

**FY16 Q2 Quarterly Report**  
**January – March 2016**  
**Emergency Assistance to Conflict-Affected Populations-V**  
**(EACAP-V)**



Mercy Corps field Officer during door-to-door field visit in Mweso IDPs camps. Photo: Mercy Corps

**PROGRAM SUMMARY**

Award No.	<b>AID-OFDA-G-15-00223</b>
Start Date	July 15, 2015
End Date	May 14, 2016
Report Date	April 30, 2016
Total Award	\$1,600,000

## **Executive summary**

From January to March 2016, Mercy Corps continued to ensure access to clean drinking water and sanitation facilities in 18 IDP camps in accordance with North Kivu WASH Cluster standards and to provide hygiene promotion support to approximately 113,169 IDPs and 41,500 members of host communities in the Mweso and Karisimbi Health Zones. During this reporting period, Mercy Corps constructed 207 latrines and rehabilitated 158 ones and treated and sealed full latrines in 18 camps. The WASH team conducted hygiene promotion activities in all 18 camps through an awareness raising campaign (including door-to-door visits and community theater), weekly focus group discussions in the camps and the dissemination of hygiene messaging through a local radio station.

During the reporting period, four of these camps were affected by a cholera outbreak (Ibuga, Kashuga I, Kashuga II and Mweso). In these camps, Mercy Corps supported *relais communautaires* (RECOs) to conduct a campaign on the five critical moments for hand washing and to distribute soap to 55 families. Also this quarter, Mercy Corps continued Community-Led Total Sanitation activities in Mbuhi, Kalonge and Katahandwa villages with 122 doors-to-door visits conducted, nine meetings held and six focus groups organized by RECOs. Awareness raising sessions were held and messaging was disseminated on the consequences of open defecation as well as the causes of and how to prevent diarrheal disease. In total, 612 people participated in awareness sessions, including 185 men, 436 women and 56 children under 18. The communities of these three villages built 202 latrines in total, including 38 new latrines and 19 existing latrines repaired.

Mercy Corps participates regularly in coordination meetings, such as the WASH Cluster and the Camp Coordination and Management (CCCM) working group in Goma, and in weekly inter-agency meetings in Kitshanga, to ensure that we coordinate our interventions with other key actors to meet the needs of IDP populations in North Kivu. In January 2016, Mercy Corps conducted total sanitation in the Mukoto camp after the site was abruptly and forcefully closed by Congolese authorities. We continue to work with the humanitarian community to advocate for the rights of displaced populations and against the rapid closure of other camps in North Kivu.

### **1. Program Overview**

EACAP-V program targets essential emergency assistance to conflict-affected populations in North Kivu, Democratic Republic of the Congo through the provision of water, sanitation and hygiene (WASH) services to about 125,000 people, including 100,000 individuals living in IDP camps, addressing the populations' most critical WASH needs, including access to water, access to sanitation, and a clean and safe environment.

During this reporting period, there were an estimated 113,169 IDPs residing in the 18 IDP camps targeted by the program in Masisi and Goma territories. Due to their steady population growth, these camps still require extensive external support. Overall, the current provision of services in and around the camps is not adequate to meet the needs of the displaced and host

populations. In early January the government of North Kivu province decided to close the Mukoto IDP camp by force. With clashes between FARDC and coalition of armed groups (Nyatura) on the axis of Mpati, the government is now forcing the populations of Mpati, Kikuyu, Nyange, Kalengera, Kitso and Bweru IDP sites to leave camps, which are now empty. Other camp committees in Mweso, Kashuga I & II and Ibuga in the Mweso health zone have received notice that the camps would also be closed shortly. Furthermore, due to the intense fighting between armed groups, movements of peoples remain unpredictable, causing the deterioration of sanitary infrastructure in many IDP camps. Cholera is endemic in the region, and the risk of outbreak increases with inadequate sanitation infrastructures and poor hygiene practices. In response to this chronic emergency, Mercy Corps continues to provide essential WASH services to IDP camps in North Kivu, preventing the spread of cholera.

### Award Level Beneficiaries

Sector	Cumulative Period Targeted		Reporting Period Reached		Cumulative Period Reached	
	Total	IDP	Total	IDP	Total	IDP
WASH	125,000	100,000	154,669	113,169	158,625	117,125

## 2. Contextual Update

### 2.1. Security

During the reporting period, elements of the Mayi-Mayi groups (Nyatura) based in Bashali - Mukoto allied with the Alliance of Patriots for a Free and Sovereign Congo (APCLS) and the Democratic Forces for the Liberation of Rwanda (FDLR) launched several attacks in Busumba, Kabare, Mpati, Kivuye and Bweru, looting amongst the civilian population and causing massive displacement. In turn, the Armed Forces of the Democratic Republic of Congo (FARDC) responded to attack to repel the insurgents.

As a result of heightened instability, thousands of newly displaced people have joined spontaneous settlements as well as camps covered by the CCCM in Mweso and Birambizo health zones. Between late March and early April, some 36,000 people fled to the IDP sites and surrounding villages including Kirumbu, Ngoliba, Kalengera and Bweru following clashes between the FARDC and a coalition of armed groups on March 27<sup>th</sup>, about three-quarters of whom are women and children.<sup>1</sup>

### 2.2. Movements of Population

According to the most recent OCHA statistics (February 2016), in December 2015 there were approximately 1.6 million IDPs in the DRC. North Kivu, South Kivu and Maniema provinces host 73% of the displaced population. These are the same provinces that also experienced new

<sup>1</sup> UNHCR April 14, 2016.

displacements in the last quarter of 2015. North Kivu hosts the highest proportion with 55% of the newly displaced. The statistics of IDPs in March 2016 provided by the CCCM and IOM confirmed that there are more than 223,613 displaced people in 53 sites, including 18 sites where Mercy Corps operates with a total population of 113,169.

## **Goma**

On 25 March 2016, there were 9,474 displaced people in Goma. Compared with the 10,897 IDPs counted in the data from December, there is a clear decrease in the number of displaced people: approximately 1423 or 13% fewer. This decline could be related to the updating of site statistics around Goma as well as voluntary returns.

## **Masisi**

Most IDPs living in camps (about 25% of the total number of IDPs in the province) are found in Masisi (128,035 people) and Rutshuru (83,137), both territories in which Mercy Corps operates<sup>2</sup>. Furthermore, recent fighting in Rutshuru and Masisi forced civilians to seek refuge in the Ibuga, Kashuga I, Kashuga II, Kalembe, Mweso and Kitshanga camps. Between January and March, Ibuga, Kashuga I & II, Mpati, Kivuye and Mweso camps received 1680 newly displaced people<sup>3</sup>. Some arrived from the Kalembe - Kalonge and Kalembe - Remblai camps that were damaged in ongoing clashes that started in early January. Each day, the National Committee for Refugees (CNR) continues to register new arrivals in the IDP camps.

### **2.3. Staff movement**

Mercy Corps' staff use vehicles purchased through USAID/OFDA funding for all movements, while transport of materials to the field is carried out using a rental truck. No vehicles were purchased under the current award.

## **3. Performance Summary**

### **a) Achievements During the Reporting Period**

From January to March 2016, Mercy Corps continued to ensure access to clean drinking water, sanitation facilities, and promoted good hygiene practices in a total of 18 IDP camps, including 15 in Masisi, Rutshuru and Walikale territories, and three camps outside of Goma (Mugunga I, Mugunga III, Bulengo).

Specific achievements during the reporting period include:

#### ***Water Supply Infrastructure***

The overall average of 23 liters of clean water per-person per day Mercy Corps provides to IDP camp communities well exceeds the North Kivu WASH Cluster standard of 10 liters per person

<sup>2</sup> OIM/UHCR statistics North Kivu March 25, 2016.

<sup>3</sup> Mercy Corps field report, Commission Nationale des Refugies de Mweso.

per day and surpasses the SPHERE standard of 15 liters per person per day. See more detail on water supply in annex 2.

During the reporting period, Mercy Corps continued management of a water pumping, treatment and distribution station serving Bulengo (35,000 liters/day). Under EACAP-V, Mercy Corps signed a sub-grant agreement with the local organization Yme Grands Lacs in order to provide financing to continue to supply water free-of-charge in Mugunga III and Mugunga I IDP camps up to March 31, 2016. In the exit strategy Mercy Corps encourages displaced populations in Mugunga I and III, through awareness meetings and discussion groups, to pay for water - as in the WASH cluster there is no partner to continue Mercy Corps' WASH activities in the camps around Goma. IDPs in Mugunga I & III have started to pay water supplied by Yme Grands Lacs.

Mercy Corps carries out randomized water testing weekly at household and water delivery point levels in the camps around Goma and Ibuga, Kashuga I& II. To ensure quality control of water, Mercy Corps regularly tests for bacteria and chlorine-levels. Through these water-testing activities, Mercy Corps is able to verify that the water is potable and meets the North Kivu WASH Cluster standards, both at delivery points and at the household level.

### ***Sanitation Infrastructure***

For latrine construction, the SPHERE standard of one latrine per 20 persons has not yet been achieved, primarily due to the lack of space in some of the target camps. However, the program has improved latrine access and the current ratio is 33 people per latrine, therefore meeting the North Kivu WASH Cluster standards of 1 latrine door for 50 people. See more details of annex 3 on latrine construction and repairs. In summary, the following was achieved:

- Construction of 207 new latrine stalls (*see more detail in Annex 3*)
- Rehabilitation of 158 existing latrines
- Construction of 51 new hand-washing facilities
- Distribution of 37 hygiene kits and four replacements kits for latrine maintenance to WASH committees, RECOs or Mères Chefs
- Treatment and sealing of 733 full latrines in 18 camps
- Construction of 90 new shower facilities and 112 existing repaired (*see more detail in Annex 4*)
- Construction of seven laundry facilities in Kizimba, Mungote and Ibuga
- Construction of five personal hygiene facilities for women in Mugunga I, Kahe and Ibuga
- Construction of 107 debris pits in 10 IDPs camps
- Total sanitation of Mukoto IDPs camps during the closing by forced by the Government of Nord Kivu
- Continued awareness-raising campaign to promote self-care and encourage beneficiaries to maintain hygiene and sanitation facilities in their communities.

### ***Hygiene Promotion***

Mercy Corps continued to strengthen awareness of self-care for beneficiaries. RECOs conducted sensitization campaigns in all 18 IDP camps, disseminating key messages in prevention and

management of risky health behaviors. They also oversee latrine maintenance and the emptying of 210 waste pits and for disinfection during a cholera outbreak in the camps. The RECOs helped relay messaging in awareness-raising activities and supported Mercy Corps teams in the disinfection of huts to avoid the spread of disease in six sites where Mercy Corps responded with cholera interventions (such as Ibuga, Kashuga I, Kashuga II and Mugunga I, Mugunga III, Bulengo around Goma).

Further, Mercy Corps and others WASH partners commemorated World Water Day with a ceremony organized in the towns of Goma and Kitchanga to emphasize the importance of saving lives through better water management at the household level.

Mercy Corps' major achievements during this reporting period include:

- Weekly hygiene promotion sessions (546 focus groups, 705 door-to-door visits) by 671 RECOs and Mercy Corps' community mobilizers were operated in target IDPs camps and host communities, reaching 46,104 people including 5500 children through a (child to child approach)
- Following 25 confirmed cholera cases in Kashuga I (4), Kashuga II (7) and Ibuga (14), Mercy Corps disinfected IDP huts and surrounding sanitation facilities in the identified sites.
- Conducted 30 theater performances in thirteen IDPs camps to spread awareness on good hygiene practices and highlight risks for displaced communities.
- Mercy Corps reinforced the sensitization campaign using the child-to-child approach in all the camps.
- Mercy Corps continued to raise awareness through the Community-Led Total Sanitation (CLTS) approach in three villages (Katahando, Kalonge and Mbuhi).
- Disseminated targeted daily radio messages (Community Broadcast on Kalembe and Pole FM) about good hygiene practices and the prevention of cholera.
- To reduce the spread of cholera, Mercy Corps organized a mass campaign for disinfecting huts and health infrastructure in Ibuga camps Kashuga I & II. This campaign is also accompanied by systematic cleaning of jerry cans at water collection points. 135 huts and sanitation infrastructures were disinfected during this campaign (e.g. latrines and bathing facilities) during a mass cleanup campaign of IDP camps.
- Distributed of 164 bags of powdered soap.
- Promoted "World Water Day" in IDPs camps around Goma, in Kashuga and Kitchanga camps on March 22, 2016, camps susceptible to cholera outbreaks. IDPs, members of communities, local authorities and partners were invited. Mercy Corps organized songs, dances, plays and games about good water management practices for the occasion.

### ***Environmental Health***

- Mobilization of camp communities to empty 210 waste pits.
- Latrines cleaned once or twice daily by camp volunteers under the supervision of trained personnel (e.g. RECOs and Mère Chefs<sup>4</sup>)

---

<sup>4</sup> There is a *Mère Chef* assigned to each administrative block in the camps who manages rotating latrine cleaning duties among each household in the block.

## **b) Challenges and Lessons Learned**

### ***Security and Access***

The period between January and March was a particularly eventful and challenging time to implement program activities as clashes between FARDC and coalition of armed groups continued to take place. The ongoing violence limited access to some intervention areas, such as Mpati. Due to the deteriorating security situation, project activities were not implemented as scheduled; including the suspension of the distribution of hygiene kits for women and girls – programming which has been adapted to be included in the approved no-cost extension.

### **Threats of Camp Closures**

After clashes between armed groups along the Mpati axis, FARDC prevented the displaced from returning to their respective camps. FARDC continue to issue ultimatums to camp committees to prepare to leave the camps. The IDPs and the humanitarian community fear that forceful closure of camps will continue in other IDPs sites in the affected health zone. The following IDP camps were emptied: Mpati, Kibuye, Nyange, Kitso, Bibwe, Bweru and Kalengera. The camp committees of Ibuga, Kashuga I & II and Mweseso were warned that they should prepare to leave.

### **Theft of construction materials**

During the clashes between armed groups in Mpati, fighters looted the material and equipment of humanitarian actors operating in the camps. Organizations including Mercy Corps, Save the Children, MSF-H and Première Urgence-Aide Médicale Internationale lost materials, but no loss of life. Mercy Corps lost construction materials and furniture from the staff house in Mpati. However, given continued clashes, the area is yet to be accessible, and it is therefore difficult to estimate the damages in cost and materials. As a result of the security situation in the area, Mercy Corps was not able to conduct the final evaluation of the program along the Mpati axis.

### **Activities planned but unrealized**

At its meetings of coordination sites / camps with other partners working in the camps, it was recommended to Mercy Corps to distribute kits for women and girls in the Kalengera and Nyange camps. IOM had already shared its targeted female beneficiaries list for ages 15-49, to receive hygiene kits. After the above mentioned clashes between armed groups in Mpati, and the subsequent notice that Kalengera and Nyange camp would be forcibly emptied, this activity will be relocated to other sites. Mercy Corps is coordinating with UNHCR to identify other sites that can benefit from this assistance.

## **4. Monitoring and Evaluation**

Project monitoring has been implemented by WASH field-engineers and hygiene-mobilization staff with oversight from the program manager. Monitoring of implementation activities occurs during regularly conducted joint field visits with various stakeholders (IDP Committees, Camp Managers, UNHCR, National Commission for Refugees) to examine data quality, provide on-site mentoring to stakeholders, solicit beneficiary feedback and ensure proper procedures are in place. Weekly reports collected from the field are then consolidated into monthly progress reports.

The data is then used to inform management meetings during which the team reviews data, identifies trends, and proposes adaptations to the program when necessary. In order to estimate infrastructure needs in accordance with North Kivu WASH Cluster standards, Mercy Corps relies on official population statistics released by PU-AMI, CNR (as camp managers) and monthly UNHCR statistics (often coordinated through the CCCM Working Group). The program team also participates in coordination meetings to stay abreast of crosscutting issues and events that affect the target IDP camps.

## **5. Coordination**

Mercy Corps regularly participates in the following coordination meetings in order to ensure coherence in program implementation strategies and that needs are covered as effectively as possible:

- WASH Cluster in Goma
- Working groups for camp coordination and management in Goma organized by UNHCR and IOM
- Weekly coordination meetings organized by OCHA in Kitchanga
- Bi-weekly coordination meetings organized by the National Commission for Refugees (camp manager in Mweso Health Zone)

Information sharing also continues with Solidarité International to coordinate the cholera response activities in Ibuga, Kashuga I&II IDPs camps and surrounding camps (Mugunga I, Mugunga III, Bulengo). In these meetings, all partners in the Mweso health zone exchange key information related to the cholera response and partners share project progress, best practices and any problems encountered.

## **6. Conclusion**

From January to March 2016, Mercy Corps provided essential water, sanitation, and hygiene services to 113,169 people living in 18 IDPs camps and 41,500 members of the host communities across the Mweso-Birambizo and Karisimbi Health Zones in Masisi and Rutshuru Territories and Goma. The reporting period was marked by a continued response to a cholera outbreak in Ibuga, Kashuga I & II camps. 25 people contracted cholera in the reporting period, and while the response is ongoing, in early March 2016 there were no new cases in the health center. In the quarter, Mercy Corps also conducted an end line household survey and its results will be presented in the final report. Mercy Corps requested a no cost extension (NCE) to be completed by 14 May, for the distribution of 2000 jerry cans in Kizimba camp and 1000 hygiene kits for women and girls in the Kalengera and Nyange camps. Given that these camps were forcibly emptied, Mercy Corps is coordinating with the NFI cluster and UNHCR to relocate the activities to meet needs in other camps.