



International Medical Corps staff provide services at an MMU in Minova.

On April 9, M23 rebel group leaders and representatives of the government of the Democratic Republic of the Congo (DRC) were slated to meet in Doha, Qatar, and kick off a week of peace talks, in the hope of stabilizing the turmoil in eastern DRC. However, these talks were once again canceled, and tensions remain high after months of armed conflict in the North and South Kivu provinces of DRC. Though fighting has been a chronic issue in the region for decades, a steep escalation occurred in January 2025, when M23 formally occupied the eastern cities of Minova, Saké and the North Kivu capital city, Goma. M23 then pushed further into South Kivu than ever before, occupying the city of Kalehe, the Kavumu airport and the South Kivu capital city of Bukavu in February. The takeover and maintenance of control over Bukavu signals a more serious challenge to the DRC government and to the military's ability to push back against M23.

Connections between M23 and the DRC's neighbor, Rwanda, have exacerbated tensions between the two nations. The DRC has expelled Rwanda's consular staff and recalled its own consular staff from the Rwandan capital. As these tensions intensify, the acrimony between the DRC and Rwanda threatens to destabilize the central sub-Saharan Africa region, including Uganda and Burundi.

The humanitarian situation in both North and South Kivu is dire. The World Food Programme (WFP) estimates that more than 7,000 people have died since the beginning of 2025 due to the conflict, while more than 7.8 million have been displaced. The UN has accused M23 of serious human rights violations, including the killing of civilians, summary executions, rape and sexual violence, forced recruitment, and systematic looting and kidnappings. The rebel group has forcibly emptied camps that house internally displaced persons (IDPs), leaving these vulnerable people without shelter or safety, as returning to their homes comes with extreme risk.

Violence against women and girls is known to increase during times of conflict, and the need for response services in the DRC is extreme. Existing challenges—including chronic poverty, a fragile health system, the ongoing mpox epidemic, recurrent outbreaks of chronic diseases such as cholera, measles, mpox and now anthrax, and limited access to essential livelihood services such as healthcare, clean water and food—compound the conditions created by the occupation in both North and South Kivu provinces. This is disproportionately affecting vulnerable populations, including IDPs, returnees, children, pregnant and lactating women, and elderly individuals.

FAST FACTS

- On January 27, 2025, M23 rebels captured the North Kivu capital city of Goma. M23 continued its offensive south, gaining control of additional cities, including the South Kivu capital, Bukavu, in February.
- More than 1 million IDPs were already located in Goma and Minova. M23's offenses have left them with nowhere to go. Since January, more than 100,000 have reportedly fled the country into neighboring Burundi and Rwanda.
- 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. The WFP estimates that the conflict has displaced more than 7.8 million.
- Experts fear regional destabilization due to the conflict, with DRC, Rwanda, Uganda, and Burundi being implicated and affected.

OUR RESPONSE

- International Medical Corps has been responding in the DRC since 1999, with a base in Goma.
- We continue to deploy MMUs each week in Minova and Goma to provide immediate, lifesaving care to IDPs, returnees and other people affected by the conflicts.
- We have also provided safe spaces with psychosocial support for survivors of conflict-related sexual violence, as well as case management and mental health services.
- We are supporting local health facilities by covering costs of care for referred patients.

The humanitarian response to this disaster has been hindered by security issues and the looting. UN warehouses containing essential supplies and stock have been looted, Goma and Bukavu airports have closed and there has been a critical reduction in funding for humanitarian operations in the region. The presence of several checkpoints managed by armed groups is hampering the delivery of medical commodities and programs inputs to remote areas.

International Medical Corps Response

International Medical Corps first began operations in the DRC in 1999. Our main office in the country is in Goma, with more than 80 staff present in the city. We also have satellite offices in Bukavu, Fizi, Kimbilulenge, Kinshasa and Minova. Luckily, none of our staff has been physically injured by the conflict. In response to the attacks, we mobilize as quickly and as often as possible to serve those in need while keeping our staff safe.

Health, including mental health: In North Kivu, we deployed our first mobile medical unit (MMU) to respond to the crisis from February 4–9, treating more than 700 patients in Goma. Since then, International Medical Corps has deployed an MMU almost weekly in Fizi, Goma, Kimbilulenge and Minova. The services include no-cost health consultations, including screenings for malnutrition and mental health needs, and subsequent referrals to nearby hospitals. MMU staff provide mental health and psychosocial support, and refer people who need higher levels of mental health care, such as access to psychotropic pharmaceuticals, to the secondary level of care. International Medical Corps also supports local health facilities via incentive payments and by covering referral fees in Goma and Kirotshe, which have seen an influx of survivors of violence against women and girls, as well as conflict-related sexual violence.

International Medical Corps has assisted other humanitarian organizations by providing pharmaceuticals, expanding the capacity of humanitarian actors in the area.

In Minova, International Medical Corps continues to deploy MMUs to provide civilians fleeing the fighting with access to quality healthcare. Our first deployment—which occurred from February 1–4, after Minova had been occupied by M23—treated more than 700 patients. 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 are providing services to IDPs where they are being hosted and in communities where they have returned.

The need remains extreme for services in both Minova and the surrounding Goma area, particularly in the areas of secondary health care services, maternal and newborn health, pharmaceuticals, and mental health and psychosocial support. Support for emergency surgery—including medical supplies, pharmaceuticals, human resources and blood for transfusions—is essential. Increased access to emergency psychological first aid, post-exposure prophylaxis kits and ongoing psychosocial support will be critical for survivors of this conflict.

WASH and IPC: Overloaded and inadequate water infrastructure systems, as well as 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 water, sanitation and hygiene (WASH) and infection prevention and control (IPC) is necessary to prevent further outbreaks. Before the attacks on Goma, Minova and Saké, International Medical Corps was providing significant support in response to the mpox epidemic in both North and South Kivu, conducting training sessions on case identification and management, as well as on WASH and IPC. We are continuing this critical work in Minova and in Goma now that we are able to resume working with local health facilities.

Violence Against Women and Girls: The need for services for those affected by the conflict cannot be overstated. UNICEF has reported that rape cases in 42 health facilities across Goma increased five-fold in just one week following the January 27 occupation. Of those survivors, 30% were children. Violence against women and girls often flares up in times of conflict, and—given the context, in which rates were already high—the need for protection services is critical. International Medical Corps is currently providing such support to returnees in Minova via our MMUs and through the support services that we provide to health centers, hospitals and community-based organizations (CBOs) where survivors of conflict-related sexual violence can receive services. Caseworkers provide referrals for medical support and treatment for survivors after instances of violence through our MMUs or through International Medical Corps-supported static health centers. Survivors also have safe spaces, group counseling, psychological first aid, individual counseling and psychosocial support available to them via the MMUs, while safe spaces and psychosocial support are available through the CBOs that we support.