









Situation Report

Strengthening the protection and resilience of affected populations of the conflict in Eastern DRC

Country:	Democratic Republic of Congo (DRC)
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	30 June 2025
Covering Period:	1-30 April 2025
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Key Figures (Eastern DRC)

 5,500,000 Total people affected ¹	 5,500,000 People internally displaced ²	 1,210,000 Women of reproductive age ³	 163,710 Estimated pregnant women ³	 933,728 People targeted with SRH services	 459,896 People targeted with GBV programmes
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¹ OCHA, Protection Cluster, February 2025.

² [UNHCR, Eastern DRC Displacement Overview, 17 April 2025.](#)

³ Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Highlights

- Ongoing insecurity and displacement is putting the lives and safety of women and girls at risk:** The security situation continues to be a cause for concern in eastern Democratic Republic of Congo (DRC). Ongoing violence is restricting civilian movement, disrupting access to basic services such as healthcare, and creating continuous population displacements. Displacement exacerbates health issues, including sexual and reproductive health (SRH) challenges, with an alarming rise in maternal deaths and complications due to the lack of adequate care. The humanitarian crisis is also exacerbating risks for women and girls, particularly with sexual exploitation and abuse in returnee areas in North and South Kivu and in the remaining overcrowded displacement sites in Tanganyika and Ituri.
- Healthcare and protection services affected:** Significant disruptions of SRH and gender-based violence (GBV) services have impacted the affected populations. Weak protection systems are leaving women highly vulnerable to GBV, which is further compounded by a weak referral system. Service delivery in health facilities is slowly resuming but health services are overwhelmed by high demand and face critical shortages of medical supplies, including post-rape kits, and staff. Concerningly, some hospitals have been attacked and patients abducted.
- Reduced humanitarian funding is impacting critical GBV and SRH services:** The termination of U.S. funding has reduced humanitarian funding in the DRC by more than two-thirds, jeopardizing ongoing interventions. Many NGOs and UN agencies have suspended or scaled down their activities, while humanitarian needs continue to surge. The UN Central Emergency Response Fund (CERF) has allocated US\$1.5 million to support prevention and emergency multisectoral response to support the needs of survivors of GBV, and protection against sexual exploitation and abuse in the provinces of North and South Kivu. US\$3 million has been allocated for the health sector, 17 per cent of which will cover SRH interventions.
- Assessment of healthcare facilities indicate significant gaps in SRH services:** The SRH Working Group in North Kivu has carried out a rapid assessment of the SRH situation in health facilities and mobile clinics. According to the assessment, most of the health infrastructure has been looted and destroyed, resulting in a shortage of essential supplies and products. The lack of skilled staff and limited funding are aggravating the situation. There is an urgent need to strengthen integrated emergency SRH and GBV services to prevent excess maternal and perinatal mortality and morbidity.

Situation Overview

- Continued fighting and insecurity:** Despite the ceasefire announced on 22 March 2025 between the Armed Forces of the Democratic Republic of the Congo (FARDC) and the March 23 Movement (M23), insecurity continued in various parts of North and South Kivu. The situation in the towns of Goma, Bukavu and Bunia remains highly volatile. Repeated clashes continue leading to further displacement of populations.
- Returnee population movement:** As of April 2025, the security situation in North Kivu and South Kivu provinces remains unstable, with ongoing efforts by de facto authorities to encourage displaced populations to return to their areas of origin. A large-scale return of civilians displaced during the 2023-2024 conflict has been observed by humanitarian workers in North Kivu since February 2025. One of the humanitarian corridors has seen an estimated 21,295 people, following the dismantling of various sites for displaced persons throughout the area from Goma to Masisi territory.

- **Gender-based violence:** Fear of reprisal by perpetrators of violence is widespread among women and girls in communities, following threats and aggressions. Risks are increasing among GBV and protection service providers, which is hampering the availability and quality of services.
- **Psychosocial support:** Several women and girls' safe spaces run by local NGOs have had to close or drastically reduce their capacity, depriving survivors of psychological care and a secure environment. There has been a seven-fold increase in psychiatric-psychological consultations in North Kivu compared with 2024, with severe depression, post-traumatic stress and suicidal ideation among unsupported survivors.
- **Disruption to critical infrastructure:** In North and South Kivu, banking services have been disrupted, hindering the implementation of ground operations for humanitarian organizations. Goma airport remains non-operational, resulting in high logistics costs for vital life-saving commodities.



Ombeni Mburano, who is pregnant, stands in front of the ruins of a bomb-hit makeshift shelter in an informal displacement site west of Goma. © UNFPA DRC

UNFPA Response

UNFPA and its implementing partners have pivoted services into a more health facility-based and outreach services delivered by trained midwives, community health workers and community-based distributors of drugs including modern contraceptive methods. UNFPA have provided support to local organizations, including Panzi and TPO, in South Kivu, and RADPI, Caritas Butembo and Heal Africa in North Kivu, FOMI in Ituri for the implementation of the response to ensure continuity and enhanced access to the affected populations.

In the South Kivu province, UNFPA is strengthening the response in one health facility through deployed midwives. In Minova, South Kivu, activities are still paused due to limited access, though implementing partners are prepared to resume operations as soon as the situation improves. Despite these challenges, five safe spaces continue to operate, albeit with reduced hours. To address critical needs, a GBV hotline has been established, ensuring survivors can access vital support services.

In support of North Kivu's provincial division of health and its National Programme for Sexual and Reproductive Health in four zones (Goma, Karisimbi, Nyirangongo and Beni), UNFPA and its implementing partners continue to expand SRH services, including conducting maternal and perinatal death surveillance, and reviews of maternal deaths. Emergency obstetric and newborn care (EmONC) services are being strengthened in 6 new health facilities, in addition to the 20 health facilities where support was provided since February 2025, bringing the total to 26 health facilities where midwives were deployed.

Key components of UNFPA's response include:

- Deployed 18 new midwives, in addition to the existing 147 midwives deployed in North Kivu and 4 in South Kivu; bringing the total to 169 midwives deployed in 27 health facilities. The midwives are supporting basic and comprehensive EmONC services, including conducting referrals of obstetric complications in Goma

and Beni. In total, four UNFPA supported hospitals in North Kivu managed obstetric complications referred to them from basic emergency obstetric and newborn care (BEmONC) facilities. In addition, the midwives run outreach services in the community, including raising awareness on danger signs in pregnancy and safe childbirth checklist, and identifying and referring women with high-risk pregnancies.

- Provided briefing on mental health and psychosocial support for pregnant women to nine midwives and clinical psychologists.
- Provided briefings on key messages and adherence to family planning to 440 community health workers and community-based distributors of modern contraceptive methods from 27 health facilities.
- Distribution of Inter-Agency Reproductive Health (IARH) kits, including new arrivals of post-rape kits began on 2 April 2025. At the end of April, other essential medical supplies were in transit for Goma via Kigali since the airport of Goma is not yet open.
- Through different coordination mechanisms, UNFPA has also supported non-implementing partners with commodities that have reached four health facilities.

On the 24 April, UNFPA, the Health Cluster National Coordinator, and the Provincial Division of Health's (DPS Nord Kivu) National Programme for Reproductive Health (PNSR) conducted an assessment of the SRH response in two health facilities, providing services to IDPs and host communities in the Nyirangongo health zone. Discussions were centered around challenges faced, gaps in service delivery and strategies to improve SRH response in the seven other health zones supported by UNFPA, with funding from the UK Foreign, Commonwealth and Development Office.

To support the emergency response, UNFPA has deployed staff members from the Global Emergency Response Team (GERT), including specialists in Gender-Based Violence in Emergencies (GBViE), Clinical Management of Rape and Mental Health and Psychosocial Support (CMR/MHPSS), and Operations. The UNFPA Regional GBV Area of Responsibility (AoR), Regional Emergency Coordinator, and International Information Management Officer have also been deployed to support the response and GBV actors.

Results Snapshots (April 2025)



31,006

People received **SRH services**
81% female, 19% male



28

Health facilities supported








18,986

People benefited from **GBV prevention, mitigation and response services**
60% female, 40% male



6

Safe spaces for women and girls were supported

	1,974	Dignity kits were distributed to women and girls
	182	Reproductive health kits provided to service delivery points to meet the needs of 206,215 people
	50	People people living with HIV received cash assistance to support their treatment
	169	Midwives currently deployed to provide SRH and GBV services in North and South Kivu
	177	GBV workers received training

Coordination Mechanisms



Gender-Based Violence

- National and provincial-level GBV Sub-Cluster coordination is functioning in North and South Kivu and is strengthening advocacy and collaboration, and working to prevent service duplication to ensure effective service delivery.
- GBV referral pathway and service mapping were updated and disseminated.
- An orientation was provided to 55 GBV Sub-Cluster members regarding the process of submitting humanitarian projects to the Humanitarian Fund.
- During the Nord Kivu Provincial Humanitarian Coordination meeting, GBV AoR facilitated a session on trends on GBV service provision between 1 November 2024 through to 31 March 2025. 45 participants attended in person and an additional 59 participants attended online, representing clusters, AoR and humanitarian organizations. From the meeting, the following actions have been recommended:
 - Update and elaborate the guidance note on GBV risk mitigation, to be disseminated to humanitarian actors.
 - Organize life-saving prevention interventions, including dissemination of information on risk mitigation actions, coping mechanisms, and GBV services available.
 - Strengthen the involvement of local partners and women-led organizations (WLOs) on risk mitigation and prevention as frontline actors.

- actors to prevent GBV, raise awareness among women and girls of available services, activities related to social norms transformation, GBV minimum standards, GBV prevention and risk mitigation, and emotional empowerment of women and girls.
- 45 GBV organizations were supported to strengthen their GBV case management capacity through online training.



Sexual and Reproductive Health

- **Service mapping:** In early April 2025, the North Kivu SRH Working Group (WG) conducted a field mapping exercise to evaluate the [Operational Capacities of SRH WG members in North Kivu for the month of March 2025](#). This mapping revealed service expansion to new health zones.
- **Expansion of SRH activities:** Ongoing coordination and mobilization of actors and donors has resulted in the expansion in SRH response from 22 actors implementing 25 projects in 15 health zones in North Kivu in February 2025, to 28 partners implementing 30 projects in 20 health zones in March 2025.⁴ SRH WG members' services are being expanded to additional returnee and IDP communities, notably in Kalungata, Kayna, Binza, Katoyi, Bambo, Mabalako. Services notably strengthened are safe and post-abortion care and commodity support, including reproductive health supplies.
- **Capacity building on MHPSS:** 45 SRH WG actors participated in an online orientation session on the integration of MHPSS into SRH to improve quality of service and wellbeing of women and girls using community based approaches. This session was delivered by the CMR/MHPSS Specialist and the SRH WG Coordinator for North Kivu in collaboration with the National Programme for Reproductive Health, the National Programme for Mental Health, and the World Health Organization (WHO).
- **Capacity building on MISP SRH:** 57 SRH WG members participated in a three day re-engagement session facilitated by the Sexual and Reproductive Health in Emergencies (SRHiE) Specialist from UNFPA's Humanitarian Response Division on three critical components of the MISP SRH: adolescents and access to contraception; comprehensive abortion care; preventing the transmission of STIs and reducing morbidity and mortality from HIV and other STIs.
- **Prevention of avoidable paternal and perinatal deaths:** Following the increase in the number of maternal deaths notified since the beginning of the year, on 18 April 2025, a session on the North Kivu response plan for preventable maternal and perinatal deaths (October 2025 - September 2026) was organised by the Provincial Division of Health, the health cluster and the SRH WG. Stakeholders involved identified priority actions in the response plan to be implemented, monitored and evaluated in the next six months.

⁴ [RD Congo: Présence Opérationnelle des Partenaires du GTSR Nord-Kivu \(4W\).](#)

Funding Status

As the humanitarian situation in eastern DRC rapidly deteriorates, UNFPA is urgently appealing for US\$42.3 million to scale up and provide life-saving SRH and GBV services to 1.4 million people in DRC. This appeal includes:

- **\$18 million for immediate emergency interventions** (Feb–Aug 2025) to address the escalating crisis in North and South Kivu. This does not stand apart from broader humanitarian needs; rather, it reinforces and expands existing efforts, addressing long-standing vulnerabilities that have been further exacerbated by the current crisis.
- **\$24.3 million to sustain and expand critical humanitarian services** (Jan–Dec 2025) across the country, addressing pre-existing and ongoing needs that were identified before the recent escalation of the crisis. It prioritizes the most essential interventions to maintain continuity of lifesaving healthcare, protection, and humanitarian readiness.

As of the end of April, UNFPA has mobilized approximately **US\$6.8 million** toward its humanitarian appeal for the DRC, thanks to the generous support of its donors. However, a funding gap of approximately **US\$35.5 million** remains to fully meet the needs outlined in UNFPA's appeal. Without urgent additional resources, the already dire humanitarian situation will leave millions—particularly women and girls—facing acute risks related to health, protection, and displacement.

