



**Upsurge of violence in Rutshuru territory, DRC**

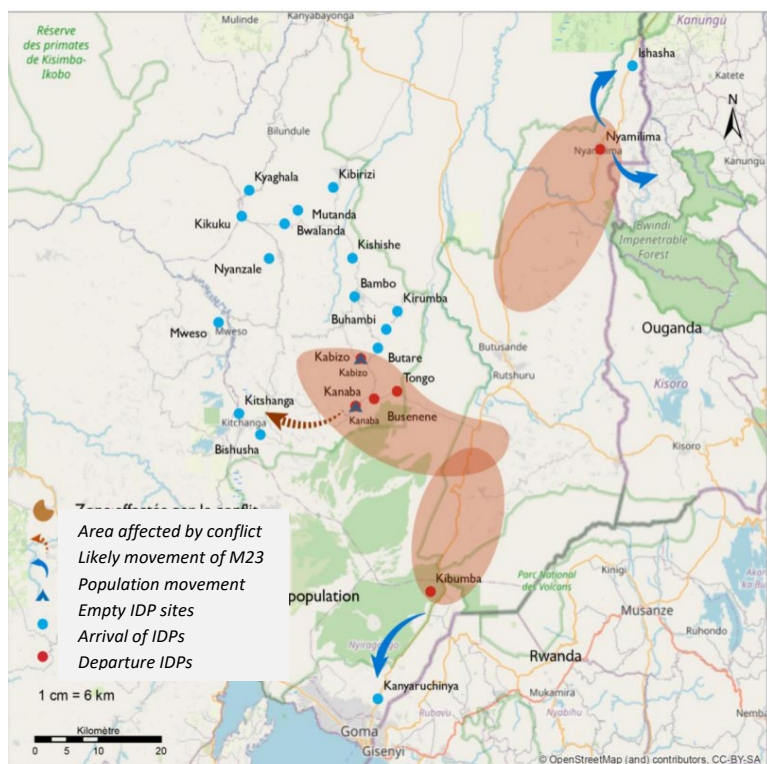
SitRep # 5

15-20 November 2022

### Highlights

- Clashes between FARDC and M23 continued during the week of 14 November. M23 advanced towards Ishasa (north Rutshuru territory), Tongo and Bambo (west of Rutshuru territory) and Kibumba and Buhumba (north Nyiragongo territory).
- It is estimated that more than 324,000 people have been displaced since the conflict started in March 2022 (DTM - IOM, 21 November 2022).
- Despite the very volatile and unpredictable environment, UNICEF and partners continue to provide assistance to the most vulnerable households with NFI kits distributions and through WASH, child protection, health, education and nutrition interventions.

### Situation Overview



: DTM – IOM, 21 November 2022

Fighting between FARDC and M23 continued in the north of Rutshuru territory on the Nyamilima – Ishasha axis and in the west on the Kalengera - Tongo axis. In Nyiragongo territory, clashes were recorded in Buhumba and Kikumba and both localities are under control of M23 as of the reporting period. In the west of Rutshuru, M23 continued to advance towards Kitchanga causing population movements towards Mweso in the Masisi territory. Displacement following armed conflict is now affecting four out of six territories in North Kivu.

On 15 November, approximately 50% of the estimated 22,600 displaced persons in Kibati started a preventive and pendular movement toward the city of Goma as a result of the panic caused by fear of M23 advancing towards Goma.

Escalated conflict is worsening the humanitarian situation for civilians in Nyiragongo and Rutshuru territories with numerous protection issues being reported. The number of cases of various types of abuse in combat zones is on the rise, particularly against displaced civilians who make

pendular movements in search for means for survival, such as firewood (OCHA, Humanitarian Briefing, 18 November). Humanitarian access remains impossible in areas controlled by M23, and the overall conditions for the populations remaining in these zones are expected to decline rapidly. IOM estimates that more than 324,000 persons, including 198,863 women, have been displaced since the start of the conflict (DTM – IOM, 21 November 2021).

Together with other humanitarian actors, UNICEF conducted a joint multisectoral needs assessment in Kayna health zone (HZ) located south of Lubero territory, in early November. Since June 2022 and as of 9 November 2022, Kanya HZ received a total of 94,685 IDPs following clashes in Beni, Walikale and Rutshuru territories. The most pressing humanitarian needs in this area are access to food, healthcare, education, Non-Food Items (NFI), shelter, WASH facilities and protection services.

## UNICEF's Response

Since the first days of the crisis in April 2022 UNICEF is responding to humanitarian needs in Rutshuru and Nyiragongo territories with NFI kits distributions and through WASH, child protection, health, nutrition, emergency education interventions. Despite the volatile and unpredictable environment, UNICEF and partners continue delivering lifesaving assistance to the most vulnerable households at various locations where the displaced are temporarily located. UNICEF closely monitors population movements and adapts its response accordingly. Since the beginning of November 2022, UNICEF is focusing its interventions on Nyiragongo territory in response to the large influx of displaced persons who recently arrived and 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, continue water-trucking activities in and around Kanyaruchinia in Nyiragongo territory. During the reporting period:

- 700 m<sup>3</sup> (approximately 100 m<sup>3</sup> per day) of water was distributed in six sites, providing drinking water to 20,000 people per day,
- 77 latrine doors have been built,
- 17 hand washing stations have been installed,
- Awareness activities on good hygiene practices reached 24,563 people.

Since the beginning of activities on 30 October, UNICEF and partners provided a total of 2,190 m<sup>3</sup> of drinking water to an estimated number of 20,857 beneficiaries per day and built 142 latrine and 140 shower doors.



### Child Protection

UNICEF and its partners (UPDECO, CAJED, ACOPE, Heal Africa and DIVAS NK) are providing a number of essential protection services to children which include: 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.

During the reporting period, in Nyiragongo IDP sites, 28 UASCs (13 boys and 15 girls) were identified and taken care of by UNICEF's partner CAJED. 32 GBV cases, including 1 girl, received medical care by UNICEF's partner Heal Africa. During the same period, 5 UASC and 8 CAFAAGs were identified, and they received protection services via UPDECO partner in the territory of Rutshuru. In the southern part of Lubero territory, UNICEF's partner ACOPE, identified 17 UASC including 11 boys.

Since the beginning of the crisis in March 2022, UNICEF's partners identified a total of 1685 UASC and reunified 1335 of these children with their families. In the same time frame, 240 CAFAAGs were identified and provided with protection services. Additionally, 7,600 children affected by the crisis received psychosocial care provided by UNICEF and Partners.



## Rapid response (UniRR)

On 18 November UNICEF assisted a total of 2,453 households with emergency supplies through its rapid response mechanism, UniRR, and completed its intervention in Kibati, Nyiragongo territory. As of the date of this report, more than 13,000 persons (including more than 8400 children) living in four IDP sites received lifesaving humanitarian assistance in the form of NFI and WASH kits through UNIRR.



## Education

The situation of the 12 schools used by IDPs as shelters remained unchanged during the reporting period. The shelter cluster and its partners are undertaking preparations to construct temporary shelters for the displaced families to free up the occupied classrooms. Proportional to deteriorating conditions and rapidly increasing number of vulnerable households, the risk of school aged children in urgent need of assistance to continue schooling will increase exponentially.

UNICEF and its implementing partner GRACE with EPST, in collaboration with the IDP site manager, visited Kanyaruchinya IDP site and identified schools in the area with available free space to host temporary learning spaces (TLS) to ensure continuity of learning for approximately 2,000 children affected by the crisis. Given the rapid increase in the number of displaced people, in complementarity with other partners in the education cluster, UNICEF is preparing a response plan for an additional 20,000 children to be included in UNICEF's interventions in the emergency areas.



## Nutrition

During the reporting period, UNICEF's partner World Vision International (WVI) admitted 90 children for treatment of severe acute malnutrition (SAM) in Nyiragongo territory, including 53 displaced children and 37 from the host communities (58 girls and 32 boys). WVI also supplied 45 boxes of Plumpy Nut to the health centres of Kiziba, Mudja and Turunga. In addition, UNICEF's partner AOF screened 10,598 children in the IDP sites for malnutrition (5,062 boys and 5,536 girls). 15 cases were identified and referred to the health centres for treatment.

In Rutshuru territory, 15 children (7 girls and 8 boys) suffering from SAM were identified and admitted to health care structures supported by UNICEF's partner AOF, including 7 girls and 8 boys in health facilities supported by AOF.



## Cholera response – Case Area Targeted Interventions (CATI)

Since 24 October, North Kivu province has reported 268 suspected cases of cholera, of which 83 are laboratory confirmed. The health zones of Goma, Karisimbi, Kirotshu and Nyiragongo remain the most affected by the transmission of the disease (18 confirmed cases in the Nyiragongo health zone during this same period and 1 directly in the displacement zones, Kanyaruchinya). During the same period, UNICEF and its partner the Congolese Red Cross (CRC) carried out 169 rapid responses (Case Area Targeted Intervention) in Nyiragongo Health Zone, 79 of which were directly to suspected cases to interrupt transmission. To date, 844 households received assistance to prevent cholera through distribution of cholera kits, door-to-door sensitization/hygiene promotion, and trainings on how to use the kits. UNICEF organized 90 preventive interventions in these same areas to further engage more than 1500 households to prevent further transmission of cholera.



## Funding Requirements

While updating its response plan for the next 3 months, UNICEF estimates that an initial US\$7.2 million are necessary 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.

Area of intervention	Initial 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
<b>Total</b>	<b>7,170,000</b>

## Summary of Response Results since March 2022

Sector	UNICEF and IPs Response	
	UNICEF Target <sup>1</sup>	Total Results
Indicator		
<b>WATER, SANITATION &amp; HYGIENE</b>		
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	202,816	120,375
# of people use safe and appropriate sanitation facilities	101,736	89,805
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification through a responsive epidemiological surveillance system	72,000	27,144
<b>CHILD PROTECTION</b>		
# of children accessing mental health and psychosocial support	11,750	7,603
# of children GBV survivors accessing holistic care	720	235
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	860	240
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	1,685
<b>Rapid Response Mechanism</b>		
# of people whose life-saving non-food items and WASH supplies (including menstrual hygiene items) needs were met through supplies or cash distributions within 7 days of needs assessments	120,000	61,550
<b>EDUCATION</b>		
# of children accessing formal or non-formal education, including early learning	23,800	900
# of children receiving individual learning materials	35,420	11,870
# of temporary learning spaces established	144	18
<b>NUTRITION</b>		
# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	1,284
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	11,305

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<sup>1</sup> Provisional target – to be adjusted with updated response plan for 3 months