



unicef 

for every child

Democratic Republic  
of the Congo


Situation Report No.6  
Level 3 Emergency scale up  
Ituri, North Kivu, South Kivu provinces\*


Reporting Period: 1 to 30 Novembre 2023


## Highlights


- The scale and complexity of the ongoing conflict resulted in new massive displacements notably in North Kivu putting children at risk. Close to 3,400 unaccompanied children or children separated from their caregivers have been assisted in the past five months with a sharp increase in the number of children requiring assistance in the past month.
- DRC is facing the worst cholera outbreak in six years with over 28,000 notified cases reported in North Kivu alone. The cholera outbreak is expanding in the IDPs sites following the new population movements
- Since June 2023, UNICEF has reached nearly 1.3 million people across the crisis-affected areas representing 45% per cent of the ambitious scale-up target.
- UNICEF received only 3 per cent of the funding required since the declaration of the L3 scale up. Funding remains a challenge in attaining the life-saving and acute protection assistance scale-up targets.

## Situation in Numbers\*\*

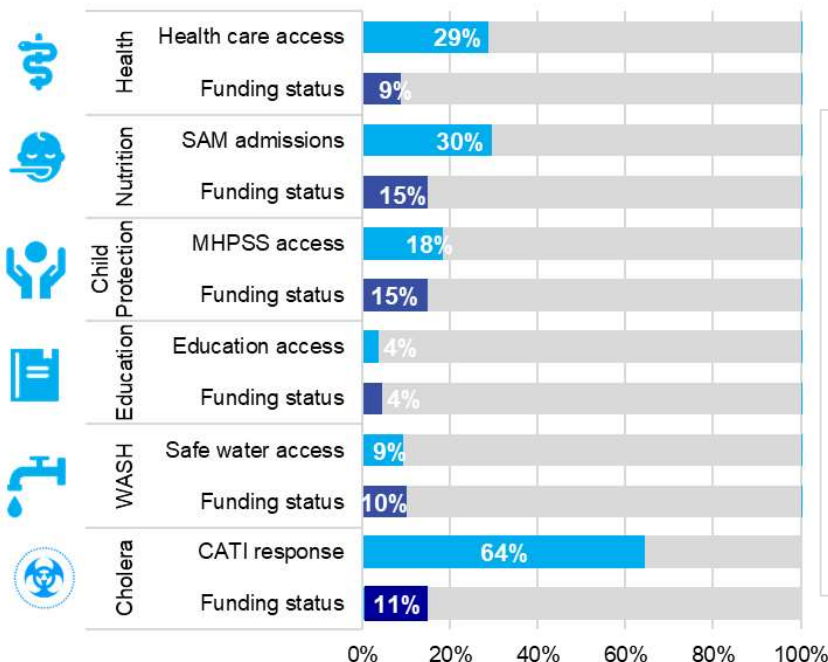
 **4.9 million**  
people in need of humanitarian assistance

 **2.8 million**  
children in need of humanitarian assistance

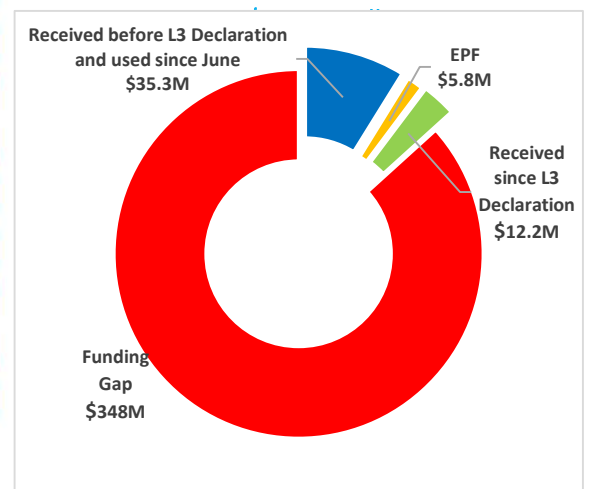
 **1.9 million**  
Newly Internally displaced people since October 2022 (OCHA)

 **46,151**  
suspected cholera cases, 288 deaths in DRC (Jan.-Nov.. 2023, Min. of Health)

## UNICEF Response and Funding Status\*\*\*



## UNICEF Appeal\*\*\*\*



\* UNICEF's L3 corporate emergency scale-up is activated for the crises in North Kivu, South Kivu, and Ituri provinces for six months, from 15 June to 14 December 2023

\*\* As per UNICEF's L3 emergency scale up plan

\*\*\* Funding figures represent funds available until December, while results in some areas may be low due to designing and deploying new programming.

\*\*\*\* UNICEF's requirements for the L3 Emergency Scale-up in eastern DRC is part of UNICEF's overall Humanitarian Action for Children 2023 funding needs for DRC; funding requested for the L3 is a sub-set of the total HAC appeal.

## Funding Overview and Partnerships

UNICEF's US\$ 401.3 million requirement for its L3 emergency scale-up in eastern DRC is a subset of UNICEF's overall [Humanitarian Action for Children 2023 for DRC](#). The scale-up includes the provision of life-saving services and acute protection needs for women and children in Ituri, North Kivu, and South Kivu provinces focusing on the upsurge in violence in Rutshuru and Masisi territories, the inter-communal conflict in Djugu and Mahagi territories, the violence in "Grand Nord Kivu" and South Ituri, and the cholera outbreak in North Kivu and South Kivu provinces. Since June 2023, UNICEF has received US\$ 12.2 million against the emergency funding requirements. However, a total of US\$35.3 million was received in 2023 before the L3 declaration and is being used for the scale-up of humanitarian response since June, along with an internal loan of US\$ 5.75 million (UNICEF Emergency Response Fund/ EPF).

UNICEF sincerely thanks all public and private donors for the contributions received.

## Situation Overview and Humanitarian Needs

The situation continues to deteriorate dramatically in Ituri and North Kivu with armed conflict and inter-communal clashes generating massive displacement and increased humanitarian needs. South Kivu is also increasingly affected as the fighting extends south causing population movement towards Kirotshhe.

During the reporting period, heavy fighting's between FARDC, its allies and non-state armed groups (NSAGs) continued in many areas of North Kivu, notably in Masisi and Rutshuru. M23 extended its area of influence as East Africa Community troops started to withdraw. In November, the M23 took control of the city of Mweso. Combat led to new population displacements, mainly in Masisi, from which a significant number of people arrived in Sake (Kirotshhe health zone). Combat in Rutshuru also led to new displacement towards Kanyabayonga in Lubero.

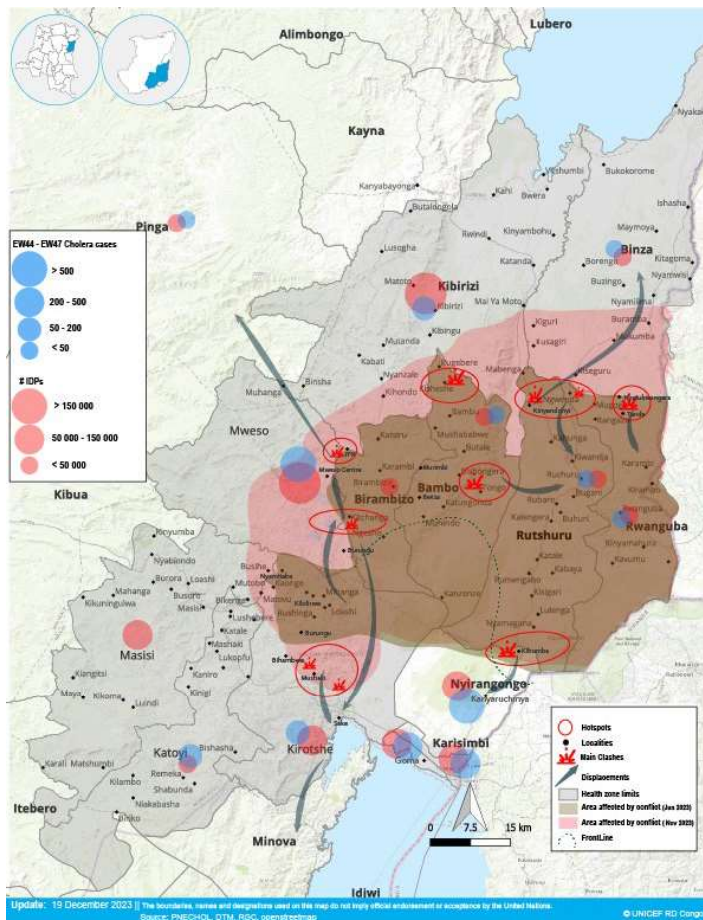
The escalation of the conflict, including violence towards civilians, has resulted in significant population movements, a deteriorating humanitarian situation, a worsening protection situation for children and women, and increased access constraints.

The number of new IDPs caused by the M23 crisis is higher than in January 2023 – which was the previous peak. There are now 1.1 million IDPs up from 591,000 in August. As of 20 November, there were 569,909 new IDPs in Goma and Masisi, Rutshuru, Lubero, Walikale and Nyiragongo territories, 1 a 30 per cent increase from 9 November. Massive new waves of IDPs arrived in Sake and in sites in western Goma, reflecting situation similar to that of February.

The persistent instability of the context in North Kivu and the increase in population movements continued to affect children, especially by separating them from their families. The number of unaccompanied children and children separated who received assistance jumped a record 76 per cent from October to November.

Due to the deteriorating situation in the Hauts Plateaux in Minova in South Kivu, UNICEF extended its child protection interventions to the localities of Numbi, Kalungu and Bulenga.

Massive population movements have contributed to the spread of cholera. The growing number of IDPs in already overcrowded sites, limited access to certain areas, and a lack of capacity to meet needs has resulted in a 51% increase in cholera cases in North Kivu over the past month (from 1,340 in October to 2,020 in November). The most impacted areas are the IDP sites in Nyiragongo, Mweso, Kibirizi and Goma.



<sup>1</sup> OCHA and Population Commission Movement, North Kivu, 29 November 2023

The situation has given rise to the worst cholera outbreak in six years with 42,672 suspected cases and 357 deaths.<sup>2</sup> North Kivu is the hardest, representing over 65 per cent of all cases countrywide (25,711 notified cases) – 41 per cent of these cases are in children under 18 years of age and over 25 per cent are in children under 5 years. The DRC is currently reporting the highest number of suspected cholera cases and deaths in West and Central Africa, accounting for nearly 80 per cent of cholera transmissions and close to 60 per cent of deaths.<sup>3</sup>

Combat has directly impacted the humanitarian response in some places. The Kilolirwe health centre was once again looted, and the rapid response health supplies were plundered. Since then, the health centre has remained non-functional.

In Beni in North Kivu and in Ituri attacks on civilians by NSAGs have also continued, provoking new displacements. NSAGs have made incursions into the villages of Mabuo and Wimbandere near Biakato in Mambasa. Killing and kidnapping of civilians and looting of property has been reported. The unpredictability of NSAGs attacks in this area, and the impossibility of negotiating access, makes any intervention difficult.

In the rest of Ituri, Djugu and Mahagi remain insecure as the result of local militia activity, leading to population movements and increased needs. Humanitarian access continues to be hampered not only by fighting but also by the rainy season. In Ituri, accessing communities and delivering humanitarian goods has become a real challenge as trucks often get stuck for days.



Displaced children on their way to school at the Lushagala IDP site in North Kivu. UNICEF and its partners have set up temporary learning spaces in the site to allow displaced children to continue their learning. © UNICEF/UNI480912/Vigné

## Humanitarian Leadership, Coordination and Strategy

Given the deteriorating humanitarian situation in eastern DRC and the scale and scope of humanitarian needs, UNICEF, in alignment with the Inter Agency Standing Committee's (IASC) system-wide scale-up protocol<sup>4</sup> activated its Level 3 Corporate Emergency Activation Procedure (CEAP) in June 2023 to mobilise corporate resources to support the scale up of the humanitarian response.

Under the interagency framework for humanitarian coordination in DRC, led by the Humanitarian Coordinator, UNICEF leads the Education, Nutrition and WASH clusters as well as the Child Protection Area of Responsibility (AoR) at national and subnational levels. UNICEF is also a key partner in the Health Cluster, the inter-agency network on Prevention of Sexual Exploitation and Abuse (PSEA), the Humanitarian Access working group, and the Accountability to Affected Populations (AAP) working group.

### UNICEF Clusters

Over the past months, the WASH cluster contributed to strengthening the information management system and the capacities of 23 partners to monitor and evaluate the response in IDP sites. The cluster provided partners with 900 menstrual hygiene kits and four motorized pumps from its own contingency stock to increase water supply in the Rusayo 2 site in Goma. In addition, 400 WASH kits have been distributed at the Bulengo and Lushagala sites (North Kivu) to reinforce the current response to the cholera epidemic. The WASH cluster, in partnership with the AMILABO laboratory, has also launched a project to monitor the quality of water supplied in 30 IDP sites around Goma. This initiative is led by women and girls who monitor and supervise water quality. Finally, to enhance the capacities of WASH partners in the current cholera response, the WASH cluster has trained 35 partners on the CATI approach in the provinces of Ituri and South Kivu. The cholera and diarrheal diseases thematic group is operational, and a collaboration framework has been set up between the WASH and Health clusters for an integrated response to cholera.

The Education Cluster contributed to the improvement of the competencies of 212 teachers to respond to the needs of children affected by emergencies. The main themes for training were Child Centred Methodologies, Psychosocial Support, Peace Education, and Child Protection and Prevention of Sexual Exploitation and Abuse in school

<sup>2</sup> Ministry of Health, PNECHOL-MD / MoH, Epidemiologic week 1- 43 / 2023

<sup>3</sup> <https://www.platformecholera.info/>

<sup>4</sup> On 16 June, the Under-Secretary-General for Humanitarian Affairs, and the Emergency Relief Coordinator activated a humanitarian systemwide for three months which is extended to 31 Dec 2023.



environments. Access and continuity of education were made possible through the reinforcement of child protection in the school environment, the provision of school supplies, menstrual hygiene kits and water, hygiene and sanitation kits, the distribution of nutritious meals and the construction/rehabilitation of classrooms.

The Child Protection Area of Responsibility (AoR) in North Kivu and South Kivu conducted capacity building workshops on the child protection minimum standards, specifically on all child protection risks, community-based mechanisms and case management in North Kivu (Masisi, Goma, Beni) and South Kivu (Bukavu, Minova, Kalehe, Fizi/Uvira). A two-day workshop on mental health and psychosocial support (MHPSS) interventions was also held in South Kivu, North Kivu and Ituri with at least 20 participants in each province, aiming at sharing experiences and exploring challenges and solutions faced by child protection actors in MHPSS responses.

The Nutrition Cluster developed and released an [intersectoral manual for an integrated response in Humanitarian contexts](#) to improve the quality of interventions. This was done in close collaboration with the health, food security and WASH clusters. Training in nutrition in emergencies and cluster coordination was carried out in Goma to strengthen operational capacity.

### **Integrated Analysis Cell (CAI)**

The UNICEF CAI team continued to provide technical support to the North Kivu CAI Provincial Health Division (DPS) on Integrated Outbreak Analytics (IOA), including the use and tracking of use of operational evidence across health concerns, sectors, and response sectors. In North and South Kivu, the CAI works directly with the INFOSAN unit within the DPS to improve data collection and integrated analytics.

November support included: (1) weekly narrative surveillance maps for North Kivu; (2) post training monitoring and support to health area data teams on the management and use of cholera line lists (automated for real time outbreak monitoring); (3) co-development of actions based on risks analysis and gender-based violence (Ituri and South Kivu); (4) rapid integrated analysis of meningitis (North Kivu)

**IOA evidence use:** In November, 22 new actions were codeveloped, making a total of 190 co-developed actions since June 2023. To date 73 per cent have already started or been actioned.

**IOA Health Risk monitoring and mapping:** The CAI team organised its second monthly meeting to monitor health trends across Health Zones using the Integrated Outbreak Analytics<sup>5</sup> (IOA) model. With new waves of arrivals of displaced people – the CAI team is working with the WASH cluster to compare simple, severely dehydrated rates against population trends in camps and support upcoming action.

### **Prevention of Sexual Exploitation and Abuse (PSEA)**

UNICEF continues to scale up its prevention of and response to Sexual Exploitation and Abuse (SEA) efforts, through the provision of holistic assistance to child and adult survivors of SEA and children born of SEA. Around 159 children born of SEA or survivors of SEA were supported to enrol and remain in school through the distribution of education kits, school uniforms and financial support for their tuition fees in public secondary schools (for 58 children). Around 168 child and women survivors of SEA and children born of SEA have also benefited from psychological support. In addition 17 children born of SEA have benefited from psychosocial services in safe spaces established in two public schools in Goma. UNICEF has also provided medical assistance to 84 survivors of SEA, including children born of SEA.

UNICEF also provided technical support to all partners based in Beni and completed the distribution of PSEA posters in all service sites.

## **UNICEF Programme Response**

Since the declaration of the System-Wide Scale up for eastern DRC in June 2023, UNICEF has intensified its efforts and redirected funding to ensure the coverage of the increased needs of the population in Ituri, North Kivu, and South Kivu. Programmatic priorities and targets were revised, and partners mobilized to continue to provide lifesaving assistance to those affected by the crisis. The results in this situation report are for November 2023 against targets in the validated response plans. To see more details about UNICEF DRC's humanitarian action for children since January 2023 please see previous [UNICEF DRC Situation Reports](#).

UNICEF continues to leverage its extensive presence in DRC, including field offices in Goma (North Kivu), Bunia (Ituri) and Bukavu (South Kivu), as well as engagement with government, NGO, civil society partners and other UN agencies to scale up the humanitarian response and address the needs of vulnerable children, women and families. As part of

<sup>5</sup> <https://www.youtube.com/watch?v=0XOEuUXgZA>

its scale-up strategy, UNICEF has been expanding its field presence and deploying emergency personnel to areas including Beni, Rutshuru, Drodro, and Mahagi to reach the most vulnerable children.

## Child Protection, Gender Based Violence (GBV)

UNICEF and its partners continued to support children affected by conflict and displacement and their caregivers with mental health and psychosocial support (MHPSS) in North Kivu, South Kivu and Ituri reaching 247,556 children and adults in November. Recognizing the crucial role parents and caregivers play in protecting their children, UNICEF and partners are progressively expanding MHPSS interventions for them, from 500 adults initially reached in July to more than 11,100 in November. Overall, UNICEF-supported MHPSS services reach about 2,230 children and adults per day in North Kivu, South Kivu and Ituri. Mobile MHPSS continue to be critical to reach children and adults in remote or hard-to-reach areas. As part of its continued focus on the delivery of quality interventions, UNICEF conducted a series of capacity-building workshops on MHPSS for child protection actors in Nord Kivu, Sud Kivu, Tanganyika and Ituri. 73 participants representing national and international non-governmental NGOs as well as key government partners (Provincial Divisions of Social Affairs) attended these workshops.

The highest number of children unaccompanied by or separated from their families and caregivers' minors was recorded in November since June 2023. This is a direct consequence of the deterioration of the situation notably in North Kivu. As such, 960 children (60 per cent boys) were identified and provided with temporary alternative and community-based care, and family tracing and reunification services. In many conflict-affected areas in North Kivu, family tracing has become extremely challenging. Nevertheless, 2,380 unaccompanied or separated children have been safely reunited with their biological families and/or benefitted from alternative care services thanks to the dedication and the local presence of child protection partners. Close to 300 children formerly associated with armed groups were also identified and received care and dedicated assistance and support including school or socio-economic reintegration.

In North Kivu, UNICEF supported the expansion of multiple listening points ("points d'écoute") around Masisi and Rutshuru in areas with significant displaced populations and numerous settlement areas. These played a crucial role in delivering essential psychosocial support, streamlining the identification process for unaccompanied and separated children and children associated with armed groups, and accelerating their reunification with parents and caregivers.

UNICEF also conducted specific gender and age-appropriate engagement with adolescent girls in a large IDP site around Goma and identified 135 girls who are unaccompanied and heads of households, hence at great risk of violence, abuse and exploitation. UNICEF and the provincial Division of Social Affairs in North Kivu have been leading a comprehensive child protection response with a dedicated case management process to support family tracing, tailored safety measures, response to immediate needs and the provision of sustainable long-term solutions for each girl, while starting a similar process in other IDP sites.

In South Kivu, UNICEF, in collaboration with Panzi Foundation and AVSI, started the pilot Cash+ Gender-based violence (GBV) programme in Minova. The programme, which covers 15,000 households supports a comprehensive package of response, prevention, and risk mitigation interventions to address at scale the prevalence of gender-based violence in conflict-affected areas. A series of consultations with girls and women, frontlines workers and community leaders has been conducted to inform identification and implementation of the key components of the programme such as the establishment of Women and Girls Safe Spaces, or community engagement to strengthen GBV prevention.

In North Kivu, South Kivu and Ituri provinces, UNICEF supported multi-sectoral gender-based violence response services reaching close to 670 survivors during the month of November alone.



A young girl displaced by violence weaves a basket at a Child-Friendly Space set up by UNICEF and its partner CAJED in the Rusayo IDP site, North Kivu province. In this space, children displaced by violence can play, laugh and rebuild their lives in complete safety. ©

## Water, Sanitation and Hygiene (WASH)

UNICEF is one of the main WASH actors in the current response. In November 2023, UNICEF worked to provide safe drinking water to 253,581 people in crisis zones in North Kivu, South Kivu, and Ituri. In North Kivu, the focus was on the displacement sites, ensuring a minimum of 10 litres of safe drinking water per person per day for 129,443 individuals, with sanitation facilities for an additional 18,950 people.

The coordination between the WASH, emergency CATI response, and CAI analysis is on-going to enhance responsiveness to the new cholera cases while ensuring broader surveillance of health trends, particularly related to water, sanitation, and hygiene. These comprehensive surveillance data are then compared with population movements and information regarding ongoing actions, enabling an optimal adaptation of response activities. Targeted WASH activities to contain the spread of the cholera outbreak impacted approximately 45,000 people in Rutshuru and 46,000 people in Masisi. To this end, WASH activities have been launched in IDP sites in Mweso and Kitschanga with very challenging access conditions.

In South Kivu, in addition to the rehabilitation done in the previous months, UNICEF also continues to support 30 chlorination points serving an average of 500 people per day.



Water trucking in an IDP site outside Goma © UNICEF/Dechentines

## Cholera Rapid Response

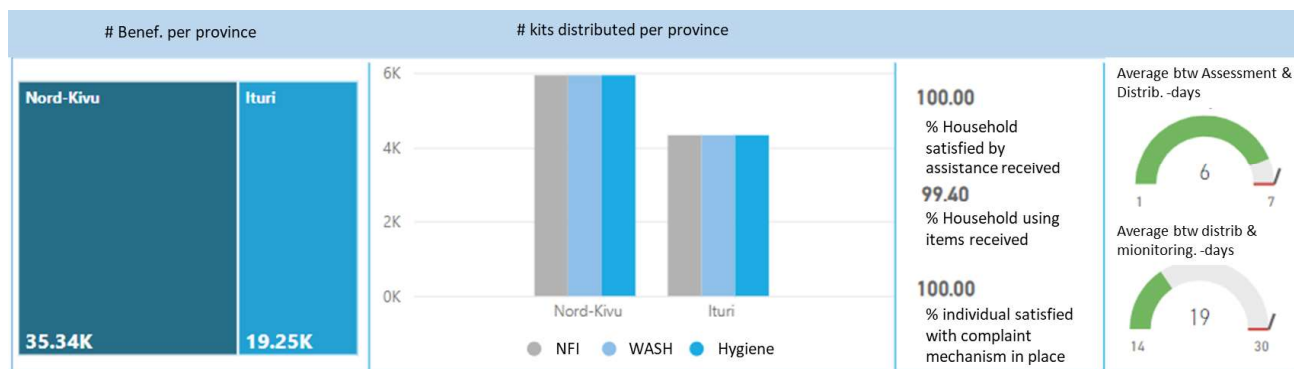
Despite the challenging environment, the Case Area Targeted Interventions (CATI) programme continues to deliver a first response. The strategic positioning of local teams (PRECATI) enables an immediate response to suspected cholera cases.

During the month of November, 33 Rapid Response teams were active: 18 in North Kivu and 15 in South Kivu. Additionally, a total of 75 Red Cross local teams (Pre-CATI) conducted surveillance and first response especially in conflict areas such as Mweso. Overall, the CATI teams performed 2,022 interventions; and out of these 1,964 were completed in less than 48 hours (97 per cent). Out of the 2,499 cholera suspected cases that were recorded in the line listing (LL) for both provinces, the CATI teams responded to 2,314 cases (92.5%). In total, 253,489 individuals were reached within 48 hours through CATI interventions which include the distribution of cholera prevention kits. People also received guidance on good hygiene practices and information about available cholera services within their communities.

The CATI Programme is continuously increasing people's resilience in the field, prepositioning local rapid response teams with contingency stocks in strategic areas, especially those with limited access because of security issues.

## UniRR (Rapid Response)

In November, UniRR interventions took place within six days of the initial assessment, demonstrating the efficiency of the programme. Around 10,666 essential household items and WASH kits were distributed for more than 54,000 people including 35,000 children; 3,991 primary healthcare consultations were provided, and 47 children suffering from severe wasting were cared for.





These results were achieved through 4 interventions:

- In North Kivu, UniRR responses were provided mainly in Masisi after heavy fighting led to new massive population movements in both Masisi and around Sake. Following ADF attacks reported in the south of Beni in North Kivu, UniRR deployed a team and launched an intervention in the Kyondo area
- In Ituri, interventions took place in Djugu territory following recent displacements

## Nutrition

UNICEF and its partners continued to provide support to both displaced and host populations in affected areas. Mothers and other caregivers of children under the age of 5 were trained to use measuring tapes in their homes to identify cases of malnutrition (the Family MUAC approach) under the supervision of community health workers. In November 2023, 42,499 children aged 6-59 months were screened. A total of 7,990 children aged 6-59 months, were admitted for treatment of severe acute malnutrition. A total of 200,343 mothers and guardians of children under 24 months were reached by nutritional education sessions (awareness-raising and cooking demonstrations) in health facilities, villages, and IDP sites:

- In North Kivu, 4,371 children aged 6-59 months suffering from severe wasting, were admitted for care and 166,349 mothers and guardians of children under 24 months were reached by nutritional education sessions (awareness-raising and cooking demonstrations) in health facilities, villages, and displaced population sites.
- In the Djugu-Mahagi crisis, 3,619 children between 6 and 59 months suffering from severe wasting, were admitted care and 33,994 mothers and other caregivers of children under 24 months were reached by nutrition education sessions.

## Health

During the reporting period, UNICEF, through its implementing partners, carried out routine and emergency immunization activities and ensured that 1,922 children aged 0 to 23 months were fully vaccinated). A vaccination campaign against poliomyelitis was organized in the three provinces.

In addition, 49,414 children benefited from curative care and 2,511 deliveries were attended by qualified personnel, including 182 cases of caesarean section.

UNICEF also supported medical care in cholera treatment centres and units (CTC/UTC) in South Kivu by providing medicines, medical equipment, food to patients, their companions and service providers. Three UTCs were rehabilitated in South Kivu. UNICEF support made it possible to treat 382 cases of cholera, including 206 cases in children under the age of 15.

Finally, UNICEF facilitated the delivery of medical and nutritional orders from the health zones of Rutshuru and Rwanguba, including routine EPI vaccines for vaccination campaigns against polio. Over 26 tons of supplies were delivered.

## Education

In November 2023, UNICEF's education and protection sections worked together with partners to support provision and demand of education services for 35,268 crisis-affected children and adolescents (17,091 girls) in North Kivu, South Kivu and Ituri. The Education in Emergency (EiE) response was delivered through the distribution of school kits and teaching kits, the sensitization of teachers about PSEA, recreational activities, catch-up classes, case management for children with mental health disorders, vocational training for adolescents, distribution of students' desks, distribution of menstrual leaflets, psychosocial support and advocacy for the EiE response in Rutshuru territory.



Following routine immunization of her child in a health centre in the heights of Minova in South Kivu, a mother looks at her daughter's vaccination record. © UNICEF/UNI483180/Vigné

In North Kivu, UNICEF made the case military governor in North Kivu to allow the transportation and distribution of school kits to 106,256 students and 2,040 teachers belonging to 340 primary schools in M23-occupied areas in Rutshuru. In addition, UNICEF and partners contributed to the improvement of teaching conditions by distributing teaching materials to 415 teachers (244 women) in Beni, Oïcha and Kirumba. As a protection strategy to address the needs of out-of-school adolescents who are at greater risk of violence, rape, and recruitment into fighting, prostitution, and other life-threatening, often criminal activities, 1,170 ADF adolescents (447 girls) affected by the ADF conflict started the vocational training. UNICEF and partners also improved access to education by providing learning materials to 515 students (267 girls).



Schoolchildren sit in a classroom at the Danker primary school in Karuba, a village in Masisi territory in North Kivu. During clashes in the village, families took refuge in the classrooms and used the blackboards to make fires for heating and cooking. Several classrooms were damaged by bullets. © UNICEF/UNI481101/Vigné

In Ituri, UNICEF and partners worked to improved access to education by distributing school kits to 19,189 children (8,946 girls). UNICEF organized catch-up classes for 3,129 children (1,287 girls), in addition to school kits distribution., UNICEF and partners distributed 544 leaflets to adolescent girls to help them learn about menstruation.

In South Kivu, UNICEF and partners worked together to support children who are experiencing trauma. More than 12,755 school children (6,198 girls) benefited from recreation activities; 2,205 (995 girls) received psychosocial support and 17 children (9 girls) with mental health issues were referred for more specialized care. UNICEF also distributed school kits to 2,153 children (1,108 girls) and provided 700 desks for 1,452 students (752 girls).

### **Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE) and Accountability to Affected Populations (AAP)**

In November, more than 1,308,702 individuals were reached with lifesaving information, increasing the number of people reached since the beginning of the emergency response to more than 4.4m. The provision of messages about prevention and access to basic services was done face to face, mainly through community action cells and U-Report community volunteers, and via public banners, as well as through SMS blasts and digital platforms. This included information on essential family practices, PSEA and protection against violence.

Over 24,448 individuals – including IDPs and those in host communities – were engaged in Risk Communication and Community Engagement activities to facilitate involvement in decision making and to build community resilience. People involved included local community leaders, members of community action cells and young U-Report volunteers. This brings the total level of engagement to 279,509 since the beginning of the response in June. In addition, 120 new members of two new U-Report communities from IDPs camps in Kalehe were trained on protection against sexual exploitation and abuse, cholera prevention through the promotion of essential family practices, and social entrepreneurship. These trainees were subsequently involved in community engagement activities.

Finally, 31,003 people were provided with access to UNICEF's feedback mechanisms, bringing the total reach to 429,936 since the beginning of the emergency response. Based on the information gathered, the main priority for IDPs remains access to food.



## Stories from the field

### Displaced Congolese grandmother single-handedly builds two shelters for her extended family



Marienne during the construction of one of two houses she built in Rhoe displacement camp. © Lawson Tancred/DRC/2023

She was married at 12-years-old. She has nine children and seven grandchildren. Earlier this year she survived an attack on her village which killed her husband.

But these are only just a few of the life events of 45-year-old Marienne Borive Nganzu, who lives with her extended family in a sprawling camp for displaced people in the north-east of the Democratic Republic of the Congo.

The dynamic mother and grandmother single-handedly built two sturdy and waterproof shelters for them to live in the camp at Rhoe, 45km northeast of Bunia, the provincial capital of Ituri.

“I am a practical person and I learnt from others how to build houses,” Marienne says proudly. “I cut the wood myself, mixed the mud for the walls myself and constructed them

myself. The only time I had needed help was in fixing the plastic sheeting for the roof.”

Marienne began building her first shelter after arriving in Rhoe in February 2023. She made a roof from a UNICEF-supplied tarpaulin and walls from mud and wood extracted from a nearby forest.

The camp is home to about 70,000 displaced people who have limited access to food, shelter, protection, security and sanitation.

Most of those living in Rhoe have been displaced on multiple occasions, with many arriving from nearby villages and camps at Drodro and Tche following attacks by armed groups.

The shelter was a home for her eight unmarried children but was not big enough for her 17-year-old married daughter, her husband and their seven children.

So Marienne built a home for them alongside the shelter she made earlier for her immediate family.

Like thousands of other displaced families in Rhoe, Marienne and her offspring arrived in Rhoe with only the clothes on their backs – they did not have time to collect their possessions when their village came under attack.

Via its rapid response programme (UniRR), the fastest in-kind response mechanism in eastern DRC, UNICEF supplies life-saving non-food items – including tarpaulins –. In the June to November 2023 period, the programme has reached more than 203,00 people.

The two shelters Marienne has built now accommodate all her nearest and dearest.

Her grandchildren range in age from two years old to fourteen. Such is the multi-generational nature of her family that her first grandchild – a boy – is older than six of her children.

Part of the reason Marienne built the two houses so well is that she does not expect to return home soon.

“It’s not safe for us to return,” she says. “Although we cannot grow food here, we at least feel safer.”

#### Thanks to our donors:



From the People of Japan



European Union Civil Protection and Humanitarian Aid



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## Annex A: Funding Status\*

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2023	Humanitarian resources received (carry forward)	GAP	%
Rapid Response UniRR+CATI	66,888,948	18,626,077	-	48,262,871	72%
Cash +	28,500,000	1,250,000	-	27,250,000	96%
WASH	77,386,642	7,700,754	-	69,685,888	90%
Child Protection/GBV	50,800,555	7,548,410	-	43,252,145	85%
Health	21,710,188	2,370,000	-	19,340,188	89%
Nutrition	47,455,001	7,099,471	-	40,355,530	85%
Education	86,721,230	3,900,952	-	82,820,278	96%
SBC	8,820,968	260,000	-	8,560,968	97%
CAI	415,000	0	-	415,000	100%
PSEA	4,768,000	623,060	-	4,144,940	87%
Operational Support Coordination	7,800,000	3,912,025	-	3,887,976	50%
<b>Total</b>	<b>401,266,532</b>	<b>53,290,749</b>	<b>-</b>	<b>347,975,784</b>	<b>87%</b>

\* UNICEF's appeal for the L3 Emergency Scale-up for a period of 6 months is part of the UNICEF DRC Humanitarian Action for Children 2023; funding requested for the L3 is a subset of the total HAC appeal.

## Annex B: External Media Links

### Press releases and statements

- [UNHCR and UNICEF express grave concern over the humanitarian toll on civilians in eastern DR Congo](#)  
*Summary of remarks made by UNICEF's Representative in the DRC, Grant Leaity, and UNHCR's Representative in the DRC, Angele Dikongue-Atanga at press briefing at the Palais des Nations in Geneva*
- [UNICEF condemns latest attack in eastern DR Congo as act of 'horrific brutality'](#)  
*Attack leaves 29 people dead, including eight children*

### UNICEF DRC in the media

- [Humanitarian crisis worsening in eastern DRC - UN](#)  
*The UN Refugee Agency (UNHCR) and the UN Children's Fund (UNICEF) express grave concern over the humanitarian crisis unfolding in the east of the Democratic Republic of the Congo.*
- [BBC Focus on Africa – DR Congo conflict: How children are impacted](#)

### Social media

<https://twitter.com/UNICEF/status/1719655578706809084>  
<https://twitter.com/UNICEFDRC/status/1720055882048798934>  
<https://twitter.com/UNICEFDRC/status/1722507398059872428>  
<https://twitter.com/UNICEFDRC/status/1722556920085488024>  
[https://twitter.com/grant\\_leaity/status/1722902734532141200](https://twitter.com/grant_leaity/status/1722902734532141200)  
[https://twitter.com/grant\\_leaity/status/1724452309533397254](https://twitter.com/grant_leaity/status/1724452309533397254)  
[https://twitter.com/grant\\_leaity/status/1724463143961722953](https://twitter.com/grant_leaity/status/1724463143961722953)  
<https://twitter.com/UNICEF/status/1724545113873907945>  
<https://twitter.com/UNICEF/status/1726629044697887044>  
<https://twitter.com/unicefchief/status/1726573551359037453>  
[https://twitter.com/UNICEF\\_FR/status/1726639334307303556](https://twitter.com/UNICEF_FR/status/1726639334307303556)  
<https://twitter.com/UNICEFDRC/status/1727221805142728900>  
[https://twitter.com/grant\\_leaity/status/1728005212051284410](https://twitter.com/grant_leaity/status/1728005212051284410)  
<https://twitter.com/UNICEFDRC/status/1728044687489974439>  
<https://twitter.com/UNICEF/status/1728081043134263676>  
<https://twitter.com/UNICEFDRC/status/1730200724099694907>  
<https://twitter.com/UNICEFDRC/status/1730220345804701907>

## Annex C: Consolidated Humanitarian Programme Monitoring

Sector	Indicator	UNICEF and IPs Response			
		UNICEF Target	Total Results June-november	Change since last report	
	Gender Disaggregation				
<b>HEALTH</b>					
	# of children and women receiving primary health care in UNICEF-supported facilities	<b>Total</b>	<b>441,366</b>	<b>180,455</b>	<b>53,405</b>
		Girls	216,250	62,574	22,146
		Boys	207,431	47,600	14,174
		Women	17,685	70,281	17,085
<b>NUTRITION</b>					
	# of children 6-59 months with severe wasting admitted for treatment	<b>Total</b>	<b>71,434</b>	<b>29,093</b>	<b>7,990</b>
		Girls	37,146	15,128	4,155
		Boys	34,288	13,965	3,835
	# of # of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	<b>Total</b>	<b>427,338</b>	<b>518,902</b>	<b>200,343</b>
<b>CHILD PROTECTION</b>					
	# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	<b>Total</b>	<b>978,254</b>	<b>247,556</b>	<b>67,609</b>
		Girls	401,084	108,515	28,065
		Boys	381,519	112,438	28,389
		Women	117,391	15,979	6,832
		Men	78,260	10,624	4,323
	# of survivors accessing gender-based violence response interventions (holistic care)	<b>Total</b>	<b>15,100</b>	<b>4,630</b>	<b>653</b>
		Women	5,285	1,481	296
		Girls	8,305	2,909	332
		Boys	1,510	240	25
	# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	<b>Total</b>	<b>1,004,198</b>	<b>597,476</b>	<b>98,348</b>
		Girls	401,679	219,074	32,910
		Boys	251,050	169,881	34,883
		Women	351,470	208,521	30,556
	# of children who have exited armed forces and groups provided with protection or reintegration support	<b>Total</b>	<b>4,350</b>	<b>1,995</b>	<b>293</b>
		Girls	1,088	495	35
		Boys	3,262	1,500	258
	# of unaccompanied and separated children provided with alternative care and/or reunified	<b>Total</b>	<b>6,700</b>	<b>3,377</b>	<b>960</b>
		Girls	3,417	1,398	376
		Boys	3,284	1,979	584
<b>PSEA</b>					
	# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	<b>Total</b>	<b>610,174</b>	<b>945,361</b>	<b>165,530</b>
		Girls	182,268	253,998	38,232
		Boys	171,632	219,888	33,570
		Women	131,039	259,280	54,837
		Men	125,236	212,195	38,891
<b>EDUCATION</b>					
	# of children accessing formal or non-formal education, including early learning	<b>Total</b>	<b>791,176</b>	<b>63,356</b>	<b>35,268</b>
		Girls	403,498	32,312	18,154
		Boys	331,013	31,044	17,114
	# of children receiving individual learning materials	<b>Total</b>	<b>474,706</b>	<b>42,631</b>	<b>21,857</b>
		Girls	290,241	21,508	10,884
		Boys	222,198	20,608	10,458
<b>WATER, SANITATION &amp; HYGIENE</b>					
	# of people accessing a sufficient quantity of safe water for drinking and domestic needs (based on 10L per person per day)	<b>Total</b>	<b>1,872,936</b>	<b>191,150</b>	<b>1,944</b>
		Women	955,870	97,486	9,917
		Men	918,385	93,664	9,529
	# of people use safe and appropriate sanitation facilities	<b>Total</b>	<b>1,872,936</b>	<b>269,460</b>	<b>0</b>
		Women	955,870	148,047	0
		Men	918,385	121,413	0
	# 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	<b>Total</b>	<b>1,280,105</b>	825,575	226,035
<b>Rapid Response Mechanism (UniRR)</b>					
	# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments		<b>1,201,372</b>	257,861	54,589
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>					
	# of people reached through messaging on prevention and access to services		4,890,145	4,454,320	1,308,702
	# of people engaged in RCCE actions		67,884	279,509	24,448
	# of people with access to established accountability mechanisms		374,941	429,936	31,003
	# of households reached with UNICEF-funded humanitarian cash transfers across sectors		435,000	0	0



## Annex D: Humanitarian Programme Monitoring per crisis

Sector	Indicator	Disaggregation	Crisis Djugu-Mahagi			Crisis M23			Crisis ADF			Crisis choléra			TOTAL	
			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
			UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
<b>HEALTH</b>																
# of children and women receiving primary health care in UNICEF-supported facilities	<b>Total</b>	<b>66,749</b>	<b>54,029</b>	<b>12,461</b>	<b>365,418</b>	<b>124,044</b>	<b>40,640</b>					<b>9,199</b>	<b>2,382</b>	<b>304</b>	<b>441,366</b>	<b>180,455</b>
	Girls	32,707	22,597	6,447	179,055	39,253	15,615					4,489	724	84	216,250	62,574
	Boys	31,372	16,914	3,616	171,746	29,847	10,449					4,313	839	109	207,431	47,600
	Women	2,670	14,518	2,398	14,617	54,944	14,576					398	819	111	17,685	70,281
<b>NUTRITION</b>																
# of children 6-59 months with severe wasting admitted for treatment	<b>Total</b>	<b>24,634</b>	<b>12,915</b>	<b>3,619</b>	<b>46,800</b>	<b>16,178</b>	<b>4,371</b>								<b>71,434</b>	<b>29,093</b>
	Girls	12,810	6,716	1,882	24,336	8,413	2,273								37,146	15,128
	Boys	11,824	6,199	1,737	22,464	7,765	2,098								34,288	13,965
# of primary caregivers of children aged 0 to 23 months receiving infant and young childfeeding counselling	<b>Total</b>	<b>65,088</b>	<b>112,169</b>	<b>33,994</b>	<b>362,250</b>	<b>406,733</b>	<b>166,349</b>								<b>427,338</b>	<b>518,902</b>
<b>CHILD PROTECTION</b>																
# of children, adolescents and caregivers accessing community-based mental health and psychosocial support	<b>Total</b>	<b>394,108</b>	<b>118,826</b>	<b>34,522</b>	<b>419,131</b>	<b>84,330</b>	<b>23,758</b>	<b>165,015</b>	<b>44,400</b>	<b>9,329</b>					<b>978,254</b>	<b>247,556</b>
	Girls	161,584	46,237	11,442	171,844	41,339	12,155	67,656	20,939	4,468					401,084	108,515
	Boys	153,702	50,925	13,455	163,461	40,296	10,301	64,356	21,217	4,633					381,519	112,438
	Women	47,293	12392	5346	5,296	2128	1,302	19,802	1,459	184					117,391	15,979
	Men	31,529	9272	4279	33,530	567	0	13,201	785	44					78,260	10,624
# of survivors accessing gender-based violence response interventions (holistic care)	<b>Total</b>	<b>4,000</b>	<b>1,652</b>	<b>226</b>	<b>6,000</b>	<b>1,865</b>	<b>245</b>	<b>5,100</b>	<b>1,113</b>	<b>182</b>					<b>15,100</b>	<b>4,630</b>
	Women	1,400	575	66	2,100	639	136	1,785	267	94					5,285	1,481
	Girls	2,200	999	148	3,300	1094	103	2,805	816	81					8,305	2,909
# of women, girls and boys accessing gender-based violence risk mitigation and prevention interventions	<b>Total</b>	<b>285,050</b>	<b>128,272</b>	<b>23,695</b>	<b>504,131</b>	<b>320,925</b>	<b>32,275</b>	<b>215,017</b>	<b>148,279</b>	<b>42,378</b>					<b>1,004,198</b>	<b>597,476</b>
	Girls	114,020	43,364	7,811	201,652	126,309	12,039	86,007	49,401	13,060					401,679	219,074
	Boys	71,263	38,419	6,227	126,033	88,931	16,919	53,754	42,531	11,737					251,050	169,881
# of children who have exited armed forces and groups provided with protection or reintegration support	<b>Total</b>	<b>1,000</b>	<b>168</b>	<b>40</b>	<b>1,300</b>	<b>1280</b>	<b>171</b>	<b>2,050</b>	<b>547</b>	<b>82</b>					<b>4,350</b>	<b>1,995</b>
	Girls	250	39	7	325	298	11	513	158	17					1,088	495
	Boys	750	129	33	975	982	160	1,537	389	65					3,262	1,500

Sector	Crise Djugu-Mahagi			Crise M23			Crise ADF			Crise choléra			TOTAL			
	UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			
	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results		
# of unaccompanied and separated children provided with alternative care and/or reunified	<b>Total</b>	<b>2,600</b>	<b>361</b>	<b>67</b>	<b>2,380</b>	<b>764</b>	<b>2,550</b>	<b>636</b>	<b>129</b>				<b>6,700</b>	<b>3,377</b>		
	Girls	1,326	170	27	932	285	1,301	296	64				3,417	1,398		
	Boys	1,274	191	40	1,448	479	1,250	340	65				3,284	1,979		
<b>PSEA</b>																
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	<b>Total</b>	<b>186,583</b>	<b>177,052</b>	<b>39,184</b>	<b>571,147</b>	<b>82,106</b>	<b>107,500</b>	<b>197,162</b>	<b>44,240</b>				<b>610,174</b>	<b>945,361</b>		
	Girls	55,191	45,385	8,627	167,214	17,748	32,250	41,399	11,857				182,268	253,998		
	Boys	53,027	41,691	7,908	142,509	15,692	30,100	35,688	9,970				171,632	219,888		
	Women	39,966	53,173	14,887	138,578	27,438	23,113	67,529	12,512				131,039	259,280		
	Men	38,399	36,803	7,762	122,846	21,228	22,038	52,546	9,901				125,236	212,195		
<b>EDUCATION</b>																
# of children accessing formal or non-formal education, including early learning	<b>Total</b>	<b>292,646</b>	<b>29,363</b>	<b>18,819</b>	<b>27,959</b>	<b>10,914</b>	<b>235,994</b>	<b>6,034</b>	<b>5,535</b>				<b>791,176</b>	<b>63,356</b>		
	Girls	149,249	14,975	9,793	14,259	5,566	120,355	3,077	2,794				403,498	32,312		
	Boys	143,397	14,388	9,026	13,700	5,348	58,974	2,957	2,741				331,013	31,044		
# of children receiving individual learning materials	<b>Total</b>	<b>175,588</b>	<b>31,127</b>	<b>19,189</b>	<b>10,490</b>	<b>2,153</b>	<b>141,596</b>	<b>1,014</b>	<b>515</b>				<b>474,706</b>	<b>42,631</b>		
	Girls	89,550	15,875	9,786	5,350	1,098	120,355	283	0				290,241	21,508		
	Boys	86,038	15,252	9,403	5,140	1,055	58,974	216	0				222,198	20,608		
<b>WATER, SANITATION &amp; HYGIENE</b>																
# of people accessing a sufficient quantity of safe water for drinking and domestic needs (based on 10L per person per day)	<b>Total</b>	<b>692,950</b>	<b>8,000</b>	<b>0</b>	<b>183,150</b>	<b>26,436</b>							<b>1,181,305</b>	<b>103,104</b>		
	Women	353,405	4,080	0	93,223	13,278							602,466	52,583		
	Men	339,546	3,920	0	89,927	13,118							578,839	50,521		
# of people use safe and appropriate sanitation facilities	<b>Total</b>	<b>692,950</b>	<b>2,000</b>	<b>0</b>	<b>133,130</b>	<b>0</b>							<b>1,181,305</b>	<b>134,330</b>		
	Women	353,405	1,200	0	73,049	0							602,466	73,798		
	Men	339,546	800	0	60,081	0							578,839	60,532		
# of people targeted around suspected cholera cases who received an appropriate and complete response within 48 hours of case notification	<b>Total</b>												<b>1,280,105</b>	<b>1,079,064</b>		
													253,489			
													<b>1,280,105</b>	<b>1,079,064</b>		
			<b>Crise Djugu-Mahagi</b>			<b>Crise M23</b>			<b>Crise ADF</b>			<b>Crise choléra</b>			<b>TOTAL</b>	

Sector	UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response			UNICEF and IPs Response	
	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results	Change since last report	UNICEF Target	Total Results
<b>Rapid Response Mechanism</b>														
# of people whose life-saving non-food items needs were met through supplies or cash distributions within 7 days of needs assessments	<b>300,716</b>	114,083	<b>19,253</b>	<b>645,856</b>	91,358	<b>20,916</b>	<b>254,800</b>	52,420	<b>14,420</b>				<b>1,201,372</b>	257,861
<b>Cross-sectoral (HCT, C4D, RCCE and AAP)</b>														
# of people reached through messaging on prevention and access to services	2,127,045	<b>1,270,790</b>	153,972	<b>950,000</b>	1,233,772	565,576				<b>1,813,100</b>	<b>1,949,758</b>	589,154	<b>4,890,145</b>	4,454,320
# of people engaged in RCCE actions	12,000	<b>10,018</b>	2,425	<b>17,952</b>	124,145	12,184				<b>37,932</b>	<b>145,346</b>	9,839	<b>67,884</b>	279,509
# of people with access to established accountability mechanisms	319,057	<b>174,847</b>	8,529	<b>17,952</b>	80,374	22,474				<b>37,932</b>	<b>174,715</b>	0	<b>374,941</b>	429,936
# of households reached with UNICEF-funded humanitarian cash transfers across sectors	75,000	0	0	360,000	0	0							435,000	0