INFORM COVID-19 Risk Index and the Global Health Security Index in order to identify countries most at risk from health and humanitarian impacts of COVID-19.
[2] https://publications.jrc.ec.europa.eu/repository/bitstream/JRC120799/jrc120799_pdf.pdf

The first case of Covid-19 was confirmed in the DRC on March 10, 2020 in Kinshasa. Public health specialists, the Congolese authorities and the international community were concerned that there might be a massive outbreak of Covid-19. A state of emergency was declared from March to August, but a total lockdown was only instigated in Gombe (Kinshasa). Movement was restricted throughout the country, and borders were closed, as were airports, ports and schools.

At the time of this Review, 335 deaths have been recorded out of 12 858 cases of contamination. The measures taken to contain the virus have had a significant impact on already vulnerable population and fragile health systems.

1.2. OBJECTIVES AND SCOPE OF THE REVIEW

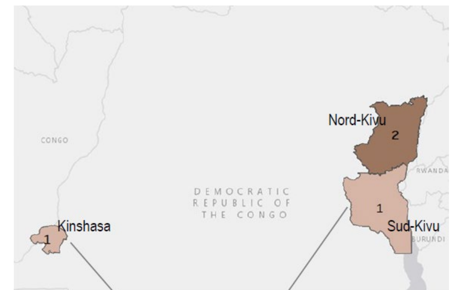
1.2.1. OBJECTIVES

This Real-Time Response Review (RTRR) conducted in November 2020 aims to contribute to real-time collective learning and identify lessons and adjustments for the second phase of the response. The three specific objectives of the RTRR are:

- **Objective 1: Better understand the impacts** of the Covid-19 pandemic on contexts (evolving and diversified needs, access constraints, etc.), and on Member Charities, their partners and key stakeholders.
- **Objective 2: Analyse adjustments** that have already been made and those that are still needed in humanitarian programming in each country and at the global level.
- **Objective 3: Facilitate discussion** between Member Charities about lessons and innovative ideas related to the Covid-19 response..

At the country level, the RTRR is directed at DEC Member Charities and their partners to help improve their response to the pandemic during Phase 2. Each of the country reports will then feed into a global analysis directed at DEC Member Charity HQs and the wider humanitarian community. It will aim to identify the main lessons that can be applied to the response to the Covid-19 pandemic or any similar global crisis in the future.

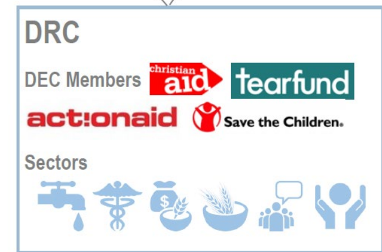
1.2.2. SCOPE OF THE REVIEW



The DEC funded projects in DRC are located in Kinshasa and in North and South Kivu.

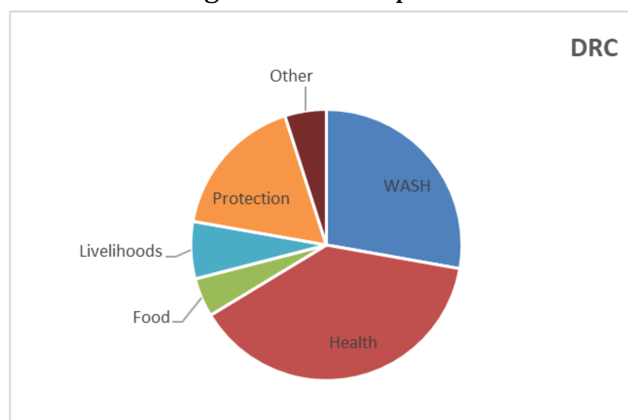
Four DEC Member Charities have received funds and are either working directly or through their local partners.

Organisations	Sectors	Location
Action Aid with ADMR	Protection, Food, Livelihoods, WASH	Fizi
Christian Aid with CBCA	Capacity Building, Health, Livelihoods, WASH	Beni
Save the Children	Health, Protection, WASH	Kinshasa
Tearfund with EAC	WASH	Goma



The priority sectors funded by the Covid-19 appeal in DRC are Health (39%), WASH (28%), Protection (17%), Livelihoods (7%), and Food (5%). The Review tried to take this wide range of projects into account.

Chart 1 – Budget allocation per sector in DRC



1.3. METHODOLOGY AND LIMITATIONS

1.3.1. SOURCES OF INFORMATION

The team collected relevant information through:

- A desk review of relevant literature, evaluations and data sources provided by the DEC secretariat and gathered at country and global levels[3];
- Country- and field-level interviews with relevant stakeholders including field staff, local partners, government entities, local authorities, and international aid agencies;
- Discussions with affected people through individual interviews with Key Informants (village chiefs, local health responders, etc.) and focus group meetings.

[3] The DEC team already gave the review team (international consultants) access to background information and project documentation from the Covid-19 Appeal via a tailored access to Box.

- Direct observation of programme activities in Beni and Goma.

Table 1: Interviews in DRC

Type of interviewees	Nb	Type of interview
Staff of DEC Member Charities	2	Face to face interview
	3	Remote interview
Staff of national organisation	3	Face to face interview
	1	Remote interview
Representatives of local authority	4	Face to face interview
	2	Remote interview
Community members	25 (5 FGD)	Focus group discussion

The preliminary results of the RTRR were shared during an on-line meeting on 30 November where lessons learnt were discussed and co-constructed[4].

1.3.2. CHALLENGES AND CONSTRAINTS

Access and time constraints. The consultant was able to visit programmes in Goma and Beni only (North Kivu). Visiting programmes in South Kivu and Kinshasa would have taken much more time than was available for the collection of field information. Remote interviews were organised in order to include all partners in the process, but given the timeframe it was a challenge to ensure that all the issues at stake were covered properly.

Information gaps / problems of data quality / no generation of new data. The review team collected and compiled relevant available information. But numerous unknown factors remain regarding how the virus spreads and figures are not accurate. Qualitative information was prioritized as it is often best suited to identify difficulties, challenges, solutions and good practices.

[4] See the list of attendees in annex 4

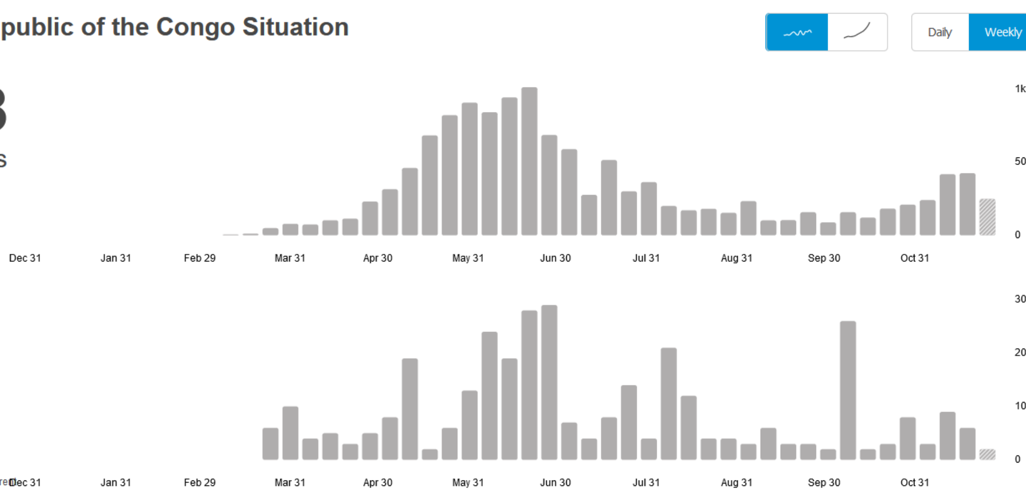
Food distribution to IDPs in Minembwe, September 2020 © Eustache, Action Aid programme funded by the DEC

2. MAIN FINDINGS

2.1. KEY QUESTION 1 / IMPACT

2.1.1. IMPACTS ON HEALTH AND THE HEALTH SYSTEM

As of 3 December 2020, there had been 12 858 confirmed cases of Covid-19 in DRC, with 335 deaths. The number of cases peaked in May-June and a potential second wave was starting to appear, as illustrated below.



The vast majority of cases were in Kinshasa (9 728) and in North Kivu (1 178), with 354 cases registered in South Kivu. However, the actual number of cases might be higher since testing is extremely limited due to a lack of equipment and accessible healthcare facilities. At the beginning of the outbreak, only one laboratory in the whole country, located in Kinshasa, was equipped for Covid-19 testing. After a few weeks, other facilities were equipped and able to test in other parts of the country (including Goma).

Even though the number of deaths and confirmed cases is lower than had been expected and the feared major outbreak has not yet taken place, Covid-19 has had an indirect impact on the already overstretched health system caused by:

- A measles epidemic from 2019 to August 2020, with over 380,766 cases and 7,018 deaths[5]. This was the largest and most fatal of the large measles outbreaks across the world this year.
- An Ebola outbreak in the north-western region of DRC (Equateur province) from June to November 2020, with 119 confirmed and 11 probable cases, 55 deaths and 75 people who recovered.

In April 2020, it was reported that due to the outbreak of the Covid-19 pandemic, the measles vaccination programme was suspended. An Ebola outbreak in 2019 had had the same impact on the measles vaccination programme.

[5] http://outbreaknewstoday.com/drc-more-ebola-and-plague-cases-reported-end-of-measles-epidemic-declared-74655/

The Covid-19 crisis has had a significant impact in terms of attendance of health facilities due to the perceived risks of seeking care. Health workers were sequestered by communities in Kinshasa during a raising awareness campaign. There are a lot of rumours about Covid-19. There is deep mistrust of government institutions and of solutions from the Global North which may be explained by decades of both colonial and internal oppression. Early reports suggested that the reduced access to healthcare caused by the Covid-19 crisis would have a disproportionate impact on vulnerable groups (such as survivors of SGBV, people living with HIV, women with sexual and reproductive health needs, and children requiring vaccination). Health workers have noticed an increase in unintended pregnancies (including among adolescents) and an increase in the frequency of abortions since March (CASS, 2020). Among the reasons for these increases is the fall in attendance of family planning services.

2.1.2. NON-HEALTH IMPACTS

In March 2020, the Congolese Government declared a State of Emergency, closing all land and air borders, except for food cargos. A nationwide curfew was also enforced. These measures had a significant impact on food prices and livelihoods (IPC, 2020). This impact is significant particularly in various border areas where DEC Member Charities and their partners are working, such as Fizi – which is close to Tanzania and Burundi – and Beni – which is close to Uganda.

Though many domestic restrictions have now been lifted, a survey of the socio-economic impacts of Covid-19 on households, conducted in September 2020[6], shows that the Covid-19 pandemic is still creating a challenging environment for households in DRC due to the medium-term economic fallout and global food price rises. Covid-19 has exacerbated a long-standing food security issue in the DRC. During the State of Emergency (March-July 2020), mandatory movement restrictions at the national and provincial level limited agricultural workers' access to their fields, which caused problems for harvesting and the tending of crops. Globally, the price of key DRC food imports e.g., wheat and maize have also risen. During the pandemic, the majority of households have had to decrease their food consumption (57%), with low-income households in particular being impacted (67%). According to the World Food Programme (WFP), there are currently 21.8 million people who are food insecure in the DRC – around one-quarter of the total population. In October 2020, 89% of households felt that the pandemic would have a long-term negative impact on their finances and 79% of households had experienced a major rise in food prices.

As highlighted by some of the RTR interviewees, the situation in DRC has led to an increase in malnourishment, particularly among children under 5 years old and breastfeeding women. The closure of schools has had other impacts on children: an increase in early marriage and pregnancies, enrolment in armed groups, dropping out of schools in order to earn money for the family, etc. This concern is shared among various Member Charities and their partners, from Kinshasa to the Kivus, even though there is no consolidated evidence available yet.

To summarize, as one interviewee said: *"Covid-19 is only one additional problem, on top of existing ones but with significant impacts on an already vulnerable population."*

2.1.3. COORDINATION WITH THE NATIONAL RESPONSE

The DRC Government has set up a National Coordination Committee to lead the response to the virus, including areas such as surveillance, RCCE, IPC / WASH and psychosocial support. The health authorities

[6] Survey of the socio-economic impacts of Covid-19 on households, Kinshasa Digital, Elan DRC, https://opendatadrc.io/exports/Iteration3_report_en.pdf?v=2

are in charge of monitoring how the epidemic evolves, organizing tests and establishing case management protocols. They rely locally on health zone surveillance offices (*bureau de surveillance des zones de santé*), and liaise with health workers at the health centre level and community health workers.

The implementation of the national health response has been slow. Personal protective equipment reached hospitals and health centres late due to the confinement situation and supply difficulties. There were also delays in the payment of health personnel. These factors led to demotivation among staff. The Congolese gynaecologist and Nobel Peace Prize winner, Denis Mukwege, resigned in May from a Covid-19 response team in the province of South Kivu to denounce these shortcomings.

The cluster system at the national level designated Cluster Focal Points to participate in commission meetings in Kinshasa, and the regional inter-cluster did the same at the regional humanitarian coordination hub level. OCHA participates in meetings of the Consultative Committee and the NCC (National Coordination Committee). During the first months of the response, all coordination meetings were carried out remotely.

In eastern DRC, the memory of Ebola (and what became known as "Ebola business") meant that it was particularly complicated for aid organisations when the Covid-19 virus arrived. As analysed in the research paper, "Observing COVID-19 in Africa through a Public Authorities Lens"[7] and as reported by some interviewees, local (state and provincial) authorities have been accused of embezzling money earmarked for the response to the pandemic. Covid-19 is seen as the latest "business" for local public authorities and internationals. In this context, the legacies of conflict, Ebola and the relatively low incidence of Covid-19 has combined with a widespread lack of trust in the state and the actions of public authorities to undermine belief in the virus' very existence. These emerging patterns highlight the importance of understanding the image of international actors as well as the role of public authorities (not just the state) in terms of the Covid-19 response. They also highlight the importance of previous experiences and the memory of such experiences in the acceptance of responses to future crisis situations.

2.2. KEY QUESTION 2 / ADAPTATION

2.2.1. DUTY OF CARE

Additional measures have been required to minimise the risk of Covid-19 transmission amongst staff and partner organisations. DEC Member Charities have implemented these, providing staff with personal protective equipment (PPE), limiting crowding and enforcing social distancing at project sites. Staff work at the office on alternate days ensuring that there is appropriate interpersonal distancing. Based on a "Do No Harm" approach, activities are carried out remotely, whenever possible, to minimise the risk of transmission.

New ways of working have been introduced due to staff working from home and using distance-learning or distance-supporting approaches. These are likely to last beyond the current pandemic.

[7] Observing COVID-19 in Africa through a Public Authorities Lens, edited by Duncan Green and Tom Kirk, LSE, 2020

2.2.2. ON-GOING ACTIVITIES

In Kinshasa, **Save the Children** is directly supporting 64 Health Facilities (with training and specific supplies) in targeted areas. It is also raising awareness within communities and strengthening community-based surveillance about Covid-19 cases and protection abuses.

In Goma, **Tearfund** is raising awareness about the Covid-19 pandemic, in collaboration with the office of the Anglican Churches of the Congo (EAC) and other religious leaders as well as with school representatives. This involves radio broadcasts and speeches in churches and the distribution of health kits. masks are being distributed to 8,000 vulnerable people (two for each person). The objective is also to equip 40 churches with rainwater collection devices for sanitary purposes. In view of the importance of the project and the level of needs, Tearfund has allocated complementary funds to intervene in universities and schools in Beni as well as churches in Butembo.

Hand washing station at Saint Paul Cathedral in Goma, October 2020 © Nehemi, Tearfund programme funded by the DEC

Christian Aid works with the CBCA (Community of Baptist Churches in Central Africa) in awareness raising and prevention in the Beni region. Its main activity is increasing awareness in public places in collaboration with local leaders. This is carried out with 100 community volunteers (*relais communautaires*- RECO) including 33 in Mangina (Mabalako), 33 in Kasindi and 34 in Beni. Masks are gradually being distributed to 1000 vulnerable households. The masks are made locally by widowed and disabled women as well as a few vulnerable men.

In South Kivu, **Action Aid** is involved in Covid-19 prevention and awareness-raising in collaboration with the ADMR (*Action pour le développement des milieux ruraux*). It also provides support to Health Facilities focusing on displaced women and children in the Fizi region (Nundu and Minembwe). It provides support to 40 protection teams, including 24 in Minembwe and 16 in Nundu.

Some programmes **directly provide health facilities** with specific supplies and training about Covid-19 protocols and some health facilities are being rehabilitated with triage and isolation structures to deal with potential Covid-19 patients. **But the majority of Covid-19 response activities funded by the DEC in DRC are related to the WASH sector**, with the provision of hygiene kits to households (masks, soap, sanitizer), the establishment of hand washing stations (e.g., with rainwater harvesting systems) and awareness-raising activities and hygiene promotion at community level.

The **promotion of preventive measures relies heavily on a community-based approach**, with community leaders or community health workers being trained in Covid-19 prevention, as well as teachers and young people. Complementary approaches use radio broadcasts and social media, and two of the four programmes are implemented via **faith-based organisations**, with religious leaders raising awareness about Covid-19 prevention measures.

The other important sector supported by DEC funds in DRC is **protection. Sensitization activities are carried out about GBV in general and the increased risks of GBV linked with the Covid-19 situation**. Psychosocial and mental health support is provided via a community-based approach and protection

monitors are provided with support and training. **Only a few programmes focus on food security and livelihoods**.

Mask production in a sewing workshop in Beni, November 2020, © Leandre, Groupe URD real time review of DEC programmes

2.2.3. PARTNERSHIPS

Three out of four DEC Member Charities work with local organisations. Some of them have been working with these partners for many years and have a strong working relationship on multiple projects. This is particularly helpful to reach difficult and remote places such the regions of Fizi or Beni and to overcome cultural barriers.

Given the mistrust towards the authorities and some international organisations described earlier (e.g., the impacts of the "Ebola business"), working with local faith-based organisations can bring added value due to the high level of trust that they enjoy. The EAC (Anglican Church of the Congo) has been working with churches of different denominations and mosques in Goma, and has brought together representatives to build common approaches to Covid-19 prevention.

2.2.4. ACCOUNTABILITY & COMMUNICATION

Initially, communities strongly rejected Covid-19 prevention measures, because of their impact (lockdown, closure of schools, etc.) and refused to participate in any Covid-19 related activities. The joke in Kinshasa was that the disease only affected those with passports. Covid-19 was for "rich people, and people who travel to Europe", it was "not for African people". Teams working on health prevention were not accepted in certain communities and there were some cases of sequestration and violence. However, the situation has improved. There have been some Covid-19 cases, which has been a wake-up call, and a lot has been done to diffuse rumours.

Communicating with communities to raise awareness and combat rumours is essential in DRC. There have been a lot of rumours about Covid-19 being a new "business", and about vaccinations being tested in the country, etc. In this regard, studies of community perceptions are absolutely key to design proper messaging. Another way to establish appropriate communication with communities is to train community leaders to facilitate epidemic-related discussions effectively.

DEC Member Charities and their partners have established accountability mechanisms, which are particularly necessary and important following abuses by humanitarian workers during the Ebola crisis. These mechanisms take different forms, the most common being the suggestion box. Some partners have strengthened their complaints management system by providing a phone number that can be used to report any issue regarding the project or staff behaviour. Social media (e.g., WhatsApp) also allow two-way communication and make it possible to manage project-related issues. In Beni, community workers collect complaints and report back to the data manager within the CBCA team, who also receives phone calls. In addition, local leaders have been trained in accountability and safeguarding. In Fizi, suggestion boxes are managed by a team made up of a community member, a protection monitor and a delegate from the village. Community-based accountability sessions are organized with the community to discuss any issue raised through this system.

Hand washing station in EP KANGAEMBI primary school in Beni, October 2020 © Benjamin, CBCA programme funded by the DEC

3. LESSONS AND RECOMMENDATIONS

FROM A BROAD TO A MORE SPECIFIC APPROACH TO COVID-19 PREVENTION

Although the virus has not spread as it was feared it might early in the year, the decision to allocate resources made full sense as part of a "no regrets" approach in the context of DRC. The question now is whether to continue to disseminate broad prevention messaging about Covid-19 or whether to adopt a more specific approach, taking into account the secondary impacts of the pandemic.

- ➔ Prevention messages could be much more focused on at-risks groups (e.g., co-morbidity cases, elderly people) instead of the initial approach, which was more general.
- ➔ Special attention should be given to monitoring the secondary impacts of Covid-19 on specific groups such as vulnerable children, young girls and teenagers.

FROM A COVID-SPECIFIC RESPONSE TO A BROADER APPROACH TO EPIDEMICS

As Dr Matshidiso Moeti, WHO Regional Director for Africa, said: "Tackling Ebola in parallel with Covid-19 hasn't been easy, but much of the expertise we've built in one disease is transferrable to another and underlines the importance of investing in emergency preparedness and building local capacity."

- ➔ The community-based approach to prevention and surveillance implemented by the DEC Member Charities contributes to better preparedness and helps to strengthen local capacities.
- ➔ Even though there are very few confirmed cases of Covid-19, it makes sense to continue supporting a community-based approach to prevention and surveillance systems that are useful for other epidemics.

THE IMPORTANCE OF COMMUNICATION & TRUST

Considering the experience that DRC has had in dealing with humanitarian crises and epidemics, the quality of relationships is of key importance for current and future programmes. Special attention is being paid to the quality of messaging and the way of engaging with communities.

- ➔ The use of social media to reach young people is an interesting development, given the wide coverage of mobile phone in the country, and should be strengthened;
- ➔ The quality of the information shared is also of paramount importance: the specific characteristics of Covid-19 should be explained (high transmission but low morbidity - apart from for some population groups), rumours should be monitored and messages adapted according to the evolution of the pandemic;
- ➔ Communicating with communities to raise awareness and combat rumours is essential in DRC and efforts should continue to be made, using different media, communicating through various opinion leaders and targeting different population groups.
- ➔ The role of faith-based organisations and churches is of key importance in such a context. The partnership with EAC, who in turn are working with other churches and mosques, is an effective way to counterbalance the population's lack of trust in the authorities.

EACH HUMANITARIAN RESPONSE PREPARES THE NEXT - FOR THE BETTER OR FOR THE WORSE

Teams pay for past mistakes when they arrive in areas where previous responses have gone badly, or where there has been inappropriate behaviour. This highlights the importance of putting in place safeguarding and accountability measures. These should help to avoid misconduct as well as helping to anticipate the next steps, such as the vaccination campaign.

- ➔ Some DEC partners are considering the idea of preparing the future vaccine campaign against Covid-19 through the sensitization of communities, given that they might initially be reluctant to get vaccinated.

4. ANNEXES

ANNEX 1 – LIST OF INTERVIEWEES

Organisation	Position	Location
Save the Children	Deputy Field Manager	Kinshasa
Save the Children	Field Manager - Humanitarian Surge Team (HST)	Kinshasa
Action Aid	Project Coordinator	Fizi
Local Authority	Administrator of the territory of Fizi	Fizi
Partenaire local ADMR (Action pour le développement des milieux ruraux)	Head of Project	Fizi
Local Authority	Head Doctor of HGR Minembwe	Fizi
Beneficiary	Dressmaker	Fizi
Beneficiary	Community relay	Fizi
Beneficiary	Civil society	Fizi
Tearfund	Program Support Assistant	Goma
Local partner EAC (Anglican Church of the Congo)	Programme Director	Goma
Beneficiary	Arche de l'alliance church	Goma
Beneficiary	Catholic church	Goma
Beneficiary	Head of Kimbanguiste church	Goma
Beneficiary	Anglican church study prefect	Goma
Beneficiary	Head of Church of Christ Congo ECC 34 iem CADAF	Goma
Christian aid	Program support	Beni
Local partner CBCA (Community of Baptist Churches in Central Africa)	Head of Department	Beni
Local Authority	Maire ad intérim de la ville de Beni	Beni
Local partner CBCA (Community of Baptist Churches in Central Africa)	Project coordinator	Beni
Beneficiaries (6)	Groupe RECO (Relais communautaire)	Beni
		Beni
		Beni
Local Authority	Central office of the health zone (in charge of monitoring and data analysis)	Beni
Local Authority	Attaché of the MCZ (Head Doctor the Zone) in charge of infection prevention and control	Beni
Local Authority	Civil Society President City of Beni	Beni
Beneficiary	Nurses group responsible for Mangina-Mabalako health zone	Beni
Beneficiaries (7)	Pastor group, teacher from Mabalako	Beni

ANNEX 2 – ANALYSIS FRAMEWORK

Objective 1 / **Better understand the impacts of Covid 19 pandemic on contexts and needs (+global level on organisations- no flight, HR problems, etc.)**

Objective 2 / **Analyse adaptations already done and still needed in humanitarian programming in each country (and at HQ level?)**

RTE key questions	Lines of enquiry / Sub-questions			Related CHS criterion	indicators/info to collect	Desk R.	Ext. S.	KII	Field obs.	FGD
Key Q 1 / What has been the impact of covid 19 on DEC members (as an organisation) and their operational environment (context and needs)?	Context & needs	L1	Main measurable / commonly agreed consequences of the pandemic on each context (health - e.g. situation of the health system, caseload - and non-health related - e.g.specific focus on food security, livelihood, domestic violence, etc. impact on air traffic, on mobility, on supply chain, logistics). More broadly - political / economical consequences of the pandemic / how it has influenced key stakeholders and perhaps influenced power dynamics.	C1	nb of covid cases (country/camp levels) + mortality and morbidity rate if available	X	x			
					Impact on the country health system and staff	X	X			
					economic indicator at HH level		X			
					dynamics in food markets		X	X	x	
					dynamics in access to labor		X	X	x	
					level of domestic violence	X	X	X		
					Evolution of level of poverty / food insecurity / malnutrition?	x	x	x		
					other health related indicator ???		x			
					monitoring system in place	x		x		
		L2	Monitoring mechanisms in place to follow the sanitary situation. Who with what system in place. Data accessibility and reliability - to what extent is the information trusted by key stakeholders? Level of visibility of aid agencies.	C1	Official and non-official Information sources		x	x		x
					Covid related data collected (at macro and micro levels)		x	x		x
					Reporting frequency and reliability					
					Existing covid specific info sharing coordination forums					
		L3	Measures taken by local authorities and their impact on aid actors and their ability to deliver. What coping mechanisms developped by aid agencies? What consequences on their programme? For the pop.?	C1, C2, C3 & C6	Official communication from health authorities, or else providing detailed information - reports related to impact of covid 19 and protective measures on aid activities (if available) - interview with local actors on mitigating measures taken to reduce the impact of such measures. Interview with local actors (aid workers and beneficiaries) on measurable / perceived consequences.		x	x		
	Coordination	L4	Impact of the covid 19 crisis on coordination (3 levels to look at - a. with national authorities; b. with the wider aid community; c. among DEC members) - What level of integration with gov. response? How has it influenced humanitarian programming at country level.	C6	Presence of covid specific coordination mechanisms regrouping all key stakeholders (Nat. authorities, Aid community, DEC members) / Minutes of coordination meetings - joint analysis and response - integrated vision and action plan - Joint M&E			X	X	
	Inclusiveness & Accountability toward local pop.	L5	impact on access to the field and level of participation of local populations in the design, the decision process the follow up. Adaptation of accountability mechanisms toward the local pop. Communication mechanism to support feedback and regular exchanges between aid agencies and local communities / is it stronger? Weaker? What lessons learnt?	C4 & C5	Level of interaction with local actors / involvement in the primary assessment / needs analysis and response design; Communication means employed between communities and aid agencies / frequency and nature of exchanges; result of this interraction.			X	X	X
Key Q2 / What are the measures already taken or still needed to adapt to the new working environment?	Duty of care	L6	Measures taken to protect aid workers (int. & nat.). Home based work - temporary contract suspension - training, equipment, etc.	C3 & C8	Internal guidance / manual for staff	x		x		
					specific measures for international & national staff (work location, workload, work suspension, specific training, equipments, etc.)	x		x		
					observed changes in behaviour				x	
					Observed changes in the relationship with communities (access, monitoring, project design, etc.)			x	x	x
			Due diligence measures applied fort local implementing partner. Evolution of the role played by local actors / has it increased? In what ways? Do they play a bigger role? Assume more responsibilities? How is this impacting on their exposure to risks? How is this handled?	C8	Specific information, addendum to contractual agreement, training, specific monitoring, communication support, equipment provided, etc.	X		X		
			Specific measures taken to protect the local population / beneficiaries.	C4	Specific guidance	X				
					Remote management	X		X	X	
					Communication support and initiatives	X		X	X	x
					Specific equipment			X		
	General Adaptation	L7	What are the changes brought (or yet to be brought) to existing humanitarian programmes in relation to the covid 19 pandemic? What has changed the most in the way humanitarian actors work? What impact on the localisation agenda if any?	C1	changes in caseload (new refugees? Increased nb of vulnerable p.?)	x	x			x
				C2	changes in intervention logic (Obj., Timeline, Activities, …)	x		x		
			What are the changes on more developmental programmes?	C4 & C5	changes in accountability mechanisms	x		x		x
				C3 & C6	changes in roles and responsibilities for local staff/partner, if any (localisation)	x		x		
	Impact on health response	L8	Specific changes brought to health interventions in connection with covid 19. Main challenges and opportunities faced. Consequences of these changes (in terms of relevance, efficiency, effectiveness of the projects).	C1	Targeted needs of covid-specific programmes	x		x		
					Response timeliness					
					Logistic & financial implications			x	x	x
					Risk identification and management					
				C2	HR implications					
	Impact on non health response	L9	Specific changes brought to non-health interventions in connection with the covid 19. Main challenges and opportunities faced. Main consequences of these changes (in terms of relevance, efficiency, effectiveness of humanitaran interventions).	C1	Targeted needs of covid-specific programmes	x		x		
					Response timeliness					
					Logistic & financial implications			x	x	x
					Risk identification and management					
				C2	HR implications					
	MEAL	L10	Covid specific M&E related challenges faced by DEC members and their local partners. How did they address those challenges? Innovative solutions found.	C7	Adapted solution to limited access and remote management approach. Role played by local partners. Collected data reliability. Ability of the M&E system in place to fulfil its function and be trusted enough to be used as decision tool.	X	X	X		X
	Risk management	L11	Covid 19 related risk identification and mitigation measures adoption. Was it accurate? Was it adapted? Any lessons learnt on risk management?	C1 & C2	Comparative analysis with other sources of information / risks matrix provided by the UN, donor agencies, official sources; Relevance of identified mitigation measures. Identified short comings.	X	X	X		
	Cross-cutting issues	L12	Covid specific measures taken regarding gender and environmental issues. Any lessons learnt that can benefit the group?	C1 & C3	Environment and Gender policy in place. Level of awareness of local teams and local population. Level of implementation / integration in the project.	X		X	X	X

Objective 3 /	Facilitate collective thinking about lessons and innovative ideas between members in each country + at global level
Key Q3 / What are the lessons learnt and innovative ideas in each country that can benefit the group?	This part of the RTE is more prospective than retrospective - the response to the two first key questions (1 & 2) should provide the elements that will then feed the collective learning process. The country exercises (Restitution / consolidation workshop and reporting) should be primarily operation focused - The consolidation and co-construction part, involving the tactical level, should however be more strategic focused to meet expectations. While looking at lessons learnt the RTE will answer the following questions too. • What differences has it made to members to access the DEC funding (and ultimately to people)? What difference has it made / financial / programmatic? • Was DEC proactive enough or reactive enough? Was it a struggle for partners to access DEC funding or respond to this appeal? DEC funding mechanism is flexible – but do members realise that? Do they know how to optimise this flexibility? • How ready were DEC and its members as a collective to respond? • Any multiplying factor(s) that might have been generated/initiated (any leverage effect) by DEC appeal? • What consequences the delay to respond (from March to July) might have had? Was it a bad or a good thing?

ANNEX 3 – GENERAL QUESTIONNAIRE

RTE key questions	DEC Sec	DEC members - strategic level	DEC members - country level	DEC members local partners	Local actors (authorities and pop.)	Other IA organisation	General questionnaire
Key Q 1 / What has been the impact of covid 19 on DEC members and their operational environment (context and needs)?			X	X		X	1.1 What are the main consequences of the pandemic in your country/region (Political, economical, in terms of power dynamics?) What are the main consequences in terms of health and non-health related (e.g. food security, livelihood, domestic violence, etc.? What was the impact in terms of mobility, on human resources, on supply chain & logistics? On Security?
			X		X	X	1.2 How is the sanitary situation being monitored - who with what system in place and what resources - how accessible and reliable the information is at country level?
			X		X	X	1.3 What are the measures taken by the Authorities and their impact on aid actors and their ability to deliver? How did aid agencies cope with the safety measures and movement restrictions? What consequences on their programme / for the pop.?
			X	X		X	1.4What was the impact of the covid crisis on humanitarian programming and coordination (3 levels to look at - a. with national authorities; b. with the wider aid community; c. among DEC members) - What leassons learnt?
			X	X	X	X	1.5 What is covid 19 impact on participation of local population to the project cycle? What is covid 19 impact or influence over accountability mechanisms? Over access to information / communication with aid actors?
Key Q2 / What are the measures already taken or stiil needed to adapt to the new work environment?		X	X				2.1 What are the measures in place for the safety of aid workers (int. & nat. staff)?
			X	X			2.2 What are the measures in place for the safety of local implementing partners? Has the role of local partners evolved during the pandemic? If yes to what extent? What has changed?
			X		X		2.3 What are the measures in place for the safety of the local populations / beneficiaries?
		X	X	X		X	2.4 What are the main changes brought or still required to existing humanitarian programming as a consequence of the covid 19 pandemic? What has changed the most in the way humanitarian actors work? Has the pandemic contributed to encourage or reinforce the localisation process for example?
			X	X		X	2.5 What are the most important changes to health interventions in connection with covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X		X	2.6 What are the specific changes brought to non-health interventions in connection with the covid 19? What are the main challenges and/or opportunities due to these changes? What impact in terms of relevance, efficiency, effectiveness of humanitarian interventions?
			X	X			2.7 What are the main M&E challenges faced by DEC members as a consequence of the pandemic? Was a solution found? Did it provide deliver according to expectation? What lessons learnt if any?
			X	X		X	2.8 Were covid 19 related risks well identified and were mitigation measures adpated / efficient? What are the key lessons learnt during this pandemic situation from an operational point of view? If any.
				X	X		2.9 What does exist in terms of complaints and feed back mechanisms
			X	X			2.10 What were the main specific measures taken regarding gender and environmental issues in relation to the covid crisis? Any lessons learnt worth sharing?
Key Q3 / What are the lessons learnt and innovative ideas in each country that can benefit the group?		X	X				3.1 What differences has it made to members to access the DEC funding (and ultimately to people)? What difference has it made / financial / programmatic?
		X	X				3.2 Was DEC proactive enough or reactive enough? Was it a struggle for partners to access DEC funding or respond to this appeal? DEC funding mechanism is flexible – but do members realise that? Do they know how to optimise this flexibility?
		X	X				3.3 How ready were DEC and its members as a collective to respond?
		X	X				3.4 Any multiplying factor(s) that might have been generated/initiated (any leverage effect) by DEC appeal?
		X	X				3.5 What consequences the delay to respond (from March to July) might have had? Was it a bad or a good thing?

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