



Support program for the fight against poverty for the emergence and restoration of sustainable development

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Evaluation Report initiated by the organization:

PALPER-NGO in the Rutshuru Territory, Rwanguba Health Zone

Executive Summary

This report, initiated by the PALPER non-governmental organization (NGO), provides an evaluation of the humanitarian situation in the territories of Rutshuru, Nyiragongo, and Masisi in the North Kivu province in eastern Democratic Republic of Congo. The region is characterized by a complex and alarming humanitarian crisis driven by armed conflict, community tension, life-threatening diseases, natural disasters, and chronic poverty.

The report details the severe impact of these factors on the local population, including displacement, human rights violations, and a lack of access to basic necessities such as clean water, sanitation, and healthcare. It provides statistics on displaced people and returnees, highlighting the dire need for humanitarian assistance.

The evaluation focuses on two key sectors: Water, Sanitation, and Hygiene (WASH) and Health. The findings reveal a critical lack of access to safe drinking water, with a high percentage of water sources being contaminated and limited treated sources. This has led to a high incidence of waterborne diseases, including cholera.

In the health sector, the report documents outbreaks of cholera, measles, and Monkeypox (MPOX), providing statistics on infection rates and fatalities. This report highlights the vulnerability of the population, particularly children, and the urgent need for medical intervention and vaccination campaigns.

The report concludes with a call to action, urging international organizations, the United Nations, national organizations, and the Congolese government to intervene and provide assistance to the affected populations. The key recommendations include:

- Improving access to clean water and sanitation facilities.
- Implementing public health campaigns to prevent the spread of diseases.
- Providing food aid to combat hunger and malnutrition.
- Supporting initiatives for peacebuilding and conflict resolution.
- Empowering local communities through economic development and education.

This report demonstrates that while the current situation includes a variety of challenges for prosperity for the local population, there are a variety of opportunities where targeted intervention can make a significant impact.

I. Context and Justification

The eastern part of the Democratic Republic of Congo is characterized by an alarming and complex humanitarian situation, due to the presence of numerous negative armed groups in the provinces, inter-community tensions, epidemics, natural disasters, and chronic poverty. Occasional evaluations are not sufficient to identify all crises and their impacts on communities and the entire territory. Furthermore, access to affected populations is often limited by the security situation, the poor state of infrastructure, and difficult geographical conditions. This situation requires special attention from all actors to mitigate its severity, but also to improve the living conditions of the population in difficult situations and facing disasters. The population suffers from looting, atrocities, kidnapping, serious human rights violations, sexual and gender-based violence, and repeated wars, which has led to population movements from one area to another for fear of their safety. Following this displacement of certain populations, children and young people, among others, are forcibly enrolled in rebel armed groups, which carry out abuses in certain parts of the country, particularly in the province of North Kivu. There is an indescribable poverty linked to the lack of production in all sectors of life.

The Democratic Republic of Congo is a Central African country that has great potential in relation to the sectors of daily life, but from which the Congolese population does not benefit. These natural resources of the soil and subsoil are coveted by national and foreign rebel armed groups, which causes the multiplication of conflicts in all their forms, preventing the country from progressing towards sustainable development. This situation is observed much more in the province of North Kivu and other parts of the east of the country. This Province has experienced serious insecurity problems since 1990, a year characterized by inter-ethnic conflicts between certain communities in this country. In 1994, the year was marked by the massive entry of Rwandan Refugees, who had fled the war between the minority Tutsis and the majority Hutus of Rwanda. In 1996, the situation became serious with the war of the first liberation, from which foreign soldiers entered Congolese territory to overthrow the Mobutu government.

In 2002, a rebel movement called CNDP (National Congress for the Defense of the People) appeared, which sowed more terror, desolation, and several repeated wars. It soon transformed into another rebel movement called the March 23 Movement, abbreviated as (M23). Through its abuses against the innocent civilian population, it came to an end in October 2013 and re-emerged in 2021, remaining active to this day. This movement and its leaders commit several acts of looting, killings, and human rights violations within the population of the South Kivu and North Kivu Provinces in general, and more particularly in the territories of Lubero, Masisi, Walikale, Nyiragongo, and Rutshuru in the North Kivu province of the Democratic Republic of Congo. This situation has negatively affected the living conditions of the general population, particularly women, young girls, children, and the elderly. Today, these same abuses are being perpetrated by negative national and foreign armed groups that are proliferating here and there in the North Kivu province. Added to this are the Monkeypox (MPOX) epidemic, Cholera, Poverty, and hunger which leads to malnutrition for many children.

This is why the organization Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER NGO, finds it interesting to conduct an evaluation to determine the needs that the communities face in their areas of origin, but also to support the population through the implementation of various projects to fight against the spread of waterborne diseases, educate school-age children, support women and girls through income-generating activities and microfinance, distribute Dignity kits to promote reproductive health (menstrual hygiene), and address water, hygiene, and sanitation, which is of capital importance to improve the living conditions of the population in need.

Although we have conducted this evaluation in the area, we have not covered all zones in all sectors. The challenges are enormous and remain to be addressed. There is a need for the involvement of different humanitarian actors: such as international humanitarian organizations, United Nations system agencies, donors, private individuals of good will, national organizations, and the Congolese government to bring relief to this population in their places of origin to reduce the vulnerability that harms these human beings, so that they can see their lives improved.

1.1. OBJECTIVE OF THE EVALUATION REPORT

1.1.1. Global Objective

- To assess the situation of people who have returned to their places of origin and the evolution of their humanitarian living conditions in their zones in the territory of Rutshuru, Rwanguba Health Zone.

Specific Objectives of the Report

- Contribute to the improvement of the environmental and socio-sanitary living conditions of the population in their areas of origin.
- Enable the population to consume potable water while they are in their areas of origin.
- Reduce the rate of contamination from waterborne diseases due to the consumption of unsafe water.

1.2. TARGET AREA

The intervention zones targeted by the activities of the organization Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER asbl-RDC are the Territories of Rutshuru (Jomba, Bweza, Busanza, Rugari, Kisigari, Bukoma, Binza), Nyiragongo territory (Mudja, Mutaho, Hehu, Gitotoma, Kibumba, Rusayo, Munigi), MASISI Territory (Miandja, Luke, Nyabyondo, Rubaya), WALIKALE

(Mubi, Iowa-waroba (Ntoto), Iowa-loanda) in the North Kivu province, and MINOVA, KALEHE and IYUSI in the South Kivu province.

1.3. EXPECTED RESULTS

- 64 km of agricultural service roads are identified and require rehabilitation.
- The number of beneficiaries for the development of agricultural service roads and food security activities are categorized according to the will and preference of each individual.
- 70% of the population's needs in the food security sector are identified and require a consequent response to fight against hunger and malnutrition within the community in the RUTSHURU territory.
- Develop and share with different partners the support plan for farmers and other beneficiaries living in the territories of RUTSHURU, NYIRAGONGO, MASISI, and WALIKALE in the North Kivu province, and MINOVA, KALEHE, and IYUSI in the South Kivu province in the East of the Democratic Republic of Congo, and develop and share with different partners.

1.4. METHODOLOGY AND TECHNIQUE USED

To achieve the results, the following methods and techniques were used:

1.4.1. The Historical Method

We tried to ask questions about when the population began to return to the area.

1.4.2. The Statistical Method

It allowed us to know the real numbers of people who returned to their places of origin in the territory of Rutshuru, Rwanguba health zone.

1.4.3. Contact with the office

We contacted local authorities, such as the administrator, the chief medical officer of the Zone, the head of the Groupement so that we could obtain the necessary elements that would allow us to provide considerable assistance to the population in need.

1.4.4. Interview and focus group

We spoke with the population in the area to understand their problems in a general way.

1.4.5. Observation

We observed the way of eating, production, marketing, and the health of the population in the area targeted by the project, as well as their way of dressing.

1.4.6. Tools used

We used tools such as pens, notepads, and cameras which allowed us to compile this report.

1.5. HUMAN ORGANIZATION

The activities for improving conditions through the implementation of agricultural activities and the development of agricultural service roads are carried out by the experts of the organization Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER NGO. The project implementation team consisted of 25 people, including 7 from the PALPER NGO organization and 18 agents recruited from the community where the project is being executed.

1.6. PLANNED ACTIVITIES

To carry out this project, the following activities were put in place:

- Raise awareness among the population on the fight against waterborne diseases.
- Raise awareness on the fight against monkeypox (MPOX) and cholera.

II. PALPER NGO ORGANIZATION

2.1. PRESENTATION OF THE ORGANIZATION

Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER NGO, is a non-profit association working in the Democratic Republic of Congo, North Kivu Province. Its activities are implemented to meet the needs of the vulnerable population, and those in difficult situations and disasters.

The PALPER NGO organization has:

- A Coordination Office for humanitarian activities on the ground, located at N° 26, RWANGUBA, RUTSHURU, NORTH-KIVU, DRC.
- A Representation Office located at N° 18 LEMBI, KATOYI, KARISIMBI, GOMA, NORTH-KIVU, DRC and various liaison offices in NYIRAGONGO, MASISI, WALIKALE in North Kivu Province and focal points in the intervention zones in MINOVA, IYUSI and KALEHE in South Kivu province in the DRC.

It was created on September 06, 2015, by the initiative of women, men, and youth anxious to contribute to the development of their communities, but also to improve the living conditions of the vulnerable population, those in difficult situations and disasters in the Democratic Republic of Congo and everywhere else.

It is recognized by Congolese law, registered and equipped with:

- Provincial Operating Authorization: N°01/254/CAB/GP-NK/203 OF SEP 20, 2023
- Provincial Justice Registration Certificate: N°: JUST/112/420/NK/2019
- Provincial Social Affairs Certificate N°: 08/DIVAS/N-K/AS/082/2019
- Plan Registration Certificate N° : 699/DPP/NK/2019
- Notarized Act
- Notarized Statutes
- Notarized Internal Rules of Order
- Civil Society Member Organization N°: 136/CUSC-FV/2019

The head office is established in RWANGUBA, RUTSHURU, North Kivu, in the Democratic Republic of Congo DRC.

Objective of the Organization

It carries out its activities under its main objective entitled:

- To fight against poverty for the emergence and restoration of sustainable development.

Mission of the Organization

To successfully carry out the organization's activities, its actions are based on the following specific objectives:

- Ensure education for citizenship and the management of lasting peace.
- Protect natural resources for the safeguarding of the environment and the promotion of tourism.
- Contribute to the promotion of health, hygiene, solidarity between peoples, communities and organized groups for the progress of social justice, peace and fraternity.
- Fight against epidemics, endemics, the HIV/AIDS pandemic and others.
- Contribute to the improvement of the socio-economic conditions of the vulnerable population.
- Fight against poverty and hunger within the population in difficult situations.

- Protect the rights of children and women and restore gender equality between families.
- Fight against slavery, trauma, stereotypes, and discrimination.
- Fight against negative values, unemployment and safeguard peace.
- Restore peaceful cohabitation between different communities.
- Assist local communities in different fields with a view to restoring sustainable development.
- Fight against waterborne diseases, malaria, HIV/AIDS, tuberculosis and all forms of diseases.
- Value local labor in order to sustain development projects.
- Initiate multi-sectoral monitoring and evaluations to restore sustainable development within the population in difficult situations.
- Raise awareness among the population on the respect, application and importance of family planning and the peaceful resolution of conflicts in all its forms.
- Fight against early marriages and sexual violence and other gender-based violence.

2.1.1. Areas of Intervention

To better carry out its activities on the ground, the organization PALPER ASBL-RDC focuses on the following Sectors: EDUCATION, HEALTH, WASH, FOOD SECURITY, PROTECTION, ENVIRONMENT, MICROFINANCE, NFI, RESEARCH.

2.1.2. Values of the Organization

The organization Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER ASBL-RDC, is a non-profit organization that advocates the following values: Neutrality, Independence, Impartiality, Transparency, Apolitical, Love of Neighbor.

2.1.3. Vision of the Organization

The vision of the PALPER asbl-RDC Organization is to: Place man at the center of his development, without discrimination, distinction of race, sex and/or affiliation, religious or ethnic, to lead him to be responsible for innovative actions in his living environment.

III. REFUGEES AND DISPLACED PERSONS

3.1. STATISTICS OF DISPLACED PERSONS WHO HAVE ALREADY RETURNED TO THEIR PLACES OF ORIGIN IN THE VILLAGE OF BUGURI/MASISI.

The organization Support Program for the Fight against Poverty for the Emergence and Restoration of Sustainable Development, abbreviated as PALPER Asbl. presents you with the data statistics of displaced persons living in the camp in the territory of Masisi, Groupement BIIRI, Village BUGURI, these are:

Block	Men	Women	Children	Total	Households	Place of Origin
Block I	415	601	2,053	3,069	516	BURUNGU, KAUSA
Block II	336	589	701	1,626	270	KILORIRWE, BURUNGU
Block III	420	492	421	1,333	222	BURUNGU, RUSHINGA
Block IV	251	382	307	940	166	KALINGA, MUSONGATI, KADIRISHA
Block V	335	1,200	865	2,400	316	RUGARE KARANGI
Ttotal	1,757	3,264	4,347	9,368 Persons	1,490 Households	

3.2. POPULATION STATISTICS BY AGE BRACKET

Age Range									
0-4		5-11		12-17		18 - 59		60+	
Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
10	7	15	20	9	18	26	18	1	0
28	8	27	23	10	29	29	36	1	1
19	13	20	32	10	80	20	17	1	1
14	4	15	29	13	15	27	24	0	0
16	24	28	26	21	31	20	32	0	0
18	27	13	33	16	15	21	28	6	1
165	83	118	163	79	188	143	155	9	3

Comments: Currently, the returned persons count 9,368 + 1,046 people, which equals 10,414 displaced persons: 1,490 Households + 161 Households equals 1,651 Households.

IV. ACCESS TO WATER RESOURCES

4.1. THE LATRINE SITUATION IN THE NYIRAGONGO TERRITORY

The hygiene and sanitation situation in the Nyiragongo health zone where the population is deprived of the means to meet their family needs.

4.1.1. Byungu and Kanyangwe/Nyiragongo Villages



4.2. THE WASH SITUATION IN THE RWANGUBA HEALTH ZONE

4.2.1. Karambi Health Area



4.2.2. Nkokwe Health Area



4.2.3. Kanombe Health Area



4.2.4. Kazuba Health Areas





4.5. STATISTICAL TABLES OF WASH PROBLEMS IN THE RWANGUBA HEALTH ZONE

Localities/ Health Areas	Total Water Sources (#)	Potable Water Sources (#)	Non-Potable Water Sources (#)	% Potable Water Sources	Returned Populations/ Households
KISIGARI/ KANOMBE	9	1	8	11%	715
KISIGARI/ KAZUBA	8	2	6	25%	900
KISIGARI/ NKOKWE	10	2	8	20%	1,166
KISIGARI/ KABAYA-CAMP 5H, BUSHOMA	7	2	5	29%	4,651
BUSANZA/ KARAMBI	11	1	10	9%	23,255
BUSANZA/ KITAGOMA	6	1	5	17%	5,855
BWEZA/ RUTSIRO	12	1	10	8%	1,778
BWEZA/ RUSEKE	8	0	8	0%	1,400
BWEZA/ BUGINA	10	1	9	10%	1,850
Total	94	11	69	12%	41,570

Commentary: In the Rwanguba health zone, the need for water, hygiene, and sanitation must be given top priority, because out of 174 identified sources, 11 sources are functioning properly, 94 sources are undeveloped or uncaptured, and 69 sources are developed or captured but not functional. This shows that the need for Water, Hygiene, and Sanitation is acute in the zone for a registered returned population of 41,570 households.

N°	Designation	Identified uncaptured sources	Functionally captured sources	Non-functionally captured sources	Total Sources per Health Area
1	Kazuba Health Area	8	2	6	16
2	Bweza/Bugina Health Area	19	1	9	29
3	Bweza/Ruseka Health Area	8	0	8	16
4	Rutsiro Health Area	12	1	10	23
5	Busanza/Kitagoma Health Area	10	1	5	16
6	Kanombe Health Area	9	1	8	18
7	Nkokwe Health Area	10	2	8	20
8	Busanza/Karambi Health Area	11	1	10	22

9	Kisigari/Kabaya/ Camp 5h/Bushoma Health Area	7	2	5	14
Total		94	11	69	174/174
Percentage		54%	6.3%	39.6%	100%

Commentary: In the context of Water, Hygiene, and Sanitation, we confirm that the Rwanguba health zone has an acute need for water across the health areas identified above. According to evaluations carried out in this health zone in collaboration with the health zone through its development technician (TDR), out of 174 identified sources, 94 sources are uncaptured or undeveloped, which is 54%.

The sources in good condition are: 11 developed and functional sources throughout the health area, i.e. 6.3%, and the non-functional sources, which were developed but blocked or damaged by the effects of the war, amount to 69, i.e. 39.6%.

In conclusion, the Rwanguba health zone needs sufficient water to enable the population to fight against waterborne diseases because the war has destroyed the water installations. As the population is returning to their home areas, it is imperative that water facilities be available to help them meet their water needs, but also to install latrines at schools, family showers, and family latrines for the already returned population, and to activate IPC (Infection Prevention and Control) because the population is mostly unaware of the various barrier gestures to fight against dirty hands diseases.

4.6. WASH OPPORTUNITIES FOR IMPROVED HUMAN HEALTH AND PROSPERITY

4.6.1 IMPROVE ACCESS TO HYGIENE AND SANITATION

- Construction of sanitary facilities (latrines, showers) to improve the health of the population in their areas of origin.
- Organize regular training sessions on hygiene promotion for the population in their areas of origin.
- Distribute WASH kits to facilitate water collection in their households.
- Set up a household waste management system (garbage cans).
- Distribute dignity kits for women and girls of childbearing age to preserve their health.
- Increase awareness campaigns to lead the population to a change in behavior to reduce the scale of cholera epidemic contamination.

4.6.2 IMPROVE ACCESS TO WATER

- Reinforce the supply of drinking water to lead the population in their home areas to fight against epidemic diseases.
- Make chlorine available for water treatment to fight against any water disinfection.
- Capture sources to facilitate the supply of drinking water to the population in their areas of origin.
- Strengthen water management and maintenance committees for drinking water works.
- Rehabilitate sources in poor condition in order to provide drinking water in sufficient quantity to the population in the area of origin.

V. THE HEALTH SITUATION

5.1. CHOLERA CASES IN RUTSHURU, MASISI AND NYIRAGONGO TERRITORIES ACCORDING TO HEALTH ZONES

Health Zone	April 21-25,2025		April 28 - May 2, 2025		May 5-9, 2025		May 12-16, 2025	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
RUTSHURU	0	0	0	0	5	0	2	0
RWANGUBA	0	0	0	0	0	0	0	0
KIROTSE	61	0	105	0	117	0	76	0
BIRAMBIZO	6	0	7	0	2	0	4	0
KARISIMBI	16	0	49	0	22	0	22	0
NYIRAGONGO	48	0	30	0	32	0	42	0
GOMA	56	0	36	0	24	0	11	0
Cumulative cases	187	0	227	0	202	0	157	0

Commentary: In the health zones identified by this evaluation, the rate of cholera contamination is due to the fact that the population in the return zones is not informed about communication for behavior change.

5.2. MEASLES CASES IN THE TERRITORY OF RUTSHURU AND MASISI

- **Total result**
- 0 dose: 1530 Children
- One dose and more: 375398
- Total children vaccinated: 39128, or 105%

Health Zone	April 21-25,2025		April 28 - May 2, 2025		May 5-9, 2025		May 12-16, 2025	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
BINZA	7	0	18	0	3	0	6	0
BIRAMBIZO	18	0	33	0	17	0	8	0
MWESO	15	0	18	0	6	0	11	0
RUTSHURU	13	0	13	0	21	0	16	0
RWANGUBA	0	0	5	0	6	0	5	0
BAMBO	109	0	56	0	94	3	61	0
Cumulative Cases	162	0	143	0	147	3	107	0

Commentary: The measles cases notified in the health zones are mainly in the health zones of Binza, Mweso, Bambo, Birambizo where there is population movement.

5.3. MEASLES CASES IN THE HEALTH ZONES OF KIROTSHE, MASISI AND KATOYI

Health Zone	April 21-25,2025		April 28 - May 2, 2025		May 5-9, 2025		May 12-16, 2025	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
KIROTSHE	0	0	0	0	7	0	10	10
MASISI	42	0	76	1	44	0	89	0
KATOYI	6	0	1	0	5	0	5	0
Cumulative Cases	48	0	77	1	56	0	104	0

5.4. MEASLES CASES IN THE TERRITORY OF NYIRAGONGO

- **Distribution of Measles Cases**
- Across all evaluated health zones, we have:
 - 7 cases in the Nyiragongo health zone, of which 3 were confirmed, a rate of 42.8%
 - 5 cases for the Rutshuru health zone, of which 2 were confirmed, a rate of 40%
 - 30 cases for the Kirotshu health zone, of which 13 were confirmed, a rate of 43.3%

Health Zone	April 21-25,2025		April 28 - May 2, 2025		May 5-9, 2025		May 12-16, 2025	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
NYIRAGONGO	18	0	2	0	6	0	13	0

5.5. BIOLOGICAL CONFIRMATION OF CONFIRMED MONKEYPOX CASES IN WEEK 19

Health Zone	Received	Invalid	Analyzed	Confirmed	Positivity Rate
RUTSHURU	2	0	2	0	ND
NYIRAGONGO	51	1	50	40	80%
KIROTSHE	18	2	16	5	31.2%

Health Zone	Received	Invalid	Analyzed	Confirmed	Positivity Rate
KATOYI	11	0	11	9	82%
KARISIMBI	70	1	69	11	16%
GOMA	8	0	8	5	62.5%
TOTAL	161	4	157	71	42.2%

5.6. DISTRIBUTION OF CONFIRMED CASES BY SEX AND AGE GROUP

Age Bracket	Sex		Total	%
	Men	Women		
0-11 Months	5	4	9	12.6%
1 to 5 years	10	9	19	26.7%

6 to 14 years	10	3	13	18.3%
15 years and older	13	14	27	38%
Age Unknown	1	2	3	4.2%
Total	39	32	71	100%

Commentary: 71 suspected cases of Monkeypox were confirmed in week 19 of 2025, including 39 males and 32 females. The age groups of 15 years and older (27) and 1 to 5 years (19) seem to be the most affected for both sexes, followed by the age group of 6 to 14 years and the age group of 0 to 11 months. These are cases received and confirmed after laboratory analysis that we received from the health facilities we identified.

VI. DATA ANALYSIS

In the context of Water, Hygiene, and Sanitation, we confirm that the Rwanguba health zone has an acute need for water across the health areas identified above. According to evaluations carried out in this health zone in collaboration with the health zone through its development technician (TDR), out of 174 identified sources, 94 sources are uncaptured or undeveloped, which is 54%.

The sources in good condition are: 11 developed and functional sources throughout the health area, i.e. 6.3%, and the non-functional sources, which were developed but blocked or damaged by the effects of the war, amount to 69, i.e. 39.6%.

In conclusion, the Rwanguba health zone needs sufficient water to enable the population to fight against waterborne diseases because the war has destroyed the water installations. As the population is returning to their home areas, it is imperative that water facilities be available to help them meet their water needs, but also to install latrines at schools, family showers, and family latrines for the already returned population, and to activate IPC because the population is mostly unaware of the various barrier gestures to fight against dirty hands diseases.

Distribution of measles cases according to the evaluated health zones Across all evaluated health zones, we have:

- HZ GOMA: 17 Analyzed, 5 Confirmed, for a positivity rate of 29.4%
- 7 cases in the Nyiragongo health zone, of which 3 were confirmed, a rate of 42.8%

- 5 cases for the Rutshuru health zone, of which 2 were confirmed, a rate of 40%
- 30 cases analyzed, 13 confirmed, for a positivity rate of 43.3%
- 5 cases analyzed, 2 confirmed, or 40%

COMMENTARY: 64 samples were analyzed in the laboratory, 25 cultured, with a positivity rate of 39%. 30 cases for the Kirotshe health zone, of which 13 were confirmed, a rate of 43.3%

VII. CONCLUSION

In light of the foregoing, it is imperative to note that the evaluation on the need for WASH and HEALTH in the RWANGUBA, NYIRAGONGO, RUTSHURU, and MASISI health zones was carried out with the help of the teams of the PALPER NGO organization in collaboration with the Development Technicians and the supervising nurses of these identified health zones.

Nevertheless, we can report the urgency of assisting this population in need through awareness-raising on the prevention of contamination linked to waterborne diseases, Monkeypox, Anthrax, Measles, and Cholera in the return zones, the fight against hunger and malnutrition, sexual and reproductive health, the fight against HIV/AIDS and sexual and gender-based violence and other pandemics.

The construction and rehabilitation of infrastructure in the Water, Hygiene, and Sanitation sector, peaceful resolution of land and inter-ethnic conflicts, but also maternal and child health, supervision of young people through trades and socio-professional activities, and revolving credit livestock farming in order to promote peace and peaceful cohabitation, fight against poverty, juvenile delinquency, and reduce the enlistment of young people into rebel armed groups.

Because the needs are still enormous, it requires a particular involvement to improve the living conditions of the returned population.

This is why PALPER NGO, being a non-profit organization that intervenes on the ground, launches an alarm cry to solicit the intervention of different organizations, both international, UN, National and even the Congolese State, to come to the aid of the population in the territories of Rutshuru, Nyiragongo, Masisi, Walikale and other surrounding areas in the province of North Kivu in the Democratic Republic of Congo, because the population in these areas is going through situations of indescribable vulnerability.

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