Years after the official end of a decade-long civil war in the Democratic Republic of the Congo (DRC), violence remains pervasive throughout eastern DRC, sexual abuse of women and children continues to escalate, and more than one-third of the population lacks access to basic healthcare.

Since the height of the conflict, International Medical Corps has worked in this volatile country, helping Congolese partners build sustainable capacity by repairing health facilities and improving the skills of medical professionals, village health workers and community members.
International Medical Corps has worked in the DRC since 1999, providing healthcare, capacity-building in the health sector, gender-based violence (GBV) prevention and treatment, nutrition support, food security programs, and water and sanitation services. More recently, we have also been responding to disease outbreaks, including outbreaks of Ebola and measles, and the COVID-19 pandemic.

International Medical Corps is currently one of only a few international non-governmental organizations operating in remote areas within Tanganyika, South and North Kivu, and Ituri provinces in eastern DRC. We have served more than 2 million people in the DRC, 80 percent of whom have been displaced by armed conflict.

WHERE WE WORK

**ITURI**
- Bunia

**NORTH KIVU**
- Goma
- Butembo
- Mabalako
- Nyiragongo
- Massisi

**SOUTH KIVU**
- Fizi
- Nundu
- Lulingu

**EQUATEUR**
- Bikoro
- Mbandaka

**KINSHASA**
- Liaison office

**TANGANYIKA**
- Kalemie
- Manono
- Mbandaka

**SOUTH KIVU**
- Ankoro
- Mbulula
- Kongolo
- Nyunzu
- Kiambi
- Kabalo
- Moba
- Kansimba
- Nyemba

PRIMARY HEALTH CARE

International Medical Corps currently supports 64 clinics and hospitals in health zones of North Kivu, Tanganyika and South Kivu, providing essential drugs, medical supplies, training, and referral and transfer of patients who need specialized care. Our beneficiaries include internally displaced people (IDP), Congolese refugees returning home and vulnerable host populations.

Given the considerable gaps in primary healthcare services in International Medical Corps’ areas of intervention, we focus on providing a comprehensive and integrated primary care package, including immunization campaigns, advancement of maternal and child health, and improved environmental sanitation and hygiene practices at targeted health facilities.

More than 75% of malaria, pneumonia and diarrhea cases in International Medical Corps-supported facilities are treated successfully. We continue to support capacity-building within these health centers to ensure that treatment quality remains high.

The DRC is prone to recurrence on known and newly discovered epidemics—most recently Ebola, measles and COVID-19. Through our work with the Ministry of Health at the health facility and community levels, International Medical Corps leverages decades of experience with infectious diseases to improve prevention, detection and treatment methods.
REPRODUCTIVE HEALTH

International Medical Corps prioritizes reproductive health services and family planning in the DRC. Gynecological and obstetric care are especially important in an area where 98% of all obstetric complications result from either subpar medical care or rape. By increasing the quality and availability of reproductive and maternal healthcare, as well as the uptake of these services, International Medical Corps has significantly improved long-term health outcomes for women and children in the DRC. We also provide a wide range of health services, including education and counseling, for sexual assault survivors. In addition, International Medical Corps has constructed a reproductive health complex in Chambucha Hospital in North Kivu, where we have trained health professionals in advanced gynecological and obstetric care.

NUTRITION

In partnership with UNICEF, the World Food Program and the U.S. Bureau for Humanitarian Assistance, International Medical Corps has provided nutrition services in several communities of North and South Kivu to treat severely and moderately malnourished children and adults. To help parents take ownership of their families’ nutritional needs, we provide nutritional education, seeds, tools and training to cultivate staple crops. Through our efforts and those of our local partners, thousands of children have recovered from malnutrition in North and South Kivu. As part of our Ebola transition program, funded by the U.S. Bureau for Humanitarian Assistance, International Medical Corps worked to reduce the nutritional impact of Ebola in affected communities by facilitating access to quality preventive nutrition services within its Ebola treatment center for vulnerable groups and surrounding community.

GENDER-BASED VIOLENCE (GBV)

Since 2002, International Medical Corps has helped lead the battle against GBV in war-ravaged eastern DRC. Our complementary USAID-funded Care, Access, Safety and Empowerment (CASE) and Behavior Change Communications projects take a comprehensive approach to addressing the needs of GBV survivors, while preventing future cases by changing community attitudes around gender and violence. CASE has provided an estimated 37,000 people in three health zones in the DRC with increased access to quality medical, psychosocial, legal and livelihood services. International Medical Corps is currently running a widespread GBV project, in collaboration with the International Rescue Committee, funded by the World Bank through Fonds Social of the DRC. The project is being carried out in North and South Kivu, in five health zones: Minova, Shabunda, Lulingu, Kirotshe and Binza.

“We believe there should be no impunity for the sexual and gender-based violence committed by so many.”

— Former Secretary of State Hillary Clinton, on her visit to International Medical Corps operations at Mungunga 1 IDP camp

EBOLA OUTBREAK RESPONSE

International Medical Corps has been one of the primary responders to Ebola outbreaks in DRC. We supported the Ministry of Public Health in its efforts to manage the country’s tenth Ebola outbreak, which began in the province of North Kivu in August 2018 and—by the time it was declared over nearly two years later, in June 2020—grew to become the second-largest outbreak in world history.

In responding to that outbreak, International Medical Corps established two Ebola treatment centers in the towns of Mangina and Makeke, and set up 95 screening and referral units (SRUs) at health facilities in the affected areas to support the safe screening, isolation and referral of suspected and confirmed cases. At each of these facilities, we trained all relevant staff members on infection prevention and control (IPC) measures, including proper donning and doffing of personal protective equipment, hand hygiene and appropriate waste management practices. To further reduce the spread of the disease, we also improved community access to clean water through the digging of boreholes.

International Medical Corps is currently working to support local authorities and affected communities to maintain Ebola response capacity and reinforce community trust and early case detection through community engagement and access to safe and quality health care. Shortly before the outbreak in eastern DRC was declared over, a new outbreak—the country’s eleventh—was confirmed in Equateur Province in western DRC. International Medical Corps has since deployed two rapid response teams to the provincial capital of Mbandaka to support Ebola treatment efforts there, and in Bikoro.
COVID-19 PANDEMIC RESPONSE

COVID-19 cases continue to rise in the DRC, though there likely is an underestimation of cases, as testing is highly targeted and centralized in the capital city of Kinshasa. Despite flight restrictions into and out of the country—as well as periodic isolation of cities with large caseloads, such as Kinshasa and Goma—rumors, community resistance and a lack of access to tests make undiagnosed cases a ticking time bomb. In June 2020, International Medical Corps began strengthening IPC measures and training health workers in 82 facilities across three of the 14 provinces where cases have been confirmed: North Kivu, South Kivu and Tanganyika. Interventions to control the COVID-19 outbreak in the DRC remain critical, as an outbreak of similar complexity to Ebola would be another blow to a country with a health system weakened by years of protracted and complex humanitarian crises.