STORIES
FROM THE FIELD
This second edition of *Stories from the Field* traces key activities of the COVID-19 response in Kinshasa with a focus on community engagement. It also highlights the progress of ongoing activities funded through the Standard Allocation in June 2020, in particular in North Kivu and Ituri provinces.

**Overview of on-going HF-funding (as of May 2021)**

- **83** on-going projects
- **56** partners funded
- **13** provinces
- **43** territories

*Kinshasa.* Albertine is spreading messages of prevention against COVID-19 to the community. January 2021, OCHA / Alioune Ndiaye.
COMMUNITY ENGAGEMENT FOR BEHAVIOURAL CHANGE IN TIMES OF COVID-19

As of 20 May, since the declaration of the first COVID-19 case in the Democratic republic of the Congo, 30,825 cases have been registered, including 745 deaths. Kinshasa remains the most affected province with over 21,269 cases.

Ensuring that communities are aware and prepared

With funding of the DRC Humanitarian Fund, 18 organizations have been responding to COVID-19 in the most affected provinces. In Kinshasa, awareness raising has played an important role in sharing information with thousands of families and children.

“I can't let the community die like this. I have to inform them because they need to be aware. Before, they used to say on TV that COVID-19 did not exist. It was very difficult for us. But we did not stop, we kept raising awareness until the community was convinced. We must continue because COVID-19 is not over yet” says Albertine, a community relay trained by Première Urgence International in Lemba, Kinshasa.

Providing much needed psychosocial support

Angèle was 8 months pregnant when she consulted the doctor at the local health center. She felt symptoms of COVID-19, as she was on her way to her in-laws in Ndjili to prepare for the birth.

At first, she didn’t want to get tested. “All I knew about COVID-19 was that it was a story set up to make money. I refused to believe it for fear of being isolated and rejected, especially by my in-laws.”

With the psychosocial and emotional support received free of charge by the trained staff of the organisation MAGNA, Angèle understood that she should not panic.

“I realize that what is being said in the city are just rumors. My result was negative, and the fear left me.”

As a follow-up, MAGNA members called Angele to check on her condition. Today, she and her little boy are doing well. She remains grateful for the support received by MAGNA.

1 Alias name
Support children in street situations in times of COVID-19

Together with local partners, Médecins du Monde Belgique helped to minimize the consequences of the COVID-19 situation on street children, including confinement, state of emergency and curfew.

In Bukavu, mobile clinics were implemented for the first time, and were complemented by mobile canteens to distribute meals to children and young people in street situations.

In Kinshasa, the intervention supported four shelters with much needed supplies (beds, sheets, mosquito nets), ensuring enough food in existing mobile canteens considering the increased number of children and reinforcing the psychosocial component of their activities. As a result, more than 300 street children were sensitized on COVID-19 and received hygiene and personal protection kits.

"With the support of the Humanitarian Fund, we could reinforce the capacities of health workers, community leaders and agents who work in medical management and prevention of Covid-19. We also have community focal points who meet households to sensitize them against COVID-19.

Due to the confinement of the commune La Gombe, many children could no longer go near the city center to look for food. This project enabled us to look for a shelter for those children, in collaboration with our local partners". Olivier, medical supervisor for Médecins du Monde Belgique.

Marie Cécile has been a social worker for over 18 years. Today, she manages a hosting centre in the commune Kalamu, supported by Médecins du Monde Belgique. “Since the beginning of the pandemic, a large number of children have been coming to our hosting center. We welcome up to 150 children per day. As we benefited from food, beds, mattresses and mosquito nets, we were able to support more children.”


Kinshasa. Marie Cécile, at the hosting centre HOPE. January 2021, OCHA/Alioune Ndiaye.
GLIMPSE OF ONGOING ACTIVITIES FROM THE 2020 STANDARD ALLOCATION

Mobile clinics focusing on the most vulnerable

Since 2017, Djugu territory in Ituri province has become the epicenter of violent clashes between ethnic groups, law enforcement, and armed groups. Since the clashes began, more than 1,200 civilians have been killed and violence has forced over 1.6 million people to leave their homes.

The locality of Tsoro was greatly affected by the resurgence of violence in January 2020 and intensifying in April 2020, causing the population to leave for Pimbo. The village of Tsoro was burned and the health post was completely looted during the clashes. The displaced families had no access to health care during their displacement.

As Francine was informed that a mobile clinic was coming to her area every Wednesday, she decided to wait. The day she arrived at the clinic, she was very tired. Deborah, the midwife from Action Contre la Faim, was busy with sensitization of pregnant and breastfeeding women on reproductive health. When she heard about Francine’s condition, she stopped her activity to consult her. Francine was in labor. After one and a half hour, the baby cried for the first time to the great relief of the mother and the teams. Francine did not feel safe enough to go to the hospital. Therefore, the team of Action Contre la Faim initiated a remote daily follow-up with her.

Like Delphine, 1,434 women benefited from reproductive health care consultations thanks to the mobile clinic set up by Action Contre la Faim since December 2020, with funding of the DRC Humanitarian Fund. The teams of Action Contre la Faim have also consulted 416 children under the age of five and had two births in their services.

Francine lived in Dhema in the Pimbo grouping. She first fled violence in 2017 to Tsoro with her three children. In January 2020, she had to flee again to take refuge in the bush until November 2020. Upon her return, Francine was 8 months pregnant.

In mid-January 2021, she began to feel the first pains. In her village, there are no basic services and the nearest health center is in Pimbo at 3 hours of walk.
Fighting malnutrition

Lemberac and her family, residents of the Rethy health zone in Djugu Territory, Ituri Province, fled their village to escape violence between two rival tribes in February 2020.

"My family and I are always on the move. For five months, we took refuge in a school in the village of Akonjikani in Mahagi. We had a hard time. We went hungry and got sick. The children also suffered from diarrhea repeatedly.

In the school where we lived, there were 60 displaced and returned families. Every day, food was a big problem. The locally produced food had become insufficient to meet all the demand. To survive, we worked in the fields in Mahagi, about 3 hours of walk."

Along with precarious situation, displacement also exposes families to a high risk of malnutrition. Lemberac's daughter Ghislaine, then aged 2 years and 5 months, suffered from malnutrition. In December 2020, when they returned to their village, her condition rapidly deteriorated.

"She developed high fevers, her feet and cheeks were swollen. I tried every possible treatment to bring the fever down but nothing seemed to work.

It was impossible for me to take my daughter to a hospital because of the lack of money and the long distance to the health center. I was very concerned about her health."

Towards the end of January 2021, during an active screening for acute malnutrition in the village organized by the organization Adventist Development and Relief Agency (ADRA), a community relay noticed Ghislaine's symptoms of malnutrition.

"With my little girl, I was taken to the health center in Uketa, 10 km from home. When we arrived at the health center, the nurse decided to transfer us urgently to the hospital in Rethy, 15 km away, because my daughter's case was too serious for simple treatment. Since I could not afford to go there, ADRA transported us to the hospital.

For eight days, my daughter received a proper treatment, thanks to free care. To prevent my children and others in the community from suffering from malnutrition, I now attend discussions on promoting good nutrition for children and cooking demonstrations to improve my daughter's diet when she is discharged from the hospital."

Since November 2020, ADRA has been supporting families like Lemberac's. As of April 2021, 1,962 cases of severe acute malnutrition were detected and transferred to outpatient care, and 76 cases of severe acute malnutrition to the hospital.
A new home for a new beginning

“I came to this school two months ago,” says Kahindo, “we were forced to spend nights in the bush to save our lives because the ADF were chasing us.

There are 11 of us in my family and we share a classroom with three other families.

Every morning, we move our belongings to allow the students to study and if it rains during the day, our belongings stay outside. In the evening we return to the classrooms to sleep.”

Like Kahindo’s, several families were forced to flee their villages, leaving all their belongings behind. Since their arrival in the town of Oïcha, in the territory of Beni, North Kivu province, some families found refuge in schools or churches, and others stayed with host families.

Since October 2020, the national organization AIDES has been implementing shelter activities. Kahindo is one of the 250 IDP households benefiting from this assistance. In February 2021, she received a token with a QR code to securely collect rent fees for a period of 5 months.

“This money will allow me to rent a house and leave this school. From now on, I will live in my own house without sharing the space with another family.”

Today, the beneficiary families have left the schools and are living in the homes rented with this cash assistance.

Besides, 910 transitional shelters, including 710 in Masisi and 200 in Oïcha, are under construction with funding from the DRC Humanitarian Fund. The targeted households have received electronic cards to benefit from the materials necessary to build their shelters. They will be responsible for the preparation of the land and the painting, thus putting community participation at the heart of this activity.

In April 2021, activities have been slowed down due to incursions into Beni territory and popular demonstrations. Although security and access constraints are recurrent in this intervention zone, the organizations are not giving up. AIDES is observing the situation closely and is ready to resume activities once a lull is confirmed.
When hope is reborn

Since October 2020, the national organization Action pour le Bien-être Communautaire (ABCom) has been providing emergency food assistance and agricultural recovery support to 4,025 displaced households affected by armed conflict in the health zones of Kibua and Pinga in Walikale territory, North Kivu province.

Getting agricultural inputs to the targeted areas has not always been easy due to road conditions. Sometimes, distributions of vegetable and food seeds were suspended due to armed conflict. Between April and March 2021, ABCom could organize fairs to provide farming tools and food to targeted vulnerable families. They tell us their story.

“My name is Lumoo, I am a mother of eight children, and I am a war displaced person. I arrived in the locality of Kashebere in February 2020 with my family and my pygmy brothers and sisters. I was fleeing the war in our village of Kyaninga in Masisi territory, not far from Nyabiondo, several kilometres from here.

Our nomadic ancestors used to move around to hunt and gather. We move because of the war.

Today, I don’t move around anymore. The organisation ABCom wants to push us to grow and produce our own food. I received seeds, hoes, axes and a rake. Now my joy is immense. I have also received rice, beans, palm oil, maize flour and salt. My family will be able to hold on until we start our field work”.

“My name is Elisabeth. I am mother of nine children and a farmer. I settled in the Kibua health zone after the war in Burutsi, my village. I live with some of my deceased brother’s children. I have just received food. It is a new start for my family who already have seeds. This will enable us to produce a lot and fight famine. First, I want to satisfy our need for food, so I am growing”.

“Here in Kashebere, there are several IDPs from the surrounding villages. My eight children and I go down to the field every morning. The difficult situation we are in does not allow us to go freely to the fields. Fortunately, my family has a field nearby. Just wait and see, you will see the results”, explains Jeanne.
“We have spent a difficult period, but full of lessons learned. We are very happy with the support ABCom is giving us. The displaced population has integrated easily into the local culture by working in agriculture. Other war-displaced people come from surrounding villages in Masisi territory”, says Ernest, the representative of the displaced in Kashebere locality.

“My mother introduced me to agriculture as a child. We have fields but unfortunately, we no longer had the opportunity to farm as we moved from one place to another because of the war. Now that there is a lull, and with the support of ABCom, I am making an effort to grow. Here cassava is grown in large quantities, but I plan to grow soya. Soybean flour is very expensive here, but the vehicles are now coming back to our health zone in Pinga, and I will be able to sell at the markets. Everything will depend on the harvest.” Maombi, mother of six.

North Kivu. Follow-up activities in the cultivated fields with the beneficiaries in the health zone Pinga. April 2021, ABCom/Paulin Munyagala.

North Kivu. Distribution of farming tools to households in the Health zone Pinga. April 2021, ABCom/Paulin Munyagala.
The **DRC Humanitarian Fund** is a multi-donor pooled mechanism created in 2006 to allocate funding to the most urgent life-saving interventions in the Democratic Republic of the Congo.