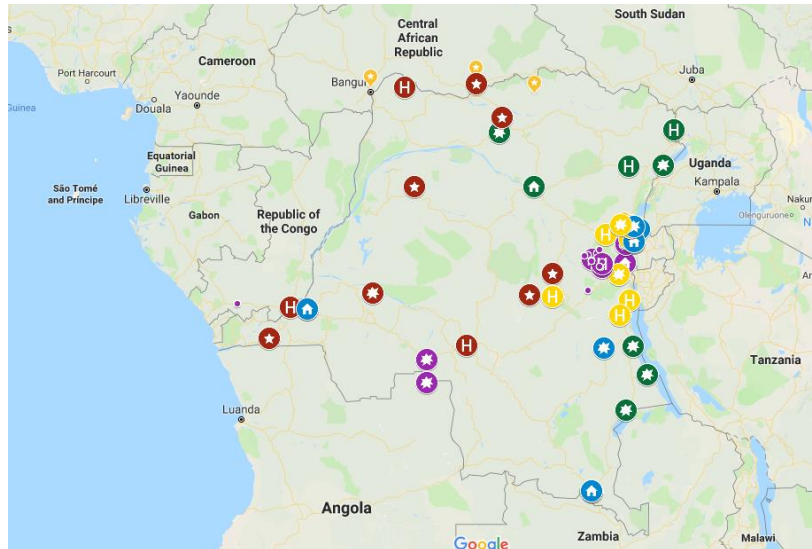


# DEMOCRATIC REPUBLIC OF CONGO

## Country Overview



Current Google map can be seen [here](#) (with more details (some interventions are not visible here because it is zoomed out), including name of project and which OC). Please note that a new map will be done with the International Activity Report. This Google Map is FYI for the moment and the link should not be shared.

Caption:

- Color code = projects from **OCA**; **OCB**; **OCBA**; **OCP**; **OCG**
- **H** symbol = Hospital/regular project
- **House** symbol = coordination
- **Star** symbol = emergency intervention

## 1. GENERAL CONTEXT IN DRC

### 1.1. Overview – Why we are in the DRC

The Democratic Republic of Congo (DRC), an immense country the size of Western Europe with the fourth largest population in Africa, is in the midst of one of the world's most complex and long-standing acute humanitarian crises. The eastern part of the country is still reeling from the devastating Congo Wars that claimed an estimated 6 million lives from the mid-1990s to the early 2000s. Over 1.5 million internally displaced people live in the Kivu provinces still plagued by active fighting involving a myriad of armed actors. Since 2016, two new crises – in Kasai and Tanganyika regions – have added a strain on the country and triggered massive movements of people with 4.1 million people internally displaced in the country in 2017, including as a result of newer crises in the Greater Kasai area and Tanganyika region. Despite its vast natural resources (lush rainforests, enormous deposits of copper, gold, and diamonds, tin, tantalum tungsten and 50 percent of the world's cobalt), the DRC remains one of the poorest countries in the world, ranked 176 out of 188 in the world's human development index. Few investments have been made since the 1960s to improve poor infrastructure. Congolese people have little access to basic services, including health, and as a consequence life expectancy at birth hovers around 58 years old. One in ten Congolese children dies before the age of five.

Due to extremely high humanitarian needs, the DRC is one of MSF's main countries of intervention in the world in terms of the number of beneficiaries and the investment in HR and budget; the organization started working in DRC in 1976, and established a permanent operational presence in the country since 1985. Its large array of projects tackle acute problems deriving from conflict and crises (displacements of populations, conflict-related trauma, surgery) but also gaps in, and barriers to care for health problems such as HIV/AIDS, sleeping sickness, sexual violence, malnutrition, malaria, as well as epidemic outbreaks that often affect the country due to poor

surveillance and infrastructure such as cholera, measles, yellow fever, typhoid fever, plague and hemorrhagic fevers such as Ebola.

In 2016, MSF provided two million consultations in Congo and conducted 64 emergency interventions of various sizes and nature. MSF is working in 20 of the 26 provinces of the country.

<http://activityreport2016.msf.org/fr/pays/republique-democratique-du-congo/>

## **1.2. Nationwide operations – Emergency Units - DRC**

Most MSF operations in DRC are project-based in specific locations, detailed below. However due to the high level of needs and poor capacity (state and non-state) to respond to recurrent crises MSF also manages several emergency units. In 2016 they performed 64 emergency interventions of varying size.

### **PUC Pool d'Urgence Congo:**

Based in Kinshasa with four other locations that monitor health alerts, the PUC is a quick emergency service provider that has the capacity to dispatch up to four teams simultaneously in 17 out of the 26 provinces of the country (mainly west and centrum). The PUC is equipped to respond to several scenarios: epidemics (measles, typhoid, viral hemorrhagic fevers, meningitis, bloody diarrhea, malnutrition, cholera); natural disasters; conflicts, mass casualty situations with emphasis on a KINSHASA EPREP plan; population displacements. In 2016, the PUC investigated 46 health alerts and conducted 17 interventions that reached 415,000 beneficiaries.

### **ERU: Emergency Response Unit**

This soon-to-be-renamed Kisangani Emergency Response (KERE) unit, monitors health alerts in Ituri, Tanganyika and Haut- and Bas-Uélé (36 health zones in Ituri, 13 in Haut-Uélé and 11 zones in Bas-Uélé), runs Haut- and Bas-Uélé (36 health zones in Ituri, 13 in Haut-Uélé and 11 zones in Bas-Uélé), runs exploratory missions and responds to emergencies. The ERU responds to similar scenarios to those mentioned above under the PUC. In 2016, the ERU investigated 12 health alerts and conducted 5 interventions that reached 98,600 beneficiaries.

### **SKERU: South Kivu Emergency Response Unit**

Based in Bukavu, SKERU responds to epidemics and displacement in South Kivu province, principally cholera and measles outbreaks, but also malaria and violence against civilians. In 2017, they vaccinated 61,387 children against measles, supported 5 health zones with cholera outbreaks, and responded to displacement due to conflict, where the largest medical needs were malaria and malnutrition.

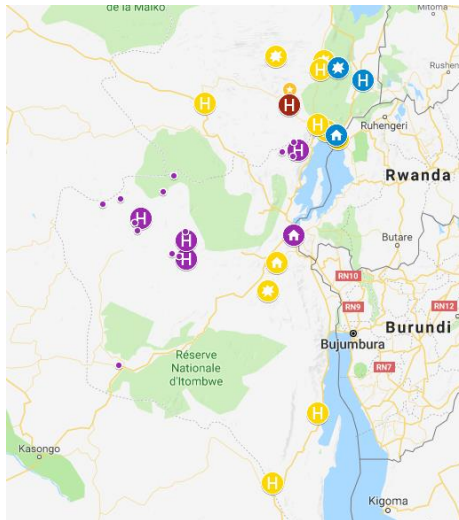
### **RUSK (Emergency Response in South Kivu)**

Based mainly in South Kivu (almost 6 million people), its main objective is to run exploratory missions and to respond to emergencies alerts, especially those related to conflict. War wounded, IDPs, epidemic outbreaks, violence and sexual violence, malnutrition are its main causes to react. In 2017 its main activities have been dealing with a massive measles epidemic and one of the worse outbreaks of cholera in the area.

### **NKERU: North Kivu Emergency Response**

Based in Goma, NKERU is similar in set up and in how it operates as SKERU. It monitors and responds in less than 48 hours to epidemics and displacement in North Kivu province, including measles, malnutrition emergencies but also malaria and cholera outbreaks. In 2017, NKERU intervened, for example, in Pinga for a malnutrition intervention and Kibirizi to respond to malnutrition emergency. NKERU can be deployed using members of a regularly trained pool of medicals and non-medicals who can be mobilized for each intervention.

## **2. Crisis overview – the Kivus**



## 2.1. Overview – Why we're in the Kivus

The provinces of North and South Kivu were at the epicenter of the Congo wars and have remained unstable ever since. An estimated 120 armed groups are active and 850,000 people in the province (or 15 per cent of the population) live in displaced-persons camps. And many displaced people, especially in South Kivu either live in the woods or they are sheltered in host communities, increasing the vulnerability of the host families. Access to healthcare is a challenge due to poor infrastructure, financial barriers in a cost-recovery health system and this is aggravated by constant insecurity due to the conflict that often constrains movement and access to the population.

## 2.2. MSF operations in the Kivus

All these projects have a strong component of conflict medicine and access to care in such a volatile, violent area. General needs, lack of access to healthcare, protracted and ongoing displacement

### North Kivu

#### OCA:

- **Mweso** : Supports of 12 health centers. In six of them (in Mpaty, Kalembe, Kashuga, Bibwe and Bukama) MSF provides primary healthcare, and treats malaria, malnutrition, respiratory infections and diarrhea. Besides that, partially supports seven of the health centers (Yopa, Bushanga, Kamoni, Malemo, Rujagati, Ibuga and Bushanga) treating the same diseases. In Mweso General Hospital, MSF takes care of almost all the services, including: Surgery, Pediatrics, obstetric gynecology, TB/HIV, mental health and emergencies. And MSF runs two "Tumaini" clinics: MSF's centers for the reproductive health activities.
- **Walikale** : Supports the Ministry of Health at the General Referral Hospital in pediatric, nutrition, maternity and laboratory services. In addition, MSF supports of four health centers in the area (8ième CEPAC, Mpofi, Nyasi and Eliba), as well as community sites for the management of malaria, respiratory infections and diarrheal diseases in Kirundu, Kasindi, Ngora, Shabunda and Kembe while the "Tumaini" clinic provides access to reproductive health services.
- **Goma** : Cholera Treatment Centers on the outskirts of Goma town (Buhimba) and in the city of Sake, in Masisi territory.
- **NKERU (North-Kivu Emergency Response Unit)**: Emergency interventions throughout the Province. Last October, the NK-ERU team conducted a nutrition emergency operation in Kibirizi health zone (in Kikuku, Bwalanda and Kashalira). 450 malnourished children were treated during the intervention. The same month, the team conducted an assessment after measles cases were identified in the Itebero health zone. Donation of medicines were made.

#### OCC:

- **Masisi**: Project managing a full regional hospital, two big health centers and multiple remote health posts as well as mobile clinics that provide specialized malaria care. Possible angle/stories to pitch

include maternal care, including family planning and a “birth village” for women on a third trimester of a risky pregnancy to wait until delivery so as to be sure to have access to a doctor.

#### OCP:

- **Rutshuru** – Starting in 2005 to respond to emergency needs resulting of armed conflict, MSF support in Rutshuru quickly expanded from the ER and surgical cases management in the regional hospital to most primary and secondary healthcare services in the health zone, including maternity, paediatric and neonatology wards, medical care to sexual violence survivors and support to multiple health centers. Malaria has been the major morbidity at the hospital, skyrocketing in 2014 and 2015. With emphasis on staff training, building rehabilitation, and reinforced supply chains and patients circuits among other things, handover process was initiated in 2015 and will be completed (MSF departure) by end of 2017. Last photo folder available (2016) on MSF MDB: MSFSTO2064
- **Bambo** – Opened in 2017 following clashes and a spike of intercommunal violence in an area marked by cyclical violence, displacement, criminality/insecurity and limited access to healthcare, Bambo project aims at facilitating access to healthcare for children and the most direct victims of violence. MSF activities include primary health care and pediatrics, nutrition, and medical care to sexual violence survivors through its support to Bambo hospital, ITFC, different health centers, ATCF, and a mobile clinic. Most recent (2017) pictures and testimonies available on the MSF MDB: MSFSTO17689
- **Goma** – In Goma, North Kivu, MSF has been supporting since 2015 the National program against HIV/AIDS implemented by the DRC health authorities. This support aims at improving care for persons living with HIV in the city of Goma, especially with regards to access to screening, treatment and reinforcing treatment adherence and patient retention. To achieve this, the project provides a daily organizational and technical support to 5 health structures and hospitals located in Goma and Karisimbi health zones. An important part of the project is also dedicated to sensitization and community-based activities (such as animation of peer-to-peer support groups, follow-up of patients who dropped out treatment) in link with a local association managed by persons living with HIV. About 4 000 are currently under anti-retroviral treatment, and in 2016 the supported-structures conducted 22 236 testing and 13 392 medical consultations. HIV viral load testing has been introduced in 2017.

#### South Kivu

#### OCA

- **Baraka** – Serves under 15s, as well as full packages for SRH, SGBV and HIV/TB. There is a 180 bed hospital (expands to 280 in peak malaria season), as well as three health centres, and 14 community based treatment points for malaria, diarrhoea and respiratory tract infections. They also respond to epidemics and have two full time cholera treatment centres (CTCs). Malaria is the main morbidity by far (over 50% of patients).
- **Kimbi** – Similar to Baraka, but serves under 5s, as well as SRH, SGBV and HIV/TB. A 130 bed hospital receives some support to ensure free care, but the primary activities are outreach, including 3 health centres and community based treatment points for malaria, diarrhoea and respiratory tract infections. They also respond to epidemics and have temporary CTCs that are open in 4 different villages when cases present. Malaria is also the main morbidity; but HIV prevalence is very high (around 7%) and a main priority of the project.
- **SKERU** – (South Kivu Emergency Response Unit): responds to epidemics and displacement, including violence against civilians.
- **Mobile HAT**: The Mobile Human African Trypanosomiasis Team has been in DRC since 2013 and tests and treats patients of the fatal disease in hard to reach rural areas. Currently based in Kibombo, Maniema, the team will spend 2018 testing and treating in health areas around south west Maniema.

#### OCBA

- **Rusk.** (Emergency Response in South Kivu). Based mainly in South Kivu (almost 6 million people), its main objective is to run exploratory missions and to respond to emergencies alerts, especially those related to conflict. War wounded, IDPs, epidemic outbreaks, violence and sexual violence, malnutrition are its main causes to react. In 2017 its main activities have been dealing with a massive measles epidemic and one of the worse outbreaks of cholera in the area.
- **Kalehe.** MSF offers primary health care in Lumbishi and secondary health care in the Haut Plateaux (Numbi). Kalehe is an area prone to instability due to an increasing presence of armed groups in the border between North and South Kivu. Referral system to Bukavu.
- **Ziralo.** The medical teams offer primary health care and secondary health care. Displacement and violence, as in Kalehe are a concern and one of the reasons for MSF presence there. Referral system to Bukavu. Teams offer primary health care in Tushunguti and is upgrading a primary health center to secondary health care in Kusisa. At periphery level community engagement activities are carried out in several spots with recurrent violence
- **Lulingu.** The project is related to post-conflict with assistance to both displaced and host communities in the area. The main activities have emphasis on children under 15, pregnant women, while also attending emergencies and episodes of violence. It supports the hospital of Lulingu, 6 primary health centers and 7 community activities in several areas of the axes more affected by violence
- **Mulungu-Kaniola.** The newest project, it covers an area prone to regular displacements of population and violence (regular presence of armed groups). Teams cover primary and secondary health care, EPI, pediatrics, referrals.

### 3. Crisis overview: Tanganyika and ex-Katanga province

#### 3.1. Context

Tanganyika has been plagued by intercommunal violence since 2013, and there was a renewed wave of violence in 2016 between the Twa (pygmies) and the Bantou (initially Luba, but soon joined by other ethnic groups). As a consequence, it is estimated that there are around half-a-million people displaced in the region. Access to healthcare remains a challenge for many people, in particular those who have been forced to flee their villages due to violence, either because they cannot reach health centres or they cannot afford to pay for care.

Tanganyika is part of the 4 new provincial entities created after the split of Katanga province in 2015. It is an area strongly affected by recurrent outbreaks of measles and cholera.

#### 3.2. MSF operations

**OCG** had a regular project in Tanganyika, in Manono, with paediatric, nutrition and measles activities. At the beginning of the year the MSF team treated victims of the conflict, but in February the project was handed over to the Ministry of Health. In March the emergency team arrived in Tanganyika province in March to undertake a measles vaccination campaign, and coupled this with assessing the needs of the displaced. MSF teams started providing emergency assistance to displaced people in the territories of Kalémie and Kansimba through mobile clinics, water distribution and the construction of latrines and showers in some of the settlements. As a follow-up to the earlier measles vaccination campaign, a new round of vaccinations was undertaken in September and reached over 20,600 children. Mobile clinics are continuing to 17 sites, and services offered include basic healthcare and mental health consultations, and those who are seriously ill are referred to Kalémie hospital. Teams have also started working in 8 health structures to support primary healthcare.

The emergency team works in the whole province of Tanganyika, and Pweto in Haut-Katanga and has been undertaking regular expeditions and missions in the wider area to address outbreaks of measles and cholera, to assess the health situation after outbreaks of violence, and to manage the treatment of wounded in Manono, Kalémie, Moba, Pweto and Kioko. In Kongolo, Moba, Ankoro, Kabalo and Manono, the team has undertaken case management, training of Ministry of Health staff during cholera outbreaks and influx of wounded, built cholera treatment centres, and donated equipment and cholera beds to the local cholera treatment centres. The team has also supported the Ministry of Health with the transportation of medical supplies in various health zones across the province.

**OCP** has been working for years in Tanganyika, notably to address cholera and measles. Multi-sector and preventative cholera program in Kalemie (cholera vaccination, rehabilitation of water distribution system, etc) was closed in 2016. Despite vaccination, measles cases started to be notified again and reached epidemic levels in 2016 in Nyunzu and various health zones. Responding to the outbreak, MSF then switched its intervention in 2017 towards pediatric healthcare for displaced and resident populations affected by the ongoing conflict around Nyunzu (mobile clinics, support to health centers and pediatric hospitalization). Currently, MSF is conducting exploration missions to reallocate its resources closer to the conflict dynamics and most urgent needs. With a view to better prevent recurrent outbreaks, OCP has started in 2017 a program based out of Lubumbashi designed to help better detect, forecast, monitor and react to epidemics, with a focus on measles and greater involvement in MoH-led EPI. Priority area is Haut Lomani, with other sentinel sites spread across ex-Katanga.

## 4. Crisis overview: Kasai

Within less than a year, the Greater Kasai region in the center of the Democratic Republic of Congo was transformed from a peaceful area in a troubled country to one of the most serious humanitarian crises in the world today. It started in August 2016 as a spark – the killing of a local chief by the Congolese armed forces – but is now a generalized unrest flaring through an area as large as Italy.

- **80 mass graves** have been discovered (There is no reliable number of the number of dead and wounded during this conflict; different sources claim 3000 to 5000 killed)
- **1.3 million people have fled** their homes and 30.000 are refugees in nearby Angola (which places the DRC as the country with the largest number of refugees and displaced this year, ahead of Syria)
- **Two international UN experts have been killed** in DRC, which is a first since the UN deployed the group of international experts for investigation of human rights violations in 1999.

Please note though that since June the Greater Kasai area has, for the most part, entered a “post crisis” phase with only some pockets of violence remaining. Humanitarian needs as a consequence to the crisis remain very high but are now linked to the consequence of the conflict (destruction of health centers or other services, impossibility for people to grow food...) rather than the treatment of people wounded in conflict.

### 4.1. MSF operations

#### **OCB: Kananga**

Independent hospital wing for victims of violent trauma in the city of Kananga (regional capital) through EPREP/contingency + direct care of SGBV; mobile clinics in Kananga city for IDPs and countryside.

Direct care of severe acute malnutrition in the Kazumba territory.

#### **OCBA:**

In the Kasai province, MSF mobile medical teams are travelling to villages to treat people in need of medical care, in particular malnourished children, and resupply local health centres with medicines and equipment. Since June, MSF has been supporting a hospital and three health centres in Tshikapa city but it is currently handing over some services to other organisations to put a higher focus in the periphery of the town.

MSF is supporting today 12 outpatient therapeutic feeding centres and two inpatient therapeutic feeding centres in different areas of the province. In some of them, the staff also takes care of malaria cases. Between June and November 2017, MSF teams in Kasai province provided more than 8,063 paediatric consultations, treated 2,691 children for severe acute malnutrition, carried out 338 surgeries, treated 155 people for violence-related injuries and provided care for 87 survivors of sexual violence and 101 mental health consultations.

## 5. Crisis overview: Ituri

Refugees from South Sudan started arriving over the border in large numbers in mid-2016, and the population currently sits at around 30,000 and makes up around 45% of the local population. The Adi project sits close to the border of DRC, South Sudan and Uganda. As is often the case in areas where refugees shelter, access to



healthcare is a challenge. The host community is welcoming, but additional numbers of people put resources under strain.

### **5.1. MSF operations**

**OCG Adi** Since April, MSF has been running mobile clinics to the villages of Karagba and Ulendere, offering refugees and members of the local community primary health services, treating victims of sexual violence, providing family planning and also mental health consultations, and undertaking routine vaccinations. A referral system was also set up to transfer patients to Kalémie general hospital. Between April and November there were over 24,425 outpatient consultations and over 600 mental health consultations. In June, test and treat for malaria at community level was implemented, and between October and November malaria accounted for as many as 58% of mobile clinic consultations. MSF provides support to Iri hospital in paediatrics, for cases of childhood malnutrition and for the treatment of patients referred by the mobile clinics.

## **6. Medical issues in the spotlight**

### **6.1. General overview**

Access to health services in the DRC is challenging due to the very obvious barriers of armed conflict in some areas of the country, but also by the inability of the health system to respond to alerts and crises, as well as numerous systemic obstacles to accessing healthcare such as the lack of infrastructure, staff and/or medicines in some areas; and the financial barriers to care considering that most basic health services are to be paid by the patients, which is often unaffordable due to the high levels of poverty.

Our ongoing operations are currently addressing all these issues, whether through vertical targeted projects or larger transversal programs, please feel free to get in touch for more details.

### **6.1. Malaria**

Globally, the fight against malaria is often touted as a success since the early 2000 with a global decrease of cases. However malaria remains the main killer worldwide, and sub-Saharan Africa is the most affected continent. Over 40% of the African deaths attributed to malaria occur in Nigeria and the DRC. Official statistics show that in DRC, malaria causes four times more deaths per year than the combined toll of conflict in the east, meningitis, cholera, measles, respiratory diseases and FT (?). Children are the most severely affected.

Much remains to be done to lessen the impact of malaria in the DRC and MSF is a key actor in this domain, whether in the frame of its regular project activities or during emergency interventions to contain outbreaks. In 2016, the organization delivered malaria treatment to 922,000 Congolese patients.

#### **Operations:**

Please note that considering the high prevalence of malaria most projects have a component of malaria care. The below are projects with either a specific focus; innovative approach and/or particularly large volume of activities on malaria

#### **OCB: Bili**

Primary health care with community extension project in a high malaria burden setting.

### **6.2. Infectious diseases**

The DRC is prone to outbreaks of infectious diseases. MSF supports the ministry of health and local authority for health surveillance in the country, and its highly mobile teams can be quickly deployed to respond to emergencies. Every year MSF investigates several dozen health alerts obtained through its own surveillance system and, when pertinent, conducts operations in response to outbreaks of communicable diseases which may vary in nature, from vaccination campaigns to contain outbreaks; case management for sick people (including surgeries when needed); health promotion activities; water and sanitation activities; or lighter donations of

medical equipment or training of local staff. In 2016 the organization launched 64 emergency interventions of various breaths.

- **Measles** outbreaks often occur in DRC despite the national vaccination system declaring high rates of vaccination coverage. MSF regularly intervenes to organize mass vaccinations and/or case management, often through its emergency projects listed above. Large-scale MSF interventions occurred in 2011, 2013, and 2016/2017.
- **Cholera** is endemic in some areas (bordering lakes) of the country due to poor sanitation. Epidemic peaks often occur, but 2017 has witnessed one of the worse outbreaks in the last decade, with 20 of the 26 provinces of DRC affected. MSF has operated about 40 CTC and UTC in the country in 2017.

Reference: database package MSFSTO17854;

<https://www.theguardian.com/global-development/2017/nov/16/congo-crisis-iraq-syria-yemen-cholera-aid>

- **Viral hemorrhagic diseases**, though not frequent, are endemic in parts of the country.
  - The last **Ebola** outbreak in the DRC occurred in 2017 (Likati); the previous took place in 2014 (Boende).
  - **Yellow fever**. In 2016 one of the largest recorded epidemic of yellow fever hit Angola and the DRC. MSF intervened in support of health authority to carry out a massive vaccination in Kinshasa and, on a smaller scale near the border with Angola.
- **Typhoid fever** is a dangerous waterborne disease that, in its most severe cases, necessitates a surgical intervention.

## Operations

Most operations in response to outbreaks are carried out by emergency projects (cf list above).

See also prevention and preparedness programme in ex-Katanga (above in MSF operations in Tanganyika and ex-Katanga).

### 6.3. HIV/AIDS

HIV prevalence in the DRC is estimated to be 1.2 per cent, which is lower than many other countries in Sub-Saharan Africa, but access to HIV testing (32 per cent) and ARV coverage (23.4 per cent) are also among the lowest in the continent. One of the consequences that MSF sees is numbers of people arriving in very late stages of HIV at MSF's Kinshasa hospital for treating AIDS; 30 per cent of people arrive too late that they will die after admission.

#### Operations:

**OCB: Kinshasa: advanced HIV care.** "Choice" project to increase the management of HIV/AIDS in a context with very low access to ARVs. Management of the reference hospital for advanced AIDS cases in the capital, as well as several strategies to ensure better continuation of antiretroviral treatment in the community for stable patients. Reference: strong patient story in the database (mirror portrait of 2 patients): MSBSTO635

**OCP: Goma: supporting national programme against HIV/AIDS.**

In Goma, North Kivu, MSF has been supporting since 2015 the National program against HIV/AIDS implemented by the DRC health authorities. This support aims at improving care for persons living with HIV in the city of Goma, especially with regards to access to screening, treatment and reinforcing treatment adherence and patient retention. To achieve this, the project provides a daily organizational and technical support to 5 health structures located in Goma and Karisimbi health zones. An important part of the project is also dedicated to sensitization and community-based activities (such as animation of peer-to-peer support groups, follow-up of patients who dropped out treatment) in link with a local association managed by persons living with HIV. About 4 000 are currently under anti-retroviral treatment, and in 2016 the supported-structures conducted 22 236 testing and 13 392 medical consultations. HIV viral load testing has been introduced in 2017.



#### **6.4. Women's health and sexual violence**

While most Congolese suffer from the lack of access to health services for various reasons, women are especially vulnerable due to a lack of qualified medical support to assist with complicated births.

Affecting men, boys, women and girls, sexual violence is also a major issue in the DRC. While its use as a war tactic during the Congo wars has been widely reported, sexual violence has now become a wider and more pervasive problem within the general population; most cases of sexual violence happen within communities (where lots of people also happen to have guns/by criminals even if not members of armed groups) but survivors face more barriers to access medical services.

##### **Operations:**

Many projects have an important component of women's health:

- **OCA:** Tumaini clinics in **Mweso** and **Kitchanga** provides medical and psychological support to the victims of sexual violence, organizes family planning activities, antenatal and postnatal consultations for pregnant women and treats patients suffering from sexually transmittable infections
- **OCBA:** All **OCBA** projects emphasize sexual violence care and PLW.
- **OCB:** **Masisi**
- **OCG:** **Mambasa** project started in 2016, and in 6 health centres in the area MSF supports the treatment of survivors of sexually violence, and offers family planning and medical treatment for sexually transmitted infections. There are a lot of artisanal mining activities in the region, - it is on the border of the Okapi National Park- as well as a number of armed groups in the area. The level of acts of violence perpetrated against men, women and children is high.
- **OCP :** sexual violence care has been a longstanding activity in Rutshuru (83% coming before 72 hours, 93% female, 7% male, 24% > 14 yo) until closure of MSF project in 2017 and is now part of the intervention in Bambo.

#### **6.5. Nutrition**

All MSF section in DRC had noticed an increase in admissions for malnutrition in 2017 in their structures. Mweso, Itebero, Masisi, Waliakle, Kibirizi, Bambo are the *zones de santé* receiving the highest number of cases in North Kivu. For the first semester of 2017 only, 26,133 new cases had been recorded on the whole province, with the children under two years as the most affected.

In October, NKERU confirmed the deterioration of the nutritional situation in a wider area of Masisi territory, with pocket of SAM up to 6 – 8%. This deterioration is due to a decreasing number of humanitarian actors in the midst of the conflict and a bad agricultural season, the decrease of funding and the lack of supervision of the donation.

In parallel, following a sharp increase in cases of malnourished children admitted to the pediatric unit at Rutshuru hospital, MSF decided to support 5 out-patient facilities for the management of malnourished children in ambulatory care for nearly 7 months. Malnutrition was one of the main reasons to open a new program in Bambo health zone. MSF is also treating malnutrition cases in Bili-Uele area and Kasai province.

In South Kivu and following an intervention of measles in Kalonge (South Kivu), MSF teams had to react in July to an alert of malnutrition with the enrolment of more than 1,000 children in malnutrition programs. Teams in South Kivu have warned of lack of actors to tackle emergencies such as an increase of malnutrition or cholera or measles outbreaks.

Operations in Kasai province also have an important malnutrition component.