







Situation Report

Increases in conflict-related sexual violence coupled with defunding is leaving survivors without care in Eastern DRC

Photo: © UNFPA / DRC

Country:	Democratic Republic of Congo (DRC)
Emergency type:	Conflict
Start Date of Crisis:	December 2024
Date Issued:	16 July 2025
Covering Period:	1-31 May 2025
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Key Figures (Eastern DRC)

 5,500,000 Total people affected ¹	 3,800,000 People internally displaced ²	 1,210,000 Women of reproductive age ³	 163,700 Estimated pregnant women ³	 933,730 People targeted with SRH services	 459,900 People targeted with GBV programmes
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Highlights

- Ongoing violence in Eastern DRC continues to have a devastating impact on communities, especially on women and girls. The number of recorded cases of gender-based violence (GBV) is surging to unprecedented levels, with a 38 per cent increase in sexual violence in the first 4 months of 2025 compared to the same period last year.⁴ Data compiled by health partners also found that between January and April 2025, at least 32 pregnant women were injured and 3 have died by gunfire or shrapnel in areas of armed conflict.

¹ OCHA, Protection Cluster, February 2025.

² [UNHCR. Eastern DRC Displacement Overview. 1 May 2025.](#)

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

⁴ [Care. Emergency kits run out alongside hope for DRC sexual violence survivors. June 9, 2025.](#)

- The recent US defunding, which resulted in a 37 per cent reduction of funding for protection - including GBV, and over 50 per cent of sexual and reproductive health (SRH) services in the Democratic Republic of Congo (DRC), has left the health system on the brink of collapse. Over half of the GBV service provision points that were functioning last year are no longer operational. In frontline territories, 90–100 per cent of GBV survivor support structures have closed or suspended activities. Consequently, survivors face significant challenges accessing medical care, including clinical management for rape services and psychosocial support.
- The post-rape kit mapping conducted by the Sexual and Reproductive Health Working Group shows limited stocks in the eastern part of DRC, with many health facilities facing complete stockouts.⁵ Only 7 of the 34 health zones in North Kivu currently hold a minimal stock of post-rape kits, and the majority of recorded cases of survivors of sexual violence seeking medical assistance remain unaddressed. Currently, only 13 per cent of referred survivors received post-exposure prophylaxis (PEP) within the critical 72-hour window, exposing them to the risk of HIV.
- UNFPA significantly scaled up activities in May to respond to the surging humanitarian needs, and fill some of the gaps left by the many organizations that were forced to suspend or reduce their activities due to US defunding. 25 tonnes of reproductive health kits – which will serve a total of 750,000 people – were distributed to targeted health facilities in areas of high internally displaced person (IDP) populations. Outreach services, including provision of contraceptives, community information and education sessions, and referrals to health facilities, were also increased through the deployment of an additional 430 community health workers and community-based distributors.

Situation Overview

Mass displacement: 6.4 million people are currently displaced in DRC as a result of conflict and other crises, of which 3.8 million are in North and South Kivu in Eastern DRC. Following the dismantling of some displacement sites in Eastern DRC, many of the displaced populations are now residing in host communities or have returned to their areas of origin, where most health facilities have suffered damage as a result of the long-standing conflict, and lack adequate medicines, equipment, and healthcare staff.

Increases in gender-based violence: The breakdown of social structures as a result of the conflict in Eastern DRC has further weakened protection systems and increased the vulnerability of women and girls to GBV, including sexual assault, exploitation, intimate partner violence, and conflict-related sexual violence. Hundreds of cases of GBV are reported weekly in the eastern part of the DRC, particularly in South Kivu, North Kivu, Ituri and Tanganyika. Actual numbers are likely much higher due to underreporting caused by fear, stigma, and limited access to services.

Post-rape medical care: Many health centres in Goma, Walikale, Rutshuru, Lubero, Masisi (North Kivu) and Kalehe (South Kivu) no longer receive any drugs or supplies to treat survivors of rape. Without these vital medical supplies, women and girls are at risk of suffering from injuries (including genital injuries); unintended pregnancy and pregnancy complications such as unsafe fatal abortions; sexually transmitted infections, including HIV; and urinary tract infections. Many health facilities also suffer from an insufficient number of qualified providers—including midwives—able to deliver both medical treatment and psychosocial support to survivors.

⁵ [North Kivu Sexual and Reproductive Health Working Group: Evaluation of the impact of the cessation of US funding for the provision of emergency sexual and reproductive health services. North Kivu and South Kivu provinces. May 2025.](#)

Maternal and neonatal care: According to a study conducted in April and May 2025 by ICRC, there has been a four-fold increase in the number of stillbirths,⁶ with the incidents particularly high in North Kivu.⁷ This illustrates how hard it is for mothers to access health centres for ante- and postnatal visits.

Funding shortages: Approximately USD 35 million is needed to offset the loss of USAID funding for GBV response, plus a further USD 10–15 million is required to maintain services in Eastern DRC until the end of 2025. This includes confidential spaces in health facilities; transit spaces for survivor safety; women and girls' safe spaces; health facility-based, community-based, and mobile teams of health providers; post-rape kits and last-mile assurance, including logistic and operational costs.

UNFPA Response

Sexual and reproductive health:

- During the month of May, UNFPA provided 23 health facilities (8 referral facilities and 15 health centres) in 5 health zones in North Kivu with 25 tonnes of reproductive health kits, including post-rape kits. The kits contain essential medical supplies and medicines, such as PEP, antibiotics, emergency contraceptives, and testing equipment for HIV and other sexually transmitted infections. The distribution was coupled with briefing sessions for approximately 58 healthcare providers on the use of the medicines and equipment included in the various kits. This distribution will continue to cover all 30 health facilities targeted as part of UNFPA's emergency response.
- 15 midwives from three health facilities benefited from supervision, which will help improve the quality of maternal and neonatal health services offered to pregnant women and new mothers.
- UNFPA scaled up outreach services, deploying an additional 430 community health workers and community-based distributors, bringing the total number up to 480. The outreach services provided include the provision of contraceptives; education on reproductive health, newborn care, and adolescent health issues; information on available maternal health services and referrals of pregnancy-related complications to health facilities.



20-year-old Elisée Katsongo, faces the hardship of living in a displacement site while pregnant. © UNFPA DRC / Jonas Yunus

Gender-based violence:

- Thanks to United Nations Central Emergency Funding (CERF), UNFPA and its partner, Heal Africa, provided 250 vulnerable women and girls, including survivors of GBV, with cash assistance to strengthen their socio-economic recovery and reintegration. Entrepreneurship capacity-building sessions were held in Kaina, Alimbongo, and Lubero in North Kivu. Participants developed business plans for conducting income-generating activities, and upon validation, each participant received US\$230 to start their business.

⁶ Based on the 109 health facilities included in the study.

⁷ [ICRC. DRC: Health-care system on verge of collapse in North and South Kivu. 17 June 2025.](#)

Results Snapshots (May 2025)



113,259

People received **SRH services**



30

Health facilities supported
18 primary, 10 secondary, 2 tertiary




25,089

People benefited from **GBV prevention, mitigation and response services**



6

Safe spaces for women and girls were supported

	860	Dignity kits were distributed to women and girls
	1,012	Reproductive health kits provided to service delivery points to meet the needs of 750,000 people.
	250	Women and adolescent girls were provided with humanitarian cash and voucher assistance
	3,756	People received mental health and psychosocial support
	250	Women received vocational training to support income-generating activities
	148	Midwives currently deployed to provide SRH and GBV services in North Kivu

Coordination Mechanisms



Gender-Based Violence

- UNFPA co-chairs the GBV Area of Responsibility (GBV AoR) with women-led organizations (WLOs) and women's rights organizations (WROs), composed of 375 partners, consisting of national NGOs - including 130 WLOs and 86 WROs, international NGOs, government entities, and UN agencies. The GBV AoR focuses on coordinating the GBV response among partners. It manages the referral pathway which links survivors to service providers, supports risk mitigation and prevention work, and assists partners with specialized tools for GBV data

protection. The GBV AoR actively contributes to the revision of the [Humanitarian Needs and Response Plan 2025](#) to ensure the integration of GBV.

- During May, the GBV AoR:
 - Updated referral pathway for GBV survivors in South Kivu.
 - Monitored the availability of post-rape kits in medical facilities in the provinces.
 - Provided guidance and training to members and service providers on safe services and GBV needs assessments during the acute phase of a crisis.
- The GBV AoR and the Protection Cluster conducted a joint rapid household assessment on GBV in Rutshuru, Vitshumbi and Bambo-Tongo, which identified an increase in incidents of sexual violence. Recommendations included deploying integrated mobile teams; restocking post-rape kits; reactivating women and girls' safe spaces; strengthening coordination among NGOs, clusters, and authorities; supporting the justice sector with mobile legal clinics and training; and mobilizing US\$5–7 million for the GBV sector in the Kivus by September 2025.

Sexual and Reproductive Health

- The Sexual and Reproductive Health Working Group (SRH WG) established the Clinical Management of Rape (CMR) Task Force in March 2025 in response to reports of escalating GBV, including conflict-related sexual violence, in crisis-affected areas in South and North Kivu. In May 2025, the CMR Task Force finalized a mapping of the availability of post-rape kits at health facilities in the North Kivu and South Kivu provinces. Only 4 of 34 health zones in North Kivu and 19 of 34 health zones in South Kivu reported having minimal quantities of available post-rape kits in some health facilities and pharmacies. UNFPA, as provider of last-resort for GBV, has been raising additional funds, conducting advocacy on concrete needs, and coordinating the response among the few remaining actors that can procure and purchase post-rape kits.
- The SRH WG in North Kivu and South Kivu conducted a [survey on the impact of US funding cuts on SRH interventions](#). It showed that:
 - 44 SRH WG actors are directly or indirectly impacted by US funding cuts.
 - 25 of 34 health zones in the North Kivu province which were supported by US funding are facing disrupted family planning and CMR services, inability to cover healthcare providers cost, and discontinuity in most SRH projects.
 - Stock outs of reproductive health supplies, with significant gaps in availability of modern contraceptive methods. The most critical needs are the provision of post-rape kits, including post-exposure prophylaxis (PEP) to HIV, amidst the rising numbers of cases of sexual violence.
- From 11-15 May, UNFPA on behalf of the SRH WG in North Kivu joined a rapid evaluation led by OCHA in the health zones of Tonga, Kibirizi and Vitshumbi in the territory of Rutshuru, which is housing about 30 per cent of the returnees from Goma territory. The evaluation revealed:
 - Absence of comprehensive SRH services, including trained medical personnel.
 - Lack of supplies, including life-saving EmONC supplies and post-rape kits.
 - Poor quality of referrals.
 - Extensive destruction of health infrastructure, including maternities in all of the health facilities visited.

In response to these findings, the SRH WG is mobilizing SRH actors and donors to strengthen SRH implementation.

- From 1 May 2025, the SRH WG conducted a mapping of the operational capacities of SRH actors. It was observed that from 28 actors implementing 30 projects in 20 health zones in North Kivu in March 2025, the operational capacities of actors went downhill to [22 actors implementing 24 projects in 18 health zones in April 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. This appeal includes:

- **\$18 million for immediate emergency interventions** (Feb–Aug 2025) to address the escalating crisis in North and South Kivu.
- **\$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.

As of the end of May, UNFPA has mobilized **US\$11.6 million** for the humanitarian response in DRC. But with a funding gap of approximately **US\$30.7 million**, additional funding is urgently needed to deliver critical reproductive health and protection services to women and girls in need.

UNFPA thanks its donors for their vital contribution to supporting UNFPA's humanitarian response in DRC.



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