

Summary

The programme is a consortium between Medair, Help a Child (HAC) and ALIMA (The Alliance for International Medical Action). Help a Child has its own country office in DRC and works through its local implementing partners (CAU and FECONDE) in Ituri and North Kivu.

The interventions are needs-based and include the provision of **emergency health** and **nutrition services by Medair** through the support of existing health facilities and the establishment of emergency services, as well as the provision of water, sanitation, and hygiene services within health facilities.

Help a Child contributes to this programme via its protection services, which includes prevention measures as well. HAC ensures that

the specific needs of particularly vulnerable groups, including women, children, people living with disabilities, and the elderly, are met. Medical and psychosocial support services are integrated and are provided to survivors of sexual and gender-based violence (SGBV).

The health and nutrition interventions of Medair address the specific needs of women and children, offering maternal health services, care for children under the age of five, including treatment for severe acute malnutrition.

Community health workers disseminate health messages and conduct malnutrition screening and disease surveillance at the community level, referring suspected cases of malnutrition or illness for appropriate treatment.

Human interest story

Finally safe

Jeanne was forced to marry at 15 years old, leaving school in secondary 3 to start a family in Bukwa Etat, Ituri. She has 12 kids, but unfortunately, after her husband passed away, his family members took away her 10 children, leaving her behind with her 2 last two born girls.

“In 2020, I was forced to flee from Bulukwa to Mutumbi as a refugee because of war, and the Mutumbi Health centre (where Medair worked as well) received my 2 girls and me. Fortunately, I could sell cassava, and that is how we managed to survive. I saved some money, and I built a house using a tarpaulin. Two months ago, it got burned with everything in the house.”

This situation has deeply affected Jeanne, to the point where members of the community have begun accusing her of being mentally unstable. When the first meeting was held at the health center (where Medair was working as well), she attended, and since then, she has participated in all activities organized through the mobile Child Friendly Spaces of Help a Child in both schools and communities across Mutumbi, Irumu, in Ituri.



Context

Since January 2025, Eastern DRC, particularly North Kivu, has been facing an acute humanitarian crisis fuelled by the resurgence of the M23, ADF activity, and the rise of local armed groups. Fighting in Masisi, Rutshuru, Lubero, Walikale, Beni, and Nyiragongo has displaced over 1.1 million people and forced the return of 2 million others.

Many now live in makeshift shelters, overcrowded host families, or improvised sites, with extremely limited access to food, clean water, healthcare, and protection. Sanitary conditions are rapidly deteriorating: outbreaks of cholera, measles, and mpox are spreading in overcrowded areas where health structures are overwhelmed.

Women and children are particularly at risk of gender-based violence, family separation, and abuse, especially in urban areas such as Goma and Nyiragongo. Local markets are disrupted, access to fields is restricted, and food prices are soaring, further exacerbating food insecurity and malnutrition.

Humanitarian action faces major constraints: entire areas remain cut off (Pinga, Itebero, Kibua), roads are blocked, illegal checkpoints are multiplying, and administrative harassment is common. In several health zones, access is classified as severe or even impossible. This combination of violence, epidemics, mass displacement, and socio-economic collapse leaves communities in extreme vulnerability and calls for an urgent, coordinated, and multisectoral response, with strengthened advocacy for safe and unhindered humanitarian access.



Group of women leaders from various local women's associations working to identify risks in their environment and address them.

Synergy

The partnership between Medair and Help a Child is improving emergency response in hard-to-reach areas of Eastern DRC, targeting vulnerable populations affected by conflict and disease. By integrating health services with mental health and psychosocial support (MHPSS), especially in response to gender-based violence (GBV), support for survivors is strengthened. Their combined efforts in child reunification, MHPSS, nutrition, WASH, protection, and resilience help better assist displaced communities.

Family reunification

Urgent health and MHPSS support for survivors of sexual and gender-based violence (SGBV) will be reinforced by Help a Child's **Empowered to Protect (E2P) approach**, which engages communities through group sessions to discuss gender roles, community violence, and locally driven solutions to SGBV. Funded by the Dutch Ministry of Foreign Affairs and BHA, this is complemented by efforts to identify, register, and care for unaccompanied and separated children (UASC), ensuring family reunification

or quality alternative care. Help a Child's **What's Up! approach**, a group-based intervention supported by UNICEF and private funding, will further strengthen psychosocial support for children. The project builds on past initiatives, incorporating lessons learned across health zones.

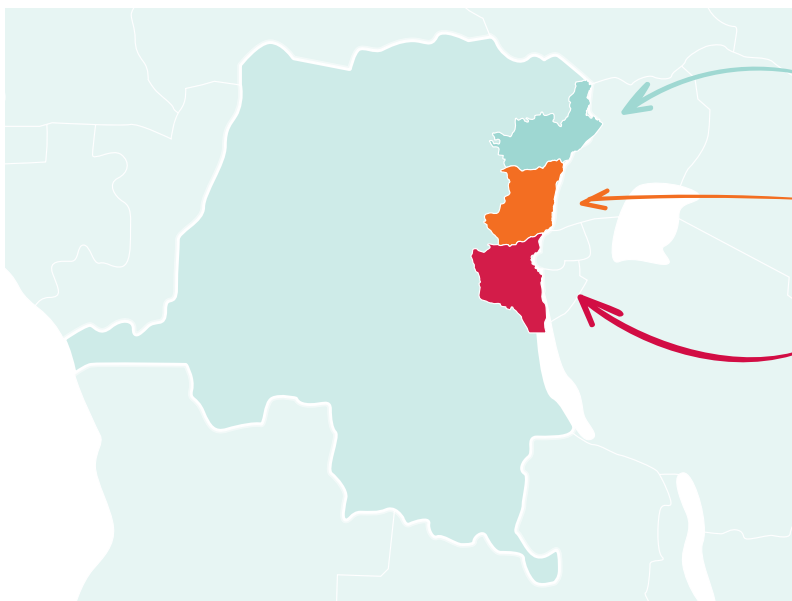
The joint project will have synergies between Medair and Help a Child, links, and complementarity with health authorities and other humanitarian and development partners,

to ensure efficient and effective delivery of emergency health services to vulnerable populations in Eastern DRC.

Working collectively in and through health centres and coordinating efforts in the community between Medair, Help a Child, and other humanitarian partners ensure complementary and integrated services for vulnerable populations, while strengthening existing structures and preventing duplication or parallel projects.

Locations

The protection activities of HAC take place in the following target areas:



ITURI: Djugu territory, & Irumu territory

NORD KIVU: Rutshuru, Walikale, Masisi, and Nyiragongo territories, Beni, Lubero and Walikale territories

SOUTH KIVU: Kalehe territory; Bunyakiri HZ, Minova HZ

Implementing partners:



Dialogue sessions with women's groups on preventing and combating sexual and gender-based violence in Rhoo, Ituri.



Raising awareness among the masses about preventing and combating sexual and gender-based violence in Blukwa.

Target population

Women and girls who are survivors of GBV

facing acute vulnerability (economic, social, disability, chronic illness, female-headed households, widows, adolescent mothers, orphans).

Children in psychosocial distress, particularly unaccompanied or separated children, are identified and placed in temporary foster families.

Community leaders, local authorities, medical personnel, religious and traditional leaders, community protection structures (CLPC, RECOPE, CAC), men, women, adolescent girls and boys, involved in trainings, dialogues, and awareness-raising sessions.

Internally displaced persons (31,580 in the targeted areas) as well as vulnerable host populations (76,966 people).

Human interest story

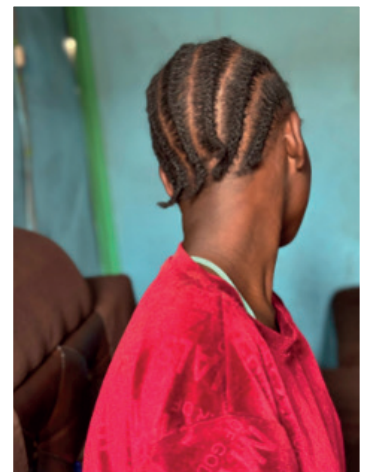
Marks that are hard to fade away

A 16-year-old girl was misled into an illegal marriage and physically assaulted. “My family and I were forced to flee to camps when there was fighting between militiamen. I encountered a militiaman who said he loved me. I thought that he truly did”. I refused his marriage proposal, and he later tricked me into a situation where he sexually assaulted me”. Feeling ashamed and manipulated by his claims that she was now ‘his wife’, she felt trapped into staying with her abuser.

When she reached Mutumbi, an emergency health center in Ituri, she discovered that the man had deceived her about many things. Rather than staying at his uncle’s house as he had promised, he took her to his friend’s home. There, she was forced to do all the housework and was beaten for no reason at all. When the abuse became unbearable, she fled to stay with a local woman in Mutumbi who helped her in exchange for a place to sleep and food.

“When my husband discovered where I was, he came and beat me; you can see these wounds and how I was bleeding. He also threatened to kill the woman who had been helping me, which is why I couldn’t stay there any longer. I ran to the health center (where Medair worked), and they referred me to Help a Child for psychosocial support,” she continued to confide.

Through this process, she received medical care. Unfortunately, she discovered that she was already pregnant. However, through counselling sessions, she came to understand that this wasn’t the end of her life. She was placed with a foster family for four days while we worked to locate her own family and arrange their reunion.



ACTIVITIES IMPLEMENTED BY HAC IN THE FIRST PHASE OF THE PROGRAMME:

- ✓ 10 community meetings held in each health area to present the project.
- ✓ 10 SGBV risk analyses conducted (focus groups with community leaders and women).
- ✓ 1,138 community members (447 men, 691 women) trained on the Empowered to Protect (E2P) approach.
- ✓ 5 community members trained on Mental Health and Psychosocial Support (MHPSS).
- ✓ 93 individuals (59 men, 34 women) trained on case management and psychosocial support for SGBV survivors.
- ✓ 165 individuals (81 men, 84 women) involved in developing 10 Community Protection Action Plans.
- ✓ 720 community leaders and local authorities (265 men, 455 women) participated in community E2P sessions.
- ✓ 960 leaders and community members reached through the Teach a Friend methodology.
- ✓ 152 community leaders and local structure members (100 men, 52 women) trained on the What's Up approach.
- ✓ 54 RECOPE members trained on child protection and the IDTR process.
- ✓ 8 Child Friendly Spaces (CFS) established, providing support to an average of 9,492 children (4,622 boys, 4,870 girls).
- ✓ 10 Women and Girls Safe Spaces (WGSS) established for psychosocial support services.

Achieved results

The project interventions of Help a Child contributed to strengthening the individual and collective resilience of beneficiary communities through several key sectors:

Prevention and awareness on GBV and human rights

Community campaigns improved knowledge on fundamental rights, protection risks, and available services. This helped to break the silence, encourage timely access to services within 72 hours, and reduce risky behaviors.



Capacity building and case management

Training provided to para-social workers, community facilitators, health structures, and leaders enabled better detection, referral, and management of cases. This enhanced local capacity consolidated the community protection network and increased autonomy in responding to crises.

Psychosocial support and safe spaces

The establishment of 10 Women and Girls Safe Spaces and 8 Child-Friendly Spaces offered close psychosocial support. These spaces enabled survivors and affected children to regain emotional stability, self-esteem, and confidence—essential conditions for reintegration into social and educational life.



Social cohesion and inclusion

Participatory approaches (E2P, What's Up) fostered intergenerational dialogue and the involvement of all social groups. They helped strengthen community cohesion, reduce inter-ethnic tensions, and transform local leaders into ambassadors for GBV prevention.

Economic empowerment and social norm change

Discussions held in E2P sessions led men to recognize the importance of women's participation in economic and social decision-making. This shift contributes to a fairer distribution of responsibilities and greater household economic resilience.



Help a Child

Help a Child is a Christian, international non-profit organization, founded in The Netherlands in 1968. Help a Child provides a future for children in poverty, their families and their entire communities.

More information: www.helpachild.org

Help a Child DRC

Help a Child has been present in the Democratic Republic of Congo (DRC) since 2008, where it carries out interventions in the Eastern part; North-Kivu, South Kivu and Ituri in the areas of child protection, combating gender-based violence (GBV), education, food security and livelihoods, water, hygiene and sanitation (WASH), and the empowerment of households and young people.

Our approach is community-based, inclusive and child-centred, with a particular focus on girls, children with disabilities and the most vulnerable people.

Help a Child DRC makes an impact with the following donors: Dutch Ministry of Foreign Affairs – Dutch Relief Alliance, ECHO, USAID-BHA with Medair, UNICEF with local partners: ADED (Appui au Développement de l'Enfant en Détresse), Help Channel Congo, FECONDE (Femme Congolaise pour le Développement), and CAU (Collectif Alfa Ujuvi).

More information: www.helpachild.org/drc

