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Upsurge of violence in  
Rutshuru territory,  
DRC

SitRep # 11

26 December 2022 –  
1<sup>st</sup> January 2023

## Highlights

- Fighting between M23 and FARDC continue on several fronts in both Rutshuru and Masisi which led to population movements notably towards Sake area.
- More than 450,000 persons have been displaced in Rutshuru, Nyiragongo and Masisi territories since the beginning of violence.
- The cholera situation remains fragile with still a risk of major outbreak. Since the end of October health zone, 2,414 suspected cases of cholera and 13 deaths have been reported. Almost 74% of these cases are children under 18 and an increase of suspected cases was noted in Karisimbi (neighboring Nyiragongo health zone)
- 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, in coordination with other humanitarian actors.

## Situation Overview

During the reporting period, fighting continue on several front between M23 and FARDC. In Rutshuru territory, the M23 reportedly seized Bwiza and Kisharo (30 km north of Kiwanja) leading to the displacement of most of the population. Conflict is now heading towards Nyamulima next to the Ugandan border. In Masisi territory, fighting was reported in the National Virunga Park, near Karenga. The local population was asked to leave for security reasons and is now sheltered by host families and in collective centers in Kibati, Kingi, Lupango, Kakomero, Kisingati, Luhonga, Kimoka and Sake. The situation remains calm in the Lubero territory.

During epidemiological week (EW) 52 (26 Dec. – 1 Jan.), 733 suspected cholera cases and 4 deaths were reported in North Kivu. Out of these, 683 (93%) were from the Kanyaruchinya health area and all came from the IDP sites. It represents a 11% increase to EW50 which notified 611 suspected cases. Moreover, the number of suspected cases increased in Karisimbi health area with 50 cases reported compared to 37 the previous week. Cholera situation remains very fragile with still a risk of major outbreak. Since the end of October, 2,414 suspected cases and 13 deaths have been reported in the IDP sites.

The construction of Bushagara IDP site to relocate 1,500 household from the overcrowded sites of Kanyaruchinia is still on-going. The access road to the site is under rehabilitation by the Logistics Cluster.

## 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 the start of November, UNICEF is focusing its interventions in the Nyiragongo territory, as a large influx of displaced persons living in dire conditions has been noted. 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 Grands Lacs, continue water-trucking activities in and around Kanyaruchinya in Nyiragongo territory.

During the reporting period:

- 700 m<sup>3</sup> (100 m<sup>3</sup> 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,
- Continuation of latrine and shower disinfection activities in the Kanyarchinya site,
- 30 family latrine doors and showers were built, which sums up to a total of 230 latrine doors and 160 shower doors to service 11,500 persons in Kanyaruchinya and surroundings, including host populations,
- Evaluation of the number of full latrines and subsequent planification conducted,
- Awareness activities on good hygiene practices reached 64,800 people (including 33,569 women and 31,104 men), and awareness on GBV reached 20,953 people during the reporting period (including 10,732 people with messages on PSEA)
- The setup of a 70 m<sup>3</sup> Oxfam water tank has been completed at the Bushagara IDP site by Yme Grands Lacs. 154 latrine doors have already been built out of the 200 planned, and 60 shower doors out of the 100 planned. A second 70 m<sup>3</sup> oxfam water tank will be set up at the entrance of the camp to ensure a relay and to avoid tanker trucks movements inside the site. The access road to the site is under rehabilitation by the Logistics Cluster.



## Rapid response (UniRR)

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

The emergency activities in health and nutrition are on-going with the provision of free primary health care for IDPs and host community around in the Murambi IDP site, while cases with complications (including cases of MAS with complications) are referred 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 including 10 focusing only on the IDP sites. The objective is to respond within 24 hours to every detected case when the WASH actors have not yet distributed hygiene kits. CATI teams continue to 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 between UNICEF emergency section, WASH Cluster and UNICEF WASH Section.

During the reporting period, 251 CATI responses were realized in North-Kivu, Nyiragongo health zone, covering all severe dehydration and confirmed cases of cholera. All responses were completed in less than 24 hours and covered 100% of IDP sites' confirmed cholera cases.

Since EW44, a total of 1,173 responses were completed in less than 24h. 9,537 households (57,000 people) benefited from decontamination, including of their latrines, and if needed the distribution of basic cholera kits (soaps, jerrycans, 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 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 (CAFAAGs), psychosocial 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, no new case of UASC was registered. Child Protection actors are still focusing on active family tracing of identified UASC in all IDPs sites, as well as on the quality of care by monitoring closely foster families and collective centers. To prepare the opening of the Bushagara site, child protection actors trained 70 members of the Congolese National Police, in charge of securing the site, while a dedicated team is going to monitor the population transfer. 24 SGBV cases (all girls) received medical care by UNICEF's partner Heal Africa.

In Rutshuru territory, 4 UASC (all boys) and 6 CAAFAGs (all boys) were identified and received protection services via UPDECO partner. In the southern part of Lubero territory, UNICEF's partner ACOPE identified and provided holistic support to 8 UASC (3 boys and 5 girls).

Since the beginning of the crisis in March 2022, UNICEF's partners have identified a total of 2,046 UASC (1,162 boys and 884 girls) – 1,744 of which have been reunified (985 boys and 759 girls). In the same time frame, 330 CAAFAGs (279 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. 18 Temporary Learning Spaces (TLS) are functional in the Nyiragongo territory, schooling 2,355 children. During the reporting period, 41 teachers, including the school principals in 6 sites (13 women and 28 men) have been trained in child-centered pedagogy and psychosocial support in emergency situations. UNICEF through its partner GRACE also sensitized 400 adolescent girls on the use of intimate kits that were distributed to them.

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

During the reporting period, 781 children (312 girls and 469 boys) have been sensitized to the importance of returning to school through participative theater, while 647 IDPs (194 men and 453 women) have been sensitized to the key role of community in protection and keeping a clean and sane environment around these TLS, as well as prevention of epidemics and personal/menstrual hygiene.



## Nutrition

During the reporting period, UNICEF and its partners continued their activities in Nyiragongo, Rwanguba 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 (Rugari and Kakomera Health Areas were still not accessible)
- Admission of 33 children (21 girls and 12 boys) 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 35 children (19 boys and 16 girls), including 33 in UNTAs. 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 52 SAM children (28 girls and 24 boys), with 52% of displaced children,
- 810 people were sensitized on breastfeeding including 572 women, 104 men, 83 girls and 51 boys,
- 7 cooking demonstrations were organized in IDP sites for 117 breastfeeding women and 38 pregnant women,
- Screening of 3,134 children, among whose 24 referred to healthcare facilities,
- Visit of Kiziba and Turunga health centers by UNICEF.



## Health

UNICEF is supporting primary care in Rutshuru, Rwanguba and Nyiragongo Health Zones, with 1,392 persons benefitting of ambulatory care, including 402 children under 5, while 57 deliveries were assisted, and 23 patients referred to the Referral General Hospital (RGH).

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

In Nyiragongo Health Zone, UNICEF and its partner AOF realized the following activities:

- Supply drugs and medical equipment, including PCI kits to the RGH of Nyiragongo, relocated in the former Ebola treatment Center of Munigi,

- Activation of the flat rate for blood transfusion at the Nyiragongo RGH's emergency room,
- Provision of primary and secondary health care for IDPs and host populations:
  - Munigi Health Center: 220 consultations including 77 children under 5, 7 deliveries, 40 patients referred to the Munigi RGH for complications. All the patients were from the host communities,
  - Nyiragongo RGH: 331 consultations including 149 children under 5 and 182 persons above 5, 6 deliveries. 51 persons were admitted (including 22 children under 5), especially for malaria, diarrheas, and accidental traumas. All the patients were displaced persons.



### Protection from Sexual Exploitation and Abuse (PSEA)

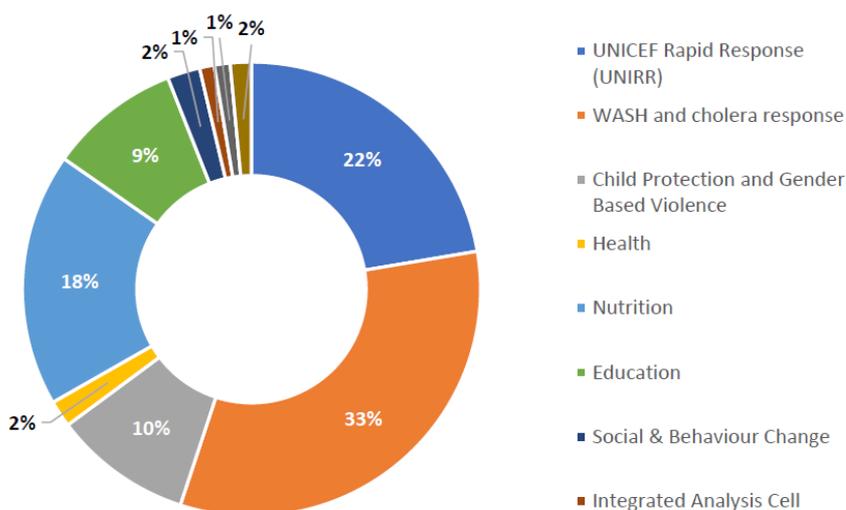
Given the increase rates of survival sex, UNICEF is supporting its partner NGO Heal Africa in its awareness and response activities to SEA. 758 persons (73 boys, 82 men, 215 girls and 338 women) have been sensitized to complain and referral mechanisms, sharing widely the free phone number and the available services for victims. During the reporting period, no allegation of EAS was reported in the province.



### 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 66%. UNICEF expresses its sincere gratitude to all donors notably SIDA and CERF 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	165,000
# of people use safe and appropriate sanitation facilities	101,736	111,605
<b>CHILD PROTECTION</b>		
# of children accessing mental health and psychosocial support	11,750	7,603
# of children GBV survivors accessing holistic care	720	686
# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	860	330
# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	2,046
<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	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	330,522
<b>EDUCATION</b>		
# 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
<b>NUTRITION</b>		
# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	2,279
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	17,831
<b>HEALTH</b>		
# of children and women receiving primary health care in UNICEF-supported facilities	45,052	5,354

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