



“THE FORGOTTEN PEOPLE OF NORTH KIVU”

FOCUS ON THE HUMANITARIAN CRISIS
IN THIS PROVINCE OF THE DEMOCRATIC
REPUBLIC OF THE CONGO, AS OF 1 MARCH 2024



INTRODUCTION

The humanitarian situation in the Democratic Republic of the Congo (DRC) has taken a drastic turn for the worse over the past months, as a result of armed conflict and other situations of violence, particularly in the east of the country.

In North Kivu, incursions by armed groups, including the Allied Democratic Forces, and military operations against them have intensified, taking a heavy toll on the civilian population in part of the province. Further south in the same province, in the territories of Rutshuru, Masisi and Nyiragongo, fighting between armed forces and armed groups, in particular the Congolese army and the March 23 Movement (often abbreviated as M23), escalated in October 2023, causing civilian deaths and injuries and massive population

movements, and greatly curtailing people's access to basic social services.

The increase in the number of parties involved in the fighting is a challenge. Around 100 different groups, of varying size and degree of organization, are competing for control of the land and resources. Demobilization processes are under way, although with limited success after numerous setbacks.

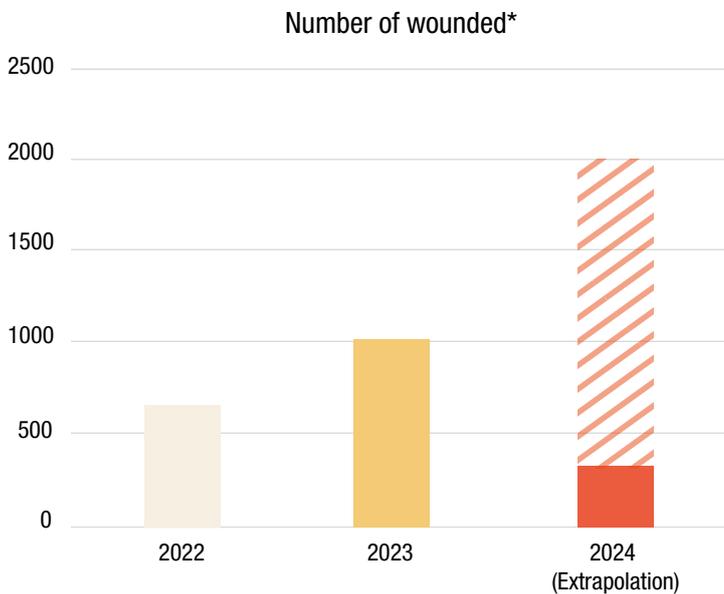
While world media attention is focused on other conflicts, we must not forget the people of the DRC, whose very survival often depends on emergency humanitarian aid. Out of a total population of 113.6 million, over 25.4 million people will be in need of aid in 2024, according to UN estimates.

SPIRALLING NUMBERS OF WAR WOUNDED

The violence is taking a huge humanitarian and medical toll. Death and injury are a daily reality. Since the upsurge in fighting, wounded people have been pouring into the ICRC-supported CBCA Ndosho Hospital in Goma, the capital of North Kivu.



Trésor BOYONGE KAVU/ICRC



* In hospitals supported by the ICRC.

In 2023, over 1,000 people with weapon wounds – including nearly 200 women and 40 children under 15 – received treatment in North Kivu hospitals supported by the ICRC. That number is 60 per cent higher than the previous year’s total, and the total for the last quarter of 2023 is 112 per cent higher compared to the same period in 2022. In January and February 2024, the hospital admission rate for wounded patients was double that in 2023.

Over 75 per cent of patients admitted to CBCA Ndosho Hospital were injured by firearms. Meanwhile, the proportion of blast injuries rose from 1.72 per cent (11 cases) in 2022 to 7.18 per cent (77 cases) in 2023.

From the hill that you can see from the camp, we could hear the sound of fighting from early morning. Suddenly, at around 2pm, a bomb fell on the camp. Some people were killed outright and others, like me, were evacuated here by bus in the evening. A piece of shrapnel hit my right eye and injured my shoulder. I don’t know where my other children are. I only know that my 16-year-old daughter was also wounded in the neck. I consider myself lucky even if I have only one eye left, because some are dead and others have lost limbs.

Garuka Furaha, 45, was displaced in the town of Sake for three months. She was admitted to CBCA Ndosho Hospital on 12 February 2024.

The proportion of abdominal (laparotomy) and thoracic surgeries increased by 86 per cent and 322 per cent, respectively, from 2022 to 2023, reflecting the severity of the injuries and the complexity of the procedures.

In early 2024 the ICRC observed that 40 per cent of patients admitted to CBCA Ndosho Hospital had been injured by heavy artillery. Fighting in urban areas is causing countless civilian deaths and intense suffering. When towns, villages and displacement camps are bombarded or shelled, the vast majority of the victims are civilians. The use of wide-impact explosive weapons – large bombs, missiles, rockets, mortars and artillery shells – often has indiscriminate effects. Such weapons were designed for open battlefields. When they are used in densely populated urban areas, they can cause extensive destruction, injury and death.

Because of the difficulty of gaining safe access to those in need, and in order to cope with the growing number of wounded, the ICRC works in partnership with different players (CBCA Ndosho Hospital, the Red Cross Society of the DRC, Médecins Sans Frontières, and the health authorities together with peripheral health-care facilities, etc.) to ensure that the wounded are evacuated for medical treatment. In February 2024, CBCA Ndosho nearly doubled its intake capacity from 64 beds to 120 beds, after setting up beds in tents.

Most of the wounded are brought to the hospital on motorcycles. So when we hear the sound of motorcycles, we get really stressed, as it means that patients are going to start arriving. Because of the situation, they often have serious injuries. Lack of transport is also a problem. Many of the wounded get here too late as a result.

They need complex care. There are many injured and we have a high rate of amputation, traumatic amputation. We're currently seeing an increase in blast injuries.

*Abdou Rahmane Boubacar Sidibé,
ICRC surgeon working at
CBCA Ndosho Hospital in Goma.*



HEALTH CARE IN DANGER

It is when fighting breaks out that health services are most urgently needed; but this is also when they are most vulnerable.

Violence can disrupt the health-care system just when people need it most. Some of the wounded do not succumb to their injuries, but they die because they cannot get the necessary medical care in time. Whole communities no longer have access to vital services such as maternal health care, child care and immunization. Sometimes, infrastructure is so severely disrupted that it collapses altogether.

In 2023, the ICRC recorded numerous incidents in which people's access to health care was infringed, mostly in Goma. These mainly

involved acts of violence against health-care services, when armed men burst into health-care facilities, and situations where health workers were forced to break medical ethics or other rules protecting the wounded and sick. Ensuring respect for and the protection of health care lies at the heart of the ICRC's concerns and its dialogue with all weapon bearers.

The upsurge in fighting also obstructs the delivery of medicines and other medical supplies to health facilities in the conflict zones. Those facilities that are still able to function lack supplies and their infrastructure is straining under the growing number of displaced, sick and wounded people.





South Kivu Province, Sange.
A psychosocial worker (front view) and a victim of sexual violence during a counselling session in the women's shelter of the city. The ICRC supports women's shelters in the two Kivus, in which victims of violence are taken care of. (February 2021)

VICTIMS OF SEXUAL VIOLENCE

Sexual violence in the context of armed conflict is a long-standing and persistent problem in the DRC. During the conflicts of the 1990s, sexual violence was perpetrated by different armed forces and groups on a large scale. These grave punishable acts still tend to be trivialized today. The ICRC is committed to defending the victims and preventing the risk of sexual violence in conflict situations. Generations of children have witnessed sexual violence against their mothers, fathers, brothers and sisters. This form of violence has become commonplace, yet it leads to systematic rejection of the victims by their communities.

According to the coordination group on gender-based violence in North Kivu, reported cases of such violence against girls and women in the province increased by 37 per cent in the first three months of 2023, compared to the same period in 2022.

There is a dire lack of infrastructure and human resources to support the victims. Despite free medicaments – in particular the post-rape kit

– provided to the victims of sexual violence by the Ministry of Health, the logistical problems of distributing the necessary supplies to health-care facilities and lack of safe access (because of armed conflict, toll barriers, very poor road conditions, etc.) are major obstacles that prevent the victims from obtaining the necessary care.

Preventing and remedying sexual violence is a key priority for the ICRC. It constantly reminds the parties to the conflicts of their obligation to prevent sexual violence, which constitutes a grave breach of international humanitarian law, and to prosecute and investigate such crimes after they have occurred. In accordance with the national protocol for caring for the survivors of sexual violence, the ICRC deals with both the physical aspect of such violence and its psychological consequences. It should again be stressed that the victims are still too often rejected by their communities after having suffered sexual violence.

“Because of the war which has been going on for too long in our region, rape has become an everyday occurrence. Even young boys will go and rape older women. I was raped twice on my way back from the fields by youngsters the same age as my son. Since that day, I have lost my dignity.

The other women and I, who take the same route to go to the fields, have decided always to carry packets of condoms with us: if we fall into the hands of rapists, we humbly ask them to use a condom. This has helped us a lot not to get pregnant and not to be repudiated by our husbands, who often refuse to keep living with a woman who has been raped. This approach has also helped us not to catch sexually transmitted diseases.

With the support of the ICRC, we now know what to do to protect ourselves from rape, such as going to the fields in groups, avoiding isolated paths, being accompanied by our husbands or adult boys... What we want is for the war to end, so we can just live our lives as we did in the past.”

Justine* (*not her real name),
rape victim in North Kivu.

THE PLIGHT OF DISPLACED PEOPLE

With a total of seven million people displaced within the country, in 2023 the DRC had [the highest number of internally displaced ever recorded](#), according to UN figures¹. At least 5.5 million people are displaced in eastern DRC, including 2.5 million in North Kivu province alone.

While people tend to flee to Goma or other large towns, some find themselves stranded in remote forest areas. Only 20 per cent of displaced people make it to camps where they can receive aid from humanitarian organizations. The rest are taken in by locals, who are also buckling under the burden of years of violence. Hardly any relief reaches them, because of a lack of safe access and logistical obstacles.

Making matters worse, the recent fighting has affected the main agricultural transport roads linking the different towns in North Kivu with each other and with South Kivu. The lack of supplies is having a serious impact on people's food security and on economic activities, particularly in Goma, which has over a million inhabitants and is hosting at least 600,000 displaced people.

Meeting basic needs (food, shelter, water, hygiene and sanitation, household items, health care) remains a daily concern, both for people who have found refuge in displacement camps and for those living with host families.

¹ [According to the United Nations report of 30 October 2023.](#)

DISPLACED PEOPLE TELL THEIR TALE

I fled with my grandsons and other children who had lost their parents in the fighting. There are 20 of us living in the same house, which I rent for 24,000 Congolese francs (10 US dollars) a month. I have no work. I've already been told to move out because I can't afford the rent. It's hard to find food and drinking water, or get medical care. We are suffering terribly.

Imelde Kavira, 55, displaced for over a year in Oïcha, North Kivu.

This is the fourth time I've been displaced. As we don't have enough food, we have to go back to our villages from time to time to get supplies, despite the danger. Many displaced people have had to flee, leaving their harvest stocks in their homes and then having to wait for food aid.

Mamy, 35, mother of eight children in Kazumba, Rutshuru territory, North Kivu.



MISSING PEOPLE

Large numbers of people have fled the violence in the east of the country, and thousands of families have been torn apart. Across the region, and especially in North Kivu, many people – in particular unaccompanied or separated children – need help to find and get in touch with their families.

Over the past three years, around 2,400 people a year have contacted the ICRC for assistance in locating their loved ones. Around 80 per cent of them were children.

For each child brought home, the ICRC and volunteers from the DRC Red Cross carry out meticulous tracing work to find the families. There are numerous hurdles, ranging from a lack of precise information on the people being sought – especially when the requests are made by children – to the country’s complex geography and the highly unstable security situation in many areas.

Some children who were separated from their families when they fled live in displaced persons camps with other families, who are temporary host families, mainly neighbours or members of the extended family that they know. Other children look after themselves, following the example of the other displaced people in the camp.

Some children come to the telephone booth (set up by the ICRC and run by the DRC Red Cross, and from which they can make free calls) accompanied by a neighbour, an adult friend, member of the extended family or by themselves. They look sad, worried, desperate. Many have memorized their parents’ phone numbers or written them down on scraps of paper, if they have no adult there to help them. Very often, it is only when they hear their parents’ voices that they smile again, relieved at last of the uncertainty and the fear of never seeing their families again.

Faustin Hakiza, Red Cross volunteer in Rutshuru territory, North Kivu.



North Kivu province, Kanyaruchinya, 10 km from Goma. To help internally displaced people get news of their loved ones, the ICRC has set up telephone booths where people can make phone calls. (May 2022)

North Kivu province, Goma. One of the children in SOS Grand Lac centre for former child soldiers. (August 2006)



CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS

There has been a marked increase in the recruitment and use of children in the conflicts. Adolescents, especially boys, are at greatest risk². In the DRC, over 1,100 such cases were confirmed by the UN between January and September 2023³.

While many children are recruited by force, others join up voluntarily, as a means of survival or in order to defend their community. The nomadic, violent lifestyle that ensues takes a heavy toll. They get injured (sometimes leading to serious disabilities), fall pregnant at a young age, miss out on education and health care, get arrested or detained, and suffer psychological distress, and sometimes rejection by their communities.

Through its child-protection programme, the ICRC supports children who have left the armed forces and armed groups and children at risk of recruitment in North Kivu province, helping them to gain access to schooling or training and to economic opportunities. This work is carried

out in close cooperation with the children's families and includes raising awareness of the problem of child recruitment within the communities.

The ICRC also supports so-called transit and orientation centres, which house such children, with donations of equipment. It offers its family-links services to prevent families from being separated and reunite children and parents who have been torn apart by the violence.

Through its confidential dialogue with weapon bearers, the ICRC also strives to prevent this phenomenon. In its work on behalf of people deprived of their freedom, the ICRC moreover raises the authorities' awareness of the rules regarding the treatment of such children in detention, so that they benefit from the legal and judicial protection that is their due under national and international law.

² [Children associated with armed forces or armed groups – ICRC](#)

³ [DR Congo: Children killed, injured, abducted, and face sexual violence in conflict at record levels for third consecutive year – UNICEF](#)

RESPONSE BY THE ICRC AND NATIONAL RED CROSS SOCIETIES

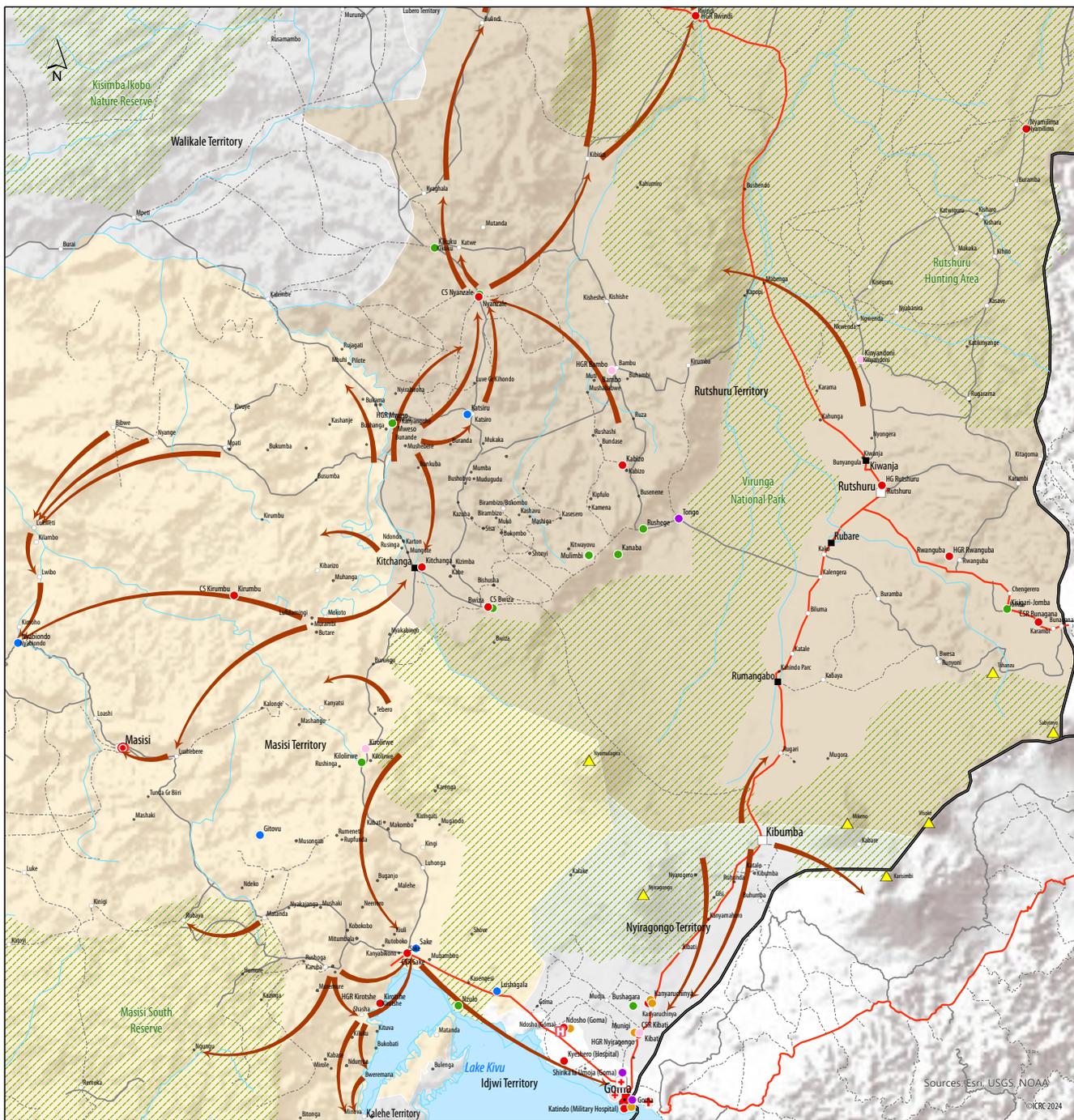
The ICRC has been present in the DRC since 1960. Since 2019, its delegation has also been active in the neighbouring Republic of the Congo, where it works with the Congolese Red Cross in five departments (Brazzaville, Pool, Plateaux, Cuvette and Likouala) to help people affected by the consequences of conflict and other situations of violence in the DRC and Central African Republic. Activities include protecting family links, communication, and emergency preparedness and response. In the DRC, the ICRC strives to meet the emergency needs of people affected by conflict, helping them to get appropriate health care, including mental-health and psychosocial support, and to build their self-

reliance. It visits detainees, helps restore contact between separated people, reunites children with their families, and works closely with the DRC Red Cross. The ICRC also promotes knowledge of and respect for international humanitarian law and other relevant standards.

North Kivu province, Nyiragongo territory, Kanyaruchinya. The ICRC organises a food distribution for the displaced people who fled from the clashes between the Congolese army and the 23 March Movement (M23). (December 2022)



ICRC'S OPERATIONS IN THE AREA AFFECTED BY THE CONFLICT FROM OCTOBER 2023 TO FEBRUARY 2024



Democratic Republic of the Congo:
North Kivu Province. ICRC's operations in the area affected by the conflict
 March 2024



Sources : Référentiel OIGR
 Date : 12.03.2024
 Prepared by : Jean-Baptiste Kamanampata
 Validated by : Florimond NDAJOU, Regional Print Prod. Officer, RCC/DKR
 Doc: KIN2400226_CD_THM_SEC_A3_P_Operations_OCR_aera_conflict_M23_110324
 Distribution : Public

- | | | | | | |
|--|--|--|---|--|--|
| <ul style="list-style-type: none"> + ICRC subdelegation + ICRC office + ICRC antenna | <ul style="list-style-type: none"> ■ Capital of the province Main town and city City and major centre Important locality | <ul style="list-style-type: none"> National road Regional road Local road | <ul style="list-style-type: none"> — River — Lake — Park and reserve ▲ Mountain | <ul style="list-style-type: none"> + DRC Red Cross + Ndoshu Hospital, ICRC-supported + Affected locality → Population movement (ICRC source) | <ul style="list-style-type: none"> ● Red Cross Actions from October 2023 to February 2024 ● Economic Security ● Water and Habitat ● Health ● Protection ● Cooperation ● Prevention |
|--|--|--|---|--|--|





Jonathan BUJASZI/INSAL/ICRC

THE ICRC'S MAIN PRIORITIES IN THE DRC IN 2024 ARE:

- guaranteeing the protection of civilians living in situations of armed conflict, in accordance with international humanitarian law and other standards, by reminding the relevant authorities and weapon bearers of their rights and obligations; pursuing dialogue with different non-State players (armed groups and other weapon bearers), or those able to reach them, with the same objective;
- improving access to health care for communities affected by conflict;
- providing emergency care, food and water, placing priority on those with the greatest protection needs and who can not be reached by other organizations;
- responding appropriately to the communities' needs thanks to close dialogue with them, together with the DRC Red Cross;
- maintaining links between family members separated by conflict or violence;
- reuniting unaccompanied or separated children – including those formerly associated with armed groups – with their families;
- making its humanitarian impact more sustainable by launching longer-term initiatives, such as building the capacity of national and Red Cross surgeons in the DRC and improving water infrastructure in urban areas, in cooperation with the authorities, International Red Cross and Red Crescent Movement partners and others;
- ensuring respect for the well-being and dignity of detainees visited, especially those held in connection with the conflicts; and helping the detaining authorities improve their treatment and living conditions.

OUR CALL TO ACTION

The ICRC reminds the parties that, under international humanitarian law, civilians and other persons who are not, or no longer, taking part in the fighting must be protected and respected. Attacks on civilians and civilian objects are prohibited. Moreover, in the conduct of hostilities, all feasible precautions must be taken to spare the civilian population in order to avoid, and in any event to minimize, loss of civilian life, injury to civilians and damage to civilian objects.

Medical facilities, ambulances and health personnel must be respected and protected. Given the exponential increase in the needs of the civilian population of the DRC, it is also essential that the parties to the conflicts continue to facilitate rapid and unhindered access for humanitarian organizations, so that people in need can receive the goods and services that are essential to their survival.

We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.

People know they can count on us to carry out a range of life-saving activities in conflict zones and to work closely with the communities there to understand and meet their needs. Our experience and expertise enable us to respond quickly and effectively, without taking sides.

-  facebook.com/CICRenRDCongo
-  twitter.com/CICR_Afrique
-  instagram.com/cicr.afrique
-  Toll-free number 47 22 22

ICRC Delegation in DRC
32, Papa Iléo avenue
PO Box 7325 KIN 1
Kinshasa – Gombe
T +243817006061 / 817172159
Email : kin_kinshasa@icrc.org
www.icrc.org
© ICRC, March 2024

