



UNITED NATIONS POPULATION FUND

# SITUATION REPORT

## CRISIS IN EASTERN DEMOCRATIC REPUBLIC OF CONGO

1 - 30 June 2025

### Highlights

- In June, UNFPA reached 127,061 people with sexual and reproductive health (SRH) and gender-based violence (GBV) services, supplies and activities in the Democratic Republic of the Congo (DRC). However, additional funding is needed to deliver at scale, as by mid-year, UNFPA has received only 25 per cent of the required funding for 2025.
- Hundreds of cases of sexual violence are reported weekly in the eastern part of the DRC.<sup>1</sup> To improve GBV prevention and response, UNFPA trained a total of 220 frontline responders on clinical management of rape, case management and psychosocial care.
- Health facilities in North Kivu face shortages of post-rape kits, including post-exposure prophylaxis (PEP) for the prevention of HIV. A mapping in June by the Sexual and Reproductive Health Working Group (SRH WG) found that only 8 of the 34 provinces reported having PEP kits in some health facilities supported by the four partners – UNFPA, WHO, UNICEF and MSF – who are currently supplying PEP kits in DRC.<sup>2</sup> UNFPA continues to respond to this shortage, delivering 336 reproductive health kits, including post-rape kits, to health facilities in June to cover the needs of 330,000 people.



**5.5 million**  
Total people affected<sup>3</sup>



**3.8 million**  
People internally displaced<sup>4</sup>



**1.2 million**  
Women of reproductive age<sup>5</sup>



**163,700**  
Estimated pregnant women<sup>3</sup>



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



**459,900**  
People targeted w/ GBV programmes

<sup>1</sup> [Clinical Management of Rape Task Force for DRC. Advocacy Note. July 2025.](#)

<sup>2</sup> [North Kivu Sexual and Reproductive Health Working Group: PEP Kit Mapping - Update #3, July 4, 2025.](#)

<sup>3</sup> OCHA, Protection Cluster, February 2025.

<sup>4</sup> [UNHCR. Eastern DRC Displacement Overview. 24 June 2025.](#)

<sup>5</sup> Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

## Situation Overview

- On June 27, Congolese and Rwandan officials signed a peace agreement, raising hopes for an end to the conflict between Armed Forces of the Democratic Republic of the Congo (FARDC) and non-state armed groups Mouvement Du 23 Mars (M23) and Congo River Alliance (AFC), which escalated at the beginning of 2025. Despite this, insecurity and violence in several territories of North and South Kivu continue to result in civilian casualties and drive displacement.<sup>6</sup>
- On 30 June, an attack on Muku health centre in Walungu territory of South Kivu has left the health facility without medicines, medical equipment, cash and telecommunications; depriving the community of vital healthcare.<sup>7</sup> This is just one of the 33 attacks on health facilities and healthcare workers recorded in the first half of this year in DRC. This is a 276 per cent increase from the previous 6 months,<sup>8</sup> highlighting the disregard for international humanitarian law amidst the ongoing insecurity in DRC, and showing extreme vulnerability of health facilities, particularly in rural areas.
- Widespread insecurity in eastern DRC continues to hinder humanitarian access to some areas in critical need of humanitarian support, as well as preventing follow-up activities. Insufficient medical records in some health facilities is also creating challenges to comprehend the full scale of GBV, particularly cases of conflict-related sexual violence.
- Between 23 to 26 June, the UN Under-Secretary General for Humanitarian Affairs and Emergency Relief Coordinator, Tom Fletcher, visited DRC and met with humanitarian actors, government officials, de facto authorities, and communities in Kinshasa and in North Kivu Province. Discussions included the needs of women and girls affected by high rates of GBV, with the USG advocating for the urgent need for increased protection, medical and psychological support for survivors.

## UNFPA Response

### Sexual and reproductive health:

- A total of 111,994 people benefited from SRH services provided by UNFPA and implementing partners during June. Some 66 per cent (74,132 people) received medical services and 33 per cent (37,862 people) participated in information and education sessions.
- UNFPA has continued to scale up the supply of reproductive health (RH) kits, delivering 336 kits to health facilities during June to cover the needs of an additional 330,000 people. By June 30, all 29 health facilities supported by UNFPA under the emergency response had received the first consignments – totaling 1,530 RH kits provided in the past 3 months. The RH kits include PEP kits, male and female condoms, modern contraceptive methods, antibiotics for treatment of sexually transmitted infections, maternity equipment and midwifery kits. The distributions of RH kits were coupled with briefing sessions for health providers, pharmacists, and logistic officers at the facilities, about the use of the RH kits, the contents, and the completion of reporting tools.
- Ongoing supportive supervision is being provided to the 148 UNFPA-deployed midwives to improve capacities in emergency obstetric care and clinical care for sexual violence survivors, with 20 per cent having received supervisory visits during June.

<sup>6</sup> [UNHCR Southern Africa Regional External Update #18: Eastern DRC Situation, 27 June 2025.](#)

<sup>7</sup> [Attack on health facilities in Muku: Urgent call for community vigilance in Walungu, 1 July 2025.](#)

<sup>8</sup> World Health Organization. Surveillance System for Attacks on Healthcare.

- From 30 May to 2 June 2025, UNFPAs implementing partner, AfriYAN commemorated the [International Day of Menstrual Hygiene in Sake](#), North Kivu province, an area highly affected by the conflict in early 2025. More than 300 youth participated in awareness sessions about menstrual health, which demystified menstruation and provided practical information to maintain safe hygiene and prevent health complications. 174 adolescent girls who participated also received menstrual hygiene kits.

#### Gender-based violence:

- In South Kivu, 13,743 people participated in community awareness-raising sessions on the prevention of GBV and sexual abuse and exploitation (SEA), as well as information on available support services for survivors.
- UNFPA and partners provided training to increase the capacity and skills of frontline responders. This included:
  - 72 healthcare providers received training on the clinical management of rape (CMR).
  - 96 social workers were trained on GBV case management.
  - 32 humanitarian workers received training on prevention of SEA.
  - 20 psychologists were briefed on psychosocial care for pregnant women and girls.
- 1,324 women and girls benefitted from services in the three safe spaces in Minova, Kalehe and Idjwi health zones, including receiving information on GBV/SEA risk mitigation, and family planning, as well as taking part in psychosocial, vocational and skills-building activities.
- Dignity kits were provided to 1,048 women and adolescent girls across six health zones in North Kivu and three health zones in South Kivu.
- Cash transfers were provided to 250 highly vulnerable women and girls, including survivors of GBV, to foster their economic empowerment and strengthen their livelihoods. The assistance was delivered in North Kivu's Lubero, Alimbongo, and Kaina health zones.



## Results Snapshot



**111,994**  
People reached with **SRH services**



**29**  
**Health facilities** supported  
18 primary, 10 secondary, 1 tertiary



**15,067**  
People reached with **GBV prevention, mitigation and response** activities  
58% female, 42% male



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



**1,048** Dignity kits were distributed to women and girls



**199** People received mental health and psychosocial support



**336** Reproductive health kits provided to service delivery points to meet the needs of 330,000 people



**250** People reached with humanitarian cash and voucher assistance for GBV and SRH

## Coordination Mechanisms

### Gender-based violence:

The GBV Area of Responsibility (AoR) conducted a GBV safety audit in six health zones of North Kivu. It revealed a critical situation due to persistent insecurity and fragile infrastructure, which significantly increased GBV risks. The findings included:

- Multiple forms of GBV, including sexual violence (rape, sexual exploitation), physical violence, and forced marriages are widespread, and predominantly affect women and girls.
- Reporting GBV remains a challenge due weak response and referral mechanisms, and fear of retaliation.
- Lack of livelihoods and precarious living conditions in returnee areas exposes returning populations to exploitation and GBV, particularly for women and adolescent girls, who face major challenges in accessing economic opportunities.
- Insufficient quantity and quality of women and girls' safe spaces.

The report urges immediate action and collaboration between humanitarian actors, authorities, and communities that focuses on enhancing physical security, establishing robust and accessible GBV response mechanisms, and improving data management.

## Sexual and reproductive health:

As numbers of cases of sexual violence reported in North Kivu and South Kivu provinces surge in a backdrop of very limited human, material and financial resources to support quality comprehensive services for survivors, a [call to mobilize relevant stakeholders to strengthen care for survivors](#) has been disseminated by the UNFPA-led Sexual and Reproductive Health Working Group (SRH WG), Clinical Management of Rape (CMR) Task Force and other coordination mechanisms. The advocacy note highlights the need to strengthen the provision of comprehensive CMR services through coordinated response by relevant stakeholders; time-sensitive provision of life-saving services; access and availability of medical supplies; increasing the skills of healthcare workers; and community engagement and education. It also emphasizes the crucial need for funding, including for comprehensive CMR services, to offset the loss of USAID funding for GBV response in North and South Kivu.

Following alerts received on the massive influx of returnees and, the increasing number of maternal deaths reported in Mweso health zone, from the 2-5 June 2025, the SRH WG, led by UNFPA in collaboration with the National Programme for Reproductive Health (PNSR) and the National Programme for Emergencies and Humanitarian Action (PNUAH), conducted a [rapid SRH needs assessment](#). The findings showed that of nine health facilities assessed:

- Four facilities, including a referral facility, were looted and partially destroyed during the crisis.
- The majority lacked 24/7 electricity, which greatly affected the conservation of drugs.
- Only three had trained midwives providing maternity services.
- Only one had an ambulance to support emergency referrals.
- Only two provided a comprehensive package of CMR services.
- Though health providers had knowledge on the use of a partogram to track the progress of labour, three of the health facilities did not use partograms due to unavailability.
- None of the facilities had in place services for systematic HIV screening for pregnant women, and healthcare staff lacked training on the prevention of mother-to-child transmission of HIV.

Advocacy has been made for collective efforts of actors intervening in Mweso to strengthen the quality of referrals of obstetric complications and care for survivors of sexual violence, supply data collection tools including partograms, and for availability and access to HIV test kits for systematic testing of pregnant women.

During June, the SRH WG conducted a mapping of the operational capacities of SRH providers in North Kivu and observed that from comparative analysis of the data collected in April<sup>9</sup> and May<sup>10</sup>, there was a significant increase in the number of people reached with services, from 9 per cent in April to 16 per cent in May 2025. This can be largely attributed to months of advocacy by the SRH WG coordination on strengthening data collection and reporting, coupled with awareness-raising in communities on available services. However, despite these efforts SRH service provision, especially in returnee health zones, remain largely uncovered.

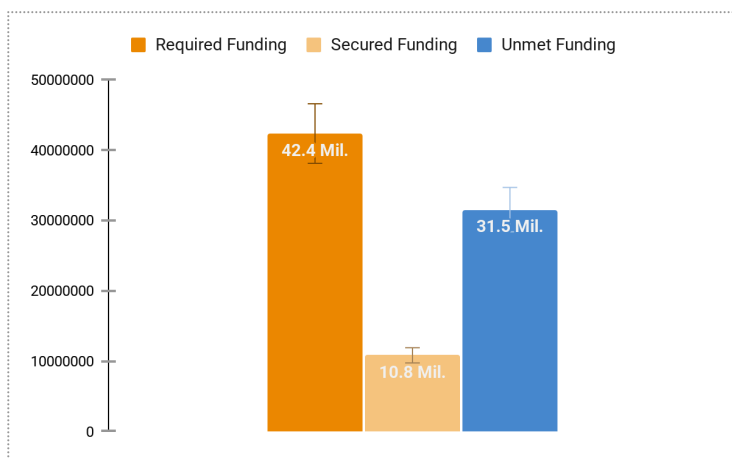
<sup>9</sup> République démocratique du Congo / Province du Nord-Kivu : Présence Opérationnelle des Partenaires du Groupe de Travail Santé sexuelle et Reproductive (GT SR) au 30 Avril 2025 - Les partenaires qui ont renseigné les 4 Ws.

<sup>10</sup> République démocratique du Congo / Province du Nord-Kivu : Présence Opérationnelle des Partenaires du GT SR Nord-Kivu au 31 Mai 2025.

## Funding Status

UNFPA is appealing for **US\$42.3 million** to scale-up and provide lifesaving SRH and GBV services to 1.4 million people in DRC during 2025.

But half way through the year, **only US\$10.8 million has been mobilized**. With a **funding gap of US\$31.5 million**, additional funding is urgently needed. Without further support, UNFPA will be unable to deliver the services needed, which is putting the lives and health of women and girls in DRC in jeopardy.



**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.

*“Armed men forced their way into my house and one of them pointed a gun at me. I was carrying the life of my baby inside me when I was shot. I didn’t know if I was going to survive... But the midwives treated me right away. They checked my baby’s heartbeat and gave me medicine.”*

— Judith, who lives in eastern DRC and was five months pregnant

## Current Donors

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

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