FINAL NARRATIVE REPORT

Government of Greece support to the humanitarian crisis response in North Kivu and South Kivu, Democratic Republic of the Congo (DRC)

Contribution: EUR 300,000 | Reporting period: 1 January – 30 June 2026

1. Executive summary

In North and South Kivu, armed conflict and population displacement have increased pressure on health services already facing cholera, mpox, measles and the Bundibugyo virus disease (BVD) outbreak. The Government of Greece contributed EUR 300,000, enabling WHO to support Provincial Health Divisions (PHDs) through an integrated response built on existing health services and community capacities.

The intervention prioritized surveillance and detection, infection prevention and control (IPC), case management, risk communication and continuity of essential care. In North Kivu, activities focused mainly on Goma, Karisimbi, Nyiragongo, Katoyi and Kirotshe, with BVD preparedness support in four additional health zones. In South Kivu, the programme supported BVD and cholera responses alongside referral services and maternal healthcare.

Key reported results

- 979 alerts investigated in North Kivu; approximately 3,500 alerts reported in South Kivu.
- Infection Prevention and Control support at 26 health facilities. Average IPC score at 26 North Kivu health facilities improved from 46.5% to 68.2% (+21.7 percentage points).
- In South Kivu, free care provided for 3 confirmed and 240 suspected BVD patients.
- 608,414 people reached with risk communication in North Kivu; 246 mental health consultations in South Kivu.
- 24 incident management meetings held across the two provinces (12 each).



Delivery of medical supplies to the provincial health division, Goma, North Kivu.

2. Surveillance, preparedness and coordination



Engagement and coordination discussions with provincial and community health stakeholders.

Surveillance and investigations

In North Kivu, three alert centres were established and 979 alerts investigated: 824 cholera, 61 mpox and 94 measles. Mpox contact follow-up reached 568 of 577 listed contacts (98.4%). In South Kivu, four alert centres facilitated the reporting of approximately 3,500 alerts; 300 community health volunteers and 77 head nurses were strengthened to support detection and data reporting. Five in-depth investigation missions were reported.

Laboratories and preparedness

Safe sample transport to the INRB Goma laboratory was supported, including 264 BVD and 51 mpox samples from North Kivu and 22 BVD samples from South Kivu. Diagnostic supplies and consumables were provided. Rapid response teams were also strengthened in South Kivu to respond to multiple epidemic-prone diseases.

Coordination

Coordination support helped sustain a unified response to overlapping emergencies. Each PHD held 12 incident management meetings during the reporting period. In South Kivu, 24 decisions were recorded, with 85% of recommendations reported as implemented; 12 ad hoc partner meetings and a dedicated coordination mechanism for war-wounded patients were also supported. Supervision and information-sharing continued despite access constraints.



Medical supplies provided through the contribution of the Government of Greece

3. Prevention, case management and essential services

IPC and prevention

In North Kivu, 28 hygiene brigades contributed to the decontamination of 518 households (486 cholera-related and 32 mpox-related). Across 26 assessed facilities, the mean IPC score increased from 46.5% to 68.2%, with four facilities scoring over 80%. In South Kivu, 24 facilities received IPC standard operating procedures, and 26 chlorination sites were established and maintained by 52 assigned personnel.

Outbreak case management

In South Kivu, support to BVD case management helped sustain free care for 3 confirmed and 240 suspected patients at designated treatment centres; two confirmed patients recovered. Three case-management kits were supplied. In North Kivu, six cholera and mpox treatment units and their teams received support, along with essential equipment for a cholera treatment unit.

Essential care and referrals

Repair of Uvira General Referral Hospital's ambulance enabled 130 referrals in June 2026 (45 gunshot casualties and 85 other patients). South Kivu's reporting system recorded 3,676 war-wounded patients during January–June 2026; this is a wider health-system monitoring figure and should not be attributed exclusively to the Greek grant. The intervention also supported briefings for 40 midwives on obstetric care and 246 mental health consultations in three health zones.



Transport of medical supplies by the frontline health teams, Goma North Kivu.

4. Community engagement, protection and added value

Risk communication

In North Kivu, risk communication activities reached 608,414 people, including 222,949 household visits. The response mobilized 8,609 community workers and field actors and 3,125 leaders, while 1,577 actors received training in risk communication. Teams reported that 2,577 initially reluctant people subsequently accepted prevention measures. Community feedback helped adapt messaging and response activities.

Protection and accountability

In South Kivu, 400 community leaders were trained, 13 cases of resistance to safe and dignified burials were resolved, and 26 community feedback items and 21 rumours or false reports were addressed. On prevention of sexual exploitation and abuse (PSEA), 160 actors were trained or briefed and 9,913 people informed about reporting and complaints mechanisms.

Added value of the intervention

The results reflect an integrated 'one coordination, one response' approach: surveillance, prevention, care and community systems were used to address several simultaneous threats. They also demonstrate the value of strengthening existing local health teams rather than creating parallel structures, particularly where insecurity limits direct access.



WHO team member donating medical supplies for onward operational distribution, Goma, North Kivu.

5. Constraints, lessons and recommendations

Operational constraints

Insecurity and movement restrictions limited access to several areas in the Kivus. The effective implementation period was short and needs exceeded available resources. Some health facilities still require IPC mentoring, supplies and functional referral capacity. Provincial coordination mechanisms, community networks and remote follow-up helped sustain operations under these constraints.

Lessons learned

Three gains stand out: (i) alert and coordination mechanisms able to support responses to multiple outbreaks; (ii) measurable improvements in care safety through IPC supervision; and (iii) stronger continuity of essential services when prevention, logistics and medical referral are supported together.

Priorities for consolidation

To consolidate these gains, priorities are to maintain surveillance and rapid response teams; extend IPC improvements to the most exposed facilities; secure supply and referral pathways; and sustain community dialogue and protection mechanisms. These investments are particularly important in areas experiencing the combined effects of conflict, displacement and outbreaks.

Conclusion

The Government of Greece's contribution supported critical health-response functions in both Kivus: detecting threats, protecting patients and health workers, sustaining emergency care and strengthening

community engagement. WHO thanks the Government of the Hellenic Republic for its support to health authorities and crisis-affected populations.



Medical supplies supported by the Government of Greece, prepared for distribution to health services.