



OPERATION UPDATE

Democratic Republic of Congo, Rwanda | Emergency Appeal

Appeal n° MDRNYIRA21	Operations Update n° 5 Date of issue: 20 June 2022	Timeframe covered by this update: 23 May 2021– 30 April 2022
	Operation start date: 1 June 2021	Operation timeframe: 12 months and end date – 31/07/2022
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 will clarify the progress of activities implemented and success stories since the early stage of the response in this operation and request a two months Extension in the calendar due to setbacks. Furthermore, a lesson learned workshop for this response is scheduled with stakeholders from Rwanda and the DRC (MoH, Ministry of Social Affairs, CR DRC, CRR, IFRC, ICRC). This extension will enable the participation of cadres from both countries to be face to face and to discuss the best approach and strategy to develop when another eruption occurs in the future, communities from both countries were directly impacted by this devastation.

In addition, the installation of water harvesting system in Kibati site for the IDP-s near Mt Nyiragongo in the DRC, finalizing the receiving goods of the DRC warehouse. These activities should have taken place and done since March but due to various challenges such as Security (Armed conflict near Goma/Rutshuru Territory (since 28 March), (Explosion in a bar in Goma (7 April), Kidnapping of two humanitarian workers (11 May)), Covid-19, supply chain we experienced numerous delays and as we are in the process of wrapping up a few weeks added on the calendar will be enough to cover the gap. On the Rwanda side, the construction/rehabilitation of beneficiaries' houses is still ongoing.

The new end date of the appeal/operation is set for 31 July 2022, for an overall period of 14 months.

This will make it possible to conduct the ongoing activities:

- Water harvesting system in shelters DRC,
- Goods received of materials for the warehouse in DRC,
- Construction/Rehabilitation of houses in Rwanda
- The lessons learned workshop.
- Final evaluation

Highlights of achievements to date:

Democratic Republic of Congo:

- 516 emergency shelters were built and completed to support affected families
- 1,557 households received essential household items (blankets, loincloths, mattresses, mosquito nets, kitchen items, buckets, jerry cans, MHM kits, etc.).
- 4,725 mosquito nets procured and distributed to emergency shelter beneficiaries
- 124,296 people (24,859 households) reached with health and hygiene promotion
- 59,679 people affected by the Nyiragongo volcano eruption received Psychosocial support (PSS)
- 5,078 children received food (Masoso Porridge) for 1 month at a rate of three times a week
- 84 survivors of sexual gender-based violence (SGBV) were referred to specialised health centres and 8598 people were sensitised on PGI
- Construction of 4 blocks of latrines with 16 doors has been completed at the temporary IDP site in Mujoga, as well as rehabilitation of 20 pit latrines, and 10 water harvesting facilities

Rwanda:

- 60 volunteers were permanently involved in the project activities (supervision, mobilisation on Covid-19 vaccination and health promotion, PSS, and Risk reduction).
- 19,110 people reached with community-based disease prevention and health promotion activities
- 300 families were supported with cash-based rental support by the government in the targeted area.
- 100 households were supported to reconstruct/repair the damaged houses (target: 274).
- 2,226 people received cash-for-work to support the rehabilitation/rebuilding of houses.
- 13,558 people received psychosocial support services
- 2,090 people were sensitised on the prevention of gender-based violence and provision of Menstrual Health Management (MHM) kits to 800 women and girls



Beneficiaries who received essential household items and Menstrual Health Management (MHM) kits, © DRC RC

A. 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. 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**
-  **17 February 2022: Emergency shelters built by DRC RC in Goma completely provided to 516 affected families and distribution of essential household items**
-  **19 March 2022: International conference on volcanos in Goma with the theme "Monitoring and management of volcanic risks in the Virunga region: solutions and perspectives". North Kivu civil society launched an appeal to strengthen the monitoring system of Nyiragongo and Nyamulagira volcanos**
-  **30 April 2022: Nyiragongo volcano remains active, alert level maintained at yellow, recommending vigilance**

The Mount Nyiragongo located 10km from Goma in North Kivu Province of the Democratic Republic of Congo suddenly erupted on Saturday 22 May 2021. 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. Goma Volcano Observatory (OVG) registered more than 259 earthquakes 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 adding more stress on the population that was already traumatized by the eruption. On Thursday 27 May 2021, given the imminent danger posed to the population, 10 districts considered high risk of further eruption or seismic activity and home to some 400,000 people were ordered to evacuate. On 7 June 2021, the provincial authorities approved the gradual return of the population back to Goma which resulted in the movement of the displaced people back into Goma from 8 June.

As of November 30, 2021, IFRC revised its EPoA to support 80,000 people in DRC and Rwanda.

The emergency appeal funding requirement was revised downwards from 11.6 million Swiss francs to 4 million Swiss Francs, with an outstanding 1.64 million Swiss francs required 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.

As of April 30, 2022, joint humanitarian response efforts led by the National Societies of DRC and Rwanda have supported almost 143,406 people through the different sectors.

Summary of Red Cross Red Crescent response to date

Democratic Republic of Congo Red Cross (DRC RC)

A total of 409 volunteers and staff had been mobilised by the DRC RC North Kivu branch in different pillars of the operation (shelter, livelihoods and basic needs, health, water, sanitation and hygiene, protection, gender and inclusion). To date, 516 families affected by the disaster were supported with shelter emergency solutions built in Kibati and Bujare sites in Goma by DRC Red Cross trained volunteers.

A total of 59,679 people affected by the Nyiragongo volcano eruption received Psychosocial support (PSS) through individual and group therapy sessions. Health and hygiene promotion activities were conducted through door-to-door and through mass awareness activities reaching 124,296 people. Overall, 58,531 feedbacks data points were collected.

The vulnerable groups were reached through different channels and provided information through education talks 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 to 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.



Reception of EHI Kits and Intimate Hygiene Kits©DRC RC

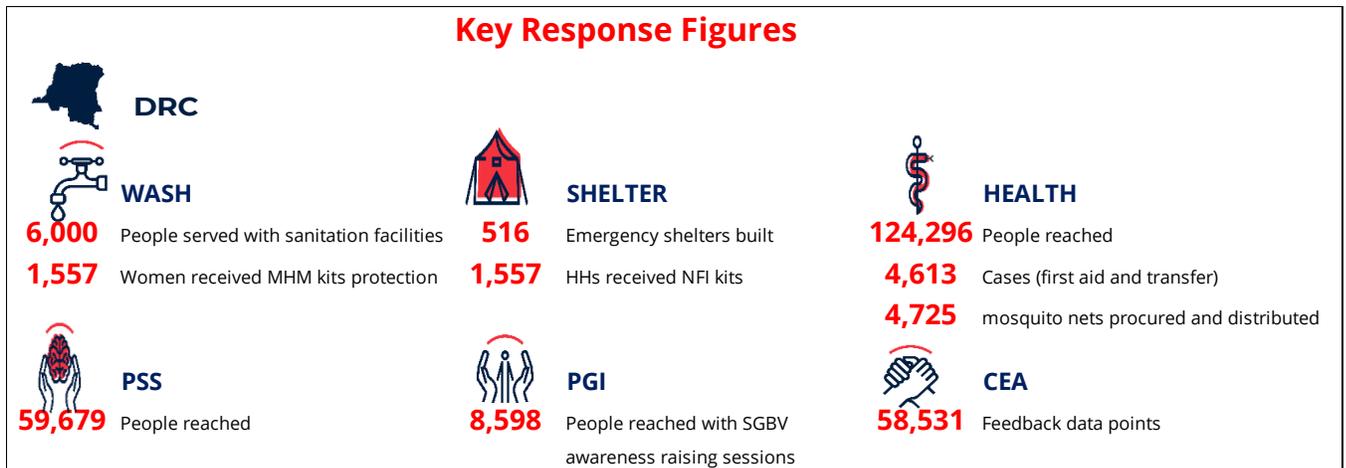


Figure 1: Snapshot of movement achievement in DRC

Rwanda Red Cross (RRC)

A total of 60 volunteers and 7 staff members of the Rwandan Red Cross (RRC) were mobilised and deployed to support the operation in different pillars (shelter, livelihoods and basic needs, health, water, sanitation and hygiene, protection, gender and inclusion). They reached 19,110 people with community-based disease prevention and health promotion activities.

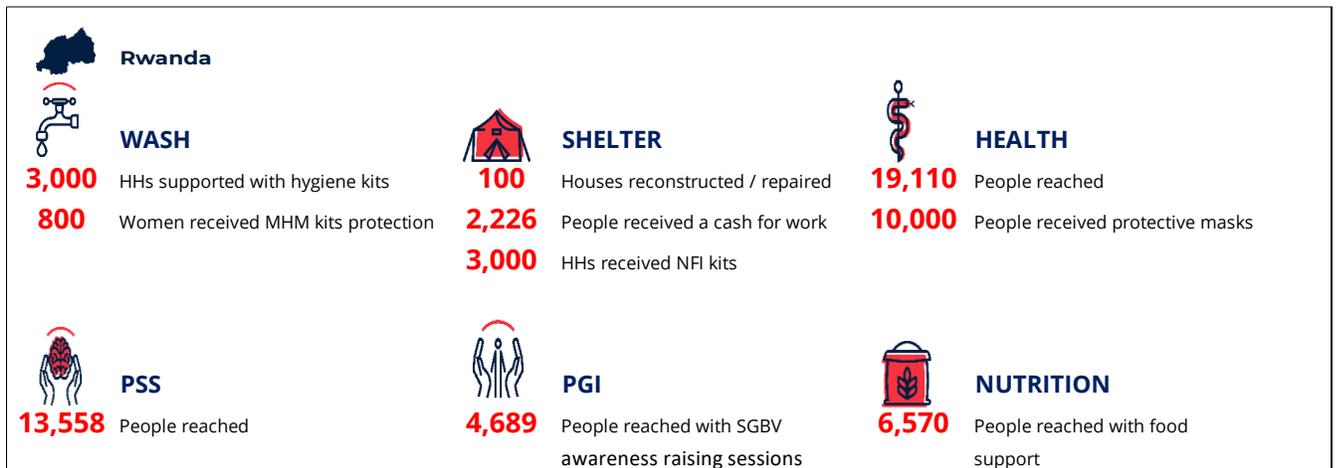


Figure 2: Snapshot of movement achievement in Rwanda



Households supported by the construction of damaged houses©RRC

Overview of Red Cross Red Crescent Movement in-country

Democratic Republic of Congo

At the beginning of the disaster, an IFRC operation team present in Goma quickly enacted support to the National Society for the humanitarian response. This enabled the launch of 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 families affected by the disaster have been supported with shelter emergency solutions built in Kibati and Bujare sites in Goma by DRC Red Cross trained volunteers.

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).

For the construction of the shelters, DRC's RC team requested and obtained 816 shelter tool kits and 3,278 tarpaulins from FRC.

ICRC responded to the water needs of the population in Goma and 4.2 million litres of water were distributed. They supported Ndosho hospital and provided food and essential goods assistance. ICRC has been consistently involved in tracing and reuniting 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 contributed to food distribution as well as in-kind support of household items to 1,000 households (blankets, mats, buckets, mosquito nets) while the ICRC funds have supported 1,200 households with food. Belgium Red Cross French contributed to support rehabilitation and construction of 50 houses (295 people) which are already completed and supported 4 cooperatives made up of 178 members in the economic recovery.

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.

- 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
- Some NGOs and INGOs such as CARITAS have supported the provision of food to fleeing Congolese and iron sheets to host community families. 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 for a 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 need analysis provided in the [Revised Emergency Appeal](#) is still the same all the long. The needs were about: Shelter and Emergency Households Items (EHIs), Water, sanitation and hygiene, Health, Protection, Livelihoods and basic needs. More details can be found on the published revised [EPoA](#).

In DR Congo

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 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. 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.
- **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. 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.
- **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. 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 infrastructures were 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 (impluvium) is an option.

C. HEALTH

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

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 continued to report every week.
- People with disabilities are also among the displaced and needed 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

- MINEMA, RRC and partners, conducted a needs assessment and identified listed needs below as follows:

A. HEALTH, NUTRITION and PSYCHOSOCIAL SUPPORT

- Access to food was limited to 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 other health conditions

B. WASH

- Provision of the following is also essential - menstrual hygiene management kits (pads, underwear, soap, kitenge, Vaseline, buckets, mirror, comb) and cash to the 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.) 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 at its high.

E. LIVELIHOOD

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

F. DISASTER MANAGEMENT

- Strengthening early warning system and developed tools and materials
- Strengthening the volunteers' capacity by providing training emergency approach
- Replenishment of stock utilized during response and prepositioning of disaster preparedness stocks.

Scenario Planning

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 infection by COVID-19.
- Exposure to EVD which is a recurring outbreak in Eastern DRC.
- Price of foods fluctuation due to COVID-19 and the worsening of looming food insecurity in North and South Kivu.
- Most of the water within the affected communities are either 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 and cholera.

The risk mitigation measures to put in place are:

- Coordinate the movement of staff and volunteers 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
- Provide all operation field teams with safety gears, safe water and food packages and encouraged to avoid using unsafe latrines.
- Briefing of volunteers on safe hygiene measures to prevent EVD and COVID-19 spread.
- Conduct regular safety and security briefings
- Put in place Minimum Security Requirements
- 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 the 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.

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 the Rubavu district.

C. DETAILED OPERATIONAL PLAN

STRATEGIC AREAS OF FOCUS



Shelter and Essential Household items

People reached: 24,191 (4841 HHs)

Male: 10,886

Female: 13,305

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	516
# of households receiving essential household items	5,000	4,725
# 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

(2226 People)

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:

The DRC team participated regularly in the Shelter and NFI Cluster meetings to coordinate distributions with other partners (Concern and Caritas). Several response options were planned, including NFI support to displaced and host families, and the 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 was carried out. Construction of 516 shelters on government-allocated land was completed (197 shelters in Kibati, 1 behind Kibati stadium, 70 in Kibati, 2 in front of Kibati stadium, 126 in Kibati, 03 diagonally across Kibati stadium and 123 in Bujare in Buvira groupement). A total of 516 affected families were provided with accommodation solutions (emergency shelters). NFI were also distributed to 1,557 households. The items were mainly blankets, loincloths, mattresses, mosquito nets, kitchen items, buckets, and jerry cans.

Rwanda Progress:

At the beginning of the operation, there was the distribution of NFIs to 3,000 households using mobilised resources and national preparedness stocks.

To date, 100 households were supported in repairing and constructing the damaged houses. These houses were completed, and beneficiaries are living inside their shelters. Additionally, 100 households were supported with latrine rehabilitation. Completely damaged houses have been 100% supported while for others there was a variable contribution depending on the level of damage. the assessment for the second phase of houses has been completed, the support will be given in form of cash to support them to rehabilitate the essential damages. The constructed houses are located on 4 sites: Rugerero with 30 houses, Gisenyi with 10 houses, Rubavu with 20

houses and Nyamyumba with 40 houses. Overall, 2226 people received a cash for work to support the construction/Rehabilitation of their houses. The beneficiary families of the houses are among the recipients of this cash. The way forward is to select the same corridor sites, and provide cash to the beneficiaries who need that support in construction materials to avoid delays in costly transportation of construction materials to each house, RRC will provide supervisors/volunteers and technicians to make this happen.

Challenges

- There is a lack of funds to support all the 274 households to repair/construct damaged houses (only 100 houses). Only 60% of the funds initially planned were available for the NS. The remaining number will be supported with cash to do essential repairs on their damaged houses)
- The number of sites and distance between one house to another was a big challenge in terms of supervision, and transportation of materials not forgetting the geographical terrain which is steep and sliding, especially in the rainy season.



Livelihoods and basic needs

People reached: 11,828

Male: 3,212

Female: 8,616

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	11,000	11,828
# of households reached with support to meet their basic needs	2,000	2,000

Progress towards outcomes

Democratic Republic of Congo Progress:

A total of 5,078 children benefited from Masoso porridge in the sites occupied by people affected for a month, three times every week.

Rwanda Progress:

A total of 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 diverse needs of all households whose homes were destroyed or damaged. However, people who were able to benefit from cash for work were able to access basic needs including food.

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: 143,406

Male: 63,183

Female: 80,223

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 & 80 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	143,406
# 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	4,725

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	25,830	73,237
# of volunteers involved in the operation reached with PSS activities	110	110

Progress towards outcomes

Democratic Republic of Congo Progress:

A total of 143,406 people benefited from community-based disease prevention and health promotion activities. This included awareness-raising in the outlying areas of the area of operation. In these areas, awareness messages against the consumption of a substance such as salt emerging from lava were delivered. Fifty (50) volunteers in Goma carried out health activities, including first aid at drinking water distribution points. In addition, 7 DRC RC volunteers provided first aid services permanently in two locations in Goma/Nyiragongo.

Mosquito nets were distributed to 4725 beneficiaries, although it should be noted that this activity was carried out with a delay, as the validation of the lists with the local authorities took longer than expected. Psychosocial support (PSS) was also provided to those traumatised by the disaster. Individual and group sessions (3,253) were organised for a total of 59,679 affected people. To date, 14 group sessions and 409 individual PSS sessions were held with volunteers on self-help, stress management, and peer support.

Rwanda Progress:

To date, 19,110 people reached with community-based disease prevention and health promotion programming (including Covid-19).

Challenges

- No major challenges to report



First aid and PSS for internally displaced people due to the eruption of the Nyiragongo/Goma volcano © RDC RC Coordination



Water, sanitation and hygiene

People reached: 142,275

Male: 62,685

Female: 79,590

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	28,770
# of People reached with hygiene promotion and risk reduction messages	80,000	142,275

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)	6,000	6,000
# of women who have received protection (menstrual health management - MHM) kits	800	2,240

Progress towards outcomes

Democratic Republic of Congo Progress:

To date, 50 volunteers were trained in WASH. They conducted Wash activities in the communities, including water distribution at the beginning of the operation and awareness-raising activities.

The number of households reached by door-to-door visits is 24,859 (124,296 people). Mass outreach reached and kiosques 6,116 people. 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 overseen. 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 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. Ten water collection systems have been rehabilitated in schools housing disaster victims (EP Mboga: 3, AFDI: 2, Kanyaruchinya: 2, Mujoga: 1 and Bujare: 2) and 20,700 households were sensitised on improving the treatment and safe use of rainwater. The operation permitted the 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. 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.



Images of latrines and rainwater harvesting systems rehabilitation and water distribution in Goma © RDC RC

Rwanda Progress:

Overall, 3,911 households reached with key messages to promote personal and community hygiene. These are messages given by volunteers to reinforce disaster risk reduction among beneficiaries. A total of 17,979 people were reached with these messages. 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. Rwanda Red Cross provides of MHM kits to 800 women and girls and people who were able to benefit from cash for work were able to access basic needs including soaps, face masks, sanitizers, closes, etc

Challenges

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



Protection, gender and inclusion

People reached: 13,287

Male: 5,487

Female: 7,800

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	25,830	13,287
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Progress towards outcomes

Democratic Republic of Congo Progress:

Terms of reference were developed for PGI support to the emergency operation. Overall, 2,207 people were reached through PSS sessions specifically for survivors of sexual and/or gender-based violence.

Educational talks held with women and girls on sexual and gender-based violence:

- 20 educational talks for 240 girls
- 36 discussion groups for 446 women
- Active listening (psychosocial care) for 196 women; 5 women and 3 girls who were victims of sexual violence were referred to the CCLK health centre. A 3-year-old child victim of sexual violence was referred to the Heal Africa hospital.

A total of 1,714 requests were received from parents looking for their missing children, 182 unaccompanied children were reunited, and 134 children were referred to the Division of Social Affairs (DIVAS). Also, 188 women were counselled following the stress of the Nyiragongo volcanic eruption.

A person responsible for the Code of Conduct and the prevention of sexual exploitation and abuse was appointed to the Provincial Committee/North Kivu. Specific psychosocial support was provided to 8,598 people affected by PGI messages and activities, including 84 survivors of sexual and gender-based violence who were referred to specialised health centres. These beneficiaries were sensitised on measures to address gender and diversity vulnerabilities, including people living with disabilities. They benefited from listening sessions, counselling and referral of cases of violence.

- A total of 409 DRC volunteers and leaders were sensitised to messages on gender and diversity and sexual and gender-based violence
- The DRC conducted 40 discussion sessions with identified groups (446 women), monitored unaccompanied children to prevent abuse, and organised 14 briefing sessions and 323 educational talk sessions.

Rwanda Progress:

In April and May, during the commemoration of the genocide against the Tutsi, more PSS activities were carried out to support the affected people during the commemoration. To date, 13,558 people were reached with PSS activities. A total of 193 people made telephone calls in the search for missing relatives. Then 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

National Societies are supported in improving their leadership development. 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.). Fifty (50) CEA volunteers have been deployed with messages designed to raise awareness of the volcanic eruption.

Challenges

- Delay in the construction of the fence of the warehouse of the Local Branch of Goma. The material has been purchased and will be delivered to the Red Cross for the construction of the fence.

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 ¹	25

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

Coordination at the operational level took 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 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. 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 National Society, supported by IFRC, continues to work directly with the sectoral clusters established in Goma. The DRC RC branch was also involved in coordinating the response with the DRC authorities.

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

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 Belgian-French, Belgian-Flanders, Spanish, Austrian and Japanese RCs. The IFRC and ICRC participate in the meeting. 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.

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	1

Progress towards outcomes

- 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://twitter.com/RubavuDistrict/status/1467438126511570947>

https://twitter.com/David_A_Fisher/status/1459527796657733635

<https://twitter.com/Rwandaredcross/status/1440762779548340227>

<https://twitter.com/JulianTHarris/status/1425201228561141760>

<https://twitter.com/KaramagaApolli1/status/1406286146108366859>

<https://twitter.com/JulianTHarris/status/1403261871843651584>

<https://twitter.com/CruzRojaEsp/status/1401837643797864451>

<https://twitter.com/KaramagaApolli1/status/1398284528435830790>

<https://twitter.com/Rwandaredcross/status/1396291123161796609>

<https://twitter.com/Rwandaredcross/status/1398549047909228545?s=20&t=EvRWST4WLsNI8q4Uj-NUig>

<https://twitter.com/kigalitoday/status/1396235747313717254>

<https://www.igihe.com/amakuru/u-rwanda/article/rubavu-croix-rouge-yagobotse-imiryango-yashegeshwe-n-imitingito>

<https://igihe.com/amakuru/u-rwanda/article/rubavu-abaturage-barashima-uruhare-croix-rouge-rwanda-yagize-mu-kubayagira>

<https://kiny.taarifa.rw/croix-rouge-yashimiwe-umusanzu-itanga-mu-guhindura-ubuzima-bwabaturage/>

<https://www.gasabo.net/2021/11/13/4103/>

- A PRD consultant was hired to identify potential sources of funding for this programme and to oversee the development and submission of proposals

Challenges

- No major challenges to report

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.

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. 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 Appeal Coverage as of 30 April 2022 is 41.43%.

Contact information

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

DRC RC Red Cross

- **DRC Red Cross Secretary General:** Dr Jacques Katshitshi, email: sgcrrdc@croixrouge-rdc.org or jacques.kat@croixrouge-rdc.org, phone: +243 998 225 214
- Operational coordination: Moise KABONGO NGALULA, Disaster Manager, Email: moise.kabongo@yahoo.fr, phone: +243 815176075 ; +243 897887291

IFRC DRC Country Delegation

- **Kinshasa Country Cluster Delegation:** Mercy Laker, Head of Country Cluster Delegation, mercy.laker@ifrc.org Phone: +243 853 449 555
- Emmanuel SAINT JUSTE, Field Coordinator; email: Emmanuel.SAINTJUSTE@ifrc.org Phone: +243 (0) 899 190 469

Rwanda Red Cross

- Secretary General; Mr. Apollinaire Karamaga, Secretary General email: apollinaire.karamaga@rwandaredcross.org
- Operational coordination: Fred TUMWEBAZE, Head of Emergency response, Email: fred.tumwebaze@rwandaredcross.org; phone: +250 785376758

French Red Cross Country Delegation

- **Kinshasa Country Delegation:** Issoumaïla Konaté, Head of Delegation: hod-rdc.frc@croix-rouge.fr; phone : +243 829 884 956
- Head of Sub-Delegation East DRC: Paul Antone, email hosd-goma.frc@croix-rouge.fr, phone, +243 899 794 610

FRC Head Quarters

- **FRC Country Cluster Office, Montrouge:** Violaine Saget Louissaint, Head of geographical area - mobile phone: +33 (0)1 44 43 13 13/ +33 (0)6 33 59 66 77; email: Violaine.saget-louissaint@croix-rouge.fr

IFRC East Africa Cluster Delegation

- **IFRC Country Cluster Office, Nairobi:** • John Roche, Head of Cluster, Nairobi; mobile phone: + 254-202835000; email: john.roche@ifrc.org
- Daniel Mutinda, EACCST Senior Officer, Disaster Management, Phone: +254110853113 email: Daniel.mutinda@ifrc.org

In the IFRC

- **IFRC Regional Office for Africa** Adesh Tripathee, Head of DCPRR, Nairobi, Kenya; phone +254731067489; email: adesh.tripathee@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

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021-2022/4	Operation	MDRRW021
Budget Timeframe	2021-2022/5	Budget	APPROVED

Prepared on 25 May 2022

All figures are in Swiss Francs (CHF)

MDRRW021 - Rwanda - Mt Nyiragongo Volcanic Eruptions

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	0
AOF3 - Livelihoods and basic needs	0
AOF4 - Health	0
AOF5 - Water, sanitation and hygiene	0
AOF6 - Protection, Gender & Inclusion	0
AOF7 - Migration	0
SFI1 - Strengthen National Societies	0
SFI2 - Effective international disaster management	0
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
Total Funding Requirements	0
Donor Response* as per 25 May 2022	602,106
Appeal Coverage	

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	97,960	198,694	-100,734
AOF2 - Shelter	0	0	0
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	38,638	1,185	37,452
AOF5 - Water, sanitation and hygiene	35,081	8,526	26,555
AOF6 - Protection, Gender & Inclusion	4,877	0	4,877
AOF7 - Migration	0	40,341	-40,341
SFI1 - Strengthen National Societies	486,029	377,606	108,424
SFI2 - Effective international disaster management	0	2,011	-2,011
SFI3 - Influence others as leading strategic partners	0	1,711	-1,711
SFI4 - Ensure a strong IFRC	17,181	89	17,092
Grand Total	679,767	630,163	49,604

III. Operating Movement & Closing Balance per 2022/04

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	734,169
Expenditure	-630,163
Closing Balance	104,006
Deferred Income	0
Funds Available	104,006

IV. DREF Loan

* not included in Donor Response	Loan :	300,000	Reimbursed :	167,937	Outstanding :	132,063
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Emergency Appeal

INTERIM FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2021-2022/4	Operation	MDRRW021
Budget Timeframe	2021-2022/5	Budget	APPROVED

Prepared on 25 May 2022

All figures are in Swiss Francs (CHF)

MDRRW021 - Rwanda - Mt Nyiragongo Volcanic Eruptions

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	92,277				92,277		
DREF Allocations				132,063	132,063		
Japanese Red Cross Society	41,427				41,427		
Swiss Red Cross	180,000				180,000		
The Canadian Red Cross Society (from Canadian Gov	28,313				28,313		
The Netherlands Red Cross (from Netherlands Govern	250,088				250,088		
Turkish Red Crescent Society	10,000				10,000		
Total Contributions and Other Income	602,106	0	0	132,063	734,169	0	
Total Income and Deferred Income					734,169	0	