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Upsurge of violence in
Rutshuru territory,
DRC

SitRep # 3

1 – 7 November 2022

Highlights

- The security situation remained relatively calm in the Rutshuru territory through the reporting period, following the arrival of the M23 in Rutshuru center and Kiwanja on 29 October 2022.
- At least 188,000 persons have been displaced since the clashes resumed on 20 October 2022, many of whom live in highly precarious conditions.
- Despite the very volatile and unpredictable environment, UNICEF and partners continue to provide assistance to the most vulnerable in WASH, child protection, health, education, nutrition and non-food item (NFI) distribution.

Situation Overview

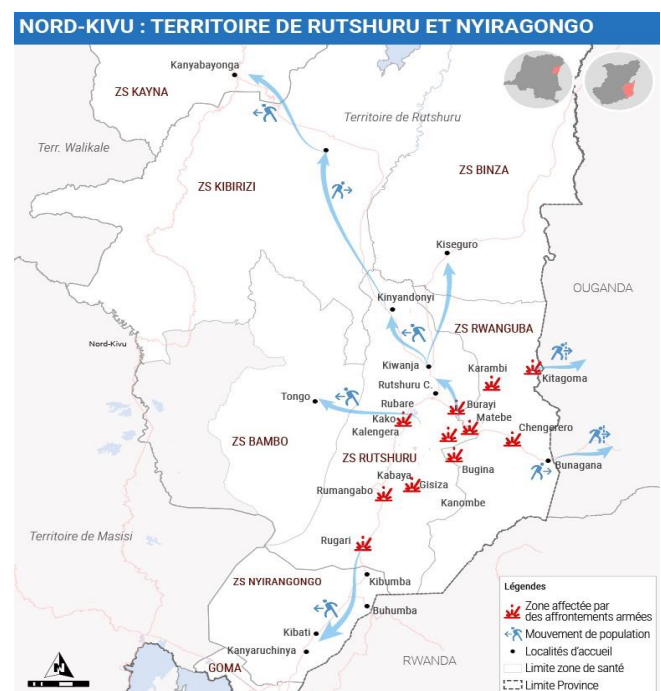
The security situation has been relatively calm, but volatile and unpredictable during the reporting period. Occasional clashes between armed groups and M23 continue on certain axes and the FARDC are using newly deployed air assets. Almost all of Rutshuru and Rwanguba health zones are controlled by M23.

A large part of the population in these health zones has been forcibly displaced in the Nyiragongo territory (localities of Kibati, Kanyaruchinya and Munigi), Bambo health zone of Rutshuru and north towards the southern parts of the Lubero territory (Kayna health zone). Multiple evaluations have been launched by humanitarian actors, and the number of displaced is still evolving with continued movements. Slow and limited returns have also been noticed. At least 188,000 persons have been displaced since the clashes resumed on 20 October¹.

The IDP site Rwsa II in Kiwanja, that hosted around 24,000 persons has been completely dismantled and looted and the population invited to return to their villages by the M23 authorities.

Access to M23 areas is currently in discussion with all the different parties.

The inter-Congolese dialogue is expected to start in Nairobi on 21 November 2022.



¹ UN OCHA, data updated 8 November 2022

Many of the displaced live in extremely rudimentary and overcrowded conditions, as they have constructed makeshift shelters from leaves or plastic sheeting. Some are living in collective centres, such as schools, churches or just outside health care centres. In addition, the possibility of a major cholera epidemic remains highly likely with an increase in the number of suspected cases in Kanyaruchinya and significant rumours of cholera in Rutshuru.

Further, a part of the population has remained in zones with high tensions and occasional confrontations limiting the access and an increased risk of an extremely deteriorating humanitarian situation in these areas.

UNICEF's Response

From the first days of the crisis in April 2022, UNICEF has been responding to the humanitarian needs with a response in WASH, child protection, NFI distribution, health and nutrition, emergency education in the territories of Rutshuru and Nyiragongo. Despite the very volatile and unpredictable environment, UNICEF and partners continue to provide assistance to the most vulnerable displaced affected by this crisis in Rutshuru and to the various locations where the displaced are currently located and where more are moving to. Since the start of November 2022, UNICEF is focusing its interventions in the Nyiragongo territory, as it has seen a large influx of displaced persons, who are now living in dire conditions.



Water, Hygiene and Sanitation (WASH)

During the reporting period, the two partners (AVUDS and BIFERD) distributed 885 m³ (about 127 m³ per day) of water by truck in eight sites in Kanyaruchiga to provide drinking water to 25,285 people per day. They have built 55 latrine doors and 125 showers and more are under construction.

In terms of hygiene promotion activities, WASH kits have been distributed to 1,000 households while awareness sessions on good basic hygiene practices have reached 104,619 people.



Cholera response – Case Area Targeted Interventions (CATI)

The cholera situation in areas of conflict and displacement remains worrying. In addition to Nyiragongo territory, which has been experiencing a steady increase in suspected cases for the past four weeks, there are rumours of cholera deaths in Rutshuru territory. Since 24 October 2022, 124 CATI responses in Nyiragongo health zone have been carried out, 48 of which directly target suspected cases and their immediate neighbours to interrupt transmission. 620 households have received assistance to prevent cholera (distribution of cholera kits, door-to-door hygiene awareness/promotion, training in the use of the kits) and 76 preventive interventions in these same areas have helped to further engage communities to prevent cholera with over 1500 household.



Rapid response (UniRR)

UNICEF's rapid response mechanism (UniRR) launched a needs evaluation on 4 November 2022 in the Kibati locality, in Nyiragongo territory. Distributions of WASH and NFI kits, including tarpaulin and intimate hygiene kits for women and girls, started on the 9 November 2022. The distribution is conducted jointly with the IFRC that distributes food to assure a complementary assistance.



Child Protection

UNICEF and its partners UPDECO, CAJED, ACOPE, Heal Africa and DIVAS NK are providing essential protection services to children including identification, care and family reunification for unaccompanied and separated children (UASC) and children associated with armed forces and armed groups (CAFAAG), psycho-social support to affected populations, deployment of social workers and para-social workers to support identification in IDP sites as well as holistic case management for Gender-based Violence (GBV) survivors.

In Nyiragongo IDP sites, 77 UASCs (44 boys and 33 girls), 17 GBV cases including four girls and one CAAFAG were identified and taken care of by UNICEF's partners during the reporting period. Since the beginning of the crisis in March 2022, UNICEF's partners have identified a total of 1,531 UASC and 1,202 have been reunified. In the same time frame, 139 GBV cases directly linked with the crisis (including 12 girls) received holistic support and more than 200 CAAFAGs have been identified and benefited from protection services by UNICEF's partners.



Nutrition

In the Nyiragongo health zone, UNICEF's nutrition response is being implemented by World Vision International, who supports health facilities in 11 health areas in the management of cases of severe acute malnutrition (SAM). During the reporting period, 76 children (43 girls and 33 boys) under the age of five were admitted for treatment in nine ambulatory therapeutic nutritional unit and one UNTI intensive therapeutic nutritional.

As of 7 November 2022, UNICEF's partner Action of the Future (AOF) has started (i) screening and referral of malnourished children under 5 years of age in the displaced sites with the support of 182 community workers, of which almost 60 per cent identified are among the displaced; (ii) identification of pregnant and lactating women; and (iii) identification of breastfed and non-breastfed children under 24 months of age to set up IYCF activities to enable these women to breastfeed their children and benefit from counselling on their nutrition and that of their children, but also to set up a children's play area.

Despite a challenging context in the Rutshuru health zone, AOF continues to support eight health care facilities in the management of SAM cases.



Funding Requirements

While updating its response plan, UNICEF has allocated an additional US\$570,000 of its core funding for the immediate scale-up of the response and to meet first critical needs until additional funding is secured. Overall, since the beginning of the crisis in April 2022, UNICEF has allocated US\$1.3 million of its core funding to provide life-saving services to the most vulnerable and received US\$3.6 million from the CERF.

More than ever, UNICEF needs flexible and timely funding to respond where the needs are the greatest as the situation unfolds. UNICEF has estimated its total additional needs for the response as **US\$5.8 million** from now to February 2023, with the major gaps in WASH, child protection and essential household items/NFIs.

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