



An International Medical Corps mobile medical unit provides services in Minova.

On January 27, M23—a rebel militia group operating in the Democratic Republic of Congo (DRC)—attacked and occupied Goma, the capital of eastern DRC’s North Kivu province and home to more than 2 million people. This attack occurred just days after the occupation of Minova, a South Kivu city 20 km from Goma. Camps housing internally displaced persons (IDPs) were destroyed, and thousands were told to go back to North Kivu despite the ongoing war. Goma, a hub of commerce, transit and international aid for the region, has been repeatedly bombed and gunshots can be heard throughout the city.

M23 has been accused of massive human rights violations, including the killing of civilians, summary executions, rape and sexual violence, forced recruitment, systematic looting and kidnappings. Electricity and internet access have become extremely limited since Friday, January 24, and large portions of Goma have no access to clean water, food or livelihoods due to threats of violence. The United Nations, as well as multiple embassies, initiated evacuations of non-essential personnel on January 25. All remaining staff have been advised to shelter in place.

This attack was just the most recent and significant occurrence in a long history of violence in the area. Wars and conflicts in North Kivu and the surrounding areas have been ongoing since the 1990s and involve a variety of non-state armed groups and militaries. Minova was already host to hundreds of thousands of IDPs fleeing the conflicts in North Kivu. Waves of people fleeing M23 have arrived over the last few days in Goma, which was already hosting at least 400,000 IDPs in and around the city. The border between Goma and Rwanda has been closed since Monday, January 27, leaving many people with nowhere to go.

Even before these new attacks by M23, Goma and its surrounding area had huge needs. Ongoing violence and conflict have led to chronic poverty in the region. Access to quality healthcare, clean water and adequate nutrition is extremely limited. Many people are experiencing food insecurity, with IDPs, children, pregnant and lactating women, people with disabilities, older people and other vulnerable populations being particularly affected. IDPs in and around Goma live in makeshift camps and housing, with extremely poor and densely packed living conditions. Proper shelter, hygiene and clean water are limited, increasing the risk of and vulnerability to communicable diseases such as cholera. An mpox epidemic has been raging across the DRC since 2022. Sexual gender-based violence (GBV) in eastern DRC is rampant, with some of the highest rates in the world. M23’s escalation of violence and occupation of Goma significantly exacerbates these existing challenges.

FAST FACTS

- Early in the morning on January 27, the rebel militia group M23 occupied Goma, the capital city of North Kivu province in eastern DRC.
- This escalation of violence began on January 25, and included cutting off key supply routes into major cities, including Goma, Minova and Saké, and denying access to resources, especially to water, electricity and online services.
- More than 400,000 IDPs were already housed in makeshift camps in and around Goma, living in dire conditions without access to adequate shelter, food, sanitation or healthcare. This newest offensive has ignited new waves of people fleeing the conflict.
- Hospitals in Goma are already overwhelmed with people injured by the conflict. Human resources, medical and surgical supplies, pharmaceuticals and blood for transfusions are critically limited.
- North Kivu has been plagued by conflict since the 1990s, with the first and second Congolese civil wars, followed by decades of instability and violence.

OUR RESPONSE

- International Medical Corps has been responding in the DRC since 1999, with a base in Goma.
- International Medical Corps provides mobile medical unit support in Goma and Minova, ensuring access to health and protection services for IDPs.
- We also have been providing Goma and Minova, as well as the Karisimbi health zone surrounding Goma, with mpox-related infection prevention and control services and training.

Now that IDPs are flooding into Goma, hospitals are overwhelmed and facing critical shortages of medical supplies, blood for transfusions and human resources. Demand for surgical teams has surged with the number of civilian injuries requiring treatment. Access to safe food, water, shelter and hygiene is desperately needed.

International Medical Corps Response

International Medical Corps first began operations in the Democratic Republic of Congo in 1999. Our main office in the country is in Goma, with more than 80 staff present in the city. Our international staff have evacuated to the nearby city of Bukavu in South Kivu, where they are continuing to coordinate efforts to support those fleeing the violence in North Kivu.

Health, including mental health: In Minova, International Medical Corps continues to deploy mobile medical units (MMUs) to provide IDPs fleeing the M23 conflict with access to quality healthcare. The MMU staff conducts health consultations, including screenings for malnutrition, and provides referrals to nearby hospitals. Through these MMUs, IDPs can access mental health and psychosocial support services, such as counseling, women and girls' safe spaces, psychotropic pharmaceuticals and group therapy. Typically, International Medical Corps deploys MMUs to provide these services in IDP camps, but due to the occupation of Minova and M23's forced evacuation of these camps, we have pivoted tactics and are now meeting IDPs where they are being hosted, directly in the host community. Due to the fighting, International Medical Corps has paused the deployment of MMUs to the Karisimbi health area in Goma. Needs remain extremely high for this growing number of IDPs. Support for emergency surgery—including medical supplies, pharmaceuticals, human resources and blood for transfusions—is essential. Increased access to emergency psychological first aid and ongoing psychosocial support will be critical for survivors of this traumatic conflict.

WASH and IPC: Before the attacks on Goma, Minova and Sake, International Medical Corps was providing significant support in responding to the mpox epidemic in both North and South Kivu, conducting training sessions on case identification and management, as well as water, sanitation and hygiene (WASH) and infection prevention and control (IPC). We are continuing this critical work in Minova, an area where mpox is spreading rapidly. Overloaded and inadequate water infrastructure systems, overcrowding and low access to hygiene seriously increase the risk of communicable diseases such as cholera, typhoid and other serious conditions. Continued support for access to WASH and IPC is necessary to prevent further outbreaks.

Protection: International Medical Corps is currently providing protection services to IDPs in Minova via our MMUs and through the support we provide to health centers and hospitals, as well as support we provide to community-based organizations (CBOs) where survivors of GBV can receive services. Survivors of GBV can receive treatment for instances of violence at the MMUs and at supported health facilities. MMUs also provide MHPSS services and counseling for survivors. GBV often flares up in times of conflict, and given the context, where rates already are high, the need for protection and GBV support services is critical.