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Nyiragongo Volcano Eruption
Goma, DRC

 **Estimated affected population:**
400,000 people including 282,000 children

 **Funding Needs: US\$ 5 million**

Situation Overview

The eruption of Mount Nyiragongo on the evening of 22 May 2021, and the two lava flows have affected Kibumba park as well as Buhene and Kibati in the North-East of Goma, DRC. More than 20,000 people from Goma have fled Saké and Minova axis, 25 km north-west of Goma on the day of eruption. 32 people have died as a direct result of the eruption (either burned by the lava or asphyxiated by fumes), including three children, while 40 have been reported missing¹.

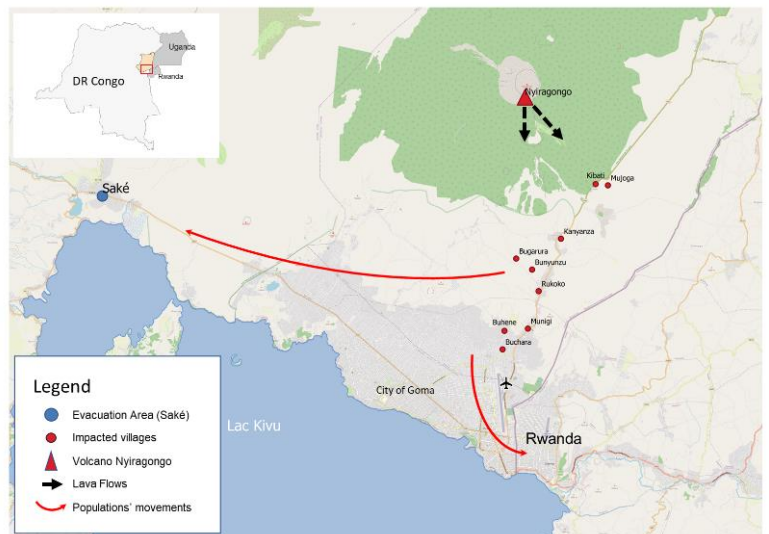
As of 26 May, it is estimated that the eruption directly affected 20 villages within the *groupements* of Kibati, Munigi and Mutaho, representing 3,629 burned houses². This resulted in more than 20,000 displaced people (about 4,500 households according to OCHA).

Over 195,000 people, might have difficulty in accessing safe water due to a disabled water reservoir. 25,000 persons had already their water access cut off, while access to electricity was cut off in large parts of Goma city.³

Seven schools (five primary schools⁴ and two secondary schools) have been affected or destroyed: five primary and two secondary schools. 1,957 primary school students, 447 secondary school students, 49 primary school teachers as well as 72 secondary school teachers are affected⁵.

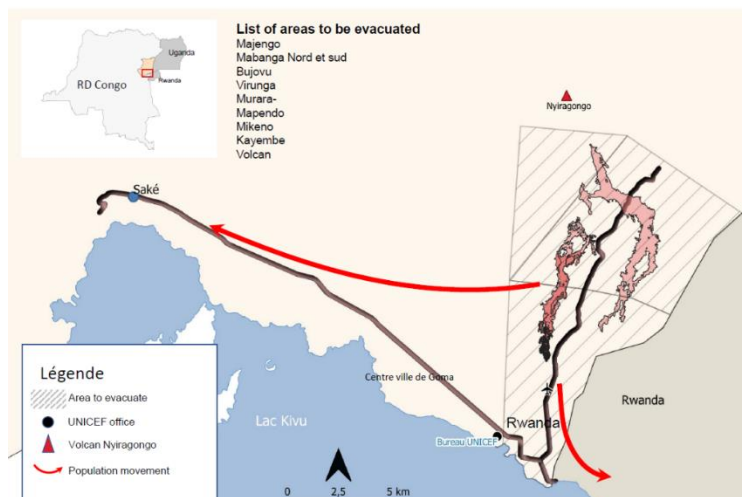
It has also been reported that 38 health centers (including ten in Goma Health Zone, 19 in Karisimbi Health Zone and nine in Nyiragongo Health Zone) have been affected by the volcanic eruption⁶: four health centers have been burned down, while the others are facing an increase in the number of arriving patients, a depletion of safety stock of medicines and a lack of food services.

Between 3,000 and 5,000 people crossed the border into Rwanda from Goma, while at least 25,000 were displaced in Sake on 22



Map 1: Nyiragongo Volcano Eruption & Impacted Areas (source: UNICEF)

RDC – Goma - Location of areas to be evacuated



Map 2: evacuation areas as of 27 May 2021 (source: UNICEF)

¹ Source: OCHA, Sitrep #2, May 26, 2021

² Source: OCHA Sitrep #2, May 26, 2021

³ Source: WASH Cluster, Joint Needs Assessment Report, May 25 2021

⁴ Four primary schools and equipment have been destroyed by the lava flows while one is occupied by IDPs (Internally Displaced Person).

⁵ Source: UNICEF, 25 May 2021

⁶ Source: UNICEF, 25 May 2021 and OCHA Sitrep #2, May 26, 2021

May⁷. From 23 May, a large majority of the displaced people from Sake and Rwanda have started to make their way back home to Goma. The returnees have found damaged houses and water and electricity shortages.

There is also risk that the displacement to Sake, an area prone to cholera outbreaks where at least 19 suspected cases have been recorded in the last two weeks and where positivity rates show one of the most dynamic cholera transmissions in eastern DRC, might increase the spread of cholera to new areas, and cause a significant risk of cholera epidemic resumption in the urban area of Goma, as people are heading home again. Eventually, there is a concern of food supply, considering that the road between Goma and Rutshuru has been cut off following the eruption. The airports of Goma and Bukavu are closed, limiting logistics access.

During the evacuation on the day of eruption, many children have separated from their families. As of 26 May, UNICEF and partners of the CP AoR have identified 939 non-accompanied children, of which 696 have been reunified, while 142 children have been placed in transitional foster families, 78 children are in temporary accommodation centers.⁸

The increasingly frequent seismic activities, which began on 23 May and are predicted to continue for the next days or weeks, also constitute a concern, in that it will most probably weaken the structure of the houses, some of which have already started to collapse, and thus worsening the humanitarian situation, while causing further stress on a population that is already traumatized.

During the night of 27 May, the government decided to evacuate the population of ten neighbourhoods in Goma (Majengo, Mabanga Nord, Mabanga Sud, Bujovu, Virunga, Murara, Mapendo, Mikeno, Kayembe, Le Volcan) towards Sake, thus increasing the humanitarian risks. This evacuation will mean the displacement of approximately 400,000 people including 282,000 children and will have far-reaching consequences in terms of NFI (Non-Food Item), child protection and GBV risks, risks related to cholera, health, and nutrition.

Depending on government announcements regarding the evacuation of the inhabitants of Goma, which change very regularly, the evaluation of the consequences in terms of the number of displaced persons and living conditions may lead to a reconsideration of human needs.

UNICEF's Emergency Response strategy (3 months)





The proposed flash appeal focuses on the lifesaving humanitarian response for the first 3 months. This emergency response aims to alleviate the immediate needs and will consist of interventions in child protection, WASH, Cholera rapid response, health, education, Gender-Based Violence (GBV), nutrition.



During this phase, humanitarian assistance will be provided in the host areas and return areas. The preferred response model remains based on in-situ humanitarian support to people directly affected. As such, assistance will be provided to meet immediate humanitarian needs while strengthening already functioning resilience mechanisms so as not to contribute to an extended stay of those temporarily relocated.

Response, targets and funding requirements per sectors are as follow:

⁷ Source: UNICEF and Red Cross joint needs assessment, 23 May 2021.

⁸ Source: UNICEF, 26 May 2021

	Objective	Activities	Targets	Budget
 WASH	To ensure that affected children and their communities have equitable access to, and use, safe water and sanitation services, and adopt hygiene practices.	<ul style="list-style-type: none"> - Ensure emergency water trucking to people without access to safe water while working on a long-term solution - Support the improvement of a water supply in the Western part of Goma city - Ensure access to emergency sanitation in households, public places, and schools for 100,000 people - Ensure the distribution of the WASH kit (collection of drawing and storage containers) for displaced families and host families, including the home water purifier - Community-based hygiene promotion and mass media activities for 100,000 people 	100,000	\$2,000,000
 Cholera	To strengthen surveillance for cholera and other diarrheal diseases and provide a cholera rapid response to interrupt transmission	<ul style="list-style-type: none"> - Strengthening epidemiological surveillance, coordination, and monitoring - Rapid response in less than 48h to every suspected case in Sake, Goma, Karisimbi and Nyiragongo areas - Implementation of “cordon sanitaire” and household water treatment (chlorination, disinfection, hygiene promotion) - Chlorination of water network and installation of chlorination points in affected areas (Sake and Nyiragongo in priority). 	154,000	\$600,000
 Health	To ensure an access to lifesaving, high-impact and quality health services to children, adolescents and women affected by the eruption and its aftermath, and to allow the continuity of care in the health centres directly affected.	<ul style="list-style-type: none"> - Supply medicines, medical equipment and LLINs to the health facilities of Sake, Minova and Kirotshe for the treatment of injured persons and for the primary health care of the affected population - Organize vaccination campaign against measles (6 months to 15 years) and Yellow Fever (6 months to 60 years) - Sign a services contract with health structures providing primary care to the affected population - Preposition of different kits - Place emergency order of kits (IEHK, Midwife kit, measles kit) 	<ul style="list-style-type: none"> - Primary Health Care: 95,000 - Measles: 174,800 children (6 months- 15 years) - Yellow Fever: 315,400 	\$345,000
 Child Protection and Gender-Based Violence	To protect children, adolescents and women living in the areas directly affected by the eruption or among IDPs from violence, exploitation, abuse, neglect and harmful practices.	<ul style="list-style-type: none"> - Identification, care, tracing and family reunification of 850 unaccompanied and separated children (UASC) - Provision of mental health and psychosocial support for 12,000 children and adolescents through mobile and static service delivery modalities (in collaboration with Education) - Identification and service provision for 500 children victims of or at risk of violence - Distribution of NFI and hygiene kits to foster families and transitional accommodation centers - Safe identification, referral and lifesaving service provision (medical and psychosocial) for 1,500 women and girls’ survivors of or at risk of GBV through mobile safe spaces 	14,350	\$650,000

		<ul style="list-style-type: none"> - Information dissemination on available GBV and CP services, identification and implementation of GBV risk mitigation measures across the emergency response. 		
 Nutrition	To ensure that children, adolescents and women have access to diets, services and practice that improve their nutritional status.	<ul style="list-style-type: none"> - Management of Severe Acute Malnutrition for 1,089 affected children under five-year-old - Infant and young child feeding support in the emergency setting for 2,393 pregnant and lactating women 	<ul style="list-style-type: none"> - 1,089 SAM children under five-year-old - 2,393 pregnant and lactating women 	\$330,000
 Education	To ensure access to education and learning opportunities in safe and protective environments for children and adolescents whose education was disrupted.	<ul style="list-style-type: none"> - Setup of temporary learning and protection spaces (including appropriate equipment and wash-in-school-kits) for all school age children affected including those who were not schools - Distribution of educational and pedagogical material to teachers and students - Set up of playgrounds spaces and distribution of recreational kits for young children to support Early Childhood Development activities - Organize distance learning opportunities for displaced children 	<ul style="list-style-type: none"> - 2,438 children (971 girls) - 124 teachers (21 women) 	\$350,000
Risk Communication and Community Engagement	To ensure the local communities have access to information on good practices during/after the crisis including keeping their family safe, health risks, protection, education, etc.	<ul style="list-style-type: none"> - Revitalization and connection of 370 Community Animation Cells (7,000 members) in the three affected health zones and one host community health zone for disease risk communication, children separated from their parents, children out of school, community-based surveillance, and management of community feedback. - Contracting with local media to inform communities on the good practices to adopt and provide them a space to make their voice heard. - Share awareness messages and verified information to people registered in the U-Report platform (SMS based mechanism for real time communications with communities including collecting and analyzing community feedback and then improving our actions). - Support U-Report communities in their positive actions to support their community, including providing them with means of communication. 	150,000	\$250,000
Support to Operation				\$475,000

Considering the evolving humanitarian situation, UNICEF will continue to update this response plan. UNICEF's interventions will fully integrate components to ensure UNICEF and partners accountabilities on PSEA are met.

On-going response

WASH/Cholera/NFI

- UNICEF and its partner the Red Cross have strengthened the active surveillance against cholera and ensured water chlorination of public water points, while providing water trucking to the areas affected by the damages to the Bushara water reservoir.
- UNICEF is also mobilizing its WASH /NFI stocks towards Sake to allow a response for 100,000 people in needs of safe water such as 30 bladders, plastic sheeting, Chlorine, buckets. UNICEF rapid response team with its partner Congolese Red Cross, is preparing a distribution of the NFI and WASH kits to vulnerable households.

Child protection

- UNICEF, in partnership with the North Kivu Division of Social Affairs (DIVAS), the Red Cross and Change the World, UNICEF has initiated immediately identification, assistance and family tracing for unaccompanied children.
- Temporary accommodation centers are being supported to cater for increased number of children being hosted
- A coordination system has been put in place, through the DIVAS, partners and community based child protection networks to ensure regular contact with children in foster families, identify and to refer new cases of family separation as well as survivors of GBV to appropriate services still functional.

Education

- Initial assessment on the impact of the volcano on schools has been undertaken jointly with the Government.
- UNICEF and the Government are working on reopening schools in Saké and Goma.

C4D

- To promote risk communication and community engagement, UNICEF has set up a Volcano Information Center through toll-free SMS, which as of 25 May was consulted by more than 5,200 people, hence reducing misinformation. Lastly, UNICEF has conducted needs assessments in Education, Health and Nutrition that serve as basis for this appeal.

Capacities

- Overall, US\$2.7 million of contingency supplies are prepositioned in Goma and is being mobilized for the response but will have to be partially replenished. In addition, UNICEF has existing partners in rapid response, WASH, child protection, education, health and nutrition that can be mobilized immediately for the response.

Funding Requirements

Sector Appeal	Requirements (US \$)
WASH	2,000,000
Cholera	600,000
Health	345,000
Nutrition	330,000
Child Protection	650,000
Education	350,000
RCCE	250,000
Support to Operation	475,000
Total	5,000,000

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