
UNITED NATIONS POPULATION FUND

# SITUATION REPORT

## CRISIS IN EASTERN DEMOCRATIC REPUBLIC OF CONGO

1 – 31 July 2025

## Highlights

The end of the national free maternity care programme in North and South Kivu in the eastern region of Democratic Republic of the Congo (DRC) has further deepened inequities and left thousands of women facing unaffordable costs of skilled medical care, heightening risks of maternal and newborn deaths.

The Sexual and Reproductive Health Working Group (SRH WG) validated a new accelerated maternal and neonatal death reduction plan for North Kivu to strengthen referral systems, increase capacity of healthcare workers, ensure availability of reproductive health supplies, and raise community awareness of service availability and risks of pregnancy and childbirth without skilled medical care.

In July, UNFPA reached over 203,000 people with sexual and reproductive health (SRH) services, supporting 42 facilities across crisis-affected provinces. More than 69,000 people accessed gender-based violence (GBV) services, with 250 survivors receiving cash assistance to rebuild their lives. However, a US$22 million funding gap threatens UNFPA's continuity of life-saving services for women, girls and youth in DRC.

**5.5M**
Total people affected[1]

**3.8M**
People internally displaced[2]

**1.2M**
Women of reproductive age[3]

**163,700**
Estimated pregnant women[3]

**933,730**
People targeted w/ SRH services

**459,000**
People targeted w/ GBV programmes

[1] OCHA Protection Cluster, February 2025
[2] Eastern DRC Situation - Eastern DRC Displacement Overview (as of 22 July 2025).
[3] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

# Situation Overview

Armed conflict persisted in North Kivu, South Kivu, and Ituri throughout July, despite recent de-escalation agreements. Humanitarian access remains severely constrained, with key routes closed or insecure. In contested areas such as Masisi, Rutshuru, Beni, Irumu, and Djugu, clashes and checkpoints continue to impede humanitarian movement. With Goma airport closed and humanitarian flights suspended, staff and supplies must move via long detours, often through neighboring countries. For UNFPA, these restrictions hinder the delivery of SRH services, limit the operation of GBV safe spaces, and delay the transport of lifesaving kits and staff deployment. Women and girls in isolated zones such as Mweso, Walikale, and along the Ituri-North Kivu border face heightened risks of conflict-related sexual violence, and maternal mortality due to lack of timely access to medical care.


*The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.*

Health zones in North Kivu province in eastern DRC report concerningly high incidences of rape, with adolescent girls representing over one-third of reported GBV cases. Stock-outs of post rape kits containing post-exposure prophylaxis (PEP), emergency contraception and other essential medical supplies is hindering care, with survivors' needs remaining largely uncovered. As of the end of July, the Clinical Management of Rape (CMR) Task Force under the SRH WG reported that eight health zones in North Kivu have no post-rape kits, and 12 health zones only have limited amounts of post rapekits in some health facilities.[4]

The suspension of the programme for free maternity care for pregnant women that was launched in November 2023 to contribute to the reduction of high maternal and infant mortality rates in DRC by addressing financial barriers to accessing healthcare, has resulted in free services in some areas like the North Kivu province ending on 30 June 2025. Healthcare workers have reported that some women are delaying medical care due to being required to fully pay for services which they struggle to afford, signifying a rapid increase in unmet maternal and neonatal needs, and thereby increasing the risk of poor outcomes for pregnant women, new mothers and their babies. The cessation of the programme has increased pressure on UNFPA and other SRH actors to step in and support unmet needs, however, the already limited coverage of services, and drastically reduced funding from USAID cuts have left actors unable to adequately fill this significant gap.

[4] No information was available in the remaining 14 health zones in North Kivu province.

# UNFPA Response

**Sexual and reproductive health:** UNFPA has 148 midwives and 430 community health workers deployed across 29 facilities, enabling 32,678 safe births, including 1,659 caesarean sections, and providing 34,825 women with antenatal care. Distribution of 112 reproductive health kits reached 10 facilities, meeting the needs of 150,000 people. However, nine maternal deaths and 40 neonatal deaths were reported, largely linked to referral delays and shortages of reproductive health supplies.

**Gender-based violence:** More than 69,600 people received GBV prevention and response services and information from UNFPA and its implementing partners during July. A total of 2,350 dignity kits were distributed in crisis-affected health zones, and cash support was also provided to 250 survivors to restore dignity and autonomy. In South Kivu, safe spaces provided psychosocial care, group therapy, and skills training for more than 700 women and girls.

**Adolescents and youth**: Through outreach, education, and safe spaces, UNFPA and partners reached over 9,492 young people with psychosocial support. However, youth-specific SRH programming declined after project closures in May, highlighting urgent funding needs to sustain services for adolescents.

# Results Snapshot

203,609
People reached with **SRH services**
79% female, 21% male

42
**Health facilities** supported

69,612
People reached with **GBV prevention, mitigation and response** activities
91% female, 9% male

6
**Safe spaces** for women and girls supported

2,350 Dignity kits distributed to women and girls

9,492 People received mental health and psychosocial support

112 Reproductive health kits provided to service delivery points to meet the needs of 150,000 people

250 People reached with humanitarian cash and voucher assistance

# Coordination Mechanisms

UNFPA, as lead of the SRH and GBV Areas of Responsibility (AoR), advanced critical coordination in July.

**Gender-Based Violence:**

- During July, the GBV AoR reached 109,922 people (57% women and girls, and 43% men and boys) with GBV response activities.
- Under the coordination of the GBV AoR, and led by UNFPA together with Women's Solidarity for Peace and Integral Development (SOFEPADI), the revision of GBV/Sexual Exploitation and Abuse Standard Operating Procedures (SOPs) was launched. Over 150 actors from government institutions, UN agencies, international NGOs, and local organizations, participated in the revisions. The SOPs will embed protection from sexual exploitation and abuse (PSEA), gender approach, and survivor-centred standards into a unified national framework.
- A training needs assessment of 44 women- and youth-led organizations identified priorities in survivor care, coordination, PSEA, and data management.

**Sexual and Reproductive Health:**

- In North Kivu, the SRH WG, in partnership with the National Programme for Reproductive Health and health cluster actors, validated a three-month accelerated plan to reduce maternal and neonatal deaths. Priorities include strengthening referral pathways and ambulance services, mentorship and capacity building for healthcare providers, improving supply chains and quantification of reproductive health supplies, and community health surveillance and engagement. The rollout is intended to take place in 14 health zones registering the highest maternal deaths, receiving large numbers of returnees, and where partners' operational capacities exist.

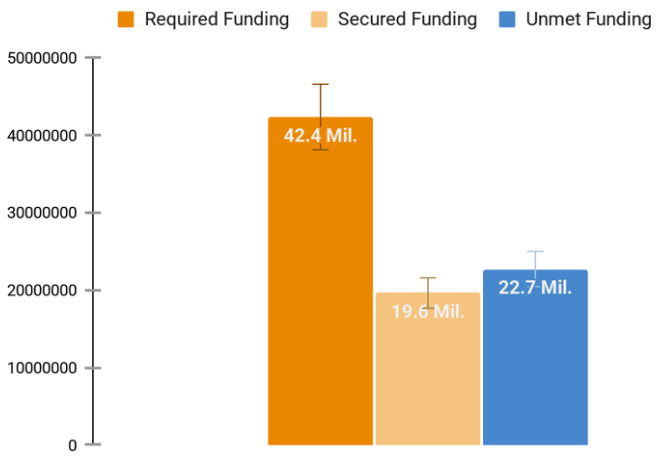
Photo: © UNFPA / DRC

# Funding Status

As of 31 July 2025, UNFPA has received US$20.3 million of its US$42.3 million appeal. New contributions include:

- US$3.3M from DG-ECHO
- US$5.2M from the Government of DRC (FONAREV)
- US$890K from the Government of Norway

However, a staggering US$22 million funding gap remains. Without additional support, UNFPA cannot maintain scale in life-saving SRH and GBV services, putting women's and girls' lives at risk.




**Disclaimer:** Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

*"Every day, we do our best with the resources available, but the needs are immense. When there are no more kits or medicines, a woman, a baby, a life is in danger."*

— Espérance, midwife at Kyeshero Hospital in Goma, supported by UNFPA.

## Current Donors

- Democratic Republic of Congo Humanitarian Fund (DRC HF)
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Government of Canada
- Government of Democratic Republic of Congo / Fonds National de Réparation des Victimes (FONAREV)
- Government of Italy
- Government of Japan
- Government of Norway
- UK Foreign, Commonwealth & Development Office (FCDO)
- UN Central Emergency Response Fund (CERF)
- UNFPA Emergency Fund / Humanitarian Thematic Fund

## For more information

**Alain Akpadji**
UNFPA Representative
akpadji@unfpa.org

**Noemi Dalmonte**
Deputy Representative
dalmonte@unfpa.org

**Brigitte Kiaku**
Communications Officer
kiaku@unfpa.org