

# D.R Congo

## Situation Report



Humanitarian response Scale up: Ituri, North Kivu and South Kivu Provinces

1 to 30 September 2023



## Humanitarian context

- Ongoing fighting and recurrent natural disasters in DRC have displaced around **5,8 million people in North Kivu, South Kivu and Ituri provinces**. Many of those who have been displaced are living in overcrowded sites and collective shelters, increasing women and girls' risks of unintended pregnancies, unattended obstetrical complications, maternal deaths, unmet basic needs and gender-based violence.
- Around **7,4 million** people need health assistance in the east of the country, where the health system is at breaking point as a result of overlapping outbreaks of COVID-19, Ebola, measles, polio, meningitis, and monkey pox. Yellow fever, cholera and malaria are all on the rise due to a lack of access to safe water and sanitation for those on the move.
- On 16 June 2023, an IASC System-Wide Scale-Up was activated for eastern DRC to strengthen the response of humanitarian actors.

## Situation overview

### Sexual and reproductive health

Access to Sexual and Reproductive Health services remains extremely challenging for women and girls. An estimated 220,000 women are currently pregnant with 55,000 women expected to deliver in the next 3 months. They urgently need access to maternal and newborn health services.

Even before the escalation of the current violence, the country's health infrastructure was weak, and DRC had one of the highest maternal mortality rates in the world.

The escalation in violence has further compromised access to maternal and newborn care, including emergency obstetric care.

Women also have limited access to family planning and are unable to obtain post-exposure prophylaxis for HIV, in part due to stock outs and costs, and a lack of awareness about available

services.

### Gender-based violence

Sexual violence has soared in Eastern DRC in 2023. Women and girls living in displacement sites have reported that they are at risk of rape and sexual assault, exacerbated by the need to travel outside of camps in search of supplies for their basic needs and for domestic purposes and work. There are also reports of displaced women and girls who are forced to trade sex for survival, including in IDP sites. For survivors of sexual violence, access to comprehensive medical and psychosocial support is limited, especially for those seeking judicial and legal services or socio-economic support.

## Key statistics



**5,8 million\***  
Internally displaced persons in Ituri, North Kivu and South Kivu provinces, eastern DRC



**1,375,000\***  
Women of reproductive age



**220,000\***  
Pregnant women



**313,478\***  
Women at risk of GBV



**6 Months**  
Scale up duration

## UNFPA targeted population for humanitarian assistance to end of 2023

**1,375,000\***

Population targeted by UNFPA



Raising awareness about the free provision of family planning services in the Rusayo North Kivu internally displaced persons site.  
Photo ©Jonas Yunus

\* These data may change after review and validation

# UNFPA response: September 2023

## Coordination

UNFPA coordinates the Gender-Based Violence Area of Responsibility (GBV AoR) as well as the Reproductive Health Working Group within the Health Cluster. During the period covered by this report, these consultation frameworks held regular monthly meetings to discuss gaps, difficulties in service delivery and take actions where feasible.



# UNFPA's response to address gender-based violence (GBV) and the prevention of sexual exploitation and abuse (PSEA)

## UNFPA is supporting



**17**  
Safe spaces



**12**  
health centres – 2 in South Kivu,  
7 in Ituri and 3 in North Kivu–  
for the provision of medical care to  
GBV survivors



**17**  
Psychosocial  
care providers

## GBV and SEA keys statistics

### North Kivu Province



**286**  
survivors of  
sexual violence  
received medical  
and psychosocial  
support – 188 within  
72 hours



**7,730**  
people made  
aware  
of GBV/SEA



**37**  
providers  
trained  
on GBV



**35**  
people received  
Dignity Kits



A GBV survivor after her psychological session at the Djalusene Safe Space, Ituri province  
Photo @mayindu

# UNFPA's response to address gender-based violence (GBV) and the prevention of sexual exploitation and abuse (PSEA)



## UNFPA is supporting

### South Kivu Province



**5**

survivors of sexual violence received medical and psychosocial support – all within 72 hours



**1,368**

people made aware of GBV/SEA



**6**

providers trained on GBV



**9**

people received a Dignity Kits

### Ituri province



**50**

survivors of sexual violence received medical and psychosocial support – 33 within 72 hours



**18**

people received Dignity Kits



**3,930**

people made aware of GBV/SEA

# Sexual and reproductive health

## Ensuring safe births and access to other reproductive health services

**UNFPA is supporting**

 <b>12</b> Mobile clinics	 <b>12</b> Health facilities	 <b>24</b> Skilled service providers deployed to mobile clinics
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In September, **3 additional service delivery points (SDPs) were opened in different health zones.**

UNFPA is supporting health facilities and mobile clinics where trained healthcare staff provide skilled, quality and confidential medical assistance to those affected by GBV, including conflict-related sexual violence.



Prenatal consultation for internally displaced and returned women in the Mobile Clinic in Zaa province of Ituri.  
Photo ©mayindu

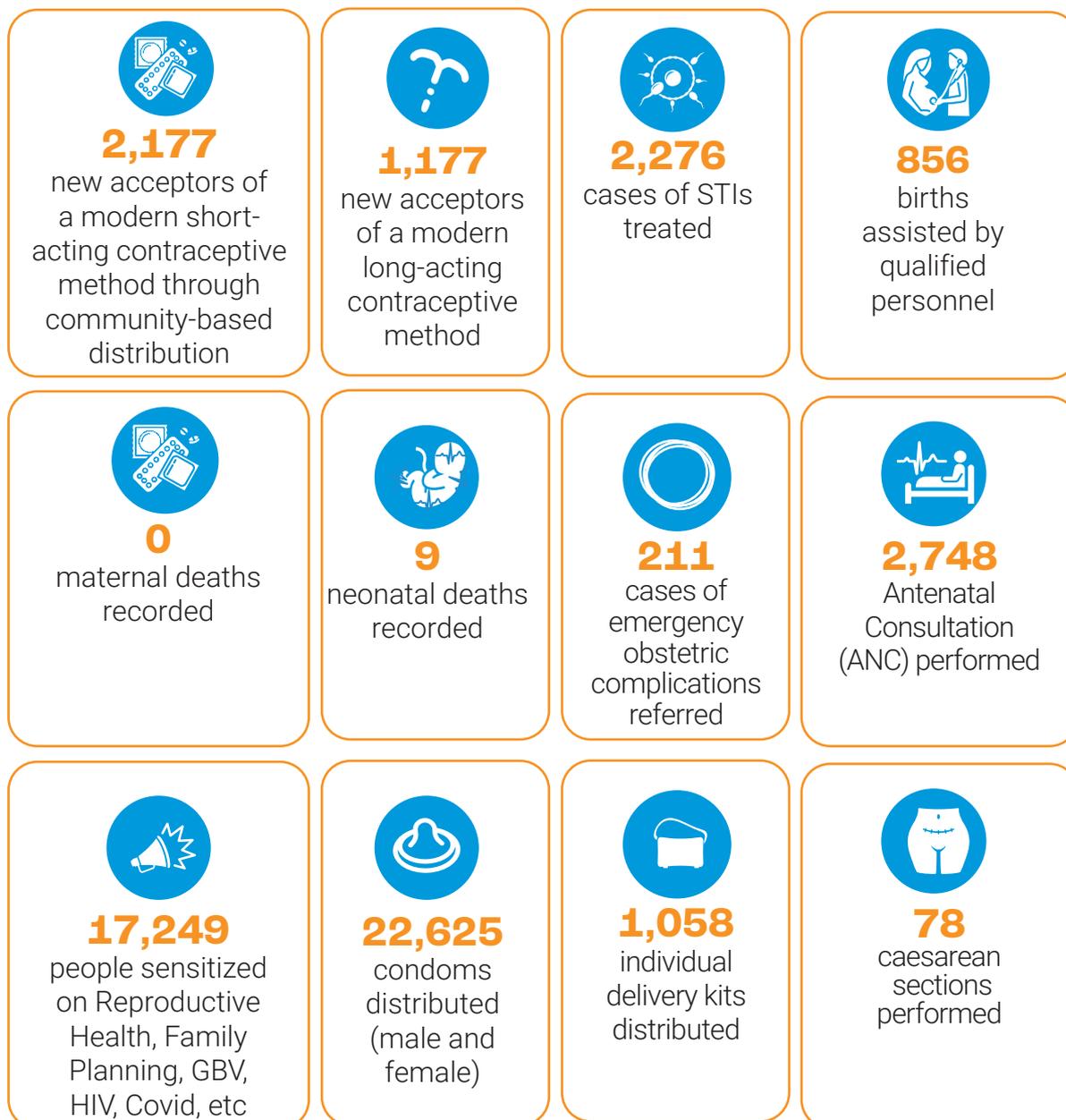
  
**46,8**  
**METRIC TONS**  
of reproductive health medicines, supplies and equipment, including contraceptives have been distributed since June 2023 to fill critical gaps in national supplies.

# Reproductive health key statistics

## North Kivu, South Kivu and Ituri

### Target Health Zones (HZ)

Kalehe territory (Kalehe and Minova HZs) and Fizi territory (Nundu and Fizi HZs).



## Intervention zones

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### North Kivu province

#### Target Health Zones (HZ):

HZ supported by UNFPA and IPs: Territories of Masisi (HZ Kirotshe & HZ Masisi), Rutshuru (HZ Kibirizi), Beni (HZ Mutwanga ZS Oicha) Nyiragongo (HZ Nyiragongo), Lubero (HZ Kayna & HZ Alimbongo), (HZ Kayna & HZ Alimbongo)

### Province of South Kivu

#### Target Health Zones (HZ)

Kalehe territory (Kalehe and Minova HZs) and Fizi territory (Nundu and Fizi HZs).

### Province of Ituri

#### Target Health Zones (HZ)

Territories of Djugu (HZ of Drodro, Fataki, Lita, Linga and Nizi) and Mahagi (HZ of Aungba, Kambala and Logo, Mahagi), Irumu (HZ Gethy).





## Strengthening the resilience of young people

Peace activities that include early warning against radicalization implemented in the communities of the Kirotshe, Nyiragongo and Karisimbi health zones have seen the involvement of women and young men from different culture that have resulted :

- The deradicalization of 200 young men living in IDPs camps. They have committed not to engage in radicalization activities and/or form informal armed groups.
- The commitment of more than 1000 IDPs for inter-cultural social cohesion which is evidenced by group activities in 5 targeted IDP camps.
- The design of a roadmap that will lead to a community mechanism to prevent and manage conflicts in IDP camps.



## Challenges

- Insufficient funding hampers UNFPA DRC's response, including gaps in socio-economic reintegration and livelihood, which contribute to mitigating the risks of negative coping mechanisms, including transactional sex and child marriage. Reproductive health, including family planning and maternal health, is underfunded.
- Access to certain areas, mainly Rutshuru, Oicha, Mutwanga in North Kivu, and Irumu in Ituri, is limited due to insecurity. This impedes the deployment of reproductive health supplies and also skilled



Community sensitization of internally displaced and returned women in the Mobile Clinic in Zaa province of Ituri.

- health personnel to support service delivery. Unassisted deliveries and unattended obstetric complications leading to preventable maternal deaths remains a critical issue.
- The operational presence of protection actors in eastern DRC is weak. These limitations are exacerbated by the lack of technical and financial capacity to provide quality holistic services to survivors of GBV, including the clinical management of rape, intimate partner violence, psychosocial support, legal support and socio-economic reintegration.

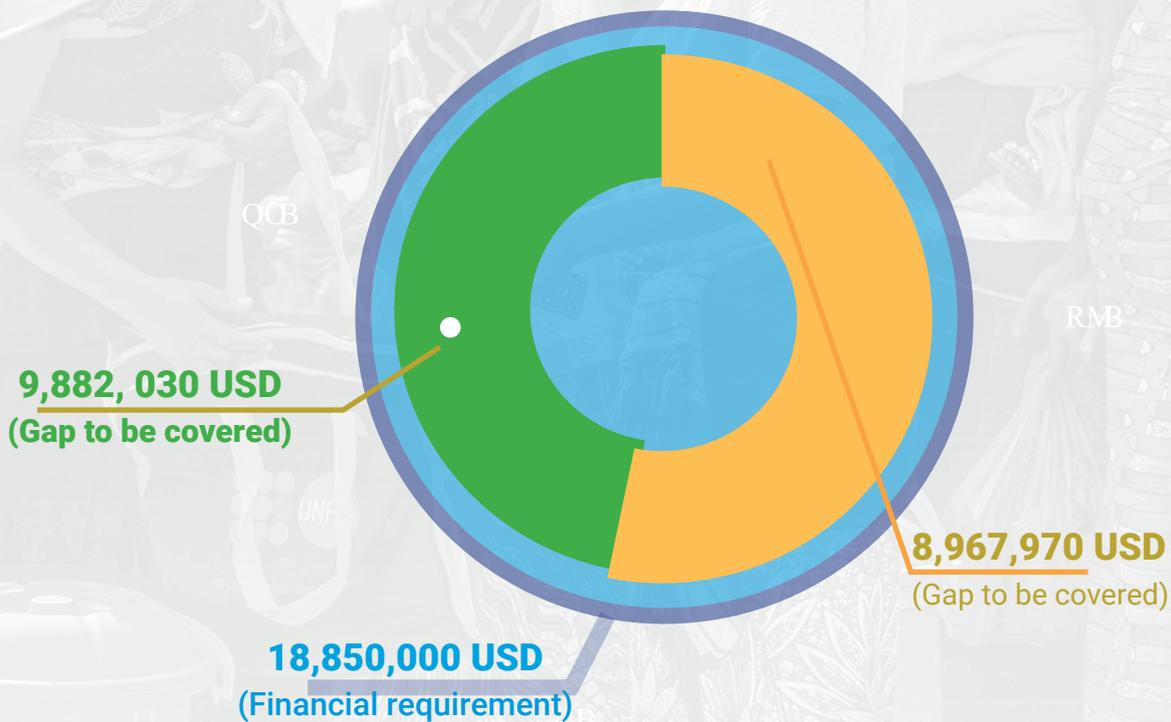


## Funding status

UNFPA is appealing for **\$18,850,000** until the end of 2023 to strengthen reproductive health and protection services to reach the most vulnerable women and girls in North Kivu, South Kivu and Ituri. To date, the appeal is only 52% funded (**US\$9,882,030**).

Flexible and rapid funding will enable UNFPA and its partners to set up more mobile clinics and safe spaces, distribute vital supplies and support the deployment of additional essential staff (humanitarian midwives, GBV case managers, etc.). These service delivery points will provide clinical management of rape services, emergency obstetric care and support safe spaces for women and young girls, even in the most affected and hard-to-reach areas.

**USD 9,882,030 (Funds raised)**  
**18,850,000 (Funds required)**  
**8,967,970 USD (Gap to be covered)**  
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## Bora Meto, displaced from Masisi territory



« I'm here at the safe space in Bulengo. It's a place where you feel at ease and where you can learn a trade. Chantal, Pendo and Mwamini, have taught us. We learned about the importance of a safe space. It's a place where people talk to each other and exchange ideas. We're very happy with this space because we have our mother, our educator, who teaches us lots of

things and that comforts us. Each of us here is capable of weaving baskets, or handbags or braiding hair. Here my friends braid my hair for free. It's a pleasure. Learning a trade gives us a lot of self-worth and makes us forget bad memories. You concentrate on your basket, improving it so that in the end it sells for the right price. »

## Thanks to donors

 France	
 Japan	
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