**Web article** 

**DRC – On the move again: MSF adjusts emergency response around Goma amid mass departures from displacement camps**

Following fighting and evacuation orders from the Mouvement du 23 Mars/Alliance Fleuve Congo (M23/AFC) group, hundreds of thousands of people have left the displacement camps around Goma, Democratic Republic of Congo (DRC). In response to this development, Médecins Sans Frontières (MSF) has adapted its approach by deploying mobile teams to support people who are, once again, on the move. The many people returning to hometowns they had previously fled face uncertain and perilous conditions.

The landscape of Goma, the capital city of the North Kivu province, has dramatically changed in just a few weeks. Before the M23/AFC seized the city at the end of January, Goma, hosted around 650,000 displaced people – most of them living in makeshift sites on the city’s outskirts – and was home to two million residents.

Some camps started to empty as fighting escalated in late January, and virtually all were abandoned after the de facto new authorities ordered people to return to their places of origin.

While some displaced people chose to stay near Goma, the majority left north or west toward neighbouring territories, unsure of what awaited them. Within days, endless lines of men, women, and children appeared on the roads, carrying what little they could by foot, motorbike or shared minibus. Some patients told us they sometimes walked for days without food or water.

“Given these massive movements, we deployed teams along the return routes to assess the health facilities that would be overwhelmed by this sudden influx of patients,” says Anthony Kergosien, head of MSF’s mobile activities around Goma. “Everywhere, we found the same reality: health facilities that were already barely functional before the crisis were either abandoned or, at worst, destroyed or looted.  These facilities are now expected to cope - and there is risk that diseases such as cholera, mpox or measles, which were present in the camps, could spread.”

Based on early assessments, MSF teams began providing equipment, medicines, and staff to more health centres in the territories of Nyiragongo and Masisi. Teams also set up mobile clinics in hard-to-reach areas to provide free medical care to people returning and passing through.

**An urgent need to improve conditions for people returning**

One of the facilities supported by MSF in this emergency response is the referral health centre in Sake, a small town located 25 kilometres west of Goma.

Sake has seen its share of intense fighting in recent years given its strategic location. The city serves as a critical crossroads for people traveling to Masisi town to the west, Kitchanga to the north, and further south to Minova and South Kivu.

“Residents come back to Sake, and the city is the only junction point for those returning to Masisi territory or South Kivu after leaving the camps in Goma,” says Kergosien. “That’s why we decided to carry out emergency repairs to the health centre, which had been severely damaged during the recent fighting. We also rebuilt the cholera treatment unit, which is currently treating around 20 patients daily. Now, nearly 200 consultations are carried out in the health centre every day, mainly for respiratory infections and diarrheal diseases. But we’re also seeing cases of mpox and patients seeking care after experiencing sexual violence.”

From Sake, MSF teams have launched mobile medical services and supported other health facilities along the mountainous roads. Access to free healthcare is crucial for people returning from the camps, now in an extremely vulnerable state, often without money, crops, and in some cases, without even tools to grow them.

"I’ve been back in Kabati for a week now. It’s peaceful, but hunger is a real problem," says Bigirimana, who spent two years in the Bulengo camp before returning home. "We need medicine. Most of us are ill—there’s a lot of diarrhoea, especially among the children."

"The risks linked to food insecurity are serious," says Kergosien. "That’s why we’ve re-established several therapeutic nutrition units. On top of that, we face the threat of epidemics that have been concentrated around Goma. There’s an urgent need to improve living conditions and access to essential services in areas of return. And to ramp up humanitarian support. Sadly, very few organisations are currently operating in these areas."

As of 26 February, MSF’s emergency mobile teams were supporting health facilities in the remote areas of Buhumba, Kilolirwe, Sake, Kingi, Luhonga and Makombo. Alongside these activities, MSF continues to provide care in several health centres and hospitals across North Kivu, as well as for the wounded at Kyeshero and Virunga hospitals. We are also supporting several facilities in Goma providing basic healthcare, malnutrition and cholera treatment, and care for victims of sexual violence.