

This report is produced by OCHA DRC in collaboration with humanitarian partners. It covers the period of June 01, 2021 (4pm Goma time).¹

HIGHLIGHTS

- Following the development of the humanitarian response strategy to the Nyiragongo volcanic eruption crisis, the humanitarian response plan is being finalized
- Assistance activities for displaced populations continue in various displacement locations and Goma



WFP and World Vision International launched food distributions to displaced people in Sake. 30 May, OCHA/Nadège Nodji

SITUATION OVERVIEW

Provincial authorities in North Kivu announced on 01 June a slight decrease in seismic activity compared to 31 May. Seventy-one tremors were recorded today, the majority of which were not felt by the population. According to a GeoRiskA research team, the decrease in energy released by earthquakes cannot be yet interpreted as indicating the end of volcanic activity. Nevertheless, a Lake Kivu monitoring team from the Rwanda Environment Management Authority (REMA) noted that there is no imminent risk of a gas outburst expected in Lake Kivu, and said it continues to monitor the risks that could arise from the seismic activity on the lake's ecosystem.

Return movements of people to Goma continue. Some residents of the Mabanga Sud neighborhood, located in the red zone, reported that their homes were burglarized on the night of 01 June by people armed with knives.

Assistance activities for displaced populations are continuing in the various displacement sites, namely Sake, Minova, and Rutshuru. Humanitarian partners have launched awareness raising sessions for their staff on the prevention of sexual exploitation and abuse (PSEA).

Since 31st May, the United Nations Humanitarian Air Service (UNHAS) has been providing humanitarian helicopter flights to Sake.

¹ The information is collected from partners on an ongoing basis, the data is therefore subject to change as the situation evolves.

▪ Sake

Food Security

The World Food Programme (WFP) and its partner World Vision International are continuing their food distribution activities to internally displaced people in the city of Sake. In order to avoid tensions during distributions, local authorities have committed to raise awareness of local communities about the importance of cohabitation and acceptance of IDPs, and to remind them that humanitarian assistance will be provided not only in sites but also to host families.

Health

Humanitarian actors continue to mobilize to prevent a new cholera outbreak in the region. Médecins Sans Frontières (MSF) France is ready to support the Ministry of Health in its response to cholera in the Kirotshe health zone. Save the Children International began distributing medicine to the health centers of Sake, Kimoka, and Kaduki in the Kirotshe health zone on 01 June.

Shelter

The United Nations High Commissioner for Refugees (UNHCR) finalized the construction of two shelters for displaced persons and distributed tarpaulins to 1,551 households in collective centers and to vulnerable families in the city of Sake.

Education

According to UNICEF, 54 schools are occupied by IDPs in Masisi territory, affecting the schooling of nearly 30,700 girls and boys. The use of classrooms by IDPs as shelter is preventing the resumption of classes in those schools. Displaced children who will be welcomed in existing schools are in need of school supplies and uniforms.

Protection

Protection monitoring and profiling have been strengthened in the Kirotshe health zone. The local protection commission reported several cases of sexual violence.

▪ Minova

Food Security

WFP and its partner World Vision International distributed 16 tons of food on 31 May to 2,661 displaced persons who are staying at the Lwanga Institute site in Minova. Food distribution continue in the sites of Chungiri, Kitagala, and Umoja. Humanitarian actors are discussing with local authorities practical modalities to include vulnerable host families in the assistance.

Health

The World Health Organization (WHO) and the INGO Médecins du Monde are committed to supporting the provision of primary health care to displaced persons in Minova. A meeting was held on 01 June with the Central Zone Office (BCZ) of Minova as well as health actors to formalize the intervention approach.

Protection

As of 01 June, INTERSOS teams are continuing their protection monitoring activities as well as the delivery of PEP kits in the health zone of Minova.

Water, Sanitation and Hygiene (WASH)

According to epidemiological situation reports from the past two weeks, the Minova health zone has not reported any cholera cases. However, with the arrival of thousands of displaced people, the risk of cholera contamination is present due to the proximity to the Kirotshe health zone, which has already reported several cases. The WASH cluster has highlighted the need to set up 25 additional chlorination points in the Minova area to reinforce prevention measures. UNICEF and its partner Médecins d'Afrique (MDA) and the NGO AIDES have installed at least 16 additional chlorination sites in the area since 29 May. UNICEF is also supporting cholera prevention and surveillance activities through community relays.

▪ Rutshuru

Food Security

WFP and its partner World Vision International are continuing to distribute food to displaced people in Rutshuru territory. Nearly 5,800 displaced persons received food rations on 31 May.

▪ Goma/Nyiragongo

Education

According to UNICEF, six schools were completely destroyed in Nyiragongo territory during the 22 May volcanic eruption, disrupting the education of 1,679 students. Five other schools are currently occupied by displaced persons in the territory. In the city of Goma, two schools were damaged by the earthquakes.

As of 1 June, local authorities report the following numbers of displaced persons:

Sake concentration zone	
Kirotshe health zone	62,802
Rutshuru concentration zone	
Rutshuru health zone	52,650
Lubero concentration zone	
Kayina health zone	10,555
Minova concentration zone	
Kalehe health zone	13,473
Minova health zone	53,345
Total	66,818
Bukavu concentration zone	
Idjwi health zone	8,747
Kadutu health zone	12,669
Katana health zone	4,320
Miti Murhesa health zone	3,011
Kabare health zone	4,224
Ruzizi health zone	1,879
Uvira health zone	4,758
Total	39,608
Grand total	232,433

Source: local authorities

