Situation Report #5

Eastern DRC - M23 conflict: Rising protection concerns and health risks amidst ongoing conflict

Country:	**Democratic Republic of Congo (DRC)**
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	March 2025
Covering Period:	22 February - 4 March 2025
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Key Figures

8,784,690 Total people affected	**1,932,632** Women of[1] reproductive age	**269,470** Estimated pregnant women	**3,657,507** People targeted with SRH services[2]
22,700 Displaced households	**1,756,938** People targeted with GBV programmes	**5,200** War-wounded individuals	**4,168,072** Youth (aged 10-24) North & South-Kivu[3]

[1] MISP Calculator
[2] DHS2
[3] UN Source

Affected health facilities which are still functional

33%
Tertiary: Hôpital CIMAK, North Kivu

14%
Secondary Reference Hospitals:
HGR Virunga and Centre Hospitalier de Police de Bissengimana, North Kivu

20%
Primary reference health centers:
CS Kanyabayonga and CS Kitsumbiro, North Kivu

Highlights

- **Peace Negotiation**: Three new facilitators have been appointed by the Heads of State of SADC and EAC to lead negotiations in the newly merged Luanda and Nairobi peace process, aimed at resolving the ongoing conflict between the Democratic Republic of the Congo (DRC) and Rwanda. They are: H.E Uhuru Kenyatta, former President of the Republic of Kenya; H.E Olusegun Obasanjo, former President of the Federal Republic of Nigeria and H.E Hailemariam Desalegn Boshe, former Prime Minister of the Federal Democratic Republic of Ethiopia.

- The **Under-Secretary-General for Peace Operations, Jean-Pierre Lacroix,** accompanied by a MONUSCO delegation, met with the **Prime Minister of the DRC, Mrs. Judith Suminwa,** in Kinshasa on Wednesday, 27 February before going to Beni, North Kivu. His visit took place in the context of UN Security Council Resolution 2773 (2025), which strongly condemns the M23 rebel group's ongoing offensives in North and South Kivu and demands the withdrawal of both M23 and Rwandan Defense Forces (RDF) from DRC territory. The resolution also reaffirms MONUSCO's mandate and calls for intensified diplomatic efforts, including the Luanda and Nairobi peace processes. In this framework, Lacroix's visit is a key step in reinforcing UN support for these initiatives while engaging with Congolese authorities on security concerns, humanitarian needs, and the role of MONUSCO in the evolving situation.

- The United Kingdom has just announced the decision to provide financial support for Rwanda's development.

- On 27 February, the DRC government and the humanitarian community launched the 2025 **Humanitarian Response Plan (HRP)**. A total of **$2.54 billion** is needed to deliver critical humanitarian aid to 11 million people in the DRC including 7.8 million internally displaced persons (IDPs). This support is essential for those among the **21.2 million Congolese** impacted by multiple crises, including armed conflict, natural disasters, and epidemics.

- **Fragile calm:**. In North Kivu, many displaced people are gradually returning to the territories of Masisi, Rutshuru, and Nyiragongo. Meanwhile, humanitarian organizations are reporting a resurgence of diseases such as cholera and Mpox, with over 1,500 accumulated cases of Mpox recorded since January 2025, according to the Ministry of Health.

- While the situation remains at a standstill in South Kivu, Lubero, and Uvira, fighting persists in Walikale, where M23 forces have captured several villages. The conflict is now approximately 15 km from Pinga, the capital of Walikale territory in North Kivu.

Return movement : IDPs have begun returning to areas previously occupied by M23 forces, including Kipese, Katondi, and Lubango in North Kivu, as well as Ijwi, Kalehe, Katana, and Minova in South Kivu.

- Kalehe, South Kivu: Humanitarian organizations have withdrawn due to security constraints.
- Along the Minova-Kalehe axis, most of the population and IDPs have been forced to flee, seeking refuge on the islands of Ishovu, Iko, and Idjwi, while others have moved toward Katana, Kavumu, and Bukavu in South Kivu.
- North Kivu, In Walikale, part of the population has fled into the bush, while others gathered around Pinga's General Hospital last week. Many of the displaced include individuals from Kitshanga and Kalembe, but upon arriving in Pinga, they have been forced to flee once again.
    - Due to the usual inaccessibility of Walikale territory and the weak presence of humanitarian actors, obtaining precise data on displacement figures and access to essential services remains challenging.
- Some populations have returned to areas of origin in Goma and are facing challenges to access critical life saving services.
- Humanitarian Access and Response:
    - Amid ongoing fighting and displacement, humanitarian actors in Minova and Bukavu are limited to conducting Mine Risk Education (MRE) sessions in areas hosting IDPs.
    - The Ministry of Health has declared a humanitarian corridor open in the Goma region to facilitate the delivery of essential aid. However, humanitarian actors are still negotiating access.

Critical Disruptions in Health and Protection Services

Health Services Disrupted:

- 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 dismantled, limiting access to critical services.
- Delays in last-mile delivery of IARH kits due to limited access

Maternal Health Risks, SRH Services and Mobile Clinics:

- UNFPA mobile clinics were looted, suspending emergency SRH responses in Goma area, North Kivu.
- UNFPA-prepositioned RH kits (worth $2,101,077) looted from Goma warehouse.
- Increase in spontaneous abortions and maternal mortalities in Karisimbi health zone, North Kivu.

Gender-Based Violence (GBV):

- Reports of rape and sexual assault are increasing, endangering survivors seeking essential services.
- Lack of trust of service providers imposed by the M23, this hinders access to GBV services.
- Referral pathways are updated, however, there are restrictions on GBV prevention and response activities in North, South Kivu and Goma, this poses a big challenge in creating awareness on availability of critical lifesaving services among the community, hampering efforts on access to critical lifesaving services to survivors and those at risk.
- Few GBV actors and UN staff remained in Goma, North and South Kivu, affecting service provision. UNFPA is working on establishing relationships with communities including women-led organizations to support referral to critical lifesaving services and reduce GBV risks.
- GBV interventions are fully integrated with SRH services and serve as a key entry point to specialized services for GBV survivors. Efforts are underway to mainstream GBV in other sectors to enhance referral and expand access to services.
- No dignity kits in stock in Goma, plan is to procure from Entebbe and from local service providers in DRC

Mental Health Crisis:

- Soaring psychological distress and traumatic events.
- Severe shortage of mental health and psychosocial support (MHPSS) services.

Situation Overview

Since December 2024, intensified fighting between the FARDC and M23 rebels in North and South Kivu has worsened the humanitarian crisis, where over 700,000 people were already displaced in January 2025.

February 2025, Ugandan troops (**UPDF)** have been deployed to fight alongside the FARDC in Ituri province, further shifting the security dynamics. Fighting persists against M23 in Kamanyola (South Kivu) and Lubero Centre (North Kivu), forcing mass civilian displacement. Cross-border movements to Rwanda and Burundi have increased

The continuing fighting between the FARDC and the M23 rebels around Lubero has caused a movement of the population towards the territories of Beni, Kyondo and Kyavinyonge, **Grand North, North Kivu.**

In Goma, **Petit North, in North Kivu** under the control of the de facto authority (AFC/M23), a new administration has restricted civilian free movement without tracking. 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.The " Barrière" borders are open (from 6 AM–10 PM) and lake transport between Goma and Bukavu has resumed, while the Goma and Bukavu airports remain closed, severely restricting humanitarian access.

On **February 27**, AFC/M23 Coordinator Corneille Nangaa hosted a public meeting in Bukavu, introducing M23 members from various provinces, including key figures such as **M23 President Bertrand Bisimwa.** The meeting ended in chaos when two unidentified explosive devices detonated. According to M23 officials, the blasts resulted in at least 11 deaths and 65 injuries, but the management of Bukavu's provincial hospital later reported a higher toll of 13 dead and 77 injured. The origin of the explosives remains unknown, further fueling tensions in the already fragile eastern DRC.

The crisis has crippled humanitarian operations, disrupting vital supplies for survivors of GBV and HIV long term survivors. Only three hospitals remain operational but are overwhelmed, with severe shortages of medical supplies, staff, and fuel for ambulances. Fighters from the M23 group attacked the Ndosho Hospital and the Heal Africa Hospital located in Goma city on the night of February 28, abducting 116 patients from the CBCA Hospital and 15 others from Heal Africa. They are accused of being Congolese army soldiers or members of the pro-government Wazalendo militia.

Despite these challenges, markets and schools in Goma have reopened, but the humanitarian and security situation remains highly fragile. **The level of crime has increased significantly (theft, targeted assassinations, etc.).** Structural damages, unpaid staff, and bank disruptions are affecting cash flow.

- Overwhelmed hospitals, increasing essential needs, 27 health facilities and humanitarian warehouses destroyed and looted in Goma (North Kivu) and Bukavu (South Kivu) provinces
- Limited electricity (SOCODEE) impacting medical equipment operations (respirators, anesthetic machines, oxygen production units, etc.), and storage of medications
- Limited 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 including dignity kits and MH kits as an entry point for lifesaving services

- Security measures for hospitals and health personnel
- Restoration of health services in affected and areas of return
- Strengthen integration of SRH and GBV as an entry points for critical lifesaving services
- Strengthen case management, including CMR and MHPSS
- Strengthen partnership with UNWomen and local partners including working with women led organizations, Civil society organisation and create women support networks to disseminate referral pathways and enhance access to critical lifesaving services.
- Mainstream GBV in other sectors to facilitate referral and risk mitigation.

Access to health services, psychosocial support and other social services for affected populations depends heavily on humanitarian aid. Referral services for tertiary care for pregnant women in need of emergency obstetric care and survivors of rape 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.

Total dismantling of the Rusayo 2 IDP site. Around **27,410** people were called upon to return to their areas of origin and were forced to leave the site. All infrastructure has been destroyed and looted by locals, and some displaced people are returning to abandoned sites. 9 new collective centers have been created, and 15 emptied due to schools reopening; the remaining 30 centers house **12,392 people** (February 21, 2025, source CCM)**.** The site dismantling has caused environmental and health issues, and there's an urgent need for WASH infrastructure sanitation.

Humanitarian sources still 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 and are in the community.

Displacement, especially secondary displacement, of IDPs is increasing GBV risks for women and girls by removing them from community safety nets and disrupting PSEA networks.

Despite the ongoing challenging work context, GBV coordination in North and South Kivu continues, with key messages and updated service maps. However, response capacity is severely affected by fighting, insecurity, looting, forced displacement, supply shortages, staff drain, and fear. Survivors rarely access services due to insecurity, closures, and stigma. Women and girls in North and South Kivu live in fear and despair due to lawlessness and frequent assault reports, severely affecting GBV response services, especially in remote areas.

Given the brutality of violence and injuries, risk mitigation in other sectors, conducting GBV safety audits are critical. In addition to emergency response, the following activities should be included as far as possible and as the context evolves: building emergency preparedness capacities, socio-economic empowerment and community reintegration activities.

Local organizations are dedicated to helping displaced people, but they are struggling because it is becoming increasingly difficult to transport needed supplies, their own safety and the safety of their warehouses. It's a very risky working environment for UN actors with the limited resources available.

Operational Adjustments and Strategic Repositioning

- **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, Ituri and Tanganyika. This involves prioritizing critical staff while scaling down non-essential personnel.
- **Kinshasa Operations:** All staff movements from Kinshasa to Goma are still 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. The envisaged routes are 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, Bukavu to Kinshasa and from Kalemie to Lubumbashi. 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 activities are organized for staff and dependents (stress counselling sessions, webinars and recreational activities)

  Staff have been equipped with remote work capabilities, including internet and voice communication.

Security and Operational Measures

- **Movement Restrictions:** 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 is monitoring the situation with UNDSS to deploy their critical staff.

UNFPA Response

With the worsening security situation and returns movement into areas of origin as requested by the de facto authorities 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.

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 are expanding SRH services including conducting Maternal and Perinatal Death Surveillance including review of reviews of maternal deaths. Support is being provided to 8 new health facilities in addition to the 12 health facilities where needs were identified during the rapid SRH evaluation conducted by SRH Working group members, summing up to a total of **20 health facilities.**

- 93 additional identified midwives are gradually being deployed in additional health facilities . To date, **77 midwives** (including 27 midwives from dismantled mobile/static clinics already reassigned to 12 health facilities) have already been deployed in the health zone of Goma.
- In addition to implementing the minimum initial service package (MISP) at health facilities, ambulatory services would equally be provided in host communities and collective shelters.
- 8 Community Health Workers and 10 Community Based Distributors of Modern Contraceptive Methods would be attached to .
- 6 Clinical Psychologists including 1 Psychosocial Assistant (APS) per health facility have been deployed.
- Referrals for obstetric complications are managed by specific hospitals such as the North Kivu Provincial Hospital; Bethesda Hospital and Virunga General Reference.

Although activities in Minova remain suspended due to restricted access, implementing partners are prepared to resume work as soon as possible. Despite these challenges, support continues for five safe spaces and five Listening, Information, and Friendly Service Centers catering to adolescents and young IDPs, albeit with reduced shifts. Additionally, a GBV hotline has been established to ensure survivors can access crucial services.

Deployment: 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 Mental Health and Psychosocial Support (MHPSS) integration in GBV and SRH programming in emergencies. Regional GBV AoR, Regional Emergency Coordinator and International Information Management Officer have been deployed to support GBV actors and UNFPA Response.

Results Snapshots (within the last three weeks)

8,194

People reached with **SRH services**
78% Female, 22% Male

20

Health facilities

12,345

People reached with **GBV prevention**,

mitigation and response activities
60% Female, 40% Male

5

Safe Spaces for women and girls supported

77

Midwives

NFI	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 **listening, information, and friendly service centers for adolescents and young internally displaced persons**

Coordination Mechanisms

Gender-Based Violence

- GBV AoR in North Kivu had a coordination meeting with around 20 actors, key messages were around how to continue delivering services in respect of "Do no harm" principles, how to respect GBV minimum standards et ethical sharing of data and informations
- The Regional GBV Working Group for East and Southern Africa in coordination with the GBV AoR in DRC have organized a webinar on the GBV situation in DRC
- The Protection Cluster of Nord Kivu, and AOR including GBV have elaborated and shared with actors general orientation notes on how to continue to deliver services during the crisis period.
- GBV AoR actors have participated to ERM organized by OCHA after that, a three months action plan have been elaborated including GBV lifesaving activities to be conducted by the GBV AoR
- 150 internally-displaced survivors in Goma received psychosocial support and training in managing an income-generating activity in Bulengo, Mugunga and Rusayo.
- 70 survivors of GBV received psychosocial support, including 16 minors in Bunia.
- In Bukavu, 170 survivors received medical treatment, including 61 cases within 72 hours and 109 cases after 72 hours. As well, 308 GBV survivors have received psychological support, and are still in need of it, as the psychosis of the events they have lived through remains great.
- To strengthen GBV response and prevention interventions, the GBViE Specialist GERT has developed and shared different tools with the UNFPA GBV team as below:
  -GBV scale up strategy to adapt GBV intervention in the crisis situation based on lessons learnt. This will be used together with the notes provided by the protection cluster.
  -Shared GBV key messages to enhance uptake of GBV services in the affected areas.
  -Shared Service Mapping tool to support strengthening the existing services and or identify gaps for critical lifesaving services for possible expansion of these services.
  -Shared Capacity assessment tool for UNFPA IPs
  -And Contributed to different works as below: BHA Risks mitigation plan
  -The Eastern DRC emergency operation plan
  -Call for Action: Key messages for advocacy to DRC and Rwanda governments for humanitarian corridor

In South Kivu, cases of gang rape due to the heavy militarisation of the occupied zones have been reported. The destruction of health facilities and the looting of equipment and essential medicines are making it difficult to provide medical care for vulnerable people in these areas. Many other survivors have no access to first aid, and the health facilities that are still operational have run out of PEP kits.

The precariousness of life and poverty, compounded by the security crisis in the eastern part of the DRC, are forcing some parents to give their daughters in marriage at an early age.

Cases of mental illness are on the increase in the towns of Bukavu and Goma, requiring neuroleptics and especially antidepressants for cases of depression and post-traumatic syndromes.

The scarcity of cash in the cities of Bukavu and Goma makes it difficult to carry out certain social care activities that require funds for implementation.

Sexual and Reproductive Health

With the upsurge in the number of reported rape cases and the simultaneous increase in need for clinical management of rape (CMR) services, the North Kivu and National SRH WG on the 25 and 27 February initiated a clinical management of rape task force which aims to ensure timely, quality and empathetic CMR services. Terms of reference and the CMR service mapping tool have been tailored to the context and are being disseminated for buy-in and commitment from selected members of the taskforce. The key objectives of this CMR task force are to:

- Support the National Program of Reproductive Health and the Gender Division in coordinating clinical care services for sexual violence/rape using standardized national and globally acceptable protocols and guidelines.
- Regularly update the clinical management of rape service mapping with information on the availability/quantity and expiry dates of post-rape kits/PEP kits, the functionality of health facilities, the availability of trained health workforce on CMR, and availability of other essential medications involved in care etc.
- Assess the readiness of health facilities in the provision of CMR services including assessing the capacity building for health care providers notably midwives, medical doctors, and MHPSS actors on the provision of quality and empathetic care for survivors
- Develop a sustainable capacity-building plan on the clinical management of rape and promote the use of validated CMR training content for health workers.

An article highlighting the impact of the crisis on the sexual and reproductive health and rights of women, girls, and young people was published on the UNFPA DRC website as a call to action. The article draws from a rapid assessment report, SRH WG North Kivu Rapid Evaluation N°1, which assessed the SRH situation in health facilities and service delivery points in internally displaced persons (IDP) sites within affected communities. Conducted from 3 to 5 February 2025 by the SRH WG North Kivu in collaboration with the National Programme for Sexual and Reproductive Health, the evaluation examined the capacity of these facilities to respond urgently to the crisis and identified critical gaps in service delivery due to the escalating needs. Key findings from the assessment included:

- Significant gaps in the health workforce, particularly midwives, as well as shortages in SRH supplies and inefficient referral systems for obstetric complications.

- A surge in maternal deaths, assisted deliveries, and spontaneous abortions reported in the last week of January 2025, which marked the peak of the crisis, further underscoring the urgent need to strengthen the SRH response.

From 13-16 February, the SRH WG participated in a Multisectorial Initial Rapid Assessment (MIRA) organised by OCHA in Nyirangongo and Rutshuru territories, which are zones of origins from the IDPs and returnee communities. The SRH WG focused on updating data on population movements, especially for women and girls; assessing the SRH needs (maternal and newborn care, contraception, prevention of sexual violence) of returnees and host communities; identifying the capacities and gaps of local actors in SRH and assessing the state and functionality of health infrastructures and SRH services.

- Since the eruption of the crisis in 2022, over 95 per cent of the health facilities buildings have been severely damaged with maternity equipment looted. The lack of confidential spaces in the health facilities additionally limits disclosure and seeking essential lifesaving services such as clinical management of rape.
- There are no services for antenatal care, safe childbirth, newborn care, and family planning, leaving most of the women and girls to the faith of traditional birth attendants who do not have all essential competencies in emergency obstetrics and newborn care contributing to the rising maternal mortality
- In other instances, assisted deliveries were conducted in precarious conditions due to long journeys of more than 5km on foot to (for example in Kanyaruchinya,) the closest functional health facility.
- There is despair among young people and adolescents at the lack of specific care and activities for them.

The MIRA and the SRH WG evaluation further accentuate the urgent need to support service delivery and its coordination in both IDP, returnee and host communities.

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.

Though the majority of the SRH actors have temporarily suspended their activities and others, adapting their service packages to the current crisis situation as seen in the map Operational Capacities SRH WG North Kivu, through donor support for SRH coordination UNFPA is working with SRH WG members to ensure the implementation of MISP services in a backdrop of very limited funding:

- An SRH response tool/matrix SRH crises response tool focusing on the life saving components of the MISP jointly designed by the SRH WG coordination committee has recently been completed to contribute to the health clusters response and to support OCHAs action plan for a 3 months response to the M23 crisis.

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.