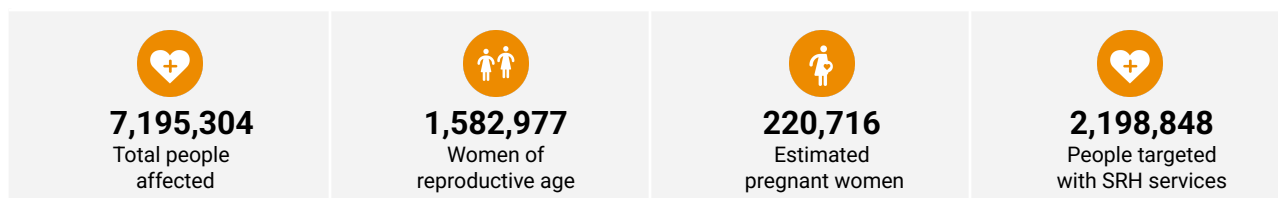


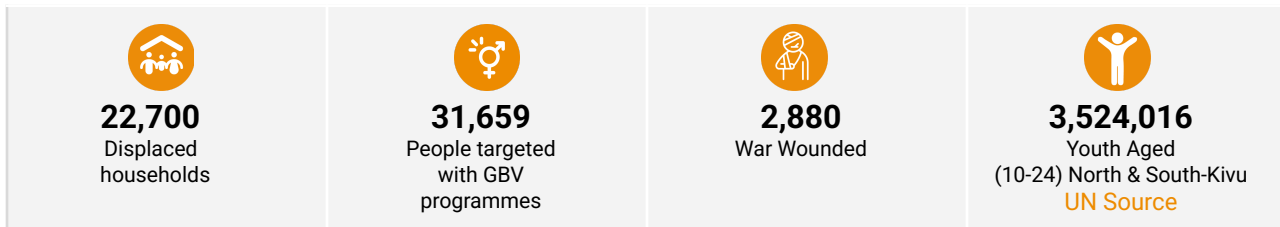
Situation Report #3

North Kivu & South Kivu M23 Crisis : Humanitarian aid threatened by unstable security situation

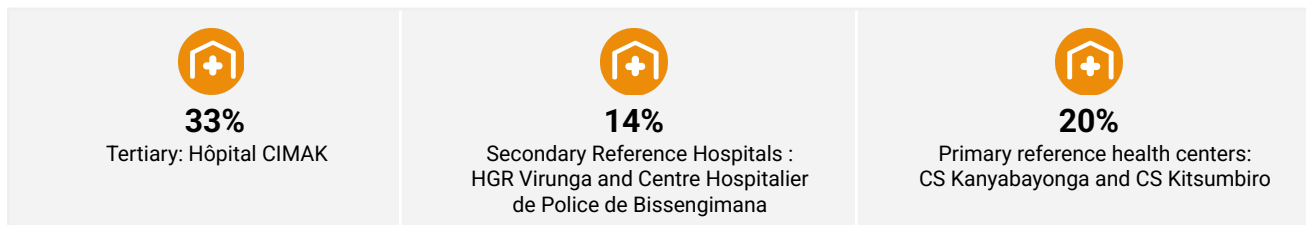
Country:	Democratic Republic of Congo (DRC)
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	7 February 2025
Covering Period:	01- 07 February 2025
Contact Persons:	Mady Biaye - Representative Keneth Ehouzou - Deputy Representative Pacifique Kigongwe - Humanitarian Specialist

Key Figures





Affected health facilities which are still functional



Highlights

- Relative calm in Goma: shops, markets, and national and international NGO offices have reopened, though M23 maintains control with checkpoints across the city.
- A total of 2,880 people were injured in various local care facilities between January 26 and 30, 2025.
- In Bukavu, South Kivu, the security situation remains tense and volatile: the recent influx of FARDC and Wazalendo forces fleeing Goma, heightened fear and uncertainty among the local population.
- In Minova, NGO-supported health facilities are non-functional, while government-run health facilities operate at limited capacity.
- Key humanitarian supply corridors are blocked, leading to a scarcity of essential products necessary for humanitarian operations. Negotiations are ongoing with the various authorities and the Logistic Cluster to open the Goma airport and facilitate clearance of humanitarian supplies.
- On February 4, the Humanitarian Coordinator, in a press release, called on all parties to mobilize for the urgent reopening of Goma airport, a crucial access point for humanitarian aid.
- Internet, water, and electricity in most parts of Goma and its surroundings have been restored, 5/10 IDP sites on the Kanyaruchinya axis have been destroyed and emptied of their occupants. Water facilities and latrines, as well as health structures, have been destroyed by the local community. Some of the displaced persons who had fled to Goma have begun to return to their localities of origin on the Kibumba – Rutshuru axis, North Kivu.
- Access to sexual and reproductive health (SRH) services has been severely impacted due to rising insecurity, restricted access for health providers, including midwives, and critical shortages of medical supplies. The situation is even more critical in the IDP camps where adolescents and young people face heightened vulnerabilities. While UNFPA has listening, information and friendly service centers in some camps to provide support, several of these centers have been sold, limiting access to crucial services for displaced youth.

- UNFPA-supported mobile clinics, through its partners, in IDP sites have been looted, forcing the suspension of activities, further limiting the already scarce emergency SRH response capacity.
- Reports of rape and sexual assault cases continue to be received, with survivors risking their safety to access essential services. Prior to the escalation, UNFPA had prepositioned RH kits including Post Rape Kits, medical equipment, and medicines worth **\$2,101,077**. However, the warehouse was vandalized, and all supplies were looted.
- Mental health needs are soaring, with widespread traumatic events and severe psychological distress. Mental health and psychosocial support (MHPSS) services remain extremely limited.

Situation Overview

Since December 2024, fighting between the Armed Forces of the Democratic Republic of Congo (FARDC) and M23 rebels has intensified across North and South Kivu, despite the 4 August ceasefire agreement. The conflict has worsened the humanitarian crisis, triggering massive displacements in Lubero, Masisi, and Goma (North Kivu) and Minova (South Kivu), with spillover effects into Rwanda, further exacerbating vulnerabilities.

In the past three weeks, fighting has moved to Goma, deepening the crisis in and around the provincial capital. On 5 February, the Governor of South Kivu reported that M23 seized Nyabibwe (60 km north of Bukavu) and was advancing southward, taking control of multiple villages within 50 km of Bukavu, with heavy clashes ongoing.

In Goma, M23 de facto authorities have appointed an administrative team to oversee town management and civilian movement. Meanwhile, the DRC government has relocated the local administration to Beni (Grand Nord, North Kivu) as part of its response to the escalating situation.

Economic activity has partially resumed in Goma, with markets and business reopening. However, schools and universities remain closed, but the internet is restored. The border (Gisenyi) between Rwanda and DRC, has been reopened, facilitating population movement. According to OCHA, reports confirm widespread looting of shops, offices, and humanitarian warehouses, including UNFPA's warehouse in Goma. Since 27 January, heavy gunfire and explosions have been reported across the city, further destabilizing the region. Latest reports from OCHA and partners indicate the increased fighting has displaced an additional 400,000 people (source OCHA) in the past three weeks alone, adding to the more than four million displaced and living in dire conditions in eastern Congo.

Movements in and out of Goma remain highly restricted and dangerous as the fighting intensifies. On 29th January, all boat travel between South Kivu and North Kivu provinces was suspended, further isolating communities in need of urgent humanitarian assistance.

Access to health services and other social services for IDPs and host communities—many of whom depend heavily on humanitarian aid—has been severely restricted. Humanitarian partners face movement constraints, preventing them from reaching IDP camps not yet dismantled by the new forces.

Referral services for tertiary care for pregnant women in need of emergency obstetric care are critically disrupted, with security risks and supply shortages—including fuel for ambulances—further limiting life-saving interventions.

Humanitarian sources report several incidents of violations of International Humanitarian Law (IHL), including sexual assaults perpetrated by armed groups and prisoners who escaped from the Goma Prison. Increased displacement and secondary displacement of IDPs are removing women and girls from the minimal safety nets that communities have created over time and further amplifying the risk of GBV including sexual and intimate partner violence. Disruptions of PSEA (Protection Against Sexual Exploitation and Abuse) networks have left women and girls exposed to their increased vulnerability and limited access to humanitarian support.

Despite the challenges of e-mail communication during this period, the GBV inter-agency coordination maintained permanent contact via whatsapp with member organizations and health facilities to connect survivors to healthcare services. Hundreds of survivors of rape and sexual assault were provided with care between 27 January and 3 February. The pre-positioning of post-rape kits ahead of the crisis prevented a stock-out and maintained emergency response capacity in the city of Goma and surrounding health zones. The GBV inter-agency coordination, in collaboration with the PSEA Task Force and the Gender Group, also developed messages to be disseminated at community level to support GBV survivors, facilitate disclosure, and ensure ethical and safe referral of GBV survivors. The capacity matrix for stakeholders, the mapping of services and referral pathways are being progressively revised, as the situation is still evolving and some stakeholders are partially taking over the work. An advocacy note is also being drafted with the support of other regional and national actors. GBV risks remain high, given the difficulties of access in certain areas where populations flee, limited access to basic services, inadequate protection mechanisms and the reduced response capacity of humanitarian actors following the looting of their emergency stocks and the displacement/evacuation of staff.

Information on the conflict dynamics remains inaccessible and unreliable, further complicating the provision of safety and security for staff of UN agencies and implementing partners. Local partners remain committed to staying and delivering for the IDPs but are severely constrained as essential supply routes become increasingly inaccessible for the delivery of much-needed humanitarian supplies.

There are growing concerns that M23 may shut down or forcibly displace IDP camps, as this aligns with its modus operandi, with recommendations already made to actors in this regard. Such actions would have severe implications for humanitarian response. In anticipation, UNFPA has implemented critical measures to mitigate the impact of the crisis:

- **Strategic reduction of presence in Beni, Goma and Bukavu** by activating the CO Business Continuity Plan (BCP), adjusting operational footprint by prioritizing critical staff while scaling down non-essential personnel. The Regional GBV AoR is deployed to support the GBV actors.
- **Kinshasa operations:** all staff movements from Kinshasa to Goma are on hold, with 24/7 remote support provided to critical staff on the ground.
- **Logistics and supply chain adaptation:** In coordination with the global Supply Chain Management Unit, UNFPA is assessing alternative transport routes and modes of transport to ensure the continued shipment of essential medicines and medical supplies.

Duty of care:





- Successful evacuations: A total of 18 national staff and 76 dependents were safely relocated to Kinshasa, escorted to Gisenyi by MONUSCO (30/01/2025). Additionally, five international staff were evacuated
- Ongoing staff relocations: Evacuations of UN personnel (MONUSCO, UNHCR, UNICEF) and their dependents from Goma and Bukavu are continuing. Plans are underway to evacuate dependents of UN international staff in Kinshasa.
- Wellbeing and remote work support: Stress counselors' contacts provided to all staff and their dependants. Staff have been equipped with remote work capabilities (internet/voice communication).
- Operational security measures: All movement to IDP sites is temporarily suspended. Staff are on standby for a possible transition to Stage 4 of the Integrated Security Plan (Shelter in Place). Ongoing collaboration with UNDP to enhance security measures at the Goma Office compound.




UNFPA Response

Key highlights of our response include:

- Owing to the worsening of the security situation, secondary displacement of IDPs to random settlements, service delivery through mobile clinics and listening, information and friendly service centers for adolescents and young internally displaced persons in these IDP sites is still suspended temporarily in **5** (Rusayo 1, Bujari, Bushagara, Lushagala Extension, CS Minova/Mucibwe) **of the 8 UNFPA mobile clinics** in the North Kivu and South Kivu provinces. However, implementing partners are adapting responses including daily service delivery to the magnitude of the security situation at the mobile clinic in Bulengo.
- While referrals to the **two functional tertiary structures** in North Kivu directly supported by UNFPA, UNFPA is implementing adaptive measures to ensure service delivery aligns with the shifting displacement patterns of the IDPs.
- Activities in Minova remain suspended; however, UNFPA's implementing partners are prepared to resume interventions immediately once access is restored.
- The SRH WG is preparing an Evaluation of needs in Goma and surrounding existing IDP centers.
- Support for **five safe spaces** and **five listening, information and friendly service centers for adolescents and young internally displaced persons** in IDP sites remains ongoing with limited access and reduced shifts by service providers.
- **One GBV hotline** activated to ensure survivors can access essential services.

Results Snapshots (within the last three weeks)

 8,194 People reached with SRH services 78% Female, 22% Male	 8 Mobile clinics supported
 12,345 People reached with GBV prevention , mitigation and response activities 60% Female, 40% Male	 5 Safe Spaces for women and girls supported

	1,456	Non-food items (such as dignity kits) distributed to individuals
	182	Reproductive health kits provided to service delivery points to meet the needs of 206,215 people
	5	Women and Girls Safe Spaces supported by UNFPA listening, information and friendly service centers for adolescents and young internally displaced persons

Coordination Mechanisms

Gender-Based Violence:

UNFPA leads the Gender-Based Violence Area of Responsibility (GBV AoR). However, the GBV coordinator positions at the national level and in North Kivu remain vacant. REGA/WCAR is temporarily supporting the DRC for four weeks (based in Bukavu, South Kivu), while the former GBV coordinator in Kananga has been recalled to provide interim support for North Kivu (temporarily based in Kinshasa). Given the urgency, it is critical to mobilize resources for the immediate deployment of a surge GBV coordinator at the national level.

UNFPA continues to provide technical guidance and capacity-building support to partners, including training on GBV case management, clinical management of rape, and referral pathways. These efforts ensure that service providers are equipped to deliver high-quality, survivor-centered care.

To address the escalating crisis, the GBV AoR will prioritize updating referral pathways between health, legal, psychosocial, and protection services to ensure comprehensive support for survivors. Additionally, the GBV AoR is preparing an advocacy note to highlight the increased protection risks and worsening GBV conditions in the context of the ongoing conflict escalation.

Sexual and Reproductive Health:

UNFPA currently leads the Sexual and Reproductive Health (SRH) Working Group (WG) in North and South Kivu and provides technical support to the AAP/PSEA working group and network. This involves coordinating over 34 SRH organizations, including INGOs and NGOs, delivering essential services.

However, severe security constraints have significantly reduced mobility, impacting coordination, technical support, and field supervision for implementing partners. Service providers, including ambulance teams, are facing major access challenges, making it increasingly difficult to deliver and access life-saving SRH services.

A rapid mapping of operational capacities, conducted by the North Kivu SRH WG in collaboration with the Provincial Health Cluster, revealed that only 10 out of 34 organizations were operational in IDP sites. By January 26–27, this number had dropped to just two, with UNFPA among them. This sharp decline highlights the deteriorating security situation and the temporary suspension of partner activities, further limiting access to essential healthcare for displaced populations.

A rapid evaluation of the impact of the crisis on 12 health facilities, 9 mobile clinics offering a comprehensive package of services (including those run by other SRH WG members) and 5 listening, information and friendly service centers for adolescents and young internally displaced persons in Goma territory was conducted by the North Kivu SRH WG members from February 03-04. This evaluation further ascertained their capacities to respond urgently to the crisis and identified gaps in service delivery owing to the rapidly growing needs. Findings from the evaluation further accentuate the dire need to strengthen the SRH response.

Funding status and Priority Needs

UNFPA is appealing for additional resources to strengthen integrated reproductive health and protection services in North and South Kivu from February to August 2025. Flexible and rapid funding is urgently needed to enable UNFPA and its partners to:

- Deploy mobile clinics and support safe spaces Distribute lifesaving reproductive health supplies.
- Recruit and deploy essential staff, including humanitarian midwives, and GBV case managers.
- Provide psychosocial support services including Psychological First Aid (PFA), Individual and Group Counseling, Community-Based Support Groups.
- Specialized mental health care by providing referrals for specialized mental health care for those with severe or complex mental health conditions.

These frontline service points will provide among others:

- Emergency obstetric care
- Clinical management of rape
- Safe spaces for women and girls, which provide a supportive environment for psychosocial support, information sharing, and skills-building.

Without immediate funding, thousands of women and girls will be left without lifesaving reproductive health and protection services in one of the world's most vulnerable conflict zones.

Priority Estimated Funding Needs:

- \$5,164,900 for sexual and reproductive health services (mobile health clinics to reach displaced populations and at health facility level).
- \$4,712,500 for life-saving reproductive health supplies (post-rape kits, maternal care).
- \$1,137,000 for essential staff (midwives, case managers, psychosocial specialists).
- \$6,974,500 for strengthening safe spaces and GBV lifesavings services.

