

D.R Congo

Situation Report



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

1 to 31 July 2023



Humanitarian context

- Ongoing fighting and recurrent natural disasters in the East of the DRC have displaced around **5,5 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 outside of Goma, women and girls' women and girls' risks of unintended pregnancies, maternal death and gender-based violence.
- Around **5,87 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, 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 remain extremely challenging for as estimated **220,000 women** who are currently pregnant. **55, 000 women** are expected to deliver in the next 3 months.

Before the escalation of violence, the country's health infrastructure was weak, with one of the highest maternal mortality rates in the world. Access to maternal and newborn care including emergency obstetric care and family planning are limited and women are unable to obtain post-exposure prophylaxis for HIV in part due to a lack of awareness about available services, stock outs and costs. The crisis is also exacerbating food insecurity around **2,2 million pregnant** and lactating women will face acute malnutrition in DRC in 2023.

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



5,5 million
Internally displaced persons in Ituri, North Kivu and South Kivu provinces, Eastern DRC



1,375,000
Women of reproductive age impacted (estimated)



220,000
Pregnant women



313,478
Women at risk of GBV



6 Months
Scale up duration

Target of humanitarian assistance

1,375,000

Population targeted by UNFPA



©mayindu, midwife with and pregnant woman in the Bulengo IDP site

UNFPA response : July 2023

Coordination

- UNFPA leads the Gender-Based Violence Area of Responsibility (GBV AoR). During the reporting period, the GBV AoR held two meetings in North Kivu to coordinate the response of partners to meet the identified needs of GBV survivors. Discussions were centred on how to fill the gap between needs and assistance until the scheduled end of the scale up in December 2023.

Sexual and reproductive health

- UNFPA is leading efforts to ensure displaced women and girls can access reproductive health and protection services and is currently supporting 31 service delivery points in the 3 provinces of North Kivu, South Kivu and Ituri with reproductive health supplies and medical personnel. This includes 24 health facilities, 3 centres for the holistic management of GBV, and 4 women and girls' safe spaces that provide social reintegration activities.
- UNFPA is supporting 3 mobile clinics

in Bulengo, Rusayo and Bujari IDP sites in North Kivu province and has deployed 8 midwives to ensure that women and girls can access critical maternal health services. There are plans to recruit and deploy additional midwives to mobile health teams, including community based distributors of modern family planning methods to meet the reproductive health needs of displaced populations.



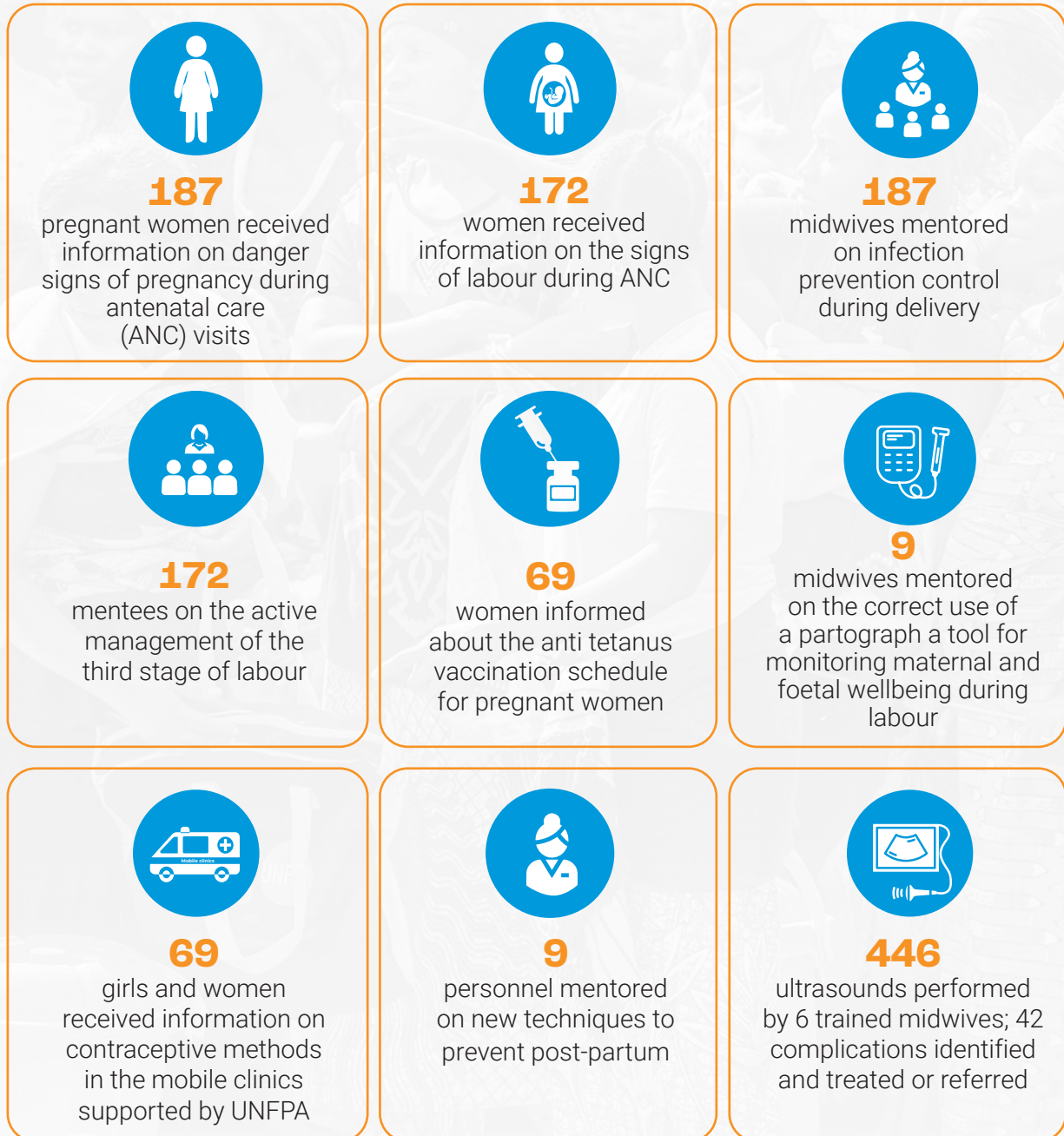
UNFPA Reproductive health response : July 2023

North Kivu province

Target Health Zones (HZ)

HZ supported by UNFPA and IPs : Territories of Masisi (Kiroshe HZ & Masisi), Rutshuru (Kibirizi HZ), Beni (Mutwanga HZ, Oicha HZ) Nyiragongo (Nyiragongo HZ), Lubero (Kayna HZ & Alimbongo); Goma town (Goma HZ, Karisimbi HZ)

Key data of 3 mobile clinics : Bulengo, Rusaya and Bujari IDPs Camps



Reproductive health kits, dignity kits and contraceptives distributed to mobile clinics and health centres covering IDP sites, as well as collective centres in North Kivu.

UNFPA Reproductive health response : July 2023

South Kivu province

Target Health Zones (HZ)

Kalehe territory (Kalehe and Minova HZ) and Fizi territory (Nundu and Fizi HZ)
Delivery of reproductive health kits to the Bushushu health centre in the Kalehe HZ in South Kivu. The kits included individual delivery kits, post-rape kits, oral and injectable contraceptives, as well as medicines and clinical delivery aids.

Ituri Province

Target Health zones (HZ)

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



659

safe deliveries
attended by qualified
personnel



617

live births
attended by skilled
health personnel



14

obstetric
complications
managed



54

caesarean
sections performed



331

new family
planning users
recruited



458

sexual transmitted
infections cases
treated



3,739

people reached by
awareness raising
on sexual and
reproductive health



78

community leaders
sensitized on SRH
themes



UNFPA response GBV and PSEA : July 2023

Gender based violence



850

individuals received Psychosocial Support



764

individuals received medical care and **18** received legal support



181

Dignity kits distributed to survivors and vulnerable women and girls



20,445

people informed about available GBV services



3

Gender-Based Violence safety audits undertaken in Masisi, Kirotshe and Goma health zones

Protection from Sexual exploitation and abuse



140

individuals trained in psychological first aid and medical care in Goma, Bukavu, Beni and Bunia



3

risk assessments undertaken on the Prevention of Sexual Exploitation and Abuse



9

advocacy meetings held with leaders on the Prevention of Sexual Exploitation and Abuse partnership complaint management mechanism



2

community-based complaint mechanisms set up in Masisi (Mbitsi and Mpanane)



5

community consultations held to strengthen existing community-based complaint mechanisms in Kalehe



50

health providers from Mahagi and Djugu territories trained in the clinical management of rape



20,370

people informed on the Prevention of Sexual Exploitation and Abuse



16

GBV actors trained in case management in North Kivu



140

individuals trained on psychological first aid and medical care in Goma, Bukavu, and Beni.



Challenges

- Inadequate funding is hampering UNFPA DRC's response, including economic reintegration gaps, which help mitigate the risks of negative coping mechanisms (transactional sex and child marriage).
- Access to certain areas (mainly in Rutshuru and Irumu) in the provinces of North Kivu and Ituri is very limited due to insecurity.
- The operational presence of protection actors in the East of DRC is weak. These limitations are exacerbated by insufficient technical and financial capacity for the provision of quality and holistic services for survivors of gender-based violence to address the clinical management of rape, psychosocial support, legal support and socio-economic reintegration.



Funding status

UNFPA is appealing for **\$18,850,000** until the end of 2023 to scale up 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 22 percent funded (**\$4,192,525**).

Flexible and timely funding will ensure that UNFPA and its partners can establish more mobile clinics, safe spaces, and distribute life-saving supplies and support the deployment of additional critical personnel (humanitarian midwives, GBV case managers...). These services delivery points will address the management of clinical rape and obstetric emergencies, and support women and girls' safe spaces, even in the most impacted and hard-to-reach areas.

US\$4,192,525 (Funds mobilized)

US\$18,850,000 (Funds required)

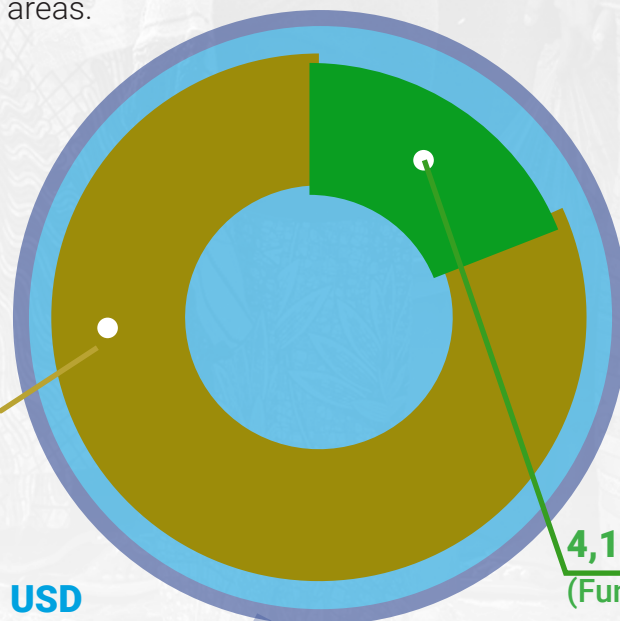
US\$14,657,475 (Funding gap)









14,657,475 USD
(Financial gap)

18,850,000 USD
(Financial requirement)

4,192,525 USD
(Funds mobilized)



Thanks to our donors

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