KEY FIGURES AND FACTS

As of 2 April 2020, there were:

- 134 confirmed cases of COVID-19 infection
- 13 deaths with a Case Fatality Rate (CFR) of 10%
- 11 new confirmed cases: 6 local, 4 in Kinshasa, 1 Bunia, 1 Goma
- 5 imported, including 4 from Kinshasa and 1 from Beni
- 3 people recovered and 45 patients in good progress
- 4 provinces have registered cases: Kinshasa (119), Ituri (1), Sud-Kivu (2) and Nord-Kivu (2)

- The median age of affected people remains 45 years, with extremes ranging from 13 to 87 years. 73% of the cases are male (91/124).

- Kinshasa continues to record the vast majority of confirmed cases (96%; n= 119); the remaining 5 cases are from 3 other provinces: South Kivu (n= 2), North Kivu (n= 2) and Ituri (n= 1).

- In the city-province of Kinshasa, among the 116 cases for which information was provided, the majority of cases were found in the Gombe health zone (39%; n= 45) and Binza-Meteo (16%; n= 19).

CONTEXT of the COVID RESPONSE

In support to the DRC Government COVID-19 response plan and within its coordination mechanism, UNICEF response strategy and interventions will focus on the following axes:

1. Risk communication & community engagement (RCCE);
2. Improving WASH and Infection Prevention and Control (IPC) measures in health facilities and in the community;
3. Provision of supplies, medical equipment for case management;
4. Psychosocial support and continuous access to basic social services;
5. Social protection interventions to mitigate the socio-economic impact in households and Social sciences analysis.
UNICEF will work alongside the sectorial commissions in support to coordination and to promote synergies across all activities and response.

Prevention and emergency preparedness activities will be implemented in the eight priority provinces identified in the DRC government’s national response plan.

Emergency response is implemented in the city of Kinshasa (currently the epicenter of the epidemic) and in the provinces following the spread of the disease, particularly at the level of health centres and maternity wards, COVID-19 treatment centres, entry points (airport, port, border post) as well as at gathering points such as child-friendly spaces, transit and referral centres, temporary hosting structures or therapeutic feeding centres and in the community.

**SUMMARY OF PREVENTION AND RESPONSE ACTIVITIES**

1. Risk communication and community engagement (RCCE)

The Communication and Community Engagement Commission, with technical support from UNICEF, is developing a **strategic plan that sets out the main directions for risk communication and community engagement (RCCE)** activities in the response to the COVID-19, as well as preparedness for provinces not yet affected.

**A toll-free national telephone line 101** has been in operation since Sunday, 29 April 2020 with the support of UNICEF. The line is operational throughout the country. The call centre operates from 8 a.m. to 6 p.m and is staffed with 20 UNICEF-trained telephone consultants, 10 at a time, who receive calls from and respond to questions and concerns about COVID-19 and the current response in all the four national languages as well as French. According to feedback received from the call centre, during the first four days, at least 8% of the calls were for serious alerts. To prevent saturation of the telephone line, 80 additional telephone consultants will be trained with the support of UNICEF. As a result, there will be 50 telephone consultants working in the four national languages and in French at the same time.

**U-Report:** as part of the toll-free telephone line, an SMS centre has been set up, run by five trained young people who use a regularly updated FAQ (U-Partners: [http://drc.upartners.org](http://drc.upartners.org)) to answer questions asked by users in French and the four national languages. In addition, an SMS information feed has been set up with information on what COVID-19 is, symptoms, modes of transmission and means of protection. On 28 March 2020, a nationwide quiz has been launched to assess and help strengthen the level of knowledge of the population.

**Communication on COVID and information:** 46 billboards with COVID-19 prevention messages were being posted at the main crossroads in Kinshasa with information on good practices and behaviors that help prevent COVID-19 infection. To date, 5 out of 26 provinces have already received the COVID posters and leaflets produced in Kinshasa and are already disseminating them in health zones. Other provinces have produced these communication materials locally.

A **media campaign** is active in 15 radio stations and 10 television channels in Kinshasa. Radio spots and micro-programmes are being disseminated in other provinces.

**Social media:** The main COVID-19 leaflet produced by the Ministry of Health, UNICEF and other partners, as well the one-minute animation spot- have been disseminated through social media, including Facebook and WhatsApp.

**In the Provinces**

**Ituri**

UNICEF conducted briefings on COVID-19 for: 170 FARDC soldiers from Camp Nدورomo/Bunia at the request of the Commander; 30 local CREC actors and 19 community leaders from Mambasa; and members of the Cellules d’Animation Communautaire (CAC) from the health zones of Bunia and Rwampara.

Communication materials (leaflets/posters) with information on prevention measures were disseminated in the 36 health zones of the province.

40 USB sticks containing spots and micro-programmes were distributed for broadcasting to 40 local radio stations.
**South Kivu**

UNICEF supported the development of the communication plan by printing educational materials (2,000 leaflets in French and Swahili and 18 banners) and installing posters in public places, while waiting for additional materials to arrive from Kinshasa. An additional order was sent to Goma. UNICEF staff briefed 26 media professionals and 6 radio stations in Bukavu to increase public awareness on preventive measures against the COVID-19 infection.

**Kasaï Oriental**

UNICEF briefed 14 media professionals from Mbuji-Mayi on COVID-19 and prevention messages. A media campaign is already underway in 5 radio stations in Mbuji-Mayi. UNICEF supported the development of a communication plan at the provincial level in support of COVID-19 preparedness.

**Kasaï Central**

The UNICEF office in Kananga briefed journalists from 13 local radio stations and conducted awareness-raising activities with the authorities in 12 local markets and 2 car parks. UNICEF also produced programmes on COVID-19 on local radio stations, broadcasted messages, and printed leaflets and posters.

**Tshopo:**

UNICEF briefed 40 media professionals from the province on COVID-19 prevention measures. A media campaign is underway in ten radio stations.

**Tanganyika**

Door-to-door awareness-raising activities, using “barrier gestures” and distancing measures, reached 10,890 people, including 4,894 men and 5,996 women in 2,595 households in the Kalemie and Nyemba health zones.

2. Improved WASH and Infection Prevention and Control (IPC) measures in health facilities and in the community

UNICEF is preparing to launch WASH/IPC activities in the next 10 days. These activities are coordinated with the IPC Commission, the WASH Cluster and various partners. The activities will be carried out in partnership with national and international partners and will start with WASH/IPC interventions in the health structures treating infected patients, in the community and in places where people congregate.

In this preparation phase UNICEF has:

- Developed a WASH/IPC concept note for mobilizing needed resources to implement the planned WASH/PCI activities. The response will be multi-sectorial integrating communication for development and protection interventions. An important component of it is the link with the Social Science Analysis Cell (CASS) allowing rapid and regular analysis of social science data and evidence to orient as needed, the response and its strategies.
- Additional orders for WASH related supplies have being placed.

**In the Provinces**

**Haut-Katanga, Lualaba, Tanganyika, Haut-Lomami and Lomami**

UNICEF will provide 66 pedal hand washing stations to the General Reference Hospitals and at the different entry points in Lubumbashi and Kasumbalesa.

**Kasaï Central**

2 complete handwashing kits were made available at the Provincial Governorate, where the COVID-19 crisis meetings are held.

In the context of prevention, a project document is being finalized in partnership with the Social Development Center (SDC). The project targets 325,925 people, including 135,585 women and 65,185 children in the Kananga health zone.
20 health facilities have been supported with WASH activities in 4 Health Zones of the Kasai Central province, including 5 health centres in the Kananga Health Zone. In addition to their routine activities the health centres have been used to promote WASH practices to fight against nosocomial infections and also to protect the healthcare staff and patients.

3. Supply and logistics

UNICEF procured medical equipment and other items worth more than US$5 million. The organization ordered, among others: 160,000 masks, 10,000 sterile suits, 90,000 pairs of gloves, 145 oxygen concentrators, 2,000 manual resuscitators, 26 resuscitation ventilators, 500 thermometers, chloroquine, disinfectant, soap and pumps.

In the Provinces

Tshopo and Bas-Uélé
UNICEF has identified four isolation sites in Kisangani town and supports the equipment of these sites.

Haut-Katanga, Lualaba, Tanganyika and Lomami
UNICEF has identified an isolation site and supports the equipment of this site with 4 tanks to prevent water shortages, 4 tents to increase the isolation centre’s capacity to 50 patients, 30 beds, mattresses, bedding, table, plastic chair, wooden gallows, garbage cans, toilet bowls; 2 latrines and 2 showers etc.

UNICEF is also providing technical support to test the hydraulic circuit (from the borehole to the standpipes and in the sick rooms) and to install a float on the entrance tank.

North Kivu
UNICEF is supporting the rehabilitation, equipment and supplying medicines to 130 health facilities in North Kivu.

Kasaï Central
To date 6 entry points are functional and are equipped with thermo flashes to take the temperature of travelers as well as ensure hand washing.

4. PSYCHOSOCIAL SUPPORT AND CONTINUED ACCESS TO BASIC SOCIAL SERVICES

4.1 Health and nutrition

UNICEF supported the construction of a COVID-19 treatment centre (CT Co). This centre will be located at MONUSCO’s INCAL site in Kinshasa and will be supported mainly by WHO, IOM and UNICEF. With a capacity of 86 beds and including a resuscitation unit, the centre will be used for the medical care of front-line medical personnel, UN staff and their dependents. Its launch, subject to the receipt of the necessary equipment and the recruitment of qualified staff, is scheduled to take place within the next 10 days.

Adjusted Food and Nutrition COVID Guidelines have been validated by the nutrition cluster and the government (PRONANUT) and will be widely disseminated to different stakeholders, including NGOs and government services working on nutrition to better adapt nutrition interventions to the current epidemic situation. Three guidance notes on infant and young child feeding, on the management of severe acute malnutrition and the use of anthropometric equipment have been provided by UNICEF to health and community workers. Nutrition items have been ordered and will be distributed to health facilities to meet the nutritional needs of the population in areas with recurrent malnutrition crises.

In the provinces of Ituri and North Kivu, teams of government nutritionists are being briefed on nutrition in the context of COVID-19. UNICEF continues to participate in the daily coordination meetings of the COVID-19 technical secretariat and shares highlights on the status of the epidemic. UNICEF is also supporting the provinces of South Kivu, Ituri, North Kivu, Kasai Oriental, Kasai Central and Equateur to finalize their COVID-19 provincial response plans (sharing national guidelines and care protocol, and other guidance documents).
4.2 Phycosocial support and child protection

As part of the activities in support of the psychosocial commission, UNICEF has identified a group of 9 clinical psychologists to provide individual psychological support to families directly affected by COVID-19, including those being treated at medical facilities in Kinshasa.

The Child Protection Unit within the Urban Division of Social Affairs has been reactivated in Kinshasa. The Unit is responsible for coordinating the child protection response to COVID-19. An initial group of 30 social workers has been identified and positioned within the Unit. These 30 social workers will work closely with the psychologists of the psychosocial commission.

A national workplan on COVID-19 prevention and response activities in collaboration with the Child Protection Sub-Cluster has been finalized.

The UNICEF WASH section, in collaboration with child protection partners in DRC, has commenced distributing equipment for the prevention and control of infections (hand washing stations, disinfectant products for buildings, thermo flash, etc.) in childcare facilities.

4.3 Education

The Government of DRC has ordered the closure of all schools in the country for four weeks, starting from 19 March 2020. More than 25 million of learners aged 3-25 years are currently out of school.

The Ministry of Education, with the support of UNICEF, has drafted a national education response plan to COVID-19. The plan is expected to be validated before the beginning of next week. As the lead of the local education group, UNICEF is consolidating the input of technical and financial partners, as well as that of education clusters members.

The Ministry of Education has produced several radio and TV ads and messages about COVID-19 prevention and distance learning aimed at learners and parents. It has also promoted its partnership with Vodacom for the internet-based platform VodaEduc. UNICEF has launched a call on social media asking organizations to share their distance learning initiatives. A dozen organizations responded, and some of them have content based on the Congolese school curriculum. UNICEF is in the process of compiling these learning initiatives.

At the request of the Ministry of Education, UNICEF will fund the production of homework booklets for every grade (from preschool to secondary education) to be printed and distributed across the country. This financial support will also facilitate the translation and recording of additional content for TV and radio-based learning packages.

5. SUPPORT TO NATIONAL AND PROVINCIAL COORDINATION AND GOVERNANCE; TECHNICAL SUPPORT

5.1 Government actions


The Ministry of Health has published a draft preparedness and response plan budgeted for a total amount of US$ 135 million. The Government has set up at the national level, a multisectoral response committee for COVID-19 (CMR-COVID-19) and a Technical Secretariat for the coordination of activities that meet daily.

The CMR-COVID-19 is chaired by the Prime Minister, while the Minister of Health acts as Secretary. The Technical Secretariat is headed by a coordinator appointed by the President of the Republic. The Technical Secretariat manages the various sectoral commissions: (i) surveillance, (ii) medical care, (iii) psychosocial care, (iv) risk communication and community engagement (RCCE), (v) infection prevention and control (IPC/WASH), (vi) laboratory and research, (vii) logistics, (viii) monitoring of mitigation measures and social distancing. The coordination system will be replicated at the provincial level.
A provincial coordinating committee is chaired by the Provincial Governor assisted by the Provincial Minister of Health and the Head of the Provincial Health Division.

The Governor of Kinshasa announced a 14-day lockdown from 6 to 20 April 2020 of the Commune of Gombe, considered the epicentre of the epidemic in the country. The Governor said that the lockdown is intended to facilitate the task of response teams who “will conduct a search for sick people and investigate at-risk contacts and symptomatic cases for their screening and treatment.”

5.2 Coordination and partnerships

To strengthen day-to-day operations to respond to and prevent COVID-19, key UN agencies liaise with the UN Office for the Coordination of Humanitarian Affairs (OCHA), the World Health Organization (WHO), the International Organization for Migration (IOM), the US Centers for Disease Control and Prevention (CDC) and major NGOs, including the International Federation of the Red Cross (IFRC) and other international organizations.

FINANCING THE RESPONSE

UNICEF estimates that $58 million is required for an immediate response within its areas of responsibility. UNICEF has already allocated $5 million to meet critical needs until additional funding is secured. More than ever, UNICEF needs flexible and timely funding to meet the most critical needs as the epidemic evolves. The UNICEF Representative in DRC has also appealed for in-kind donations.

To date, UNICEF DRC has received funding from the Global Partnership for Education (GPE) to ensure continued access to basic social services for children and adolescents.

EXTERNAL MEDIA

Since the beginning of the outbreak in DRC, the communication team posted more than 80 posts on Facebook, Twitter, Instagram and LinkedIn, providing information to more than 4 million people.

A quiz was conducted on UNICEF DRC’s social networks, sharing key messages about prevention methods. The COVID-19 page has been updated to include information on prevention methods and UNICEF’s support to the response.

Multimedia material was made freely available for national and international media on WeShare and disseminated through social networks.

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