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Inter-community violence in Kwamouth territory, DRC

SitRep # 1  
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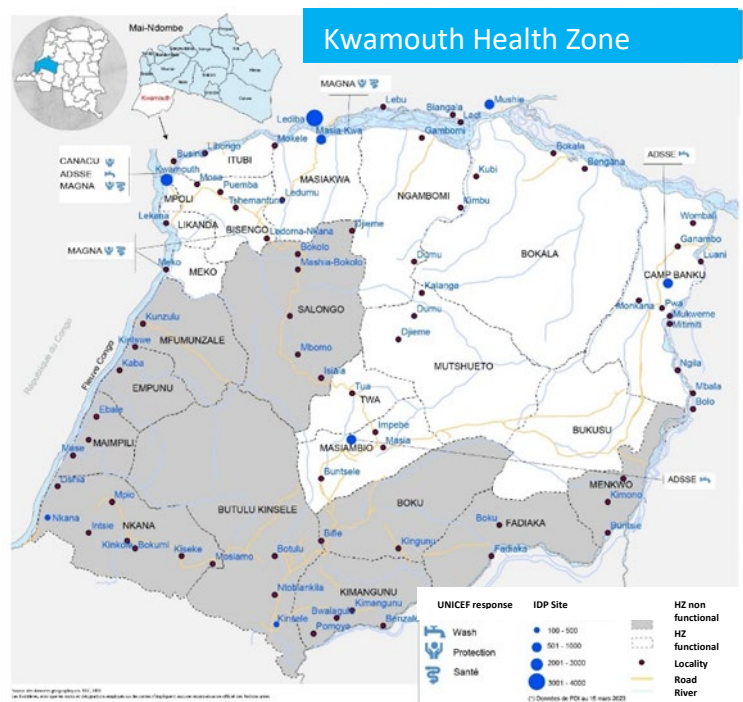
Highlights

- The inter-community violence between the Yaka and Teke that started in June 2022 in Kwamouth territory has resulted in important civilian casualties, the destruction of homes, schools, health centers as well as massive population movements.
- While the crisis started in Kwamouth territory it has now spread to three other provinces (Kwilu, Kwango and Kinshasa) with varying levels of intensity and humanitarian needs.
- At least 115,000 people, including 55,000 children have reportedly been displaced with over 60% of the population in the territory of Kamouth is on the move. At least 3,000 civilians have been reported killed and over 337 injured.

Situation Overview

The inter-community violence between the Yaka and Teke that started in June 2022 in Kwamouth territory has resulted in important civilian casualties, the destruction of homes, schools, health centers as well as massive population movements. While the crisis started in Kwamouth territory, it has spread to three other provinces: Kwilu, Kwango and Kinshasa provinces with varying levels of intensity and humanitarian needs.

Overall, at least 115,000 people including over 55,000 children have been displaced over the past months. At least 3,000 civilians have been reported killed and over 337 injured. Those numbers are most probably under-estimated. Indeed, gathering accurate data on displaced people and returnees and the number of



casualties and destruction is a major challenge. It remains difficult to notably identify and reach some displaced population group who have fled to farms in more remote areas in Kwamouth and Kikongo/Fatundu health zone

The FARDC (Armed Forces of the Democratic Republic of the Congo) as well as the police are present in the area, but the military operations have been suspended since December 2022 in favour of pursuing the ongoing political peace process. Nonetheless, regular incidents continued to occur in Kwamouth territory over the past months. Local authorities are increasingly reporting threats of new attacks. The last incident reported on the Masia-Mbio road was on 12 April 2023 when three Teke women were allegedly killed as they foraged for food on smallholdings. On 8 April 2023, a DR Congo Red Cross convoy was reportedly attacked at an encampment between the villages of Kinsele and Kimbankita. Other isolated incidents occur regularly in the bush.

### *Kwamouth territory, Mai Ndombe province*

Over 60% of the population in the territory of Kamouth is on the move with 59,305 internally displaced people and 58,504 returnees, although it is very difficult to get accurate data and many displacements are not reported. It includes 2,700 people around Masia-Mbio and 12,881 people in Kwamouth city staying with host families. The children in Kwamouth territory are lacking access to basic social services and are increasingly suffering from health, nutrition and child protection issues

- **Health:** Only 40% of the health area are functional in the territory. Kwamouth health zone has 23 health areas. Of these, only 10 health areas are functional (the other 13 have been non-functional since the start of the crisis). Services at 53 facilities in the health zone were disrupted due to the displacement of health workers caught up in the ethnic violence. 26 facilities were either looted or destroyed, 19 of which remain non-operational. Medical refrigerators in nine structures were damaged. Around Masia-Mbio, one of the main villages, 9 health facilities were looted. Due to persisting insecurity, health activities are limited levels of medical and nutritional care at health facilities are deteriorating. The monitoring of health activities by the central office of the health zone remains limited to eight health workers and the mobility of the health zone management team is limited.
- **Nutrition:** SMART surveys were conducted in February 2023 in eight health areas of the Kwamouth health zone by COOPI showed the poor nutritional status of children. The rate of global acute malnutrition (GAM) stands at 15.3 per cent. Health care workers and community liaison workers have not been trained in a variety of nutrition topics. There is a lack of anthropometric equipment, data collection tools and nutrition supplies e.g. F100, F75 and ready-to-use therapeutic food (RUTF).
- **WASH:** There is a lack of WASH infrastructure. A mini water network built with UNICEF support as part of Ebola preparedness efforts in 2021 is the only source of drinking water for the entire population of Kwamouth city. Two other wells are not functional. UNICEF is currently the only agency working in the WASH sector. The tents that host the five schools relocated to Kwamouth and Libanda do not have latrines, nor do the spaces for children. Masia-Mbio has only one water point, a manual borehole built by UNICEF under the “Healthy Villages” programme, and this has not been maintained since the beginning of the crisis.
- **Education:** Many schools in the area have not been operational since the start of the conflict, apart from those in Camp Banku village. Of the 152 schools that existed before the crisis in Kwamouth 1, 103 are reported as operational while 49 schools have been destroyed, including 31 primary schools, five of which have relocated to Kwamouth city. In the sub-division of Kwamouth 2, all schools have been non-functional since the start of the crisis, except for seven schools in Camp Banku. Teaching staff have been displaced according to their ethnicity.
- **Child Protection:** Thousands of displaced children, with or without their parents, were left destitute after their homes were burned down or otherwise destroyed. The number of unaccompanied children has increased progressively as the conflict has persisted. 108 unaccompanied children have been identified (38 in Kwamouth; 70 in Bandundu), of whom 43 have been reunited with their families or caregivers (23 in Kwamouth; 20 in Bandundu). Several gender-based violence cases have been reported but there is a lack of adequate monitoring and number of cases is probably high.

### **Bandundu town and Bagata/Fatundu Territory in Kwilu province**

16,636 people are displaced in Bandundu city of whom 7,224 are split between the Malebo IDP camp and host families. 29,089 people are displaced in Bagata territory: 6,008 are in Fatundu with the others staying with host families in Minsayi, Fasila and surrounding areas, and Kikongo centre and surrounding areas. 12,925 people have returned to their villages

Although the town of Bandundu escaped the violence, the consequences of the conflict are evident in the numbers of displaced people. According to the provincial Department of Humanitarian Affairs in Kwilu, more than 16,000 displaced people have passed through the town of Bandundu since September 2022, of whom more than 7,000 are still living between the camp and host families. In addition to the displaced people registered in Bandundu, the department reported 29,089 displaced people in the territory of Bagata, of whom 6,008 were at the Fatundu site. Others are with host families in Minsayi (4,816 people), Fasila and surrounding areas (3,574 people), and Kikongo center and surrounding areas (1,766 people). It should be noted that these figures are estimates.

In the Bandundu IDP camp, the five latrine/shower units built by MSF are insufficient and poorly maintained. Displaced people get their water from REGIDESO, the public sector company responsible for water production and distribution. However, there are shortages when the supply is cut off. A water storage system, increased numbers of latrines and showers, and the distribution of WASH kits are all required. Even with water, hygiene is an issue and hygiene promotion is required.

99 unaccompanied children have been identified since the start of the crisis; 31 have been reunited with their families or caregivers. 150 cases of gender-based violence (GBV), including 52 cases referred to the Baptist Community of Congo (CBCO) health clinic for medical, legal and psychosocial care

The lack of food and adequate alimentation is reported in the camp. A Rapid screening is required to assess the nutritional status of these children.

### **Kwango province**

According to civil society organizations in Kwango, which conducted a rapid assessment, 8,531 people from Kwamouth arrived in Kwango during a second wave of displacement between 7 March 2023 and 3 April 2023. They settled in the villages of Batshongo, Karuba, Pont Kwango, Bukangalonzo, Mission and Secteur, in Makengo and in surrounding farms. Conditions are deplorable and needs are considerable. Mobondo militants, who claim to be defending the rights of the Yaka, are seeking to intimidate Teke and Yansi in Kwango into leaving. Insecurity is evident in Mongata and the surrounding area, where uniformed men prey on the population at night, forcing them out of their farms and villages. An in-depth assessment would be useful to better understand the dynamics.

## **UNICEF's Response**

UNICEF and its partner are currently responding to the humanitarian needs since late October 2022 with a response in WASH, child protection, health, and education in the territories of Kwamouth and Bandundu.

Since March 2023, UNICEF deployed team on a rotational basis to ensure a more permanent presence in the area and support the scale up of the response.



### **Child Protection/Gender-Based Violence**

In Kwamouth, UNICEF and its NGO partner Community of Friends of Nature and Culture (CANACU) continue to support capacity building activities for child protection workers, the identification and training of foster families as well as identification, temporary care and family tracing and reunification of unaccompanied minors: 11 children have been reunited with their families or caregivers, including six girls; one child friendly space that offers psychosocial support activities for children is up and running and to maximize the capacities to reach children in areas surrounding Kwamouth in need two mobile child friendly spaces have also been

established; training on GBV and PSEA has also been provided. As per the needs assessment conducted, the following priorities have been identified:

- Capacity building of child protection workers including foster families, social and para-social workers, clerks and other actors working on birth registration
- Identification of children recruited into militia groups and advocacy for their release
- Psychosocial support for traumatized children and support to foster families
- Addressing GBV and early pregnancy
- Strengthening birth registration in collaboration with other sectors such as health
- Provide an integrated response to unaccompanied and separated children in IDP camps



### **Water, Hygiene and Sanitation (WASH)**

UNICEF and its partner Association pour le Développement Social et la Sauvegarde de l'Environnement (ADSSE) started to build a mini water network in Masiambio and Kwamouth center and build latrines in schools and health facilities. Kwamouth general reference hospital is now connected to the water network. 300 personal hygiene kits, water treatment products and personal protective equipment have been distributed. 20 latrines for children and people with disabilities will be built in the health zone.

As per needs assessment conducted, the following priorities have been identified:

- Build one borehole to increase water supply and repair one borehole in Masia-Mbio and four non-functional boreholes in Camp Banku
- Assess the condition of the two existing water sources in Masia-Mbio and rehabilitate three deteriorated water sources in Kwamouth city.
- Conduct a technical evaluation of a water source 9 km from Kwamouth city center which has the potential to provide an additional supply to the population
- Construction and rehabilitation of WASH infrastructure in schools; distribution of WASH supplies; provision of emergency latrines in the two temporary schools in Camp Banku and the five schools relocated to tents in Kwamouth and Libanda
- Support the improvement of WASH in priority health facilities
- Set up a water storage system, increase the number of latrines and showers, and ensure the distribution of WASH kits in the IDP camps in Bandundu and Fatundu. Construction of emergency latrines and showers in IDPs camps and promote individual and community hygiene
- Support the revitalization of all water management committees coupled with capacity building on maintenance



### **Education**

The UNICEF response has been focused on provision of school kits to 10,867 children (including 5,153 girls), 500 desks, 35 tables, 35 chairs and 30 portable boards, recreation kits and teachers' kits for the five displaced schools in Kwamouth city, training of 25 teachers from the five schools that have been relocated schools and organizing catch-up lessons for 743 children (416 girls).

As per needs assessment conducted, the following priorities have been identified:

- Advocate for the reopening of non-operational schools in Kwamouth city and around Botulu/Kinsele, Boku, Masia-Mbio, Mutshetu and Bokusu where most teachers have left
- Set up temporary learning spaces
- Support the construction of 12 priority schools out of the 42 schools completely destroyed or burned down
- Provide school supplies to more than 30,000 primary school students and 1,000 primary school teachers. Provide 200 recreational kits.
- Train at least 1,000 teachers in psychosocial support and peace education and provide teaching materials



- Organize remedial classes and accelerated learning opportunities for at least 30 per cent of the school population (7,000 children)
- Organize the training of newly enrolled teachers to replace teachers who have left

## Health

UNICEF has supplied medicines and light equipment in 6 health facilities including the general referral hospital. It also supported an assessment mission with the provincial health authorities.

The needs identified for Kwamouth health zone, the city of Bandundu and the territory of Bagata/Fatundu are the following:

- Build the capacity of providers on the maternal and newborn health and nutrition package
- Supply drugs, light equipment and vaccines and subsidize mother-and-child care
- Strengthen the immunity of children under 5 years old to measles and intensify routine immunization to reduce the number of zero-dose and under-vaccinated children
- Provide transportation to the health zone management team

## Nutrition

Nutrition needs include the implementation of emergency interventions in the management of severe acute malnutrition (SAM) and in infant and young child feeding in emergencies (IYCF-E) in all affected areas.

- Capacity building of Integrated Management of Acute Malnutrition (IMAM) practitioners for proper management of malnourished children (train 46 health care providers, five members of the Kwamouth health zone central office, 46 community liaison workers and 23 community leaders in nutrition, emergency nutrition and nutrition data management).
- Equip the 23 health facilities with anthropometric materials to conduct active screening in the community
- Provide health centers with nutrition supplies

An agreement is being finalized with Ministry of health at provincial level to provide subsidized health care, emergency measles vaccinations coupled with vitamin A supplementation, and intensification of routine immunization.

## Social Cohesion, Communication and Community Engagement

UNICEF in collaboration with the NGO ILC (Cohesive Leadership Initiative) supported a fact-finding mission to gather perceptions about possible ways to resolve the Kwamouth crisis and to conduct a preliminary identification of influential actors. A retreat on social cohesion and peace building will be organized in Bandundu city with parties to the conflict.

Communication between the health areas in Masia-Mbio and the territory capital is problematic due to unstable telephone networks that do not cover the entire area. Only Camp Banku is able to receive various national broadcasts relayed via local radio stations because of its proximity to Bandundu city. This calls for:

- Revitalization of community participation groups (i.e. community liaison workers and community outreach workers)
- Establish at least one community radio station in the area to raise awareness about programme activities and broadcast messages promoting peace and reconciliation.
- Advocacy to fix the VODACOM antenna in Masia Kwa

## Funding Requirements

As the situation evolves UNICEF needs **\$4,341,636** to address most critical needs. UNICEF expresses its sincere gratitude to all donors, notably SIDA, and CERF for their continuous support. More than ever, UNICEF needs flexible and timely funding to respond where the needs are the greatest as the situation unfolds.

This budget requirements is part of the UNICEF DRC Humanitarian Action for Children 2023 and funding requested for this specific response is included in it.

The breakdown is as follows:

Areas of intervention	Requirements (US\$)
NFI	\$507,276
WASH	\$594,110
Child Protection and GBV	\$368,185
Health	\$798,864
Nutrition	\$460,921
Education	\$1,340,280
PSEA/Gender	\$180,000
Operational support costs	\$92,000
<b>Total</b>	<b>\$4,341,636</b>

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