

Reporting period : 26<sup>th</sup> July to 09<sup>th</sup> August 2021 | Crisis locations : Goma, North Kivu | Date issued : 9 August, 2021



### 1. Situation Overview: High lights

Three months after the last volcanic eruption in the Democratic Republic of Congo residents of the territory of Nyiragongo and whereabouts are still expecting assistance to mitigate their distress as their homes and properties were charred by the lava flow. Government and humanitarian actors are working to start individual humanitarian assistance to survivors of the volcanic eruption that caused the death of more than **100 people** and rendered more than **400,000 Households homeless**. To reinforce activities relating to its mandate, the UNFPA-DRC Humanitarian Program Coordinator, Dr Polycarpe Takou and his team is carrying out a supervisory mission on internally displaced persons sites of both North and South Kivu as well as on the returnee sites of Bujari, Kahembe, Mujoga, Kanyaruchinya.



### 2. Humanitarian Needs



At Kahembe primary school, in the territory of Nyiragongo, **1,426 households** are being assisted by the government, humanitarian organizations and other local associations through the provision of water supply and hand washing devices to prevent Ebola virus disease and COVID 19. In view of the reopening of schools these victims must be redirected again to a new site which will have to be developed in Kanyaruchinya. Meanwhile the displaced persons are calling on the government to provide them with much needed socio-economic and reintegration support so they can resume their normal lives, because everything was swept away by the lava.

With the ongoing COVID 19 pandemic in North Kivu (the second hard hit province after Kinshasa), it is urgent to strengthen prevention measures against the disease, especially in the various crowded IDP settlements in the territory of Nyiragongo.

### 3. Funding requirement

UNFPA, is appealing for USD 1, 9 million as part of UNFPA's response to Goma volcanic eruption.

### 4. Government, UN and Other Stakeholders' Response

To the extent of their abilities, Humanitarian actors continue to provide a multisectoral response, particularly in water, hygiene and sanitation, health, emergency education, shelter and protection to disaster victims who still live in IDP settlement sites. Through the Nyiragongo response coordination, national authorities have provided a handwritten lists to the Displacement Site Management Working Group (CCCM) to prepare the disaster registration process. According to the chairman of the Nyiragongo victims association, Mr Katembo Syaushwa, the government has established in Kibati a **20 beds mobile hospital** to care for the displaced. Military doctors and nurses are also posted to support of the civilian medical personnel. For its part, IOM has fitted out **2 multi-purpose sheds** for the benefit of the victims. In line with relocation of households, the military engineers of the Democratic Republic of Congo have already finalized **70% of the 1,000 shelters**.

The DRC Red Cross has also built **90 additional shelters** out of the **244 planned** for the Kibati site. It is expected to build **200 more** on new land to be made available by the authorities. Moreover, the Red Cross continues to provide first-aid treatment including trauma management of the victims.

The NGO HEAL Africa launched a clinical mentoring program in IDP settlement sites in Munigi and Kanyaruchinya. The World Health Organization has stepped up epidemiological surveillance activities, with a focus on cholera and Covid-19, in the health zones of Goma, Karisimbi, Kirotshé and Nyiragongo affected by the volcanic eruption. WHO has provided these areas with laboratory inputs and infection prevention and control kits; it has also distributed tablets and products for the treatment of water to disaster victims and sensitized nearly **700 community relays** on hygiene measures.



## 5. Key Activities implemented by UNFPA and results



UNFPA continues prevention activities. Through SOFEPADI's community networks, some **5,000 residents** of Kanyaruchinya, Baraka and Mugunga have been sensitized on GBV and SEA and the existing referral pathway. Also, UNFPA promoted the signing of the code of good conduct by all humanitarian actors, international and national organizations directly intervening in the volcano response. Assisted by HOPE IN ACTION(NGO), UNFPA distributed more than **600 dignity kits** through health facilities and host families. As part of its mission, the AfriYAN section of Goma is undertaking an awareness campaign on the sexual and reproductive health for young people during humanitarian emergencies. Alongside with officials of North-Kivu Provincial Health and Gender Divisions, they are sensitizing young

people and adolescents of Bujari, Kahembe, Mujoga, Kanyaruchinya on contraception, dangers of early and unwanted pregnancy, abortions, unsafe childbirth, sexually transmitted infections including HIV/AIDS. Supported by UNFPA and South Africa Aids (SAfAIDS), this campaign is also aimed at educating victims of the recent volcanic eruption on family planning, gender-based violence, sexual exploitation and abuse and the use of the **495555** line for the prevention and denunciation of cases of sexual exploitation and abuse before distribution of dignity kits to the most vulnerable adolescents.

## 6. Resource Mobilization and Finance

UNFPA further proposes an emergency intervention package including the following:

- Support to skilled attendance at birth, to about **800 pregnant women** including emergency caesarean sections to those that will develop complications;
- Provide individual delivery kits for **5,000 pregnant women**;
- Support the medical treatment of **5,300 cases of sexually transmitted infections**;
- Provide holistic care for **1,760 victims of gender-based violence** at targeted health facilities
- Support the One-Stop Centre at Kyeshero Hospital to provide holistic services;
- Support family planning services for **12,200 new users** of a modern family planning method;
- Train **180 health** care providers especially midwives working in maternity settings on the prevention and control of infections;
- Distribute **3 000 dignity kits** to vulnerable women and girls including adolescents and young girls.
- Provide targeted health facilities with emergency reproductive health kits capable of treating **150,000 persons** in 3 months.

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