UNITED NATIONS POPULATION FUND

SITUATION REPORT

CRISIS IN EASTERN DEMOCRATIC REPUBLIC OF THE CONGO

1 – 31 August 2025

Highlights

Despite ceasefire agreements, the situation in Masisi and Rutshuru in North Kivu remains highly precarious due to ongoing clashes between armed groups, severely limiting humanitarian access and the ability of aid organizations to reach affected populations.

Comprehensive services for the clinical management of rape (CMR) remain largely inaccessible to survivors, particularly due to the low availability of post-rape kits. For the period from August through the end of November, the projected need exceeds 23,000 individuals. Across the 34 health zones in North Kivu province, available post-rape kits were sufficient to treat only 845 survivors. This reveals a critical gap in supply, severely limiting the capacity of health facilities to respond to the needs of survivors of sexual violence.

Persistent insecurity and significant reductions in US funding continue to severely impact sexual and reproductive health (SRH) and gender-based violence (GBV) services, leading to partners suspending some activities. Despite these challenges, UNFPA and partners still managed to deliver integrated SRH services and information to 48,700 people across North Kivu, South Kivu, Tanganyika, and Ituri provinces, as well as provide GBV prevention and response activities to more than 73,100 people, predominantly women and girls.

5.5M
Total people affected[1]

3.8M
People internally displaced[2]

1.2M
Women of reproductive age[3]

269,550
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] UNHCR. Eastern DRC Displacement Overview. 12 August 2025.
[3] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

Tensions persisted in areas in eastern Democratic Republic of the Congo (DRC) controlled by the government or by the de facto authorities, with armed clashes observed mainly in North Kivu (Rutshuru and Masisi) and South Kivu (in the highlands of Fizi, Uvira, and Mwenga) provinces. This ongoing violence has spurred new population displacement. Return movement was also observed in the Walikale health zone in North Kivu during August.The territories of Djugu, Mambasa, Irumu, Mahagi, and Aru in Ituri are experiencing a severe resurgence of insecurity, including violations of non-military nature of IDPs settings with abductions, forcing new population movements. Tanganyika faces challenges with displaced persons from eastern violence, insecurity, disengaging aid, and flood-damaged infrastructure.

In the four eastern provinces, 10.3 million people are facing acute food insecurity.[4] Food insecurity negatively impacts reproductive health by limiting access to maternal care, reducing contraceptive use, and increasing the risk of unintended pregnancies. Malnutrition poses a serious threat to pregnant and breastfeeding women and their babies, increasing the risk of complications such as miscarriages, premature birth, low birth weight, and sometimes, mortality. These outcomes can have severe — and often irreversible — consequences for a child's survival and long-term development. Food insecurity also increases the risk of sexual violence and exploitation. The lack of resources often forces difficult choices, such as prioritizing food over healthcare or engaging in transactional sex for basic needs, which can lead to poor health outcomes for women and girls and their households. This creates a cycle where poor nutrition, limited education, and financial constraints exacerbate poor reproductive health and a lack of sexual agency.

UNFPA Response

Sexual and reproductive health:

In North and South Kivu, UNFPA and partners provided SRH services to over 48,700 individuals during August, encompassing assisted deliveries, family planning, referrals and the management of obstetric complications.

With support from UNFPA, a mobile clinic was established by Implementation partners (Heal Africa , RADPDI, Afriyan and the National Association of Midwives) to deliver health services to communities that lacked nearby medical facilities. During August, the mobile clinic provided 518 people with family planning services; treated 266 individuals for sexually transmitted infections (STIs) and conducted 75 HIV tests; and distributed 3,218 condoms, 198 dignity kits, and 100 delivery kits to enhance the health and safety of communities.

UNFPA also supplied 42 health facilities with essential maternity equipment, including delivery tables and reanimation materials, as well as reproductive health kits.

In Ituri, 22 health providers from the Biringi and Nyarambe health zones were trained in emergency obstetric and newborn care (EmONC), with technical support from the Ituri Health Department and Medecin D'Afrique. Training was also provided to 60 community actors on SRH rights, maternal and newborn health, family planning, and infection prevention control to prevent Mpox and other infections in the targeted health zone.

[4] WFP Democratic Republic of Congo Country Brief, August 2025.

Gender-based violence:

In August, UNFPA and its partners provided GBV prevention and response services to a total of 73,106 people.

Cash and voucher assistance was provided to 300 women to foster their economic empowerment and reduce their vulnerability to abuse and exploitation. 198 dignity kits containing essential hygiene supplies were provided to women and adolescent girls to enable them to maintain their health. The kits also contain key information of available SRH and GBV response services for them, making them a key entry point for those who may be at risk of or experiencing GBV.

Funded by the UN Central Emergency Response Fund (CERF) and implemented by UNFPA local partner, Heal Africa, 550 women and adolescent girls in North and South Kivu were supported with income generating activities, which included emergency financial aid and comprehensive training in life skills, financial literacy, and business management. This support was provided in women and girls' safe spaces and aimed to empower women and girls experiencing displacement by supporting their reintegration into society.

Adolescents and youth:

In celebration of International Youth Day on the 15th August, 300 youths from 10 local youth organizations reunited in Goma to present their initiatives in the fields of health, education, environment, and peace. The main goal was to facilitate knowledge sharing and promote the efforts of young people on the ground. A temporary youth-friendly space was established, offering information on SRH and family planning services to more than 900 young people, including 115 people who were treated for STIs, 103 women who adopted modern contraceptive methods, as well as referrals to other services for specialized medical care. In addition, more than 4,500 condoms were distributed, contributing to the prevention of unplanned pregnancies and STIs.

Advocacy and Community Engagement:

UNFPA joined the humanitarian community on World Humanitarian Day to advocate for greater protection, enforcement and accountability of international humanitarian law. As part of the celebrations, UNFPA and partners —including Heal Africa, AfriYan, ActionAid, and TPO— held community activities in North Kivu, South Kivu, and Ituri. Over 600 people attended the events, which supported local-level advocacy on securing safe access and engagement from all actors to protect humanitarian workers, facilities, and services. These efforts were bolstered by the active involvement of local youth, traditional and administrative authorities, and community organizations, fostering local ownership of the initiative. In addition, approximately 300 women and girls, partook in separate information sessions specifically designed for their needs, including crucial information on SRH and GBV services. UNFPA also participated in a joint UN online appeal, "Each dollar counts", to raise awareness about the severe underfunding of the humanitarian crisis in the DRC.

Humanitarian Access:

In August, UNFPA deployed a Humanitarian Access Specialist from its Global Emergency Response Team (GERT) to eastern DRC to support its operational delivery. Through consultations with implementing partners, the GBV Area of Responsibility (AoR), SRH Working Group (SRH WG), and Health clusters, the Access Specialist led a practical update of the Area Office Risk Register so managers can make informed decisions, prioritize resources, and demonstrate due diligence to donors. UNFPA continues to monitor and adapt its approach, working through the Access Working Group to engage relevant parties to the conflict and advocate for improved humanitarian access, including less bureaucratic impediments, protection of civilians, and adherence to international humanitarian law.

Results Snapshot

48,701
People reached with **SRH services**
31% female, 69% male

42
Health facilities supported

73,106
People reached with **GBV prevention, mitigation and response** activities
49% female, 51% male

6
Safe spaces for women and girls supported

198 Dignity kits were distributed to women and girls

11,175 People received mental health and psychosocial support

10 Reproductive health kits provided to service delivery points to meet the needs of 190,000 people

300 Women provided with cash and voucher assistance

Coordination Mechanisms

Gender-based violence:

During August, the GBV AoR enhanced the capacity of its members through coordination, assessments, and training, including evaluating actors' skills in protection from sexual exploitation and abuse (PSEA), inter-agency work, and GBV data analysis.

In South Kivu, 25 GBV AoR members were trained in mental health and psychosocial support (MHPSS) for response services. In Ituri, 37 health professionals from the Nyarambe and Biringi health zones were trained in managing cases of GBV, and an additional 45 data collectors and assessors from the Caritas Bunia Food Security Working Group were trained on key concepts of GBV, reporting procedures, and prevention measures.

Organizations working to combat GBV also supported the Ituri Provincial Health Directorate in delivering 960 individual doses of post-rape kits provided by UNFPA across 29 health zones in Ituri.

Another key initiative of the GBV AoR during August was the updating of the GBV and SEA Standard Operating Procedures (SOPs), which is being co-led by UNFPA and SOFEPADI, and involves the review and input of over 150 actors. The new SOPs are aligned with the Interagency PSEA Strategy 2025–2029 and clarify essential survivor pathways for medical, psychosocial, legal, and security services, including mandatory reporting for SEA.

Sexual and reproductive health:

During August, the SRH WG monitored maternal and neonatal deaths and mobilized partners to support interventions for preventable deaths, and facilitated coordinated distribution for SRH commodities. It published the mapping of operational capacities of partners supporting SRH services as well as the mapping of Clinical Management of Rape (CMR) for North Kivu.

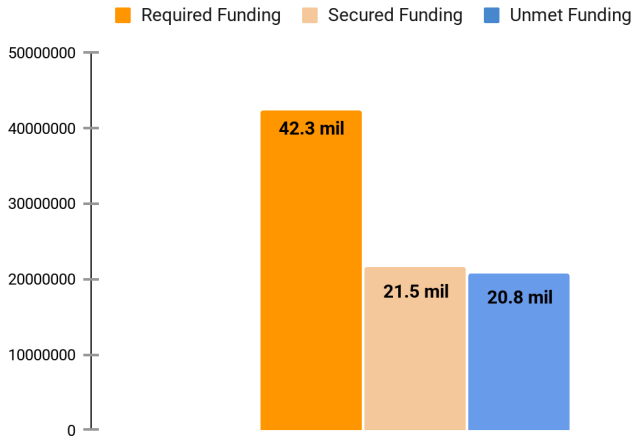
The SRH WG facilitated the distribution of SRH supplies to health facilities in South Kivu to ensure the continuity of care in response to interventions affected by US funding cuts. At the end of August, 18 of the 34 health zones in South Kivu have been supplied with modern contraceptive methods, and 170 post-rape kits have been distributed in 10 priority health zones.

In North Kivu, the SRH WG also worked on harmonized SRH and maternal and neonatal health training plans with the North Kivu National Program for Reproductive Health.

Funding Status

UNFPA is appealing for **US$42.3 million** in 2025 to scale up and provide lifesaving SRH and GBV services to **1.4 million people** in the DRC. 51% of the funding target has been realized as of the end of August 2025, with a total of **US$21.5 million received**. New contributions during the month of August included **US$ 879,000** from the Government of South Korea.

Despite this progress, a **funding gap of US$ 20.8 million** remains. Additional funding is urgently needed to ensure the continuity and scale-up of essential services. Without further support, UNFPA will be unable to maintain the delivery of life-saving interventions for women and girls.



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.

Current Donors

- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Government of Japan
- Government of Italy
- Government of Canada
- Government of Norway
- 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)
- Democratic Republic of Congo / National Fund for Reparation of Victims of Sexual Violence Related to Conflict

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