



# Situation Report #5

Eastern DRC: 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



<sup>1</sup> MISP Calculator

<sup>2</sup> DHS2

<sup>3</sup> UN Source

## Affected maternal health facilities which are still functional



### Highlights

- The humanitarian crisis in eastern DRC continues to deteriorate due to intensifying armed conflict between the FARDC and M23 rebels, displacing over 700,000 people since January 2025.
- Women and girls are at severe risk due to increasing security threats and gender-based violence.
- UNFPA urgently requires US\$18 million to sustain life-saving reproductive health and protection services for women, girls and youth.
- UNFPA has activated a Level 3 (L3) emergency response, the highest level of humanitarian response within the UN system, enabling UNFPA to scale up operations, enhance coordination, and mobilize critical resources to meet the urgent needs of affected people.

### Situation Overview

Since December 2024, intensified clashes between the FARDC and M23 rebels in North and South Kivu have worsened the humanitarian crisis, displacing over 700,000 people since January 2025. In February, Ugandan troops (UPDF) were deployed to support the FARDC in Ituri province, further altering security dynamics. Fighting continues in Kamanyola (South Kivu) and Lubero Centre (North Kivu), triggering mass displacement. Cross-border movements have increased, with an estimated 65,000 people crossing into Burundi, while many others have fled to Beni, Kyondo, and Kyavinyonge in Grand North, North Kivu. In Goma and Petit North, North Kivu, the new de facto authority (AFC/M23) has restricted civilian movement. Escalating insecurity has disrupted humanitarian operations, prompting the temporary relocation of some staff from Goma and Bukavu to safer areas. UNFPA is working with UNDSS to monitor security conditions and facilitate the gradual return of staff to support program implementation.

The crisis has disrupted **humanitarian operations**, causing suspension of activities in conflict-affected areas, interrupting vital supplies for pregnant women and gender-based violence survivors. UNFPA is working in support of the government, and with local partners to ensure continuity of response.

### Impact on healthcare

Approximately 27 health facilities have been destroyed in Goma and Bukavu, leaving only three operational hospitals in the Kivus, all of which are severely overstretched and facing critical shortages of medical supplies, staff, and fuel for ambulances. The lack of electricity is further hampering operations, restricting the use of respirators, anesthesia machines, oxygen production units, and proper medication storage. On February 28, armed fighters attacked Ndosho Hospital and Heal Africa Hospital in Goma, reportedly abducting 116 patients from the former and 15 from the latter. Insecurity has severely limited access to health services, particularly for vulnerable populations, including pregnant women.



## 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.

## UNFPA Response

UNFPA has activated a Level 3 (L3) emergency response, the highest level of humanitarian response within the UN system. This activation enables UNFPA to rapidly scale up operations, enhance coordination, and mobilize resources to meet the critical needs of affected populations.

UNFPA is expanding sexual and reproductive health (SRH) services to referral level health facilities in three health zones of North Kivu: Goma, Karisimbi and Nyirangongo, with the support of the North Kivu Division of Health's National Programme for Sexual and Reproductive Health. Working through partners, UNFPA's support to health facilities includes:

- Deploying 93 midwives so far to health facilities up from 77 midwives reported previously in Goma.
- Providing incentives, materials and supplies to Community Health Workers and Community Based Distributors of Modern Contraceptive Methods .
- Deploying 6 Clinical Psychologists including 1 Psychosocial Assistant (APS) per health facility.
- Referrals for obstetric complications are managed by specific hospitals such as the North Kivu Provincial Hospital; Bethesda Hospital and Virunga General Reference hospitals.
- Providing Reproductive health kits to service delivery points to meet the needs of displaced populations

UNFPA is also supporting partners to conduct maternal and perinatal death surveillance, including reviews of maternal deaths in 21 supported health facilities.

Insecurity has forced UNFPA to suspend its seven temporary mobile health clinics operating in IDP sites in North Kivu and South Kivu provinces.

In Minova, a town in North Kivu, UNFPA is continuing its support for five safe spaces and five listening, information, and friendly service centres, catering to adolescents and youth in host and displaced communities. Additionally, a GBV hotline has been established to help survivors access treatment services.



### Results Snapshots (22 February – 4 March)



**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



**93**

Midwives in total

	1,456	Dignity kits and other essentials distributed to individuals
	182	Reproductive health kits with equipment and supplies provided to hospitals and clinics to meet the needs of 206,215 people
	10	Women and Girls Safe Spaces supported by UNFPA listening, information, and friendly service centres for adolescents and youth IDPs

## Coordination Mechanisms



### Gender-Based Violence

- UNFPA leads the GBV Area of Responsibility in North Kivu. UNFPA shared messaging on Do No Harm principles in GBV response, and minimum standards of ethical sharing of data and information. The GBV in Emergencies specialist shared a number of tools, such as scale-up strategies, key messages, and various assessment tools to enhance GBV response.



### Sexual and Reproductive Health

UNFPA coordinates the Sexual and Reproductive Health (SRH) Working Group (WG) in North and South Kivu, trying to ensure the implementation of MISP services despite huge funding shortfalls. The upsurge in the number of reported rape cases has led to an increased need for clinical management of rape (CMR) services. The group has set up a case management task force to provide timely quality services for survivors of assault. UNFPA also supports the AAP/PSEA working group and network, which involves coordinating more than 34 INGOs and NGOs that are delivering reproductive health services. Ongoing fighting has forced many SRH organizations to temporarily suspend their activities, while others have adapted their services to the current crisis, as depicted in this map [Operational Capacities SRH WG North Kivu](#). through donor support for SRH coordination

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

The US\$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 life-saving interventions and preventing further suffering.