RISKING THEIR LIVES TO SURVIVE

ITURI, LAND OF VIOLENCE AND DISPLACEMENT

CONTENTS

MSF'S PRESENCE IN ITURI 4
FOREWORD 6
SUMMARY 7
INTRODUCTION 10
METHODOLOGY 11

THE PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF VIOLENCE AGAINST CIVILIANS 13

Physical injuries and after-effects 14
Trauma and other psychological scars 16
Heightened risk of sexual violence in conflict settings 19

BARRIERS TO HEALTHCARE AND ACCESS TO AID 23

Drodro general hospital: a medical facility caught in the crossfire 24
Healthcare centres unable to operate 26
- Drodro health zone: a health system on the brink 27
- Angumu health zone: some areas cannot be reached 28

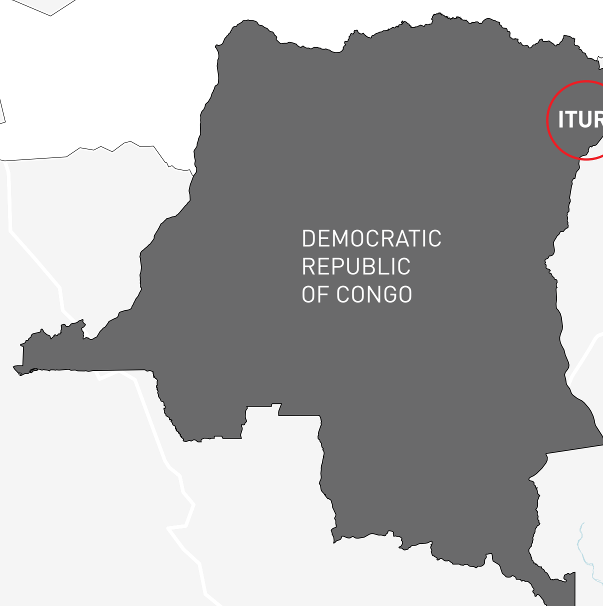
Unsafe roads hinder humanitarian access and access to healthcare 30
- Difficult or impossible medical transfers 30
- Fears and constraints in accessing healthcare 31
- Hindered humanitarian access 32

POPULATION DISPLACEMENTS: THE HUMANITARIAN RESPONSE IS FALLING SHORT 35

Displacements primarily driven by violence 36
Immense needs and a severe lack of support 38
- Tough living and hygiene conditions 39
- Food insecurity 42

RECOMMENDATIONS 44
APPENDICES 46
ACRONYMS 48
GLOSSARY 48

MSF'S PRESENCE IN ITURI



Mahagi

ANGUMU HEALTH ZONE

Mahagi Territory

- Medical and nutritional care for children aged 0-15 at the community, primary, and secondary levels
- Sexual and reproductive health services
- Medical and psychosocial care for victims of sexual violence
- Mental health care, including psychiatric care (MhGAP)
- WASH activities and construction
- Malaria prevention

ZS ANGUMU

DRODRO HEALTH ZONE

Djugu Territory

- Medical and nutritional care at the community, primary, and secondary levels (0-15 years)
- Sexual and reproductive health services
- Medical and psychosocial care for victims of sexual violence
- Mental health care, including psychiatric care (MhGAP)
- WASH activities and construction

Djugu

Drodro

ZS DRODRO

SURGICAL CARE

Salama Clinic, City of Bunia

- Surgical treatment for trauma patients
- Mental health care
- Development of a referral and counter-referral system
- Support for the implementation of a mass casualty influx plan in health zones affected by violence

ZS BUNIA

Bunia

LAKE ALBERT

This map is for information purposes only and has no political significance.
The boundaries and place names shown on this map do not imply official endorsement by MSF.

FOREWORD

This report was finalised in early January 2025. Since then, the situation in Ituri, North Kivu and South Kivu, in the eastern Democratic Republic of Congo, has undergone significant developments. Despite the contextual differences across these provinces, with each suffering a different type of conflict, the reality remains the same throughout: civilians continue to bear the heaviest toll of the violence.

Ituri, the central focus of this report, has once again been plunged into a spiral of violence. In recent weeks, dozens of targeted attacks have been carried out against civilians, resulting in several hundred deaths and injuries, including in a camp for internally displaced people (IDP camp) where many had sought refuge. These attacks have created insecurity along roads, preventing the wounded from reaching the city of Bunia, where the province's only surgical facilities are located. Access to healthcare has been severely hindered, with medical facilities looted and healthcare workers forced to flee due to insecurity.

As this foreword is written, in early March 2025, Médecins Sans Frontières (MSF) teams are deeply shocked by the severity, brutality, and frequency of the injuries they are treating. Many of these injuries stem from attacks on babies, children, and pregnant women. Tens of thousands of people are still on the move, searching for safety.

In January and February 2025, MSF received around 20 severely wounded people. Medical teams performed surgeries on gunshot wounds and sutured wounds inflicted by bladed weapons – often machetes – including on children's faces.

A 9-year-old boy, shot in the abdomen, saw his mother and two siblings "cut to pieces with a machete" before he hid in a shower cubicle to escape death. He started crying as the attackers left, and he was only rescued because his cries were heard by a nearby man who was able to take him to a healthcare facility. MSF later admitted him for treatment, but the trauma of this event will mark him for life.

Two sisters, aged 4 and 16, were repeatedly struck in the head and arms with machetes. The attackers also brutally assaulted their mother, who was eight months pregnant, hitting her at least five times in the head with a machete.

The trauma suffered by these children, women, and men reflects the reality of what tens of thousands of people in Ituri have experienced for years. Many witnesses or direct victims of these atrocities are left only with the hope of finding refuge and safety, as they are forced to restart their lives each time they are displaced. Ituri remains a province marked by violence, with little visibility or humanitarian mobilisation to address the grim reality on the ground.

In response to this situation, Médecins Sans Frontières has, for 20 years, been one of the few witnesses to the suffering of Ituri's population. We collect and share testimonies to ensure the reality and experiences of these communities are not forgotten. Speaking out today is even more crucial as humanitarian organisations, already weakened by funding cuts in early 2025, have begun announcing the closure of many regional activities.

SUMMARY

The province of Ituri in the northeast of the Democratic Republic of the Congo (DRC) has been ravaged by decades of violence, including the Second Congo War, which began in 1998. From 2007, there was a period of relative calm. Still, violence flared up again in late 2017 when attacks and violations of international humanitarian law by armed groups resulted in the loss of human lives, profound trauma, mass displacement and an increase in humanitarian needs.

In 2024, some 1.36 million people, which is around 18% of the province's population, had been displaced because of violence[1], many for long periods. This protracted displacement, combined with the other crises affecting the DRC and neighbouring countries, has prompted donors to withdraw their funding, at a time when people have immense needs and are extremely vulnerable. The crisis in Ituri is not new, but it is still very much a crisis, and people have urgent needs that must be met. For those affected and displaced by the violence, it is a matter of survival.

Médecins Sans Frontières (MSF) is one of the main humanitarian organisations operating in Ituri. We provide medical and humanitarian support in the Drodro, Angumu and Bunia health zones. This report draws on medical data, accounts from people on the ground and information from other humanitarian organisations. It highlights the physical and psychological consequences that the violence has had on civilians, the barriers they face in accessing healthcare and the humanitarian needs that remain unmet.

1. Presentation by the Commission on Population Movements in Ituri, 4 November 2024.

THE PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF VIOLENCE AGAINST CIVILIANS

Physical injuries and after-effects. Civilians in Ituri have been both directly targeted by armed groups and become collateral damage in the fighting. International humanitarian law prohibits any party to a conflict from targeting civilians and requires parties involved in hostilities to take all precautions necessary to protect and spare civilians. Between March and December 2024, the surgical clinic supported by MSF in Bunia, the province's capital, treated 110 victims of violence. Serious physical injuries, such as amputation, have a lasting impact on the victims' quality of life and ability to live independently.

Psychological trauma is widespread among those who experience repeated bouts of violence, resulting in post-traumatic stress, anxiety and depression. MSF provides psychological and psychiatric care in all MSF-supported medical facilities in Ituri and, since early 2023, MSF has seen a rise in the number of patients needing this type of care.

There is a high risk of sexual violence in situations of conflict and violence, and this is further aggravated by the mass displacement of populations and dire living conditions in camps. Most of the sexual violence occurs when people are simply trying to survive. For instance, while going to work in the fields or collecting firewood. MSF provides medical and psychological care to victims of sexual violence in two of the health zones in which it operates in Ituri. In 2024, MSF treated 425 victims, representing an increase on the previous year. Despite these efforts, there is a lack of holistic care for victims, including in terms of legal protection and economic reintegration – this only increases victims' vulnerability and makes it harder for them to rebuild their lives.

425
victims of sexual violence treated in 2024

POPULATION DISPLACEMENT: THE HUMANITARIAN RESPONSE IS FALLING SHORT

When people are displaced, they have to leave their belongings and livelihoods behind and start again from scratch, regardless of whether they end up in a camp or with a host family. Close to 60,000 people are now living in displacement camps in Drodro health zone, and just over 55,000 people are living in camps in Angumu health zone[2]. Those living in camps not covered by the Camp Coordination and Camp Management mechanism receive very little aid.

Living and hygiene conditions in these camps are often dire, and gastrointestinal diseases and respiratory infections are widespread. Despite the efforts of MSF and other humanitarian organisations to build latrines and ensure there is a supply of drinking water, people's needs very much exceed the resources available and current level of intervention, and minimum standards are far from being met. Poor hygiene conditions, combined with dilapidated shelters and a lack of blankets and tarpaulin to shelter from the sometimes cold and damp weather conditions, mean that diarrhoeal and respiratory diseases spread easily, affecting children under five the most.

Food insecurity worsened sharply in 2024. In the province, 43% of the population is experiencing chronic food insecurity[3], including 18% living in severe chronic food insecurity. Despite the scale of the needs, food distributions – including for displaced people who have lost their livelihoods – remain sporadic. Displaced people can go months, even years, without receiving any food aid. Therefore, they have no choice but to adopt negative survival strategies, such as skipping meals and not eating to feed their children. As there is no food aid, displaced communities are forced to go to unsafe areas to look for something to eat, which puts them at greater risk of violence, including sexual violence. When people have to flee their homes, they go to camps in the hope of finding refuge and safety there – they should be able to stay where they feel safe to get the help they need, rather than risk their lives to survive.

2. Presentation by the Commission on Population Movements in Ituri, 4 November 2024.
3. IPC analysis of chronic food insecurity, Democratic Republic of the Congo, July 2024–June 2025, published on 28 October 2024.

BARRIERS TO HEALTHCARE AND THE DELIVERY OF HUMANITARIAN AID

Drodro hospital – a medical facility caught in the crossfire. Since the flare-up in violence in 2017, Drodro General Hospital, which MSF has supported since 2019, has had to halt its work on four occasions, leaving 200,000 people with no access to potentially lifesaving care. In March 2024, the hospital came under attack, and a patient was killed in her hospital bed. An attack on a healthcare facility is a serious violation of international humanitarian law and creates major barriers to healthcare. Such attacks make patients feel unsafe, and they become reticent about seeking care in medical facilities, which should be safe havens and protected from all forms of violence. Some patients are already in an extremely critical clinical condition when they get to the hospital because they have waited until the last minute to come.

Healthcare centres are left unable to operate. Since 2020, nine of the 19 healthcare centres in Drodro health zone have been wholly or partially destroyed and had to be relocated to facilities that are often unsuitable. When the centres were destroyed, staff members had to leave in a hurry and often could not take the supplies and equipment they needed to provide the same treatment in other facilities. Armed groups are active in some parts of Angumu health zone, which makes it hard for both humanitarian organisations and the health authorities to reach those areas. The authorities have said that there are often delays in transferring patients from these dangerous areas to functioning healthcare centres, resulting in many maternal and infant deaths.

The security situation hinders access to healthcare facilities and makes medical transfers difficult. When the security situation worsens and armed groups are active, it becomes too dangerous to travel on the roads. Those requiring treatment struggle to reach healthcare facilities, and transferring patients by road without exposing them to risks becomes impossible. Some patients have told MSF that armed individuals have prevented them from gaining ready access to healthcare. Sometimes, patients in a critical condition cannot be evacuated – or their evacuation is delayed – as a result of roadblocks or the risk of attacks, which can compromise patients' health and their chances of survival.

Barriers to the delivery of humanitarian aid. During very insecure periods, humanitarian organisations struggle to reach communities in need. In Drodro and Angumu health zones, insecurity and violence against humanitarian organisations have prompted several such organisations to suspend or scale back their activities.

9/19

health centres
in the Drodro health zone
partially or completely destroyed since 2020

INTRODUCTION

Ituri, which used to be part of DRC's Orientale province, was one of the battlegrounds of the Second Congo War, which began in 1998. It was occupied by the Ugandan army from 1998 to 2002 and experienced major outbreaks of violence between 1999 and 2006, with around 60,000 people losing their lives[4]. As early as 2003, MSF was providing surgical care to armed conflict victims at Bon Marché Hospital in Bunia. The situation remained relatively calm from 2007 until late 2017, when a large number of armed groups were involved in fresh upsurges of violence in Djugu, Mahagi, Irumu and Mambasa[5]. The number of displaced people in Ituri has more than doubled since 2018, going from 571,000 in 2018 to 1.36 million by late 2024, representing 18% of the province's population[6].

Unacceptable violations of international humanitarian law (IHL). Civilians and medical facilities have been directly targeted by armed groups during the fighting in Ituri, in violation of international rules governing the conduct of hostilities. Attacks on displacement camps have included the raid on the Plaine Savo camp in January 2023[7], an attack on the Lala camp in June 2023, in which at least 46 civilians were killed[8], and another raid on Plaine Savo camp in September 2024[9], after which MSF treated five civilians with bullet wounds at Salama clinic in Bunia. Such attacks on displacement camps, which are places where civilians go to seek shelter and protection from violence, are unacceptable and constitute serious violations of IHL, as do attacks on healthcare facilities recorded in recent years[10].

Barriers to healthcare and humanitarian aid. The security situation and violence severely limit people's access to healthcare: healthcare facilities are either damaged by looting or attacks by armed groups or cannot be reached because the roads are unsafe or because they are too far away. When the security situation is particularly tense, humanitarian organisations and the Ministry of Public Health face major access constraints. They are sometimes even the direct targets of attacks by armed groups.

A response that leaves many needs unmet. Many people have been displaced several times because of the violence and have, therefore, lost their livelihoods. In displacement camps, people live in makeshift shelters in overcrowded and unhygienic conditions, with little access to food. This protracted displacement, combined with other crises affecting the DRC and other countries, has prompted donors to withdraw their emergency funding, at a time when people have immense needs and are extremely vulnerable. The crisis in Ituri is not new, but it is still very much a crisis, with urgent needs that must be met. For those affected and displaced by the violence, it is a matter of survival.

4. Thierry Vircoulon, "Ituri : résurgence du conflit et échec de la politique de consolidation de la paix", IFRI, June 2021.
5. Thierry Vircoulon, "L'Ituri ou la guerre au pluriel", 2005.
6. Presentation by the Commission on Population Movements in Ituri, 4 November 2024.
7. OCHA, Note d'informations humanitaires pour la province de l'Ituri, 19 January 2023, https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-note-dinformations-humanitaires-pour-la-province-de-lituri-19-janvier-2023.
8. Human Rights Watch, DR Congo: Deadly Militia Raid on Ituri's Displaced, https://www.hrw.org/news/2023/07/24/dr-congo-deadly-militia-raid-ituris-displaced.
9. Radio Okapi, Ituri: 8 morts lors d'une attaque de la milice CODECO à Bule, https://www.radiookapi.net/2024/09/20/actualite/securite/ituri-8-morts-lors-dune-attaque-de-la-milice-codeco-bule.
10. Insecurity Insight, DRC, Violence Against Health Care in Conflict, 2023, https://insecurityinsight.org/wp-content/uploads/2024/05/2023-SHCC-DRC.pdf; https://data.humdata.org/dataset/attacks-on-ebola-response.

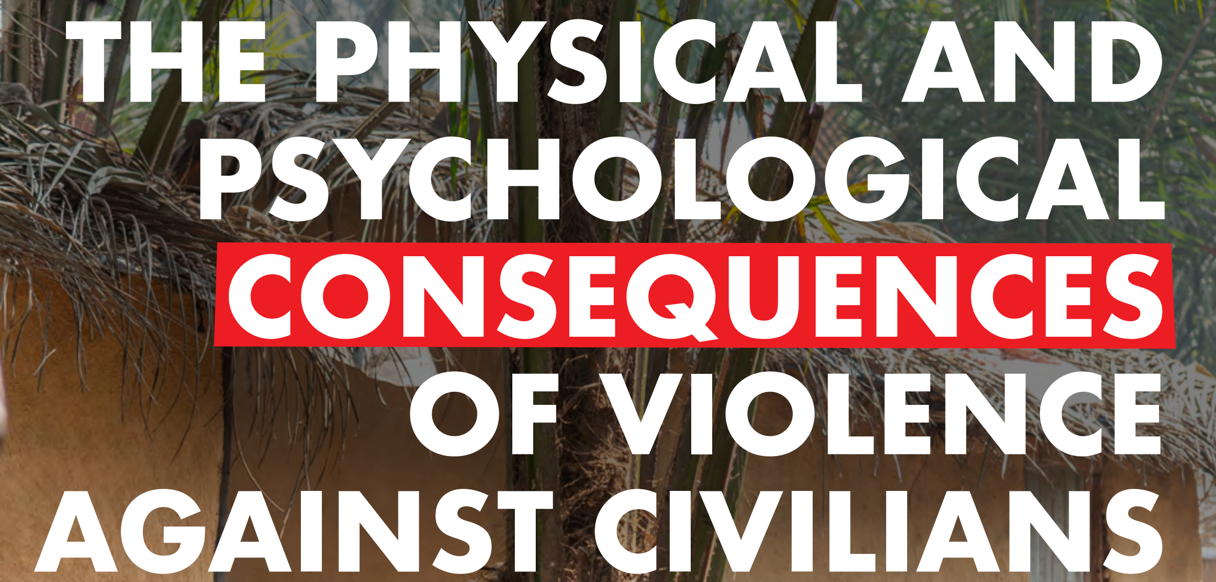
METHODOLOGY

This report is based on medical and operational data from MSF's work in Ituri province in the Democratic Republic of the Congo. While many of the documented consequences stem from the violence that has been ongoing since 2017, this report aims to provide an overview of the current situation using data from 2023 and 2024.

This report does not provide an exhaustive picture of all violence committed against civilians in Ituri or all its consequences. As a medical and humanitarian organisation, we are giving an account of what we witness during our operations on the ground, but we see only part of the reality of the violence in Ituri. In Ituri province, MSF operates in Bunia, the Drodro health zone (Djugu territory) and the Angumu health zone (Mahagi territory), and this report focuses primarily on these three areas. The situation may be different in regions surrounding these areas or in areas that we cannot access or do not operate in. Information given in this report on other areas of Ituri are taken from external sources.

This report is the result of a cross-sectional analysis of information from a range of sources, including: medical data from healthcare facilities supported by MSF; testimonies gathered from displaced people, healthcare staff, representatives of the health authorities, NGO staff and patient caretakers by the advocacy and humanitarian affairs team; and information shared by humanitarian organisations (NGOs, United Nations agencies, clusters, etc.) and human rights organisations.

The testimonies cited in this report were collected with the informed consent of the interviewees, who were informed that their accounts would be made public but could be kept anonymous if requested. In total, MSF's specialised testimony teams, made up of non-medical staff members, spoke with 25 people in the three areas where MSF operates (Bunia, Drodro and Angumu). The conservations were confidential, and the interviewers provided detailed information about the aim of the interviews and how they might be used. Participants were assured that they could decide not to be interviewed, they could not respond to certain questions and that they could end the interview at any time. The interviews were held in French or in Baadha or Alur languages, with the help of an MSF interpreter. So as not to undermine the principle of humanitarian neutrality, which is central to MSF's work, some testimonies have been shortened for the safety of the interviewees or of MSF staff members, the personnel of partner organisations, the medical and humanitarian facilities concerned and the patients and communities affected by the violence in Ituri.



THE PHYSICAL AND PSYCHOLOGICAL CONSEQUENCES OF VIOLENCE AGAINST CIVILIANS

13

PHYSICAL INJURIES AND AFTER-EFFECTS

In the conflicts ravaging Ituri, civilians have been both directly targeted by armed groups and become collateral damage in the fighting. According to the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO), 1,491 civilians died and 422 were injured in Ituri between December 2022 and November 2023, and 841 died and 252 were injured between December 2023 and November 2024[11].

There is limited surgical capacity in Ituri province. Since June 2023, MSF has therefore been supporting Salama clinic in Bunia by carrying out trauma surgeries, including on individuals injured in the fighting in the province. Civilians wounded by weapon bearers are regularly transferred to Bunia from various health zones in Ituri.

Between March and December 2024, 110 civilian victims of violence possibly committed by armed groups were treated at Salama clinic[12]. Of these victims, 32% were women and children (19 women and 16 children)[13]. Among the children were a nine-month-old baby who was treated on 3 July 2024 after being wounded in the arm by a bullet while their mother, who was herself killed, carried the baby on her back; a 12-year-old girl who was injured by a machete while working in the fields on 26 March 2024; and a three-year-old boy who was shot while he tried to flee a raid on his village by an armed group on 3 July 2024. These are just a few examples.

Vulnerable people, such as young children, pregnant women, the elderly and people with disabilities, are even more at risk of violence. They may, for example, find it hard to flee danger. MSF treated two patients with psychiatric disorders who were injured by individuals armed with machetes who were raiding their village; these patients were attacked because they fled towards the attackers instead of following the other fleeing villagers. MSF also treated a pregnant woman who was attacked at night by armed individuals who cut off her arms with a machete. She said that she had not been able to escape because she was near the end of her pregnancy and was struggling to move[14]. As a result of her injuries, she had to give birth by emergency caesarean section before her amputated arms could be operated on.

The physical and psychological after-effects of violence can be huge for victims, who also lose their independence and often struggle both socially and economically. Some may be excluded by their families if they are considered a burden. The pregnant woman who lost both her arms will not be able to breastfeed, look after her baby or carry out everyday tasks without help. MSF also treated a 41-year-old woman who will never walk again after she was wounded by a bullet to the hip during an ambush presumably carried out by an armed group. She will no longer be able to work and provide for herself and her family – she has lost her autonomy and her independence[15].

International humanitarian law prohibits all parties to a conflict from targeting civilians and requires them to take all precautions necessary in the conduct of hostilities to protect and spare civilians.

32%

of civilian victims of violence treated at the Salama clinic from March to December 2024 were **women and children**

11. 2023 and 2024 reports of the Secretary-General on the United Nations Organization Stabilization Mission in the Democratic Republic of the Congo: S/2023/208, S/2023/451, S/2023/691, S/2023/932, S/2024/251, S/2024/482, S/2024/689 and S/2024/863.
12. Information on the alleged perpetrators of the violence comes from patients' statements and has been cross-checked against existing information on security incidents in Ituri. MSF is not able to attribute responsibility for any of the violence committed.
13. Not all those who are injured manage to reach Bunia. Therefore, these data partially represent the violence against civilians in Ituri. For more information, see the section on "Difficult or impossible medical transfers".
14. Information collected from the MSF medical team at Salama clinic in Bunia, 8 October 2024.
15. Information collected from the MSF medical team at Salama clinic in Bunia, 8 October 2024.

TRAUMA AND OTHER PSYCHOLOGICAL SCARS

Violence and attacks against civilians also cause psychological trauma. All victims of violence who receive surgical treatment at Salama Clinic also receive essential psychosocial support. According to an MSF psychologist at the facility, "the main disorders we see at Salama among victims of violence are post-traumatic stress and anxiety. Symptoms reported by patients include nightmares, hallucinations, visions, flashbacks of fleeing or the attack [...]. If left untreated, emotional and anxiety disorders can develop into post-traumatic stress." These psychological scars are all the more intense when patients have lived through a particularly traumatic event: "they have all experienced other shocks in the past: they have lost family members, have been displaced once or several times, have lost their property and live in a constant state of insecurity, always on the alert – and that can go on for years. They tell us, "we need to be ready to run at any time, as soon as there's the slightest rumour of an attack." [16]

16. Mental health worker at Salama clinic in Bunia, interviewed in Bunia, 16 October 2024.

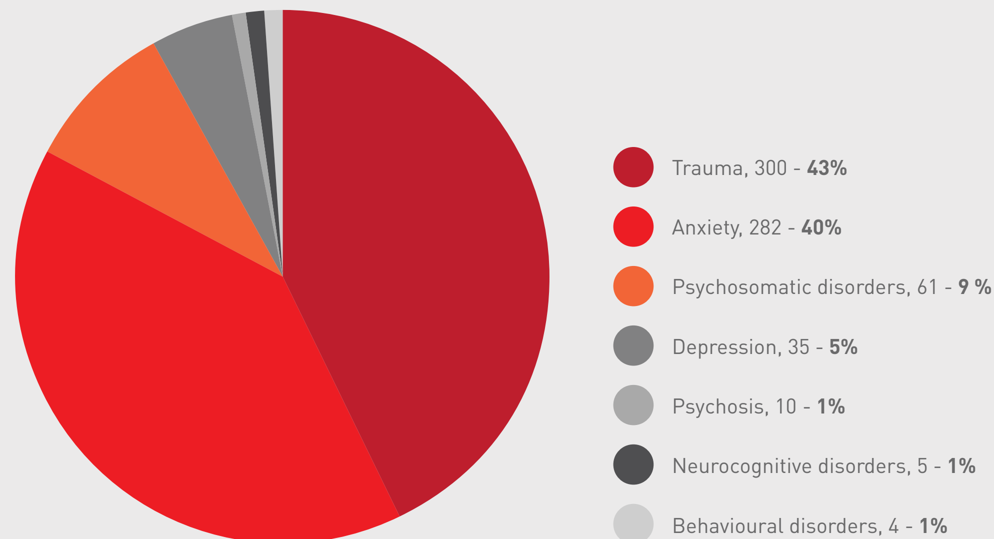
At Salama Clinic, mental health workers have also diagnosed depression in patients who have been amputated or lost the use of a limb. Their new disability makes them extremely vulnerable, as they cannot fulfil their duties, work or stay independent. "Amputees tend to experience depression related to their disability." [17]

17. Mental health worker at Salama clinic in Bunia, interviewed in Bunia, 16 October 2024.

"I was really affected by the case of a young girl of 4 or 5 years who had lost her mother and been injured in an attack on a displacement camp. She reached her arm out of the shelter to push back the tarpaulin, and an attacker cut her hand off with a machete. She often asked me in Swahili: 'Muganga, mkono wangu itaota siku gani?' [Doctor, when will my hand grow back again?]. I'd tell her: 'It's not going to grow back but you'll find other ways of using it'. She was so happy when her stump healed and she learnt how to pick up a water basin with her other hand and her stump."

Mental health worker at Salama clinic in Bunia, interviewed in Bunia, 16 October 2024.

MENTAL HEALTH: MAIN SYMPTOMS DIAGNOSED AT SALAMA CLINIC 2023-2024

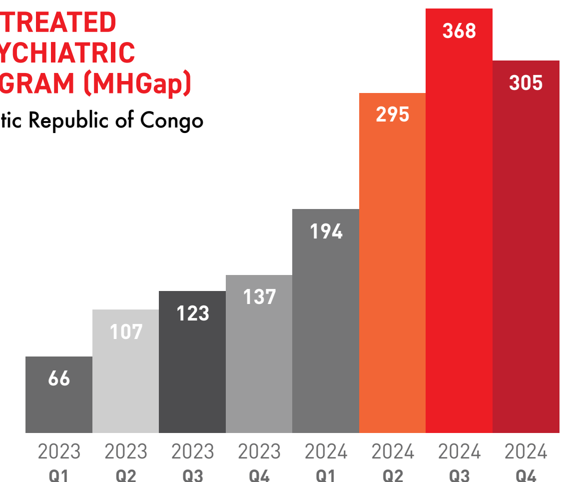


- Trauma, 300 - **43%**
- Anxiety, 282 - **40%**
- Psychosomatic disorders, 61 - **9 %**
- Depression, 35 - **5%**
- Psychosis, 10 - **1%**
- Neurocognitive disorders, 5 - **1%**
- Behavioural disorders, 4 - **1%**

MSF provides psychological and psychiatric care in all MSF-supported medical facilities in Ituri. The number of patients receiving psychiatric treatment from MSF has increased since early 2023 (see chart opposite), reflecting mental health needs in these areas, which have been marred by violence for decades. There has been a rise in the number of psychological trauma cases that have turned into psychiatric disorders; MSF's psychiatric care programme helps to identify them.

PATIENTS TREATED IN THE PSYCHIATRIC CARE PROGRAM (MHGap)

Ituri, Democratic Republic of Congo
2023, 2024



MSF mental health professionals in Drodro say there is often an increase in anxiety disorders, particularly post-traumatic stress disorder, in the immediate aftermath of violent attacks against civilians.

For example, following the attack in Drodro on 6 March 2024 that forced civilians to flee to Rho camp, psychologists working at the MSF's advanced health post (PSA – Poste de Santé Avancé) in the camp diagnosed a large number of people with post-traumatic stress:

"A few days after the 6 March [2024] attack, we resumed our operations at the PSA in Rho. The most common condition we observed was anxiety, and it was very prevalent. And it was clear why. People had just experienced a stressful situation, and the recent attack had put them on high alert. Anxiety is like a tree that hides the rest of the forest. Initially, we diagnosed anxiety; then in the following weeks, people started developing trauma. That's why, in April, the rates of post-traumatic stress were higher than those of all other illnesses."[18]

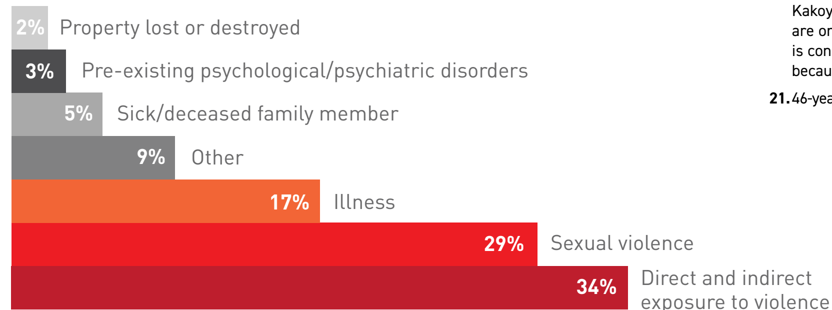
In healthcare centres supported by MSF in Drodro health zone, direct and indirect exposure to violence and experience of sexual violence are the two main precipitating events cited in diagnoses by mental health workers, accounting for 63% of the precipitating events in diagnosed psychological disorders[19].

18. MSF psychologist in Drodro, interviewed in Bunia, 15 May 2024.

19. The "direct and indirect exposure to violence" category includes: combat experience/exposure to war; other physical violence (injured, beaten, tortured); threats; hostage-taking/kidnapping/forced recruitment (by armed groups); family members killed/missing; witnessing violence/murder/threats; and forced to flee/internally displaced/refugees.

PRECIPITATING EVENTS FOR DIAGNOSED PSYCHOLOGICAL DISORDERS

MSF Project - Drodro health zone
2023-2024



A LIFE ON ALERT

"All night, I sleep in fear that [armed elements] will cross [Kakoyi] river. I really find it hard to sleep. If I have to flee again, what will I do with my children?"[20]

"I live in fear because there are rumours that [armed elements] have pledged they'll cross the river to come and attack us here. I'm also very stressed about what my children are going to eat. I saw a doctor once and I had high blood pressure. I go to my friends for help when I'm stressed. They tell me I can't expect to live like I did in the village."[21]

20. 30-year-old displaced woman living in a camp in Angumu health zone, 12 April 2024; Kakoyi river runs through Angumu health zone, separating it in two: the displacement camps are on the east side of the river, on the shores of Lake Albert, while the west side of the river is considered dangerous by local populations, health authorities and humanitarian organisations because of the presence of active armed groups.

21. 46-year-old displaced woman living in a camp in Angumu health zone, 15 April 2024.

HEIGHTENED RISK OF SEXUAL VIOLENCE IN CONFLICT SETTINGS

MSF provides medical and psychological support to victims of sexual violence in two of the areas in which it operates in Ituri: Drodro and Angumu health zones. Other organisations also provide medical support to victims of sexual violence in these areas, but many victims are unable to access treatment services. MSF data only partially reflects the actual situation.

VICTIMS OF SEXUAL VIOLENCE TREATED BY MSF 2023-2024

ANGUMU		DRODRO	
2023	2024	2023	2024
65	95	324	330
+46%		+2%	

Mass displacement caused by conflict and violence in Ituri makes people more vulnerable and increases the risk of sexual violence being committed. Weapons are readily available both within armed groups and among the general population, further heightening the risk of sexual violence. When perpetrators are armed, victims cannot defend themselves or alert those around them:

"Perpetrators tell the victims: 'If you scream, I'll kill you'. The victims tell us that they prefer to stay quiet and let it happen, as they're afraid of getting seriously hurt or killed if they fight back. They don't have any physical injuries because they have to let it happen to stay alive. Their attackers often have guns, machetes or sticks, so they are scared of getting hurt or losing their lives."[22]

22. MSF midwife, Drodro project, 20 June 2024.

People who are forcibly displaced as a result of armed conflict and violence are more vulnerable to sexual violence. Aggravating factors in displacement camps include: overcrowding; poor protection of shelters against potential intruders and attackers; loss of livelihoods and poverty resulting from displacement; and insufficient food aid[23]. Displaced people have reported that, to make up for the lack of food assistance, they have no choice but to go into the fields around camps to work, look for food and collect firewood. People are at a high risk of sexual violence when they venture out, mainly because of armed men roaming around. Yet they have no other way of feeding their families so are left with no choice. In Drodro, in 2023 and 2024, around 84% of the victims of sexual violence treated by MSF were attacked while working in the fields, collecting firewood or on the road.

In Angumu, although camps are located in areas spared from violence, displaced people MSF spoke to are often women who are alone or heads of household; their husbands have been killed, have stayed in the more dangerous areas to tend to their fields or have left for neighbouring Uganda to find work. This makes these women even more vulnerable to sexual violence.

23. Advocacy Note, GBV Area of Responsibility Ituri, September 2024, https://reliefweb.int/report/democratic-republic-congo/note-de-plaidoyer-du-domaine-de-responsabilite-vbg-gbv-aor-ituri.

Despite the heightened risk of sexual violence in the province, holistic care services for victims, as well as prevention and awareness-raising programmes, are severely lacking. The Gender-Based Violence (GBV) Cluster has reported that, at the end of the first half of 2024, it had received only 33% of the 15.7 million US dollars required by the 2024 Humanitarian Response Plan (HRP) for GBV protection in the DRC. The lack of resources is particularly striking in Ituri, where only seven organisations reported working on preventing and combating GBV. This is three times lower than in North Kivu and Kasai, where 23 organisations are registered as active[24].

Victims find it hard to get access to the care they need because:

- Organisations implementing prevention and sensitisation activities are often underfunded, henceforth have little capacity to inform communities about services available, to reduce stigma of victims and to encourage them to report cases and seek help, including medical care.
- Services are far away and hard to get to, particularly when armed groups are active, making it dangerous to travel.
- Women and girls lack independence and tend to live in poverty, which means that cases of sexual assault are often resolved amicably, with, for example, the perpetrator paying the victim's family compensation in cash or in kind[25].

In the two health zones in which MSF provides medical and psychosocial care for victims of sexual violence, protection services and support for the socio-economic reintegration of victims are very limited or non-existent.[26] MSF staff members who treat victims in Rho camp in Drodro health zone deplore the fact that, after victims have received medical and psychosocial care, staff members are unable to refer them to organisations that offer support in terms of socio-economic reintegration and protection. There is, for instance, no emergency housing for victims that are in danger in the community.

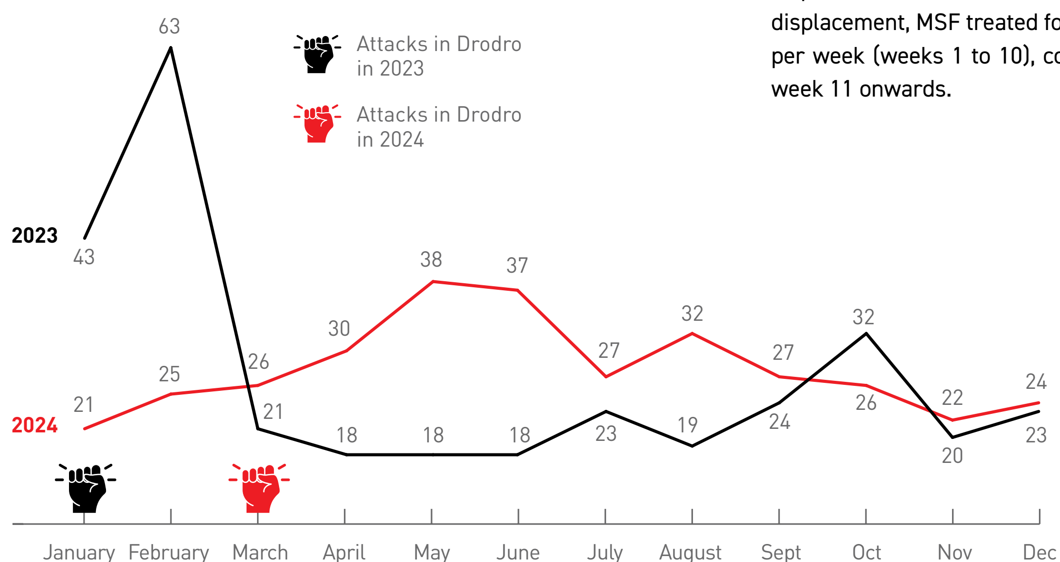
Most victims decide not to lodge a complaint against their attacker(s), and the only competent court is located in Bunia, although a few organisations do offer legal aid. Victims are also afraid of reprisals, especially if the attacker is a weapon bearer. Impunity for perpetrators can also discourage victims from reporting violence committed against them. MSF medical staff report that very few of the victims they have treated agree to accept the medical certificates that would enable them to lodge a complaint against their attacker(s), saying that they fear the certificate will be seen by a relative, but also that they do not think they will lodge a complaint. In 2024, only 9% of victims treated by MSF accepted the medical certificates drawn up during their consultation.

24. Information Bulletin, GBV Area of Responsability Democratic Republic of the Congo, April-June (Q2) 2024, published in August 2024.
25. Discussion with the GBV Sub-Cluster coordinator in Ituri, 4 October 2024.
26. Document entitled "Circuit de référencement sous-cluster VBG Ituri", Q2 2024. There is no record in this document of any organisation working on socio-economic reintegration in the two health zones in which MSF is active (Drodro and Angumu).

In Drodro, the number of victims of sexual violence who come to MSF-supported facilities often increases when there is an upsurge in inter-communal violence and attacks against civilians, leading to displacement.

VICTIMS OF SEXUAL VIOLENCE TREATED EACH MONTH

MSF Project - Drodro health zone - 2023-2024



At MSF's advanced health post in Rho displacement camp in Drodro health zone, for example:

- There was intense fighting in the early months of 2023, with large numbers of people displaced to Rho camp. In January and February 2023 (weeks 1 to 8), MSF treated, on average, 13 victims of sexual violence a week (106 cases in total), compared with an average of five per week throughout the rest of the year. Around one third of all cases recorded in 2023 occurred in the first two months of the year.
- In 2024, there was an increase in the number of victims of sexual violence treated following the attack on Drodro on 6 March and the displacement it caused (during week 10). Prior to the attack and the displacement, MSF treated four victims of sexual violence on average per week (weeks 1 to 10), compared with an average of seven from week 11 onwards.

13

victims of sexual violence **per week** in January and February 2023

A LIFE OF VIOLENCE AND DISPLACEMENT

"I got married too young, at the age of 11, because the 2001–2002 war was horrible. A lot of young girls were raped, and my parents decided to marry me off at such a young age so I wouldn't get raped. I had my first child when I was 11. By 2002, I had already been displaced because of the war. It happened again in 2018–2019, when I left for Jupajalwiny."

Marie,* who is 30 years of age and has six children, was forced into a child marriage and has been displaced many times because of the war. She arrived at a displacement camp in the Angumu health zone in early January 2024. Her husband fled in a different direction during their most recent displacement, and she now has to look after their children alone.

* name changed

BARRIERS TO HEALTHCARE AND ACCESS TO AID

DRODRO GENERAL HOSPITAL: A MEDICAL FACILITY CAUGHT IN THE CROSSFIRE

Since the conflict flared up again in December 2017, Drodro General Hospital, which MSF has supported since 2019, has had to suspend its activities on four occasions: following attacks on 21 November 2021, 8 January 2023, 13 March 2023 and 6 March 2024.

On 6 March 2024, the general hospital was attacked and looted by armed individuals. One patient over the age of 80 was killed in her hospital bed by the attackers. The hospital then had to shut down for two weeks. The paediatric service supported by MSF stopped running for nearly three months because there was no guarantee of security, either in the area or in the facility.

An attack on a healthcare facility is a serious violation of international humanitarian law and creates major barriers to healthcare. When a general hospital such as the one in Drodro has to shut down, the population of the entire area – close to 200,000 people in Drodro health zone[27] – lose access to potentially lifesaving secondary healthcare.

"We're afraid to stay at the general hospital because we know the attackers might come. We watch the hill every day because, when they attack, they come from over the hill."[28]

Such attacks make patients feel unsafe and they become reticent about seeking care in medical facilities, which should be safe havens and protected from all forms of violence. Health authorities and MSF say that admission numbers are abnormally low at Drodro General Hospital when communal tensions are rising. Health authorities say that when it is safe to travel on the roads, patients from all communities make it to the hospital without difficulty and accept to be referred to Drodro General Hospital. However, that is not the case during more tense periods: "In normal times, there are 70–80 patients in beds. At the moment [June 2024], there are less than 50. Some are still reluctant to come, more than three months after the hospital was attacked."[29] In December 2024, another wave of violence shook Drodro health zone, during which MSF reported a 59% decrease in the number of admissions to the paediatric service and the Inpatient Therapeutic Feeding Centres (ITFC), compared with November.

This is also what the mother of a patient in Blukwa Mbi healthcare centre told MSF: "During calmer times, we can go to the hospital in Drodro, but if the security situation is not good, we don't even consider going. About six months ago, I was meant to take one of my children, who has a psychological problem, in for a check-up, but we couldn't go. The psychologist who gives us the medicine is in Drodro, but the situation meant we couldn't get there. In the end, MSF sent the medicines so that we could pick them up in Blukwa Mbi. With the treatment, everything was fine, but my child had a total relapse following the closure of the healthcare centre in early March [2024]. When my child can't take their medicine, he has meltdowns."[30]

27. According to figures from the Provincial Health Division in Ituri.
28. Mother of a child in the paediatric section of Drodro General Hospital, 20 June 2024.
29. Health authorities in Drodro health zone, 17 June 2024.
30. Mother of a child treated at Blukwa Mbi healthcare centre, 21 June 2024.

Patients flee hospitals as soon as they hear gunshots or even when rumours of an attack in the area start to spread. The patients are at the hospital because they need treatment – sometimes lifesaving treatment. When these patients are forced to flee, it can have severe consequences on their health and even on their chances of survival[31]. Those who cannot flee spend the night in a so-called "safe" room, which is actually a corridor with metal doors where patients, their caretakers and medical staff are crammed together on the floor. This can have major adverse effects on critically ill patients, who might require oxygen, for example, as they cannot be given the same quality of care as they can in a hospital bed. When the hospital was attacked on 6 March 2024, this room was so full that it was hard to find anywhere to sit down.

31. Insecurity and lack of access to healthcare: the forgotten emergency of Ituri, DRC, MSF, June 2023, https://www.doctorswithoutborders.ca/insecurity-and-lack-of-access-to-healthcare-the-forgotten-emergency-of-ituri/.

ATTACK ON DRODRO GENERAL HOSPITAL, 6 MARCH 2024.

On 6 March 2024, armed individuals burst into Drodro General Hospital. They looted some hospital wards and killed a patient in her bed.

All patients and staff at the hospital – including patients on oxygen in intensive care and a premature baby in an incubator being fed through an oro-gastric tube – took shelter in the hospital's so-called "safe" room.

After the attack, three patients were transferred to Masumbuko healthcare centre. Other paediatric and neonatal patients, including a premature baby, were transferred to the advanced healthcare post (Poste de Santé Avancée – PSA) run by MSF in Rho displacement camp. Staff members were evacuated to the same location for their safety and so that they could provide a minimum of care in that facility.

MSF had to upgrade the technical facilities at the camp's healthcare post, which was initially set up only for outpatient care. To make up for the suspension of activities at the general hospital, MSF set up an inpatient service, turned the outpatient beds into hospital beds and increased the number of beds available from seven to 20 by installing two tents. Before this increase in capacity, patients were sharing beds. **MSF put these temporary measures in place in response to an emergency situation, but these did not reflect the ideal level of care.**

A direct attack on a hospital can amount to a serious violation of international humanitarian law. Shutting down the hospital placed considerable pressure on MSF teams. It is unacceptable that activities had to be adjusted as a matter of urgency, as this can have a major impact on the quality of care MSF teams are able to provide, particularly for seriously ill patients. It is essential for Drodro hospital to remain operational and for it to be spared from attacks of any form, so that all people have access to adequate care.

HEALTHCARE CENTRES UNABLE TO OPERATE

The HeRAMS Ituri Baseline Report 2023 mapped out the operational status of healthcare facilities in Ituri, assessing 1,027 health service delivery units across the province.

Of the 1,027 units assessed:

37% were wholly or partially damaged (380 units)

41% of those units damaged due to conflicts, attacks or looting (156 units)

In Drodro health zone, where MSF operates,

63% of healthcare facilities were damaged (50% completely and 13% partially), all due to conflicts, attacks or looting[32].

PYRAMID OF HEALTHCARE IN HEALTH ZONES

General hospital (Hôpital général de reference or HGR in French):
Secondary healthcare facility providing the following services: paediatrics, internal medicine, surgery, medical imaging, laboratory services and gynaecology.

Reference healthcare centre (Centre de santé de reference or CSR in French):
Primary, secondary and preventive healthcare facility usually including a maternity ward, an operating room for minor surgeries and caesarean sections, in- and outpatient services and a laboratory. Unlike a standard healthcare centre, there is a doctor on site.

Healthcare centre (Centre de santé or CS in French):
Primary and preventive healthcare facility usually including a maternity ward for vaginal deliveries and consultation and observation services. These centres are managed by a lead nurse, and there is no doctor on site.

Community health site (Site de soins communautaires or SSC in French):
A small site built by the community where a community worker (known as a "ReCo", standing for Relais Communautaire, in French), who is someone chosen by the community and is trained to detect malnutrition, provides basic treatment for malaria and diarrhoea and can refer more complicated cases to other health facilities. There are no medical personnel at these sites, which are not designed to treat patients with serious conditions.

32. HeRAMS Ituri Baseline Report 2023 – Operational Status of the Health System. Detailed mapping of the operational status of health service delivery units, World Health Organization, 2023.

DRODRO HEALTH ZONE: A HEALTH SYSTEM ON THE BRINK

Since 2020, nine of the 19 healthcare centres in Drodro health zone have been partially or fully destroyed and had to be relocated. The nine centres are the one in Utcha, which was relocated to Djangi displacement camp; the centre in Kpalo; the centres in Dhedja and Kpanga, which were relocated to Bule area in Fataki health zone; the ones in Tchatsikpa, Mulinga and Lomi, which were destroyed and relocated to Jina area in the Fataki health zone; and the centres in Nyaudii and Retso. The building housing Maze healthcare centre was not destroyed but, as the population left the area, the staff relocated to Blukwa Etat healthcare centre[33]. Some of these healthcare centres were being rehabilitated in the last quarter of 2024 thanks to the intervention of humanitarian organisations working in the health sector.

When the centres were destroyed, staff members had to leave in a hurry and could not take the supplies and equipment they needed to provide the same level of care in other facilities. Healthcare centres were relocated to small community health sites or private homes, which are not adapted to the level of care required by these health centres.

33. Health authorities in the Drodro health zone, 19 June 2024.

> *"I had to go to the Blukwa Mbi healthcare centre from time to time [Relocated in a community health centre due to insecurity in March and April 2024] to do a caesarean section. It was dangerous and I was risking my life, but we didn't have a choice. We had to sneak there with the women, otherwise they would have died."*
>
> Medical Doctor at Blukwa Mbi reference health centre, 21 June 2024.

ITURI, DJUGU TERRITORY
DRODRO HEALTH ZONE (ZS)

Health reference map and displacement sites, December 2024

ZS FATAKI

ZS DRODRO

LAKE ALBERT

Non-functional and relocated health structure

Health structure supported by MSF

DISPLACEMENT CAMP

MEDECINS SANS FRONTIERES

This map is for information purposes only and has no political significance. The boundaries and place names shown on this map do not imply official endorsement by MSF.

EXAMPLE OF THE BLUKWA MBI REFERENCE HEALTHCARE CENTRE, DRODRO HEALTH ZONE

The reference healthcare centre in Blukwa Mbi, which MSF has supported since 2020, has been attacked on three occasions since 2018 – in 2018, 2020 and 2021. Each attack is a real ordeal, as these facilities lack resources and equipment. One of the attacks left Blukwa Mbi centre with no cold chain to store medicines, vaccines and blood bags, for example. Medical staff at the centre told MSF: "Each time [the centre was attacked], we had to flee, and the metal sheets were pulled off the roof and the equipment looted. We had to start again from scratch. Our archives were burnt, and key equipment, like the fridge for the cold chain, was destroyed. For immunizations, when we can't go to Drodro because of the security situation, we have to go all the way to Jiba to get the vaccines, and that's really far." [34]

Blukwa Mbi reference healthcare centre had to be relocated to the community health site in Ndjala in March and April 2024, because of insecurity and violence. For those two months, all the patients usually treated at the centre had to be treated at this other site, which is not adequately equipped. Medical staff at the centre told MSF: "The conditions were really precarious. Women were giving birth on the floor. The site was only covered by tarpaulin. We had to hang intravenous bags on the wall. When we left Blukwa Mbi, we were only able to take small equipment, like scissors, clamps and dressings, as well as a few medicines, but we couldn't take the sterilisation equipment or the mattresses." [35]

For the two months that Blukwa Mbi healthcare centre was closed, the medical doctor took risks and went to the centre anyway, even though the area was considered dangerous. It was the only way to carry out the caesarean sections that some pregnant women required to survive. "For those two months, things were very complicated. I had to go to the Blukwa Mbi healthcare centre from time to time to do a caesarean section. It was dangerous and I was risking my life, but we didn't have a choice. We had to sneak there with the women, otherwise they would have died. We told the Congolese army that we were on the move so that they didn't think we were part of the militias. We were scared to stay at the centre." [36]

When a reference healthcare centre such as the one in Blukwa Mbi has to close, the treatment of patients with chronic diseases or long-term illness, including psychiatric disorders, is also put on hold. Some patients requiring psychiatric care had their treatment interrupted when Blukwa Mbi centre shut down, and some of them relapsed as a result: "My daughter was receiving [psychiatric] outpatient treatment every month at Blukwa Mbi healthcare centre. After the violence [in March 2024], the centre was closed [for two months]. My daughter couldn't get her treatment and she relapsed. She's now been admitted because of that." [37] According to an MSF medical doctor, some patients who came regularly to Drodro hospital for psychiatric treatment stopped coming after the violence[38].

34. Medical staff at the Blukwa Mbi reference healthcare centre, 21 June 2024.
35. Doctor at the Blukwa Mbi reference healthcare centre, 21 June 2024.
36. Doctor at the Blukwa Mbi reference healthcare centre, 21 June 2024.
37. Account of the mother of a patient at the Blukwa Mbi reference healthcare centre, 21 June 2024.
38. MSF doctor, Drodro general hospital, 17 June 2024.

ANGUMU HEALTH ZONE: SOME AREAS CANNOT BE REACHED

Armed groups active in certain areas of the Angumu health zone, such as Besi, Are, Musongwa and Jupakamu, make it hard for humanitarian organisations and health authorities to reach these areas. Some healthcare centres were looted and have not been rehabilitated: Musongwa Healthcare Centre was ransacked in 2019, and centres in Besi, Are and Jupakamu were looted in 2020. Healthcare centres in these areas have no buildings, equipment, medicines or staff. Health authorities in Angumu say they cannot go to these areas because of insecurity, and the lead nurses manage the sites remotely[39].

According to health authorities, there are often delays in transferring patients from inaccessible areas to functioning healthcare centres, resulting in many maternal and infant deaths. Patients, including pregnant women, have to make their own way – usually on foot – to seek care. At the healthcare centres in areas neighbouring those inaccessible to healthcare workers, the occupancy rate can reach 130–150%, with patients travelling long distances from the areas where healthcare is not available.

MSF has also seen that children taking part in an outpatient programme to treat severe acute malnutrition in Ndaru Muswa healthcare centre, which is close to these insecure areas, often missed their appointments, sometimes for several weeks, because they live in remote villages and cannot always get to the centre because of insecurity and the long distances they have to travel[40].

39. Health authorities in Angumu health zone, April 2024.

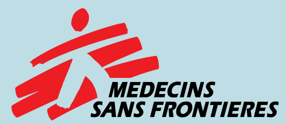
40. MSF situation report, Angumu project, April 2024.

ITURI, MAHAGI TERRITORY
ANGUMU HEALTH ZONE (ZS)

Health reference map and displacement sites, December 2024

Health structure supported by MSF
DISPLACEMENT CAMP

ZS ANGUMU
Angumu General Hospital
AS KUDIEWEKA, CS Kuiweka
AS DABU, DABU, CS Dabu
AS CAWA, CS Cawa, RAMOGI, CS Ramogi
AS AWASI LUGA, CS Undila, UNDILA, AWASI, CS Awasi
AS UDONGO ABIRA, CS Udungo Abira
AS PAKALA, CS Udrua, UDRUA
PAJEN, CS Pajen, AS ANZIKA, CS Anzika
AS PANYADONG, Panyandong, CS Linga
AS LINGA, CS Akurungwa, PIKE, NYAKANGIRA
CS Ruvinga, AS LANGA
AS ARA, CS Gotwar, CS Abia, CS Ara, NGMBAMU, CS Jupajalwiny
AS ABIA
AS BESSI, CS Bessi
CSR Apala, AS APALA, CS Lanyi, AS LANYI
MBUYA, CS Ugudo Zii, AS UGUDO ZII
CS Are, AS AREE
CS Uyandu, CS Agbo 1,2, CS Kalingwa, CS Gengere, CS Ndawe, CS Pamoth
AS MUSONGWA, CS Musongwa
CS Jupakamu, AS JUPAKAMU
CS Ndaru Muswa, AS NDARU MUSWA, CS Muguma
AS GENGERE
Rivière KAKOYI
LAKE ALBERT



This map is for information purposes only and has no political significance. The boundaries and place names shown on this map do not imply official endorsement by MSF.

DANGEROUS ROADS HINDER HUMANITARIAN ACCESS AND ACCESS TO HEALTHCARE

DIFFICULT OR IMPOSSIBLE MEDICAL TRANSFERS

When security worsens and armed groups are active, it becomes too dangerous to travel by road. It is a challenge for people requiring care to get to healthcare facilities, and patients cannot be transferred by road without putting them at risk. Even ambulance transfers are too risky, even though they are protected under international humanitarian law.

Medical personnel at Blukwa Mbi Reference Healthcare Centre said they have lost two patients when they had to relocate to a small community health site during the wave of violence in March and April 2024, as it was not possible to transfer them to Drodro General Hospital. "There were some patients who should have been transferred. We lost two patients with lower respiratory infections; they died because we didn't have any oxygen. They would have survived at the general hospital, as they've got oxygen there. But we couldn't travel to Drodro. There's no equipment at the general hospital in Jiba, and it's much further than Drodro." [41]

During this same period, the road between Drodro and Bunia was extremely unsafe, which meant that MSF could not transfer complicated cases by road to Bunia. MSF considered that it did not have sufficient guarantees that armed elements would not target medical transport vehicles, including specifically identified ambulances.

Some patients wounded in attacks by armed groups and treated in their local healthcare centre need more advanced care, such as surgery, in the provincial capital Bunia. MSF is in contact with centres that treat patients who need to be transferred to the MSF-supported Salama clinic in Bunia for surgery. However, it is unsafe to travel by road when violence flares up, which can make these transfers complicated or even impossible.

41. Doctor at Blukwa Mbi healthcare centre.

Patients presenting with a fracture, a gunshot or machete wound sometimes arrive too late for their limb to be saved, resulting in an amputation. For instance, MSF treated a patient with a gunshot wound to the leg who had to wait for several days before she could be transferred to Bunia. Her leg eventually had to be amputated. According to the MSF medical team that took care of her, "there was no surgical capacity in the healthcare centre she was in. It took time for her to be transferred because there was still fighting in the area and cars weren't taking the road. Authorities in the health zone were refusing to risk putting an ambulance on the road. So we had to organise a helicopter transfer, and that took time. When the patient arrived, her leg was in a very bad state, and it had to be amputated. If she'd arrived here earlier, her leg could have been saved." [42]

When transferring patients to Bunia is not possible, their lives can be put at risk. "In the Damas health zone, there were eight people with severe gunshot wounds, but roads were blocked by an armed group. It wasn't possible to transfer them by air. It's highly likely that these patients didn't survive." [43]

42. Information collected from the MSF medical team at Salama clinic in Bunia, 8 October 2024.
43. Information collected from the MSF medical team at Salama clinic in Bunia, 8 October 2024.

FEARS AND CONSTRAINTS IN ACCESSING HEALTHCARE

Some patients are already in a very critical condition when they arrive at one of the facilities supported by MSF in Drodro and Angumu health zones, as they have waited until the last moment before coming to the hospital due to insecurity on the road[44].

When travelling by road on their way to a healthcare facility, patients and their caretakers sometimes come across armed individuals who prevent them from freely accessing the care they need:

"We have appointments every two weeks or once a month for the medicine my daughter [who has a psychiatric disorder] needs. Sometimes, armed men set up roadblocks and ask for money. They hold us until we pay, so I usually give them 500 Congolese francs [around 0.20 US dollars]. It is very hard to make ends meet because the weapon bearers force us to give them food and money. If we don't have anything to give them, we have to go and work in the fields to earn some money. If we don't give them any money, they say they'll ransack our land and then we'll have nothing. But it's hard for me to get money because I spend a lot of time looking after my daughter and I don't have time to work." [45]

Patients are afraid to travel for treatment, especially at night:

"I went with my niece [to Blukwa Mbi Reference Healthcare Centre] because she was about to give birth. To get there, we had to walk at night and it took us two hours, as she was going so slowly because of the contractions. We were scared to go out at night but we had to. If we'd come across someone we didn't know, we would have fled." [46]

44. Situation report, MSF project in Angumu, February 2024.
45. Mother of an adult patient who requires regular psychiatric treatment at Blukwa Mbi healthcare centre, 21 June 2024.
46. Aunt of a patient who had just given birth by caesarean section at Blukwa Mbi healthcare centre, 21 June 2024.

CONTINUING TO WORK DESPITE RISKS AND FEAR

Drodro health zone has experienced regular violent attacks since 2017; humanitarian workers and healthcare personnel continue to work in fear and put themselves at risk in order to fulfil their mission to support people in need.

"[During the 6 March attack], we were scared because we thought they [the attackers] weren't familiar with humanitarian principles. These are people who don't know the notion of international humanitarian law[52]*. They don't really care. They want to cause damage; they're not afraid of anyone because, afterwards, they're not punished in any way. They think they're free to do what they want."* [53]

"For some hospital workers whose families live in Drodro, it wasn't easy to stay in the "safe" room. Just imagine, you're working, there's an attack and you don't know what's happened to your wife and your child. They said, 'My daughter, my son are at school and we're being attacked. I don't know where they are at the moment. I have to go and find my child.' It really wasn't easy for these colleagues." [54]

Each time there is an attack in Drodro health zone, MSF staff members seek refuge in Rho healthcare post managed by MSF. They have to live there and sleep in communal tents or in the camp itself, in one of the makeshift shelters.

"On 6 March, I went to work in Drodro, but we were told to go home because the situation was tense. I was so scared, I was shaking. [...] When things calmed down the next day, I decided I couldn't bear it at home, so we fled to Rho camp. [...] That was the third time since 2021 that this has happened and I've had to flee to Rho camp. [...] It's not easy to see people injured or dead, people we know. [...] But despite all that, I'm ready to go back to work in Drodro. People still need help; we can't just abandon them like that."[55]

Despite the difficult living and working conditions, humanitarian and healthcare workers continue to provide lifesaving assistance to people in need:

"I work in mental health. My team and I can't just go to Rho camp and do nothing. We keep working, mainly providing psychological first aid. We have to do it to help the members of the community. We can't just sit back and do nothing."[56]

52. See "international humanitarian law" in the glossary.
53. MSF medical staff member working in Drodro, interviewed in Bunia, 15 May 2024.
54. MSF medical staff member working in Drodro, interviewed in Bunia, 15 May 2024.
55. MSF medical staff member working in Drodro, interviewed in Bunia, 15 May 2024.
56. MSF medical staff member working in Drodro, interviewed in Bunia, 15 May 2024.

HINDERED HUMANITARIAN ACCESS

During very insecure periods, humanitarian organisations struggle to reach people in need. In Drodro and Angumu health zones, insecurity and incidents targeting humanitarian organisations have prompted several such organisations to suspend or scale back their activities.

Owing to the multiple attacks in Drodro health zone in early 2024, which culminated in the raid on Drodro General Hospital on 6 March, around a dozen humanitarian organisations had to put their activities on hold for several weeks, even though displacements caused by these attacks led to an increase of needs[47]. Clashes between armed groups and attacks on civilians began in Drodro health zone in early February 2024 and then spread to Lita, Tchomia, Fataki, Rethy and Mongbwalu health zones[48]. Rising tensions and outbreaks of violence between armed groups on the Nizi-Iga-Barrière-Mongbwalu road also prompted humanitarian organisations to temporarily relocate in June and July 2024[49].

For over a year, from July 2023 to October 2024, MSF was unable to reach Gokpa healthcare centre, which is located in Drodro health zone and which MSF has supported since 2021, as there was no guarantee that the road there was safe. MSF provides supplies and supervises the centre remotely, and two MSF employees (a health promoter and a nurse) live and work on site. Since October 2024, MSF has only managed to reach Gokpa three times because of renewed tensions.

In June 2024, a humanitarian convoy was targeted by armed individuals near Gokpa, comprised of organisations assessing humanitarian needs in the area. Armed individuals took some IT and telecommunications equipment, a vehicle and a small sum of cash before returning everything[50]. This incident hindered the completion of the assessment, which in turn prevented assistance to be provided to people in the area.

In the Langa area in Angumu health zone, a humanitarian organisation informed MSF that it had to stop providing medical assistance at the end of 2023 because of an armed group activity in the area. As a result, health needs identified by this organisation continue to go unmet. In addition, humanitarian organisations and health authorities have decided not to go into some areas of Angumu health zone (particularly Are, Besi, Musongwa and Jupakamu) because of armed groups' activity[51].

47. COHP Ituri, Advocacy Note, April 2024.
48. COHP Ituri, Advocacy Note, April 2024.
49. OCHA, Analyse de la sévérité des contraintes d'accès humanitaire en Ituri, https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-ituri-analyse-de-la-severite-des-contraintes-dacces-humanitaire-juillet-2024, July 2024.
50. OCHA, Profil Humanitaire Trimestre 2 Ituri, https://reliefweb.int/report/democratic-republic-congo/republique-democratique-du-congo-profil-humanitaire-ituri-au-30-juin-2024, 24 July 2024.
51. For more information, see section: "Angumu health zone – some areas that cannot be reached".

POPULATION DISPLACEMENTS: THE HUMANITARIAN RESPONSE IS FALLING SHORT

DISPLACEMENTS PRIMARILY DRIVEN BY VIOLENCE

Around 1.36 million people, or 18% of the province's population, are currently displaced from their homes[57]. According to the International Organization for Migration (IOM), the vast majority of these people (99.9%) fled because of violence and armed conflict[58]. Some of them watched their homes being looted or burnt, their land ransacked, and their relatives and neighbours killed or injured.

"I left my village in 2018. Members [of an armed group] came and attacked my village and killed a lot of people. They looted our property and burnt down our houses. They killed my younger brother. On the day of the attack, I fled with nothing. I left on my own; my two children fled in another direction. I didn't have time to gather everyone together before leaving. They killed people right next to me, before my very eyes. One week later, I found my children. They're now 12 and 15 years old, so back then they were really small. They spent a week alone in the bush."[59]

"In December [2023], when members [of an armed group] raided my village, they killed four people. Each time there's an attack, the armed men fire their guns, they loot the villagers' property, they kill people and then they leave. They also take advantage of the situation to rape women. Sometimes they torture people in the village, when you don't give them money. During the January 2024 attack, armed men looted my home and killed my brother. I left my village to seek shelter here."[60]

Each time they are displaced, people leave behind their property and livelihoods. They lose their source of income and have to start again from scratch, regardless of whether they end up in a camp or with a host family. Many farmed their own land, but after being displaced, they have to work in other fields for a tiny salary (less than one US dollar a day), which is not enough to meet their basic needs. Accounts from displaced people interviewed by MSF are unequivocal:

"In my home village, I had a field and palm trees; I sold tea on the side of the road to make money. I was doing well. When I was displaced, it hurt to think about everything I'd left behind."[61]

"In my village, my family and I ate well, and our fields produced a lot of manioc and vegetables, but here we can hardly find anything to eat."[62]

"Before we were displaced, we had fishing nets in the lake and we worked in our own field. Life was good and my health was better than it is now."[63]

1,36 MILLION

people in Ituri **displaced** from their place of origin

57. Presentation by the Commission on Population Movements in Ituri, 4 November 2024.
58. IOM, 18 October 2024. DTM Democratic Republic of the Congo – Ituri: Baseline Assessment – Round 12 (2024).
59. 52-year-old displaced woman living in a camp in Angumu health zone, 15 April 2024.
60. 30-year-old displaced woman living in a camp in Angumu health zone, 12 April 2024.
61. 46-year-old displaced woman living in a camp in the Angumu health zone, 15 April 2024.
62. 30-year-old displaced woman living in a camp in the Angumu health zone, 15 April 2024.
63. 52-year-old displaced woman living in a camp in the Angumu health zone, 15 April 2024.

IMMENSE NEEDS AND A SEVERE LACK OF SUPPORT

"In Rho camp, living conditions are not always easy. Toilet conditions are not easy, washing is not easy,toilets and showers are dirty. There are always a lot of people at the water point, and you have to wait for a long time... it's complicated. Some toilets are overflowing and it runs towards [homes in] the community. Where we live, around us, it's very dirty. We're really exposed to infectious diseases. Another major problem is food supplies: people barely have anything to eat because everyone's enclosed in the camp and there's no way to go to the fields."

MSF medical worker living in Rho camp, interviewed in Bunia, 15 May 2024.

Based on the November 2024 assessments by the Commission on Population Movements in Ituri, there are currently 1.36 million displaced people in the province, including close to 270,000 people living in 68 camps covered by the Camp Coordination and Camp Management (CCCM) mechanism and 63,000 people living in 48 camps not covered by it.

Almost 60,000 displaced people are living in camps in Drodro health zone (44,853 in camps covered by the CCCM mechanism and 15,103 in camps not covered by it)[64], and just over 55,000 displaced people live in camps in Angumu health zone (51,040 in camps covered by the CCCM mechanism and 4,072 in camps not covered by it). The people living in camps not covered by the CCCM mechanism, such as Djangi and Tché camps in Drodro health zone, receive very little assistance.

64. Presentation by the Commission on Population Movements in Ituri, 4 November 2024.

HARSH LIVING AND HYGIENE CONDITIONS

When people are displaced to camps, it is essential to install water supply systems, latrines, showers and other sanitary infrastructure, such as waste pits, to prevent the spread of diseases, particularly diarrhoeal and skin diseases. Displaced people also need shelters and basic essential items such as tarpaulins, blankets and hygiene products to protect them from rain, cold and disease.

MSF provides water, sanitation and hygiene (WASH) support in displacement camps in Drodro and Angumu health zones in order to reduce morbidity and mortality caused by poor hygiene conditions and dirty drinking water. However, despite efforts from MSF and other humanitarian organisations, the needs of displaced people and their health challenges remain immense.

DRODRO HEALTH ZONE

1. Water, sanitation and hygiene (WASH)

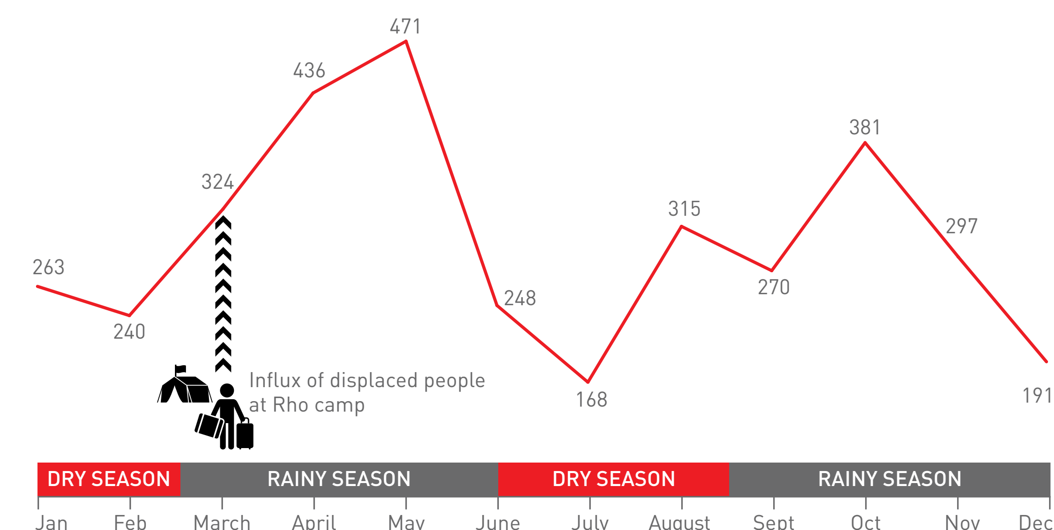
Violent attacks in Drodro health zone in February and March 2024 caused a significant population movement to displacement camps, particularly Rho camp. According to OCHA and the CCCM cluster, over 8,000 people were forced to flee their homes during that period, with close to 5,000 people seeking refuge in Rho camp, which brought the camp population to 49,000[65].

The influx of displaced people put pressure on WASH services, which were already far from meeting the needs in the camp (see situation in March 2024, as described in the Appendix). During the week of 18 March 2024, or two weeks after the influx of displaced people at Rho camp, the number of consultations for diarrhoea at MSF's advanced healthcare post more than doubled compared with previous weeks, which MSF linked to the poor hygiene and sanitary conditions in the camp. The number of consultations for diarrhoea rose again during the week of 14 April, accounting for 21% of all consultations at the health post, compared with an average of 14% for 2024 as a whole.

65. Rapport d'évaluation rapide multisectorielle dans le site de déplacement de Rho, CCCM-AIDES-Bunia cluster, March 2024.

MONTHLY CASES OF DIARRHOEA AT THE ADVANCED HEALTCARE POST IN RHO DISPLACEMENT CAMP

MSF Project - Drodro Health Zone
2024



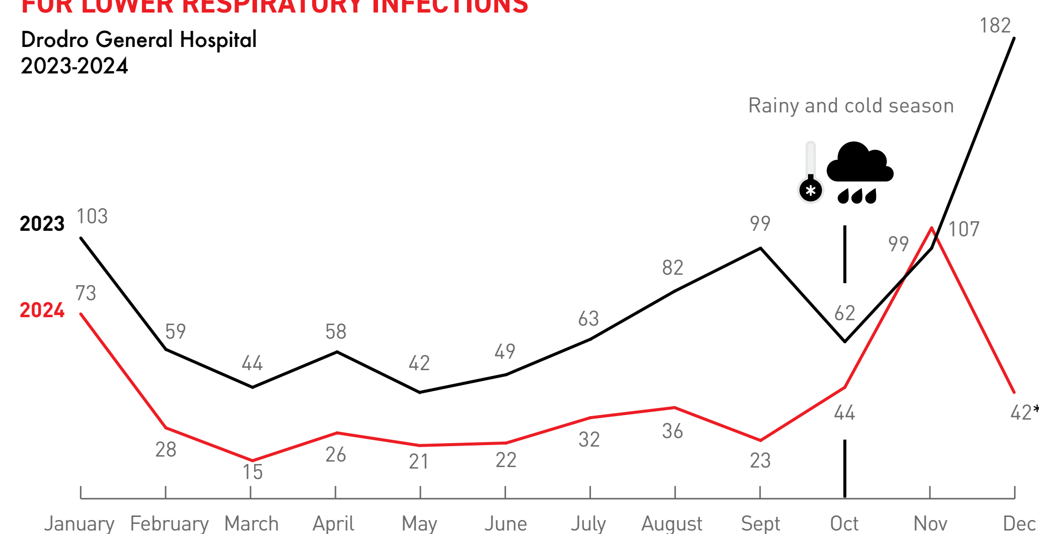
To meet the urgent needs of displaced people, MSF built by June200 latrine doors and desludged 400 latrines between July and October 2024. This, along with ad hoc efforts by other humanitarian organisations, went some way in partially meeting people's needs (see situation in November 2024, as described in the Appendix). This new infrastructure significantly improved the situation at Rho camp, although diarrhoea is still the second most common cause of consultation at the advanced healthcare post. The number of consultations for diarrhoea increased again during the rainy season in the last quarter of 2024. The rain adversely affected hygiene conditions at the camp, creating streams of mud that can contain faecal matter and other contaminated waste.

WASH infrastructure requires regular maintenance to stay up to standard and new latrines need to be built every six months, as most humanitarian organisations use semi-permanent construction models. The latrines also need to be regularly desludged. In the last quarter of 2024 and in January 2025, MSF built 104 latrine doors, with a stoned pit to extend the durability of the structure and facilitate desludging. We call on other humanitarian organisations involved in WASH activities to adopt the same approach.

To maintain minimum WASH standards in a context of protracted displacement, it is essential to allocate sufficient and regular resources to humanitarian organisations working in this sector. Any worsening of WASH conditions leads to an increase in water- and hygiene-related diseases, which hit children the hardest.

2. Shelters and essential household items

The dilapidated state of shelters and the lack of blankets, tarpaulins and warm clothes to protect against the cold and damp have a major impact on the health of displaced people, particularly children. Respiratory infections account for nearly half of all consultations in healthcare centres supported by MSF in Drodro health zone and are the main reason for admissions to Drodro General Hospital. The number of serious cases requiring inpatient care at Drodro hospital increases in the final months of the year, when the weather is colder and more humid. Most of these patients are displaced children under the age of 5, many of whom are less than six months old and living in makeshift shelters. Young children's immune systems are not yet fully developed, and they are more at risk of infectious diseases. In response to the peaks in admissions, MSF had to set up more beds in the hospital's empty buildings and in tents, and to recruit additional medical staff. The bed occupancy rate sometimes exceeds 200% during that time of year.



*The number of admissions to the general hospital in December 2024 decreased because of violence and insecurity.

66. 46-year-old displaced woman living in a camp in Angumu health zone, 16 April 2024.

ANGUMU HEALTH ZONE

Despite the work being done by MSF and other organisations to improve WASH conditions, the needs of people in displacement camps in terms of water supply, latrines and showers are still not fully met. In the 20 displacement camps supported by MSF in Angumu health zone, an average of 73 people share one latrine; 11 of the 20 camps (55%) exceed the minimum standard of 40 people per latrine. In five camps, more than 100 people have to share one latrine; this is the case at Ugudo Zii camp, where 202 people have to share one latrine (see details in the Appendix).

On average, people living in camps have 13 litres of water per person per day, which is below the 15 litres considered necessary for survival. In some camps, such as Gengere I, Kalingwa, Ndawe, Jupajalwiny and Pajen, people have less than seven litres of water per person per day (see details in the Appendix). Some of the displaced people told us that they have to use, and even drink, water from the river: "I can get water from the water point, but most of the time there are too many people, so I get water from the river and we drink the river water." [66]

In the healthcare centres supported by MSF in Angumu health zone, gastrointestinal diseases and diarrhoea are the third most common cause of consultation, accounting for 12,800 consultations in 2024, or 13% of the total. In 2023, there were 11,416 consultations for these same causes, representing 10% of all consultations throughout the year.

Malaria is the most common cause for consultation and hospitalisation in the healthcare facilities supported by MSF in Angumu health zone. Severe malaria is the second most common cause of death at Angumu General Hospital. Health authorities do not include displaced people when distributing mosquito nets. MSF regularly distributes mosquito nets and antimalarial drugs and undertakes indoor residual spraying (IRS) to reduce cases of malaria in the area. Despite these measures, the poor state of shelters means that displaced people cannot protect themselves from mosquitoes, and malaria remains endemic in Angumu health zone.

On average,
73
people share the same latrine
in displacement camps
in Angumu Health Zone

FOOD INSECURITY

According to the Integrated Food Security Phase Classification (IPC) analyses published in July 2024, chronic food insecurity became more prevalent in Ituri between 2016 and 2023. These analyses showed that, in 2024, 43% of the population (1.8 million people) were experiencing moderate or severe levels of chronic food insecurity, with 18% of the population experiencing severe levels of chronic food insecurity[67].

The IPC analyses state that "security crises and population movements are […] determining factors for chronic food insecurity"[68]. According to the IPC's projections, the situation in Ituri worsened in the second half of 2024 compared with the same period in 2023: the number of people experiencing high levels of chronic food insecurity requiring urgent action, known as phase 3 (crisis situation) and phase 4 (emergency situation), rose by 17%, reaching 1.56 million people in the period from July to December 2024, which is 34% of the province's population. In Djugu territory, where Drodro health zone is located, 45% of the population is considered to be experiencing acute food insecurity (phase 3 or above) requiring urgent action[69].

Despite the scale of needs, food distributions – including for displaced people who have lost their livelihoods – remain sporadic. Displaced people can go for months, and even years, without any food aid. Those in Drodro health zone received no food aid between November 2023 and June 2024, even though the violence and worsening security situation in early 2024 caused further displacements and made farming in the area difficult.

In Angumu, displaced people went for more than two years, from June 2022 to September 2024, without any food aid. Those interviewed by MSF have lost their livelihoods and said that they earn tiny amounts by working in other people's fields (less than a dollar a day) or making brooms. As a result, the displaced people with whom MSF spoke reported adopting negative coping strategies, such as eating only one meal a day or even going without food for a day. Adults also report going without food in order to feed their children.

"There's a lot of hardship. I work in the fields to earn a bit of money, but they give me only 2,000 shillings [0.50 dollars]. Most days, we eat only once a day. Sometimes, I don't eat so that I can give the food to my children."[70]

People who have been forced to leave their homes go to camps in the hope of finding refuge and safety. Because of the lack of food aid in the camps, these people have to return to the areas they fled from in order to farm, even though armed groups operate there. Displaced people should be able to choose to stay where they feel safe and get the support they need at this chosen location.

67. IPC analysis of chronic food insecurity, Democratic Republic of the Congo, July 2024.
68. Ibid.
69. IPC analysis of acute food insecurity, Democratic Republic of the Congo, July 2024–June 2025, published on 28 October 2024.
70. 46-year-old displaced woman living in a camp in Angumu health zone, 15 April 2024.

In April 2024, displaced people in Angumu health zone told MSF that they knew people who had been threatened, injured, killed or kidnapped when they returned to their fields to find food in order to survive, or that they themselves had been victims of violent acts by armed individuals:

"I went back to my field on the other side of the river [Kakoyi] twice to get some manioc. When I got to the field, I was surrounded by [an armed group]. I left all the food there and fled. I used to try and get firewood there, but I don't have the courage anymore. […] I want the [armed groups] to lay down their weapons so that we can go home. The greatest danger is crossing the river to get food. If you cross, you'll die."[71]

"Sometimes, I or other members of my family go back to the village, but the [armed groups] take us by surprise. Two weeks ago, [an armed group] killed my brother-in-law and injured my other brother-in-law with a machete. They had gone to prepare palm oil to make some money. Their children had been expelled from school because they could not pay the school fees. Women crossing [the river] can be raped by the [armed groups]."[72]

Displaced people in Rho camp, in Drodro health zone, also said that they take risks to farm:

"When we go to farm, we take too many risks, but we have to go to survive. Sometimes, people attack us in the field. We have to flee, and some people have been killed. Because of that, I have traumas in my head. One day, I heard gunshots when I was in the field. I ran to Jissa. I was trembling too much to go back to the field after that. When we go to the field, we're really scared. But if we don't earn anything, how can we support our children? Our children are hungry. One of my children has malnutrition – he was hospitalised here at the general hospital. The others received plumpy[73] *at the healthcare post. Often, all we have to eat are manioc leaves. Sometimes, my husband and I don't eat so that we can give our food to the children. When the children are hungry, they cry too much."*[74]

"My parents and I go to the field to earn some money to buy food. But when there's insecurity, it's very hard to go to the field and it's hard to get food. When the attackers come, we see them and we're scared of getting killed. There are ambushes in the fields. As soon as we hear there are [armed groups], we flee."[75]

71. 46-year-old displaced woman living in a camp in Angumu health zone, 15 April 2024; Kakoyi river runs through Angumu health zone, separating it in two: the displacement camps are on the east side of the river, on the shores of Lake Albert, while the west side of the river is considered dangerous by local populations, health authorities and humanitarian organisations because of the presence of active armed groups.
72. 44-year-old displaced woman living in a camp in Angumu health zone, 15 April 2024.
73. "Plumpy" is short for "plumpy'doz", "plumpy'sup" or "plumpy'nut", which are ready-to-use nutritional supplements or therapeutic food to prevent and treat malnutrition: https://www.fao.org/fileadmin/user_upload/wa_workshop/docs/6-Plumpy-quoi_Termes_incomprehensibles.pdf.
74. 34-year-old displaced woman living in Rho camp, whose child was hospitalised at Drodro General Hospital, 20 June 2024.
75. 18-year-old displaced woman living in Rho camp, whose baby was hospitalised at Drodro General Hospital, 20 June 2024.

18%

of the population is experiencing **severe chronic** food insecurity

MSF treats children who are suffering from severe acute malnutrition with medical complications in Drodro and Angumu general hospitals and provides outpatient care to children with severe acute malnutrition in the healthcare centres it supports in those two health zones.

RECOMMENDATIONS

CALLS ON

WEAPON BEARERS TO:

Comply with international humanitarian law and spare civilians and civilian objects – including displacement camps, medical facilities and vehicles, and humanitarian and healthcare workers – from all forms of attack, violence, threat and intimidation.

Allow civilians and ambulances to circulate freely so that civilians can safely access adequate, high-quality healthcare.

Authorise and facilitate the rapid and unimpeded passage of humanitarian aid for civilians in need.

THE CONGOLESE GOVERNMENT TO:

Ensure that all parties to the conflicts affecting the province comply with international humanitarian law, including by ensuring that civilians, as well as civilian and healthcare structures, are protected from all forms of attack.

Allocate resources to improving the healthcare system in Ituri, for example by rehabilitating healthcare centres that have been damaged or cannot function as a result of an attack; allocate the human and material resources necessary to ensure the proper functioning of healthcare facilities.

Strengthen the mental health capacities of healthcare services, in a province where chronic violence and repeated displacements have severely impacted people's mental health.

HUMANITARIAN COORDINATION TO:

Mobilise donors to secure funding for the humanitarian response in Ituri. This response must be flexible and adapted to urgent needs while also adopting a longer-term perspective in a context of protracted displacements and crises.

Engage with all stakeholders in Ituri to remind armed groups of humanitarian principles and of their obligations regarding international humanitarian law and humanitarian access.

DONORS TO:

Remind the Congolese authorities of the need to protect civilians and civilian objects, particularly healthcare facilities and displacement camps.

Support humanitarian access to unsafe areas, particularly by air transport, to respond to emergencies and alerts.

Provide sufficient food aid to displaced people in Ituri to reduce food insecurity and malnutrition and to prevent displaced people from being forced to resort to negative adaptive strategies and to risk their lives to find food.

Provide funding to respond to people's needs in a way that ensures dignified living conditions in displacement camps in Ituri, particularly in terms of complying with standards for water, sanitation and hygiene, shelter and protection.

Fund prevention and treatment of sexual violence, including protection and socio-economic and legal support for victims of sexual violence.

APPENDICES

APPENDIX 1: OVERVIEW OF THE WASH SITUATION

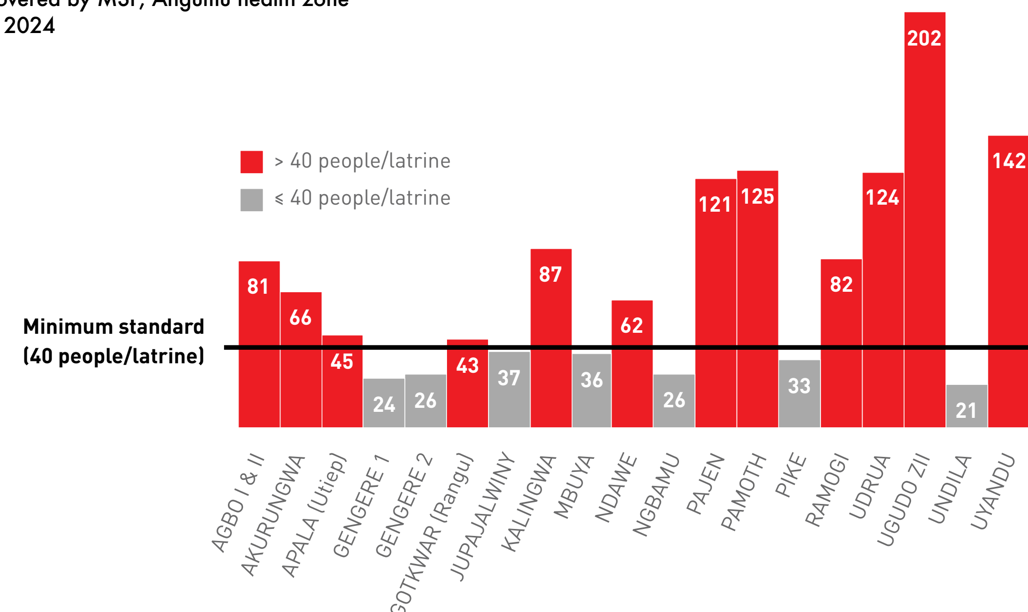
1. Drodro health zone – Rho displacement camp

	SPHERE STANDARD in an emergency	SPHERE STANDARD in an acute emergency	Situation at Rho camp MARCH 2024	Situation at Rho camp NOVEMBER 2024
LATRINES	40 people per latrine	100 people per latrine	214 people per latrine	50 people per latrine
WATER NEEDED FOR SURVIVAL	15 litres per person per day	5 litres per person per day	11 litres per person per day	13 litres per person per day

2. Angumu health zone – displacement camps covered by MSF

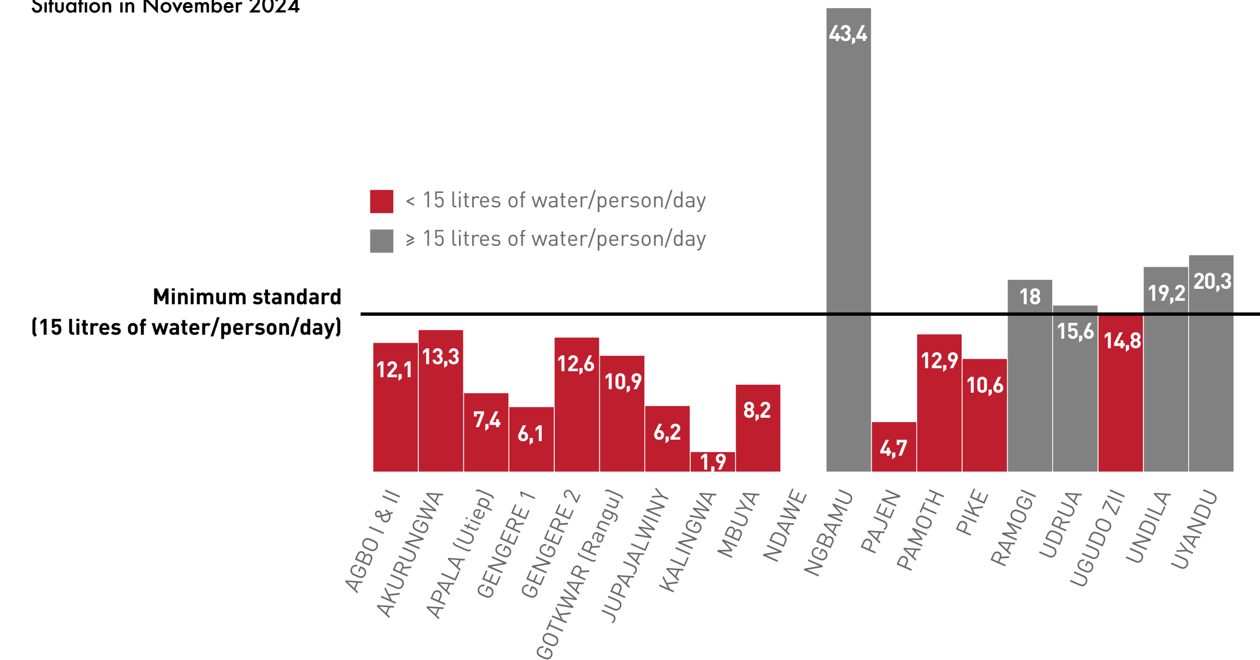
NUMBER OF PEOPLE PER LATRINE

Displacement camps covered by MSF, Angumu health zone
Situation in November 2024



NUMBER OF LITRES OF WATER PER PERSON PER DAY

Displacement camps covered by MSF, Angumu health zone
Situation in November 2024



DISPLACEMENT CAMP	Number of people per latrine	Number of litres of water per person per day
PIKE	33	10,6
AKURUNGWA	66	13,3
GOTKWAR (Rangu)	43	10,9
GENGERE 1	24	6,1
GENGERE 2	26	12,6
APALA (Utiep)	45	7,4
NGBAMU	26	43,4
PAMOTH	125	12,9
KALINGWA	87	1,9
NDAWE	62	0,0
UYANDU	142	20,3
JUPAJALWINY	37	6,2
PAJEN	121	4,7
RAMOGI	82	18
UDRUA	124	15,6
UNDILA	21	19,2
MBUYA	36	8,2
UGUDO ZII	202	14,8
AGBO I & II	81	12,1
AVERAGE	**73**	**13**

ACRONYMS

AS	Health area, or aire de santé in French (an administrative unit in DRC's public health system)
CCCM	Camp Coordination and Camp Management
CS	Healthcare centre, or Centre de santé in French
CSR	Reference healthcare centre, or Centre de santé de reference in French
COHP	Coordination opérationnelle humanitaire provincial (provincial humanitarian operational coordination)
DTM	Displacement Tracking Matrix
GBV	Gender Based Violence
HeRAMS	Health Resources and Services Availability Monitoring System
IHL	International humanitarian law
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
MONUSCO	United Nations Organization Stabilization Mission in the Democratic Republic of the Congo
MSF	Médecins Sans Frontières
NGO	Nongovernmental organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ReCo	Community worker
SSC	Community health site, or Site de soins communautaires in French
WASH	Water, sanitation and hygiene
WHO	World Health Organization
ZS	Health zone, or zone de santé in French (an administrative unit in DRC's public health system)
PSA	Poste de santé avancé
ReCo	Relais communautaire
SSC	Site de soins communautaires
UNTI	Unité nutritionnelle thérapeutique intensive
VBG	Violences basées sur le genre
ZS	Zone de santé

GLOSSARY

Armed conflict: Armed violence involving government forces and/or non-State armed groups. There are two types of armed conflict: international (i.e. between two States) and non-international (i.e. between a State and one or several non-State armed groups or between armed groups). To qualify as an armed conflict, the violence must have reached a minimum threshold of intensity and the parties must be sufficiently organised.

Cluster: A mechanism for coordinating humanitarian work by sector (water, sanitation and hygiene, healthcare, protection, etc.) to ensure a more effective and coordinated response during humanitarian crises.

Displacement camp: A temporary camp in which people seek shelter after fleeing their homes as a result of conflict, violence or natural disasters.

Gender-based violence (GBV): Any act of violence directed at a person because of their gender. This includes sexual violence, forced marriage, female genital mutilation and domestic violence.

Healthcare facility: The infrastructure and resources (including human, material and financial) in place to provide healthcare to a population. Healthcare facilities include healthcare centres and posts, hospitals and other medical establishments. These facilities are protected under international humanitarian law in order to ensure the protection of medical infrastructure, personnel and patients during armed conflicts.

Humanitarian access: The ability for humanitarian organisations to enter areas affected by a conflict or a disaster in order to provide aid to the population. Their access can be limited by road conditions, security considerations or restrictions imposed by parties to a conflict.

International humanitarian law (IHL): The set of legal rules aimed at protecting people and civilian objects during armed conflicts and at limiting the means and methods of warfare. These rules apply to both international and non-international armed conflicts. The fundamental principles of international humanitarian law are:

- **The principle of distinction:** Parties to an armed conflict must distinguish between civilians and combatants and between civilian objects and military objectives at all times. Attacks must be directed only against military objectives.
- **The principle of proportionality:** Attacks must not cause loss or damage to civilians or civilian objects that would be excessive in relation to the concrete and direct military advantage anticipated.
- **The principle of military necessity:** The measures taken during a conflict must be necessary to accomplish a legitimate military objective and not go beyond what is strictly necessary to achieve that objective.
- **The principle of humanity:** Those not taking part in or no longer taking part in hostilities (e.g. the sick and wounded, prisoners and civilians) must be treated humanely and be provided with protection and assistance.
- **Prohibition of certain weapons and methods of warfare:** Certain weapons and methods of warfare that cause unnecessary suffering or superfluous damage are prohibited.
- **Protecting medical care:** Health facilities, medical personnel and patients must be spared from attacks and from all forms of violence, arrest and arbitrary detention.
- **Access to and continuity of healthcare:** Parties to a conflict must allow the wounded and sick to access health facilities and must guarantee continuity of care, including the supply of medicine and medical equipment.

Non-State armed group: An organised armed group that is not controlled by a State and that is involved in hostilities or other violence in the context of an armed conflict. These groups must have a minimal degree of military organisation to be recognised as such.

Mental Health Gap Action Programme (MHGap): A World Health Organization (WHO) programme aimed at scaling up services for mental, neurological and substance use disorders in low- and middle-income countries.

Parties to the conflict: Groups or entities involved in an armed conflict. They may be government forces, non-State armed groups or other weapon bearers.

Post-traumatic stress disorder: A psychological disorder that occurs after a traumatic experience. Symptoms can include flashbacks, nightmares, distress, isolation from others and anxiety.

Sexual violence: Any sexual act that is coerced, forced or perpetrated under threat, including rape, sexual assaults and any other forms of sexual abuse.

Violence against civilians: Acts of violence intentionally directed at civilians, including attacks, executions, kidnappings and persecution.

Weapon bearers: Anyone belonging to an armed group or government armed forces who carries a weapon and is involved in hostilities.

MSF PRINCIPLES

Impartiality: MSF provides healthcare free of charge to people in need, giving priority to those in the most serious and immediate danger. MSF treats people without discrimination, irrespective of nationality, ethnicity, gender, identity, religion, social class, political opinions or any other affiliation. MSF goes by the principle that nobody should be deprived of the medical care they need.

Neutrality: MSF does not take sides and remains politically neutral. In conflict situations, MSF goes where the medical needs are the greatest and provides care that is proportionate to the needs, regardless of allegiances. Medical facilities receive injured civilians and combatants from both sides of a conflict, provided the hostility and weapons are left outside.

Independence: MSF's humanitarian work is carried out separately from political, economic, military or any other objectives. More than 90% of MSF's income comes from private donors. This financial independence enables us to intervene rapidly and based only on needs. We do not accept any funding that would require us to make decisions based on political, military or financial considerations or any aspect other than our own assessment of humanitarian and medical needs.

Médecins Sans Frontières | Doctors Without Borders
msf.org
MEDECINS
SANS FRONTIERES