



unicef 
for every child

Upsurge of violence in
Rutshuru territory,
DRC

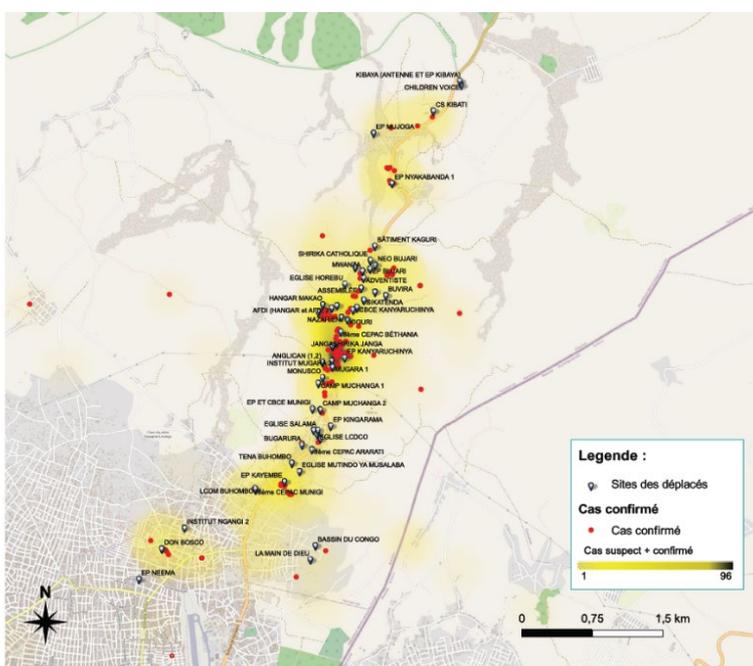
SitRep # 10

19 – 25 December 2022

Highlights

- The M23 transferred the control of Kibumba territory to East African Community Forces on December 23, which reopened of the Goma – Bunagana road. Meanwhile, clashes were noted in Rutshuru and Masisi territories.
- The humanitarian situation in Kayna Health Zone In Lubero territory remains concerning with limited access to humanitarian actors.
- According to verified data, 1,632 suspected cases of cholera and 8 deaths were reported in North-Kivu since the confirmation of the outbreak. Almost 74% of these suspected cases are children under 18 years old and 38% under 5 years of age.
- Despite the very volatile and unpredictable environment, UNICEF and partners continue to assist the most vulnerable with NFI-kits distributions and interventions in WASH, child protection, health, education, and nutrition, in coordination with other humanitarian actors.

Situation Overview



The M23 officially transferred control of Kibumba to the regional force of the East African Community (EAC) on 23 December in line with the Luanda Agreement. EAC announced that the Goma – Bunagana road should reopen shortly, and that displaced persons could return. EAC forces will remain deployed in this zone according to the Agreement terms.

In Rutshuru territory, clashes were noted between M23 and self-defense groups near Birambizo, Ruhanga whereas Kihonga remained more stable. Fighting is ongoing around Kitshanga in Bwiza, Kihona and Ngola resulting in additional movements and panic among civilians in the Masisi territory.

Security remains calm in Lubero territory; however, humanitarian conditions are worrying in the Kayna Health Zone where large numbers of displaced people are still present and access for humanitarian actors remains limited.

Date de création : 20/12/2022 adresse : telecharters@unicef.org Source : Cluster WASH
Les frontières et les noms indiqués et les désignations employées sur cette carte ne signifient pas l'approbation ou l'acceptation officielle de Cluster WASH et ses partenaires.

During epidemiological week 51 (19 – 25 Dec.), 618 suspected cholera cases and 1 death were reported in North Kivu. Of these 618 suspected cases, 611 are from the IDP sites located in Kanyaruchinya health area. These 611 suspected cases represent an increase of 3% compared to EW50; however the rate of transmissions has slowed down during the last 2 weeks.

Since week 44, a total of 1,519 suspected cases and 8 deaths have been reported in the IDP sites. Neighboring health zones, especially the urban zones of Goma, did not report recrudescence; nevertheless, it must be noted that the cholera situation remains critical and unpredictable.

UNICEF's Response

From the first days of the crisis in April 2022, UNICEF has been responding to the humanitarian needs with non-food item distributions and interventions in WASH, child protection, health, nutrition and, 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 populations affected by this crisis in Rutshuru and in 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 major 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 Ymes Grands Lacs, continue water-trucking activities in and around Kanyaruchinya in Nyiragongo territory.

During the reporting period:

- 700 m³ (100 m³ per day on average) of drinking water was distributed in six sites, providing drinking water to 20,000 people per day with daily water chlorination monitoring on each bladder water tank,
- Disinfection of existing latrines and showers,
- 36 latrine doors were completed for the use of 1,805 beneficiaries,
- Awareness raising activities on good hygiene practices reached 44,619 people, and awareness on GBV reached 20,953 people during the reporting period (including 10,732 people with messages on PSEA).

The installation of the Oxfam 70 m³ water tank has been completed at the Bushagara site by Ymes Grands Lacs, and the first test runs were completed successfully. The major constraint remains the difficult access for tanker trucks due to the poor quality of the roads.



Rapid response (UniRR)

UNICEF's rapid response team conducted a needs assessment on the Kikuvo-Kamandi-Vuhoyo axis, including assessment of healthcare and nutrition facilities.

The activities in health and nutrition continue, with the support to 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 10 directly in IDP sites with the objective of responding within 24 hours to every detected case where WASH actors have not yet distributed hygiene kits. CATI teams follow up on severe dehydration and confirmed cases, open chlorination points and decontaminate latrines, as well as monitor water quality. All CATI activities are coordinated with UNICEF emergency unit, WASH Cluster and UNICEF WASH Section.

292 CATI responses were realized in North-Kivu in EW51, covering all severe dehydration and confirmed cases of cholera. All responses were completed in less than 24 hours and concerned the HZ of Nyiragongo, thus covering 100% of IDP sites' cases.

9,083 households (representing 55,000 people) benefited from decontamination, including of their latrines, and if needed the distribution of basic cholera kits (soaps, jerry cans, ORS and buckets), as well as cholera risk awareness and hygiene promotion.

51 manual chlorination points were opened for a period of 1 month in Kanyaruchinya Health Area and Karisimbi Health Zone to protect the Goma urban area from further spread of the epidemic.



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, 2 UASC (2 boys) were identified and taken care of by UNICEF's partner CAJED and DIVAS. As the number of UASCs identified in this area is decreasing for the time being, CP actors are now focusing on family tracing and reunification as well as on the quality of care by monitoring closely foster families and collective centers. In the same time frame, 32 SGBV cases including 31 girls have received medical care by UNICEF's partner Heal Africa. Meanwhile, 5 UASC (2 boys et 3 girls) and 8 CAAFAGs (including 5 girls) 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 25 UASC (15 boys and 10 girls).

Since the beginning of the crisis in March 2022, UNICEF's partners have identified a total of 2,023 UASC (1,150 boys and 873 girls) – 1,725 of which have been reunified (972 boys and 753 girls). In the same time frame, 324 CAAFAGs (273 boys and 51 girls) 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, while 18 Temporary Learning Spaces (TLS) are functional in the Nyiragongo territory, schooling 2,355 children. All these classrooms received recreative and didactical kits, while 26 teachers received dedicated kits. The construction of 2 emergency latrines blocks is underway.

UNICEF is continuing 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.

During the reporting period, 2,243 children (1,227 girls and 1,016 boys) have been sensibilized to the importance of returning to school through participative theater, while 2,783 IDPs (984 men and 1,799 women) have been sensibilized to the key role of community in protection and keeping a clean and convenient learning environment around these TLSs, as well as prevention of epidemics and personal/menstrual hygiene.



Nutrition

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

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

- Support for the management of SAM treatment programmes in 10 of the 12 Health Areas, while Rugari and Kakomera Health Areas are still not accessible,
- Admission of 55 children (31 girls and 24 boys) to the ambulatory nutrition units in 4 UNTAs,
- Supply of 40 RUTF boxes for Bunyereza and Kinyandoni Health Centers to serve 50 children.

In Rwanguba Health Zone, UNICEF's partner WVI is operational in 6 Health Areas (Shinda, Karambi, Nyarukwangara, Mutabo, Kakondo and Ntamugenga), and admitted 51 children (24 boys and 27 girls). The Health Center of Ntamugenga also received 50 Plumpy'Nut boxes from UNICEF.

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

- Admission of 121 SAM children (68 girls and 51 boys), with 40% of admitted children who are displaced in UNTA and 50% in UNTI,
- Supply of 100 RUTF boxes in Kibati, Turunga, Rusayo, Mudja, Kiziba and Munigi to serve 125 children,
- 1,138 people were sensitized on breastfeeding including 785 women, 130 men, 135 girls and 88 boys,
- 10 cooking demonstrations were organized in IDP sites for 177 breastfeeding women and 107 pregnant women, 169 other women and 104 men,
- Screening of 805 children, among whose 29 were referred to healthcare facilities.



Health

UNICEF is supporting primary healthcare in Rutshuru, Rwanguba and Nyiragongo Health Zones, with 974 persons benefitting from ambulatory care, including 341 children under 5 years of age (184 girls and 157 boys).

In the Kibututu Health Center, Rutshuru Health Zone, 492 persons benefitted of ambulatory care, including 164 children under 5 years of age (92 girls and 64 boys), while 7 deliveries were performed. All the patients were from the host communities.

20 assisted deliveries took place (7 CS Munigi and at the HGR Nyiragongo and 7 at Kibututu).

In Nyiragongo Health Zone specifically, UNICEF and its partner AOF realized the following activities 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: 179 consultations including 58 children under 5 (33 boys, 25 girls), 7 deliveries, 40 patients referred to the Munigi HGR for complications. All the patients were from the host communities,
 - Nyiragongo GHR: 303 consultations including 119 children under 5 (67 girls and 52 boys) and 184 persons above 5 (90 women and 94 men), 6 deliveries. 44 persons were admitted (including 22 children under 5), especially for malaria, diarrhea, and accidental traumas. 29 patients, including 14 children under 5, were referred to the HGR from other health centers. All the patients were displaced persons.



Protection from Sexual Exploitation and Abuse (PSEA)

Given the increase rates of survival sex, UNICEF supported its partner NGO Heal Africa to probe into the risks of sexual exploitation and abuse related to the proliferation of brothels in the Nyiragongo area. UNICEF also joint the GBV AOR in a workshop to reflect on a strategy to protect women engaged in survival sex and children from sexual exploitation in brothels.

Community-level awareness raising activities on PSEA are being organized in Nyiragongo IDPs sites, including through focus groups of women and girls. A complaint mechanism to signal SEA cases via a free line “495555” has been set up and is shared broadly in IDP sites. PSEA actors are also disseminating the Humanitarian Code of Conduct among communities and humanitarian actors and communicating on the referral system for the assistance to victims.



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
Total	\$13,438,250

Summary of Response Results since March 2022

Sector	UNICEF and IPs Response	
	UNICEF Target ¹	Total Results
Indicator		
WATER, SANITATION & HYGIENE		
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	202,816	165,000
# of people use safe and appropriate sanitation facilities	101,736	110,105
CHILD PROTECTION		
# of children accessing mental health and psychosocial support	11,750	7,603
# of children GBV survivors accessing holistic care	720	662
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	860	324
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	2,023
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	109,608
# 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	273,522
EDUCATION		
# of children accessing formal or non-formal education, including early learning	23,800	2,855
# of children receiving individual learning materials	35,420	12,225
# of temporary learning spaces established	144	29
NUTRITION		
# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	2,159
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	17,021
HEALTH		
# of children and women receiving primary health care in UNICEF-supported facilities	45,052	2,802

UNICEF's Contacts in DRC

Grant Leaity
Representative
UNICEF DRC
Email: glaity@unicef.org

Katya Marino
Deputy Representative
UNICEF DRC
Email: kmarino@unicef.org

Typhaine Gendron
Chief Emergency
UNICEF DRC
Email: tgendron@unicef.org

Jean Metenier
Senior Coordinator
UNICEF DRC (Goma)
Email: jmetenier@unicef.org

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