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Situation Report

Escalation of Fighting in North Kivu and South Kivu, DRC

Country:	Democratic Republic of Congo (DRC)
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	28 January 2025
Covering Period:	January 20 - 27, 2025
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Key Figures (New Displacements)

 400,000 Total people affected	 88,000 Women of reproductive age ¹	 12,192 Estimated pregnant women ¹	 265,000 People targeted with SRH services	 255,000 People targeted with GBV programmes
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Highlights

- More than 400,000 people have been displaced in the last three weeks following the escalation of the conflict between the Armed Forces of the Democratic Republic of Congo (FARDC) and the Mouvement du 23 Mars (M23).

¹ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

- Access to sexual and reproductive health (SRH) services has been severely constrained by the rising insecurity and lack of supplies. Key humanitarian supply corridors have been blocked by fighting leading to scarcity of essential products for operations by humanitarian actors.
- UN agencies and partners are prioritizing safety and security for their staff and operations; non-essential staff will be evacuated pending stabilization of the security situation.
- The city of Goma is besieged with constant shelling endangering the lives of displaced people and the affected communities including the humanitarian response.
- The situation remains very volatile with lots of unclear information on the conflict dynamics and control of territory.

Situation Overview

Since December 2024, fighting between the Armed Forces of the Democratic Republic of Congo (FARDC) and the M23 non-state armed group intensified in the provinces of North Kivu and South Kivu agreement of August 4, 2024. The fighting has exacerbated the humanitarian crisis, with massive population displacements in the territories of Lubero, Masisi, and Goma in North Kivu and Minova territory in South Kivu, exacerbating the vulnerability of the local populations and displaced people.

During the last three weeks, fighting moved closer to Goma, the capital of North Kivu, further complicating the humanitarian situation around Goma. On January 21, 2025, the M23 captured Minova, a town 40 kilometers from Goma, and Sake (25km from Goma), located very close to Goma city; this will potentially cut off supply routes to the city's one to two million people. Residents of at least nine displacement sites around Goma have been fleeing toward the city. The latest reports from OCHA and partners indicate the increased fighting has displaced 400,000 people in the past three weeks, adding to the more than four million already displaced in dire conditions in eastern Congo.

Movements into and out of Goma remain heavily restricted and dangerous as the fighting escalates, there was significant panic by residents this week as the rebels vow to march onto the city of Goma. Travel between South Kivu and North Kivu provinces by boat has also been halted.

Access to health services and other social services for internally displaced people (IDPs) and the host communities that are heavily reliant on humanitarian actors have been severely reduced as partners cannot freely move into the IDP camps. Referral services for tertiary care for pregnant women in need of emergency obstetric care are heavily constrained by security and reducing essential supplies like fuel for ambulances.

Increased displacement and secondary displacement of IDPs is removing women and girls from the minimal safety nets that communities have created over time, further amplifying the risk of gender-based violence (GBV), including sexual and intimate partner violence. Disruptions of Protection against Sexual Exploitation and Abuse (PSEA) networks are also leaving women and girls exposed by their increased vulnerability and limited access to humanitarian support.

UN agencies and partners have been forced to scale down operations and reduce their footprint in Goma and other areas in North and South Kivu. 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 stay and deliver for the IDPs but are severely constrained as essential supply routes become increasingly inaccessible for the delivery of much needed humanitarian supplies. The provision of services through mobile clinics and static facilities in the IDP camps has been severely scaled down.

UNFPA Response

UNFPA is working to ensure continuity of essential SRH and GBV prevention and response services in the internally displaced people's camps. However, due to the fluidity of the situation, there is a need to rapidly adapt the modes and scale of delivery services to address the disruptions of existing services and respond to the needs of the newly displaced and secondary displacements.

Key priority initiatives being undertaken include.

- Seven mobile clinics in various locations around Goma in North Kivu and one mobile clinic in Minova. The clinics are being run by a medical team including 27 midwives, however, movements and access are limited by security concerns.
- Community-based distribution of family planning commodities.
- Three static health facilities around eight displacement camps providing SRH services to internally displaced people.
- Referral services for emergency obstetric care in three hospitals.
- Support to five safe spaces.
- One GBV hotline to help survivors access services.

Results Snapshots



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

Coordination Mechanisms



Gender-Based Violence:

- **UNFPA leads the Gender-Based Violence Area of Responsibility (GBV AoR)**, a coordination mechanism that brings together over 45 regular members with a diverse group of stakeholders, including Government entities, international non-governmental organizations (INGOs), local organizations, and other United Nations agencies, to address the complex needs of gender-based violence survivors in conflict-affected areas. The meeting schedules and modalities will be adjusted to meet the current conditions.
- UNFPA provides technical guidance and capacity-building support to partners, including training on gender-based violence case management, clinical management of rape, and referral pathways. This ensures service providers have the necessary skills and knowledge to deliver high-quality, survivor-centred care.
- To address the current needs, the GBV AoR will prioritize an update of the referral pathways between health, legal, psychosocial, and protection services, ensuring that gender-based violence survivors receive comprehensive care that addresses their physical, emotional, and legal needs.



Sexual and Reproductive Health:

- **UNFPA currently leads the SRH Working Group in the North and South Kivu provinces** and provides support for the Accountability to Affected People (AAP)/PSEA working group and network. This entails coordination of over 34 SRH intervening organizations who are international and national NGOs providing services. Given the high security concerns necessitating reduced mobility, coordination, technical, and field support, including supervisory services provided to these partners, is equally being affected. Service providers including ambulances with reduced mobility at all levels and beneficiaries are equally facing difficulties in delivering and accessing services, respectively.