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# Emergency Plan of Action Preliminary Final Report

## Rwanda: Population movement

 International Federation  
of Red Cross and Red Crescent Societies

<b>Emergency Appeal:</b> MDRRW013	<b>Operation n°:</b> <a href="#">OT-2015-000129-RWA</a>
<b>Date of Issue:</b> 31 March 2017	<b>Date of disaster:</b> 3 April 2015
<b>Operation start date:</b> 17 September 2015	<b>Operation end date:</b> 17 September 2016
<b>Host National Society:</b> Rwanda Red Cross Society	<b>Operation budget:</b> DREF allocation CHF 58,190; Emergency Appeal CHF 549,020
<b>Number of people affected:</b> 82,900 (including 54,000 camp refugees, 23,000 urban refugees and 5,900 from Munini host community)	<b>Number of people assisted:</b> 7,500 people (1,500 households) within the refugee camps and 2,500 people (500 households) in Munini host community
<b>N° of National Societies involved in the operation:</b> Belgian Red Cross, Danish Red Cross, Spanish Red Cross, Austrian Red Cross and International Committee of the Red Cross (ICRC).	
<b>N° of other partner organizations involved in the operation:</b> Adventist Development and Relief Agency (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.	

This preliminary final report consolidates all the achievements of the response operation over a period of 12 months and in addition shares some of the findings and recommendations from an evaluation done on the operation. The IFRC on behalf of the Rwanda Red Cross Society would like to thank all those who have contributed to the emergency appeal.

## A. Situation analysis

### Description of the disaster

In April 2015, tension and violence erupted in Burundi's capital Bujumbura, and some provinces following the president's decision to run for a third term. This resulted in many casualties in the capital and large numbers of people fleeing the country. The presidential elections were held in July 2015, after which President Nkurunziza was re-elected and sworn in for a third term amidst ongoing tension in the country.

Over 326,295 people fled Burundi since April 2015, seeking safety in the neighbouring countries of the Democratic Republic of the Congo, Rwanda, Tanzania, Uganda and Zambia (UNHCR, December 2016, <https://data2.unhcr.org/en/situations/burundi>). By November 2016, over 83,113 of these Burundian nationals have sought refuge in Rwanda (see UNHCR [report](#)). The image below gives some insights of the total population of refugees in Rwanda.



Rwanda Red Cross volunteer assists a refugee in Kirehe, Rwanda. RRC has been supporting refugees at different entry points. ©IFRC



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 smaller transit camps and dozens of entry points hosted incoming refugees for a few days at a time, until they were re-located to Mahama. UNHCR's figures on Mahama camp show a total of 50,923 refugees in the camp by the end of October 2016 (see <https://goo.gl/2m72fi>). In terms of demographics, the latest figures show that majority of the camp, 51.7% are children, 49% are women and only 2.3% are above 60 years of age. (UNHCR, November 2016, <https://goo.gl/abWYL3>).

Month	Total	Month	Total
Apr-15	6,855	August	50,077
May-15	23,843	September	49,937
Jun-15	28,984	October	50,923
Jul-15	31,271		
Aug-15	43,034		
Sep-15	43,508		
Oct-15	44,750		
Nov-15	46,075		
Dec-15	44,925		
Jan-16	46,166		
Feb-16	47,541		
Mar-16	47,908		
Apr-16	48,411		
May-16	49,035		
Jun-16	49,105		
Jul-16	49,496		

AGE AND GENDER BREAKDOWN							
Age	0-4	5-11	12-17	18-59	60+	Total	%
Female	4,712	5,017	3,281	11,619	754	25,383	49%
Male	4,970	5,083	3,622	12,114	410	26,199	51%
<b>Total</b>	<b>9,682</b>	<b>10,100</b>	<b>6,903</b>	<b>23,733</b>	<b>1,164</b>	<b>51,582</b>	
%	18.8%	19.6%	13.4%	46.0%	2.3%	100%	



The above figures show the number of refugees in Mahama camp and their demographic characteristics (UNHCR November 2016)

Rwandan Red Cross Society (RRCS) also carried out a needs assessment in the host community surrounding the Mahama camp. The host community consists of six small villages which make up Munini (population 5,923 people). Following the needs assessment, RRCS identified urgent needs in food security, water and sanitation, and violence prevention (considering potential conflict between the host and refugee communities). There are no agencies supporting Munini host community.

Gradually, overcrowded living conditions within Mahama camp and the Munini host community (which the Mahama refugees visit daily for supplies and entertainment), have put both groups at high risk of waterborne diseases and acute water diarrhoea (cholera) outbreaks. With the continuous influx of refugees, the resources within Munini are getting depleted as the refugees and host community compete for water, firewood, and market supplies. This often led and still leads to minor incidents of conflict between the two groups. The initial 50ha of land that the Rwanda Government had allocated to UNHCR had the capacity to host about 25,000 people was exceeded, with the main camp population recording over 44,000 people at that time. The government later allocated an additional 150ha to UNHCR to expand Mahama camp.

Gradually, new arrivals from Burundi started to decrease. For example, during the last two weeks of November 286 refugees arrived as compared to 368 in the first two weeks of the month (22% decrease). 75% of the new arrivals in the last two weeks were women and children. In November 2016, there were 2,113 registered unaccompanied and separated Burundian children (UASC). Out of the UASC identified and assisted by UNHCR and partners since the beginning of the emergency, there have been 1,113 known cases of UASC reunified with their parents/customary caregivers or relatives.

To address the needs of the large population and to improve the situation in the camps, UNHCR has embarked on building semi-permanent houses, schools and other infrastructure for the refugees, who are expected to stay in Rwanda for many months to come. By November 2016, UNHCR's partners ARC and Global Humanitarian Development Fund (GHDF) have completed 625 semi-permanent shelters, while 532 shelters are currently under construction. UNHCR's private contractors have been allocated space to construct 280 duplex shelters. In addition to the semi-permanent shelters, GHDF has completed 24 communal hangars, 26 emergency toilets and shower blocks, and 20 communal kitchens in the new Village 26 to accommodate refugees from the reception sites/transit sites and also to be used as transitional shelters during shelter construction.

As projected in the figures below (UNHCR, November 2016), the influx of refugees is not likely to end any time soon, however the numbers of arriving refugees are not increasing as steeply as between May and September 2015.

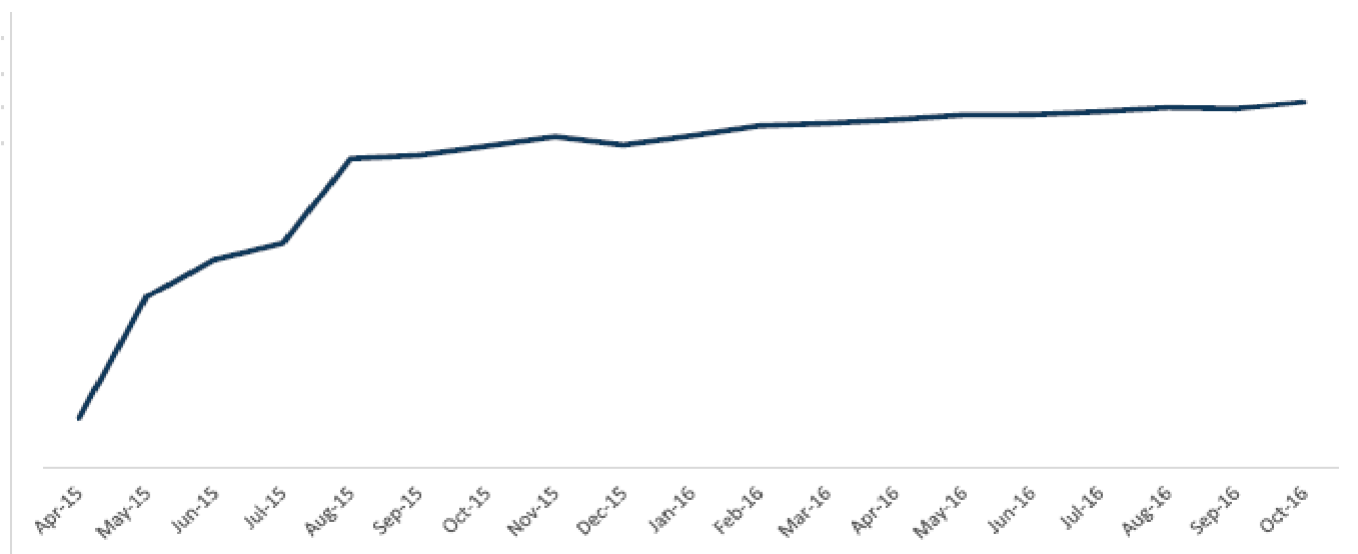


Figure Population trend of refugees between April 2015 and October 2016, UNHCR, <https://goo.gl/abWYL3>

As an exit strategy, cooperation was sought with the Belgium Red Cross to seek for further support of the operation. This was successful. The continuation builds on the outcome areas of the appeal and continues for the next 12 months, until September 2017.

## Summary of response

### Overview of Host National Society

On 8 May 2015, the International Federation of Red Cross and Red Crescent Societies (IFRC) allocated 58,190 Swiss francs from the Disaster Relief Emergency Fund to support RRCS respond to the needs of the refugees located in camp settings and at entry points, for a period of three months.

Activities planned within the DREF operation were supplemented with bilateral funds from the Belgian Red Cross, Danish Red Cross and Spanish Red Cross. The overall strategy of RRCS during this period was to focus on the most urgent needs of incoming refugees from their point of arrival in Rwanda (at dozens of entry points), through the transit camps, and within the permanent camp of Mahama. In the initial months of the response, very few humanitarian actors were offering services in the entry points and transit camps, so RRCS served a crucial role in those areas. Activities focused on first aid, NFI distributions, hygiene promotion, psychosocial support, and family reunification (RFL).



The RRCS volunteer and staff team in Mahama camp

The IFRC East Africa and Indian Ocean Islands (EAIOI) country cluster office based in Nairobi, Kenya, provided technical support to RRCS. A Regional Disaster Response Team (RDRT) member was deployed for two months to support implementation during the DREF operation.

As the influx continued and needs increased, the Rwanda Red Cross Society continued supporting the refugees. On the 10 of July 2015, a follow up Operational Strategy Call was carried out with colleagues at Geneva, regional and cluster level, and it was agreed that following the continuing arrival of refugees into Rwanda, the DREF operation would transit to an Emergency Appeal (EA) to enable the RRCS to respond to the medium/longer term needs of the affected population, including both refugees and the host communities.

The IFRC launched an emergency appeal of CHF 549,020 on the 17 of September 2015, to support the Rwanda Red Cross Society with addressing the needs of 7,500 people in Mahama refugee camp and 2,500 people in Munini host community. For achievements and advances throughout the operation, please review [Operations Update 1](#), [Operations Update 2](#), [Operations Update 3](#) and [Operations Update 4](#). The initial period of the operation was foreseen to be 10 months, however due to delays, it was extended to be a 12-month operation, ending on the 17 of September 2016 (see [Operations update 4](#)). The emergency operation had a focus on interventions in the areas of emergency health (first aid, psychosocial support, and violence prevention); Water, Sanitation and Hygiene Promotion (WASH); shelter and settlements; food security, nutrition and livelihoods; and a component of disaster preparedness and risk reduction. An operations manager was deployed for 10 months to support the RRCS during the implementation of the emergency appeal operation

## **Overview of Red Cross Red Crescent Movement in country**

Belgian Red Cross, Danish Red Cross and Spanish Red Cross supported RRCS bilaterally during the DREF operation. RRCS, IFRC, ICRC and in-country PNSs held regular coordination meetings to discuss the emergency operation and monitor progress and challenges encountered. As the emergency appeal was drafted in consultation with the PNSs, RRCS shared monitoring reports with the PNSs on the intervention and this process continued until the end of the operation. 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, IFRC EAI/OI Operation staff, 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.

## **Overview of non-RCRC actors in country**

There were various organizations and agencies present in Rwanda which were all involved in the response to the Burundi refugee influx. The RRCS worked in close partnership with the United Nations High Commissioner for Refugees (UNHCR) who is coordinating the overall humanitarian response in collaboration with Rwanda's Ministry of Disaster Management and Refugee Affairs (MIDIMAR). Apart from the two coordinating organizations, the other main actors in Mahama camp were: ADRA, ARC, CARITAS, CONCERN worldwide, UNFPA, UN WOMEN, WHO, CARE international, FSIDS, Foundation Saint Dominique Savio, Handicap International, Immigration, Oxfam, GHDF, Rwanda Police, Save the Children International, UNICEF, WFP, Maison shalom, LAF (LEGAL AID FORUM), INDEGO AFRICA, The church of JESUS CHRIST of latter-days saints, PLAN international, SAMARITANS' PURSE, TEARFUND and WFP

In Mahama camp, World Vision was the Sector Lead for water and sanitation, ARC Sector Lead for Shelter, Health and Nutrition, and ADRA the Sector Lead for Logistics and Distribution (supported closely by RRCS). There was also 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 worked closely with these actors to provide services to the refugees.

## **Needs analysis and scenario planning**

### **Risk Analysis**

The limited resources in the camp led to increased tension in the camps and sometimes the host community. To avoid insecure situations, implementing organizations had to adapt their distribution plans to address the most urgent needs of both the incoming and already existing refugee population. Moreover, joint efforts were made between organizations to coordinate distributions.

Insecurity risks were also exacerbated by the lack of adequate lighting/ electricity in the camp, increasing vulnerability for the elderly, women and young girls. The lack of secure shelter also created some challenges on the security of the most vulnerable population, resulting in violent behaviour of the youth and young men in the camp. As mentioned in the introduction, to improve the situation in the camps, UNHCR embarked on building semi-permanent houses, schools and other infrastructure for the refugees.

The living costs around the camp increased significantly with local prices for food and accommodation rising, making conditions for the volunteers challenging. Because of the inflation, the rate of the volunteer per diems was not adequate to cover their basic needs.

## **B. Operational strategy and plan**

### **Overall Objective**

Although the coverage of the appeal was 90%, the main objective was largely met to improve the health, hygiene and PSS conditions of 7,500 Burundian refugees (or 1,500 families) living in Mahama camp; and to address the hygiene, food security and violence prevention needs of 2,500 members (or 500 families) of the host community of Munini surrounding the Mahama camp.

## Proposed strategy

RRCS provided services to the Munini host community from September 2015 through to July 2016, and in Mahama camp from January through to September 2016. The needs of both groups were different but there were needs which overlapped making it easier for resource sharing to maximize on impact.

The proposed strategy was to target five outcome areas including health and care, water and sanitation, settlement needs, food security and livelihoods and disaster preparedness and risk reduction. The table below gives an overview of the main strategies that were used to address the needs.

The exact numbers will be confirmed and presented in the final narrative report.

Areas of intervention	Main outcomes and outputs of strategies	Needs addressed
<b>Health and Care</b>	<p>Outcome: Immediate risks to the health and well-being of the refugee camp and host communities are reduced</p> <p>Outputs: Target population provided with access to first aid, psychosocial support community based health sensitization</p>	<p>7,500 beneficiaries assisted with Fist Aid, counselling and PSS services in Mahama camp</p> <p>2,500 Munini beneficiaries provided with community based health sensitization. This was enabled through the follow actions:</p> <ul style="list-style-type: none"> <li>□ 35 volunteers from the host community received refresher training on cholera, HIV, diarrhoea, hygiene and malaria for capacity building and service quality improvement.</li> <li>□ 20 volunteers from the Munini host community benefited from a refresher training on Community Based Environmental Health Promotion Programme (CBEHPP), which is an improved Participatory Hygiene and Sanitation Transformation (PHAST) and updated to Ministry of Health (MoH) tool.</li> <li>□ 6 Information, Education Communication (IEC) and CBEHPP kits were produced and used during the hygiene promotion sessions.</li> <li>□ 40 community based hygiene promotion sessions using CBEHPP/PHAST methodology were conducted through 20 hygiene clubs reaching more than 500 families (2500 people).</li> </ul>
<b>Water, sanitation and hygiene promotion</b>	<p>Outcome: Immediate risks of waterborne and water related diseases to the refugee camp and host communities are reduced</p> <p>Outputs: Access to safe drinking water supply, adequate environmental sanitation facilities, hygiene promotion activities, with focus on Mahama camp and Munini host community</p>	<p>56 households in the host community were supported with latrines (30 rehabilitated and 26 constructed), targeting the most vulnerable families living by the road side. These latrines were also used by school children thereby contributing to reduced open defecation.</p> <p>500 households received sanitation platforms (san plats)</p>

		<p>48 mobile cinema sessions were conducted within the Mahama camp for community based health sensitization, reaching more than 7,500 people.</p> <p>10 mobile cinema sessions were conducted within the Munini host community on community based health sensitization, almost the entire host community population.</p>
<b>Shelter and settlements</b>	<p>Outcome 4: Immediate shelter and settlement needs of the refugee communities</p> <p>Output: Non-Food Items distribution in Mahama Camp</p>	<p>Non-Food Item (NFI's) were distributed including mats, basins, mattresses and soap were distributed to 1,500 households in the Mahama Camp. More than 9,000 women at aged 18 and above were supported with the <i>pagne-kitengue</i>, 18,000 people received soaps, 7,500 people received basins, 1,500 received mats, and 256 people received mattresses.</p> <p>500 high school girls received MHM kits.</p>
<b>Food security and livelihoods</b>	<p>Outcome 5: Immediate risks of food insecurity, malnutrition and lost livelihoods to the refugee camp and host communities are reduced</p> <p>Outputs: Access to nutritious food and better understanding of environmental protection</p>	<p>35 volunteers from the host community were trained on kitchen gardening use of energy saving sources (use of local materials to produce briquettes). They later formed an association to sensitize and advocate on use of produced briquettes.</p> <p>500 Families sensitized on environmental protection</p> <p>Vegetable gardens to provide additional nutritional food. Exact amount will be identified in final report.</p> <p>500 cooking stove distributed</p> <p>70 cows distributed at Munini HC</p>
<b>Disaster preparedness and risk reduction</b>	<p>Output 6.1: Disaster preparedness and risk reduction activities carried out to support effective implementation of the operation; and inform medium/long term planning.</p>	<p>Burundi refugee contingency plan was not implemented, due to absence of funds for this activity and as it was integrated in the follow up program of the Belgium Red Cross</p>

As much as possible, the RRCS tried to consult beneficiaries on their feedback. In April 2015, the RRCS carried out a needs assessment, and afterwards volunteers continuously monitored the needs of the population in the camps and host communities. Based on monitoring and observations by RRC volunteers, it became evident the primary needs of the refugees and most vulnerable groups, as elders, young girls and child/female head of household. The constant presences of the volunteers in the camp and the host community contributed to constant visibility and monitoring of the situation. It allowed refugees and the host community to address their concerns. However, increased efforts could have been done to put in place strong feedback mechanisms. This was confirmed during the external evaluation.

The beneficiary satisfaction survey, completed by 467 beneficiaries, which was part of the external evaluation, showed that less than 50% of the beneficiaries at Mahama camp were asked about their needs before receive assistance, compared to 60% at Munini. This can indicate that an important percentage of people at Mahama and Munini were not involved in need assessments. Almost 50% of respondents were asked about their preferred type of assistance before

receiving it and the majority of beneficiaries which were asked about their needs before assistance, had been approached by Red Cross (78%), followed by government (56%). The perception of the beneficiaries about the behaviour of the RRCS volunteers is very positive, as 95% of the respondents considered that has been “very good” or “good”.

Specific needs were taken into consideration. Identification of the most vulnerable was done based on and in cooperation with key stakeholders such as the government and UNHCR. In Munini host community the elderly and the less wealthy received san plats, cows, seeds and tools and cooking stoves. In Mahama camp, child headed and female headed households were targeted for the kitchen gardens and the young girls in secondary school were targeted for the MHM kits. Together with MIDIMAR, the most vulnerable were identified, to receive the NFI's. For example, for clothing, women were identified as a being most in need and *pagne-kitengue* was identified as a more preferred product instead of other types of clothing.

## Operational support services

### Human resources (HR)

A number of staff and volunteers supported the operation and were either partially or fully funded.

The appeal supported several Rwanda RC staff including the field coordinator who worked closely with the operations Manager for the coordination and management of implementation of activities in the plan of action. Technical support was also provided through five HQ staff including one logistician, one accountant, one DM Coordinator, one PMER coordinator and one monitoring and reporting officer at HQ level.

Eighty volunteers were mobilized for the Psycho-Social Support (PSS), Community Based Health Sensitization (CBHS), Participatory Hygiene and Sanitation Transformation (PHAST) activities. Six National Disaster Response Team (NDRT) members were also mobilized and a driver dedicated to the operation to assist with implementation of activities. Moreover, 20 RRCS volunteers, of which 10 volunteers from Kigali and 10 volunteers from the Mahama branch were trained on KoBo Toolbox a free open-source tool for mobile data collection. Using mobile phones, they interviewed 467 beneficiaries about their satisfaction.

Through the IFRC an Operations Manager, who was funded by the Canadian Red Cross, was deployed for eleven months. The Operations Manager was based in Kigali with frequent travel to Mahama camp. He was responsible for coordinating the implementation of activities from the field. Moreover, technical support was provided by the EA-IOI office in Nairobi on beneficiary

## Logistics and supply chain

Logistics capacity remained a challenge for RRCS. This affected implementation of activities in terms of timelines and the quality of the services provide to the beneficiaries. Market changes of prices and limited availability of items also affected the budget plan. During the external evaluation, this also came out as the main area of improvement for future operations.

## Communications

IFRC undertook a communication field mission to Mahama camp, funded by the Swedish Red Cross and gathered communication material including photos, video and interviews from the refugees, and Red Cross staff and volunteers. The material was used in social and digital media platforms as part of a comprehensive communication package on the Burundi crisis, leading up to and beyond the one year anniversary since the onset of the crisis. Some examples of the materials are the following web article: [“Psychosocial support is the most challenging work.” A volunteer's devotion to helping Burundian refugees](#).

A video was also made which can be viewed following the link:  
<https://www.youtube.com/watch?v=aiaWrwh0yws&feature=youtu.be>

A unique Burundi crisis page was created on the IFRC Website [www.ifrc.org/burundicrisis](http://www.ifrc.org/burundicrisis), through which, material continues to be shared. The page includes web articles, photo galleries, volunteer profiles, facts and figures, info graphics, and links to the Emergency Appeal and DREF Operation documents.

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

## Security

The security situation remained peaceful, with staff and volunteers having continued access to the affected population. However, there were minor cases of robberies reported within both the host community and in the camp. The cumulative increase of refugees and the continuous arrival of more refugees resulted in an increase in needs with limited resources. This brought along several challenges such as increased tension in the camps and sometimes with the host community over the strained resources.

## Planning, monitoring, evaluation, & reporting (PMER)

The RRCS HQ and branch took the lead in planning and monitoring the emergency operation. Moreover, continuous support was provided by the IFRC EA-IOI PMER delegate on the Planning, Monitoring, Evaluation and Reporting Jointly with the IFRC, the NS developed various PMER tools such as: Emergency appeal framework and timeframe, PMER templates, Monthly Reporting Template. Moreover, a reporting and communication officer was recruited who worked throughout the operation. The PMER tools are continuously followed. Various monitoring visits were performed by the IFRC EA-IOI. To improve the reporting system between the field operation and the HQ, IT support was provided to the volunteers through the following items:

- Computer
- Wireless device and the cost associated for the network
- Hard Drive
- Airtime for communication with the partners in the field, the HQ, and between the team of volunteers

Guided by the IFRC Framework for Evaluation<sup>1</sup> the final evaluation of the emergency intervention was undertaken two months after the end of the emergency operation, from 2 November until 12 December 2016 (field work in Rwanda was conducted from 10 to 20 November). It included a beneficiary satisfaction survey (467 respondents) and a lesson learnt workshop. With the support from the IFRC EA-IOI office, twenty RRCS volunteers were trained on the use of mobile phones for data collection and on the KoBo toolbox. The evaluation assessed the operation's relevance, appropriateness, efficiency, effectiveness, coverage, coordination, sustainability and connectedness, establishing the successes, challenges and lessons learned to inform recommendations for future operations.

The methodology used included desk review of secondary data, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and Beneficiary Satisfaction Survey (BSS). Data collection was conducted in Kigali, Mahama refugee camp, Munini host community and Kirehe district.

The following recommendations were the result of the evaluation's findings. They were addressed both to RRCS and IFRC, anticipating and expecting that the International Federation of Red Cross and Red Crescent Societies and National Societies will gain from their mutual experience in conducting their implementation.

1. Invest time and resources in reinforcing the institutional relationship between IFRC and RRCS. Agreements, MoU and procedures, concerning Emergency operations should be jointly revised planned and agreed in advance. (IFRC and RRCS)
2. Strengthen the communication, information sharing and technical support between IFRC cluster/Regional office and RRCS. More time and resources should be invested to support and build trust on RRCS and RRCS should make bigger effort to communicate and collaborate with IFRC, instead of perceiving IFRC as an agency of control. (IFRC and RRCS)
3. Appeal pledges should not affect the planning and effectiveness of the operation. and advocate to donors to support financially (earmarked or un-earmarked pledges) and accept certain flexibility when is sufficiently justified. (IFRC, RRCS and PNS)
4. Solid planning based on high quality need assessment should be developed, budgets should be developed with reasonable staffing and including capacity building needs, and key departments such as logistics and finance should be included in planning process should be. (RRCS and DM department)
5. Strengthen partnerships with humanitarian agencies, such as UNHCR (refugee crisis), WFP (food distribution), FAO (distribution of seeds and tools). This can reduce significantly the cost of the operation, and increase the efficiency. It is advised to request support from the Humanitarian Diplomacy office and resource mobilization and partnerships area from IFRC. (IFRC, HD office, EAOI office and RRCS)
6. The presence of IFRC representation in country requires qualitative support to and from RRCS and clear understanding of role and responsibilities that should be agreed previously between IFRC and RRCS. (IFRC)
7. Field permanent presence of IFRC delegates and RRCS staff, is crucial to improve performance of Emergency operations, coordination and branch capacity building. (IFRC and RRCS)
8. A RRCS Disaster Management focal point should be appointed exclusively for EA operations, supervised by DM department. (RRCS)
9. RCSS-PNS-IFRC should improve communication and transparency to facilitate coordination and plan accordingly or readjust programmes that might be affected by Emergency operations (RCSS-PNS-IFRC)
10. Contingency plans, and strategic frameworks should be updated regularly considering existing RRCS capacity

<sup>1</sup> <http://www.ifrc.org/Global/Publications/monitoring/IFRC-Framework-for-Evaluation.pdf>

and evaluate the capacity of expansion of NS (human resources, logistic, DM, Finance, stock capacity, youth and volunteer department) in case of emergency. It is recommended to develop yearly plan of action (involving IFRC, ICRC and PNS) including development plans, preparedness and capacity building, in order to improve strategic analysis. (RRCS, IFRC, ICRC and PNS)

11. RRCS should maintain an active role in state and field-level cluster/working groups meetings regardless of their operations' status. (RRCS)
12. The RRCS needs to improve their data management at the HQ level in emergency operations. Programme staff must be held accountable for receiving, organizing, managing and using results, both from branches and HQ. (RRCS)
13. Reinforce pre-positioning of items strategy as a good preparedness measure to guarantee timely response in remote locations. Given vulnerabilities and limited infrastructure, RRCS should consider joint warehousing and pre-positioning options with other partner organisations present in the same locality. (RRCS supported by IFRC and PNS or Consortium)
14. The "twin track" approach (addressing both response and recovery) should be continued and included in future emergency plan of action. New approaches such as cash transfers, or cash for health would be also advisable as per needs. (RRCS, IFRC)
15. PMER should be essential part of emergencies programs and collaboration with communication department at national and regional level needs to be strengthened. This will allow to create useful reports, case studies, and good practices that should help to visualize the good work that RRCS is developing at field level. It is advised to develop baselines, end-lines and impact evaluations using new technologies such as ODK, involving and increasing capacities of volunteers and request the support of IFRC technical departments when needed. (RRCS, with technical support from IFRC)
16. Accountability to beneficiaries should be improved in areas like community participatory approaches during need assessments and selection of beneficiaries, and facilitate feedback and complaint mechanisms (permanent information desks, regular focus group discussions, or beneficiary complaint hotline). (RRCS)
17. A comprehensive branch assessment for emergency operations could be undertaken with RRCS and supported by the consortium/PNS and ICRC to acknowledge capacity building inputs and results to date and complement an overall organizational development or contingency plan for Rwanda. The comprehensive branch assessment should be based on an agreement of the minimum qualifications of a well-functioning branch. Such an assessment should include an understanding of minimum standards to support volunteers in emergencies.



Rwanda Red Cross Volunteers being trained on KoBo toolbox, mobile data collection and key in formant interviews during the external evaluation.

## C. DETAILED OPERATIONAL PLAN

### Quality Programming / Areas Common to all Sectors

#### Needs assessment

**Outcome 1:** Continuous assessment, planning, analysis and evaluation are used to inform the design and implementation of the operation

**Output 1.1:** Comprehensive monitoring and reporting framework and system for ensuring accountability to beneficiaries established

#### Activities Planned:

- NHQ monitoring missions (of activities planned within the EPoA)
- Conduct CTP and market assessment (in the host community)
- Conduct coordination meetings at branch level
- Final external evaluation (external) and internal lessons learned workshop

#### Achievements

Throughout the period, Rwanda Red Cross participated in the regular inter-agency meetings, during which monitoring data was exchanged. There was active participation in the camp coordination meetings organized by the United Nations High Commissioner for Refugees (UNHCR). Regular monitoring visits to Mahama camp were conducted by the Operations Manager, NHQ staff, the IFRC operations coordinator and the IFRC PMER Delegate.

A community based needs assessment was conducted in Kirehe district. In addition, a CTP and market assessment was performed in November 2015. Lessons learnt from the CTP market assessment were published in the operations updates.

An external evaluation and lessons learnt workshop was conducted at the end of the operation. An external consultant was recruited to capture best practices and lessons learnt from the operation to inform future operations. Moreover, to build capacities, twenty volunteers were trained on the KoBo toolbox for mobile data collection. The final report will be published shortly and the lessons learnt and report will be added to the final narrative report.

### Challenges

Although identified as a valuable activity, unfortunately no funding was identified to be able to perform the CTP activities.

### Lessons Learned

The lessons learnt have been captured in the external evaluation report. They will be added to the final narrative report.

Based on the evaluation, the following key conclusions were drawn on the operation:

- **Relevance and appropriateness:** the intervention suited the priorities of the affected population, and satisfied beneficiaries in terms of quality and quantity of goods and services provided. Timing was not adequate, as delays in implementation were frequent. It is necessary to strengthen participatory approaches with beneficiaries on need assessments.
- **Efficiency:** the appeal operation was generally well managed considering the dimension of the appeal and existing resources of the NS. Activities were well focused on beneficiaries' needs, and volunteers provided an important support helping to improve efficiency. There were certain challenges such as staff turnover, insufficient communication and effective coordination between IFRC and RRCS, and coverage of the appeal, inflexibility of funds, logistics capacity and insufficient field presence of relevant managers/delegates affected the efficiency and effectiveness.
- **Effectiveness:** The appeal operation was in general able to meet its intended objectives and outputs. Appropriate timing was altered as delays to deliver services or assets were frequent. Some of the factors that could have affected the effectiveness are the limited presence of (qualified) staff at field level, lack of flexibility of certain funds, and deficiencies on planning or insufficient funds.
- **Community engagement and satisfaction** – The affected population have participated in the programme planning, monitoring and implementation, although not sufficiently involved in need assessments. The effectiveness of the tools used in the emergency operation, such as mobile cinema in sharing information and receiving feedback, was appreciated by beneficiaries and verified during BSS and focus group discussions.
- **Coverage** – RRCS reached the populations/areas most affected by the crisis. The excellent perception from beneficiaries and constant presence of volunteers at Mahama and Munini has been determinant to establish good criteria for beneficiary selection. More detailed and participatory need assessments and monitoring should be considered as not all beneficiaries perceive that they were consulted before and during the intervention.
- **Coordination** – The operation was coordinated by RRCS and had support from IFRC and various PNSs. Although there were challenges in maintaining good coherence between all actors involved, RRCS managed to coordinate internally, providing and receiving regular feedback to/from IFRC and PNS. There was good coordination with MIDIMAR, central government and UN agencies at national level, although more presence in the field could have improved relevant coordination and influence at field level. Agreement frameworks and procedures should be thoroughly discussed before starting emergency operations.
- **Sustainability & connectedness** – The needs-oriented and strategic decision to support host community has created an excellent connectedness with local authorities, beneficiaries and refugees. Livelihood and environmental activities such as tree planting, or stove efficiency implemented in Mahama and host communities have effectively linked the emergency phase with early recovery phase with a good basis for sustainability. Volunteers and staff trainings have reinforced their capacities and acquired experience, and constitute a solid pillar for future implementations. The appropriate approach with government and local authorities could facilitate institutional and operational sustainability of RRCS role in emergencies.
- **Impact** - Although a true impact assessment was not possible given that it requires a measurement after a significantly longer period of completion of activities, the evaluation found that overall, RRCS' response to the disaster had a positive impact on beneficiaries and on communities, and the image of RRCS has been reinforced according to aid agencies and local authorities

## Health and Care

**Needs analysis:** The needs assessment established that while basic primary health care needs were being met by humanitarian agencies within Mahama camp, several health and well-being issues still had crucial gaps within the response. These areas included first aid referrals, psychosocial support, general health messaging dissemination, and violence prevention between the host and refugee communities.

**Population to be assisted:** RRCS has supported the health needs of 7,500 Mahama refugees for a total of 12 months from September – September 2016 with the EA (Mahama refugee needs covered by PNS consortium funds from September to December 2015; and RRCS from January to September 2016), while RRCS supported the health and wellbeing needs of the Munini host community from September 2015 through to September 2016.

Health and Care
<p><b>Outcome 1:</b> Immediate risks to the health and well-being of the refugee camp and host communities are reduced over a period of 10 months</p> <p><b>Output 1.1:</b> 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)</p> <p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Installation of additional equipment in the first aid and psychosocial support tents</li> <li>• Replenishment of first aid kits (Target: Eight kits)</li> <li>• Provide first aid services; and referral transport by motorbike (from Mahama to Munini host community)</li> <li>• Refresher training of volunteers on psychosocial support (Target: 30 volunteers)</li> <li>• Procure psychosocial support kits (Target: Six kits)</li> <li>• Provide psychosocial support to incoming refugees into Mahama camps</li> <li>• Conduct psychosocial support activities (joint sports and cultural activities) for primary school aged children (from both the Mahama and Munini communities)</li> <li>• 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)</li> </ul> <p><b>Output 1.2:</b> Target population provided with community based health sensitization; with focus on Munini host community (Target: 2,500 people / 500 families)</p> <p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Training of volunteers on community based health sensitization (cholera, diarrhoea, hygiene and malaria) (Target: 35 volunteers)</li> </ul>
<ul style="list-style-type: none"> <li>• 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)</li> <li>• Facilitate transportation of volunteers between Mahama and Munini host community to provide first aid /referral services</li> <li>• Conduct psychosocial support activities (joint sports and cultural activities) for primary school aged children (from both the Mahama and Munini communities)</li> </ul>
<b>Achievements</b>

There were several achievements:

- Additional equipment was installed in the first aid and psycho social support tent. This included 50 chairs and tents and the replenishment of 8 first aid kits. In total 9 first aid kits are available.
- Over 7500 people received first aid and psychosocial support services
- 30 volunteers received refresher training on psychosocial support (PSS). The volunteers provided counselling and orientation to incoming refugees at Mahama camp and entry points.
- 35 volunteers received refresher training on Community Based First Aid (CBFA) and 20 volunteers were trained on Participatory Hygiene and Sanitation Transformation (PHAST)/ Community Based Environmental Health Promotion Programme (CBEHPP) and Energy saving sources were provided.
- Moreover, the volunteers' equipment was replenished and supported. This included 3 basic PSS facilities with complete equipment.
- Community based health sensitization sessions (including nutrition family planning) through mobile cinema and the key message on GVB information was developed
- 58 sensitization sessions through mobile cinema in both areas (Mahama camp and the host community) were conducted. Through the different tools of communication, a total of 120 volunteers were able to provide adequate first aid, counselling, nutrition sensitization, use of energy saving sources and environment protection, hygiene and water sanitation which helped more than 10,000 beneficiaries (in the camp and host community). In host community, 500 families targeted were reached.
- In partnership with the PNS Consortium, 54 bikes were delivered to 54 volunteers acting in Mahama refugees' camp and Munini host community.
- PSS activities such as soccer were organized between the host community and the refugees (see pictures of refugees and host community).



### Challenges

Initially a plan was developed for the PSS activities, which included cricket was planned as joint activity. However, it was an unusual and unfamiliar sport for both Rwandans and Burundians and this delayed implementation of the joint sports psychosocial support activities.

Psychosocial support activities were not totally implemented and could have had an impact to the beneficiaries and in accordance to their needs. A better planning of this type of activities, and more adapted to the NS experience is advisable (for more details see evaluation report).

The community-based health approach should empower volunteers and communities to take charge of their own health, using simple tools, (mobile cinema has been one of them) adapted to respective local context. But communities are not being mobilized or monitored to address and prioritize their health needs. Baseline and endline surveys should have been developed to measure behavioural change or measure family health indicators (for more details see evaluation report).

### Lessons learned

For psychosocial support activities and joint sports and cultural activities, it is of importance to develop a culturally sensitive plan. Cultural and sports activities need to be included, that are familiar for the target group in order to strengthen social integration for both communities.

Capacity, availability and extraordinary effort from volunteers to provide health, psychosocial services and referrals has been crucial for the excellent perception of the RRCS from beneficiaries and provided an important service adapted to urgent needs<sup>2</sup> (for more details see evaluation report).

Health sensitization and social mobilization using mobile cinema and information/listening desk (providing information about nutrition and family planning) has been very successful and well organized<sup>3</sup>. RRCS has taken the lead on this approach and this experience should be replicated (for more details see evaluation report).

<sup>2</sup> "We have all received a great support from volunteers", said Francine, a woman head of household at Mahama

<sup>3</sup> "It has been amazing how RRCS organized mobile cinema sessions" said UNHCR field coordinator.

## Water, Sanitation and Hygiene Promotion

**Needs analysis:** With a high concentration of refugees in a single camp, and sharing of space with the host community on a daily basis, one of the critical gaps within the response was hygiene promotion to mitigate disease spread. While the Mahama camp has sufficient water supply and sanitation facilities, this remains a growing need for the surrounding Munini host community.

**Population to be assisted:** RRCS supported the hygiene education needs of 7,500 Mahama refugees for a total 10 months from September 2015 through to June 2016 with the EA (Mahama refugee needs covered by PNS consortium funds from September to December 2015), and RRCS supported the hygiene and sanitation needs of the Munini host community from September 2015 through December 2016.

### Water, sanitation and hygiene promotion

**Outcome 1:** Immediate risks of waterborne and water related diseases to the refugee camp and host communities are reduced over 10 months

**Output 1.1:** 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)

**Activities planned:**

- Conduct repair to host community water supply pipeline system

**Output 1.2:** Target population provided with adequate environmental sanitation facilities; with focus on Munini host community (Target: 2,500 people / 500 families)

**Activities planned:**

- Construction of community pit latrine (Target: one block / 14 latrines)
- Production/distribution of SanPlats (Target: 500 SanPlats)
- Procure personal protective equipment (for latrine cleaning) (Target: Two sets)

**Output 1.3:** Target population provided with hygiene promotion activities, which meet SPHERE standards; with focus on Munini host community (Target: 2,500 people / 500 families)

**Activities planned:**

- Refresher training of volunteers on PHASTER (Target: 20 volunteers)
- Conduct household level hygiene promotion using PHASTER methodology (Target: 40 sessions)
- Production/distribution of IEC materials (Target: Three kits)

**Output 1.4:** 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).

**Activities planned:**

- Conduct radio broadcasts (Target: 10 months)
- Conduct hygiene promotion through use of mobile cinema (Target: 48 sessions)

### Achievements

Numerous activities were implemented.

- The repair of water supply pipeline system of the host community was performed by the government. The funds were used for the rehabilitation of latrines.
- Thanks to the increased funds, in total there was a rehabilitation of 30 damaged latrines in Munini host community and the construction of 26 latrines in Munini host community
- 20 volunteers had refresher trainings on PHAST/CBEHCPP methodology currently demodulated to CBEHPP by the MoH.
- 6 PHAST toolkits. This training of trainers enabled volunteers to conduct 40 sessions on community based hygiene promotion by using PHAST methodology
- 40 session conducted the social mobilization using PHAST/CBEHCPP methodology as they at both Mahama camp and Munini host community.

- IEC materials were produced and it was possible to get six kits. All planned community based health sensitization session including information, nutrition, hygiene and sanitation, family planning) through use mobile cinema and information / listening desk were conducted.
- Due to lack of funds and time, the production radio broadcasts were not implemented.
- The 48 sessions on hygiene promotion through mobile cinema were conducted.

### Challenges

The demand for water, sanitation and hygiene services remained higher than the needs met despite all the activities that were implemented

### Lessons learned

- It is of great importance to sufficiently equip volunteers with IEC materials in connection with the formations mentioned above as it influences the success of the activities.
- The mobile cinema activities were a great success. For sustainability reasons, it is of importance to equip the branch with mobile cinema tools so that mobile cinema sessions can be conducted regularly, because it is of great influence on behaviour change.
- PHAST training for volunteers and household level hygiene promotion using PHASTER methodology increased capacity and knowledge of volunteers and has been the basis of the hygiene promotion due to the availability and effort from volunteers.




Beneficiaries after receiving Sanplats and cooking stoves

## Shelter and Settlement need

**Needs analysis:** The need for immediate relief items such as clothing, sleeping mats/blankets, and hygiene items (basins and soap) was high with the high refugee population in Mahama camp and daily refugee arrivals from Burundi.

**Population to be assisted:** RRCS supported 1,500 families (7,500 people) within Mahama camp from January to June 2016 to continue the support offered.

Shelter and settlements	
<b>Outcome 1:</b> Immediate shelter and settlement needs of the refugee communities are met over a period of 10 months	
<b>Output 1.1:</b> Target population is provided with basic Non-Food Items; with focus on Mahama camp (Target: 7,500 people / 1,500 families).	
<b>Activities planned:</b>	
<ul style="list-style-type: none"> <li>• Distribution of NFIs (family kits: basins, blankets, mats, soap etc.) to families not targeted through the initial DREF operation (Target: 1,500 families)</li> <li>• Distribution of clothing (kitenge for women and assorted for men and children to families not targeted in 2015 (Target: 1,500 families)</li> <li>• Distribution of MHM kits to women (Target: 500 women)</li> </ul>	
Achievements	
	<p>There were several achievements including:</p> <ul style="list-style-type: none"> <li>• NFI's were procured and distributed including: 9,000 women aged 18 and above were supported with the <i>pagne-kitengue</i>, 18,000 people received soaps, 7,500 people received basins, 1,500 received mats, and 256 people received mattresses;</li> <li>• In total 500 MHM kits were procured and distributed to 500 secondary school girls (see picture, young secondary school girl receiving MHM kit).</li> <li>• The warehouse was reconstructed, in order to have an adequate place to store NFI's.</li> </ul>
<b>Challenges</b>	
<p>The distribution of NFI items were challenging as the items were not enough compared to the people in need.</p> <p>Construction and repairing of latrines at Munini Host community was delayed. Water and sanitation technical focal point was absent at the moment of the evaluation, but a skilled worker and responsible for this area was crucial for this activity. It has been for sure influenced also by the cancellation of water pipeline activity, which was performed by the government (see evaluation report).</p> <p>Procurement processes have been delayed and had an impact on the timing of this activity. Logistic department have faced a big challenge due to work overload, lack of resources and planning gaps (see evaluation report).</p> <p>NFI stocks have been inappropriately stored at HQ warehouse for the initial implementation period of this EA. This problem has been tackled through some warehouse repairing works, which allowed items to be better organized in shelves. During this evaluation mission wasn't possible to analyse the cost-efficiency and result of this repairing. (see evaluation report).</p> <p>MHM kits were planned without a full initial agreement of the RRCS, as the approach wasn't clearly supported by MIDIMAR and was only tested by other agency previously this EA. New approaches and interventions need to be negotiated, tested and agreed by NS in advance of an Emergency. Nevertheless, finally the activity was implemented, and had a good evaluation rate by beneficiaries. (see evaluation report).</p>	
<b>Lessons learned</b>	

- It is important to identify how to perform distributions when needs are high and items are limited. Cooperation and partnership with other organizations is of utmost importance.
- The MHM kits for the secondary school girls were highly appreciated. Distribution of non-food items to Mahama refugees, including kitenge and clothes were adapted to needs.
- Distribution of MHM kits to women was an innovative approach and has been highly appreciated by beneficiaries, and was adapted to needs<sup>4</sup>. This experience was piloted previously by other organizations as well, and could be replicated in future interventions given the remaining high level of demands.

## Food Security, Nutrition and Livelihoods

**Needs analysis:** The increasing refugee population in Mahama stretched the natural resources (water, firewood, food), and increased the living costs for the Munini community surrounding Mahama camp. Some of the more vulnerable families within Munini required support to improve their food security and boost their livelihoods. The Mahama refugees also depleted much of the firewood supply within the area, so both the refugee and host communities would benefit from education on environmental protection and alternative energy sources.

**Population to be assisted:** 1,500 refugee families from Mahama camp and 500 families from the Munini host community were supported with environmental conservation education, while the Munini community was supported with livelihood/ food security inputs to improve nutrition and facilitate a reduction of their living costs.

Food security, nutrition and livelihoods
<p><b>Outcome 1:</b> Immediate risks of food insecurity, malnutrition and lost livelihoods to the refugee camp and host communities are reduced over 10 months</p> <p><b>Output 1.1:</b> 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)</p> <p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Conduct sensitization on methods to encourage environmental protection and food security (Target: 500 families)</li> <li>• Establish vegetable gardens (Target: 500 gardens)</li> <li>• Establish nursery beds (of forest trees) (Target: 10 nurseries)</li> </ul> <p><b>Output 1.2:</b> 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)</p> <p><b>Activities planned:</b></p> <ul style="list-style-type: none"> <li>• Training of volunteers on CTP (Target: 10 volunteers and six staff)</li> <li>• Refresher training of volunteers on CTP (Target: 10 volunteers and six staff)</li> <li>• Procure equipment for CTP (hardware and software)</li> <li>• Procure agricultural seeds and tools (Target: 500 families x eight months) – pending CTP and market assessment</li> <li>• Establish vegetable gardens (Target: 500 gardens)</li> <li>• Community sessions to establish nursery beds (of mixed trees - fruit and forest trees) (Target: 12 sessions)</li> </ul>
<ul style="list-style-type: none"> <li>• Training of host community families on use of energy saving sources (use of local materials to produce briquettes) (Target: 500 families)</li> <li>• Production/distribution of fuel efficient stoves (Target: 500 fuel efficient stoves)</li> </ul>
<b>Achievements</b>

<sup>4</sup> “MhM pads has been very useful and we would like to receive more” said a young woman during a FGD held at Mahama camp.

- The beneficiaries gained skills on environment protection and proper nutrition, concurrently with receiving training on kitchen gardening and nursery beds implementation. This was also covered during social mobilization using PHAST/CBEBHPP methodology
- Vegetable gardens (onions, cabbage, calotte green vegetables) were established and more than 500 families improved diet and save their grams in order to sell it for purchasing vegetables. The improved kitchen gardens were established with active involvement by the beneficiaries. The exact number will follow the final report.
- 6 nursery beds were established to cover the seeds in disposition and 8 nursery beds of forest and fruits trees were constructed, planted and packaged in packet tubing.
- 500 families received agricultural seeds (beans, maize) agricultural tools (trident, hoe) and fertilizers
- Moreover, monitoring data showed that for a more sustainable approach it was of importance to also provide the most vulnerable of the host communities with cows and cowsheds. 70 cowsheds were constructed for 70 families and 70 cows were cross breed and distributed.
- 35 volunteers and local leaders from Munini host community were trained on environment protection using energy saving sources.
- 500 improved cooking stoves were distributed

Due to lack of funding the following activities were not performed:

- Training of volunteers on CTP (Target: 10 volunteers and six staff)
- Refresher training of volunteers on CTP (Target: 10 volunteers and six staff)
- Procure equipment for CTP (hardware and software)



Volunteers constructing kitchen gardens for individual families in Mahama camp ©IFRC



A kitchen garden ready to harvest, August 2016 © IFRC

### Challenges

- The drought impacted strongly on the livelihoods activities
- Families experienced difficulties in collecting water for gardens, cows, and for basic needs, as there is no running water near their houses, especially in Munini<sup>5</sup>. Rainwater harvesting and water tanks distribution were not included in the emergency appeal, but it was a crucial need (see evaluation report)<sup>6</sup>.
- Implementation of this activity was delayed and had some modifications, reducing the number of kitchen gardens. Specialized technical support could have resulted in better timing and quality. (see evaluation report)
- Monitoring and technical support of vegetable gardens, and cow management should be facilitated by skilled staff, not only volunteers, to ensure the correct management and desired results. If food security skilled workers are not available, local extension department should be approached to improve their implication in following up. (see evaluation report)
- Vegetable gardens and livestock distribution faced challenges due to lack of available water (partially caused by drought). Technical solutions as rain harvesting, could alleviate this problem, and would improve the living conditions not only for plants and cows, but also of the families in charge. (see evaluation report)
- Host communities mentioned during FGD that they were facing important challenges as robberies of vegetable and small livestock from refugees, and lack of firewood caused also for the influx of Mahama camp. RRCS could play an important role of advocacy to the local authorities, to face this problem.

### Lessons learned

<sup>5</sup> This problem was mentioned during FGD at Munini and personal interviews with Munini beneficiaries

<sup>6</sup> "We had to hire a tank from our neighbours. Cows drink a lot and it is difficult to bring water here" mentioned a head of household in Munini

- The vegetable gardens were very well received and were identified as a valuable support by the beneficiaries;
- For durable solutions and to decrease the care and maintenance approach, livelihoods activities are of great importance.
- Vegetable gardens at Mahama camp have been implemented and provide a good complement in nutrition that contributes to households' food security. This experience has had very good acceptance from beneficiaries and aid agencies at Mahama. (see evaluation report)
- Distribution of tools and seeds to Munini households, was adapted to their urgent needs and will contribute to the food security and reinforce livelihoods to the target households. (see evaluation report)
- Distribution of cows for vulnerable families has been very appreciated and could strengthen the community links, when it's included into community rotational approach, which has been largely experienced by RRCS and has proven success. (see evaluation report)
- A big forest tree nursery production area was established during this EA, to support tree planting for environmental and firewood purposes. As mentioned in focus working groups, in Munini, and recorded through personal interviews, one of the main concerns of the population is that refugees from Mahama are going to their communities to obtain firewood. This is having an environmental impact, reduces the availability of firewood and provokes soil erosion as trees are cut or removed.

## Disaster preparedness and risk reduction

<b>Disaster preparedness and risk reduction</b>
<p><b>Outcome 1:</b> Improve capacity of the Rwanda Red Cross Society in the areas of disaster preparedness and response in the refugee camp and host communities</p> <p><b>Output 1.1:</b> Disaster preparedness and risk reduction activities carried out to support effective implementation of the operation; and inform medium/long term planning.</p>
<p><b>Activities planned:</b> Develop contingency medium/long term contingency plan for the response to Burundi refugee situation in Rwanda beyond the timeframe of the Emergency Appeal</p>
<p><b>Achievements</b> Due to lack of time and funding, the contingency plan was not developed. Regional meetings were held on the Burundi refugee situation. Moreover, close contact was held with other actors and regular inter agency meetings attended. Moreover, this activity was integrated in the new phase of activities of the RRCS with other movement partners.</p>
<p><b>Challenges</b> Due to lack of time and funding, this activity was unfortunately not completed.</p>
<p><b>Lessons learned</b></p> <ul style="list-style-type: none"> <li>• For sustainability reasons, it is of great importance to develop an exit strategy in time and to ensure other (movement) partners can support the National Society with continued activities.</li> </ul>

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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 \(NGOs\) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of nonviolence and peace.

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