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for every child

Upsurge of violence in
Rutshuru territory,
DRC

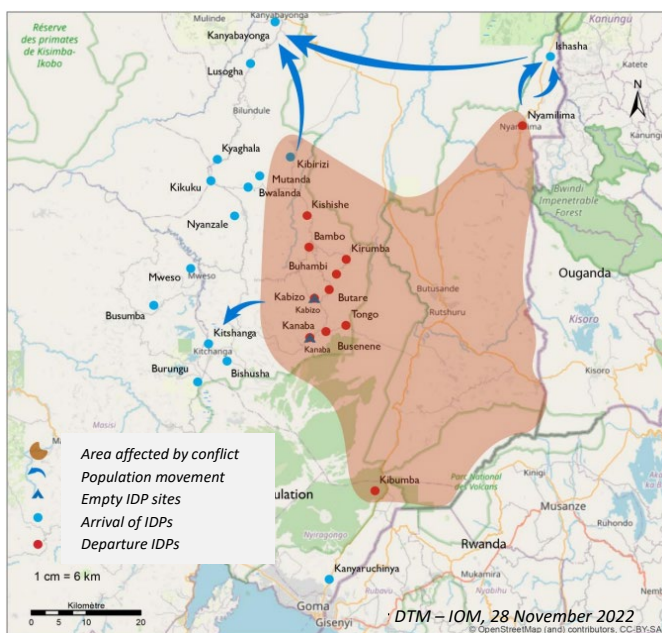
SitRep # 7

28 Nov.– 4 Dec. 2022

Highlights

- Fighting is still reported especially in the Bwito chiefdom, Rutshuru Territory, causing additional population displacements
- Over 370,000 persons have been displaced since the start of the conflict, more than half are children. 63% live in sites and collective shelters in Nyiragongo territory
- 168 suspected cases of cholera were reported in North-Kivu, and 1 death in Kibati, representing an increase of 61% compared to previous week
- Despite the very volatile and unpredictable environment, UNICEF and partners continue to assist the most vulnerable in WASH, child protection, health, education, NFI-kits and nutrition, and are actively collaborating with UNHCR to prepare the IDP site in Bushagara

Situation Overview



Fighting is still going on several axes during the reporting period, notably in the Bwito chiefdom, Rutshuru territory. In Kishishe and Kilama also, clashes were recorded on 29 November between M23 and an armed group. Attacks on civilians, have also been reported in Kishishe and Bambo with at least 131 civilians killed including women and children, further investigations are on-going by the UN Joint Human Rights office and MONUSCO.

Overall, as of 5 December 2022, IOM estimates that over 370,000 persons have been displaced since the start of the conflict in Rutshuru, Lubero, Nyiragongo territory. More than half are children and 63 per cent (over 235,000 people) live in overcrowded IDP (internally displaced persons) sites and collective shelters in Nyiragongo territory just outside Goma. Children are the main victims, facing separation from families, recruitment by armed groups and massive ever-growing level of gender-based violence.¹ Moreover, during the epidemiological week 48 (28 November – 4 December), 168 suspected cases of cholera were reported in North-Kivu, and 1 death in Kibati, representing an increase of 61%

¹ IOM-DTM, Rapid Assessment, Dashboard #105, 5 December 2022

compared to previous week. 112 of the 168 suspected cases were people living in IDP sites (Kanyaruchinya, Kbatu, Munigi) in the Nyiragongo health zone. Overall, 332 suspected cholera cases have been reported over the past three weeks, from 62 suspected cases in the North Kivu province during the epidemiological week (EW) 46 (14-20 November 2022) to 168 suspected cases in EW48 (28 November - 4 December 2022), representing an increase of 170 per cent.

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 a large influx of 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, BIFERD and Yme Grand Lac, continue water-trucking activities in and around Kanyaruchinya in Nyiragongo territory. A new partnership was signed with Yme Grand Lac for an increased response capacity in WASH.

During the reporting period:

- 700 m3 (100 m3 per day on average) of drinking water has been distributed in six sites, providing drinking water to 20,000 people per day with daily water chlorination monitoring on each bladder.
- Latrines and showers have been disinfected.
- 7 latrine doors were completed
- Awareness activities on good hygiene practices reached 32,873 people
- Yme Grand Lac started digging 64 latrine pits in the new Bushagara site being developed by UNHCR
- BIFERD has resumed its activities in Rutshuru and Rwanguba health zones. 4 water string catchments are completed, and 3 water networks rehabilitation are underway.

Since the beginning of activities in Nyiragongo on 30 October, UNICEF and partners have ensured drinking water to an estimate of 20,000 persons, installed 198 latrine doors, 140 showers, 30 hand-washing stations as well as distributed WASH kits to 2,000 households.



Rapid response (UniRR)

During the reporting period, UniRR launched its second intervention in the Nyiragongo territory in the health area of Munigi, to assist 7,500 households (over 45,000 persons) living in IDP sites with NFI and WASH kits. In addition, support in emergency support to health and nutrition has been launched, targeting the health post located in the Murambi IDP site, to provide free primary health care for IDPs and host community, while referring cases with complications to the Nyiragongo Hospital.



Cholera response – Case Area Targeted Interventions (CATI)

Given the rapid increase of suspected cholera cases and to reduce the delays in reporting the cases, the UNICEF Cholera CATI program is fully transitioning to active surveillance with 18 Red Cross North Kivu and DPS (Provincial Health Division) teams deployed in the province. 6 of these teams are positioned directly in IDP sites with the objective of responding within 24 hours to every detected case when the WASH actors have not yet distributed hygiene kits. CATI teams follow up on confirmed cases, open chlorination points and decontaminate latrines, as well as monitor water quality. All CATI activities are coordinated with WASH Cluster and UNICEF WASH Section.

136 CATI responses were realized in North-Kivu in EW48, covering 145 suspected cholera cases (86% of 168 suspected cases during the week). 111 of those responses were completed in less than 24 hours and concerned the health zone of Nyiragongo, thus covering 100% of IDP sites' cases.

3,090 households (representing 18,540 people) benefited from decontamination, including of their latrines, and from the distribution of basic cholera kits (soaps, jerry cans and buckets), as well as cholera risk awareness and hygiene promotion.



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.

During the reporting period, in Nyiragongo IDP sites, 13 UASCs (9 boys and 4 girls) were identified and taken care of by UNICEF's partner CAJED and DIVAS, while 135 SGBV cases including 30 girls have received medical care by UNICEF's partner Heal Africa in November. During the last week, 14 UASC (8 boys et 6 girls) and 25 CAAFAGs (only boys) were identified and received protection services via UPDECO partner in the territory of Rutshuru. In the southern part of Lubero territory, UNICEF's partner ACOPE identified and provided holistic support to 13 UASC (6 boys and 7 girls).

Since the beginning of the crisis in March 2022, UNICEF's partners have identified a total of 1,783 UASC and 1,463 of which have been reunified. In the same time frame, 258 CAAFAGs have been identified and benefited from protection services by UNICEF's partners and over 7,600 children affected by the crisis received psychosocial care.



Education

12 schools are still being used as shelters by IDPs in Nyiragongo Health Zone. Meanwhile, UNICEF has accelerated its response to provide Education in Emergency to 2,000 affected children among displaced and host communities. 6 sites have been selected in collaboration with the EPST and the Education Cluster actors (EP Kayembe, EP Bujari, EP La Consolation, EP Beu, EP Monigi CEPAC and EP Mboga) to build 18 Temporary Learning Spaces (TLS).

Construction work has already begun on four of these sites, as well as the training of teachers on teaching methods and inclusive education in emergency situations and the training of young girls on intimate hygiene, led by the partner NGO GRACE. Needs in terms of WaSH in school have been evaluated to offer a protective environment to the children.

Around these Temporary Learning Spaces (TLS), 1,525 children (717 girls and 811 boys) have been sensitized to the importance of returning to school, while 26,146 IDPs (11,828 men and 14,318 women) have been sensitized to the key role of community in protection and keeping a clean and sane environment around these TLS.



Nutrition

During the reporting period, UNICEF and its partners continued their activities in the two territories of Nyiragongo and Rutshuru.

In Rutshuru Health Zone, the following activities were realized with the partner AOF:

- Support for the management of SAM in 10 of the 12 Health Areas, while Rugari and Kakomera Health Areas are still not accessible
- Admission of 40 children, including 20 boys and 20 girls to the ambulatory nutrition units in 6 UNTA.

In Rwanguba Health Zone, our partner World Vision is operational in 5 Health Areas (Shinda, Karambi, Nyarukwangara, Mutabo and Kakondo).

In Nyiragongo Health Zone, the following activities were realized with the partners WVI and AOF:

- Admission of 84 SAM children (37 boys and 47 girls) including 43 displaced children and 41 host children.
- 5,478 people were sensitized on breastfeeding including 245 breastfeeding women and 200 pregnant women.
- 7,208 children aged 6-59 months were screened for malnutrition and 24 cases of SAM cases were referred to health care facilities.
- 5 cooking demonstrations were organized in 5 IDP sites

Health

During the reporting period, UNICEF and its partner AOF realized the following activities in the Nyiragongo Health Zone:

- Supply of essential medicine kits to the General Reference Hospital of Nyiragongo, relocated in the former ebola treatment Center of Munigi
- Provision of primary and secondary health care for IDPs and host populations:
 - Munigi Health Center: 317 consultations including 149 children under 5 (78 boys, 71 girls), 10 deliveries, 29 patients referred to the Munigi HGR for complications
 - Nyiragongo GHR: 326 consultations including 199 children under 5 (95 girls and 104 boys), 54 people still in the hospital
- Finalization of the supplementary plan to strengthen the capacity of the Nyiragongo General reference Hospital

PSEA

UNICEF and its partners realized the following activities during the reporting period:

- In collaboration with the North-Kivu coordination, UNICEF and its partners is working on strengthening community mechanisms for SEA complaints in the IDP sites;
- 235 community actors, including Nehemiah committees and members of community Child Protection networks, have been sensitized on various EAS issues as well as on the referral process for case management

Funding Requirements

UNICEF needs US\$13.4 million to scale-up its humanitarian response for three months. Overall, since the beginning of the crisis in March 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	Funding Requirements (US\$)
UNICEF Rapid Response (UNIRR)	\$3,000,000
WASH and cholera response	\$4,395,000
Child Protection and Gender Based Violence	\$1,313,080
Health	\$255,500
Nutrition	\$2,425,170
Education	\$1,250,000
Social & Behaviour Change	\$310,000
Integrated Analysis Celle	\$140,000
PSEA/ Gender	\$149,500
Operational support Cost	\$200,000
Total	\$13,438,250

		UNICEF and IPs Response	
Sector	Indicator	UNICEF Target ²	Total Results
WATER, SANITATION & HYGIENE			
	# of people accessing a sufficient quantity of safe water for drinking and domestic needs	202,816	121,375
	# of people use safe and appropriate sanitation facilities	101,736	92,605
	# 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	135,000	72,336
CHILD PROTECTION			
	# of children accessing mental health and psychosocial support	11,750	7,603
	# of children GBV survivors accessing holistic care	720	563
	# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	860	258
	# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	1,783
Rapid Response Mechanism			
	# 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
	# 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	35,598
EDUCATION			
	# of children accessing formal or non-formal education, including early learning	23,800	2,500
	# of children receiving individual learning materials	35,420	11,870
	# of temporary learning spaces established	144	24
NUTRITION			
	# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	1,620
	# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	12,603
HEALTH			
	# of children and women receiving primary health care in UNICEF-supported facilities	45,052	769

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² Provisional target – to be adjusted with updated response plan for 3 months