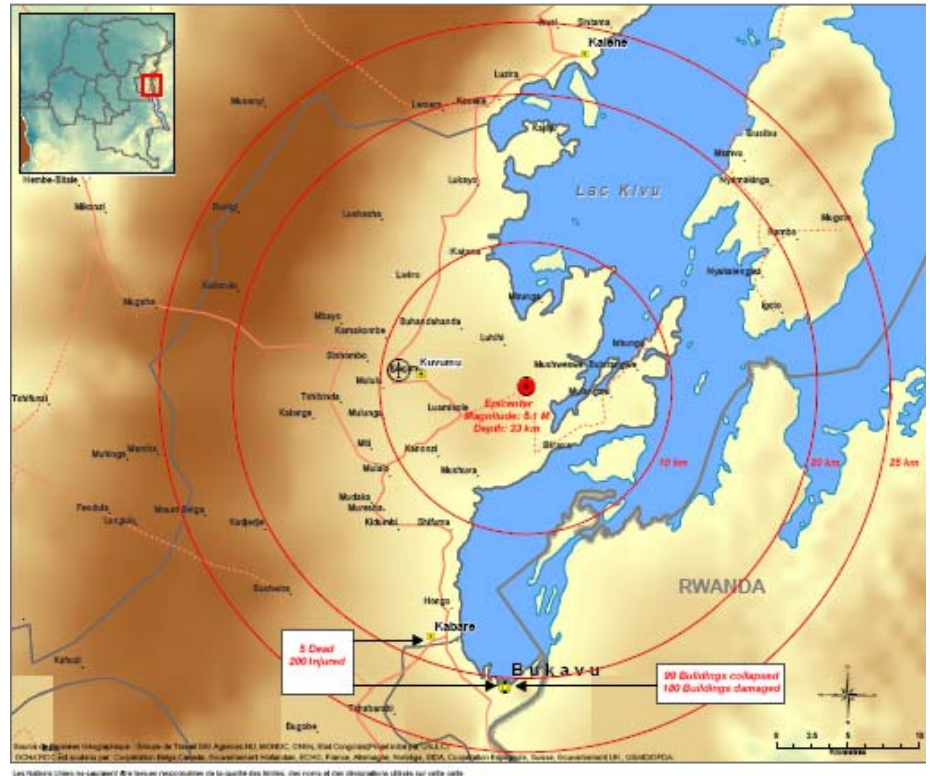


# RWANDA EARTHQUAKES

## UNICEF RESPONDS TO THE IMMEDIATE NEEDS OF CHILDREN AND WOMEN AFFECTED BY EARTHQUAKES



14 February 2008

## 1. CRITICAL ISSUES FOR CHILDREN

Despite remarkable recovery since the 1994 war and genocide, Rwanda still ranks 161 in the Human Development Index with fifty-seven per cent of the people living below the poverty line. Infant mortality and under-five mortality rates are respectively 82 and 164 per 1,000 live births. In rural areas, only 8% of the population use improved sanitation facilities and 44% use improved drinking water (respectively 10% and 66% in urban areas). While school enrolment is high (96%), completion, transition to secondary school and drop-out are areas of concern, particularly for girls and vulnerable children.

On Sunday 3 February 2008, a series of earthquakes struck Rwanda and the Democratic Republic of Congo (DRC). The most powerful earthquakes occurred within hours of one another with magnitudes of 6.1 and 5.0 respectively. The first quake occurred at about 09h31 AM, 20km from Bukavu and the second quake came just under three-and-a-half hours later, slightly closer Bukavu but in Rwandan territory. It was followed by tremors of magnitude 5 at 1.20 PM local time and then again at 2 AM and 5 AM on Monday, the 4<sup>th</sup> of February. The tremors were also felt in Burundi where no casualties or damages have been reported. The earthquakes affected mainly two districts, Nyamasheke and Rusizi, Western Province, which are at the border of DRC, Bukavu and along Lake Kivu.

As churches, homes and public buildings (including one hospital) collapsed, hospital staff are having trouble coping with the hundreds of injured that are pouring in. Figures provided by the Rwandan Disaster Management Task Force (DMTF) indicate that 37 people have died, 643 have been injured, including 367 who are traumatized. According to Rwandan radio, 10 people died when churches collapsed in Nkanka, Nkombo and Nyakabwene cellules of Rusizi district and a mosque in Kamembe town. The total population of Rusizi district is 352,800 and Nyamasheke has 355,072 inhabitants. The last census in Rwanda indicated that 52% of the population is below 18 years.

As many houses have been destroyed in these two districts, 1,201 families have been rendered homeless. Twenty primary schools are reported to be affected in both districts; one was destroyed and 19 have suffered structural damage. Four secondary schools have also been damaged. The Government reported that 212 classrooms need to be reconstructed and 113 have to be repaired. All affected primary and secondary schools have been closed. The hospital of Bushenge was also badly affected (approximately 80% of its structures have been affected). A UN joint assessment team, including UNICEF, was deployed on the 4<sup>th</sup> of February to assess the scope of the disaster and determine the required assistance. Initial reports identify psychological support as a priority intervention. The UNICEF assessment team reports that authorities have already indicated that Nkombo Island, located near to the epicentre in Lake Kivu is seriously affected. Water and sanitation are an immediate priority in the affected area. According to WFP, most of the area is food secure and there are no immediate nutrition needs resulting from the earthquake. The Goma Volcanic Observatory has expressed fears that there may be additional earth movements of serious magnitude.

## 2. UNICEF'S PLANNED EMERGENCY RESPONSE

### Health and Nutrition

Many children and women now have insufficient access to medical support to maintain their often already fragile health and nutritional condition. Lack of access to safe water and sanitation is likely to increase the risk of water-borne diseases and acute respiratory infections. Urgent medical supplies, support and preventive activities, such as the provision of mosquito nets and key life-saving messages, are needed to avert the loss of life. Under the leadership of the Ministry of Health (MoH) and within the framework of the cluster approach, UNICEF interventions will be undertaken in cooperation with WHO, UNFPA and district authorities that are implementing existing health services in the affected areas as well as with district hospitals. Disease surveillance will be done using the Integrated Disease Surveillance Response tool developed by the MoH and WHO. The surveillance will be done jointly with

WHO and the Department of Research in MoH. UNICEF will focus on diseases related to children and nutrition.

#### **Urgent Actions**

- Technical assessment of the damages and requirements of medical facilities, especially Bushenge hospital;
- Nutrition assessment in affected districts and Nkombo island;
- Support for the establishment of temporary medical facilities and provision of services; in particular the paediatric and emergency obstetric care at Bushenge hospital.
- Provision of medical equipment and supplies to support the Ministry of Health especially the paediatric and maternity wards;
- Procurement and distribution of medical kits including emergency drugs;
- Procurement and distribution of life-saving and critical relief supplies such as plastic sheeting, ORS, malaria nets;
- Operational and logistics support for medical teams;
- Strengthening of medical surveillance and monitoring of the emergency health response activities with partners;
- Communication of life-saving messages including breast-feeding, danger-signs related to acute respiratory infections, etc.

#### **Water, Sanitation and Hygiene**

UNICEF, in close coordination with the Ministry of Mines and provincial district authorities, will respond to this situation and booster the existing water and sanitation interventions in affected areas, especially the two affected districts and Nkombo Island (located near to the epicentre in Lake Kivu) which is cholera-prone.

#### **Urgent Actions**

- Assessment of existing water sources and supplies as well as sanitation facilities in health centers and schools;
- Provision of clean water and sanitation facilities in Bushenge hospital and 20 primary schools;
- Provide 1,201 families with jerricans, water purification tablets, soap bars as part of the family kits and other essential hygiene items
- Rehabilitation of damaged water boreholes (An assessment is on-going to identify the exact numbers.)
- Hygiene awareness and education through intensive education and communication aimed at creating demand for adoption of safe hygiene behaviour.

#### **Child Protection**

UNICEF reported some cases of post-traumatic stress in the visited communities following the earthquake. At least 367 cases, 80 per cent being women and school-aged children, were referred to hospitals for post-traumatic symptoms. It is of great importance that they receive appropriate psychosocial support to reduce the possible effects of trauma. Therefore a sense of return to normalcy and appropriate attention and care is a basic necessity. UNICEF will be working with national partners in schools, hospitals and communities as well as NGOs and CBOs.

#### **Urgent Actions**

- Provide psychosocial support and counselling to traumatized women and children, in partnership with teachers and community volunteers;
- Develop and disseminate Information, Education and Communication (IEC) materials and information on safety measures, and what parents or children should do in case children are separated;

- Distribution of recreation kits for at least 10,000 children;
- Support to local authorities to monitor incidences of violence and also provide a protection environment for population affected population through setting up of a child protection network.

## Education

Information from initial rapid assessments conducted by the Government and UN agencies, confirms that access to schooling have been and will be severely disrupted. Some school structures and equipment were directly damaged. 24 primary and secondary schools are currently closed and only small number of secondary school students could be relocated in other schools. The Government reported that 134 classrooms need to be rebuilt and 240 can be rehabilitated for the 20 affected primary schools. As a result, a number of students have lost their educational opportunities. UNICEF's long experience in disasters has demonstrated that returning children to school as quickly as possible is one of the most valuable emergency interventions that can take place. Education is key to children's long-term opportunities, and must not be interrupted. In addition, schools provide children with a sense of normalcy, which is crucial to their psychological well-being. UNICEF will work with the Ministry of Education and other partners (mainly the Rwanda Red Cross Society) to support the education response.

### Urgent Actions

- Provision of tents and plastic sheeting to establish temporary schooling and Early Childhood Development (ECD) facilities in affected areas;
- Assessing play and early learning needs of young children
- Provision of learning materials, school-in-a-box, didactic materials and teachers kits;
- Provide teachers kits/resources and training to enable teachers to better manage larger numbers of children, children with special needs and multi-grade teaching.
- Provide financial and technical assistance to education national authorities at all levels in affected areas for assessment, planning, implementation and monitoring.
- Establish linkages with other sectors especially WASH and nutrition (to ensure water and latrines are provided, as well as nutritional supplies)

## Shelter

Based on results of the field assessment, the Governor of the Western Province has indicated that a total of 1,201 families have lost their houses, including 300 in Nkombo Island alone. Although some families are staying with relatives, at least 50 families in Nkombo Island are homeless and require urgent support. Provision of emergency shelter and non-food items to earthquake victims is coordinated by the national authorities and supported by UN agencies, the Rwanda Red Cross Society and World Vision.

### Urgent Actions

- Provision of tents and plastic sheeting for temporary service facilities, family kits including blankets, plastic sheeting, cooking sets, soap and jerry cans sufficient for 1,201 families.

## Coordination, Assessment, Monitoring and Evaluation

UNICEF's multidisciplinary assessment team continues to conduct rapid assessments in the affected areas to determine the basic needs of the affected populations, especially children and women. Technical and logistical support to the government and national partners is required in this area. It is expected that the upcoming UNDAC mission will strengthen coordination of the field assessments and scale-up the response in the affected areas.

### Urgent Actions

- Operational and logistical support to field assessments and coordination.

### 3. ESTIMATED FUNDING REQUIREMENTS FOR PLANNED ACTION FROM FEBRUARY TO JULY 2008

**Table 1: Estimated funding requirements from February - July 2008\*\***

Sector	US\$
Health and Nutrition	160,500
Water, Sanitation and Hygiene	739,370
Education	334,040
Child Protection	107,630
Shelter and Non-food items	796,744
Coordination and Logistics	107,000
<b>Total*</b>	<b>2,245,284</b>

\*The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

\*\*Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

Further information on the UNICEF emergency programme in UNICEF can be obtained from:

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