On Saturday, 22nd May 2021, the Mount Nyiragongo, one of the two active volcanoes in Goma and one of the world’s most active and most dangerous volcanoes erupted. Based on recommendation of the Volcano Observatory of Goma (OVG), the Volcano Contingency Plan was activated and local authorities organized the evacuation of residents to safe places. Two routes were utilized west to the locality of Sake located 25 km from the city of Goma as well as east to Gisenyi and Rubavu in Rwanda which opened its borders to allow the crossing populations affected by the volcanic eruption and lava flow. As the red glow tinged the night sky above the lakeside city of Goma. Inhabitants and residents carrying mattresses and other belongings fled the city on foot - many toward the border with Rwanda. UN OCHA estimated that 31 people died as a direct result of the eruption, a further 40 were reported missing. The North Kivu provincial authorities reported that more than 80,000 families representing 415,700 people had already fled Goma, a city of around two million inhabitants living under constant threats of Nyamuragira and Nyiragongo. Most of them were refuge in sake at 25 km away, while others were still moving further towards Rushuru, Bukavu and neighbouring Republic of Rwanda. The majority of these were women and children, according to government officials. Among those displaced, are visibly pregnant women. Others incidents include rape and other forms of GBV; physical assault; vehicle and motorcycle accident; massive displacement of populations; fields and houses burnt; damage of water pipes and electric lines; looting of houses and shops

UNFPA, through its decentralized office in Goma, plans interventions focused on the restoration of human dignity in matters of reproductive health and protection, with particular emphasis on the protection of staff committed to the implementation of the humanitarian response together with the government. On the sites of Rutshuru, Lubero, Minova and Bukavu, we are already observing suspected cases of cholera, the need of foods and no-foods items, unaccompanied children as a result of the volcanic eruption. Also, there is a need of assistance to pregnant women; deployment of individual delivery kits; deployment of STI treatment kits in the Nyiragongo health zone; management of rape cases; psychosocial assistance and deployment of dignity kits.
3. Funding requirement

UNFPA is appealing for USD $1.9 million as part of UNFPA’s response to Goma volcano.

4. Government, UN and Other Stakeholders’ Response

Provincial contingency plan (security, protection, shelter, food, health care) will focus on the following:

- Need for psychosocial support for displaced and host populations
- Need for shelters, safe spaces and reception facilities in Mugunga (Buhimba) and Sake.
- Support to Hospitals providing medical care for affected communities.
- Individual protection kits
- WASH Hygiene and dignity kits

5. Key Activities implemented by UNFPA and results

UNFPA was able to mobilize emergency aid of around US $ 60,000 to enable the 4 hospitals identified to provide free care to those affected. This endowment given to the DRC Government will meet the needs for dignity kits, sexually transmitted infections treatment kits, delivery kits as well as a kit intended for referral health facilities. The donation will enable rapid treatment to about 150,000 people over 3 months.

6. Resource Mobilization and Finance

UNFPA’s further proposes an emergency intervention package including the following:

- Support to assistance at birth, to about 800 pregnant women including emergency caesarean sections to those that will develop complication;
- Provide individual delivery kits for 800 visibly 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 structures;
- 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 5,000 dignity kits to vulnerable women and girls;
- Provide targeted health facilities with emergency reproductive health kits capable of treating 150,000 persons in 3 months.

7. Communication with Communities

- Awareness of the referral pathways for cases of gender-based violence (GBV)
- Awareness raising on Sexual Exploitation and Abuse as well as communication on the Interagency Helpline 49 5555
- Orientation for Sexual and reproductive health service

CONTACT NAME(S)

Cheikh Tidiane Cisse, Representative a.i: E-mail: cisse@unfpa.org; Phone: +243 819 505 038
Polycarpe Takou, Humanitarian Specialist: E-mail: takou@unfpa.org; Phone: +243 810 604 424
Siaka Traore, Communications & Advocacy Specialist: E-mail: traore@unfpa.org; Phone: +243 818 707 688