

Democratic Republic of Congo, Rwanda | Emergency Appeal

Appeal n° MDRNYIRA21	Operations Update n° 1 Date of issue: 06 July 2021	Timeframe covered by this update: 23 May - 15 June 2021
	Operation start date: 1 June 2021	Operation timeframe: 12 months and end date - 31/05/2022
Glide №: VO-2021-000059-COD	IFRC Funding requirements: 11.6 million Swiss francs Funding gap: CHF 9,570,484.00	DREF amount initially allocated: CHF 359,213 Loan for Appeal: CHF 750,000

Red Cross Red Crescent (RCRC) Movement partners currently actively involved in the operation: Red Cross of the Democratic Republic of Congo (RC DRC) and Rwandan Red Cross (RRC), French Red Cross (FRC) IFRC, and ICRC

Summary:

Democratic Republic of Congo (DRC):

- Following the announcement of the authorities to evacuate areas at risk due to the risk of further eruptions of Mt Nyiragongo, over 450,000 people or nearly 40% of the total population, were displaced from Goma and Nyiragongo. By the 11th of June, IOM reported that 80% of the displaced had returned.
- Some people remained displaced as they have no home to return to. For those whose houses were directly affected by the lava and who are still staying in collective shelters in Nyiragongo, immediate priorities include shelter and access to WASH services. A medium to long-term approach to shelter needs is a priority.
- Those who remain displaced in collective shelters have limited access to sanitation. Where latrines are available, they are dirty and poorly maintained. Although water is being trucked daily to the affected areas, the quantity is not sufficient to meet the needs. In some of the affected areas, access to water was already a problem prior to the volcanic eruption and an exit strategy for the water trucking will be important.
- The livelihoods of people who were living in the areas covered by the lava have been affected, but the extent of the needs is not yet known.
- COVID-19 is a risk to the population affected by the volcano especially since they are living in a small space where there is overcrowding. CEA teams are working to sensitise the population on measures to prevent spread of the disease and what options are available for managing the disease.

Rwanda:

- A one week-long multi partner post disaster assessment revealed that 2,673 houses were damaged as a result of the earthquake out of which 348 houses were completely damaged. Besides, the assessment identified a further 317 families that are living along a created fault-line were to be relocated. However, according to geological information of Rwaza cell in Rugerero Sector, the relocation may affect 1,841 HHs if the area is found to be unsuitable and unsafe for habitation. If this will be the case, then the government would establish an Integrated Development Project (IDP model Village) at Muhira site.
- The assessment also prioritised medium to long term plans including review of Rwanda Urban Planning and Building Code; Capacity building for professionals and laymen in construction sector and review of Rubavu District Detailed Urban Master Plan considering earthquake prone areas.

- The response will be fully dedicated to displaced Rwandese after the closure of all four earlier established camps for the Congolese. The last camp was closed on 14th June with 23 families (56 people) after they were moved to another district. The immediate needs of these families continue to be food, water, transitional shelter, health especially pre-hospital care with closure of Rubavu main district hospital, and PGI.
- One COVID-19 case was detected from the refugees from DRC and as a result measures were put in place to increase knowledge on preventive measures so as to prevent further spread in the camps.



Situation near the lava flow, Munigi, Monday May 24, 2021© FRC

THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE

- 22 May 2021: Mount Nyiragongo erupts, affecting 288,404 people and leading to displacement of about 30,000 people within North Kivu and South Kivu provinces of DRC and into Rubavu district in Rwanda
- 23 May 2021: DRC Government activates contingency plan and set up a crisis cell, comprising local authorities, the UN and the RCRC Movement
- 23 May 2021: IFRC allocated CHF 359,213 from [DREF](#) Fund to support emergency actions by RC DRC for 12,500 people in North Kivu
- 27 May 2021: Government request evacuation of ten neighbourhoods of Eastern Goma (400,000 to 500,000 people)
- 30 May 2021: IFRC issues an Emergency Appeal for 11.6m Swiss francs to support 80,000 people in DRC and Rwanda



7 June 2021: Local Authorities allow the displaced residents of Goma to return from their areas of temporary relocation in DRC and Rwanda

Situation overview

On Saturday 22 May 2021 at 19:00 hours, Mount Nyiragongo, located 10km from Goma, the lakeshore city of 1.5 million people in North Kivu Province of the Democratic Republic of Congo, suddenly erupted. A second eruption was reported at 21:30 hours. This sudden volcanic eruption created panic within the population, leading to mass movement towards the south-west (from Goma to Sake town) and towards Rwanda (Rubavu). 30,000 people fled in the night, sheltering in evacuation centres, host families or on the streets. It was reported that 288,404 people in Nyiragongo Territory were affected, 32 reported deaths, including 13 people during the evacuation of the city, 14 people burned by the lava and 05 asphyxiated by gases.

The Goma Volcano Observatory (OVG) reported to have registered more than 259 tremors between Saturday 22 May and Tuesday 25 May 2021, with one measuring 5.2 magnitude on the Richter scale. Authorities shut down schools, markets, shops and several building sites as a precaution. The volcano caused damage to housing, farmlands, transport and water infrastructure. The subsequent earthquakes caused cracks in buildings, roads and other infrastructure placing further stress on a population that was already traumatised. In view of the imminent danger posed to the population, 10 districts considered high risk to further eruption or seismic activity and home to some 400,000 people were ordered to evacuate on Thursday 27 May. Residents started moving towards the southwest village of Sake (Masisi territory), Minova (Kalehe territory) and Bukavu (South Kivu). Some also fled to Rushuru Territory north of Goma, and even further north to Butembo. The nearby city of Gisenyi on the Rwandan border received at least 25,000 refugees. Market assessments indicated an increase in the price of food and non-food items negatively affecting the purchasing power of the Goma residents further increasing vulnerability to food insecurity. The health facilities in the areas of relocation are also stretched beyond their limits and with pressure on the limited resources – such as water, their ability to cope in the face of a cholera epidemic was very low.

On 7 June 2021, the provincial authorities approved the gradual return of the inhabitants to Goma which resulted in movement of the displaced people back into Goma from 8 June. The local authorities were seen to relocate those whose homes were destroyed in a collective centre for ease of provision of support from the government and other aid agencies. There are massive needs to rebuild shelter and livelihoods to the state before the volcano disaster. The people who had fled to Rwanda returned to DRC leading to the closure of the 4 camps that had been established to accommodate the refugees.

Summary of Red Cross Red Crescent response to date

Summary of Red Cross response to date

Red Cross of Democratic Republic of Congo (RC DRC)

The RC DRC North Kivu branch mobilised its volunteers and staff to conduct an assessment on the extent of damage following the volcano and immediate needs on the ground. The following were accomplished by this team:

- Provision of first aid and transfer of patients in need of medical care - activation of 02 RRT who have conducted 33 burials and 180 patient transfers
- Psychological first aid to people affected by Nyiragongo volcano explosion.
- Provision of water in 05 temporary relocation sites

- 1,714 requests received from parents looking for their missing children with 182 non-accompanied children reunified
- CEA activities were conducted through door-to-door and through mass awareness activities reaching 10,620 people
- Educational talks held with women and girls on sexual and gender-based violence
- Deployment of 05 mobile first-aid teams to provide first-aid services to affected population.

Rwandan Red Cross

Rwandan Red Cross (RRC) mobilised and deployed five staff members from its national office to support 60 volunteers and two staff members from Rubavu district local branch who had been providing humanitarian support to fleeing Congolese and displaced families in Rubavu district. Four camps were established to host refugees with only one, the Busasamana reception centre remaining active for two weeks before being closed three weeks after the eruption.

RRC has so far been providing first aid services, psychosocial support, family reunification ambulance services, community-based health, risk communication on COVID-19 prevention, hygiene and sanitation to both refugees and affected families in Rubavu. The ambulance was dedicated to assist pregnant women and the severely sick to reach local health centres. Red Cross volunteers have been visiting communities and offering information on where to get help. They have been advising those whose homes were damaged by the earthquakes to vacate.

Summary of people reached, and activities done so far with Rwanda Red Cross support.

- 3,000 families supported with household items – both in the camps and community from RRC stocks.
- Tracing services done using phones for 193 people.
- 103 Health promotion sessions in the camps and host community, including hygiene & COVID-19.
- 163 people provided with first aid services and 68 with ambulance services and 3,125 people provided with psychosocial support services.
- 6,750 people supported with food (4,250 in the camp and 2,500 in host community).
- Community sensitization on hygiene and sanitation
- Distribution of masks to 3,000HHs (15,000 people) both displaced Congolese and affected host community.



Relief items from French Red Cross being offloaded from the trucks in Goma. © FRC

Overview of Red Cross Red Crescent Movement in country

International Federation of Red Cross and Red Crescent (IFRC)

- IFRC operation team activated in Goma in support of the National Societies to support initial response.
- Information Management support activated to gather secondary data and risk management information for in-country operations team.

- Head of Operations in Goma to ensure the coordination with RC DRC and the ICRC for the development of the operational strategy.
- Deployment of assessment cell to support comprehensive assessment, data collection, mapping.

French Red Cross

- Donation of PPEs to RC DRC (FFP2 masks, surgical masks, gloves, boots, goggles, raincoats)
- Donation of WASH items (Hydroalcoholic gel, soap, detergent, spray)
- Mobilization of 2,000 shelter tool kits and 4,000 tarpaulins to be sent from PIROI (French RC platform in La Reunion).
- Participation in the coordination meetings at field (North Kivu and South Kivu) and Kinshasa level

International Committee of the Red Cross (ICRC)

- **WASH** - Multiple responses to the water needs of the population in Goma and in the assembly sites for example, 5,500 people received water supply in Saké per day while 82,000 people received water from the Munigi reservoir by water trucking.
- **Health** - Maintaining care for the wounded at Ndosho hospital in Goma where surgical activities are in place and additional supply given (two tents, medical kits).
 - Support was also given to other health facilities in Goma (Goma general hospital, Kyeshero referral hospital, Virunga hospital, a mental health facility), in the areas where the displaced population was gathered (supply of water, medical equipment and health awareness and promotion activities) and PC Munzeze, facility for 2,300 inmates.
 - The town of Sake was given materials for the repair of their water infrastructure.
 - 3,700 patients benefited from a donation of medical equipment to the Karisimbi health zone (Bujovu and Majengo health centres, and in Munigi health centre. Medical equipment was also donated to Kirotshe health zone (Kimoka and Kaduki health centres), where 4,000 people were made aware of health activities.
 - 110 people with reduced mobility evacuated from the PRP Shirika la Umoja centre to their mental health centre located in the safe area ("Tulizo Letu"). Medical supply was given to PRP dispensary after their return.
 - 46 injured people and/or transferred from another structure treated at Ndosho hospital in Goma.
 - 3,700 patients could receive mental health and psychosocial support thanks to psychosocial assistant (04) and sensitizers (50 = trained in the community).
 - 10,000 people could benefit of a medical supply to Minova referral hospital.
 - 45 health staff were trained on first aid in Karisimbi, Kirotshe and Minova health zone.
- **Protection** - tracing of family members and reunification of separated families
- **Economic Security** - Provided food and essential goods (F&E) assistance to 2,451 displaced households in Minova. Each household received 50 kg of rice, 25 kg of beans, 10 litres of oil and 01 kg of salt. As for the essential household items (EHI), each household received 03 blankets, 03 mats, a tarp, a mosquito net, 04 bars of soap, a kitchen set.
- **Food and EHI assistance** to 197 households of the physically challenged in Goma.
- **Donation of food** was made to the Adventist Orphanage in Goma for the care of 26 orphaned children.

DRC Red Cross

- 367 unaccompanied children identified of which 148 transferred to reception centres. Around 250 unaccompanied children obtained water at the Don Bosco centre.
- 187 unaccompanied children reunited.
- Over 1500 requests from parents seeking children.
- 06 kiosks set up to facilitate restoration of family links (Minova, Saké, Shasha, Mungunga, Goma and Munigi) plus 5 in South Kivu (Bukavu, Kavumu, Kavira port, Nyabibwe and Kadutu) which have facilitated a total of over 660 positive phone calls between family members in North Kivu alone, from 01.06 onwards.

- 100 volunteers from the North Kivu provincial committee deployed with ICRC support for emergency assistance activities; 4 tents of 40/2m donated to the RC DRC and 6 vehicles made available for their use. An additional 20 volunteers were deployed to respond to RFL needs.

These activities carried out by the National Society supported by ICRC were done under the framework of the volcanic eruption operation with own funding from its 2021 annual plan and not through the Federation Appeal or DREF budget.

Overview of non-RCRC actors in country

DRC

- Local authorities involved in resettling those whose homes were devastated by the volcano while also overseeing the distribution of government support.
- Division of Social Affairs (DIVAS) – involved in broadcasting protection messages on media and has deployed social workers to support in identification and unification of unaccompanied children.
- WFP/World Vision involved in food distribution to affected households.
- Coordination is done with other stakeholder like Civil Protection and UN agencies e.g. UNHCR and IOM under the shelter coordination cluster.

Rwanda

- The Government of Rwanda is coordinating the operation and evacuating the families in the risky places that were affected by earthquakes.
- Different coordination meetings of crisis task force composed by the concerned government institutions, military, and RRC are organised weekly by the Ministry of Emergency at the Rubavu District.

External Coordination

- IFRC participating in shelter, health and WASH cluster coordination, along with inter-cluster coordination. Support for long-term shelter strategic planning.
- The IFRC team has mapped the external coordination architecture for the Nyiragongo operation and shared this with all Movement components.
- The IFRC and RC DRC will be present at the upcoming “Réunion du Comité Régional Inter-organisation” (CRIO) with other heads of agencies in Goma to enhance the RC Movement’s participation in inter-agency fora.

Needs analysis and scenario planning

Needs analysis

In DRC

Following the announcement of the authorities to evacuate areas at risk due to the eruption of Mt Nyiragongo, over 450,000 people or nearly 40% of the total population, were displaced from Goma and Nyiragongo. By the 11 June 2021, IOM reported that 80% of the displaced had returned, and assistance for return movements continues to be provided. As of 11 June, some 60,000 people remained displaced in Goma, and close to 30,000 people in Nyiragongo. Areas with the lowest levels of returns include those that were directly affected by the volcanic eruption: Bukanda, Bushara, EP Mudjoga, Kanyandja, Kasenyi, Mugerwa, Ngangi, and Rukoko in Nyiragongo territory and Kyeshero, Murara, and Virunga in Goma.

With regards to the initial eruption and subsequent earthquakes, basic needs assessments by sector are as follows:

SECTORS	NEEDS AND RESPONSE OPTION
SHELTER	<ul style="list-style-type: none"> • According to the Civil Protection agency, over 6,000 households have been directly affected by the volcanic eruption. Many had their houses

	<p>destroyed and lost most of their belongings. Satellite imagery analysis indicated some 2,400 structures were destroyed by the lava flows in Nyiragongo territory and one quartier of Goma. Assessments conducted by IOM identified 4,050 households that were staying in and around collective shelters, such as schools and churches, who need emergency shelter. Others are staying with host families. There is a need for medium- and long-term shelter solutions, as many lost their home and have limited means to rebuild on their own. Currently, two IDP camps are under construction to host part of the affected population, one is constructed by the DRC military and the other by the RC DRC. These sites are planned to last for 3-6 months, after which a long-term solution for return or relocation will be needed.</p> <ul style="list-style-type: none"> • Infrastructure was damaged by the eruption and subsequent earthquakes, and a considerable number of buildings are unsafe for return. • While returns from Sake, Minova and other locations continue, some people reportedly are staying as they have no home to return to.
WASH	<ul style="list-style-type: none"> • The water network serving a large part of Goma was damaged by the eruption and subsequent tremors. Humanitarian actors have re-established access to the network to part of the affected population, while others are being served by emergency water trucking. Due to increased demand for water from vendors, the price of water has increased. In some parts of Goma (Mapendo, Kasenyi, Bujovu and South Mabanga), which are providing people from neighbouring areas with water, some incidents of fighting or conflict have been reported by WASH actors as a result of the increased waiting time at water distribution points. In the longer term, a sustainable solution for the repair of the water infrastructure is required. • In Nyiragongo, 60% of the population directly affected by the volcanic eruption indicated they did not have access to a water source in their village, while 36% indicated their usual water source had been damaged or destroyed. The RC DRC, IFRC and ICRC, among other organisations, are trucking water to the affected area on a daily basis but the quantity is reportedly not sufficient to meet the need. Meanwhile, repair of the damaged water system is on the way. • Access to sanitation is very limited for displaced households, particularly for those living in collective shelters. Latrines that belong to schools that host IDPs are generally dirty and poorly maintained. Open defecation was observed around the sites during an assessment by the RC DRC. • In displacement areas outside of Goma, such as Sake and Minova, humanitarian actors were providing water to the IDPs. Assessments indicate that WASH needs in various locations of Masisi territory predate the volcanic eruption, but they have been exacerbated by the arrival of IDPs due to increased demand.
LIVELIHOODS AND BASIC NEEDS	<ul style="list-style-type: none"> • The areas on the course of the lava are important agriculture production zones that regularly supply Goma markets. The destruction of fields has rendered people jobless, reduced food supply capacity and contributed to price increase. • The territory of Nyiragongo already had a high level of malnutrition with 30% (148,014 people) of the population at IPC3 level and above (Feb 2021 to Jul 2021). This situation will be exacerbated by the current disaster, which will further limit production and access to food.

	<ul style="list-style-type: none"> • Over 200 ha of agricultural land and pasture have been destroyed by the lava flow. Additional crops have been damaged by volcanic ashes, affecting an area significantly larger than that directly affected. • Displaced households report the use of negative coping mechanisms, such as skipping meals and consumption of seeds.
HEALTH	<ul style="list-style-type: none"> • In the affected areas, people reportedly face increased difficulty to access healthcare. In the evacuated zones of Goma, this was partially due to the evacuation of medical personnel. A shortage of essential medicine has been reported as well as an increase in the cost of health services. Various humanitarian health actors are providing emergency health services free of charge to curb the impact of the crisis. • Psychological trauma due to the volcanic eruption and continued seismic tremors has been reported, resulting in lack of sleep, constant fear and uncertainty around evolving long-term crisis situation, dearth of livelihoods and separation of families. • Due to overcrowding and poor access to WASH services, there is an elevated risk of public health hazards, including waterborne and water-related diseases such as cholera. So far, no significant increase in cholera cases has been reported yet in Goma or in North Kivu in general. However, given the current conditions and limited access to safe water and sanitation, vigilance and preparedness are needed. (To note, during the last volcanic eruption in 2002 a cholera outbreak occurred soon after population displacement). • COVID-19 continues to be an issue in DRC and perhaps underreported. All people crossing to Rwanda were COVID-19 tested, and at least one positive case was reported. Cases of COVID-19 are reportedly on the rise in Goma.
PROTECTION	<ul style="list-style-type: none"> • There are a significant number of unaccompanied children. As of 12 June, 1,440 unaccompanied minors had been identified, of whom 1,222 already reunited with their family. UNICEF reported hundreds of children initially separated from their families. According to the Child Protection Working Group, the need for assistance to unaccompanied minors is met by the current activities. However, there are unmet needs for child protection when it comes to violence and more specifically, child survivors of sexual and gender-based violence (SGBV), and psychosocial support. • The displacement has led to risks related to SGBV and the need for protection against sexual exploitation and abuse (PSEA), particularly for women and girls is high. • People with disabilities are among the displaced and will need adapted assistance. At least 250 people living with disabilities were identified among the IDPs in Sake.

In Rwanda

It is reported that over 25,000 people fled to Rwanda after the eruption on 22 May 2021 and subsequent seismic shakes. Rwanda government immediately opened four (4) transit camps but in two weeks after crossing the border, only 23 families (56 people) were hosted in the remaining camp. On 13 June, the Rwanda government through MINEMA moved these 23 families to Kijote transit centre in Nyabihu district. The focus of the response shifted to families whose houses and livelihoods were affected in Rubavu district in Rwanda as a result of earthquakes that followed the eruption affecting houses, infrastructure, livelihoods, health and education sectors in Rubavu, Rwanda.

In Rubavu district, 13,330 people (2,666HHs) are living outside either due to the collapse of their houses or because their houses weakened with cracked walls. This has increased protection risks for women and girls with an estimated 70% of the people whose homes were damaged being women and children; 25% are pregnant women and children under five.

Seven (7) schools with 55 rooms, one (01) hospital (the district main hospital) and two (02) main markets were damaged. Students from affected schools were shifted to other nearby schools which created risks for health-related diseases due to overcrowding, as well as promoting school dropout due to long distance to be walked by the children. Four (04) main waterpipes that supply water to residents of Gisenyi town and roads were damaged. The government declared unsafe 400 metres on either side of a fault line created as a result of the earthquakes which is estimated to be affecting 66,233 people (13,243 households). However, the government has only provided support to 149 houses with rent for one month.

There is fear of health-related risks due to the lava, dust and gases with chemical elements. Livelihoods have been affected and the crops damaged, slowdown of the businesses (tourists, cross border businesses, other small businesses) coupled with COVID-19 effects and other natural disasters (flood) in the last month. There are more than 05 hectares of crops damaged by lava from Nyiragongo (Cyanzarwe Sector) and are in bad condition to be consumed. Reduction of economic capacity of the community in Rubavu estimated 6,000 vulnerable families are unable to afford the basic needs.

MINEMA, Rwanda Red Cross and partners, conducted a needs assessment and identified listed needs below as follows:

SECTORS	NEEDS AND RESPONSE OPTION
Health, Nutrition and PSS	<ul style="list-style-type: none"> • Food support is needed as the basic needs for the families affected including nutrition support to the specific groups (pregnant women, the elderly, under-fives, malnourished kids, people with chronic diseases, etc.). • Provision of masks will decrease spread of COVID-19 and diseases in schools and rural community (specially affected ones). • Relocation of the hospital that is on the fault line and supporting in the health facilities that have been damaged.
WASH	<ul style="list-style-type: none"> • The affected families (2,666HHs) and 07 schools need some hygiene kits (jerrycans, buckets, toothpaste and brushes, soap, water filters and water treatment tablets). • Hand washing facilities in schools and public places (tip taps, hand washing stations) are needed to limit the spread of hygiene related diseases including COVID-19) as well as construction of destroyed latrines. • Water purification chemicals(chlorine) is needed to avoid water related diseases such as cholera, etc. • There is a need to establish the community hygiene clubs to ensure the awareness of hygiene within the community. • Conducting health, WASH and water management risk assessment for dumping site effects, water quality monitoring and sanitation assessment.
SHELTER	<ul style="list-style-type: none"> • The 2,666 affected families are homeless therefore emergency support is needed to rent them houses to live in and also quick rehabilitation of the damaged houses for the most vulnerable to enhance their safety and wellbeing. • Construction of 948 houses that were completely destroyed is also crucial to decrease the health-related risks as many are passing their night outside hence the need to lobby for relevant support from other actors in the response. • Household items were damaged due to earthquakes therefore there is need to provide non-food items (NFIs: blankets, mats, tents, kitchen sets) to these 2,666 families.

	<ul style="list-style-type: none"> strengthening family link and PSS to the affected people including refresher training of Red Cross volunteers and community health workers, home visits and counselling will reduce mental stress and other PSS related problems.
PROTECTION	<ul style="list-style-type: none"> It is estimated that 70% of the affected families are women and more than 25% are children. Therefore, protection from harm and violence is needed. Provision of the following is also essential - menstrual hygiene management kits (pads, underwear, soap, kitenge, vaseline, buckets, mirror, comb) and also cash to the particular groups for affording the basic needs and recover their income.
LIVELIHOOD	<ul style="list-style-type: none"> More than 6,000 people reportedly lost their source of income, therefore, cash and voucher assistance is necessary to recover their livelihoods.
Disaster Risk Reduction	<ul style="list-style-type: none"> Replenishment of stock utilised during response and prepositioning of the missing relevant equipment and or materials related to the response to volcanic eruption such as: bladders for water, family tents, and tarpaulins, oxygen masks, will support the NS to be effectively prepared. Strengthening ambulance service by purchasing the ambulances as well as truck for transportation of NFIs and other vehicles that will enhance response capacity of the branch committees. Provide and set up of the radio communication tools to the RRC vehicles and supporting dispatch centre. All western districts including Rubavu District are prone to the natural disasters due to Sebeya River and also the hills that usually cause landslide. Therefore, local strategic stock to serve the operation of in all western districts is needed for early response to any emergency. However, replenishment of the national stock is also a need. Strengthening of volunteers' capacity by providing training to the specialised emergency team (RDRT, NDRT, BDRT, LDRT) in EVCA, volcanic operation, emergency need assessment and planning, training in WASH in emergency (KIT2& 5), RFL trainings, PSS, FA, Shelter, CEA, PGI, and other disaster management relevant components. Peer to peer regional exchange learning will contribute to strengthening the response intervention of both DRC and Rwanda. Strengthening early warning dissemination mechanisms by providing EW dissemination tools and materials, etc.
Community Engagement and Accountability	<ul style="list-style-type: none"> Provision of IEC materials, visibility materials and supporting call centre for community feedback and complaints.

Targeting

Below is the table showing the people targeted per sector. Assessments are still underway, and this should be adjusted once assessment results are available:

Province /District	Locations	Status	Population Targeted	Typology of needs per sector
Democratic Republic of Congo				
North Kivu	Nyiragongo Territory	IDPs and host communities	40,000	Shelter, Health, WASH, IPC, MHPSS, PGI, DRR, NSD, livelihoods and basic needs
	Goma			
	Masisi (Sake and others)			

	Rushuru	Red Cross Branch volunteers and staff		
South Kivu	Kalehe (Minova - Nyabibwe)	IDPs and host communities	30,000	Shelter, Health, WASH, IPC, MHPSS PGI, DRR, NSD, livelihoods and basic needs
	Bukavu	Red Cross Branch volunteers and staff		
Rwanda				
Rubavu	Gisenyi	Affected households and Rubavu local Red Cross.	13,330	Shelter, Health, WASH, IPC MHPSS, PGI, DRR and NSD Other beneficiaries are mainly reached with health and hygiene promotion campaigns.

The priority regarding the distribution of relief items will be given to the evacuees hosted by their relatives and friends or in unofficial and official evacuation centres. Sex, age and disability disaggregated data will be provided once the National Societies have more details on affected and displaced people.

The recipient households will also be identified/selected according to the level of risks they face with regards to ensuring their dignity, access and safety. Prioritized groups include orphans and children; female-headed households and households with pregnant women, nursing mothers and children under five; older people; people with disabilities; chronically ill people; child-headed households and adolescents. Continuous protection, gender and inclusion assessments and analysis will inform targeting and priority efforts throughout.

Scenario Planning

Global COVID-19 pandemic ¹

This operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. Rwanda has tightened its COVID-19 travel restrictions for passengers from India, Uganda and the DR Congo amid an effort to stem the rise of COVID-19 cases. The team is gathering information to determine the actual implications this will have on operations continuity. A risk analysis has been produced, in consultation with the ICRC, to inform work and life planning for the operations team in Goma. Teams have been split into 'bubbles' to mitigate COVID-19 infection risk given the rise in caseloads in central Africa. The BCP in Rwanda has been approved and being implemented. A Staff Health surge is in Goma to support the surge team and COVID-19 business continuity. Meanwhile staff began vaccinations in Goma on 17 June with emphasis on supporting national staff and NS staff to access the vaccine.

The National Societies' response to COVID-19 is supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision while adapting to COVID-19. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The National Societies will keep monitoring the situation closely and

¹ <https://covid19.who.int/region/afro/country/mz>

revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and movement of National Societies volunteers and staff. For more information, please consult the [COVID-19 operation page IFRC Go platform](#).

The epidemic poses a considerable threat to IFRC, RC DRC, and RRC staff and volunteers, as well as the communities served. This includes the risk of mistrust, denial and rumours about the outbreak that may decrease the impact of activities, and add risk to volunteers and staff, as communities may not accept the support provided. The IFRC office, with the support of the Africa Regional Office, has put in motion a set of activities to prevent the contagion of staff and volunteers. Moreover, activities were analysed across all sectors, and a risk analysis conducted to understand the risks it entails, as well as mitigation measures that could allow to continue implementing the activities. This risk analysis was then framed into an activity priority framework that guided sectors on which activities will continue and expanded, those that will be adapted, and finally, those that will be put on hold until risk can be safely managed.

Operation Risk Assessment

Staff and volunteers of the RC DRC and RRC may face the below risks in implementing this operation:

- Insecurity due to various militias in the area, as well as the looting of homes, shops, etc.
- Risks of being infected with COVID-19.
- Exposure to EVD which is a recurring outbreak in Eastern DRC.
- Price fluctuation due to COVID-19 and worsening of looming food insecurity in North and South Kivu.
- Decrease of commodities at the markets, as they become unstable due to population movement and coverage of farmlands by lava from the volcano.
- There is a risk for toxic gas (Butane) escaping from Lake Kivu, as there are pockets of this deadly gas across the lake. The current seismic activity could cause fissures on the ground, which could release Butane gas or lava which in both cases, could be deadly for the population.
- Infrastructural damages, which could increase the current caseload of people without shelter as people are returning to their homes in at-risk areas.
- Unstable walls and foundations of houses that can pose a threat to staff and volunteers in response.
- Most of the water within the affected communities contaminated or exposed to potential contamination. Similarly, the damaged pit latrines might pose major health risks which may affect staff and volunteers during the operation.

The risk mitigation measures that are put in place include:

- Movement of staff and volunteers will be coordinated based on security clearance.
- All volunteers will be insured for the duration of the operation. To note, 1,000 volunteers are already insured by the RC DRC with the support of ICRC.
- All operation field teams will be provided with safety gears, safe water and food packages and encouraged to avoid using unsafe latrines.
- Volunteers will be trained on epidemic control to strengthen community surveillance and hygiene promotion.
- Volunteers will receive orientation including awareness on safe hygiene measures to prevent EVD and COVID-19 spread.
- Regular safety and security briefings will be conducted.



Assorted relief items from IHC, Dubai. © IFRC

- Regular monitoring of the market
- Raise awareness within the population to avoid sheltering in areas at risk of gas release and areas where there are fissures on the ground or in areas where there is structural damage to buildings to avoid accidents should the buildings eventually collapse.

With regards to security, authorities have extended the state of siege implemented in Ituri and North Kivu provinces. The measure was implemented with the military administration replacing civilian administration in both provinces as part of the martial law on May 6, 2021. Under the state of siege, civil courts were substituted by military courts, and governors and provincial assemblies were suspended; military governors and police vice-governors took over responsibilities. The state of siege allows for increased deployment of security personnel, monitoring and censorship of communications, restrictions on movement and additional powers to conduct searches, establish checkpoints, arrest and imprison those suspected of having intentions to harm national security.

A. THE OPERATIONAL STRATEGY

Proposed strategy

To support 80,000 people - 70,000 in DRC and 10,000 in Rwanda (approximately 16,000 households) made homeless by the volcano eruption or successive earthquakes, those subsequently displaced from at-risk areas as instructed by the Government and reduce the risks to those that can be harmed by further hazards (eruptions, toxic gas, and other secondary hazards). Through this Emergency Appeal, the IFRC seeks to strengthen and scale up ongoing response efforts by both RC DRC and Rwanda RC. The sectors targeted for support are DRR, shelter and essential household items, livelihoods and basic needs, emergency health, WASH, PGI, cross border migration, and NSD.

More detailed assessments are currently ongoing to complement the information from initial and rapid assessments conducted by the RC DRC and other actors. Consultation with relevant government departments and other stakeholders form a key aspect so as to prevent duplication of efforts and ensure all affected populations get assistance from the various stakeholders. This will be shared once completed.

B. DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS



Shelter and Essential Household items

People reached:

Male:

Female:

Outcome 1: Communities in disaster and crisis-affected areas restore and strengthen their safety, well-being through emergency shelter and settlements and early recovery solutions

Output 1.1: Short-term shelter and settlement assistance is provided to affected households

Indicators	Target	Actual
# of affected families supported with shelter solutions (emergency shelter)		
# of households receiving essential household items		3,000

Output 1.2: Technical support, guidance and awareness-raising in safe shelter design and settlement planning and improved building techniques are provided to RC DRC and RRC staff, volunteers, and affected households

Indicators

of RC DRC and Rwanda RC staff, volunteers and affected household members trained in safe shelter design and building techniques
of shelter constructed

Target**Actual****Progress towards outcomes****Democratic Republic of Congo Progress:**

- Coordination with the Shelter Cluster is ongoing, with response options and contingency planning underway.
- Several options are considered and planned for, including NFI support to displaced and host families, in-kind support to families receiving rental support, construction of emergency shelters in government-dedicated temporary displacement sites, and support for transitional housing in cases where displaced families are hosted with family members or in communities where they could remain long-term.
- The government (military) is building the site "del la Paroisse" on its own. Around 1,000 shelters are being built in the IDP camp "del la Paroisse". The government has handed over the site (de Stadion) to the RC DRC. An IDP camp is also to be built there, but with the dimensions and layout planning required by the humanitarian and Sphere standards. The layout is now being planned and two model shelters were started to build by the volunteers in a training session. Further discussions are underway with the government.
- Training of 120 skilled and unskilled volunteers in safer shelter design and building techniques was started and is ongoing.
- 2,000 shelter toolkits and 4,000 tarps (French Red Cross) are now available in the IFRC warehouse in Goma.
- The vast majority of displaced people have returned home to Goma.



Rwandan Red Cross volunteers distributing items to affected people in Rubavu. © RRC

Rwanda Progress:

- All four established camps in Rwanda for fleeing Congolese closed, only remaining 23 families (56 people) moved to Kijote transit camp in Nyabihu district.
- Assessment revealed that 2,673 houses were damaged as a result of the earthquake out of which 348 houses were completely damaged. Besides, the assessment identified a further 317 families that are living along a fault-line to be relocated. However, according to geological information of Rwaza cell in Rugerero Sector, the relocation may affect 1,841 HHs. The government managed to rent houses for 149 HHs only, while remaining are living in the partially damaged houses while others are passing their nights outside.
- 265 Congolese refugees received NFIs (non-food items) from RRC.
- Government and geological assessments ongoing.
- Students in 07 schools affected by the volcanic eruption were moved to other nearby schools.
- Advocacy and post disaster needs assessment (PDNA)
- Distribution of NFIs to 3,000 households using mobilized resources and national preparedness stocks



Livelihoods and basic needs

People reached: 6,750

Male: 1,833

Female: 4,917

Outcome 1: Communities, especially in disaster and crisis-affected areas, restore, and strengthen their livelihoods

Output 1.1: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators	Target	Actual
# of people reached with food assistance for basic needs		6,750
# of people reached with cash for basic needs		
# of people reached by public awareness and education on sustainable livelihoods		

Output 1.2: Household livelihoods security is enhanced through food production and income-generating activities restoration

Indicators	Target	Actual
# of targeted population whose livelihoods are restored to/improved from pre-disaster level		
# of people supported with in-kind assets or cash or vouchers for starting/strengthening economic activities		

Progress towards outcomes

Democratic Republic of Congo Progress:

- Market assessment and identification of beneficiaries ongoing to establish possibility of cash transfer support for basic needs. Immediately after the occurrence of the volcano and subsequent earthquakes, there was disruption in the distribution of food commodities and markets realised an increase in prices of commodities. The calculation of the minimum expenditure basket and the transfer value will consider commodity prices and the community needs.

Rwanda Progress:

- 6,750 (4,917 female 1,833 male) people supported with food (4,250 in the camp and 2,500 in host community)



Health

People reached: 10,542²

Male: 2,076

Female: 3,586

Outcome 1: The immediate risks to the health of affected population are reduced

Output 1.1: The immediate risks to the health of the affected populations are reduced through improved access to first aid services

Indicators	Target	Actual
# of people reached by first aid services		

² Not all numbers were gender disaggregated, working on this for subsequent updates

of people reached with community-based disease prevention and health promotion programming

Output 1.2: Communities are supported by National Societies to effectively respond to health and psychosocial needs

Indicators	Target	Actual
# of people reached by psychosocial support		9,497
# of people reached by psychosocial support specifically for survivors of sexual and/or gender-based violence		882

Progress towards outcomes

Democratic Republic of Congo Progress:

- 39 volunteers in Goma are supporting health and WASH activities in communities (e.g. first aid at water points, distribution of drinking water outside the reach of water bladders, etc.)
- One first aid point in Sake has been closed as the hosted population has returned to Goma, while one in Nyiragongo has closed as most evacuees have returned to their homes.
- 7 RC DRC volunteers are providing ongoing first aid services in two locations in Goma/Nyiragongo. Each first aid post is providing services to on average 30-55 people per day, with most services relating to wound management (399 cases of wounds and 101 cases of burns), with referrals to a government field hospital and pre-existing health facilities where necessary.
- Provision of first aid and transfer of patients in need of medical care - activation of 2 RRT who have conducted 33 burials and 180 patient transfers. Five first aid teams have been deployed to provide first aid services to affected population.
- Psychosocial support (PSS) has also been given for those who were traumatised by the disaster. Both individual and group sessions were conducted for a total of 6,372 people (2,704 women, 2,076 men and 1,592 children). The volunteers involved in the burials were also given PSS debriefing.
- Educational talks held with women and girls on sexual and gender-based violence as follows:
 - 20 educational talks for 240 girls
 - 36 focus groups for 446 women
 - Active listening (psychosocial care) for 196 women; 5 women and 3 girls who were casualties of sexual violence were referred to the CCLK Health Centre. A 3-year-old child who was a casualty of sexual violence was referred to Heal Africa Hospital

Rwanda Progress:

- RRC on average is offering PSS with an average of 120 persons per day to both the refugees in the camp and affected families in Rubavu. 3,125 people provided with psychosocial support services.
- One ambulance unit attached to the refugee camp supporting refugee's referral with an average of two referrals per day.
- 103 health promotion sessions conducted in the camps and host community including raising awareness on COVID-19 and advocating for vaccination: 04 RRC volunteers received COVID-19 vaccine.
- Providing first-aid services those injured, so far 163 people have been offered first-aid.
- Reusable face masks were distributed to 3,000 HHs (15,000 people) both displaced Congolese and affected host community.



Water, sanitation and hygiene

People reached: 8,927

Male:

Female:

Outcome 1: **Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services**

Output 1.1: Improved availability of safe water supply in relocation areas

Indicators	Target	Actual
# households provided with safe water		
# households reached with awareness raising activities on improved treatment and safe use of wastewater		

Output 1.1: Community health, hygiene and sanitation education conducted

Indicators	Target	Actual
# households reached with key messages to promote personal and community hygiene		1,017
# of households provided with a set of essential hygiene items		2,000

Progress towards outcomes

Democratic Republic of Congo Progress:

- Four displacement sites in Goma received support for safe water (Sawasawa, Ave Maria, Kanyaruchinya and Mujoga). These water points primarily served households who are living in precarious conditions, including in unofficial collective sites (e.g. community buildings and in open-air settings), whose homes were destroyed by the lava flows.
- Among 14 sites receiving support through the WASH cluster, five (Mugunga, Bujovu, Majengo, Munigi, and Buhene) are supported only by the Red Cross. The DRC Red Cross has installed 5 bladders in 5 sites with a total capacity of 100m³ for the distribution of drinking water to the displaced population. This started on 01 June. To date 1.16 million litres of water have been supplied.
- The arrival of the IFRC's WASH coordinator 15 June has allowed both strategic planning and cluster coordination to advance in earnest.
- Water trucking to four displacement sites (including collective shelters and host communities bordering the lava flow) has been extended 10 days, as displaced families await decisions on emergency and transitional shelter decisions and awaiting the emergency repairs at the piped water system.
- Emergency repairs to some school latrines and rainwater harvesting systems at schools that host IDPs are ongoing as well as the construction of some emergency latrines at the temporary displacement site Mujoga
- An evaluation of the sanitation strategy and next steps is underway.
- Community engagement and accountability (CEA) teams have been engaged in house-to-house and mass awareness education campaigns among the affected population with the main themes of their sensitisation revolving around maintaining hygiene, COVID-19 prevention mechanisms, maintaining safety and health post volcanic eruption.

Some of the messages include:

- Do not walk on lava
- Do not drink rainwater
- Wash vegetables well before eating them

- Respect the rules to prevent epidemics (Cholera)
- Continue to observe the barrier measures against COVID

At the end of the sensitisation sessions, the feedback collected from the community has been useful in informing the operations. For example, water trucking is set to be done until the end of June and sustainable and economic ways of providing water to the affected households are being discussed by the relevant authorities especially for those who are still not able to return to their original homes that were covered by lava as the damages water infrastructure has not yet been repaired. In addition to this, the concern that some have not received aid from humanitarian actors is being addressed through interagency coordination so as to avoid duplication and pockets of 'forgotten' affected households.

- The number of households reached during the house-to-house visits is 1,017 (8,927 people) and through mass sensitisation, 1,693 people have been reached.

Rwanda Progress:

- Raising awareness on hygiene through promotion sessions; 103 hygiene promotion sessions conducted in the camps and to displaced people in Rubavu
- RRC has distributed hygiene kits to 2,000 households using mobilised resources and national strategic stocks



Protection, Gender and Inclusion

People reached: 763³

Male:

Female: 388

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable

Output 1.1: The programmes ensure safe and equitable access to basic services, considering different needs based on gender and other diversity factors

Indicators

of RC DRC and Rwanda RC staff and volunteers providing direct services who are briefed and trained on IFRC code of conduct.

Target beneficiary and community reports on the timeliness, relevance, benefits and appropriateness of PSS programmes to their needs.

Target

Actual

Output 1.2: Emergency and Recovery response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children, promoting safer communities

of children reunified with family members or are in other appropriate care arrangements according to their specific needs and best interests

182

Progress towards outcomes

Democratic Republic of Congo Progress:

- A TOR has been developed for PGI support to the emergency operation, which envisions PGI focal points in Kinshasa, Goma, and Kigali. Recruitment for these positions is underway
- 1,714 requests received from parents looking for their missing children with 182 non-accompanied children reunified and 134 children referred to Division of Social Affairs (DIVAS)
- 188 Women counselled following stress related to the Nyiragongo volcanic eruption of 22 May 2021

³ Number of children reached were not gender disaggregated hence not able to tell the number of boys and girls reached. This will be looked into for subsequent updates.

Rwanda Progress:

- Family link: 193 people supported with phone calls as part of tracing.
- Separate meetings with both women and men to raise awareness on SGBV.
- RRC advocated for proper lighting in the transit camps.
- Provision of MHM kits to 200 women and girls

**Migration****People reached:**

Male:

Female:

Outcome 1: Communities support the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Output 1.1: Migrants, transit and host communities access key information and are engaged in decision making processes that contribute to reducing their vulnerability and foster social inclusion.

Indicators	Target	Actual
# of people reached by information materials and information activities through the CEA teams		
# of people reached with services for migration assistance and protection		

Progress towards outcomes

No activities have been carried out

**Disaster Risk Reduction****People reached:**

Male:

Female:

Outcome 1: Communities in high-risk areas are prepared for and able to respond to disaster

Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters

Indicators	Target	Actual
# people reached with public awareness and education campaigns using harmonized messages to reduce, mitigate and respond to identified risks		
# of community early warning systems established or improved and linked with local or national systems		
# of people reached through Red Cross programmes for DRR and community resilience (excluding public awareness and education campaigns)		

Progress towards outcomes

Due to the multi-hazard nature of the operation, it is imperative to look at risk reduction and risk detection vis a vis the prevalent risks communities face. The situation in Goma indicates health related risks hence, as part of DRR, the community-based surveillance approach will be implemented to enable early detection of diseases of epidemic potential, strength capacity of the RC DRC in development and implementation of early warning systems for management of epidemics. Planning for community-based surveillance and health/hygiene

promotion programming is underway, as part of early recovery and transition to longer term community-based programmes

ENABLING ACTIONS

Strengthening National Societies

Outcome 1: National Society capacity building and organisational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform

Output 1.1: The National Society has a strong and effective leadership

Output 1.2: The National Society has effective and motivated volunteers who are protected

Indicators	Target	Actual
# of volunteers insured		
# of active volunteers registered on online volunteer management system		

Output 1.3: The National Societies continue to develop the necessary corporate infrastructure and systems, based on its own assessment of priorities

Indicators	Target	Actual
# of staff trained/and retrained in finance systems		
# of volunteers and staff trained in PMER/IM systems		

Output 1.4: The RC DRC and Rwanda RC Societies capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators	Target	Actual
DRM strategy developed		
# of priority actions implemented following engagement of the NSs in the PER approach as part of response capacity strengthening		

Progress towards outcomes

80 tons of assorted relief items have been received from International Humanitarian Centre (Dubai), in Kigali. These items will be split between RC DRC and RRC for replenishment of stocks used and for distribution to the households affected by volcano eruption.

Influencing others as strategic partners

Outcome 1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable

Output 1.1: IFRC and The National Societies are visible, trusted, and effective advocates on humanitarian issues

Output 1.2: National Societies are supported to undertake successful policy and legislative advocacy at the national level

Indicators	Target	Actual
# of Red Cross initiatives supported by the government in DRC and Rwanda		

Output 1.3: National Societies are supported in resource and partnership development

Indicators	Target	Actual
Existence of Resource mobilisation strategy		
# of new partnerships developed during the life of the Appeal		

Amount of funding received from the new partnerships (CHF)		
Outcome 2: The programmatic reach of National Societies and the IFRC is expanded		
Output 2.1: Strengthen planning, monitoring, evaluation, and reporting		
Indicators	Target	Actual
Existence of M&E system to support data collection, analysis and use in programming		
# of RC DRC and Rwanda RC staff and volunteers trained in PMER		
Progress towards outcomes		
<ul style="list-style-type: none"> Data collection tools for the assessments have been developed and assessments are ongoing. 		

Strengthening Coordination and Accountability		
Outcome 1: Effective and coordinated international disaster response is ensured		
Output 1.1: Effective and respected surge capacity mechanism is maintained		
Indicators	Target	Actual
# of surge staff deployed	17	11
Output 1.2: The National Society compliance with Principles and Rules for Humanitarian Assistance is improved		
Indicators	Target	Actual
# of community assessments done to understand perceptions of humanitarian assistance provided		
# of actions implemented following the assessments		
Output 1.3: Coordinating role of the IFRC within the international humanitarian system is enhanced		
Indicators	Target	Actual
Shelter strategy developed	1	
Outcome 2: The complementarity and strengths of the Movement are enhanced		
Output 2.1: Shared services in areas such as IT, logistics and information management are provided		
Indicators	Target	Actual
# of RC DRC and Rwanda RC staff and volunteers trained on using IFRC mobile data collection tools.		
Outcome 3: The IFRC enhances its effectiveness, credibility, and accountability		
Output 3.1: IFRC staff shows good level of engagement and performance		
Indicators	Target	Actual
Availability of updated risk register		
Output 3.2: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders		
Indicators	Target	Actual
% of staff having completed training on prevention of fraud and corruption		
# of unqualified financial audits completed	1	
Output 3.3: Staff security is prioritised in all IFRC activities		
Indicators	Target	Actual
# of volunteers and staff having completed security training		
Progress towards outcomes		

- The following surge positions have been filled – HeOps (1), Logistics Coordinators for Goma and Kigali (2), Logistics officer (1) Field Coordinator (1), Shelter Coordinator (1), Assessment Coordinator (1), WASH Coordinator (1), Humanitarian Information Analysis Officer (1), SIMS Remote Coordinator (1), Primary Data Collection Officer (1).

Ensure a strong IFRC

Outcome 1: The IFRC enhances its effectiveness, credibility and accountability

Output 1.1: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective

Indicators	Target	Actual
# of audits of financial statements conducted in compliance with international financial reporting standards	1	0

Output 1.2: Staff security is prioritised in all IFRC activities

Indicators	Target	Actual
% of IFRC staff participating in security briefings	100%	100%

Progress towards outcomes

- Security briefing has been given to all staff currently working in the operation. Regular updates are shared in various forums to ensure safety of the staff.

Contact information

For further information, specifically related to this operation please contact:

RC DRC Red Cross

- **DRC Red Cross Secretary General:** Dr Jacques Katshitshi, email: jacques.nsal@gmail.com or jacques.kat@croixrouge-rdc.org, phone: +243 81651688

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For In-Kind donations and Mobilisation table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

For Performance and Accountability support

- **IFRC Regional Office for Africa** Philip Kahuho, PMER Manager, email: philip.kahuho@ifrc.org; phone: +254 732 232 081

Reference documents

Click [here](#) for Previous Appeals and updates

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 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.



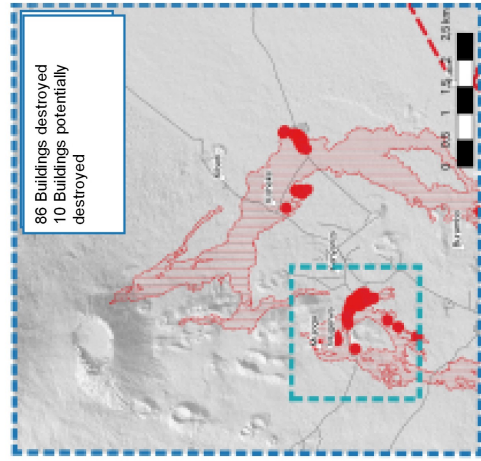
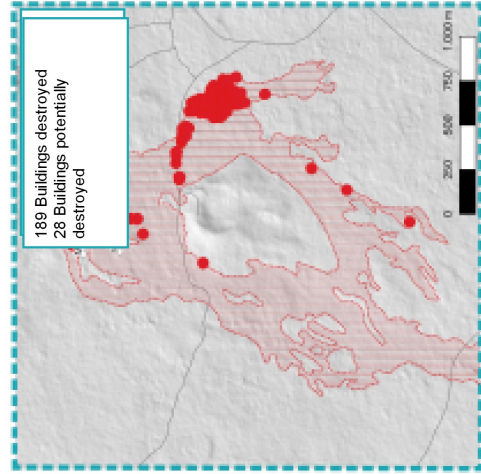
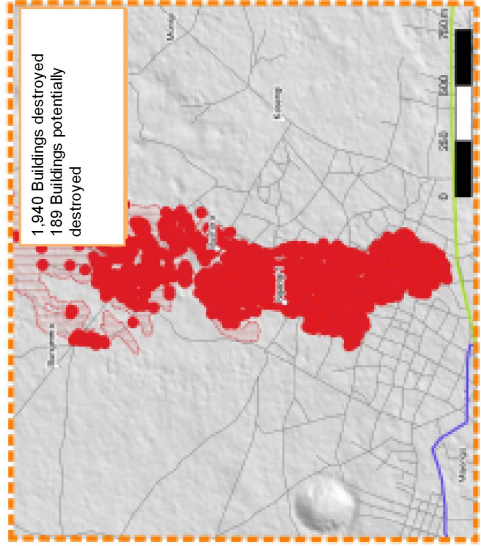
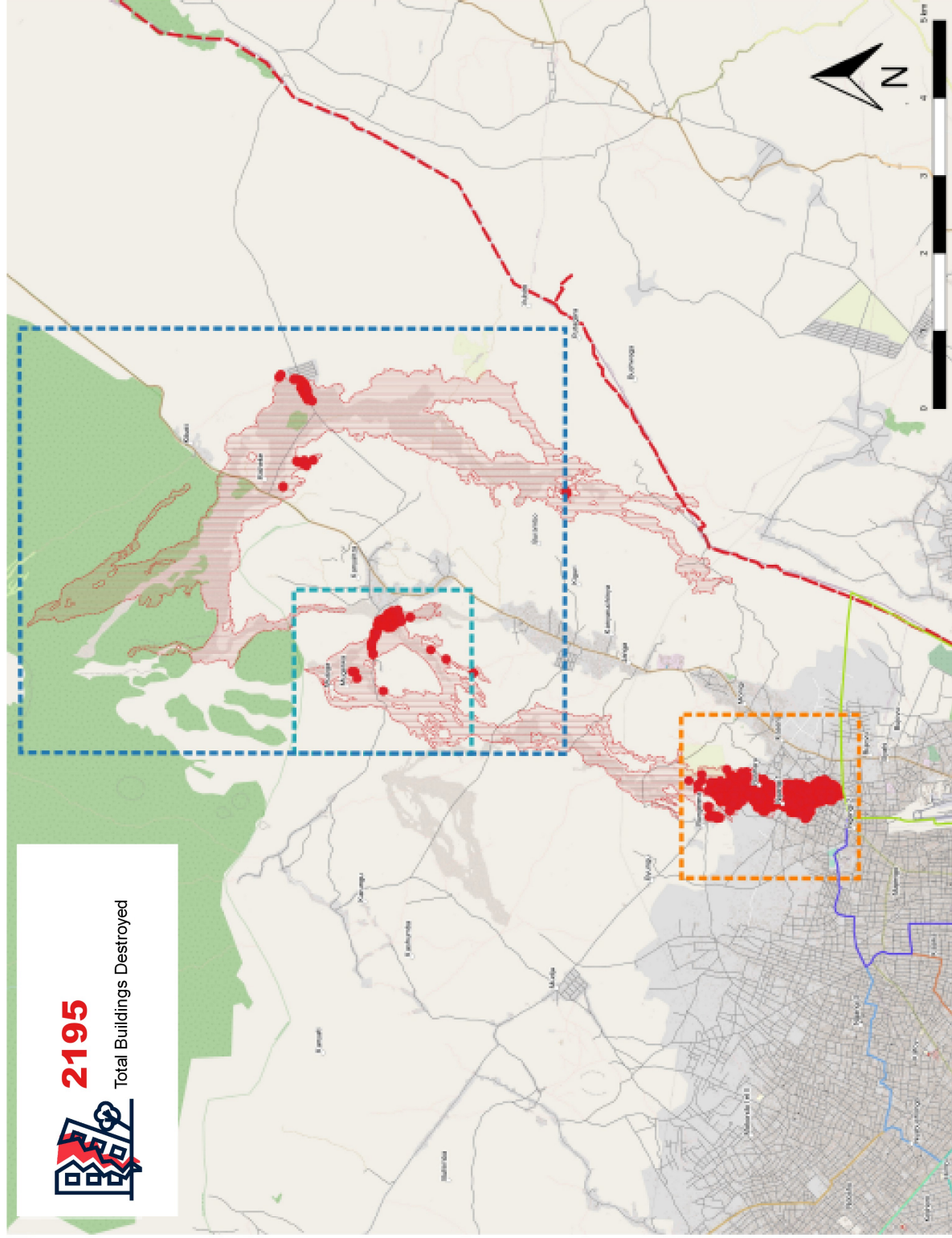
DRC- Estimate of affected buildings

15 June 2021 • MDRNYIRA21 • VO-2021-000059-COD



2195

Total Buildings Destroyed



The boundaries, names and designations used on this map do not imply the expression of any opinion whatsoever on the part of the International Federation of Red Cross and Red Crescent Societies or its National Societies concerning the legal status of any territory or of its authorities.
 Map data sources: GADM, OpenStreetMap, Red Cross DRC, IFRC. Map produced by : IFRC

