



OPERATION UPDATE

Democratic Republic of Congo, Rwanda | Emergency Appeal

Appeal n° MDRNYIRA21	Operations Update n° 4 Date of issue: 06 January 2022	Timeframe covered by this update: 23 May – 23 November 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: 4 million Swiss francs Funding gap: CHF 1.64 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), Netherlands Red Cross, IFRC, ICRC		
Other partner organizations actively involved in the operation: UNHCR, UNICEF, IOM, HEKS/EPER, Tearfund Government, Civil Protection/Defence, TEAR FUND, HELP CHILD, BDR-Int, NPCYP, UNPFA, ADRA, Oxfam GB, Division of Social Affairs (DIVAS)		

Summary:

This Operation Update gives a progress update of the Emergency Appeal to assist the Democratic Republic of Congo Red Cross (DRC RC) and Rwanda Red Cross (RRC) in supporting the communities affected by the eruption of Mount Nyiragongo in late May 2021. Following the funding downward revision of the funding requirement from 11.6 million Swiss francs to 4 million Swiss Francs, there is an outstanding **1.74 million Swiss francs required**.

Mount Nyiragongo erupted on 22 May which caused the displacement of approximately 450,000 people. While the context analysis and scenario planning were anticipating a long-term displacement and a dire humanitarian situation for IDPs, the reality is that by the beginning of June 2021, the Government of DRC announced a gradual return to take place in less than a month. As a result, by end of June, 80% of the displaced population had returned. Therefore, the level of needs and support required largely reduced in just a few weeks. The operation continues to target 83,330 people – 70,000 in DRC and 13,330 in Rwanda (increased from 10,000 people) for a period of 12 months.

The Emergency Plan of Action (EPoA) continues to focus on the following areas:

In the **Democratic Republic of Congo**

- a) Shelter** – (Kibati-part of Nyiragongo health district) - focus on the construction of 500 temporary shelters for IDPs.
- b) Health** – (Health districts: Goma, Nyiragongo, Karisimbi, Kiroche, Minova) - the disaster-affected households continue to be provided Psychosocial Support (PSS) sessions, messages on prevention of diseases such as

COVID-19, cholera, malaria, polio (other preventable infections) nutrition and vaccines. Mosquito nets distribution. There is implementation of community-based surveillance activities.

c) WASH – (Kibati--part of Nyiragongo health district) - rehabilitation of latrines and rainwater harvesting systems in the collective centres where IDPs are currently located, alongside hygiene promotion activities.

d) Protection gender and inclusion – (Kibati--part of Nyiragongo health district) - information on Prevention and Response to Sexual Exploitation and Abuse (PSEA) shared with all community members (both the IDPs and the surrounding community) with a focus on reinforcing protection mechanisms.

In Rwanda

a) **Shelter** -- provision of cash for rent for 300 households and provision of cash for repairs for 274 households. Cash for work will form part of the shelter strategy in Rwanda and will support rebuilding 855 households.

b) **Health** – provision of PSS sessions, messaging on prevention of diseases such as COVID-19, cholera and malaria, diphtheria, polio, measles (other preventable infections) nutrition and vaccines for the disaster-affected households. Mosquito nets distribution. Community-based surveillance activities in the affected areas

c) **WASH** – there will be cash transfer for the construction of latrines to 100 homes that were damaged during the disaster (and which compose a portion of the 274 households that will be repaired), water treatment methods, basic hygiene and menstrual hygiene measures.

d) **Livelihoods** – cash support will be given to farmer households to enable them to restart their livelihood activities. Their farms had been destroyed by the lava flow/dust.

e) **Protection, gender, and inclusion** – PSEA information will be shared with the affected community in Rubavu.



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

Highlights of achievements to date:

Democratic Republic of Congo:


- 516 emergency shelters have the main structure built and completed (tarpaulins, doors, windows and roofs fixed).
- 393 affected families supported with shelter solutions (emergency shelter). Preparation for the allocation of beneficiaries to the Bujare site is still underway with the local authorities.
- The rapid response teams provided first aid services to 4,613, referring patients in need of further health care and supporting the burial of those found dead during the crises.
- Psychosocial support (PSS) was provided to 59,679 people affected by the Nyiragongo volcano eruption through individual and group therapy sessions.
- Volunteers have reached 124,296 people (24,859 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 in which they live.
- Provision of food (Masoso Porridge) to 5,078 children in 3 informal settlements for one month, three times a week
- 8,598 people were sensitised on PGI and 84 survivors of sexual gender-based violence (SGBV) were referred to specialised health centres
- Construction of 4 blocks of latrines with 16 doors have been completed at the temporary IDP site in Mujoga, as well as rehabilitation of 20 pit latrines, and 10 water harvesting facilities and establishing a friendly environment for females at a primary school in Mugara.



Rwanda:

- 100 households are being supported to repair damaged houses (the target is 274).
- 855 people received cash for work to support rebuilding/rehabilitation of houses.
- 163 people received first aid services, 68 people were referred on time for ambulance services and 13,330 people received psychosocial support services
- 16,381 people were reached with community-based disease prevention and health promotion programming (including Covid-19)
- Masks were distributed to 10,000 displaced people and COVID-19 prevention messages increased because of the increase in COVID-19 cases in Rubavu and the country as a whole as part of reduction of further infections in communities that were already under distress.
- 2,090 people were sensitised on prevention of gender-based violence
- 300 families reached with cash-based rental support.

A. THE DISASTER AND THE RED CROSS RED CRESCENT RESPONSE TO DATE

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- 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. Second DREF allocation: CHF 90,787 for DRC and CHF 300,000 for Rwanda.**
 - 7 June 2021: Local Authorities allow the displaced residents of Goma to return from their areas of temporary relocation in DRC and Rwanda**
 - 16 August 2021: IFRC [Revised Emergency Appeal](#) #1 for 4 million Swiss francs to support 80,000 people in DRC and Rwanda**
 - 23 November 2021: IFRC revised [EPoA](#) to support 80,000 people in DRC and Rwanda**

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. 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 having registered more than 259 tremors between Saturday 22 May and Tuesday 25 May 2021, with one measuring 5.2 magnitude on the Richter scale. The subsequent earthquakes caused cracks in buildings, roads and other infrastructure placing further stress on a population that was already traumatized. Given 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. 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. As of August 23, joint humanitarian response efforts led by the National Societies of DRC and Rwanda have supported almost 68,800 people through the different sectors.

The humanitarian assistance provided by the National Societies in this operation has now reached 140,677 beneficiaries through different sectors as of 23 November.

Summary of Red Cross Red Crescent response to date

Democratic Republic of Congo Red Cross (DRC RC)

The DRC RC North Kivu branch mobilised its volunteers and staff in the following five pillars: shelter, livelihoods and basic needs, health, water, sanitation and hygiene, protection, gender and inclusion. They provided services such as emergency shelter construction, non-food assistance, first aid, patient transport, additional care and burial assistance to those found dead during the crises and psychosocial support to those affected by the disaster.

The achievement by DRC RC in this operation have been highlighted above under **Highlights of achievements to date** Section.

The experience volunteers gained through the Ebola operation was instrumental in engaging with communities, sharing information on safety, hygiene promotion and key health messages needed at this time. As part of ensuring the protection of the vulnerable groups, information dissemination through education talks were organised for women and girls on sexual and reproductive health (SRH) and gender-based violence (GBV) and psychological first aid (PFA). This enabled the referral of active cases to the right institution for support and treatment as needed. In the framework of Protection, Gender and Inclusion, the sectoral support teams have sensitised 8,598 people on measures aimed at addressing gender and diversity vulnerabilities, including people living with disabilities. In addition, 84 survivors of sexual gender-based violence (SGBV) were referred to specialised health centres.



People using the allocated shelter. ©DRC RC

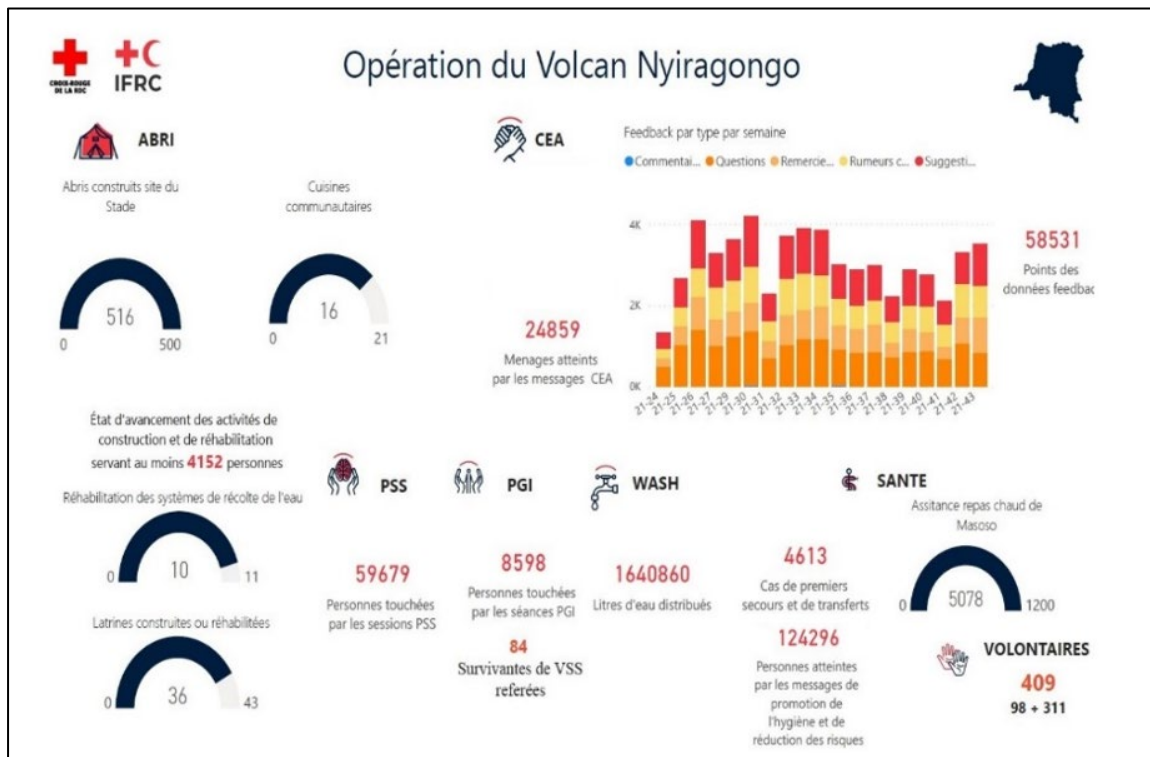


Figure 1: Snapshot of movement achievement in DRC

Rwanda Red Cross (RRC)

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. RRC provided first aid services including psychological first aid and carried out 103 health promotion sessions in the refugees/transit camps. An ambulance was dedicated to assisting pregnant women and the severely sick to reach local health centres. 3,000 families were supported with household items (1,000 households (HHs) from refugees and 2,000 HHs displaced in Rwanda) from RRC stocks. 6,750 people were supported with food (4,250 in the refugee camps and 2,500 in the affected Rubavu community).

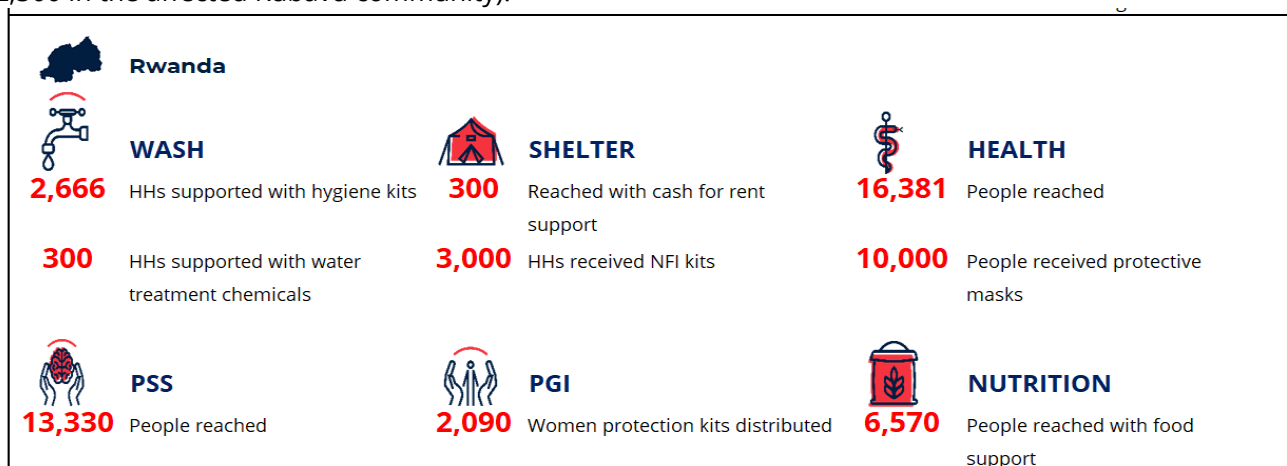


Figure 2: Snapshot of movement achievement in Rwanda

Overview of Red Cross Red Crescent Movement in country

Democratic Republic of Congo

An IFRC operation team present in Goma quickly enacted support to the National Society to respond to the disaster, launched the DREF and Emergency Appeal and coordinated surge deployments. An assessment cell was deployed to support comprehensive assessment, data collection and mapping of beneficiaries and their needs, which helped shape the operational strategy and enabled the scale-up of response efforts in the areas of WASH, Shelter, Health and PGI (PSEA). To date, 516 shelters have been built on a plot allocated by the DRC government, 4,613 people have received First Aid services or been transferred, and 8,598 people have been reached with SGBV awareness-raising sessions.

The French Red Cross donated PPEs to DRC RC (FFP2 masks, surgical masks, surgical gloves, rain boots, goggles, raincoats). WASH items (Hydroalcoholic gel, soap, detergent, spray) and mobilised 2,000 shelter tool kits and 4,000 tarpaulins from PIROI (French RC platform in La Reunion).

ICRC responded to the water needs of the population in Goma and 4.2 million litres of water were distributed benefiting. They supported Ndosho hospital and provided food and essential goods assistance. ICRC has been consistently involved in tracing and reunification of separated families. There were 2,060 requests received from parents looking for their missing children, 710 unaccompanied children were reunited, and 192 children were referred to the Division of Social Affairs (DIVAS).

Rwanda

RRC was supported by IFRC East Africa Country Cluster Delegation in Kenya (Nairobi) with an in-country operations manager, logistics coordinator and communications officer. Besides funding and other support provided through the IFRC Emergency Appeal, RRC is further supported by the ICRC's Kigali office, and in-country partner National Societies: Belgian Red Cross, Spanish Red Cross, Japanese Red Cross and Austrian

Red Cross. Crisis modifier funds from Belgium Red Cross Flanders has contributed to food distribution as well as in-kind support of household items to 1,000 HHs (blankets, mats, buckets, mosquito nets) while the ICRC funds have supported 1,200 HHs with food. Belgium Red Cross French contribution to support rehabilitation of 50 houses.

Overview of non-RCRC actors in country

DRC:

- Actors involved are Government, Civil Protection/Defence, UN, international NGOs, local NGOs, TEAR FUND (in Wash area), HELP CHILD (latrines and toilets construction), BDR-Int (toilets construction), NPCYP (blankets and mattresses distribution), UNPFA (in VBG area) and ADRA. Coordination mechanisms have been set up (sectoral bodies or governmental bodies). A crisis unit has been set up by the Ministry of Humanitarian Affairs.
- Local authorities were involved in resettling those whose homes were devastated by the volcano while also overseeing the distribution of government support. The central government through the Ministry of Defence has built shelters to house the disaster affected people with a capacity of 1000 households
- Caritas distributed food to those affected by the volcano in the immediate aftermath of the explosion.
- Oxfam GB and HEKS Swiss are providing WASH services and support to the sites where the temporary shelters are being built.
- 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.
- In July, senior representatives of the DRC RC, ICRC and IFRC in North Kivu met with the military governor to highlight the Movement's response to the volcanic eruption. This was an excellent opportunity to position the National Societies vis-à-vis the government and to highlight their capacities for future emergency response.
- The IFRC team mapped the external coordination architecture for the Nyiragongo operation and shared it with all components of the Movement.

Rwanda:

- The Government of Rwanda is coordinating the operation and evacuating the families in the risky places that were affected by earthquakes. The police and military trucks are helping in the response logistics.
- Some NGOs and INGOs such as CARITAS have supported the provision of food to fleeing Congolese. Other Faith-based organisations have been supporting in provision of food, clothes, medicines, etc. at the refugee reception centres before the refugees voluntarily repatriated and the centres closed.

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

Needs analysis

The needs analysis for this operation has remained the same as highlighted in the Revised [Emergency Appeal](#) and as highlighted below.

In DR Congo

450,000 people were displaced and evacuated following the eruption of the Nyiragongo volcano. Currently, the majority (over 80%) have returned to their localities or neighbourhoods of origin. The assessment done by IFRC, and DRC RC established that the majority of IDPs have also lost or used all of their savings. From the assessment, the following were the categories of beneficiaries identified and the needs:

A. Shelter and Emergency Households Items (EHIs)

- **IDPs in collective centres and informal sites:** These are the people whose houses were destroyed by lava. In this set-up, the men slept outside while the women and children slept in the classrooms or churches. In the short term, there is a need for individual emergency shelters for these households, access to food and essential household items (EHIs) improvement of sanitation and access to free primary health care, including essential medicines. In the long term, the majority would want to return to their plots of origin and rebuild their houses (Ref. [Situation and Needs Overview](#)).
- **IDPs in host families:** These are people whose houses were also destroyed by the lava but have found shelter with other families that hosted them, mostly women and children while men slept elsewhere. In the short term, there is need for access to food since they have been housed by their hosts. In the medium to long term, there should be provision of shelter to enable them to leave the host families. Risks faced are eviction by the host families, transmission of infectious communicable diseases as a result of overcrowding, lack of hygiene and other preventive measures, SGBV and domestic violence.
- **Returnees to temporary shelter:** These are those who have returned back to the lava-erupted area and are building temporary shelters of wood and tarpaulins. Some have lost their means of subsistence and have strong emotional ties to their own land/property in Nyiragongo as they owned the land, they lived on before the sudden evacuation. These households have insufficient food and EHIs, lack access to sanitation facilities and limited access to potable drinking water. In the long term, they need assistance for shelter construction and support in livelihood recovery and access to basic services.
- **Tenant IDPs:** These are the people who rented houses in the same area before the volcanic eruption took place and which are now destroyed. These families have used their savings to rent accommodation and need short term support to rent new accommodation. Their livelihoods may be affected. Food is a key priority need as well as the replacement of EHIs and support to livelihood recovery.
- **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 centres and as a result have exhausted their savings. In the short term, there is a 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.

B. Water, sanitation and hygiene

- Water infrastructure was destroyed during the eruption and subsequent earthquakes. 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.

C. Health

- In the affected areas, people reportedly face increased difficulty in accessing healthcare. In addition to this, psychological trauma due to the volcanic eruption, repeated seismic tremors, separation of

families, the loss of livelihoods and homes for most has brought about significant anxiety and depressive symptoms.

- Due to limited access to WASH services, there is an elevated risk of public health hazards, including waterborne and water-related diseases such as cholera, typhoid, dysentery and hepatitis A and E. COVID-19 continues to be an issue in DRC and cases are on the rise in Goma.
- In addition to this, there is a need to put in place mechanisms for disease surveillance (community-based surveillance).
- Access to food is needed for the affected households but especially for the specific groups (under-fives, malnourished children, etc.)

D. Protection

- The targeted families live in small, crowded spaces often with shared facilities that would make women and girls vulnerable to abuse.
- The displacement has led to risks related to SGBV and the need for Prevention and Response to Sexual Exploitation and Abuse (PSEA), particularly for women and girls. PGI cases continue to be reported every week.
- People with disabilities are also among the displaced and need adapted assistance, hence identification of the number of people by gender, age and type of disability is a requirement to adjust support as needed.

In Rwanda

- Over 25,000 Congolese fled to Rwanda after the eruption on 22 May 2021 and subsequent seismic tremors. The Rwanda government immediately opened four (4) transit camps.
- After closures of the refugee camps, the focus of the response has shifted to households whose houses and livelihoods were affected in the Rubavu district.
- MINEMA, RRC and partners, conducted a needs assessment and identified listed needs below as follows:

A. Health, Nutrition and Psychosocial support

- Access to food is needed for the affected households but especially for the specific groups (pregnant women, the elderly, under-fives, malnourished children, people with chronic diseases, etc.)
- Provision of Psychosocial First Aid and adequate referrals for other emergency situations, non-communicable diseases, chronic disorders and some other health conditions

B. WASH

- 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 reconstruction of destroyed latrines.
- There is a need to establish community hygiene clubs to ensure the awareness of hygiene within the community including menstrual hygiene practices.
- 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 to recover their income.

C. SHELTER and ESSENTIAL HOUSEHOLD ITEMS

- 855 HHs will benefit from IFRC/RCR construction-related cash-for-work programmes (fabrication of mud bricks, etc.). The aforementioned 459 HHs will be among the beneficiaries of this cash-for-work program and 274 families will benefit from assistance to repair their homes that were damaged by the tremors related to the volcanic eruption.

D. PROTECTION

- It is estimated that 70% of the affected population are women and more than 25% are children. Therefore, protection from harm and violence is needed.

E. LIVELIHOOD

- More than 6,000 people reportedly lost their source of income; therefore, cash and voucher assistance are necessary to recover their livelihoods.

F. Disaster Management

- Strengthening early warning dissemination mechanisms by providing early warning dissemination tools and materials, etc.
- Strengthening of volunteers' capacity by providing training to the specialized emergency teams
- Replenishment of stock utilized during response and prepositioning of disaster preparedness stocks.

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.

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. For more information, please consult the [COVID-19 operation page IFRC Go platform](#).

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 and crime such as looting of homes, shops, etc.
- Risks of being infected with COVID-19.
- Exposure to EVD which is a recurring outbreak in Eastern DRC.
- Price of foods fluctuation due to COVID-19 and worsening of looming food insecurity in North and South Kivu.
- Unstable walls and foundations of houses poses 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:

- 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.
- 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.

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

- Minimum Security Requirements to be in place.
- 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. . 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 curfew is ongoing from 19.00 to 05.00 (local time) in Beni and Butembo cities, and from 20.00 to 05.00 in the rest of North Kivu, until further notice.

B. 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 homes were 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.

C. DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS



Shelter and Essential Household items

People reached: 16965 (3395 HHs)

Male: 7,634

Female: 9,331

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	393
# of households receiving essential household items	5,000	3,000
# of affected families supported with shelter solutions (rental support)	300	300
# of households supported to repair damaged houses	274	100
# of households supported with Cash for work	855	855

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	123 (120 volunteers and 3 supervisors)

Progress towards outcomes

Democratic Republic of Congo Progress:

- Coordination with the Shelter Cluster is ongoing. The team continues to participate in shelter and NFI cluster meetings to coordinate distribution with other partners (Concern and Caritas). The packaging of NFI kits for distribution is ongoing.
- Several response options are planned, including NFI support to displaced families and host families (French Red Cross contribution), as well as in-kind support to families receiving rental support, construction of emergency shelters in areas set aside by the government. Training of 120 volunteers and 3 supervisors in the design and construction of safer shelters has been done. 2,000 shelter tool kits and 4,000 tarpaulins (French Red Cross) are now available in the IFRC warehouse in Goma. The vast majority of IDPs have returned to their homes in Goma.
- The construction of 516 shelters and 16 community kitchens on land allocated by the Government was completed (197 shelters in Kibati, 1 behind the Kibati stadium, 70 in Kibati, 2 in front of the Kibati stadium, 126 in Kibati, 3 diagonally across from the Kibati stadium and 123 in Bujare in the Buvira groupement).
- 393 affected families were already supported with shelter solutions (emergency shelter)

Rwanda Progress:

- The four camps established in Rwanda for Congolese refugees have all been closed. However, 265 Congolese refugees received NFIs (non-food items) from the RRC. There was also the distribution of NFIs to 3,000 households using mobilised resources and national preparedness stocks.
- 100 households are being supported to repair damaged houses (target: 274). These houses are in construction and at the moment they are in the finishing stage. Completely damaged houses have been 100% supported while for others there was a variable contribution depending on the level of damage. The remaining houses will be built after the completion of the current phase.
- Overall, 855 people received a cash for work to support rebuilding/Rehabilitation of houses. These are macons and macon helpers. The beneficiary families of the houses are among the recipients of this cash

Challenges

- In the DRC, community kitchens were no longer used by displaced people. This was transformed into 16 additional shelters.
- There is a lack of funds to support all the 274 households to repair/construct damage houses (only 100 are ongoing)



Livelihoods and basic needs

People reached: 11828

Male: 3,212

Female: 8616

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 households

Indicators	Target	Actual
# of people reached with food assistance for basic needs	11000	11828
# of households reached with support to meet their basic needs	2,000	2000

Progress towards outcomes

Democratic Republic of Congo Progress:

- Market assessment and beneficiary identification are underway to establish the possibility of a cash transfer to meet basic needs. In the immediate aftermath of the volcano eruption and subsequent earthquakes, the distribution of food and markets was disrupted, leading to an increase in the price of basic commodities. The calculation of the minimum expenditure package and transfer value will take into account commodity prices and the needs of the community.
- 5078 children benefited from Masoso porridge in the 3 sites already occupied by people affected

Rwanda Progress:

- Overall, 6,750 people (4,917 women and 1,833 men) received food (4,250 in the camp and 2,500 in the host community).
- Based on the analysis and assessment, both in-kind and cash transfer modalities should be used to support households affected by the volcanic eruption. Food aid in kind has been provided to Congolese refugees in Rwanda, but there is a lack of funds to make the multi-purpose cash transfer to cover the different needs of all households whose homes were destroyed or damaged.

Challenges

- There is a lack of funds to support households affected by the volcanic eruption in cash transfer (Rwanda)
- The providing of masoso porridge for the children has been temporarily stopped. Funds will be raised to continue this assistance over a few weeks. A strategy of DRC RC on food security (Zero Hunger) should be implemented to find more sustainable solutions.



Health

People reached: 140,677

Male: 61,981

Female: 78,696

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	67	147 (67 Rwanda & 84 DRC)
# of volunteers trained and implementing CBS	50	50
# of people reached by first aid services	1,500	4,776

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

Indicators	Target	Actual
# of people reached with community-based disease prevention and health promotion programming	100,000	140,677
# 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	58,531

Output 1.3: Epidemic prevention and control measures implemented

Indicators	Target	Actual
# of mosquito nets procured and distributed	4,700	0

Outcome 2: The psychosocial impacts of the emergency are lessened**Output 2.1 : 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	25830	73009
# of volunteers involved in the operation reached with PSS activities	110	110

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

- Overall, 124,296 people were reached with community-based disease prevention and health promotion programming. This includes sensitisations in peripheral areas of the operation zone. In these areas, awareness-raising messages against the consumption of a substance such as salt that emerges from the lava were delivered.
- At this level, 50 volunteers in Goma carry out health activities, including first aid at drinking water distribution points. Also 7 DRC RC volunteers provide first aid services on a permanent basis in two locations in Goma/Nyiragongo. Each first aid post provides services to an average of 30-55 people per day, with most services related to wound care with referrals to a government field hospital and to pre-existing health centres where patients can go.
- During this reporting period, the teams did 33 burials and 180 patient transfers. Five first aid teams were deployed to provide first aid services to the affected population. In total, the teams rescued and cared for 4613 people, including 560 people in first aid (246 men, 269 women, 15 boys and 30 girls) and 4053 people in care (1061 men, 664 women, 1271 boys and 1057 girls).
- Psychosocial support (PSS) was also provided to people traumatised by the disaster. Individual and group session sites (3253) were organised for a total of 59,679 people affected. PSS team organized 77 focus groups, 28 psychological preparation sessions, 3 individual emotional psychotherapy, 521 individual psychological first aid, 684 psychosocial support sessions, 539 mass psycho-education sessions, 405 awareness-raising sessions, 500 listening sessions, 496 interview sessions.
- Preparation for the distribution of the mosquito nets is underway with the local authorities.
- Volunteers involved in the burials also received PSS debriefing. PSS sessions were organised with volunteers on self-help, stress management, peer support and debriefings are shown below:
 - 12 individual psycho-education sessions organised,
 - 409 volunteers and managers benefited from individual self-help,
 - 2 debriefing sessions were organised.

Rwanda Progress:

- An ambulance unit ensured the referral of refugees to health centres with an average of two referrals per day. Overall, 103 health promotion sessions were held in the camps and host communities on Covid-19. There is also the provision of first aid services to injured people and so far 163 people have received first aid. Reusable masks have been distributed to 3,000 households (15,000 people), both to Congolese refugees and to the affected host community
- The RRC provides WSP support to refugees in the camp and to affected families in Rubavu. Overall, 13,330 people received psychosocial support services.
- Overall, 16,381 people were reached with community-based disease prevention and health promotion programming (including Covid-19).

Challenges

- Floods that caused material damage in the Rugari grouping. This was due to heavy rains in the area and has increased the risk of water-borne diseases (cholera). Community-based surveillance is being set up by the teams in collaboration with the MoH.

**Water, sanitation and hygiene****People reached: 139,796**

Male: 61,593

Female: 78,203

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	27,359
# of People reached with hygiene promotion and risk reduction messages	80,000	139,796

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	3,000
# of people served with sanitation facilities (latrines)	6000	6000
# of women who have received protection (menstrual health management - MHM) kits	800	800

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

- 50 volunteers were trained in WASH and carried out WASH activities in the communities, including water distribution at the beginning of the operation and awareness-raising activities
- Four (4) displacement sites in Goma have received support for drinking water (Sawasawa, Ave Maria, Kanyaruchinya and Mujoga). These water points were mainly used for households living in precarious

conditions, including in informal collective sites (e.g. community buildings and open-air sites) whose homes were destroyed by the lava flows. Of the 14 sites receiving support through the WASH cluster, five (Mugunga, Bujovu, Majengo, Munigi, and Buhene) had been supported solely by the Red Cross.

- The DRC Red Cross has installed 5 water distribution systems in 5 sites with a total capacity of 100m³ for the distribution of potable water to the displaced population. Over the reporting period, approximately 4.2 million litres of water were supplied (including ICRC support). 19,977 households per day were provided with safe water.
- The arrival of the IFRC WASH coordinator on 15 June has allowed strategic planning and cluster coordination to progress.
- Water trucking to four displacement sites (including collective shelters and host communities bordering the lava flow) has been secured. Emergency rehabilitation of some school latrines and rainwater harvesting systems in schools was carried out. Awareness-raising messages on hygiene rules for the prevention of epidemics (cholera) were disseminated. At the end of the awareness-raising sessions, feedback from the community was useful to inform them about the operations. The number of households reached by the door-to-door visits was 24,859 (124,296 people). Mass outreach reached and kiosks 6,116 people.
- 10 water collection systems have been rehabilitated in schools housing disaster victims (EP Mboga: 3, AFDI: 2, Kanyaruchinya: 2, Mujoga: 1 and Bujare: 2).
- 20,700 households were sensitised on improving the treatment and safe use of rainwater,
- The operation permitted to:
 - build 4 blocks of latrines with 16 doors in the Mujoga site
 - Build a urinal at the Mugara Institute,
 - Rehabilitate 20 latrines in the schools housing the disaster victims (Consolation 6 school complex, Mboga 10 and AFDI 4 primary schools
- In addition, RDC RC trained 44 teachers and managers, parents committees and disaster representatives in 2 schools to ensure proper hygiene promotion in schools. The trained persons are in charge of the school brigades for hygiene promotion in schools.

Rwanda Progress:

- At this level, 103 hygiene promotion sessions were carried out in the camps and among displaced people in Rubavu. The RRC also distributed hygiene kits to 2,000 households using mobilised resources and national strategic stocks.
- The government has restored the damaged water lines in Gisenyi town and residents can now access water for their domestic use.
- Overall, 2500 households were reached with key messages to promote personal and community hygiene. These are messages given by volunteers to reinforce hygiene among beneficiaries.
- A total of 15,500 people were reached with hygiene promotion and risk reduction messages. These are messages given by volunteers to reinforce disaster risk reduction among beneficiaries. Apart from the volcano, the area is known for high winds and heavy rains which often cause damage. To this effect, the volunteers are sensitizing the communities in protecting their houses
- We also noted the provision of MHM kits to 800 women and girls.

Challenges

- The challenge of inadequate access to water and sanitation facilities poses a risk of increase in transmission of waterborne disease. There will be rainwater harvesting systems in the new shelter settlement (impluvium) (Logistic process ongoing to do that).



Protection, gender and inclusion

People reached: 10,688

Male: 4,414

Female: 6,274

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.

Indicators	Target	Actual
# of staff and volunteers trained in PSEA	50	50
# of DRC RC and Rwanda RC staff and volunteers providing direct services who are briefed and trained on IFRC code of conduct.	276	276

Output 1.2: Bring communities, disaster affected households included, to engage in the fight against sexual exploitation and abuse, and protect themselves with self-protection means

# of community members involved in PSEA activities	64	64
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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	25830	10,688
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Progress towards outcomes

Democratic Republic of Congo Progress:

- A person responsible for the code of conduct and the prevention of sexual exploitation and abuse has been appointed to the provincial committee/North Kivu.
- Specific psychosocial support was provided to 8598 people reached by PGI messages and activities, of whom 84 survivors of sexual and gender-based violence were referred to specialised health centres. These beneficiaries were sensitised to measures to address gender and diversity vulnerabilities including people living with disabilities. They benefited from listening sessions, counselling sessions and referrals of cases of violence.
- A total of 409 volunteers and managers of the DRC RC were sensitised on gender and diversity messages and sexual and gender-based violence,
- DRC RDC realised:
 - 40 discussions sessions with identified groups (446 women) and surveillance of unaccompanied children to prevent abuse were organised
 - 14 briefing sessions and 323 educational talk sessions

Rwanda Progress:

- 193 people received telephone calls in the search for missing relatives.
- Separate meetings with women and men to raise awareness about sexual and gender-based violence were held. The RRC also advocated for adequate lighting in the transit camps.
- Specific psychosocial support was provided to 2,090 people reached by PGI messages and activities. These are people who have benefited from the awareness-raising activities carried out by the volunteers on the prevention of gender-based violence. In addition, specific cases were referred to the appropriate services and advocacy was done for their care.

Challenges

- No major challenges to report

ENABLING ACTIONS

Strengthening National Societies

S1.1: The objectives of National Societies in terms of capacity building and organizational development are facilitated so that National Societies have legal bases, ethical and financial, systems and structures, skills and capacity to plan and implement activities

Output S1.1.1: National Society entities have the necessary infrastructure and institutional systems

Indicators	Target	Actual
# of warehouses constructed	1	0
# of Trainers of trainers (ToTs) trained	20	20

S1.2: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform

Output S1.2.1: National Societies have effective and motivated volunteers who are protected

Indicators	Target	Actual
% of volunteers insured	100%	100%
# of volunteers engaged in the response in Rwanda and DRC	276	276

Output 1.2.2: National Societies have the necessary corporate infrastructure and systems in place

Indicators	Target	Actual
# of unqualified audits	1	0

Output 1.2.3: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

Indicators	Target	Actual
# of volunteers and staff trained in assessment, data collection, distribution, M&E, PGI and CEA	50	50

Progress towards outcomes

The operation allows National Societies to progressively fill in some self-assessed gaps. A mission by the Director of Organizational Development of the DRC RC was carried out in this regard. National Societies are supported in improving their leadership development (through coaching, training, support to planning activities). Support is provided to staff and volunteers involved in the operation, including psychosocial support and personal protective equipment, and training in the different pillars. Material and equipment support was also provided during the operation (vehicle, motorbike, generators, IT tools, internet, etc.). Also, 80 tons of assorted relief items were received from the International Humanitarian Centre (Dubai) in Kigali. These items were divided between the RC DRC and the RRC for replenishment of used stocks and for distribution to households affected by the volcanic eruption.

50 CEA volunteers have been deployed with messages designed to raise awareness of the volcanic eruption.

Challenges

- Delay in warehouse construction (ongoing logistical and administrative procedures)

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

Output 2.1.2: NS compliance with Principles and Rules for Humanitarian Assistance is improved through the integration of CEA activities

Indicators	Target	Actual
% of complaints and feedback received are responded to by the NS	80%	80%

Output 2.1.3: Supply chain and fleet services meet recognized quality and accountability standards

Indicators	Target	Actual
Singed SOP on procurement procedures	1	1
Singed SOP on inventory and WH management	1	1

Output 2.1.4: Coordinating role of the IFRC within the international humanitarian system is enhanced

Indicators	Target	Actual
Shelter strategy developed	1	1

Output 2.1.5: Strengthen planning, monitoring, evaluation, and reporting

Indicators	Target	Actual
Existence of M&E system to support data collection, analysis and use in programming	Yes	Yes
# of DRC RC and Rwanda RC staff and volunteers trained in PMER/IM	25 ²	5

Progress towards outcomes

- Actions are being implemented to strengthen the Risk Communication and Community Engagement strategies and activities. This includes the work with key local stakeholders and using available and effective traditional channels of interactive community engagement activities and then working with key influencers in the communities. Capacity building through the transfer of knowledge and skills to the RRC and DRC on systems for collecting and managing community feedback, including quality assurance, analysis, documentation and use of data to inform decision making, is done on a regular basis. Thus, a total of 124, 296 people were reached by CEA activities and 58,531 community feedbacks were collected.
- CEA volunteers conducted 5 community dialogues and educational programmes through radio on rumour dispelling, the volcano early warning system and common diseases in the community. In addition, 17 radio programmes were organised for the population on messages related to the volcanic eruption, Covid-19, the 13th Ebola outbreak, hygiene measures and responding to feedback received.
- In terms of human resource support, out of 17 planned, 11 support staff/Surge were deployed. The following support positions were 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), Remote SIMS Coordinator (1), Primary Data Collection Officer (1).
- A second surge rotation was done with new Communication and Shelter surge support engaged in the operation. The Assessment Cell completed their missions, and their report has been used in planning for the Appeal and its revision.
- Data collection tools for assessments were developed and these were well conducted.

Democratic Republic of Congo:

The DRC, IFRC and ICRC Nyiragongo operation met every 48 hours at the beginning of the operation in Goma and Kinshasa to guide the operation and follow up on critical issues. This strategic-level meeting was the cornerstone of the joint approach to context analysis, planning and tasking, which ensured that the most appropriate actor oversaw priority activities.

A compensation matrix between the DRC RC, the IFRC and the ICRC has been finalised to ensure that all three components have key focal points to work together throughout the emergency operation. This also supports the capacity building of the NS.

The French RC contributed to the IFRC emergency appeal (CHF 148,000) and for the purposes of this response, joined the IFRC team to oversee the distribution of 2,000 shelter kits and 4,000 tarpaulins.

Coordination at the operational level is also taking place between the DRC RC, IFRC and ICRC with four principles at the core: 1) co-location; 2) common operational picture; 3) joint planning; and 4) joint tasking. These four "elements", in addition to the enabling environment for managing the SMCC and the presence of the right people in the right place at the right time, were essential for strong coordination and cooperation in this response.

The IFRC Head of Delegation travelled to Goma for a 5-day mission at the end of June to highlight, internally for the IFRC, lessons learned and recommendations for the operational SMCC of the Mount Nyiragongo response.

The operation benefited from strong coordination with the DRC RC and the ICRC. In a tripartite meeting, the DRC RC, IFRC and ICRC agreed, for example, to produce a joint Movement video highlighting cooperation on the Nyiragongo operation. The communication officers of the three components worked jointly on the production of the video. A risk analysis was carried out with the IFRC and ICRC to finalise the long-term planning arrangements for work and life in Goma under the L3 agreement.

Coordination is a key element of the operation. In addition, the following points were made:

- In July, Leaders of the DRC RC, ICRC and IFRC in North Kivu met with the military governor to highlight the Movement's response to the volcanic eruption. This was an excellent opportunity to position the National Societies vis-à-vis the government and to highlight their capacities for future emergency response.
- The IFRC is involved in shelter, health and WASH cluster coordination, as well as inter-cluster coordination.
- The IFRC team mapped the external coordination architecture for the Nyiragongo operation and shared it with all components of the Movement.
- 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.

The DRC RC branch was also involved in coordinating the response with the DRC authorities.

Rwanda:

The Rwanda RC organised weekly coordination meetings of the movement's partners in the country to share progress and mobilise resources. The SNPs in the country include the French, Belgian, Spanish, Austrian and Japanese RCs. The IFRC and ICRC participate in the meeting.

² 5 volunteers from the DRC have already been. There are plans to train 20 volunteers in Rwanda

The RRC continued to work with MINEMA, a government agency mandated to coordinate emergencies in the country. Through close collaboration, the RRC was able to contact the Ministry of Health to expedite the clearance of goods held at customs, which allowed some items to be released for the humanitarian response.

Challenges

- No major challenges to report

Influencing others as strategic partners

Outcome 3: 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 3.1.: IFRC and The National Societies are visible, trusted, and effective advocates on humanitarian issues

Indicators	Target	Actual
Existence of regular production of visibility actions (Photo, Media, etc)	Yes	Yes

Output 3.2: National Societies are supported in resource and partnership development

Indicators	Target	Actual
Existence of Resource mobilisation strategy	Yes	Yes
# of new partnerships developed during the life of the Appeal	1	0

Progress towards outcomes

- There is still coordination with other humanitarian actors and government.
- Systems were set up by the implementation teams to capture case studies as they were implemented. These systems were also useful during awareness-raising campaigns to illustrate humanitarian assistance and the importance of preventing diseases/epidemics. See links below:
<https://mobile.twitter.com/ifrc africa/status/1428000574486810629>
<https://mobile.twitter.com/ifrc africa/status/1417758964952051716>
- The operation provided: 150 bibs, 60 kepis, 70 gilets, 81 polo shirts, 2 banners for the distribution of NFI kits and 20 DRC Red Cross stickers
- A PRD consultant was hired to identify potential sources of funding for this programme and to oversee the development and submission of proposals

Challenges

- The implementation of the strategy for assisting displaced populations was delayed at the beginning by some authorities in the DRC. This has delayed the implementation of the shelter sector. Although the DRC RC and IFRC are working closely with Civil Protection and the Shelter Cluster, persistent delays in adopting the approach have put affected populations at increased risk.

Ensure a strong IFRC

Outcome 4.1: The IFRC enhances its effectiveness, credibility and accountability

Output 4.1: 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 audits of financial statements conducted in compliance with international financial reporting standards	1	0
% of staff having completed training on prevention of fraud and corruption	100%	100%

Output 4.2: Staff security is prioritised in all IFRC activities

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

Progress towards outcomes

- **In terms of fraud and corruption** risk, there has been continuous sharing of information on IFRC policy and zero tolerance of fraud and corruption among IFRC staff, NS staff and volunteers. There was also the use of the Red Rose system to manage volunteer attendance. This has mitigated the risk of potential cases of ghost volunteers for per diem payments. Electronic data collection (using biometric/GPS data) is carried out each time a volunteer reports for work and this is used to generate some payments automatically. Capacity building training of 20 people on RedRose system for the management of volunteers had been done (Executives of General Secretariat, staff of the IFRC delegation office based in Kinshasa, leaders of the CRRDC).
- Another measure taken to limit cash exposure is the use of mobile money to pay volunteers and suppliers. Once verified, payments are made via Orange Money, which means that less cash is handled and more secure payments are made.
- **In terms of security**, with the support of the International Committee of the Red Cross (ICRC), which has a significant presence and security arrangements in place to mitigate security risks and respond when necessary. The IFRC has received timely support and information to manage the threat of insecurity. In response to the risk of earthquakes, volcanic eruptions and toxic gas, arrangements were made to relocate teams to safer areas. 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.

Challenges

- The security situation in Nord Kivu remains very worrying with heightened violence and kidnapping of humanitarian staff.

D. FINANCIAL REPORT

The overall amount allocated for this operation is 4 million CHF as indicated in the [Revised Emergency Appeal](#). The budget Coverage as of 05 January 2022 is 56.46%.

The IFRC urgently needs to mobilize CHF 1.7 million, to support the DRC Red Cross and Rwanda Red Cross to maintain its operational capacity up until at least the end of May 2022. This will allow the continued presence and support in the following thematic areas (Shelter, Livelihoods and basic needs, Health, WASH, PGI, Strengthening National Societies).

Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/1-11	Operation	MDRNYIRA21
Budget Timeframe	2021-2022/5	Budget	APPROVED

Prepared on 05 Jan 2022

All figures are in Swiss Francs (CHF)

MDRNYIRA21 - DR Congo & Rwanda - Mt Nyiragongo Eruption

Operating Timeframe: 23 May 2021 to 31 May 2022; appeal launch date: 31 May 2021

I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	0
AOF2 - Shelter	1,040,000
AOF3 - Livelihoods and basic needs	165,000
AOF4 - Health	309,000
AOF5 - Water, sanitation and hygiene	286,000
AOF8 - Protection, Gender & Inclusion	52,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	895,000
SFI2 - Effective international disaster management	1,086,000
SFI3 - Influence others as leading strategic partners	96,000
SFI4 - Ensure a strong IFRC	71,000
Total Funding Requirements	4,000,000
Donor Response* as per 05 Jan 2022	2,258,592
Appeal Coverage	56.46%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	98,715	141,658	-42,944
AOF2 - Shelter	233,343	376,714	-143,372
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	300,560	442,459	-141,899
AOF5 - Water, sanitation and hygiene	88,900	32,573	56,327
AOF8 - Protection, Gender & Inclusion	5,284	433	4,851
AOF7 - Migration	245,117	267,899	-22,782
SFI1 - Strengthen National Societies	664,298	401,421	262,877
SFI2 - Effective international disaster management	676,166	453,049	223,116
SFI3 - Influence others as leading strategic partners	0	1,711	-1,711
SFI4 - Ensure a strong IFRC	23,998	6,373	17,625
Grand Total	2,336,379	2,124,290	212,090

III. Operating Movement & Closing Balance per 2021/11

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	2,428,592
Expenditure	-2,124,290
Closing Balance	304,302
Deferred Income	0
Funds Available	304,302

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	450,000	Outstanding :	300,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

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V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	460,756				460,756		
DREF Allocations				300,000	300,000		
European Commission - DG ECHO	175,565				175,565		
French Red Cross (from French Government*)	158,888				158,888		
Japanese Red Cross Society	41,427				41,427		
Norwegian Red Cross	106,348				106,348		
Red Cross of Monaco	32,178				32,178		
Spanish Government	328,673				328,673		
Swedish Red Cross	157,731				157,731		
Swiss Red Cross	250,000				250,000		
The Canadian Red Cross Society (from Canadian Gov	28,313				28,313		
The Netherlands Red Cross (from Netherlands Govern	378,712				378,712		
Turkish Red Crescent Society	10,000				10,000		
Total Contributions and Other Income	2,128,592	0	0	300,000	2,428,592	0	
Total Income and Deferred Income					2,428,592	0	

Contact Information

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

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

IFRC DRC Country Delegation

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- Ops Manager North Kivu: Don Johnston, phone: +243 847612298; email: RROpsmanager.dr.@ifrc.org

Rwanda Red Cross

- Secretary General; Mr. Apollinaire Karamaga, Secretary General email: apollinaire.karamaga@rwandaredcross.org

IFRC Rwanda

- Rwanda Operations Manager/Senior Officer Disaster management: Daniel Mutinda, Office Mobile +25 4110 853 113 Email: Daniel.MUTINDA@ifrc.org

In the IFRC

- **IFRC Regional Office for Africa** Adesh Tripathy, Head of DCPRR, Nairobi, Kenya; phone +254731067489; email: adesh.tripathy@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: louise.daintrey@ifrc.org phone: +254 110 843978

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

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.

Emergency Appeal

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Funds Available	304,302

IV. DREF Loan

* not included in Donor Response	Loan :	750,000	Reimbursed :	450,000	Outstanding :	300,000
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021/1-11	Operation	MDRNYIRA21
Budget Timeframe	2021-2022/5	Budget	APPROVED

Prepared on 05 Jan 2022

All figures are in Swiss Francs (CHF)

MDRNYIRA21 - DR Congo & Rwanda - Mt Nyiragongo Eruption

Operating Timeframe: 23 May 2021 to 31 May 2022; appeal launch date: 31 May 2021

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	460,756				460,756		
DREF Allocations				300,000	300,000		
European Commission - DG ECHO	175,565				175,565		
French Red Cross (from French Government*)	158,888				158,888		
Japanese Red Cross Society	41,427				41,427		
Norwegian Red Cross	106,348				106,348		
Red Cross of Monaco	32,178				32,178		
Spanish Government	328,673				328,673		
Swedish Red Cross	157,731				157,731		
Swiss Red Cross	250,000				250,000		
The Canadian Red Cross Society (from Canadian Gov	28,313				28,313		
The Netherlands Red Cross (from Netherlands Govern	378,712				378,712		
Turkish Red Crescent Society	10,000				10,000		
Total Contributions and Other Income	2,128,592	0	0	300,000	2,428,592	0	
Total Income and Deferred Income					2,428,592	0	