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Upsurge of violence in
Rutshuru territory, DRC

SitRep # 14

6-26 Feb 2023

Highlights

- Clashes continued in several locations in the Masisi and Rutshuru territories, with civilians reportedly being wounded and fleeing to safer areas. This led to additional displacements, increasing the population in existing IDP sites and generating new IDP sites such as the one of Lushagara near Goma.
- Over 600,000 persons have been displaced since the start of the crisis in March 2022 as per last Population Movement Commission report issued on 31 January. This number is expected to have further increased following the latest clashes.
- The number of suspected measles cases is being increasingly notified, particularly in areas affected by population movements.
- UNICEF, through its partners, continues to provide lifesaving multisectoral assistance to affected children and their families despite the challenging operational conditions.

Situation Overview

During the reporting period, fighting continued in several locations in the Masisi territory. Heavy clashes between M23 and FARDC were reported on 16 February, in and around the city of Kitshanga and on the Kitshanga – Mweso axis. Civilians in the area are continuously exposed to violence, with reports stating that IDPs (including children) have been injured in the clashes. People continue to flee the violence, but the exact number of displaced is still unknown. Violent clashes between the M23, FARDC, and a coalition of armed groups continued in the southwestern part of Rutshuru territory. Bukombo and Birambizo were taken by M23 on 10 February 2023, and clashes continued in these localities and surrounding areas from 10 – 13 February 2023. This forced more than 7,000 households to flee to Mweso, Katsiro, Nyanzale and Kabizo, on the border between the Rutshuru and Masisi territories. Access remains limited in large parts of these territories due to insecurity.

Clashes have also been ongoing since 13 February 2023 in the southern part of the Masisi territory, on the Sake-Kirorirwe axis, particularly in the Kingi locality, about 15 km north of Sake town. On 19 and 20 February 2023, clashes intensified and M23 took control over the Mushaki locality and temporarily of the Rubaya mining site, 15 km northwest of Sake. The Goma-Sake-Masisi axis is therefore now under M23 control and all road access to Goma has been cut off at the exception of the road towards Kirotshe and Minova in South Kivu.

IDPs are displaced in and around Goma town and in the territories of Nyiragongo, Rutshuru, Masisi, Walikale and Lubero. IDPs are also arriving in Sake, Minova and Kirotshu, implying that the crisis is also starting to affect the South Kivu province.

Following recent clashes, large waves of displaced persons continued to arrive in the Lac Vert (Bulengo) and Rusayo sites, outside Goma. A new site called Lushagara has emerged opposite to the Lac Vert (Bulengo) site in the outskirts of Goma and hosts approximately 2,550 households. Lac Vert (Bulengo) now hosts more than 12,700 households (approximately 76,000 people), and Rusayo more than 14,800 households (approximately 84,000 persons), although it remains a challenge to verify the numbers. DTM is planning to launch a registration exercise in the Lac Vert and Rusayo sites.

Overall, clashes have spread to four out of six territories in the North Kivu province. Displaced persons are now present in five of these territories and the provincial capital of Goma. In total, between 600,000 and 700,000 persons are estimated to have been displaced since the crisis broke out in March 2022 and the number of displaced persons continue to increase on a weekly basis. No significant additional return movements have been notified during the reporting period. According to the Population Movement Commission report issued on 31 January 2023, 55,000 persons have returned to the Rutshuru territory with most of them (30,000) to Kiwanja.

These IDPs continue to live in highly precarious conditions in host families, collective centers (such as schools and churches) and official IDP sites. In addition, the soil in some parts of the Lac Vert site contains carbon dioxide gas, which causes danger for the displaced persons residing in this site, and several deaths have already been reported due to the gas. The Goma Volcanic Observatory (OVG) conducted an evaluation on 13 - 14 February 2023, to measure the levels of gas and map the risk zones. While it was determined that the western part of the Lac Vert site poses some risk, the center and eastern parts were considered low risk. However, the authorities are willing to relocate progressively these households from this site to minimize the risks of exposure. Part of these IDPs could be relocated to Rusayo II, a new site of 50 hectares which could accommodate up to 5,000 families, i.e., only part of the IDPs from Lac Vert (Bulengo). UNHCR and the CCCM cluster are currently planning the construction of the site. UNICEF, particularly through the WASH cluster, is closely following the ongoing discussions.

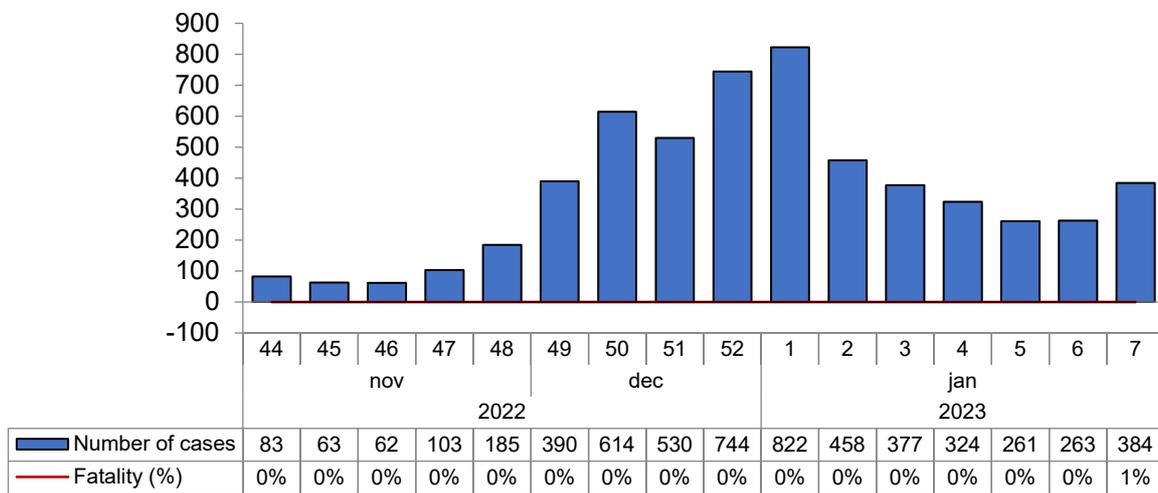
The overall number of suspected cholera cases continues to drop, thanks to numerous efforts from several actors. Nonetheless, suspected cases have increased again during the last two weeks, particularly in the new Rusayo sites.

In addition, a steep increase in suspected measles cases is being notified in multiple provinces of the country, and displaced children are particularly vulnerable; 18 out of 35 health zones in North Kivu have reported measles cases between week 1 to 6 in 2023. A total of 4,645 cases and 28 deaths have been reported during this period. Most of these cases were reported in the health zones hosting IDPs. Rusayo site has been reporting suspected measles cases for the last 4 weeks. It is imperative to strengthen the emergency response to limit the spread of measles in the sites. People are living in precarious conditions, which increases the risk of an explosion of cases. Young children, who are often not vaccinated, are the first victims of the measles epidemic in conflict zones.

Notification of suspected cholera cases in Nyiragongo, Goma and Karisimbi health zones, week 44 - 07

Spontaneous and temporary IDP sites around Goma town
UNICEF /NFI Working Group





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, nutrition, and education in the territories of Rutshuru, Nyiragongo, Lubero and Masisi for affected populations. UNICEF continue to lead the WASH, education, and nutrition clusters, as well as the child protection and NFI working groups. Despite the very volatile and unpredictable environment, UNICEF and partners continue to support the most vulnerable affected by this crisis in the following sectors:



Water, Hygiene and Sanitation (WASH)

UNICEF and its partners AVUDS and Yme Grand Lac continue their assistance in WASH for the IDPs in the Nyiragongo territory (Kanyaruchinya – including Bushagara) and the Lac Vert (Bulengo) site. In total, UNICEF and partners supplied 2,530 m3 of drinking water by water trucking to 21,569 persons, which is an average of 180 m3 per day. In Lac Vert (Bulengo), UNICEF supplies 30 m3 of water per day and 150 m3 in Kanyaruchinya (including Bushagara).

In addition to the water trucking, a connection to the local drinking water network was made to supply bladders at the Lac Vert site. The residual chlorine level is systematically checked before water distribution to beneficiaries. The construction of 45 latrine doors and 36 shower doors was launched in Lac Vert (Bulengo) site. Awareness-raising activities aimed at promoting good basic hygiene practices reached 27,265 people, including messages on PSEA and GBV that reached 13,383 people.



Rapid response (UniRR)

Though UniRR, UNICEF and the Red Cross North Kivu carried out two distributions of emergency supplies for IDPs, residing in two sites outside Goma. In the Acogenoki site, 881 households (4,506 persons, including 2,677 children) received an assistance, and in the Lac Vert site, 3,835 households (approximately 23,000 persons) received emergency items. The kits consisted of a kitchen set, a bucket, soap, a tarpaulin, blankets and mats. Women and girls of reproductive age also received an Intimate Hygiene Kit. Both interventions were coordinated with the World Food Programme, assuring a complementary assistance for affected populations, with food and essential household items. UniRR started to plan a distribution of NFI kits for 2,300 households in the Rusayo site.



Cholera response – Case Area Targeted Interventions (CATI)

CATI teams were deployed to the Lac Vert and Rusayo sites where respectively 16 and 4 suspected cholera cases were reported. During the reporting period, 291 CATI responses were made in the health zones of Nyiragongo, Goma and Karisimbi. 84% of these were in IDP sites. All responses were made within 24 hours and covered 100% of confirmed cholera cases. About 2,335 households received at least one household water treatment product. 4,364 complete cholera kits were distributed including soap, buckets with tap and Oral Rehydration Salt.

CATI teams also followed cases of severe dehydration, decontaminated latrines and monitored water quality. More than 46,872 people were sensitized. The overall trend is a drop in suspected cholera cases in the IDP sites due to the mobilization and efforts of several actors. However, the cases have increased during the last two weeks, particularly in the Rusayo site. This could be explained by the low realization of WASH activities in this site, with IDPs living in overcrowded conditions.

Since week 44/2022, 4,524 cases have been notified (91.2% in Nyiragongo health zone and 8.8% in Karisimbi health zone). Over 70% of these suspected cases are children and over 38% are under 5 years old.



Child Protection/Gender Based Violence

UNICEF and its partners UPDECO, CAJED, ACOPE, Heal Africa and North Kivu DIVAS continue to provide essential protection services for children and their families, affected by the conflict. Child protection actors are still focusing on active family tracing of identified UASC in all IDP sites, as well as on the quality of care by closely monitoring foster families and collective centers.

Fixed and mobile child protection teams have also been deployed to the Lac Vert and Rusayo sites for a rapid response to protection cases, notably family separation and GBV cases. DIVAS has established a presence in these new sites and Heal Africa covers the sites via their mobile team for GBV cases.

For the reporting period UNICEF and its partners identified the following:

- In Nyiragongo territory – 13 UASC (including 11 boys) ;
- In Rutshuru territory - 12 UASC (including 3 girls) and 13 children associated with armed forces and armed groups (CAAFAGs) (including 1 girl);
- In Lubero territory - 28 UASC (including 13 girls) and 6 CAAFAGs (all boys) .

Since March 2022, UNICEF's partners have identified a total of 2,304 UASC (1 311 boys and 993 girls) – 1,974 of which have been reunified (1,103 boys and 871 girls). UNICEF's partner Heal Africa has since provided holistic support to 921 survivors of GBV and distributed 494 PEP kits and 608 STI kits. In the same timeframe, 412 CAAFAGs (348 boys and 64 girls) have been identified and benefited from protection services by UNICEF's partners.



Education

A rapid assessment of the situation was conducted by the Education Cluster and UNICEF's implementing partners, which enabled the identification of the elementary schools closest (maximum 3 km) to the IDP sites of Lac Vert, Rusayo, Mudja and Don Bosco that could benefit from an extension through the construction of additional classes. Around the Lac Vert site, 5 schools can accommodate at least 12 transitional schools to provide education and recovery courses for displaced children. In Rusayo, three nearby schools with sufficient space for at least 15 transitional schools have been identified. Near the Don Bosco and Mudja sites, sufficient spaces has been identified for at least 12 classrooms in each of the four schools assessed. However, for the Bushagara site, no nearby schools have been identified, hence the need to build Temporary Learning Spaces (TLS) in the site, to ensure that children have access to schooling and recovery courses in close proximity. UNICEF is orientating its implementing partners in education towards these identified sites. However, more funds are urgently needed to respond to the growing gap in educational needs, particularly to build additional transitional schools and TLS.

In Nyiragongo territory, the Education Cluster is identifying displaced school children who are supposed to take their final exams at the primary and secondary level. In collaboration with the Provincial Department of Education in North Kivu (EPST), UNICEF and the Education Cluster will lobby for the integration of these children in host schools and for the exemption of enrolment fees. In order to prioritise these children, the Education Cluster is orientating all recovery courses and other types of education response to these final-year students.

During the reporting period, 11 TLS have been installed in three schools near the Rusayo, Mudja and Don Bosco IDP sites near Kanyaruchinya, and classes are expected to start next week. UNICEF and its partners are currently conducting a feasibility analysis to construct TLS with wooden walls instead of tarpaulin, which is more sustainable and can last longer. By constructing classes in the communities, access to education is expected to improve for both displaced children and children from the host community.



Nutrition

UNICEF and its partners World Vision and Action of Future (AOF) continued their activities in Nyiragongo and Rutshuru territories. In the Rwanguba Health Zone (Rutshuru territory), 283 children (145 girls and 138 boys) from the communities were admitted for outpatient treatment of SAM. World Vision delivered 190 cartons of RUTF to the Rwanguba Health Zone Central Office to supply the functional health structures (Nyarukwangara, Karambi, Mutabo, Shinda and Kakondo) that are under M23 control. These RUTF can take care of about 250 children with SAM for approximately one month.

The Nyiragongo Health Zone admitted 196 children (97 girls and 99 boys), 163 of them for outpatient care and 33 in the nutritional intensive care unit. 51 (26%) of these children were displaced. UNICEF's partner World Vision is present in the Rusayo health area with activities for the prevention and management of SAM cases. As there is another partner (Première Urgence Internationale) with a complete package for SAM (prevention and management) in the Lac Vert site, UNICEF does not have nutrition activities in the Lac Vert site.



Health

UNICEF is supporting health centers providing primary health care in Rutshuru and Nyiragongo health zones. A total of 1,899 persons benefitted from outpatient care, including 498 children under 5 (257 girls and 241 boys). 145 deliveries were assisted. 110 patients were referred to the Nyiragongo General Hospital, to Muningi and to Kibututu health centers during the reporting period:

- In the Nyiragongo Health Zone, UNICEF and its partner carried out 474 consultations (including 190 children under five), assisted 25 deliveries, referred 15 patients, and admitted 115 persons (50 under five years), especially for malaria, diarrheal diseases and traumas.
- In the Kibututu Health Center in Rutshuru Health Zone, 748 persons benefitted from outpatient care, including 238 children under five, and 50 deliveries were performed.
- In the Muningi Health Center in Rutshuru Health Zone, 677 persons benefitted from outpatient care, including 150 children under five, and 70 deliveries were assisted. 58 children (26 boys and 32 girls) were vaccinated against measles and 86 children (27 boys and 59 girls) received the DTaP (Diphtheria-Tetanus-Pertussis) vaccine.



Protection from Sexual Exploitation and Abuse (PSEA)

Given the increase rates of survival sex, UNICEF and Heal Africa are strengthening awareness and response activities to Sexual Exploitation and Abuse. Sensitization sessions continue to raise awareness regarding complaint and referral mechanisms, sharing widely the free phone number and the available services for victims in and around IDP sites in Nyiragongo.

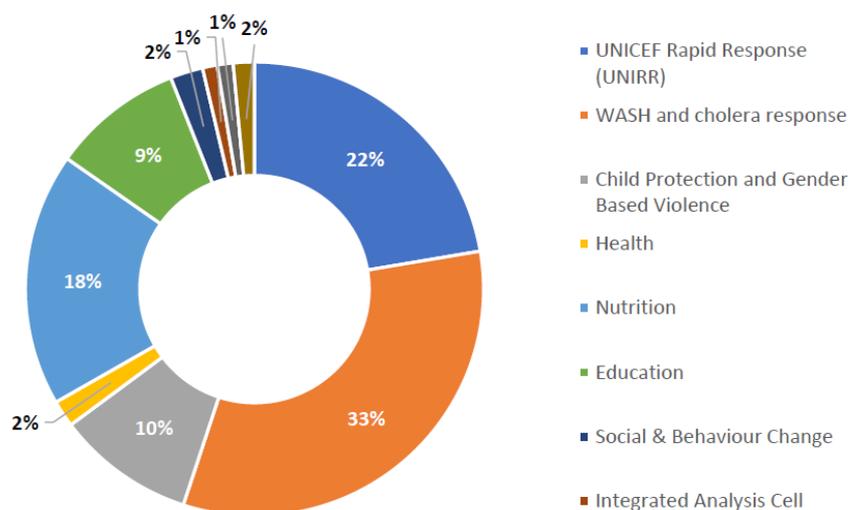


Funding Requirements

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 28% with \$9.7 million received. UNICEF expresses its sincere gratitude to all donors notably SIDA, ECHO and CERF for their continuous support.

As the situation is worsening and additional resources are needed, UNICEF is currently updating its response plan for an additional 6 months. 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 UNICEF's Response Results since March 2022

		UNICEF and IPs Response	
Sector	Indicator	UNICEF Target ¹	Total Results
WATER, SANITATION & HYGIENE			
	# of people accessing a sufficient quantity of safe water for drinking and domestic needs	202,816	243,200
	# of people use safe and appropriate sanitation facilities	101,736	129,105
CHILD PROTECTION			
	# of children accessing mental health and psychosocial support	11,750	7,603
	# of children GBV survivors accessing holistic care	720	921
	# of children released from armed forces and groups reintegrated with their families/communities and/or provided with adequate care and services	860	412
	# of unaccompanied and/or separated children reunified with their primary caregiver or provided with family-based care/alternative care services	1,380	2,304
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	167,281
	# 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	389,934
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	36
NUTRITION			
	# of children aged 6 to 59 months affected by SAM admitted for treatment	3,147	3,291
	# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	15,829	23,262
HEALTH			
	# of children and women receiving primary health care in UNICEF-supported facilities	45,052	10,061

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¹ Targets since the beginning of the crisis with the new target for 3 months (December 2022 - February 2023)