


# Situation Report #4

Eastern DRC - M23 conflict: Massive displacements and growing humanitarian crisis

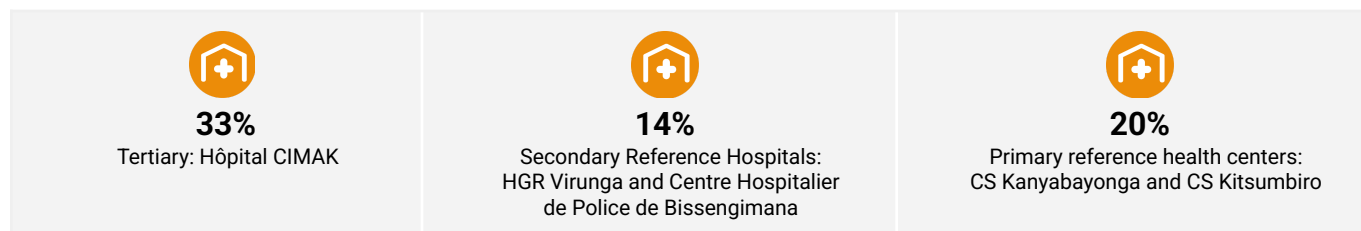
Country:	<b>Democratic Republic of Congo (DRC)</b>
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	22 February 2025
Covering Period:	17 - 22 February 2025
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## Key Figures

 <b>7,708,615</b> Total people affected	 <b>1,695,895</b> Women of <sup>1</sup> reproductive age	 <b>236,462</b> Estimated pregnant women	 <b>3,657,507</b> People targeted with SRH services <sup>2</sup>
 <b>22,700</b> Displaced households	 <b>33,918</b> People targeted with GBV programmes	 <b>2,880</b> War-wounded individuals	 <b>3,657,507</b> Youth (aged 10-24) North & South-Kivu <sup>3</sup>

<sup>1</sup> MISP Calculator  
<sup>2</sup> DHS2  
<sup>3</sup> UN Source

## Affected health facilities which are still functional



- Overwhelmed hospitals, increasing essential needs
- Limited electricity (SOCODEE) impacting medical equipment operations (respirators, anesthetic machines, oxygen production units, etc.), and storage of medications
- Structural damages, unpaid staff, and bank disruptions affecting cash flow
- 27 health facilities and humanitarian warehouses destroyed and looted in Goma (North Kivu) and Bukavu (South Kivu) provinces
- Limited to no access to health services for vulnerable populations due to insecurity, limited capacity of health services, the dismantling of temporary service delivery points including mobile clinics in IDP's sites, and host communities disrupting essential lifesaving reproductive health care.
- **Recommendations :**
  - Urgent re-stocking of essential medicines and supplies
  - Security measures for hospitals and health personnel
  - Restoration of health services in affected areas

## Highlights

- **Kavumu Airport and Bukavu Town in South Kivu** : under the control of M23 rebels since 14 February.
- **Minova** : Public transport traffic on the RN2 Goma - Minova and secondary coastal routes (Kitembo, Buhumba, Bwisha, Kishinji) has increased. The Nyamasasa - Nyabibwe section was reopened to traffic following the advance of the front lines and the capture of several localities between Nyabibwe and Ihusi, thus increasing the humanitarian space on the RN2 Minova - Nyabibwe.
- **Kalehe** : Humanitarian actors have withdrawn due to security constraints.
- **IDP Movements** : majority of the population and IDPs living along this axis have been forced to move toward the islands of Ishovu, Iko, Idjwi, and others towards Katana, Kavumu, and Bukavu.
- Due to continuing fighting and population displacement, humanitarian actors in Minova and Bukavu are limited to conducting MREs in the localities hosting these IDPs.
- The Ministry of Health declared the humanitarian corridor open in the Goma region to enable the delivery of essential aid to needy populations.
- **Services Disrupt health Sed :**
  - Pregnant women with complications lack access to emergency obstetric care.
  - Midwives and health providers face movement restrictions and supply shortages.
  - UNFPA-supported youth-friendly spaces in IDP sites sold off, limiting access to critical services.
- **SRH Services and Mobile Clinics :**
  - UNFPA mobile clinics were looted, suspending emergency SRH responses.
- **Gender-Based Violence (GBV) :**
  - Reports of rape and sexual assaults increasing.

- Survivors risk safety when accessing essential services.
- UNFPA-prepositioned RH kits (worth \$2,101,077) looted from Goma warehouse.
- **Mental Health Crisis :**
  - Soaring psychological distress and traumatic events.
  - Severe shortage of mental health and psychosocial support (MHPSS) services.
- **Maternal Health Risks :**
  - Increase in spontaneous abortions and maternal mortalities in Karisimbi health zones.

## Situation Overview

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Since December 2024, intensified fighting between the FARDC and M23 rebels in North and South Kivu has worsened the humanitarian crisis, displacing over 400,000 people in the past three weeks, adding to the 4 million already displaced. Cross-border movements to Rwanda and Burundi have increased, and Ugandan troops have been deployed in Ituri province, north-eastern DRC, further shifting the security dynamics. Fighting persists in Kamanyola (South Kivu) and Lubero Centre (North Kivu), forcing mass civilian displacement.

Over the weekend, elements of the Ugandan UPDF army were deployed in Ituri to fight alongside the FARDC against the armed militias in this part of the country. The continuing fighting between the FARDC and the AFC/M23 around Lubero has caused a movement of the population towards the territories of Beni, Kyondo and Kyavinyonge.

In Goma, under de facto M23 control, a new administration has restricted civilian movement. Meanwhile, the Congolese government relocated its local administration to Beni, intensifying tensions. Diplomatic ties with Rwanda remain severed, and RwandAir flights are banned from landing in DRC. While the Grande Barrière border is open (from 6 AM–10 PM) and lake transport between Goma and Bukavu has resumed, Goma and Bukavu airports remain closed, severely restricting humanitarian access.

The crisis has crippled humanitarian operations, with widespread looting, including the plundering of UNFPA's warehouse in Goma, disrupting vital supplies for survivors of GBV. Only three hospitals—CBCA Ndosho, Heal Africa, and Kyeshero—remain operational but are overwhelmed, with severe shortages of medical supplies, staff, and fuel for ambulances. Despite these challenges, markets and schools in Goma have reopened, but the humanitarian and security situation remains highly fragile.

Access to health services, psychosocial support 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 and exacerbating the already existing high maternal mortality ratio in the country.

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 numerous challenges, 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 lifesaving 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 the community level to support GBV survivors, facilitate disclosure, and ensure ethical and safe referral of GBV survivors. The stakeholders' capacity matrix, service mapping, and referral pathways are being progressively revised, as the situation is still evolving and some stakeholders are partially taking over the work. Additionally, an advocacy note is 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 UN agencies' staff 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.

### Operational Adjustments and Strategic Response

- **Reduction of Presence in Key Locations** : UNFPA has activated the Country Office (CO) Business Continuity Plan (BCP) - strategically reducing its footprint in Beni, Goma, Bukavu, Maniema, and Ituri. This involves prioritizing critical staff while scaling down non-essential personnel. The Regional GBV AoR has been deployed to support GBV actors.
- **Kinshasa Operations** : All staff movements from Kinshasa to Goma are on hold, with 24/7 remote support provided to critical personnel on the ground.
- **Logistics and Supply Chain Adaptation** : In coordination with the DRC logistics Cluster, and IMPACCT (facilitating customs clearance), UNFPA is assessing alternative storage (with WFP and Handicap International), and transport routes to ensure the continued delivery of essential medicines and medical supplies. A humanitarian corridor has been opened from Kinshasa to Goma and transit via Nairobi and Kigali.

### Duty of Care and Staff Well-being

- **Successful evacuation/relocations** : All staff and dependents are accounted for. 18 personnel and 71 dependents have been safely relocated from Goma and Bukavu to Kinshasa. Additionally, five international staff were evacuated.
- **Well-being and Remote Work Support** : Stress counselors' contact information has been provided to all staff and their dependents and stress management activity organized for staff and dependents on 21 February. Staff have been equipped with remote work capabilities, including internet and voice communication.

### Security and Operational Measures

- **Movement Restrictions** : All travel 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).
- **Enhanced Security Protocols** : UNFPA is working closely with UNDP to strengthen security measures at the Goma office compound.

## UNFPA Response

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With the worsening security situation and secondary displacement of IDPs into informal settlements, service delivery through mobile clinics and Listening, Information, and Friendly Service Centers for adolescents and young IDPs have been suspended in all 7 mobile clinics in the North Kivu province and South Kivu. However, implementing partners continue to adapt their responses. Daily service delivery is ongoing at the mobile clinic in Bulengo, and adjusting and reprogramming to the evolving security situation.

With the support of North Kivu's provincial division of health, its National Programme for Sexual and Reproductive Health, and three health zones (Goma, Karisimbi, and Nyirangongo), UNFPA and its implementing partner have expanded SRH services in **12 health facilities** where needs were identified during the rapid SRH evaluation conducted by SRH Working group members. **27 midwives** from dismantled mobile/static clinics have been reassigned to these structures and would support the implementation of the critical minimum initial service package (MISP).

Activities in Minova are still on hold, but implementing partners are ready to resume as soon as access is restored.

Despite restricted access, support for five safe spaces and five Listening, Information, and Friendly Service Centers for adolescents and young IDPs continues, though with reduced shifts. A GBV hotline has also been activated to ensure survivors can access essential services.

UNFPA DRC welcomed three new staff members deployed by the UNFPA Global Emergency Response Team (GERT) in the Humanitarian Response Division (HRD) to support the Country Office in: Operations; Gender-Based Violence in Emergencies (GBViE); and Clinical Management of Rape (CMR) and integrated Mental Health and Psychosocial Support (MHPSS) in GBV and SRH programming in emergencies.

### 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 are provided to service delivery points to meet the needs of 206,215 people
	5	Women and Girls Safe Spaces supported by UNFPA <b>listening, information, and friendly service centers for adolescents and young internally displaced persons</b>



## Coordination Mechanisms



### Gender-Based Violence

- Increased reported cases of rape in areas under M23 control.
- Safe spaces for women and girls in IDP sites destroyed: particularly those supported by Action Aid, FDA, and UNFPA.
- The GBV hotline is active but overwhelmed with the increasing influx of cases.

Between 12-14 February, the GBV AoR, through its operational members, participated in a multi-sector rapid assessment organized by OCHA. Prior to the assessment, GBV AoR provided a technical briefing to its members. The assessment covered the localities of Nyiragongo, Kibumba, and Buhumba.

The findings indicate that fear of reprisals prevents many community members from openly discussing GBV issues. Several focus group participants hesitated to express themselves clearly on the subject. However, documented cases of sexual violence and discrimination against returnees highlight the urgent need for intervention. GBV services remain largely unavailable, with survivors having limited access to care. Additionally, communities lack awareness of available services and how to access them, while stakeholders refrain from reporting data due to concerns about retaliation. The assessment also identified a significant gap in complaint and accountability mechanisms.

In response to the escalating crisis, the GBV AoR has strengthened referral pathways across health, legal, psychosocial, and protection services to enhance support for survivors. Furthermore, an advocacy note has been developed to highlight the growing protection risks and the deteriorating GBV situation. Key sensitization messages on GBV risks and available services have been disseminated among humanitarian actors to improve outreach and awareness.

The GBV AoR is collaborating closely with the Protection Cluster to develop a coordinated response strategy. An advocacy note has been prepared to outline common strategies for protecting both humanitarian actors and affected populations while adhering to the “Do No Harm” principle. Additionally, efforts are being made to explore innovative approaches to protection and GBV response in the evolving humanitarian landscape.



### Sexual and Reproductive Health

UNFPA currently coordinates and 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 reproductive health services.

Currently severe security constraints have significantly reduced mobility, impacting coordination, monitoring 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 with risks of loss of life to the affected population. However, SRH actors are gradually returning to full-blown service delivery as seen in the most recent mapping where 14 partners' operational capacities have been mapped.

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 3 - 4 February. 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 including very high gaps in health workforce (midwives notably), SRH supplies, and inefficient referral systems for obstetric complications, further accentuate the dire need to strengthen the SRH response.

A response matrix jointly designed by the SRH WG coordination committee is currently being completed with SRH actors to ensure that the acute response as per the needs highlighted in the aforementioned evaluation report is well coordinated, resources are properly distributed and underserved communities are reached with adapted SRH services.



## Funding Status and Priority Needs

UNFPA urgently requires **US\$ 18 million** to strengthen integrated reproductive health and protection services in North and South Kivu from February to August 2025. Without immediate funding, thousands of women and girls will be left without life-saving reproductive health and protection services in one of the world's most vulnerable conflict zones.

These funds will enable UNFPA and its partners to deploy mobile clinics, distribute life-saving reproductive health supplies, and recruit essential staff, including humanitarian midwives and GBV case managers. Psychosocial support, including Psychological First Aid (PFA), individual and group counseling, and community-based support groups, will also be expanded to ensure that GBV and SRH services provided improve the psychosocial wellbeing of the affected women and girls including adolescents.. Specialized mental health care will be strengthened through referrals for those with severe or complex conditions.

At the frontline, these services will provide emergency obstetric care, clinical management of rape, and safe spaces for women and girls, offering psychosocial support, information-sharing, and skills-building opportunities.

The \$18 million funding appeal includes **US\$ 5.16 million** for mobile health clinics and facility-based reproductive health services, **US\$ 4.71 million** for life-saving reproductive health supplies, **US\$ 1.14 million** for essential staff recruitment and deployment, and **US\$ 6.97 million** for strengthening safe spaces and GBV services. Immediate support is critical to sustaining these essential interventions and preventing further suffering.

