



Upsurge of violence in Rutshuru territory, DRC

SitRep # 4

8-14 November 2022

Highlights

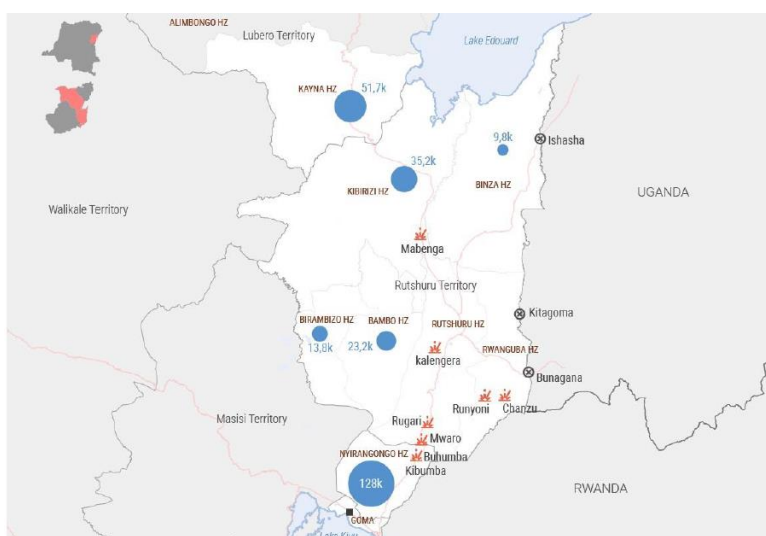
- Fighting between M23 and FARDC resumed on several fronts in both the Nyiragongo and Rutshuru territories during the weekend of the 12-13 November, which led to significant population movements.
- The humanitarian community estimates that approximately 234,500 people are in need of assistance, the majority in Nyiragongo territory which hosts at least 128,000 IDPs.
- Only few actors already based in Rutshuru have been able to maintain their activities in the areas controlled by the M23. As the situation unfolds, access to this area is so far impossible to increase humanitarian assistance (thus putting at risk thousands of families still living there).
- Despite the very volatile and unpredictable environment, UNICEF and partners continue to provide assistance to the most vulnerable in WASH, child protection, health, education, NFI-kits and nutrition.

Situation Overview

On 11 November clashes between the FARDC and the M23 intensified on several fronts in Rutshuru territory, notably on the Kahunga - Mabenga axis, on the Kinyandoni - Ishasha axis and on the Kibumba axis toward Goma town. On 12 November, the frontline moved into Nyiragongo territory with clashes reported in Mwaro, Kasizi and Kitotoma localities, in Buhumba and Kibumba zones. Population remaining in Kibumba subsequently moved towards Kanyaruchina in Nyiragongo territory between 12 and 13 November.

On 14 November, clashes were reported in Virunga National Park on the Kalengera - Tongo axis in the Bwito chiefdom leading to new population movements.

As of 12 November, according to IOM's DTM rapid assessments, 234,500 persons have been forced to flee the conflict area in Rutshuru territory along three main axes: Nyiragongo axes (128,000 people); Lubero axes in Kayna and Kibirizi health zones (over 85,000 people) and Tongo axes in Bambo and Birambizo health zones (37,000 people). In Nyiragongo territory alone, nearly 128,000 people (including 15,472 children under 5 years old and 78,905 women) have



7,000 People who have crossed to Uganda since the resumption of fighting on 20 October.

Source: CMP, UNHCR, OIM - Cre
The boundaries and names show by the United Nations.

Source: OCHA, SitRep #11, 15 Nov.2022

arrived concentrating mainly in Munigi, Kanyaruchinya and Kibati health areas. More than 88% live in overcrowded collective centres and improvised sites heightening protection risks. Children and women continue to be exposed to extreme violence and live in very dire conditions with limited access to basic services such as drinking water, primary healthcare or education placing them at increased risk of abuse

Discussions are still ongoing between UNHCR, the CCCM cluster with local and national authorities to establish new sites in safe and appropriate locations. UNICEF is following up closely.

Access:

UNICEF remains concerned about sustained humanitarian access to all affected population by the upsurge of violence in Rutshuru territory. Only few actors already based in Rutshuru have been able to maintain their activities in the areas controlled by the M23, particularly in the health, nutrition, and child protection sectors. As the situation unfolds, access to this area is so far impossible to increase humanitarian assistance (including the delivery of critical health supplies), thus putting at risk thousands of families still living there.

It is crucial that all parties allow and facilitate the rapid and unimpeded passage of impartial humanitarian relief for civilians in need in accordance with the humanitarian principles of humanity, impartiality, neutrality, independence and respect and protect humanitarian personnel and consignments used for humanitarian relief operations.

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, non-food item 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, UNICEF is focusing its interventions in the Nyiragongo territory, as it has seen an influx of over 128,000 displaced persons, who are now living in dire conditions. Following the latest developments, UNICEF and its partners are scaling up the multi-sectoral assistance as follows:



Water, Hygiene and Sanitation (WASH)

UNICEF and its partners AVUDS and BIFERD have initiated water trucking activities in and around Kanyaruchinia in Nyiragongo territory while maintaining their response capacity in Rutshuru territory. AVUDS and BIFERD have already begun water trucking activities in six sites while Yme Grand Lac is targeting three additional sites.

During the reporting period:

- 685 m³ of drinking water were distributed through water trucking in 6 IDP sites to 19,600 people per day.
- 10 latrine doors, 5 shower doors and 7 garbage pits were built and awareness activities on good hygiene practices reached 19,490 people.

Since the beginning of the activities on 30 October, a total of 1,570 m³ of drinking water has been distributed for an average number of beneficiaries of 22,443 people per day and a total of 65 latrine doors and 130 shower doors have been built.

Since the beginning of the crisis in March 2022, UNICEF and its partners have provided drinking water to over 120,000 people as well as improve access to sanitation facilities to 90,000 people



Rapid response (UniRR)

After finalizing the needs assessment in Kibati health area in Nyiragongo territory, UNICEF and its partner the Red Cross North Kivu simultaneously launched a distribution of emergency non-food items (NFI) and WASH supplies through the UNICEF's rapid response mechanism (UniRR) to cover NFI needs in the four IDP sites in Kibati health area. On 14 November, 2,411 households (13,041 persons, including 8,366 children) had received NFI and WASH kits, including intimate hygiene kits for women and girls, as well as tarpaulins.

The intervention has been carried out jointly with IFRC, who simultaneously provided food to the same households for a more comprehensive assistance.

Since the beginning of the crisis in March 2022, UNICEF and its partner have distributed non-food items kits and WASH kits to over 71,000 people through its Rapid Response UniRR



Child Protection

Since the 27 October, in coordination with the DIVAS, CAJED and ICRC, UNICEF established fixed and mobile teams in the main IDPs sites in the Nyiragongo territory to scale up the identification and management of Unaccompanied and Separated Children (UASC), Children Associated with Armed Forces and Armed Groups (CAFAAG), and Gender-based Violence (GBV) survivors.

During the reporting period, in Nyiragongo IDP sites, 23 UASCs (10 boys and 13 girls), 62 GBV survivors including 18 girls and 3 CAAFAG were identified and taken care of by UNICEF's partners CAJED. In Rutshuru territory, UNICEF and its partner UPDECO identified and provided protection services to 12 UASC and 15 CAAFAGs. In south Lubero territory, UNICEF's partner ACOPE, identified 26 UASC and 2 CAAFAGs.

Since the beginning of the crisis in March 2022, UNICEF and its partners have identified a total of 1,640 UASC out of which 1,292 have been reunified. In addition, more than 220 CAAFAGs have been identified and benefited from protection services.



Education

During the period, in collaboration with the Education Cluster, UNICEF education section has carried rapid assessments in Nyiragongo territory where displaced populations are occupying 12 schools depriving 45,910 children (46% girls) of their access to their schools located in the host communities. Advocacy to release occupied schools continue jointly with the North Kivu EPST towards the shelter cluster, IOM, OCHA.

To date, the number of children directly affected by the armed conflict has increased: 52,398 children of schooling age (46% girls) are displaced in Nyiragongo territory. UNICEF in close collaboration with its implementing partner Grace is providing responses to ensure the continuity of access and learning for approximately 2,000 affected school-aged children and young adolescents, through the set-up of 18 temporary learning spaces, the provision of school supplies for students and teaching kits for 36 teachers. In addition, capacity building of 36 teachers in child-centered pedagogy and psycho-social support is being provided.

Given the rapid evolving situation on the ground, UNICEF will expand its response plan in the coming weeks to meet the urgent needs of approximately 20,000 additional children affected by the crisis and respond as quickly as possible to the urgent need of the children in close collaboration with WASH and protection partners to improve the children well-being in a safe environment through an integrated response.

Since the beginning of the crisis in March 2022, UNICEF and its partners have also supported the continuity of schooling for 85,000 children (aged 6 to 17 in the Rutshuru Health Zone)



Nutrition

During the reporting period, 181 children (including 33 displaced children) were treated for severe acute malnutrition, in health facilities of Nyiragongo health zone supported by World Vision. In addition, 11,479 children aged 6-59 months and 1,653 pregnant and breastfeeding women were screened by Action of the Future (AOF) in the sites of Kanyaruchinya, Munigi, Mudja, Turunga and Kibati. 146 cases of severe acute malnutrition (SAM) among children were identified and referred to health centers for treatment.

In Rutshuru health zone, AOF has supplied 80 boxes of Ready-to-Use Therapeutic food (RUTF) for the treatment of approximately 100 children in Rutshuru, Biruma, Katale and Umoja health centers.



Health

UNICEF and its partner AOF have been providing free access to quality primary and secondary health care for displaced people and host populations in the health areas of Rugari and Kibututu (Rutshuru health zone), Munigi (Nyiragongo health zone) and Ntamugenga (Rwanguba health zone). The health assistance to displaced and host children, pregnant and lactating women will be further increased in four health areas in Nyiragongo health zone.



Cholera response – Case Area Targeted Interventions (CATI)

The cholera situation in areas of conflict and displacement remains worrying. Currently, in addition to Nyiragongo health zone, where a steady increase in suspected cholera cases has been reported over the past four weeks, unconfirmed deaths due to cholera have been reported in Rutshuru territory, east of Kirumba (Vuhoyo locality).

Since 24 October, 124 CATI responses in Nyiragongo Health Zone have been carried out, 50 of which directly targeted suspected cases and their immediate neighbours in order to interrupt transmission. 74 were preventive interventions in these same areas to further engage communities to prevent cholera in over 1,500 households. To date, 724 households have received assistance to prevent cholera (distribution of cholera kits, door-to-door hygiene awareness/promotion, training in the use of the kits).



Funding Requirements

UNICEF estimates the total funding requirements at US\$7.2 million to allow an immediate scale-up of its immediate humanitarian response to this crisis (until January 2023). 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.

Areas of intervention	Funding Requirements (US\$)
UNICEF Rapid Response (UNIRR)	1,580,000
WASH and cholera response	2,060,000
Child Protection and Gender Based Violence	980,000
Health	380,000
Nutrition	290,000
Education	1,030,000
Social & Behaviour Change	350,000
Integrated Analysis Celle	140,000
PSEA/ Gender	240,000
Operational support costs	120,000
Total	7,170,000

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