



Students of Elumbe high school, in Nundu, commemorate the 16 Days of Activism against Gender Based Violence campaign.

### COVID-19 Response in the DRC

DRC follows the global trend of rising COVID-19 cases, indicating the existence of a second wave of the virus though although no cases of the new variant, which is believed to have originated in South Africa, have been observed in the DRC. In December 2020, the country recorded the highest number of new infections in a single month (4,841) since the beginning of the pandemic, more than triple the number of cases reported in November. The total number of infections currently stands at 17,700 cases.

In light of these developments, the DRC government has reinforced control measures to limit the spread of the virus, such as instituting a nighttime curfew between 9 p.m. and 5 a.m., mandatory wearing of masks in public spaces and limiting the number of participants in training sessions and workshops to 10. International Medical Corps continued to strengthen the Ministry of Health's capacity to screen, isolate and manage suspect and confirmed cases at health facilities by training health staff and providing mentorship and coaching, and to reduce the risk of infection among frontline health workers.

International Medical Corps also continues to implement community awareness and sensitization activities via radio spots, bulk SMSs and mobile caravans. Thanks to a donation of masks from MiMask, we were able to distribute this key element of personal protective equipment (PPE) to frontline health workers in Munzenze prison and four other health facilities in Goma.

### FAST FACTS

- The Ebola outbreak in the northeast of the DRC, the country's 10th and the second-largest in world history, claimed the lives of 2,287 of the 3,324 patients affected. The 11th outbreak, in Équateur Province, affected 13 of the province's 18 health zones, with 130 confirmed cases and 55 deaths.
- 372,848 people have been vaccinated against Ebola (including 39,859 in Équateur).

### INTERNATIONAL MEDICAL CORPS' RESPONSE

- During the 11th outbreak, International Medical Corps' Rapid Response Teams (RRTs) managed more than 900 patients at Ebola Treatment Centers (ETCs) in Bikoro, Mbandaka and Buburu, including 29 confirmed cases.
- On June 30, when the Mangina ETC in the northeast was decommissioned, the facility had cared for 3,859 suspected and 422 confirmed Ebola patients.
- International Medical Corps is providing infection prevention and control (IPC) support to 196 health facilities to ensure that healthcare delivery is safe, including 20 new facilities in Équateur.
- Since August 21, 2018, screening and referral units (SRUs) supported by International Medical Corps have provided more than 2 million screenings for Ebola and 1.2 million screenings for COVID-19.

***International Medical Corps Marks “16 Days” Campaign***

The 16 Days of Activism against Gender-Based Violence (GBV) campaign is an annual global event that runs from November 25 to December 10. Launched by the Center for Women’s Global Leadership in 1991, the campaign calls for a collective effort toward the elimination of GBV by raising awareness and demanding accountability, with a goal of ending gender discrimination and violence in all spheres of society. Among the myriad issues that have resulted from the COVID-19 pandemic is an increase in cases of GBV, particularly domestic violence against women and girls. In the DRC, the pandemic has exacerbated such risk factors as unemployment, economic insecurity and food insecurity. School closures also have made girls more vulnerable to predation at the community level. In a country that has suffered 11 outbreaks of Ebola, endured decades of civil war and faces ongoing economic hardship, the stress factors resulting from the pandemic have left women as targets of domestic abuse. Other contributing factors—such as a nationwide curfew from 9 p.m. to 5 a.m., social isolation and quarantines—also have negatively affected mental health and increased the propensity of negative coping mechanisms at the household level.

In light of these challenges, during this period International Medical Corps strengthened its awareness-raising and community engagement activities in South Kivu and Tanganyika provinces, sensitizing both men and women to the negative impact of COVID-19 on domestic violence, advocating for prevention of GBV and educating the community about reporting mechanisms and services available for survivors. At the community level, International Medical Corps distributed information through radio shows and mobile caravans, and spread educational messages through fliers and leaflets. We also facilitated focus-group discussions with women and girls about the prevention of and response to cases of early marriage, domestic violence, and sexual and gender-based violence. We engaged men in discussions regarding self-awareness, identification of triggers, peer mentorship and reporting of cases of violence against women and girls. By engaging men in accountable practices, International Medical Corps aims to achieve an overall reduction in cases of domestic violence during the pandemic. International Medical Corps’ health intervention activities link with our protection activities through the psychosocial support we provide to survivors of sexual and gender-based violence, as well as the clinical care we provide to survivors. Within the context of COVID-19, International Medical Corps will continue providing prevention and response interventions to mitigate violence and protect vulnerable women and girls.

***Responding to the Ebola Outbreak in Équateur Province***

The DRC’s 11th Ebola outbreak, in Équateur Province, was officially declared over on November 18, 2020, after no new confirmed cases were reported for 42 days after the last confirmed case was discharged from an Ebola Treatment Center (ETC). Following this milestone, the province has entered a period of 90 days of heightened surveillance, as required by the WHO. During this period, the Ministry of Health (MoH) and International Medical Corps continue to monitor any alerts and respond to suspected cases in a timely manner.

International Medical Corps will continue to support interventions that reinforce community-based surveillance; infection prevention and control (IPC) at health facilities; the rapid response deployment capacity of the local MoH Rapid Response Team (RRT); facilitation of access to primary healthcare (PHC); and Ebola survivor-care programs (including ring surveillance). Additionally, we will continue sensitization on Ebola at the community level, in collaboration with existing community structures involved in health education, to mitigate against a possible resurgence of Ebola in the province.

Between June 1 and September 28, 2020, 72% of the health zones in the province (13 of 18 health zones) reported 130 positive cases, including 55 deaths and 75 recoveries. In comparison with the 10th Ebola outbreak, in the northeast of DRC, which recorded a case fatality of 67%, Ebola death rates in the 11th outbreak in the northwest were lower (42%). The WHO estimates that approximately 40,000 people have been vaccinated during the 11th outbreak.

Since the beginning of the 11th Ebola outbreak, International Medical Corps has worked alongside the MoH to isolate and manage 938 (29 confirmed) patients at two Ebola Treatment Centers that we set up in Wangata and Bikoro, two of the

health zones with the highest total number of confirmed Ebola cases. A third treatment center was integrated into a health center in Buburu (Bomongo health zone) and helped reduce the risk of spread of the disease to the neighboring Republic of the Congo, which shares a border with this health zone. A key driver of this success was the deployment of a RRT, which reinforced the ability of local health providers to rapidly identify and isolate suspect cases, and safely manage those confirmed to be Ebola. Furthermore, by providing mentoring and basic PPE and water, sanitation and hygiene (WASH) supplies, we are reinforcing IPC measures at 20 other health facilities, training and mentoring staff on standard precautions and improved medical waste management.

As was the case in the northeast of the DRC, longer-term support is needed beyond the 90-day surveillance period to meet other needs in Équateur Province, which have been the root cause of five of the 11 Ebola outbreaks in the country. This includes facilitation of access to primary healthcare and referrals, increased surveillance capacity and the reinforcement of good WASH practices at health facilities. Support also is needed to manage other conditions common in the province, including malnutrition, poor access to mother and child healthcare, as well as reproductive health services.

### **GAPS FOR WHICH SUPPORT IS NEEDED**

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- Support is needed to ensure that International Medical Corps can provide post-Ebola outbreak support in Équateur Province beyond the 90-day period of heightened surveillance, including strengthening IPC, WASH, health information management systems and surveillance. Additionally, support is needed to facilitate access to primary healthcare services and referrals. There is also need for a program to provide holistic support to Ebola survivors who present a risk of being the source of new outbreaks, due to the persistence of the virus in some of their body fluids.
- Support is needed to enable International Medical Corps to continue mitigating future waves of the COVID-19 outbreak following the reopening of the country.
- Gifts-in-kind (GIKs) of items that have become sparse due to increased global demand and export restrictions. This includes face masks and other PPE, as well as equipment needed for patient care, such as oxygen extractors, ventilators, etc.
- Support to enable International Medical Corps to continue contributing to the DRC government's post-Ebola strategy in the northeast, which seeks to reinforce the resilience of the local health system through the following:
  - establishing holistic programs to monitor the health of survivors and support them after they leave care, which includes testing for the persistence of the virus in their bodily fluids and monitoring for transmission of the disease to their partners and contacts (a process known as ring surveillance), as well as providing clinical and mental health care and livelihood support for survivors and their dependents;
  - providing programs to support and protect children orphaned by the Ebola outbreak, as well as other vulnerable-affected persons, such as widows and widowers with young children and families of survivors;
  - providing protection programs, especially for women and children, who are at higher risk of contracting Ebola and other contagious diseases such as COVID-19;
  - strengthening access to clean water and waste management in health facilities and communities, which is indispensable for IPC and the prevention of water-borne diseases;
  - establishing disease surveillance and health system-strengthening programs, because strong health systems are needed to rapidly control disease outbreaks; and
  - facilitating access to primary healthcare and referrals, especially for vulnerable groups.

### **INTERNATIONAL MEDICAL CORPS' PREVIOUS EXPERIENCE IN RESPONDING TO DISEASE OUTBREAKS**

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International Medical Corps has extensive experience responding to Ebola and other outbreaks of infectious disease. In 2014, International Medical Corps responded to the largest outbreak of the disease in history, in Guinea, Liberia, Sierra Leone, Mali and Guinea-Bissau. With a team of more than 1,500 tireless staff, International Medical Corps treated nearly 460 Ebola-positive patients and helped support longer-term efforts to prevent transmission of the virus. Our five ETCs in

Liberia and Sierra Leone cared for more than 2,500 suspected and confirmed patients. In Liberia, Sierra Leone and Guinea, our SRUs screened tens of thousands of health facility users for Ebola.

International Medical Corps supplemented medical care and screening with psychosocial support and community-engagement efforts, including workshops and person-to-person contacts, to explain the need for proper hygiene, dispel myths surrounding Ebola and encourage survivor families and community residents. Because strengthening local healthcare systems to lift the overall level of care is essential to improve quality of life in the region and reduce public health risks globally, International Medical Corps also worked to support and rebuild local health systems through training and re-equipping healthcare facilities.

Before its response in the northeast to the country's 10th Ebola outbreak, International Medical Corps conducted multi-sectoral efforts in the wake of the DRC's ninth outbreak, which began in Équateur Province in April 2018. Working from locations in Kinshasa and Mbandaka, the team provided critical IPC training to 516 health staff (nurses, laboratory technicians, doctors and hygienists) in six health zones—Bikoro, Ikobo, Wangata, Mbandaka, Ntongo and Bolenge—giving them with the knowledge and skills needed to protect themselves and their facilities from Ebola transmission. In addition, International Medical Corps provided PPE and basic WASH supplies to 65 health facilities.

#### **INTERNATIONAL MEDICAL CORPS IN THE DEMOCRATIC REPUBLIC OF THE CONGO**

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For more than 20 years, International Medical Corps has delivered lifesaving healthcare, food security, nutrition and WASH support for those in need in the DRC. International Medical Corps has increased access to reproductive health and maternal healthcare, including training staff on emergency obstetric care and the clinical management of rape. As part of global efforts to declare Africa polio-free by 2020, International Medical Corps has implemented community-based disease surveillance programming in North Kivu and is currently focusing on Tanganyika province. In response to brutal, ongoing violence, International Medical Corps provides training and technical supervision to strengthen the capacity of local organizations that provide holistic support to survivors of sexual and gender-based violence in both North and South Kivu, and is working to provide lifesaving healthcare via mobile medical units and nutrition services in Tanganyika province. International Medical Corps is seeking funding to support health system strengthening post-Ebola and to provide care to survivors as a means of building the resilience of affected communities.

**For additional information, please contact:**

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**Activity Spotlight**



*Recording of a sensitization program at a local radio station (Kivu 1 radio) in Goma, conducted by MoH RCCE experts on barrier measures needed during the December festive period.*



*Beneficiaries participate in a march commemorating the 16 Days of Activism against Gender-Based Violence campaign.*



*A staff member conducts capacity building on key concepts of gender-based violence with the facilitators of the CBO UMOJA NI NGUVU Mulembwe Health Area, in the Kalemie Health Zone.*



*A patient in Kihinga health center in Butembo receives psychosocial support.*