

# REGIONAL REFUGEE RESPONSE PLAN

## DEMOCRATIC REPUBLIC OF THE CONGO SITUATION

Progress Report: January – June 2020



Angola, Burundi, Republic of the Congo, Rwanda,  
Uganda, United Republic of Tanzania, Zambia

**912,069**

REFUGEES PLANNED TO  
BE ASSISTED IN 2020

**1.4 MILLION**

HOST POPULATION  
PLANNED TO BE  
ASSISTED IN 2020

**66** PARTNERS

PARTICIPATING IN THE  
DRC RRRP IN 2020

**US\$ 621.2M**

INTER-AGENCY  
FUNDING NEEDS

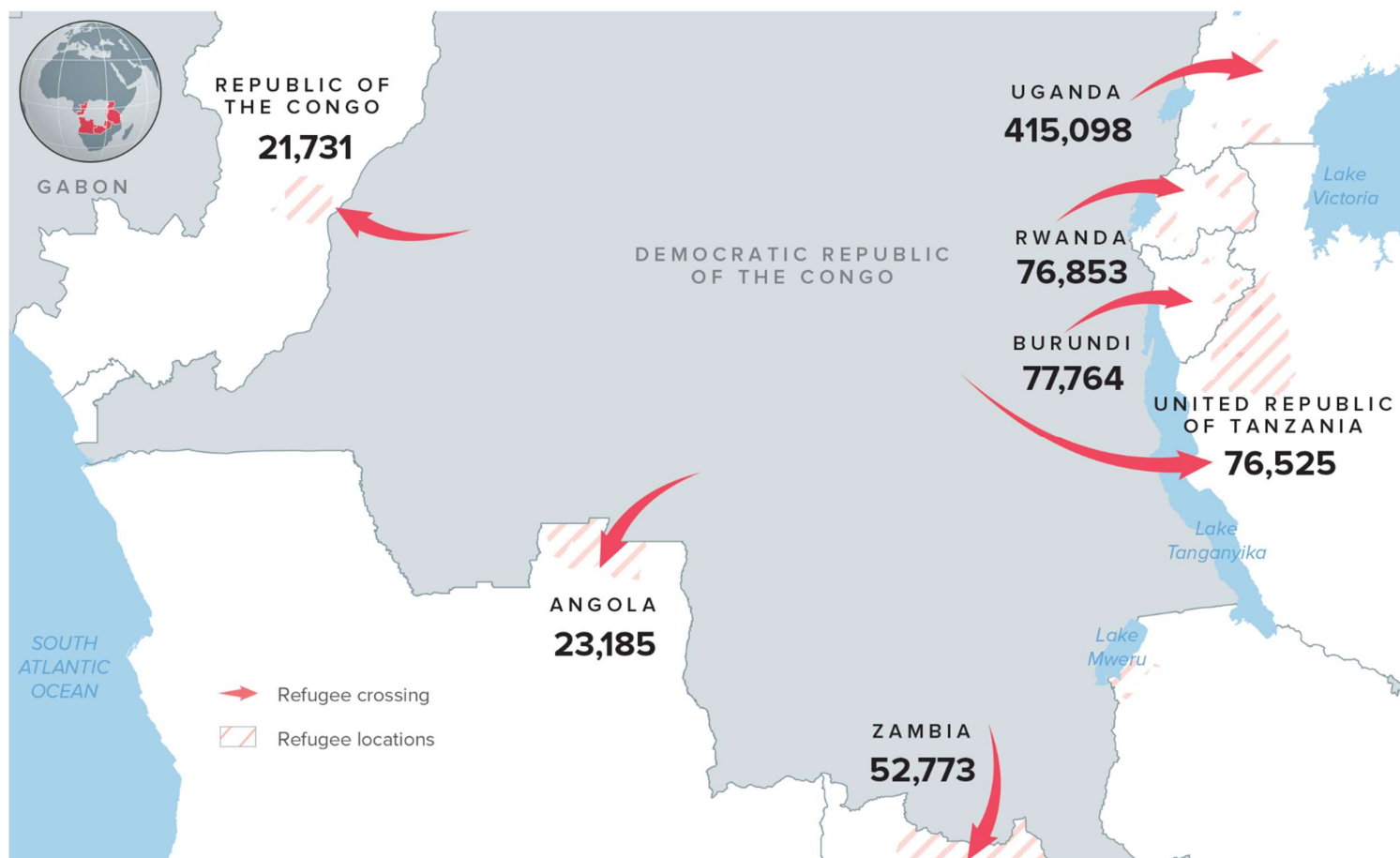
VISIT [REFUGEE-FUNDING-  
TRACKER.ORG](https://www.refugee-funding-tracker.org) FOR THE  
LATEST DRC RRRP FUNDING  
INFORMATION

### SITUATION OVERVIEW

The 2020-2021 Democratic Republic of the Congo (DRC) Regional Refugee Response Plan (RRRP) brings together 66 partner organizations across seven countries, requiring US\$ 621.2M in 2020, to address the protection and solutions needs of Congolese refugees and asylum-seekers, along with people in host communities. As of 30 June 2020, more than 743,900 refugees and asylum-seekers from the DRC were hosted in the seven neighbouring and nearby countries that are part of the RRRP: Angola, Burundi, Republic of the Congo, Uganda, United Republic of Tanzania, and Zambia. An additional 175,400 were hosted further afield in Southern Africa and elsewhere on the continent. Between January and June 2020, more than 13,750 newly displaced Congolese left the DRC to seek asylum in the region.

The humanitarian situation in the DRC remains one of the most complex crises in the world, and while there have been some improvements in parts of the country, the situation overall remains concerning. In particular, the situation in the eastern provinces of North Kivu, South Kivu and Ituri has deteriorated significantly in 2020, with reported violence against civilians, including killings, resulting in significant displacement. While most displacement has been within the country, the violence has also forced thousands of people to flee to neighbouring countries, most notably to Uganda. Meanwhile, in Kasai region, expulsions from Angola have created an insecure environment in the areas of origin of some Congolese refugees. While a small number of refugees originating from western DRC have indicated interest to return home, it is anticipated that most Congolese refugees will remain in their host countries, particularly those coming from eastern DRC where the situation is not conducive to a safe and sustainable return. Continued resources are therefore critical to meet their protection and solutions needs for the remainder of the year and into 2021.

## MAP: REFUGEES FROM THE DRC HOSTED IN RRRP COUNTRIES – AS OF 30 JUNE 2020



### COVID-19: Adapting and responding

In response to COVID-19, RRRP partners scaled-up and reprioritized programmes to adapt to the pandemic and to reduce the risk of spreading the virus. Social distancing and other COVID-19 mitigation measures were put in place, including screening, handwashing and wearing masks, with protocols in place at registration and distribution points. Partners also focused heavily on risk communication and awareness-raising campaigns, while committing to 'stay and deliver' critical protection and assistance services. Hotlines and community protection structures were utilized to report and respond to protection issues, including gender-based violence (GBV). Health systems strengthening was a priority, equipping health centres and training health workers, and establishing isolation and quarantine centres. Additional handwashing facilities were installed in public spaces and additional soap was distributed to promote good hygiene practices. Partners also provided cash assistance and core relief items (CRIs) to those worst impacted, while children and youth were supported with virtual and home-based learning. In many countries, the challenges presented by COVID-19 were met with new practices and innovative approaches, for example:

**Angola:** To ensure refugees had access to protection services during the COVID-19 pandemic, despite movement restrictions affecting humanitarian partners, seven refugee helplines were established: emergency calls, legal counselling, GBV, social assistance, medical response, child protection and livelihoods.

**Burundi:** Refugees most vulnerable to COVID-19 were identified based on medical criteria and received additional assistance through mobile money to strengthen their resilience. The mobile phones also allowed medical personnel to maintain regular contact and to provide swift medical advice and assistance.

**Republic of the Congo:** 22,015 cloth face masks were produced and distributed to refugees and asylum-seekers as part of a cash-for-work project. This initiative contributed to COVID-19 prevention in communities, while helping skilled refugee tailors earn income during the challenging economic times of the pandemic.

**Tanzania:** Mobile data collection tools were used to ensure regular COVID-19 monitoring with the help of refugees, who received an incentive payment for their work. This approach allowed partners to identify challenges and follow the status of COVID-19 activities, including with geographic data enabling mapping of key locations and infrastructure.



**100%** OF REPORTED  
GBV SURVIVORS  
RECEIVED  
COMPREHENSIVE CASE  
MANAGEMENT  
SERVICES IN  
**TANZANIA**



**3,207** REFUGEES IN  
**ANGOLA** REACHED  
WITH GBV MESSAGING



**90%** OF  
UNACCOMPANIED  
AND/OR SEPARATED  
CHILDREN IN  
**BURUNDI**  
REUNITED WITH THEIR  
FAMILIES



**1,170** PEOPLE OF  
CONCERN ASSISTED  
WITH CIVIL STATUS  
REGISTRATION OR  
DOCUMENTATION IN  
**ZAMBIA**



**7,296** REFUGEE  
CHILDREN RECEIVED  
COMPREHENSIVE CASE  
MANAGEMENT  
SERVICES IN  
**UGANDA**



**123** PEOPLE WITH  
SPECIFIC NEEDS  
IDENTIFIED AND  
RECEIVED MULTI-  
PURPOSE CASH  
ASSISTANCE IN  
**REPUBLIC OF  
THE CONGO**



**100%** OF REPORTED  
GBV SURVIVORS IN  
**RWANDA** RECEIVED  
SUPPORT THROUGH  
ESTABLISHED  
REFERRAL PATHWAYS

## PROTECTION

Advocacy with governments was ongoing in the first six months of 2020, including to ensure safe access to territory for asylum-seekers and ensure dignified treatment of people in need of international protection. Border closures as a result of COVID-19 measures introduced procedural and logistical constraints, and RRRP partners engaged closely with governments to advocate so that Congolese asylum-seekers could continue to arrive under appropriate precautionary measures.

RRRP partners also worked with authorities to strengthen the protection environment for refugees and asylum-seekers, for example in Zambia, technical expertise was provided to the government in drafting a national refugee policy and regulations to support the implementation of the Refugees Act of 2017. Partners also sought to strengthen border and protection monitoring, and to enhance knowledge amongst security forces and border officials about international refugee protection and human rights standards and obligations. For example, in Angola, 12 officials were trained on human rights and law enforcement, to ensure non-derogable human rights were respected during the COVID-19 State of Emergency, including the rights of refugees.

Particular attention was paid to identifying and assisting the most vulnerable, including those with specific needs and with disabilities. In preventing and responding to GBV, RRRP partners adopted a range of approaches to raise awareness and ensure access to services. In Tanzania, in order to mitigate the potential negative effects of COVID-19 on women and girls, the GBV referral pathway was updated and copies were distributed, along with various GBV messages within the community. In the Republic of the Congo, 117 GBV survivors were assisted in the first half of the year, including with psychosocial support and one-off assistance, while in Angola, four 'training-of-trainers' sessions were conducted for GBV mobilizers. Once trained, mobilizers led 34 awareness sessions, reaching 3,207 refugees.

Given the large proportion of children in Congolese refugee communities, child protection remained a critical priority. In Zambia, 232 Best Interest Assessments were conducted and reviewed by the Child Protection Panel. In Uganda, comprehensive case management services were provided for 7,296 Congolese boys and girls who had experienced or were at risk of different forms of violence, abuse, neglect or family separation. A major achievement in Uganda was the roll-out of a harmonized child protection case management system, to improve data quality and analysis of case management services.

Challenges remain in meeting RRRP protection objectives. COVID-19 has taken its toll on operations, and while all efforts were made to continue protection programming to the extent possible, some elements of the response had to be put on hold. For example, in Tanzania, GBV training was affected as it involved large gatherings. In Rwanda, suspension of child protection community awareness, child-friendly spaces and sports activities led to a reported increase in child neglect and adolescent engagement in negative coping mechanisms. Meanwhile, in Burundi, due to underfunding and budget reprioritization due to COVID-19, rehabilitation and extension work at the reception centre did not take place, and people with disabilities could not receive the medical and orthopaedic support they needed.



## Access to asylum during the COVID-19 pandemic

National efforts to contain COVID-19 included movement restrictions, border closures, and nation-wide lockdowns. These resulted in concerns over access to asylum as movement across borders was hindered by procedural and logistical constraints. In many countries, UN and NGO partners advocated and worked closely with governments to ensure Congolese seeking asylum could be safely welcomed and assisted.

For example, like many countries, Uganda had closed its borders in March to contain the spread of COVID-19. In July 2020, UN, Government and NGO partners mounted an emergency operation to receive thousands of asylum-seekers stranded in no-man's land between Uganda and the DRC. Border points were opened for three days to receive civilians who were among an estimated 45,000 people displaced by militia violence in eastern DRC. Upon arrival at the border, all asylum-seekers underwent security and health screening. Vulnerable individuals were identified and fast-tracked for assistance. Mandatory 14-day quarantine and COVID-19 testing was carried out, and arrivals were registered and given food and basic aid.



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## EDUCATION

RRRP partners sought to ensure access to quality education for all school-aged refugee children, and to promote integration of education for refugees into national education systems. In Rwanda, efforts to integrate refugee children into the national education system resulted in 13,989 children enrolled in national primary schools and 9,126 refugee students enrolled in lower and upper national secondary schools, all of whom were provided with scholastic materials, uniforms and school feeding.

RRRP partners also aimed to improve the learning environment through construction and rehabilitation of infrastructure and provision of equipment and learning materials. In Burundi, 14 new classrooms were constructed, and 59 classrooms were rehabilitated, reducing the pupil to classroom ratio from 120 to 90 pupils per classroom. Manufacturing and repair of desks reduced the number of children on a desk from 6 to 3-4 children. In Uganda, partners supported construction and rehabilitation of 18 temporary, semi-permanent or permanent classrooms and provided scholastics materials to 42,656 learners.

In some countries, refugee and host community children were kept out of school due to COVID-19 prevention measures. In Uganda, 106,734 home learning packages developed by government were distributed by RRRP partners to refugee children in settlements hosting refugees from the DRC. In Angola, partners implemented remote learning in the refugee settlement, reaching 1,089 pupils using a one-on-one approach through regular visits by teachers and community mobilizers. In Tanzania, partners collaborated with a local radio station and established radio education programmes for refugee schools in the camps, which successfully expanded access to education during COVID-19 school closures.



**106,734** HOME  
LEARNING PACKAGES  
DISTRIBUTED TO  
REFUGEE STUDENTS IN  
SETTLEMENTS IN  
**UGANDA**



**1,089** PRIMARY  
SCHOOL STUDENTS  
BENEFITED FROM  
REMOTE LEARNING IN  
**ANGOLA**



**9,126** REFUGEE  
YOUTH IN **RWANDA**  
ENROLLED IN  
SECONDARY SCHOOLS



**155** TEACHERS IN  
REFUGEE CAMP  
SCHOOLS IN  
**BURUNDI**  
RECEIVED  
CURRICULUM  
TRAINING

Gaps persist in the education sector, most often linked to financial resources, impacting on the quality of education offered to Congolese refugee children. For example, in Rwanda, there is still a gap of over 130 classrooms to be constructed, in Zambia the teacher-student ratio stands at 1:72 at primary schools, and in Uganda the textbooks ratio in primary schools is 6:1 against the national standard of 3:1. Challenges also exist in the context of COVID-19, as distance education programmes set up by governments require devices such as computers, phones, radios and internet. In Zambia, for example, the refugee settlements are not connected to the national grid, which is a major obstacle for learning online, or through TV and radio broadcasts. Furthermore, budgetary constraints have meant gaps in secondary school enrolment, as is the case in Republic of the Congo, where children tend to leave school after primary, as no additional support is given for secondary studies.

## FOOD SECURITY

Congolese refugees received unconditional and conditional food assistance to cater for their daily dietary needs. Food assistance in RRRP countries is mainly provided in-kind, but some operations are rolling out cash transfers, for example in Uganda and the Republic of the Congo. School feeding programmes also continued in some operations, however, were disrupted by COVID-19 school closures. For example, in Rwanda, a morning porridge was provided to primary and secondary schools refugee as well as children from the host communities attending the same schools up until schools were closed.

With the onset of the COVID-19 pandemic, general food distributions (GFDs) conducted were adapted in order to mitigate health risks. For example, in Burundi, refugees were provided with a two-months' ration covering May and June to reduce the need to attend distributions frequently, while in Angola the monthly GFD schedule was extended from two days to four days and decentralized to reduce crowding at distribution sites. In Tanzania, pre-packaged bags of food were distributed to eliminate the scooping process and reduce time spent at the distribution site.

Despite the importance of food assistance, resource gaps persisted. In Uganda, due to resource constraints, GFD was reduced by 30 per cent in all refugee settlements from April 2020, and resource shortages are also reported in operations such as the Republic of the Congo and Rwanda. In Zambia, COVID-19 has resulted in drastic food price increases, and the standard amount of cash assistance provided for food is no longer enough to meet household food needs.

Furthermore, it remains critical that food security is more strongly integrated with livelihoods and resilience initiatives. This is even more pressing noting the resource shortages alongside the impacts of COVID-19 on local economies and livelihoods. Such coordination is fundamental to design programmes that help refugees access markets, sell off surplus produce and, as a result diversify their diet and meet other needs.

**Angola:** 6,182 refugees received monthly in-kind food assistance

**Burundi:** 48,678 refugees in five camps received monthly food rations

**Rwanda:** 24,526 refugees received monthly in-kind food and 74,625 received monthly cash transfers

**Tanzania:** 100% of camp-based refugees and asylum-seekers received unconditional food transfers

**Uganda:** 38,301 refugees received monthly in-kind food assistance, and 411,366 refugees received monthly food assistance through cash transfers

**Zambia:** 36,940 people of concern received cash grants for food assistance under normal and COVID-19 relief assistance



## HEALTH AND NUTRITION

RRRP partners continued to support health centres in refugee camps and settlements, while also reinforcing national health facilities and referral services in and around refugee-hosting areas. With the objective of reducing morbidity and mortality, primary healthcare and maternity services were top priorities, as well as immunization and referral services. For example, in Tanzania, where 83,275 consultations were conducted in the first half of the year, camp health facilities included health promotion, outpatient consultations, routine immunization, in-ward-patients care, medical referrals, reproductive healthcare, HIV prevention and treatment, mental health and psychosocial support, communicable and non-communicable disease prevention and management. In Rwanda, immunization campaigns for children under 5 years continued during the COVID-19 pandemic and achieved 100 per cent coverage for measles, while 693 people living with HIV received anti-retroviral therapy.

Inclusion of refugees and asylum-seekers into national health systems was a priority and point of advocacy. In Uganda, efforts continued to implement the Health Sector Integrated Refugee Response Plan 2019-2024 and to improve integration of humanitarian health services into the government health care system.

With the onset of COVID-19, health interventions adapted to focus on prevention and response to the pandemic. Partners prioritized strengthening health systems and services, including equipping health centres and training health workers, and establishing COVID-19 isolation and quarantine centres. In Zambia, medicines, personal protective equipment and furniture for isolation centres were provided. In Rwanda, partners conducted training on COVID-19 for health staff and community health workers, and established quarantine and isolation facilities in collaboration with the district health teams. In Burundi, as a preparedness measure, a reserve team of 110 medical staff were trained in COVID-19 response to replace medical staff should they become ill and require isolation.

Dedicated efforts were made to enhance the nutritional status of refugees and host populations, and above all for children and pregnant and lactating women. For example, in the Republic of the Congo, nutrition programmes for patients referred to secondary and tertiary care continued, with 121 refugees and asylum-seekers given nutritional assistance. In Uganda, 62 per cent of severely malnourished Congolese refugee children recovered following treatment, while in Angola, 100 per cent of children between 6 and 59 months were screened for malnutrition, and cases needing treatment were transferred to a local hospital.

A major challenge affecting operations was low stocks of essential medicines and supplies, as well as recruiting and retaining qualified medical personnel, as was the case, for example, in Burundi and Tanzania. Additionally, due to COVID-19, it is reported that many refugees, particularly in urban areas, faced challenges accessing health services due to restrictions on public transport. COVID-19 has also prevented the Standardised Expanded Nutrition Survey from going forward, for example in Tanzania and Zambia, meaning delayed data and analysis about improving or worsening rates of malnutrition.



**99%** OF PREGNANT  
REFUGEE WOMEN IN  
**BURUNDI**  
RECEIVED AT LEAST 3  
PRENATAL  
CONSULTATIONS



**1,735** LIVE BIRTHS  
IN **TANZANIA** WITH  
**96%** OF DELIVERIES  
BY SKILLED HEALTH  
WORKERS IN HEALTH  
FACILITIES



**693** PEOPLE LIVING  
WITH HIV RECEIVED  
ANTI-RETROVIRAL  
THERAPY IN  
**RWANDA**



**69** HEALTH STAFF  
AND COMMUNITY  
HEALTH WORKERS IN  
**ZAMBIA** TRAINED  
ON COVID-19  
PREPAREDNESS AND  
RESPONSE



**107** REFUGEE  
HOUSING UNITS WERE  
CONTRIBUTED IN  
**REPUBLIC OF  
THE CONGO** FOR  
CONSTRUCTION OF  
COVID-19 ISOLATION  
CENTRES



**100%** OF CHILDREN  
6 TO 59 MONTHS  
SCREENED FOR  
MALNUTRITION IN  
**ANGOLA**



**62%** OF REFUGEE  
CHILDREN RECOVERED  
FROM SEVERE ACUTE  
MALNUTRITION IN  
**UGANDA**



**4,376** FAMILIES  
RECEIVED EMERGENCY  
LIVELIHOOD SUPPORT  
IN **UGANDA**



**81** YOUNG ADULTS  
ENROLLED IN  
VOCATIONAL  
TRAINING IN  
**REPUBLIC OF  
THE CONGO**



**5,031** REFUGEE  
ENTREPRENEURS  
TRAINED IN BUSINESS  
SKILLS IN **RWANDA**



**142** COMMUNITY  
ENTREPRENEURSHIP  
TRAINEES RECEIVED  
COACHING AND  
START-UP KITS IN  
**ANGOLA**



**859** REFUGEES  
ENROLLED IN  
LIVELIHOOD  
PROGRAMS IN  
**BURUNDI**  
RECEIVING  
MENTORSHIP AND  
MICROGRANTS

## LIVELIHOODS & RESILIENCE

RRRP partners sought to promote economic self-reliance through sustainable livelihood opportunities, with a view to enabling long-term solutions. In line with individuals' skills, knowledge and aspirations, emergency livelihood support promoted job creation supported by capacity building. Livelihoods initiatives ranged from mentorship and business start-up kits in Angola, to agricultural production in Uganda and Rwanda, to vocational training in Burundi and Zambia. Notably, the COVID-19 pandemic and the necessary restrictions and mitigation measures put in place by governments had serious impacts on local economies and refugee livelihoods, resulting in loss of income and further increasing the need for support.

In view of the COVID-19 pandemic, partners facilitated refugees with skills in sewing and tailoring to produce reusable cloth face masks as a way of increasing household income while also contributing to the efforts to fight COVID-19. Approximately 22,000 masks were produced through a cash-for-work project in the Republic of the Congo and distributed among the refugee and asylum-seeker communities, while in Zambia, refugee tailors produced over 25,000 face masks that were distributed in the community. In Tanzania, more than 61,000 masks which were produced and distributed to the whole refugee community.

Challenges persist in the livelihoods sector, including limited access to formal employment, financial services, markets, development programmes and social safety net programmes. More access to financial services is needed for both refugees and host communities, for example in Uganda, only 21 per cent of refugees have access to credit. Lack of livelihoods opportunities also persists, for example in Rwanda, where livelihoods opportunities particularly for refugee youth remain limited. Due to both underfunding and reallocation of funds under COVID-19 emergency responses, the demand for livelihoods support far outweighs the available resources. In Burundi, for example, 120 refugees could benefit from the professional insertion programme while there were over 1,000 applications.

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