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Upsurge of violence in  
Rutshuru territory,  
DRC

SitRep # 8

5 – 11 December  
2022

## Highlights

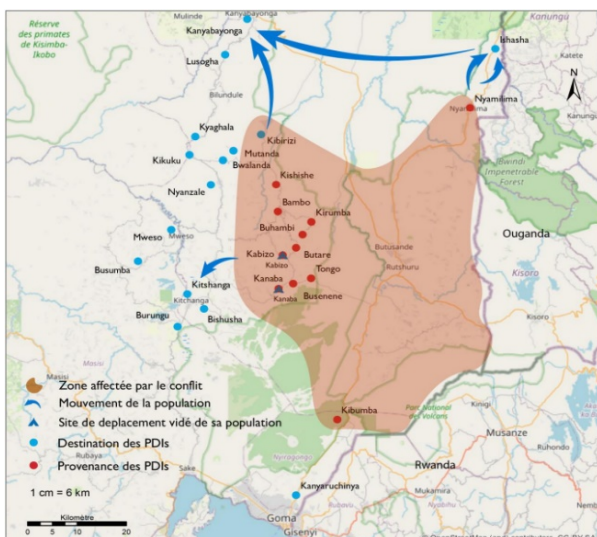
- The situation in Rutshuru territory remained volatile during the reporting period. Displacements have been reported in the Masisi territory, and the planned withdrawal of M23 forces from their positions has not been observed.
- According to the CMP, more than 450,000 persons had been displaced in Rutshuru, Nyiragongo and Masisi territories as of 6 December since the beginning of violence.
- Since the beginning of the cholera outbreak in displacement sites, as of Dec. 11, 385 suspected cases and 6 deaths have been reported. Although the number of cases could be higher given the context, an extension of the epidemic towards Rutshuru and the city of Goma is currently observed. This number of suspected cases is actually much higher and data reconciliation is underway between DPS/MSF/UNICEF. In Goma military zone, 4 young military recruits among 12,000, who were to join the Kitona camp, were notified as cholera suspects.
- 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 Bushagara site.

## Situation Overview

Despite apparent stability, the situation remained volatile during the reporting period. On December 6, M23 announced a withdrawal from their positions; however, the planned movements were not observed.

Meanwhile, the Health Zone of Mweso in the Masisi territory noted an influx of displaced persons, and tensions arising due to uncertainty regarding potential M23's advances. Panic broke out among the population in Kitshanga (Masisi territory) following clashes in the village of Kishishe.

Following reports that 131 civilians were killed on November 29 and 30 in Kishishe. UN JHRO and MONUSCO publicly stated on 8 December that preliminary investigations found at least 131 civilians had been killed (including 12 children) in Kishishe and Bambo, Rutshuru territory, while at least 20 women and girls were raped.



During the epidemiological week 49 (Dec. 5 – Dec. 11), 234 suspected cases of cholera were reported in North-Kivu, and 1 death in Kibati, representing an increase of 71% compared to previous week. 208 of these 234 suspected cases are from the IDP sites (Kanyaruchinya, Kibati, Munigi) in the Nyiragongo Health Zone. For recall, since November 6 (date of the first confirmed case), 385 suspected cases were reported and 101 cases were confirmed in the province thanks to microbiological analyses, including 47 cases in EW49. In addition to currently reported and confirmed cases, and UNICEF estimates that the outbreak has already impacted more than 600 people in the IDP sites.

The Provincial Health Division, MSF and UNICEF are cross-checking and triangulation of data to ensure better surveillance.

## 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 aid 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 November, UNICEF focuses its interventions in the Nyiragongo territory where most displaced persons are and living in dire conditions.

UNICEF and its partners keep on scale up multi-sectoral assistance to in need populations 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.

During the reporting period:

- 584 m3 (83 m3 per day on average) of drinking water was distributed in six sites, providing drinking water to 16,600 people per day with daily water chlorination monitoring on each bladder water tank,
- Disinfection of existing latrines and showers,
- Completion of 13 latrine doors in Kanyaruchinya and 28 latrine doors in Bushagara camp,
- Awareness activities on good hygiene practices reached 12,423 people (2,490 men, 3,311 women, 2,707 boys and 3,915 girls in Kanyaruchinya, Kayembe and Mugara,
- YME Grand Lac has finished 64 latrines pits in the new Bushagara site ,
- UNICEF national partner 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 29,037 persons, installed 221 latrine doors, 146 showers, 30 hand-washing stations as well as distributed WASH kits to 2,000 households.



### Rapid response (UniRR)

UNICEF's rapid response program completed targeting of 7,929 displaced households (approximately 47,574 persons), in 25 IDP sites in the health area of Munigi, Nyiragongo territory. 7,883 households have so far been assisted with emergency supplies (NFI and WASH kits).

The activities in health and nutrition continue. UniRR is supporting the health intervention in the Murambi IDP site, to provide free primary health care for IDPs and host community, while referring cases with complications (including cases of MAS 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 CATI program has fully transitioned to active surveillance with 18 Red Cross North Kivu and DPS (Provincial Health Division) teams deployed in the province, and 8 directly in IDP sites with the objective of responding within 24 hours to every detected case where 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.

222 CATI responses were realized in North-Kivu in EW49, covering 197 suspected cholera cases (84%). More than 200 of those responses were completed in less than 24 hours and concerned the HZ of Nyiragongo, thus covering 100% of IDP sites' cases.

7531 households (representing 45186 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. 51 manual chlorination points were opened for a period of 1 month.

During the reporting period, in the military zone of Goma (city), four young recruits from South Kivu transiting to Kitona's training center were reported as confirmed cholera cases. As Kitona is located on the Atlantic coast of the DRC, the national authorities have been informed to take appropriate measures.



## 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 (10 boys and 3 girls) were identified and taken care of by UNICEF's partner CAJED and DIVAS. 135 SGBV cases including 30 girls have received medical care by UNICEF's partner Heal Africa in November. During the reporting period, 9 UASC (5 boys and 4 girls) and 14 CAFAAGs (including 2 girls) were identified and provided with 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 26 UASC (9 boys and 17 girls).

Since the beginning of the crisis in March 2022, UNICEF's partners have identified a total of 1,834 UASC and 1,478 of which have been reunified. In the same time frame, 299 CAFAAGs 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, and 3 Temporary Learning Spaces.

UNICEF has reinforced its advocacy towards the local authorities, to prioritize for the relocation in Bushagara the IDPs who are currently using school and learning spaces as shelters.

Meanwhile, UNICEF and its local partner GRACE has completed the construction of 18 Temporary Learning Spaces in 6 sites (EP Kayembe, EP Bujari, EP La Consolation, EP Beu, EP Monigi CEPAC and EP Mboga), chosen in collaboration with the Provincial Division of Primary, Secondary and Technical Education, to host 2,000 children from 6 to 11 years of age.

During this reporting period, 576 children (273 girls and 306 boys) have been sensitized to the importance of returning to school, while 13,329 IDPs (5,581 men and 7,748 women) have been sensitized to the key role that communities play in protecting schools and preserving a clean and convenient environment for learning around the schools.



## Nutrition

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

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 22 children, including 10 boys and 12 girls to the ambulatory nutrition units in 4 UNTAs.

In Rwanguba Health Zone, our partner WVI is operational in 6 Health Areas (Shinda, Karambi, Nyarukwangara, Mutabo, Kakondo and Ntamugenga), and admitted 54 children (28 boys and 26 girls).

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

- Admission of 91 SAM children (33 boys and 58 girls) including 56 displaced children and 35 host children,
- 1,557 people were sensitized on breastfeeding including 221 breastfeeding women and 357 pregnant women,
- 9 cooking demonstrations were organized in 5 IDP sites,
- Preparation of a large nutritional screening by all the field teams.

## Health

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

- 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: 400 consultations including 138 children under 5 (75 boys, 63 girls), 15 deliveries, 50 patients referred to the Munigi HGR for complications,
  - Nyiragongo GHR: 171 consultations including 60 children under 5 (27 girls and 33 boys), 49 people hospitalized (12 men, 15 women, 13 boys and 9 girls).

## Protection from Sexual Exploitation and Abuse (PSEA)

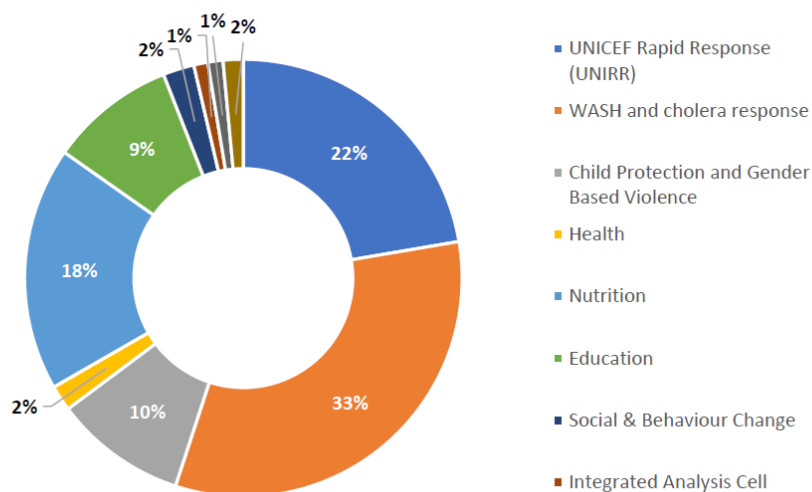
UNICEF supported its partner NGO Heal Africa to establish 6 complaints management committees in Nyiragongo. These committees oversee management of complaints relating to humanitarian action, including sexual exploitation and abuse (SEA).

UNICEF established 6 complaints management committees. These committees have received 7 complaints, including 1 case of SEA between September and 11 November. 247 community actors were sensitized on SEA 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 (Dec 2022- February 2023) as detailed in the [response plan](#). The funding gap to date is 82%. UNICEF expresses its sincere gratitude to all donors notably SIDA for their support. 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 Cell	\$140,000
PSEA/ Gender	\$149,500
Operational support Cost	\$200,000
<b>Total</b>	<b>\$13,438,250</b>



## Summary of Response Results since March 2022

Sector Indicator	UNICEF and IPs Response	
	UNICEF Target <sup>1</sup>	Total Results
<b>WATER, SANITATION &amp; HYGIENE</b>		
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	202,816	125,800
# of people use safe and appropriate sanitation facilities	101,736	108,300
# 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	117,522
<b>CHILD PROTECTION</b>		
# 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	299
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	1,834
<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
# 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
<b>EDUCATION</b>		
# 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	29
<b>NUTRITION</b>		
# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	1,787
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	13,181
<b>HEALTH</b>		
# of children and women receiving primary health care in UNICEF-supported facilities	45,052	995

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<sup>1</sup> Targets since the beginning of the crisis with the new target for 3 months (December- February 2023)