



OPERATION UPDATE

Democratic Republic of Congo, Rwanda | Emergency Appeal

Appeal n° MDRNYIRA21	Operations Update n° 1 Date of issue: 6 July 2021	Timeframe covered by this update: 23 May – 6 July 2021
	Operation start date: 1 June 2021	Operation timeframe: 12 months and end date – 31/05/2022
Glide No: VO-2021-000059-COD	IFRC Funding requirements: 11.6 million Swiss francs Funding gap: CHF 9.3 million	DREF amount initially allocated: CHF 359,213 Loan for Appeal: 750,000 CHF

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

Summary: Emergency Plan of Action (EPoA) has been developed for the operation with the focus on the following areas:

- a) In the Democratic Republic of Congo: Construct 500 emergency shelters for IDPs alongside the distribution of essential household items to 2,000 households. In WASH, the focus is on the rehabilitation of sanitation facilities in three schools being used by the IDPs in addition to having hygiene and health promotion messages that encompass the IDPs and the host community. Protection against sexual exploitation and abuse (PSEA) messages will be given to the targeted Nyiragongo community in order to address sexual and gender-based violence and ensure identification and referral of the affected persons.
- b) In Rwanda: The shelter sector will support 300 households with rent and other 274 households given cash to support the repair of their shelter. Distribution of essential household items, both cash and in-kind support for livelihoods to 2,666 households, in addition to health and hygiene promotion messaging.

Highlights of achievements to date:

Democratic Republic of Congo:

- 76 emergency shelters have the principal structure built of which 39 have been completed (tarpaulins, doors, windows and roofs fixed).
- Community engagement and accountability (CEA) teams have reached 26,093 people (3,580 households) with health and hygiene promotion messages with the key health messages focusing on COVID-19 that is currently on the rise in Goma, disease prevention and maintaining hygiene in the crowded conditions of which they live in.
- 8,589 people reached with psychosocial support (PSS).

Rwanda:

- 6,750 people reached with food distribution – both Congolese refugees and Rwandese in Rubavu who were affected by the volcanic eruption.
- Masks were distributed to 10,000 displaced people with an increase in COVID-19 prevention messages increased because of the increase in COVID-19 cases in Rubavu and the country as a whole as part of the reduction of further infections in a community that is already under distress.
- Non-food items (NFIs) were distributed to 3,000 households who had lost items during the disaster (1,000 Congolese refugees and 2,000 Rwandese).



Shelter construction by DRC volunteers at temporary relocation site in Kibati, DRC. © IFRC

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 DRC RC 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

Following the volcano eruption on the night of Saturday 22 May 2021, provincial authorities ordered the evacuation of the Goma town and areas in Nyiragongo. Many fled to the nearby towns of Bukavu, Sake, Minova and Rushuru while others fled to Rwanda. On 7 June 2021, the provincial authorities approved the gradual return of the inhabitants to Goma which resulted in the movement of the displaced people back into Goma from 8 June 2021. 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, support in water provision and rehabilitation of sanitation facilities. The livelihoods of the people who lived along the lava path have been disrupted since 206 hectares of land had been covered by the lava. It is estimated that people from about 4,051 households are still displaced in collective shelters and informal sites in Nyiragongo and Goma.

The people who had fled to Rwanda returned to DRC leading to the closure of the four camps that had been established to accommodate the refugees. Currently 15 Congolese remain in Rwanda while 224 Rwandese who had been displaced in DRC have returned to Rwanda and are seeking support. Implementation of the Appeal has been impacted by the rising COVID-19 cases that are on the rise in Rwanda and has led to several delays including the clearing of the goods from IHC as a result of the reduction of staff in the relevant government offices. The RRCS leadership is currently lobbying for faster clearance from the government because of reduced staff operating in the relevant government offices.

Summary of Red Cross Red Crescent response to date

DRC Red Cross

- Deactivation of Regional Response Teams (RRTs) that had been involved in first aid and patient transfers. To date, 1,695 cases have been supported either for first aid or transfer to appropriate health facilities for further medical care.
- Through Community Engagement and Accountability (CEA) activities, 19,561 people have been reached.
- 120 volunteers have been trained in the construction of emergency shelters. 32 shelters have been constructed and the process is ongoing.
- 724 psychosocial support (PSS) sessions were conducted and 8,589 people were reached through individual listening sessions and group activities.

Rwanda Red Cross

- The third in-country movement partners coordination meeting was held with the fourth meeting planned for 30 June 2021; the support raised so far is planned as follows.
 - Belgium Red Cross Flanders in-country crisis modifier contribution has been budgeted to support cash for basic items to 1,000 households.
 - ICRC in-country contribution to support 1,200 households with food.
 - Belgium Red Cross French contribution to support rehabilitation of 50 houses.
- Separate meetings were held between IFRC, ICRC and RRCS to share the progress of the response.

Overview of Red Cross Red Crescent Movement in-country

International Federation of Red Cross and Red Crescent (IFRC)

- Completion of assessment and report was shared with the National Society to inform planning of the Appeal activities.
- Mapping of sites for emergency shelter completed with the process of construction underway.

Key Movement Response Figures

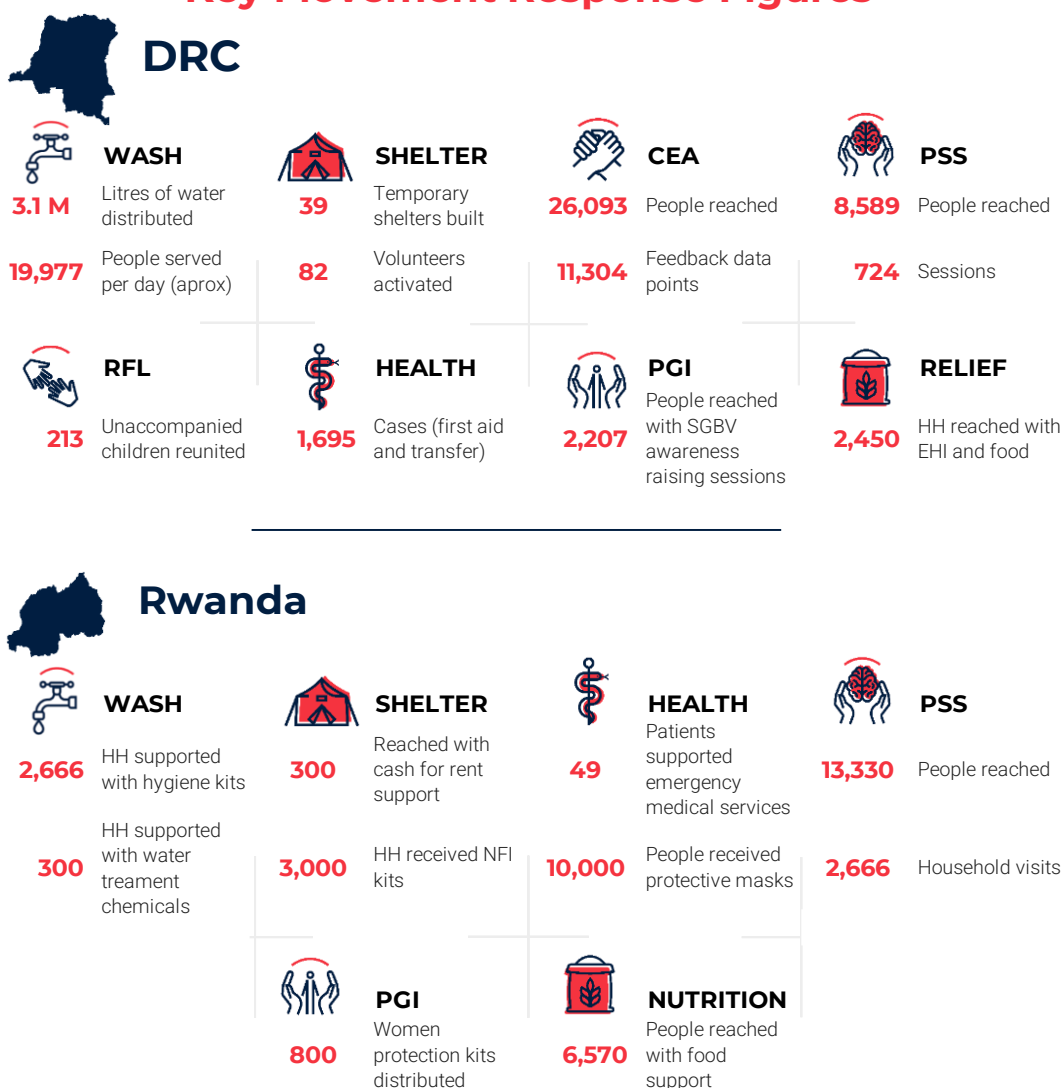


Figure 1: Snapshot of movement achievement to date

Overview of non-RCRC actors in-country

DRC:

- The DRC RC, IFRC, and ICRC attend the CRIO (Réunion du Comité Régional Inter-organisation) meetings in Goma together. This meeting functions as the representation of the HCT in North Kivu.
- The National Society, supported by IFRC, continues to work directly with the sectoral clusters established in Goma. In particular, there has been significant engagement with the WASH, shelter and CCCM clusters in order to ensure that the NS's response is widely understood and coordinated with other actors working in the same sectors and with the same target populations.
- For health coordination, the health cluster is primarily focused on clinical services, which IFRC is not supporting. However, coordination and planning with the provincial department of health (DPS) is ongoing for early recovery activities.

Rwanda:

- Ongoing coordination meetings with the government with a request made to RRCS to support with burial of people who have died from COVID-19.

Needs analysis and scenario planning

Assessment Cell

As part of its commitment to better evidence-based response and data-driven prioritisation, IFRC deployed an assessment cell in the aftermath of Nyiragongo's response. The assessment cell, in liaison with DRC RC and ICRC counterparts, provided data collection and data analysis to inform the Red Cross movement response planning. It did deliver two main assessment and analysis cycles, in addition to Geographical Information System (GIS) and mapping support: i) a comprehensive crisis-wide secondary data analysis review, which identified priority population groups, sectors and interventions as well as geographical areas, and ii) a qualitative assessment of beneficiaries' return intentions and preferred shelter solutions, which will support the Red Cross movement emergency shelter and settlement response, as well as eventual long term recovery plans. Finally, the assessment cell provided analysis and mapping support for the temporary relocation site planning.

All information products from the Assessment Cell can be found [here](#).

Needs analysis

In DRC

- 4,051 households (23,500 people) remain displaced in collective shelters and informal sites in Nyiragongo and Goma following the eruption of Mt Nyiragongo. In addition, people from 130 households are still staying in a collective shelter in Saké, and it is estimated people from around 80 households continue to stay with host families in Minova.
- The priority groups for the shelter response are the internally displaced persons (IDPs) hosted in collective reception sites (schools, churches, etc.), but also, to the same extent, IDPs hosted by families that had not been affected by the lava. The majority of the displaced wish to return and rebuild on their original plots of land, around or on the lava. But vulnerable households such as the elderly or single women heads of households are more open to relocation, even on a temporary basis. To these are added the returnees who have already settled in their localities of origin. It is very difficult to envisage relocating these latter without generating hostility or conflict in the communities.
- 206 ha of agricultural land and pasture were destroyed. It is estimated that 114 farming households are without a livelihood. There has also been loss of livestock and disruption of commercial activities, as well as a loss of assets due to the lava and looting of household items during the evacuation of the area.
- Overcrowding has been observed in collective and other informal shelters, especially with host families underpinning the importance of shelter provision to reduce potential risks of spread of water-related diseases and spread of COVID-19.
- The provision of shelter is being coordinated together with the local authorities and other humanitarian actors to ensure the safety and dignity of the households affected by the volcano eruption. As the school term has begun, the schools need to be vacated so that children can resume learning. Provision of shelter will spur recovery and resettlement of the population after the volcano disaster.
- WASH activities are centred on the provision of clean and safe water and rehabilitation/or construction of sanitation facilities in the collective sites to ensure proper waste disposal.

From the assessment, the following were the categories of beneficiaries identified and the needs:

Sector	Characteristics	Needs
1. Shelter and EHIs	IDPs in collective centres and informal sites: These are the people whose houses were destroyed by lava. In this set up, the men sleep outside while the women and children sleep in the classrooms or churches. During the day they leave the classrooms with their belongings to return and spend the night. There is overcrowding which poses health and protection risks.	In the short term, there is need for individual emergency shelters for these households, provision of food and essential household items (EHIs) improvement of sanitation and access to free primary health care, including essential medicines. In the long term, majority would want to return to their plots of origin and rebuild their houses. Some people are willing to relocate, provided they receive assistance and have access to services. These are

		mostly elderly women. It is essential that provision be made for income-generating activities (IGAs).
	<p>IDPs in host families: These are people whose houses were also destroyed by the lava but have found shelter with other families that are hosting them, mostly women and children separated, men sleep elsewhere. There is not enough space in the houses, sometimes there are 2 or 3 disaster families in the same house. They have lost their livelihoods and often use negative coping mechanisms to survive.</p>	<p>In the short term, there is need for provision of food since they have temporary shelter from their hosts. There is need to replace EHIs lost during the evacuation process. Reunification of families is needed so that children who have been separated from their families are reunited.</p> <p>In the medium to long term, there should be provision of shelter to enable them to leave the host families, a place that is already overcrowded and there is potential for conflict as the food reserves and other resources of the host families are depleted. Risks faced is eviction by the host families, transmission of disease as a result of overcrowding, SGBV and domestic violence.</p>
	<p>Returns to temporary shelter: These are those who have returned back to the lava and building temporary shelters made of wood and tarpaulins. Some have lost their means of subsistence and have strong ties to their land in Nyiragongo as they own the land they lived in before the evacuation.</p>	<p>These households have insufficient food and EHIs, lack access to sanitation facilities and limited access to drinking water. In the long term, they would need assistance for shelter construction and support to livelihood recovery and access to basic services. Since they have returned to the disaster area, they risk exclusion due to the government directive to humanitarian agencies not to give assistance to those who have returned back to the lava to discourage resettlement in the high-risk areas.</p>
	<p>Tenant IDPs: These are the people who rented houses before the volcanic eruption that were destroyed.</p>	<p>These families have used their savings to rent accommodation and would need short term support to rent accommodation. Their livelihoods may be affected. Food is a key priority need as well as the replacement of EHIs as well as support to livelihood recovery. The tenants may be open to relocation. They risk being evicted if they run out of savings to pay for their current shelter and may resort to negative coping strategies.</p>
	<p>Host families: These are families that were not affected by the lava flow but were evacuated from the projected path of the lava as a precautionary measure and on return, some had their residences looted thereby losing property. They are hosting families whose homes were destroyed by the lava who are not in the collective</p>	<p>In the short term, there is need to support the replacement of lost EHIs for the host families even as plans to relocate the hosted families are in place to relieve pressure on the limited resources available to the hosts. In the long term, these households will need livelihood support.</p>

	centres and as a result have exhausted their savings in providing for their needs and those of the other families that they are hosting. Food is not sufficient to support guests and evacuees. There is overcrowding in these houses as sometimes more than one IDP family is hosted. Their livelihoods may have been affected.	
2. Water, sanitation and hygiene	Water infrastructure was destroyed during the eruption and subsequent earthquakes.	<p>The assessment identified the need for water source and sanitation – provision of suitable and adequate latrines. Immediate water needs were met by water trucking in Mujoga, Kanyaruchinya, Sawasawa and Ave. Maria but in the medium and long term the collection of rainwater is an option to be considered.</p> <p>The collection of rainwater and the rehabilitation of latrines in schools and collective centres housing the people affected by the volcano should be considered.</p>
3. Health	<ul style="list-style-type: none"> • In the affected areas, people reportedly face increased difficulty to access healthcare. • In addition to this, psychological trauma due to the volcanic eruption, seismic tremors, separation of families, the loss of livelihoods and homes for most has brought about stress and the need to support the affected household members to cope better. • 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. COVID-19 continues to be an issue in DRC and with an increase in cases in Goma. 	<p>There is need to support the communities of Nyiragongo post-volcanic period to adjust to the new circumstances and the events while also ensuring better hygiene practices that would prevent the spread of diseases. In addition to this, there is need to put in place mechanisms for disease surveillance especially in light of the limitation in access to health care services.</p>
4. 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. • The targeted families live in small, crowded spaces often with shared facilities that would make women and girls vulnerable to abuse. 	<ul style="list-style-type: none"> • Unaccompanied children need to be reunited with their families as part of limiting their exposure to potential abuse. • 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. • People with disabilities are also among the displaced and will need adapted

	<ul style="list-style-type: none"> Those affected by the disaster are exposed to the risk of violations of all kinds. Confined to sites, the rights of children, women and men, people living with physical disabilities. Sexual exploitation and harassment are possible. 	assistance hence identification of the number of people by gender, age and type of disability to adjust support as needed.
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The risks faced by all these categories of beneficiaries in various degrees include transmission of waterborne diseases as a result of inadequate sanitation facilities in the crowded dwelling spaces, transmission and spread of COVID-19, insecurity and protection issues especially SGBV for women and children, conflict between host families and the families that they are hosting (evacuees).

Shelter being the main precursor to other support needed by the households affected by the volcano disaster, this will form the main focus for the operation in the short term in addition to addressing sanitation needs through the rehabilitation and construction of latrines in collective shelters before other needs can be addressed. It is important to note that host families will not be targeted for shelter support.

In Rwanda

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 the spread of COVID-19 and diseases in schools and rural communities (especially 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 7 schools need some hygiene kits (jerrycans, buckets, toothpaste and brushes, soap, water filters and water treatment tablets). Handwashing 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 the 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 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. 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. 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 repositioning 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 services by purchasing ambulances as well as trucks for transportation of NFIs and other vehicles will enhance the response capacity of the branch committees. • Provide and set up radio communication tools to the RRCS vehicles and supporting dispatch centre. • All western districts including Rubavu District are prone to natural disasters due to the Sebeya River and also the hills that usually cause landslides. Therefore, local strategic stock to serve the operation 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

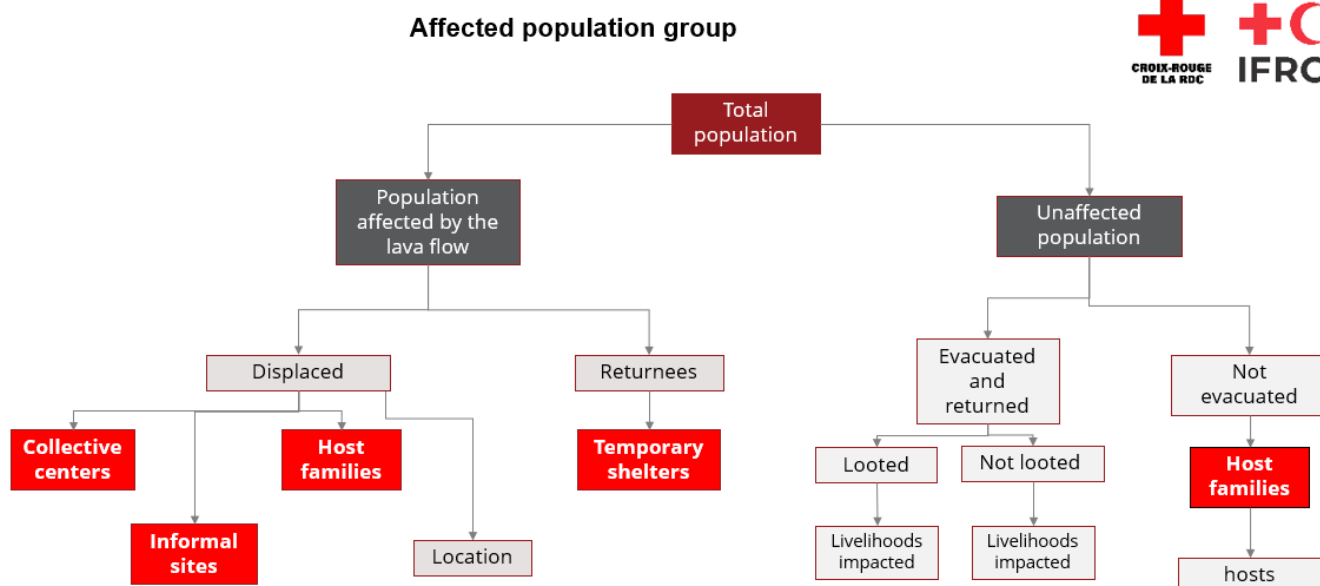


Figure 2: Targeting and selection criteria

Priority population groups identified through the assessment are classified into two categories:

1. Population affected by the lava flow:
 - a. IDPs in collective shelters and informal sites
 - b. IDPs living with host families
 - c. Returnees – those who have gone back to the lava site and built temporary shelters there
2. Host families: those not affected by the lava flow but are hosting affected families in their homes

Below is the table showing the people/households targeted per sector.

Sector	Population Targeted
Democratic Republic of Congo	
Shelter and EHIs	500 households
Water, sanitation and hygiene	3 schools – 1,479 people
Health	500 households
Protection	20,000 households
Rwanda	
Shelter and EHIs	2,666 households (13,330 people)
Water, sanitation and hygiene	
Health	
Protection	

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. 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 are ongoing with emphasis on supporting national staff and NS staff to access the vaccine. Information and advocacy on the uptake of COVID-19 vaccine will be given to the communities in the targeted area.

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 crises 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 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, DRC RC, and RRCS 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 risk analysis was conducted to understand the risks it entails, as well as mitigation measures that could allow continuing implementation of 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 DRC RC and RRCS 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 Ebola Virus Disease (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.
- 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 is 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:

- The 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 DRC RC 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.

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

- 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.
- 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 6 May 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.

Risk Type	Risk	Impact	Likelihood	Risk	Mitigation measures	Net Risk
Contextual	Extension of the state of siege in North Kivu and Ituri provinces	2	4	Moderate Risk	Under the state of siege, civil courts are substituted by military courts, and governors and provincial assemblies will be suspended; military governors and police vice-governors will take 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. The Movement maintains close coordination with government authorities in North Kivu and enjoys their confidence and continues to jointly advocate for the realization of the NS' mandate as auxiliary to the public authorities and continuation of humanitarian activities.	Moderate Risk
Contextual	Insecurity in areas targeted under the Appeal (ZS Nyiragongo; AS Kibati; AS Kanyaruchinia; AS Turunga; AS Muningji)	4	2	Moderate Risk	IFRC has an L3 agreement with ICRC to manage security and logistics in North Kivu. ICRC has a significant presence and security apparatus in place to mitigate security risks and respond when required. The operational areas on the periphery of Goma are relatively safe as compared to other parts of North Kivu with strict working hours in place to ensure staff and volunteers are not exposed to additional risks after dark. Through the previous EVD operation, the IFRC has trained local branch security focal persons in security risk management to strengthen DRC RC local branches. In the worst case scenario of evacuation of IFRC staff leading to a stoppage of the IFRC programmatic support, DRC RC volunteers and staff are fully capable of maintaining activities given their previous experience in previous emergencies and local capacities.	Moderate Risk
Implementation	Breakdown in coordination structures - relationship between IFRC and DRC RC	2	3	Moderate Risk	IFRC is invited in country by the DRC RC and Rwanda RC, participating members of the Red Cross movement, to provide support in the Nyiragongo volcanic response. The Heads of Operations for the ICRC, IFRC, and DRC RC maintain regular coordination in line with their respective mandates and in support of a Movement response to the eruption.	Low Risk
Implementation	The caseload COVID-19 increases, threatening operational continuity and staff safety	3	4	High Risk	The IFRC has deployed a staff health focal point to oversee COVID-19 prevention and response measures on the Nyiragongo operation. To the extent possible, all incoming delegates will be fully vaccinated and, for those not vaccinated, they will be offered vaccination in Goma. Business continuity protocols are realized at all IFRC accommodation and work places to reduce the overall risk of COVID-19 to the operation. Continued advocacy with the NS is required to increase vaccine uptake and extend the duty of care to volunteers and staff of the North Kivu branch. The majority of the Rwanda RC staff have received the vaccination thus far, although given the rising caseload in Kigali has necessitated the temporary closure of the HQ and tele-working for all staff.	Moderate Risk
Safeguarding	Sexual exploitation and abuse by DRC RC, IFRC or ICRC staff and volunteers	3	3	High Risk	IFRC's internal protection mechanism includes ensuring that IFRC and NS staff and volunteers have signed up to the movement's Code of Conduct (CoC) and have received a briefing on PSEA and mandatory reporting any suspicion of SEA and corruption through the Integrity Line. Through the EVD operation, the CoC was translated into Swahili for dissemination to volunteers for their signature. A Code of Conduct and prevention of Sexual Exploitation and Abuse (PSEA) focal person has been appointed within the NS and the IFRC will seek to hire a local PGI staff member to support the operation.	Moderate Risk
Safeguarding	Staff and volunteer health and wellbeing - Stress and burnout	2	5	High Risk	Staff and volunteers are working in high stress environments with risk of other health issues (cholera, malaria etc), security incidents and general cumulative stress. IFRC delegates in DRC have an 8 week RR cycles, volunteers work on average 13 days per month, and strict working hours have been established for surge teams to mitigate burnout potential. COVID-safe recreational activities are also organized to support staff health.	Moderate Risk
Operational	The Nyiragongo Appeal is not fully funded and the operation must prioritise and/or decrease activities	4	4	Extreme Risk	The Appeal is only 20% funded as of 7 July 2021. Thus, the IFRC, Rwanda RC, and DRC RC plan activities only against available funds on the operation to avoid raising expectations amongst the beneficiary communities for aspirational interventions or raising a financial exposure. As funds are received, the activities plan is reviewed to incorporate the new funding. IFRC resource mobilisation activities are ongoing.	High Risk
Operational	Lack of human resources	3	3	High Risk	The initial phase of the Red Cross operation relies heavily on international surge delegates to complement the DRC RC, and to a lesser extent Rwanda RC, staff who are in the lead of the operation. A counterpart structure between IFRC, DRC RC, and ICRC has been developed to support coordination of technical sectors within the response but also contribute to the capacity building of the NS. Given the relative scale of the emergency operation, large staff complements from the NS or IFRC are not anticipated, however, if necessary and dependent on the situation, the IFRC will continue to activate surge to fill HR gaps.	Moderate Risk
Operational	Quality is compromised and the response is not meeting expected results	3	3	High Risk	IFRC has a Monitoring and Evaluation framework in place to regularly monitor the implementation status. A common operating picture, joint planning, and joint tasking support the IFRC, DRC RC, and ICRC to regularly review the operational strategy relative to the needs and ensure the response is fit for purpose. Community engagement and accountability feedback is equally incorporated into operational planning to ensure community desires are reflected in the operational approach.	Low Risk
Fiduciary	Mismanagement of financial and procured assets through fraud and corruption	4	3	High Risk	IFRC has an Accountability Framework in place and is supported by The Office of Internal Audit and Investigations (an independent function which oversees the effectiveness of the organization's risk management and internal control systems). IFRC has a zero tolerance policy on corruption, fraud, harassment to fraud and corruption and urge its personnel to use the safe call (anonymous process), for whistleblowing. IFRC regularly undergoes External Reviews in addition to internal reviews. Any suspicion of corruption can be reported through the independent system Integrity Line. DRC RC and Rwanda RC volunteers will undergo training on fraud and corruption as part of code of conduct while IFRC staff are required to complete online training on these topics and other accountability areas.	Moderate Risk
Fiduciary	Risk that expenditure does not represent value for money	1	3	Low Risk	IFRC makes careful considerations to balance the humanitarian imperative and life-saving response with quality and value-adding interventions, particularly in logistics and procurement service which strives to provide best value for money for humanitarian operations.	Low Risk
Reputational	Failure to deliver an effective response threatens implementing partners' and donors' reputations.	2	2	Moderate Risk	IFRC has a Monitoring and Evaluation framework in place and provides regular updates to donors through Partners Calls and other IFRC engagement fora. The operation also released periodic operational updates and situation reports to keep donors and partners abreast of progress on the operation. The IFRC equally and regularly appraises donors regarding delays in programmatic response to maintain accountability to those who support the IFRC and DRCRC and Rwanda RC through this response.	Low Risk

Figure 3: Risk Matrix

A. THE OPERATIONAL STRATEGY

Proposed strategy

In DRC, through this Emergency Appeal, the IFRC seeks to support the community affected by the volcanic eruption with emergency shelter for those 500 households whose shelter was destroyed, provide health and hygiene promotion for the displaced and host families (an estimated 20,000 households) while also supporting to improve sanitation facilities in the areas where the population is displaced in Nyiragongo Territory. In Rwanda, the affected population's immediate needs are met through the provision of essential food and non-food items, health services, water, sanitation, Shelter, hygiene promotion assistance and disaster risk reduction activities, targeting a total number of 13,330 people (2,666 households) in Rubavu district.

B. DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS²



Shelter and Essential Household items

People reached: 15,000³

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)	500	
# of affected families supported with shelter solutions (rental support)	300	
# of households receiving essential household items	5,000	3,000
# of households supported with rent	300	
# of households supported to repair damaged houses	274	

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

Indicators	Target	Actual
# of DRC RC staff, volunteers and affected household members trained in safe shelter design and building techniques	120	120
# of shelter constructed	500	39 ⁴

Progress towards outcomes

Democratic Republic of Congo Progress:

- Training was provided to 120 skilled and unskilled workers for the construction of emergency/transitional shelters. The participants were taught important construction details for implementation to strengthen their knowledge and ability to build quality emergency shelters. The skilled and unskilled workers were supported and trained in practical implementation in the use of "emergency shelter" on the site.
- Construction of shelters has begun with 39 structures already completed while others are under various stages of completion with 59 having roofs completed. Currently, there are 82 volunteers on site constructing the shelters. The rest will be activated as the site mapping is progressively increased.
- Strong coordination has been established with the shelter cluster DR Congo (sub-cluster in Goma). Cooperation with the government is through the DRC Red Cross and IFRC/ICRC.
- The IFRC has agreed to lower its minimum standards for displacement site planning given unavoidable contextual realities in eastern DRC. This reduction is done contingent on the following risk mitigations measures being applied:
 - Communal kitchens maintained
 - Firebreaks maintained
 - Escape route added
 - Additional lighting points (solar) installed to enhance security during the night and enable safe access to communal areas
 - Training of camp residents in fire safety

² This is the second operation update and is being issued before finalization of the EPoA. The next update will reflect all the indicators, targets and achievement made.

³ Disaggregate data will be made available in the next operations update

⁴ 39 emergency shelters have been completed while a total of 76 have the main structure built and the installation of tarpaulins, windows and doors is ongoing.

Rwanda Progress:

- A coordination meeting with MINEMA and RRCS has been held to discuss shelter strategy with renting considered for the transition and construction of houses in the long term.
- An assessment has been conducted to establish the availability of houses for rent in Gisenyi town as conditional cash for renting is proposed.



Shelter construction by DRC RC volunteers. ©IFRC

**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 households reached with support to meet their basic needs	2,000	

Progress towards outcomes**Rwanda Progress:**

- Distribution of food to 38 vulnerable affected households has been done.
- Construction of kitchen gardens for 28 affected households who have 51 members of the family undergoing home based care after testing positive for COVID-19.

**Health**

People reached: 50,687⁵

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

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators	Target	Actual
# of people supported with ambulance services		49
# of volunteers trained and implementing CBS	50	

Output 1.2: Target population benefits from disease prevention and health promotion at community level

Indicators	Target	Actual
# of malnutrition cases identified and referred for treatment	150	

⁵ Not all numbers were gender disaggregated, working on this for subsequent updates

# of people reached with community-based disease prevention and health promotion programming	100,000	26,093
# of data points collected and analysed from comments shared by the community during CEA activities and systematically added to the Red Cross Community Feedback Database	50,000	11,304
# of people reached by first aid services	1,500	1,744
Output 1.3: Epidemic prevention and control measures implemented		
Indicators	Target	Actual
# of mosquito nets procured and distributed	4,700	
Outcome 2: The psychosocial impacts of the emergency are lessened		
Output 1.2: Psychosocial support provided to the target population as well as to RCRC volunteers and staff		
Indicators	Target	Actual
# of people in affected communities reached with PSS activities		21,919
Progress towards outcomes		

Democratic Republic of Congo Progress:

- 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
- First aid, PSS and PFA activities continue across the affected areas, with a focus on displaced people and communities hosting the displaced. As some families begin to rebuild their homes on top of the lava flows, first aid needs are expected to increase in the posts directly next to the lava. To date 1,695 people have been reached with first aid and patient transfer services to the nearest health facility for further health care. With the deactivation of the two RRTs, this activity has stopped.
- COVID-19 is believed to be increasingly prevalent in Goma and the surrounding areas. Testing capacity is limited, and risk perception is low. The Delta variant accounts for 79% of all sequenced cases, indicating a strong potential for a significant increase in transmission. Vaccine uptake is very low in Goma, with the limited supply exceeding demand (and/or exceeding uptake and access). Health promotion activities are underway, and support for vaccination (demand creation or facilitating advanced sites) is being discussed. As a result, there has also been an increase in health promotion messages promoting practices aimed at reducing the spread of this and other prevalent diseases.

Rwanda Progress:

- There is an awareness raising on COVID-19 to affected residents in Rubavu as cases continue to rise. Rubavu has recorded the highest number of COVID-19 cases after Kigali.
- RRCS supporting MoH with burials of people who have died from COVID-19.



Water, sanitation and hygiene

People reached: 8,927

Outcome 1: Immediate reduction of risk of water-related diseases in targeted communities

Output 1.1: Water, sanitation and hygiene activities for IDPs - centres collective or informal sites implemented

Indicators	Target	Actual
# of households reached with key messages to promote personal and community hygiene	20,000	
# of people reached with community-based disease prevention and health promotion programming	13,330	
Output 1.1: Community health, hygiene and sanitation education conducted		

Indicators	Target	Actual
# households reached with key messages to promote personal and community hygiene	TBD	1,017
# of households provided with a set of essential hygiene items	TBD	2,000
Output 1.2: Daily access to drinking water in quantity and quality and meeting Sphere and WHO standards is guaranteed to the population returned to their place of origin		
Indicators	Target	Actual
# of households per day provided with safe water	20,000	19,977
Output 1.3: Adequate sanitation that meets Sphere standards in terms of quantity and quality is ensured for the population returned to their place of origin		
Indicators	Target	Actual
# of households provided with a set of essential hygiene items	2,666	
# of people served with sanitation facilities (latrines)	500	

Progress towards outcomes

Democratic Republic of Congo Progress:

- To date, 3.2 million litres of water have been trucked at four water points in areas affected by the volcano with water reaching at least 19,977 households per day. This activity has since stopped since the water system has been restored. Rehabilitation of rainwater harvesting systems at 3 schools that hosts several displaced people will be done to supplement the water from Regideso, the water service provider
- Planning is ongoing for rainwater harvesting systems at Kibati IDP site, as no nearby water sources are available and funding for water trucking was secured for a limited time frame. (note before the volcano this part of town was not supplied by a water system and most inhabitants relied on rainwater harvesting and water vendors)
- There is coordination with the water cluster to ensure water and sanitation at the Kibati IDP site. The NGO Heks will work on WASH at this site.
- Hygiene promotion activities are ongoing at the 4 water distribution sites. To date, the CEA teams have reached 26,093 people with the messages.
- Construction of 4 block pit latrines at a temporary IDP site in Mujoga is ongoing alongside rehabilitation of pit latrines at a primary school Mboga, another location that is hosting 279 IDPs.



Community members collecting water at one of the water trucking sites. © IFRC

Rwanda Progress:

- The government has restored the damaged water lines in Gisenyi town and residents can now access water for their domestic use.



Protection, gender and inclusion

People reached: 763⁶

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

Output 1.1: Volunteers and community members are trained to popularize the principles of protection and prevention of sexual exploitation / abuse and report incidents for taking in charge of victims.

Output 1.3: Strengthen the principle of respect for human rights based on the analysis of complaints.

# of people reached by psychosocial support specifically for survivors of sexual and/or gender-based violence	TBC	2,207
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# of women who have received protection (menstrual health management - MHM) kits	TBC	800
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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	TBC	182
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Progress towards outcomes

Democratic Republic of Congo Progress:

- Recruitment is underway for a PGI focal point
- 2,207 people were reached by PSS specifically for survivors of sexual and/or gender-based violence.

Rwanda Progress:

- 800 women received MHM kits.

ENABLING ACTIONS

Strengthening National Societies

Progress towards outcomes

Achievements under this Enabling Action will be provided in the next operations update

Strengthening Coordination and Accountability

S2.1: Effective and coordinated international disaster response is ensured

Output 2.1.1: Effective and respected surge capacity mechanism is maintained

Indicators	Target	Actual
# of surge staff deployed	17	11

Progress towards outcomes

- The second surge rotations are underway with new Communication and Shelter surge support already engaged in the operation. The Assessment Cell completed their missions and their report has been used in planning for the Appeal.

Contact information

⁶ 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 in subsequent data collection.

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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.