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Emergency Plan of Action operation update

Rwanda: Burundi Refugees



Emergency appeal n° MDRRW013	GLIDE n° OT-2015-000129-RWA
EPoA update n° 3	Timeframe covered by this update: 17 September 2015 - 17 March 2016 (6 months)
Operation start date: 17 September 2015	Operation timeframe: 10 months End date: 17 July 2016
Operation manager: Andreas Sandin, Operations Manager IFRC East Africa office, Nairobi	Point of contact: Apollinaire Karamaga, Secretary General, Rwanda Red Cross Society.
Overall operation budget: CHF 549,020 Appeal coverage: 74%	DREF loan: CHF 58,190
N° of people being assisted: 10,000 people; 7,500 people (1500 households) within the refugee camps & 2,500 people (500 households) within Munini host community around	
Red Cross Red Crescent Movement partners currently actively involved in the operation: Belgian Red Cross, Danish Red Cross, Spanish Red Cross, Austrian Red Cross, International Federation of Red Cross and Red Crescent Societies and International Committee of the Red Cross.	
Other partner organizations actively involved in the operation: ADRA, Africa Humanitarian Action, American Refugee Committee, Care International, Ministry of Disaster Management and Refugees Affairs (MIDMAR), Ministry of Health, PAJER Plan Rwanda, Save the Children, United Nations High Commissioner for Refugees, United Nations Population Fund, World Food Programme, World Health Organization, and World Vision.	

Summary

In the past 6 months, the Rwandan Red Cross (RRCS), with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC), provided support to refugees and the host communities. To ensure quality programming (outcome 1), regular monitoring missions took place, a Cash Transfer Programme (CTP), market assessment in the host community were performed and regular participation in coordination meetings. In terms of health and care (outcome 2), training and additional support services were provided to improve RRCS personnel knowledge on psychosocial support. Training was provided on Community Based Health Sensitization CBHS. Water, Sanitation and Hygiene promotion (outcome 3) was addressed through procurement of materials for the construction of latrines for the refugees and the host communities. In order to provide the target population with hygiene promotion activities, refresher training of volunteers on Participatory Hygiene and Sanitation Transformation (PHAST) for the Munini community. This will enable the volunteers to conduct household level hygiene promotion using this PHAST methodology.

In terms of ensuring the immediate shelter and settlement needs of the refugee communities are met (outcome 4), NFI's, clothing and Menstrual Hygiene Management (MHM) kits have been procured and partially distributed. In total 500 MHM kits were procured and partly distributed. In addition, MHM assessment was conducted in Mahama camp. Thanks to the trainings, 54 volunteers in the camp are currently offering first aid, psychosocial support, tracing and distributing essential non-food items, as well as conducting hygiene and health promotion awareness campaigns. To ensure immediate risks of food insecurity, malnutrition and lost livelihoods (outcome 5), sensitization on methods to encouraging environmental protection and food security were performed. Thirty five (35) volunteers were trained on the use of energy saving sources in addition, 500 vegetable/kitchen gardens and 2 nursery beds are being established (on-going). Finally meetings have been held with ICRC, MIDMAR and UNHCR in order to develop contingency medium/long term plan for the response to Burundi refugee situation in Rwanda beyond the timeframe of the Emergency Appeal (Outcome 6).

A. Situation analysis

Description of the disaster

It has been more than eleven (11) months since election violence in Burundi resulted in a number of casualties in the capital of Bujumbura. More than 160,000 people have fled Burundi, seeking refuge in the neighbouring countries of the Democratic Republic of the Congo, Rwanda, Tanzania, Uganda and Zambia. Since April 2015, over 79,648 Burundi Nationals have sought refuge in Rwanda due to tension and violence occurring before and after presidential elections held in Burundi in July 2015 (see figure 1). On 25 April 2015, Burundi's incumbent president announced he would stand for a third term in the elections which took place 21 July 2015. He was re-elected and sworn in on 24 July 2015.


	75,551	Total Active Refugees
	74,897	Registered L2
	654	Registered L1**
	4,097	Temporarily Inactivated***
	79,648	Active + Inactive Refugees
Nyanza Arrivals : 0 Bugesera Arrivals : 1 Rusizi Arrivals : 0		

Figure 1 Burundian Refugees in Rwanda (UNHCR 23rd March 2016)

Mahama camp is located in Rwanda's Eastern Province in Kirehe District (270 km from Kigali) and serves as the only permanent camp hosting Burundian refugees in Rwanda. Three (3) smaller transit camps and dozens of entry points host incoming refugees for a few days at a time, until they can be relocated to Mahama. The most recent figures of UNHCR (18th of April 2016) show the following refugee figures (see figure 2).

Camp / Reception Centre	Population	↑
Bugesera*	379	232
Nyanza*	107	73
Nyagatare*	81	45
Mahama	48,300	18,555
Gatore*	90	69
Kigali	24,390	10,277
Huye	3,057	1,087
Total	76,404	30,338

Figure 2 Distribution of refugees per camp in Rwanda (UNHCR 18th of April 2016)

There are almost 50,000 refugees in Mahama camp alone. There remain ongoing and urgent needs within the entry points, transit camps, and Mahama camp, particularly in Health, hygiene promotion, psychosocial support, beneficiary communication, first aid, protection, and environmental protection. The entry points and transit centres have minimal support from humanitarian agencies. As visible in figure 3, the most recent UNHCR data show the gender and age distribution of the Burundi refugees, which makes it evident that around 47% of the population is under 17 years and around 51% is female.

Age Cohort	Female	Male	Total	%
0 - 4 years	5,661	5,889	11,550	15%
5 - 11 years	7,139	7,189	14,328	19%
12 - 17 years	4,866	5,144	10,010	13%
18 - 59 years	19,405	19,042	38,447	51%
60 + years	1,029	552	1,581	2%
Total	38,100	37,816	75,916	

Figure 3 Gender and age distribution of Burundi refugees in Rwanda (UNHCR, 18/04/2016)

Table 1: Age specific UHNHCR Mahama ProGress Database (statistics as of 30th of March 2016)

Mahama Camp		
Age range	Male	Female
Children		
0-6 month	517	493
0-9 month	723	694
0-12 month	927	920
0-35 month	2,580	2,464
0-2 years	2,604	2,483
3 years	758	748
4-5 years	1,687	1,579
6 years	673	694

7-12 years	3,715	3,651
Youth		
10-14 years	2,843	2,932
15-19 years	2,537	2,762
20-24 years	2,463	3,001
Total	7,843	8,695

Summary of current response

Overview of Host National Society

The IFRC East Africa and Indian Ocean Islands (EAIOI) country cluster office based in Nairobi, Kenya, provides ongoing technical support to RRCS. A Regional Disaster Response Team (RDRT) member was deployed for 2 months to support the implementation during the DREF operation. On the 10th of July 2015, a follow up Operational Strategy Call was carried out with colleagues from Geneva, Regional and Cluster level and it was agreed that following the continuous arrival of refugees into Rwanda, the DREF operation would transit to an Emergency Appeal (EA) to enable the RRCS respond to the medium/longer term needs of the affected population, including refugees and the host communities. The RRCS launched the EA to meet some of the urgent needs of the Mahama Camp and the Munini host community for 10 months (September 2015 – June 2016) and to continue supporting the Mahama camp activities from January - June 2016.

Overview of Red Cross Red Crescent Movement in country

The Movement presence in Rwanda is comprised of 4 Partner National Societies (PNS) (Belgian, Austrian, Danish and Spanish), which all have permanent offices in Kigali and have supported RRCS bilaterally over the past few months. The RRCS, IFRC, ICRC and in-country PNSs have regular coordination meetings to discuss the emergency operation, monitor progress and challenges encountered. As the emergency appeal was drafted in consultation with the PNSs, the RRCS openly shares monitoring reports with the PNSs on the intervention and this process will continue for the entire operation period. The CTP assessment was a result of teamwork by a dedicated team composed of Rwanda Red Cross staff particularly from the Disaster Management and Communications Services and field staff, Rwanda Red Cross volunteers, Operation staff of the IFRC, and Partner National Red Cross Societies operating in Rwanda particularly Belgium Red Cross, Swedish Red Cross, Norwegian Red Cross, American Red Cross, Canadian Red Cross, Netherland Red Cross, Monaco Red Cross, Austrian Red Cross, and the Danish Red Cross. From September - December 2015, the Belgian, Danish and Spanish Red Cross Societies are providing bilateral consortium funding to RRCS to continue and expand the activities included in the DREF operation.

Overview of non-RCRC actors in country

As of September 2015, there are various organizations and agencies present in Rwanda, involved in the response. The United Nations High Commissioner for Refugees (UNHCR) is coordinating the overall humanitarian response in collaboration with Rwanda's Ministry of Disaster Management and Refugee Affairs (MIDMAR) and support from sector lead agencies. Apart from the two coordinating organizations, the other current main actors in Mahama camp are: ADRA, ARC, CARE International, CARITAS, CONCERN, Foundation Saint Dominique Savio, Handicap International, Immigration, Oxfam, Pajer, Rwanda Police, Save the Children International, Tearfund, UNICEF and WFP

In Mahama camp, World Vision is the Sector Lead for water and sanitation, ARC is the Sector Lead for Shelter, Health and Nutrition, and ADRA is the Sector Lead for Logistics and Distribution (supported closely by RRCS). In the transit and main Mahama camp, there is also a coordinated interagency response in the areas of refugee registration, distribution of Non-Food Items (NFIs), food rations, transportation from entry points, water and sanitation, health and nutrition, protection, education and shelter and first aid on PSS. For all those activities, the RRCS is closely working with these actors to provide services to the refugees.

Needs analysis and scenario planning

Due to the cumulative increase of refugees and the continuous arrival of new refugees, the needs in the camps have greatly increased (shelter, settlements, food and nutrition, and health promotion (specifically for children and woman who are breastfeeding their newborn)).

In addition, increasing tension in the camps and within the Host Community are related to the refugees physical security, the communities economic situation and gender based violence. The latter risks are reinforced by lack of light/electricity in the camp.

It required the RRCS to adapt their strategies and increase volunteers' capacities and financial resources to support the volunteers and increase their numbers in the Mahama Camp. In general, the continuous influx of refugees in Rwanda and the social, health, and economic implications have heavily impacted on the support provided by RRCS.

B. Operational strategy and plan

Overall Objective

The overall objective of this intervention is to support the Rwandan Red Cross reach 10,000 people with a focus on interventions in the areas of emergency health (first aid, psychosocial support, and violence prevention), water, sanitation and hygiene promotion, shelter and settlements, food security, nutrition and livelihoods, and a component of disaster preparedness and risk reduction.

Proposed strategy

An MOU between IFRC and RRCS was signed on the 3rd of November 2015, to carry-out activities for the emergency appeal. During the first 6 months activities included for example:

- NFIs (Pagne-Kitenge, Mattes, Basins, Mattress Soap) were distributed to 1,500 Households in the Mahama Camp, reaching more than 9,000 women (age 18 and above) for the pagne-kitengue, 18,000 people with soap, 7,500 people with basins, mats, and mattress
- First Aid Kits helping to serve more than 41,000 refugees
- Psychosocial support and violence prevention for the refugees in the Camp, serving more 1,431 refugees
- To increase food security and livelihoods: 230 kitchen gardens (in progress to reach the 500 planned kitchen gardens and nursery beds (in progress for the 10 planned).
- Capacity building of 85 volunteers on PSS, CBHS, PHAST
- Social Mobilization: addressing the component of Health, Sanitation and Hygiene promotion through Mobile Cinema both in the Mahama Camp and Host Community, reaching more than 45,000 people
- Target population provided with adequate environmental sanitation facilities, all with focus on Munini host community
- Training of 35 volunteers on use of energy saving sources
- Procurement of menstrual hygiene management hygiene (MHM) kits for 500 women in Mahama Camp
- Addressing components of disaster preparedness and risk reduction
- Tracing for the RFL, serving more than 52,000 refugees



Images of Mahama camp and the Rwandan Red Cross Society providing support to the Burundi refugees. NFIs Distribution, Vegetable Gardens. Photo Courtesy : Arthur Mackossot, IFRC, 2016

Operational support services

Human Resources

Numerous activities occurred in order to support the capacities of the National Societies.

Training and additional support services were provided in order to improve RRCS personnel knowledge and skills. The support focused on three key themes include: Psycho-Social Support (PSS), Community Based Health Sensitization (CBHS), Participatory Hygiene and Sanitation Transformation (PHAST).

In addition, the RRCS selected various staff to support the EA. The staff selected includes :DM Coordinator (NHQ),1 Operation Communication (field and NHQ),Head PMER (NHQ) ,1 Chief Accountant (NHQ) ,1 Operation Driver and 1 Chief Logistic (NHQ)

The IFRC has provided technical support through the deployment of One (1) Operations Manager for 6 months. Moreover, technical support was provided through the support of: PMER specialist, Operation Officer and Communication specialist.

Logistics and supply chain

The Logistic and Supply chain remains a challenge for RRCS. This affected the activities regarding the respect of the timeframe and the quality of the services provide to the beneficiaries. It also influenced the budget plan due to the market changes of prices and availability of items.

To improve the reporting system between the field operation and the HQ, IT support is provided to the volunteers implementing the activities. The support includes: Computer, Wireless device and the cost associate for the network, Hard Drive and Airtime for communication with the partners in the field, the HQ and between the team of volunteers.

Communications

The IFRC undertook a field mission in Mahama camp to gather communications materials including photos, videos of, and interviews with the refugees, as well as Red Cross staff and volunteers. The resulting material, once compiled, will be used in both social and digital media platforms as part of a comprehensive communications package on the Burundi crisis, leading up to and beyond the 1 year anniversary of the onset of the crisis.

A unique Burundi crisis page has been created on the IFRC website www.ifrc.org/burundi-crisis, through which, materials are being shared. It includes not only web articles, but also photo galleries, volunteer profiles, facts and figures, infographics and links to the various emergency appeals and DREFs.

A social media plan will be developed to promote the situation, needs, gaps, challenges and successes via the IFRC Africa Twitter account (@IFRCAfrica) and the global Facebook page.

Security

Due to the cumulative increase of refugees and the continuous arrival of new refugees, the needs in the camps have been high. Generally resources are limited in the camp, which has led increasing tension in the camps and with the host community. This has forced the camp management (led by UNHCR and MIDMAR) to continuously change their strategies. It requires the implementing organizations to adapt their distribution to the most urgent needs of the incoming and already existing refugee population. As visible in the report below, this has also had implications for the support provided by RRCS. The same risks are exacerbated by the lack of light/ electricity in the Camp, increasing the women and young girls vulnerability.

Planning, monitoring, evaluation, & reporting (PMER)

The IFRC Regional PMER specialist and the Operation Manager have provided technical support through the Planning, Monitoring, Evaluation and Reporting system. For this, the NS has developed tools as: Framework of the EA with a timeframe ,Full Template of PMER, Monthly Reporting Template and Recruitment of 1 Reporting and Communication officer

The PMER tools are continuously followed by technical support from the IFRC Africa Region.

C. Detailed Operational Plan

Quality programming/ areas common to all sectors					
Outcome 1: Continuous assessment, planning, analysis and evaluation are used to inform the design and implementation of the operation		Outputs		% of achievement	
		Output 1.1 Comprehensive monitoring and reporting framework and system for ensuring accountability to beneficiaries established.		70%	
Activities			Is implementation on time?		% progress (estimate)
			Yes (x)	No (x)	
1.1.1	NHQ monitoring missions (of activities planned within the EPoA)		X		Ongoing
1.1.2	Conduct CTP and market assessment (in the host community)		X		95%
1.1.3	Conduct coordination meetings at branch level		X		Ongoing
Progress towards outcomes					
<p>For outcome area 1, progress is well on the way.</p> <ul style="list-style-type: none"> ➤ Firstly, regular monitoring missions are and have been occurring to Mahama camp. ➤ Secondly, the CTP and market assessment was performed in November 2015. The community based needs assessment was conducted in Kirehe district. Project partners included the Rwandan Red cross, IFRC and the Danish Red Cross. The overall goals of the assessment was to assess the living conditions and emergency needs, as impacted by the influx of Burundian refugees to Mahama camp since May 2015 and to provide recommendations for the type and method of activity implementation, including the consideration of CTP options. The key recommendations were: <ul style="list-style-type: none"> 1.1 To implement a Cash Transfer Program to support Mahama Camp Host Community. 1.2 To implement the Cash Transfer program, RRCS capacity (in CTP) has to be enhanced. 1.3 The cash transfer modality recommended is the unconditional cash. 1.4 Related to the transfer mechanism to be implemented within the CTP activity, it is recommended to use the local bank service (SACCO) based in Mahama sector. 1.5 The cash value should be fixed according to main household needs and priorities identified during the assessment: health, food security and livelihoods. 1.6 Support targeted households with agricultural costs. 1.7 Increased communication, community mobilization and accountability systems should be put in place. 1.8 Establish a narrow coordination with other stakeholders (local authorities and humanitarian actors) working in the area, in order to share information (market prices information, beneficiaries lists, cash value, etc.), and to prevent or minimize any kind of impacts (e.g. WFP cash program with Burundian refugees). <p>A workshop was held with the key PNS's and IFRC involved in the CTP assessment to identify further steps based on the assessment. Bi-lateral agreements were made.</p> ➤ Thirdly, there is active participation in the camp coordination meeting organized by the United Nations High Commissioner for Refugees (UNHCR) is coordinating the overall humanitarian response in collaboration with Rwanda's Ministry of Disaster Management and Refugee Affairs (MIDMAR), and support from sector lead agencies. 					

Health & Care			
Outcome 2: Immediate risks to the health and well-being of the refugee camp and host communities are reduced over a period of 10 months.	Outputs		% of achievement
		Output 2.1: Target population provided with access to first aid and psychosocial support services; (September 2015 – June 2016); with focus on Mahama camp (Target: 7,500 people / 1,500 families) Output 2.2: Target population provided with community based health sensitization; with focus on Munini host community (Target: 2,500 people / 500 families)	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
2.1.1 Installation of additional equipment in the first aid and psychosocial support tents		X	100%
2.1.2 Replenishment of first aid kits (Target: 8 kits)		X	100%
2.1.3 Provide first aid services; and referral transport by motorbike (from Mahama to Munini host community)		X	0%
2.1.4 Refresher training of volunteers on psychosocial support (Target: 30 volunteers)		X	On-going
2.1.5 Procure psychosocial support kits (Target: 8 kits)		X	100%
2.1.6 Provide psychosocial support to incoming refugees into Mahama camps		X	100%
2.1.7 Conduct psychosocial support activities (joint sports and cultural activities) for primary school aged children (from both the Mahama and Munini communities)	X		100%
2.1.8 Conduct community based health sensitization sessions (including information on nutrition, family planning and GBV information) through use of mobile cinema and an information/listening desk (Target: 48 sessions)		X	31%
2.2.1. Training of volunteers on community based health sensitization (cholera, diarrhea, hygiene and malaria) (Target: 35 volunteers)	X		100%
2.2.2 Conduct community based health sensitization sessions (providing including nutrition, family planning and GBV information) through use of mobile cinema (Target: 10 sessions / one per month)	X		20%
2.2.3 Facilitate transportation of volunteers between Mahama and Munini host community to provide first aid /referral services	X		100%
2.2.4 Conduct psychosocial support activities (joint sports and cultural activities) for primary school aged children (from both the Mahama and Munini communities)		X	0%
Progress towards outcomes			
Output 2.1 During the first six months of the EA, activities were implemented by 54 volunteers in Mahama camp and the host community. First aid, counselling, hygiene and nutrition sensitization were conducted to reach the following amount of beneficiaries per volunteer team: Team I: 4,082 beneficiaries ,Team II: 3,521 beneficiaries and Team III: 877 beneficiaries			

2.1.1 In total 8 first aid kits has been replenished during the period of operation. Also with the reallocation of the RDRT Logistic deployment budget, the volunteer's equipment was replenished and supported. This includes 6 basic first aid kits and items for the sector team leaders, the volunteers and the communication team to be able to work on reporting (Notebook, pens, 1 computer, 1 wireless device and portable hard drive).

2.1.2 During the 6 months of the EA, volunteers provided activities on first aid by helping 4,480 beneficiaries to attend the health services.

2.1.3 Thirty (30) volunteers acting in Mahama Camp were trained in PSS to enhance their capacities. The training helped the volunteers strengthen their capacity and ability to cope with emotional crisis, assist in an emergency cases in order to support the emotional and mental issues of beneficiaries. This training addressed topics such as: Crisis events and psychosocial support; Basic Skills of Counselling/Recovery; Psychological debriefing /trauma; Problems Management (PM PLUS); Children; Supporting volunteers and staff. Participatory methods including game roles, scenarios, simulations and demonstrations were highly developed.

2.1.4. The 6 kits of Psychosocial was procured completely.

2.1.5. Psychosocial support to incoming refugees into Mahama camp is on-going and has been provided:

2.1.6. Psychosocial support activities for primary school aged children (from both the Mahama and Munini communities) is ongoing and has been provided.

2.1.7 As planned, 15 mobile cinema sessions have been conducted in Mahama Refugee Camp. This is per the plan since the Plan of Action indicated that 15 sessions would be completed within the month of March 2016. Ten (10) sessions are planned for April, while 15 and 8 are planned for the months of May and June respectively.

The sessions in the refugee camp were conducted in all zones to make sure that the entire population is reached. A session attracted on average 2,456 people. Twenty seven percent (27%) were children while 63% of the total population that attended were females. In total, 36,963 people attended the mobile cinema sessions conducted.

Detailed impact reports on the levels of knowledge of attendees of mobile cinema sessions are also available and indicate that on average, there was a 24% increase in knowledge levels on community and individual health and malaria prevention, which are the two topics on which Mahama camp residents were sensitised on.

Output 2.2

2.2.1 The trainings covered several important infectious diseases like cholera, diarrhea and dehydration, HIV/AIDS prevention, malaria (causes, signs, management, complications and prevention), diseases transmission.

The Psycho Social Support Based Community (PSSBC) program was and still is being implemented in the community to sensitize the community on psycho-social issues, community organization and mobilization and hygiene and sanitation.

2.2.2 Of the 10 mobile cinema sessions planned under the emergency plan of action for the host community of Mahama refugee camp – Munini Cell – 2 sessions have been conducted in the month of March 2016 as planned. Two (2) are planned for the months of April and May while 4 sessions are planned in June. The 2 sessions attracted 237 and 361 participants respectively.

Currently, cooperation and planning is taking place in order to develop materials on Gender Based Violence (GBV) and Sexually Transmittable Diseases (STD's), jointly with the Save the Children, UNHCR, and Plan International who is leading the sector.

2.2.3 In cooperation with the Partner National Societies, 54 bicycles were provided to the volunteers to facilitate their transportation between Mahama and Munini for the first aid services.

2.2.4 Activity planning in progress. A project has been designed to implement sport and culture for primary school children.

Changes in strategy:

In terms of strategy for conducting the mobile cinema sessions in the camp, we used the approach of setting up numerous teams of health promoters conducting activities in different zones of the camp concurrently to reduce the risk of having many people come to a single mobile cinema session. This was decided because of the power of mobile cinema to attract so many people considering its entertainment education nature. With just one session happening in a camp of close to 50,000 people, we noticed that there was high risk of attracting a big group of people that would then become hard to manage. This explains the choice for having multiple sessions running concurrently to distribute the attracted population amongst different areas and ensure proper management of the security at the sessions.

Challenges:

Challenges regarding the volunteers: after 6 months of implementation, the cost of living around the camp has increased for the volunteers. The influx of the Burundian refugees has an impact on the local economy (food and

accommodation). Because of the inflation, the rate of per diem is not covering the basic needs of the volunteers. This challenge is exacerbated by the higher per diem provided by other NGO's, which is attracting the RRCS volunteers.

In conducting health promotion activities based on the principles of entertainment education, one has the ability to attract a greater audience that in most other behavior change communication tactics. However, this great opportunity also comes with greater demand for technical and personnel capacity. This remains a challenge especially in the camp where there is a big population that has ample free time to spend and thus very interested in participating in entertaining and educating activities such as mobile cinemas. To address this challenge, there is need for increased training of volunteers on how to manage bigger crowds and increasing volunteer facilitations to enable the NS to recruit more refugee and non-refugee volunteers to support the operation.

Another challenge faced to date in the implementation of mobile cinemas in Mahama refugee camp is the lack of health promotion materials on some topics of concern to the camp residents and management. Given the effectiveness of mobile cinema in transmitting knowledge to big groups like in the case of refugees, most partners in the camp agree that this approach would be beneficial in promotion of other desired topics such as family planning, maternal health, sexually transmitted diseases and infections and sexual education, gender based violence among others. However, although requested several times, it is challenging to find such materials for viewing in mobile cinema.

Finally, it has been challenging to protect the mobile cinema equipment, especially from rainfall. If it starts raining while a mobile cinema community sensitization is taking place, it is hard to protect the equipment which might result in damage. Small mobile tents should be included in each mobile cinema to be hanged up above the equipment, particularly the sound mixer, computer, projector and other electric appliances.

Water, sanitation, and hygiene promotion

Outcome 3: Immediate risks of waterborne and water related diseases to the refugee camp and host communities are reduced over 10 months .

Outputs

% of achievement

Output 3.1: Target population provided with access to safe drinking water supply in accordance with SPHERE and WHO standards; with focus on Munini host community (Target: 2,500 people / 500 families)

Output 3.2: Target population provided with adequate environmental sanitation facilities; with focus on Munini host community (Target: 2,500 people / 500 families)

Output 3.3: Target population provided with hygiene promotion activities, which meet SPHERE standards; with focus on Munini host community (Target: 2,500 people / 500 families)

Output 3.4: Target population provided with hygiene promotion activities, which meet SPHERE standards; (May – August 2015, and January – June 2016); with focus on Mahama camp (Target: 7,500 people / 1,500 families).

20%

Activities

Is implementation on time?

% progress (estimate)

Yes (x)

No (x)

3.1.1. Conduct repair to host community water supply pipeline system

X

0%

3.2.1 Construction of community latrine (Target: 6 individual for public use latrines)

X

0%

3.2.2 Production/distribution of SanPlats (Target: 500 SanPlats)

X

0%

3.2.3 Procure personal protective equipment (for latrine cleaning) (Target: 2 sets)

X

0%

3.3.1 Refresher training of volunteers on PHASTER (Target: 20

X

100%

volunteers)			
3.3.2 Conduct household level hygiene promotion using PHASTER methodology (Target: 40 sessions)			0%
3.3.3 Production/distribution of IEC materials (Target: 3 kits)		X	0%
3.4.1 Conduct radio broadcasts (Target: 10 months)		X	0%
3.4.2 Conduct hygiene promotion through use of mobile cinema (Target: 48 sessions)	X		31%
Progress towards outcomes			
<p>3.1.1 The activity is in progress of adjustment. During the assessment of launching the activities the team were informed that the District issued, the contract to rehabilitate the whole system that supplies the community including the pipeline the EA proposed to rehabilitate. The RRCS is working with the local authorities to identify the priority activity that can be supported in the same area of WATSAN.</p> <p>3.2.1 Activities in progress and strategy adapted to the context of the community and the available funding. The progress plan to adjust the target latrine (to increase the quantity) as the conduct of water won't be implemented (see 3.1.1 outcome).</p> <p>3.2.2 Activities in progress.</p> <p>3.2.3 Procurement in progress.</p> <p>3.3.1 The training was conducted during 5 days for the Munini host community (Burundian refugees Mahama camp) in Kirehe district. The training integrated the harmonized PHAST tool kits with the Ministry of Health through their Community based environmental health promotion program (CBEHPP). This new approach that is adapted to the Rwandese context was considered in the training to enhance the community of refugees to be in line of the CBEHPP. The context tools took into consideration: habits, culture issues, behavior, values and taboos in the host community. The approach enables to solve community hygiene, sanitation related problems and other health preventable diseases.</p> <p>3.3.2 Activities in progress.</p> <p>3.3.3 Activities in progress.</p> <p>3.4.1 Regarding the radio shows, they are planned for the months of April, May and June thus are yet to be conducted</p> <p>3.4.2 Under the Social mobilization, the mobile cinema reached more than 36,963 beneficiaries on the subject of Hygiene promotion with the sessions of 15 mobile cinema sessions conducted. Ten (10) sessions are planned for April, while 15 and 8 are planned for the month of May and June respectively. The sessions in the refugee camp were also conducted in all zones to reach the entire population. The sessions attracted on average 2,456 people. 27% were children while 63% were females.</p>			

Shelter and settlements			
Outcome 4: Immediate shelter and settlement needs of the refugee communities are met over a period of 10 months	Outputs		% of achievement
		Output 4.1 Target population is provided with basic Non-Food Items; with focus on Mahama camp (Target: 7,500 people / 1,500 families).	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
4.1.1 Distribution of NFIs (family kits: basins, blankets, mats, soap etc.) to families not targeted through the initial DREF operation (Target: 1,500 families)	X		100%
4.1.2 Distribution of clothing (kitenge for women and assorted for men and children to families not targeted in 2015 (Target: 1,500	X		100%

families adjusted for 9,000)			
4.1.3 Distribution of MHM kits to women (Target: 500 women)		X	10%
Progress towards outcomes			
4.1.1 In total 1,500 Mats, 1,500 basins, 300 mattresses (helping to cover the gaps in the most vulnerable family with specific cases of sicknesses: respiratory, chronic diseases) and 18,000 soaps were procured and distributed.			
4.1.2 We came to change the family kit as the blanket was not deemed a priority to substitute with the mattresses that were urgently needed for the most vulnerable as old people, children, new born and people with chronic disease. The target of family clothing was changed from 1,500 to 9,000 kitenge; switch allowed reaching 9,000 women of 18 years old and above.			
4.1.3 In progress of procurement and distribution.			
Changes in strategy:			
Due to continuous influx of refugees, the situation in the Mahama camp is dynamic and fast changing. The cumulative increasing number of refugees implies that there is an increased need for Non Food Items, especially among newly arriving refugees. Therefore, the Camp Management (led by UNHCR) is continuously adjusting strategies of the relief. During the implementation, RRCS were obliged to readjust procurement to be able to address the needs of the refugees, in the accordance with the MIDMAR, UNHCR and ADRA. The adjustment of the strategy is also to ensure safety, security and peace among the beneficiaries.			
This is also the reason to switch the blanket procurement to the purchase mattresses. Through this, it was possible to complement the most vulnerable urgent needs, then providing 1 mattress/household.			
Challenges:			
The continuous influx in the Mahama Camp maintains the needs on settlement and NFIs. The lack of secure shelter created some challenges on the security of the most vulnerable population, like violent behaviour of the youth and young men in the camp.			

Food security, Nutrition, and Livelihoods			
Outcome 5: Immediate risks of food insecurity, malnutrition and lost livelihoods to the refugee camp and host communities are reduced over 10 months	Outputs		% of achievement
		Output 5.1: Target population provided with access to nutritious food and better understanding of environmental protection; with focus on Mahama camp (Target: 7,500 people / 1,500 families). Output 5.2: Target population provided with access to nutritious food and better understanding of environmental protection; with focus on Munini host community (Target: 2,500 people / 500 households)	
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
5.1.1 Conduct sensitization on methods to encourage environmental protection and food security (Target: 500 families)	X		100%
5.1.2 Establish vegetable gardens (Target: 500 gardens)	X		47%
5.1.3 Establish nursery beds (of forest trees) (Target: 10 nurseries)	X		20%
5.2.1 Training of volunteers on CTP (Target: 10 volunteers and six staff)		X	0%
5.2.2 Refresher training of volunteers on CTP (Target: 10 volunteers and six staff)		X	0%
5.2.3 Procure equipment for CTP (hardware and software)		X	0%

5.2.4 Procure agricultural seeds and tools (Target: 500 families x 8 months) – pending CTP and market assessment		X	0%
5.2.5 Establish vegetable gardens (Target: 500 gardens)		X	0%
5.2.6 Community sessions to establish nursery beds (of mixed trees - fruit and forest trees) (Target: 12 sessions)		X	0%
5.2.7 Training of host community families on use of energy saving sources (use of local materials to produce briquettes) (Target: 500 families)		X	0%
5.2.8 Production/distribution of fuel efficient stoves (Target: 500 fuel efficient stoves)		X	0%

Progress towards outcomes

- 5.1.1 Sensitization is been implemented jointly with the partners to the refugees in the Mahama Camp. The 500 targeted families were sensitized by the volunteers implementing the vegetable gardens.
- 5.1.2 Due to the gaps on the budget during the timeframe, the strategy was changed to develop 233 vegetable gardens first for the most vulnerable beneficiaries for the first period. The second period will focus to develop 267 vegetable gardens
- 5.1.3 Due to the gaps on the budget during the timeframe, the strategy was changed to develop 2 nursery beds for the first period. The second period will focus to develop 8 more.
- 5.2.1 Not implemented yet.
- 5.2.2 Not implemented yet.
- 5.2.3 Not implemented yet.
- 5.2.4 Not implemented yet.
- 5.2.5 Not implemented yet.
- 5.2.6 Not implemented.
- 5.2.7 Activity in progress.
- 5.2.8 Not implemented yet.

Disaster preparedness and risk reduction

Outcome 6 Improve capacity of the Rwanda Red Cross Society in the areas of disaster preparedness and response in the refugee camp and host communities	Outputs		% of achievement
	Output 6.1 Disaster preparedness and risk reduction activities carried out to support effective implementation of the operation; and inform medium/long term planning.		35%
Activities	Is implementation on time?		% progress (estimate)
	Yes (x)	No (x)	
6.1.1 Develop contingency medium/long term contingency plan for the response to Burundi refugee situation in Rwanda beyond the timeframe of the Emergency Appeal.	X		35%

Progress towards outcomes

Activity in progress. As the Country had a National contingency plan, some meetings were initiated with partners such as ICRC, UNHCR and MIDMAR to develop and update the contingency plan for medium to long term for the response to the Burundi refugees. The coming months will focus on the progress of the first draft.

D. Budget: refer to the budget breakdown below.

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For Performance and Accountability (planning, monitoring, evaluation and reporting)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and peace.

Disaster Response Financial Report

MDRRW013 - Rwanda - Burundi Refugees

Timeframe: 17 Sep 15 to 17 Jul 16

Appeal Launch Date: 18 Sep 15

Interim Report

Selected Parameters

Reporting Timeframe	2015/9-2016/2	Programme	MDRRW013
Budget Timeframe	2015/9-2016/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		549,020				549,020	
B. Opening Balance							
Income							
Cash contributions							
<i>American Red Cross</i>		47,762				47,762	
<i>Austrian Red Cross</i>		21,670				21,670	
<i>Japanese Red Cross Society</i>		18,100				18,100	
<i>Norwegian Red Cross</i>		87,972				87,972	
<i>Red Cross of Monaco</i>		5,397				5,397	
<i>Swedish Red Cross</i>		93,180				93,180	
<i>The Canadian Red Cross Society (from Canadian Government*)</i>		25,365				25,365	
<i>The Netherlands Red Cross (from Netherlands Government*)</i>		109,365				109,365	
C1. Cash contributions		408,811				408,811	
C. Total Income = SUM(C1..C4)		408,811				408,811	
D. Total Funding = B + C		408,811				408,811	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance							
C. Income		408,811				408,811	
E. Expenditure		-218,958				-218,958	
F. Closing Balance = (B + C + E)		189,853				189,853	

Disaster Response Financial Report

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Budget Timeframe	2015/9-2016/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			549,020			549,020		
Relief items, Construction, Supplies								
Clothing & Textiles	66,000						66,000	
Seeds & Plants	183,100						183,100	
Water, Sanitation & Hygiene	9,850						9,850	
Medical & First Aid	2,833						2,833	
Utensils & Tools	7,750						7,750	
Other Supplies & Services	10,500						10,500	
Total Relief items, Construction, Sup	280,033						280,033	
Land, vehicles & equipment								
Computers & Telecom	2,800		1,298			1,298	1,502	
Total Land, vehicles & equipment	2,800		1,298			1,298	1,502	
Logistics, Transport & Storage								
Storage	600						600	
Distribution & Monitoring	1,050						1,050	
Transport & Vehicles Costs	32,765						32,765	
Logistics Services	2,500						2,500	
Total Logistics, Transport & Storage	36,915						36,915	
Personnel								
International Staff	18,000		17,776			17,776	224	
National Society Staff	42,344						42,344	
Volunteers	74,890						74,890	
Total Personnel	135,234		17,776			17,776	117,458	
Consultants & Professional Fees								
Consultants	14,000		79			79	13,921	
Total Consultants & Professional Fees	14,000		79			79	13,921	
Workshops & Training								
Workshops & Training	12,880						12,880	
Total Workshops & Training	12,880						12,880	
General Expenditure								
Travel	4,000		9,335			9,335	-5,335	
Information & Public Relations	16,200		69			69	16,131	
Office Costs	5,200		114			114	5,086	
Communications	6,500		171			171	6,329	
Financial Charges	1,750		261			261	1,489	
Total General Expenditure	33,650		9,949			9,949	23,701	
Contributions & Transfers								
Cash Transfers National Societies			173,949			173,949	-173,949	
Total Contributions & Transfers			173,949			173,949	-173,949	
Operational Provisions								
Operational Provisions			1,423			1,423	-1,423	
Total Operational Provisions			1,423			1,423	-1,423	
Indirect Costs								
Programme & Services Support Recove	33,508		13,291			13,291	20,217	
Total Indirect Costs	33,508		13,291			13,291	20,217	
Pledge Specific Costs								
Pledge Earmarking Fee			1,193			1,193	-1,193	

Disaster Response Financial Report**MDRRW013 - Rwanda - Burundi Refugees**

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Interim Report

Selected Parameters

Reporting Timeframe	2015/9-2016/2	Programme	MDRRW013
Budget Timeframe	2015/9-2016/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			549,020			549,020		
Total Pledge Specific Costs			1,193			1,193	-1,193	
TOTAL EXPENDITURE (D)	549,020		218,958			218,958	330,062	
VARIANCE (C - D)			330,062			330,062		

Disaster Response Financial Report**MDRRW013 - Rwanda - Burundi Refugees**

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Interim Report

Selected Parameters

Reporting Timeframe	2015/9-2016/2	Programme	MDRRW013
Budget Timeframe	2015/9-2016/7	Budget	APPROVED
Split by funding source	Y	Project	*
Subsector:	*		

All figures are in Swiss Francs (CHF)

IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	549,020		408,811	408,811	218,958	189,853	
Subtotal BL2	549,020		408,811	408,811	218,958	189,853	
GRAND TOTAL	549,020		408,811	408,811	218,958	189,853	