



Installing emergency shelters for people with reduced mobility

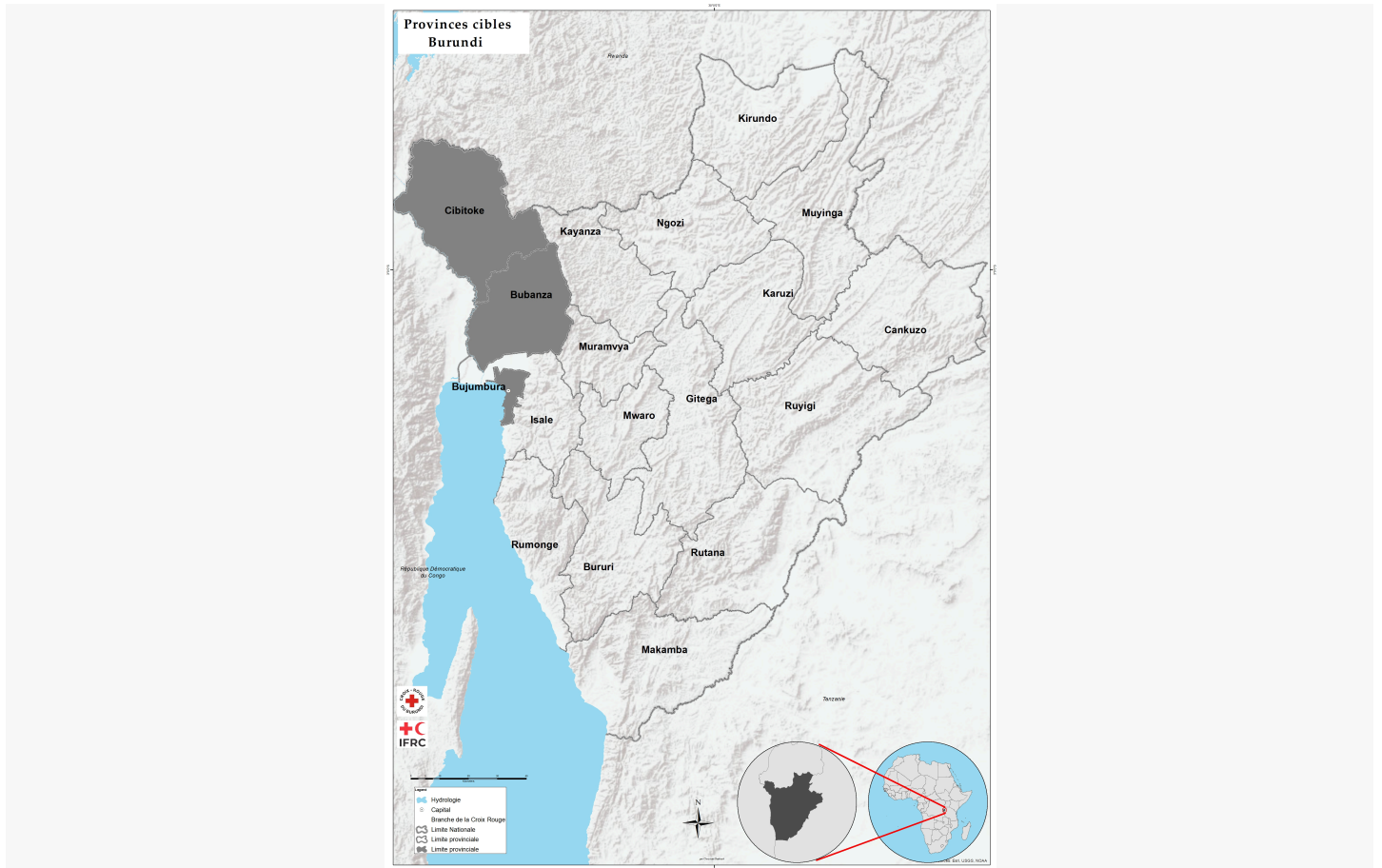
Appeal: <b>MDRBI023</b>	Country: <b>Burundi</b>	Hazard: <b>Population Movement</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 499,912</b>	
Glide Number: <b>-</b>	People Affected: <b>40,000 people</b>	People Targeted: <b>20,000 people</b>	
Operation Start Date: <b>27-02-2025</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>30-06-2025</b>	DREF Published: <b>03-03-2025</b>

Targeted Areas: **Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke**

# Description of the Event

## Date of event

19-02-2025



Map with targeted areas

## What happened, where and when?

Since the occupation of Goma and Bukavu by armed groups and ongoing insecurity in DRC, Burundi has seen a growing influx of asylum seekers from DRC, especially in the Cibitoke province.

The preliminary data as of 17.02.2025 from the Disaster Management agency indicates that 30,000 asylum seekers have been received in Burundi, fleeing from DRC ongoing insecurity. These asylum seekers are housed in Gihanga commune (Bubanza province), Buganda commune (Kabuye site) and Rugombo commune (Cishemere site), both in Cibitoke province. The arrivals are growing daily and situation is quickly evolving, some sources indicate over 40,000 people as of 20.02.2025, urging for partners quick actions and positioning as the coordination is being put in place.

On 19 february, following a coordination meeting with humanitarian actors where the first data were shared, the Government reiterated the call for assistance to the partners and established a commission to coordinate the response to the influx of asylum seekers from the Democratic Republic of the Congo (DRC). The commission's establishment underscores the government's commitment to providing immediate assistance and ensuring the well-being of the asylum seekers during their stay in Burundi through a coordinated intervention where all actors are called to contribute to according to their mandate and roles.



Water trucking at Cibitoke



Distribution of food items collected locally

## Scope and Scale

The Democratic Republic of Congo (DRC) is currently experiencing serious armed conflict, particularly in its eastern regions, with major cities such as Goma and Bukavu under the control of armed groups. Many media outlets are reporting that this escalation has led to massive population displacement, with some 40,000 people fleeing to neighboring Burundi in recent weeks, peaking at over 9,000 on a single day in February.

The situation is evolving rapidly and is likely to continue to worsen. The influx is large and daily. Burundi. The majority of these entered via Gatumba in the Mutimbuzi district of Bujumbura province, or crossed the Rusizi river into the provinces of Bubanza and Cibitoke. At present, according to triangulated information, Burundi has already received over 40,000 people.

These asylum seekers are primarily concentrated in Burundi's provinces of Cibitoke, Bubanza, and Bujumbura (both Rural and Mairie). From their journey to their arrivals, they face dire conditions, including inadequate shelter, limited access to clean water, and insufficient sanitation facilities. The influx has significantly strained the already precarious living conditions of the host communities.

The presence of refugees has exacerbated existing challenges, placing additional pressure on the local economy and infrastructure. Host communities are now competing with displaced populations for scarce resources such as land, water, housing, food, and medical services. This competition has intensified the strain on natural resources, education and health services, energy, transport, social services, and employment opportunities. Moreover, the increased demand for food and other basic commodities has led to higher market prices, adversely affecting the poorest segments of the population.

Environmental degradation is another pressing concern. The search for food and firewood by displaced individuals contributes to deforestation and soil erosion. Additionally, the disposal of human waste poses a risk of contaminating local groundwater, potentially leading to waterborne diseases and epidemics. Public services in education, health, and water supply are also heavily impacted, struggling to meet the increased demand.

By the way, the region is actually facing the MPOX and cholera epidemic. Ebola should also be among some asylum seekers as they are from the, and cholera the Ebola given that they come from a region that has already faced this epidemic.

In response to this crisis, the Burundian government has established a commission to coordinate urgent security, shelter, food, and healthcare measures for the displaced individuals. This commission aims to provide structured and efficient assistance, ensuring that both refugees and host communities receive the necessary support to cope with the challenges arising from this unprecedented population movement.

The region is also facing the cholera as well as the MPOx epidemic outbreak and this may complicate to response. In addition, the asylum seekers come from a region with cases of ebola and there is a high risk of importing this epidemic

## Source Information

Source Name	Source Link
1. media	<a href="https://english.news.cn/20250221/18270da824144dec8df8fe91b209d5ea/c.html">https://english.news.cn/20250221/18270da824144dec8df8fe91b209d5ea/c.html</a>
2. Des milliers de réfugiés congolais vers le Burundi	<a href="https://www.dw.com/fr/des-milliers-congolais-fuient-burundi/a-71635202">https://www.dw.com/fr/des-milliers-congolais-fuient-burundi/a-71635202</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

### Lessons learned:

The Community Club initiative, particularly exemplified by the Mugoniki Club from previous operations, has been instrumental in fostering community-driven feedback mechanisms. This approach has empowered local populations to concentrate on relief and mitigation efforts, while also promoting active participation to sustain best practices independently of external humanitarian aid. The Burundi Red Cross (BRC) is committed to integrating these successful strategies into the current Disaster Response Emergency Fund (DREF) operation.

In some of the past responses, the BRC has encountered logistical challenges, notably concerning the procurement of fuel and essential items such as mosquito nets and emergency shelter materials. To address these issues, the National Society has enhanced its storage capabilities by establishing dedicated fuel storage facilities and expanding warehouses in Bujumbura and Gitega. For the current operation, all required fuel will be procured by the International Federation of Red Cross and Red Crescent Societies (IFRC) and donated to the BRC. Additionally, instead of sourcing pre-assembled family emergency kits, the BRC will construct emergency shelters using tents and other materials procured locally.

In alignment with the Protection, Gender, and Inclusion (PGI) framework, both the operational strategy and budget have been revised to incorporate feedback from the IFRC PGI Officer. The BRC will ensure that beneficiary selection criteria are meticulously applied to guarantee the inclusion of vulnerable groups, including minors. Furthermore, the Community Feedback Mechanism (CFM) will be actively managed to address and respond to feedback from all community members, with particular attention to inputs from minors, should any arise.

## Current National Society Actions

### Start date of National Society actions

16-02-2025

Health	When asylum seekers cross the border via the Rusizi River, some of them drown in the river. Volunteers are therefore pre-positioned on the banks of the river for possible rescue. The injured also receive first-aid support and are transported or evacuated to health centers.
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<b>Water, Sanitation And Hygiene</b>	Since Sunday 16th February 2025, the NS is distributing water by water trucking. As asylum seekers are not yet settled in developed sites, it is therefore difficult to install bladders, which is why the CRB provides a pump, and a tanker truck filled with water so that people can see it directly. In addition to water distribution, the CRB distributed around 300 WASH kits available in their stores.
<b>Protection, Gender And Inclusion</b>	To response to the protection needs of refugees from the DRC, mainly the most vulnerable groups including the Burundi Red Cross provides psychosocial support and ensured that the PGI is taken into account mainly the vulnerability criteria in the first assistance activities. Additionally, Burundi Red Cross took part at the GBV et CP coordination meeting with another actor. Also, thanks to the ICRC's fund, the Burundi Red Cross has volunteers trained on the PFL.
<b>Migration And Displacement</b>	Population displacement from the DRC to Burundi leads to family separations, including separated and unaccompanied children. According to the Ministry, several unaccompanied children, thousands of women, children under 5, the elderly, the disabled, pregnant women, nursing mothers, etc. In the receiving area, there is limited access to basic services and food in the host area increases the risk of GBV and SEA for women and girls, as well as the likelihood that they will be subjected to sexual violence. Women and girls, as well are likely to adopt to negative coping strategies linked to protection, such as survival sex, child marriage, etc. In addition, migrant people are fleeing war and difficult living conditions in their countries of in search of better living conditions. This transition takes place in unsafe, dramatic conditions that can lead to death, kidnapping and human trafficking to find solutions and protect migrants.
<b>Coordination</b>	The NS as a member of the National Platform of Disaster Management always attends all the coordination meeting held at Head Quarter of the NS or at provincial level.
<b>Assessment</b>	A detailed assessment of the situation is currently underway. The evaluation is being carried out by the SN via Kobo Collect.
<b>Resource Mobilization</b>	Based on the situation, the NS organized a coordination meeting of all RCRC Movement partners (ICRC, Belgium Red Cross both two sections, French Red Cross, Luxembourg Red Cross and Finnish Red Cross) on Monday 17th 2025. These partners are in touch with their HQ and should soon activated the crisis modifier. In addition, the NS contacted the IFRC in order to launch the Appeal but starting by this DREF. A field report is regularly posted on the IFRC.GO
<b>Activation Of Contingency Plans</b>	The NS has developed a contingency plan which was presented to the RCRC Movement partners on 13th February 2025. Based on the triggers (200 asylum seekers from DRC to Burundi), this contingency plan has been activated on Monday 17th February 2025.

## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	The IFRC has a Country Cluster delegation office in Kinshasa and an operational sub-office based in Bujumbura, which ensures close management of the situation. Technical support is provided to Burundi Red Cross teams in conducting assessments launching the DREF, including implementation of the operational strategy.
<b>Participating National Societies</b>	The Belgian Red Cross (comprising both the French-speaking and Flemish sections), along with the Finnish, Luxembourg, and French Red Cross societies, maintain active offices in the country. A coordination meeting was held among the national society and the PNSs on Monday, 17 February 2025. The information was shared, and all members shared their options on bringing the support to Burundi NS response in light of recent developments. It was assessed that certain thematic areas can benefit adjustment of available fundings from partners. Necessary administrative consultation with



headquarters is ongoing to secure the required approvals for these budgetary modifications.

## ICRC Actions Related To The Current Event

ICRC had activated its regional contingency plan with some preparedness activities. ICRC was also present to the coordination meeting of 17th February.

The ICRC also plans to assist 1,000 households with NFI.

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	<p>The National Disaster Management Platform held its coordination meeting at NS headquarters on Monday, February 17, 2025. In addition, the provincial disaster management platform is actively involved in the targeted provinces of Cibitoke, Bubanza, Bujumbura and Bujumbura Mairie.</p> <p>Three camp sites have been made available by the government: Cishemere will be expanded while two new sites will be set up in Buganda Commune (Kabuye) and Gihanga Commune in Bubanza Province. The government is also facilitating the transport of displaced persons to the sites.</p>
<b>UN or other actors</b>	Three sites have been set up by HCR, although the shelters have not yet been installed. Coordination is being handled by the disaster platform.
<b>Are there major coordination mechanism in place?</b>	<p>Coordination has been set up by the Ministry, through the national disaster management platform at national and provincial levels. All the partners involved in the crisis are members of the platform and take part in meetings, including the Burundi Red Cross.</p> <p>The Burundian government also set-up a commission to coordinate urgent security, shelter, food, and healthcare measures for the asylum seekers.</p>

## Needs (Gaps) Identified



### Shelter Housing And Settlements

Most of the asylum seekers are currently on the ground without any form of shelter. Three sites have been approved by their Government Administrative Department (GAD) for the establishment of emergency shelters to accommodate approximately 8,000 people. Additionally, plans are in place to set up essential sanitation facilities and other social infrastructure, including offices, a school, and a health facility.



### Livelihoods And Basic Needs

The asylum seekers crossed the border between DRC and Burundi without their basic need. Except those who are hosted by the host community, other are in need of livelihoods (foods items, clothes, tec) and others basic needs (kitchen kits, mosquito net, mattress, etc.). Most of them already started negative coping strategies.



## Health

Most of the asylum seekers are arriving with health complications, and the existing health facilities have exceeded their capacity. Many individuals also arrive with injuries. Volunteers have been supporting the evacuation and referral of cases to health facilities; however, as the situation continues to escalate, there is likely to be an increased need for these services. This will require additional logistical support to ensure the safe and timely provision of first aid, referrals, and evacuations.

Asylum seekers crossing the border via the Rusizi River face the risk of drowning, particularly those who cannot swim. Beyond the physical dangers, many individuals are experiencing significant trauma due to the violence, hardships, and losses they faced in their country of origin and during their journey to Burundi. Upon arrival, the provision of psychological first aid is critical to support their mental health and well-being.

The growing overcrowding as more asylum seekers arrive poses a serious public health threat to both the displaced population and the surrounding communities. Cibitoke province and the southeastern region of Burundi are already dealing with active outbreaks, including Mpox and cholera. There is also heightened concern about the potential introduction of diseases such as Mpox, Ebola, and cholera, as some asylum seekers come from regions where these epidemics have previously occurred. Due to the ongoing instability, access to timely and accurate information on these outbreaks is limited, increasing the risk of a surge in cases once the situation begins to stabilize.

Strengthening disease surveillance and implementing thorough health screenings at entry points and within the camps are essential. Efforts to control the Mpox outbreak through the IFRC Emergency Appeal must also adapt to this evolving context to mitigate additional health risks.



## Water, Sanitation And Hygiene

Since the asylum seekers will be hosted across the three sites, there is an urgent need to establish reliable water access and adequate sanitation infrastructure. The region was already facing water shortages, and the increased demand is expected to worsen the situation. Furthermore, it is essential to strengthen hygiene awareness to help prevent the spread of diseases related to poor hand hygiene.



## Protection, Gender And Inclusion

The analysis of the protection situation of internally displaced persons and asylum seekers produced by the protection cluster and its areas of responsibility, as well as by UNHCR and its partners, reveals many traumatic experiences (heavy gunfire, witnessing dead bodies, deaths of close relatives, etc.) that communities have suffered or witnessed during conflicts, before and during flight. In addition to this trauma, there are family separations, with several cases of ENA/ES reported. GBV AoR and its members have also reported several cases of sexual violence to which women and girls have been exposed before and during their journey in search of a safer place of refuge. This situation reflects the urgency in the provision of psychosocial support, medical referral and implementation of PLF services.

In addition, limited access to basic services and food in the host area increases the risk of GBV and SEA for women and girls, as well as the likelihood of adopting negative protection-related coping strategies, including sex for survival, child marriage, etc.



## Migration And Displacement

The Border between DRC and Burundi has more than 15 entry points identified since the beginning of this crisis. However, it was noticed from preliminary observation of the NS that asylum seekers mainly cross the border between DRC and Burundi via the 11 entry points. These entry points are mainly through

- Rusizi River Crossing: Many arriving there are utilizing makeshift boats to navigate the Rusizi River, which demarcates the borders of Burundi, DRC, and Rwanda. This entry point is one of the most dangerous, the risk of drowning into the river is high.
- Gatumba: This is a significant entry point near the Burundian capital, Bujumbura. It is frequently used by refugees fleeing from the eastern DRC.
- Mugina: Located in the Cibitoke Province, this entry point is another common route for refugees entering Burundi from the DRC.
- Rugombo: Also in the Cibitoke Province, Rugombo is a key location where many refugees have been temporarily sheltered.

These families and individuals arrived exhausted, some with need of food, water etc. Depending on their point of entry, they usually arrived already drained by the journey, others in critical conditions requiring aid, PSS, Immediate assistance. The condition of their displacement place these communities in a sensitive perception of protection, safety, fear. Most feeling were hoping for safety when leaving their original location. Therefore, the lack of essential orientations, preparedness and assistance before they join the sites can be very challenging and make them further vulnerable. Especially as they are also facing many challenges such as: injuries, essential need such as drinking water and sanitation need, foods especially for the most vulnerable like children under five and/or pregnant and



breastfeeding woman, protection issues as some are separated with their families, health , etc.

In such challenging context, the NS in its mandate and humanitarian principles will pay attention to safety, inclusion, dignity that are the basic need in similar environment.



## Community Engagement And Accountability

The spread of misinformation, coupled with an overload of fragmented and distorted information about the measures and actions targeting refugees and internally displaced persons (IDPs) in eastern DRC and Burundi, has created a significant gap in access to clear, accurate, and timely information. This challenge makes it difficult for refugees to make informed decisions regarding available services and limits their access to life-saving messages, humanitarian assistance, and protection.

There is an urgent need to develop strategies that promote effective two-way communication, ensuring the delivery of information as a form of aid while addressing misconceptions, myths, and distrust. These strategies should also tackle social and health challenges that disproportionately affect vulnerable groups, including women, children, and individuals with special needs. Establishing functional and trusted community feedback mechanisms is essential to gather concerns and perceptions, assess satisfaction levels, and ensure that the needs of the affected population are properly addressed. These systems will help bridge the communication gap between refugees and Red Cross personnel, facilitating the resolution of emerging issues through reliable communication channels and strengthening the link between actual needs and available services. Ultimately, this will contribute to improving the well-being of refugees and support their reintegration into normal life as quickly as possible.

Given the current situation, it is critical to engage in effective communication that delivers accurate, timely, and clear life-saving information, particularly regarding health risks, potential disease outbreaks, vaccination campaigns, and public health measures. Maintaining trust within these communities is essential, especially in the Great Lakes conflict zones, where confidence in external actors is often fragile. The IFRC applies Community Engagement and Accountability (CEA) approaches to ensure that the needs of affected communities are met through transparent and responsive actions. This approach also ensures that communities are actively involved in the planning, implementation, and monitoring of interventions and that they have accessible feedback and accountability mechanisms. These channels enable the Red Cross and other stakeholders to respond appropriately to community concerns and provide meaningful solutions that address their most pressing needs.

### Any identified gaps/limitations in the assessment

Asylum seekers enter in large numbers so that it is difficult to count them in order to obtain detailed and disaggregated data. It is urgent to set up a registration service for asylum seekers.

## Operational Strategy

### Overall objective of the operation

This DREF operation aims to support around 6,000 asylum seekers from the DRC with shelter services, protection services especially in the humanitarian services points at the entry points and the camps while ensuring at least 20,000 people displaced and host communities received life saving services to enhanced WASH, health, migration services, protection & safeguarding services to enhanced their living conditions & dignity for 4 months.

### Operation strategy rationale

“The Burundi Red Cross response to the population movement from DRC is part of a movement regional humanitarian response supported by the IFRC, in the DRC and neighboring countries. This regional approach will ensure that resources from the ICRC and IFRC-wide system are aligned and used effectively to allow reaching a greater number of populations affected with quality services. It further allows the different National Societies to communicate with each other for adequate planning. In this respect, the regional approach is built on different scenarios which could trigger different readiness and response options as per the foreseen humanitarian consequences.

For the current phase, the below strategy seeks the complementarity with other resources for the sectors such as shelter, WASH. National society 's strategy will also ensure an integrated migration and displacement approach with various sectoral assistance channeled through the service points. The HSP will serve as red cross desk for direct and immediate access to help on arrival , access to information and assistance. That strategy will be complemented by relief distribution, health prevention and activities to enhance WASH conditions in



camps. This approach ensure a holistic and integrated response that address the needs of the asylum seekers from their arrivals to the sites. this is well aligned with NS National contingency plan. Summary of the response strategy below:

#### 1. Integrated services and immediate life saving through Humanitarian Service Points (HSPs)

The SN will set up 11 Humanitarian Service Points (HSPs) at all DRC entry points to Burundi. At each of these PSHs, SNs will implement activities to ensure that the basic needs of asylum seekers are met. This will include immediate distribution and services are made available upon arrival and continuously through organized and permanent desk. The HSP will serve for a safe space to provide the urgent and basic needs and services upon arrivals and as needed based on the service. The HSP will be organize in desks to provide :

- Life saving distributions upon arrivals. This will include distribution of bottled drinking water, food products such as energy cookies,
- Serve as a safe and welcoming space for migrants to receive emergency services needed such as access to safe gender sensitive sanitations which are basic and yet usually challenging; first aid, PSS, restoring family ties (RLF) and protection. For the first aid, both volunteers and NS ambulance will be activated to provide fixed and mobile first aid between the HSP at entry point, the sites and the communities. The HSP will also include a team to support the rescue and first aid team at the entry points along the Ruzizi River. The NS will pre-position volunteers with swimming skills to support asylum seekers when they cross the Ruzizi River, in order to manage and prevent drowning cases.
- Provide orientations and information on access to existing services and registration points; critical and context sensitive awareness messages for protection services, safeguarding, restoring family ties (RLF), feedback channels etc.

Under the HSP set-up the above services and assistance will be coordinated to provide a comprehensive and safe basic life-saving distribution and assistance at the critical moment of arrival and in the subsequent weeks.

#### 2. Access to services at HSP desks and in the communities/sites

##### a. Health services and awareness

- Burundian Red Cross volunteers will provide psychosocial support and first aid to those affected. The SN will coordinate with other actors and health centers for the orientation and evacuation of people/patients to health centers. Two Red Cross ambulances are stationed in the two affected provinces to help evacuate the injured and sick. In addition, volunteers will be able to identify, report and refer suspected cases of disease or other unusual events.

- Epidemic control will be essential in this operation. be raised by trained volunteers. To contribute effectively to the epidemic control for the various outbreaks ongoing, NS will put a priority on a triage approach at both entry point and in the camps. There will be dedicated Volunteers carrying out surveillance on arrivals at refugee camp for specific outbreak diseases. Watching for signs and symptoms of Mpox, Cholera and Ebola and raising alerts to the health facilities. A strong coordination with MPOX team and health workers will be extended from the MPOX appeal to this response. Both teams will work closely to enhance the disease prevention and make barrier to the transmission.

- The mitigation of health risk and prevention through timely and continuous awareness will be ensured from entry points to the sites and even in the host communities. That approach is learnt to guarantee a better epidemic prevention and holistic coverage of all the at risk group knowing that any outbreak could likely worsen the situation. There is ongoing cholera and Mpox in the locations hosting the displaced communities, and there is also the risk of imported outbreak from DRC. The NS ongoing appeal for MPOX will complement the team mobilized for the awareness raising and all related epidemic control activities. Therefore, the volunteers mobilized for WASH and health under this DREF will coordinated with the MDRS1003 Mpox appeal health team. Ensuring adequate scale-up of the health prevention in this high risk conditions.

##### b. The protection, Gender & inclusion services integrated to the HSP and in the 3 sites

NS will conduct a rapid PGI & safeguarding analysis that will include a consultation with groups represented in the 3 sites and coordination with other organization engaged on the PGI & referral pathway. Based on the key findings, the NS will refine the strategy and identify the areas to prioritize for the set-up of Children Friendly spaces CFS. The NS will set up 3 Children Friendly spaces CFS for all the three sites.

The PSEA, minimum standards, GBV, child protection, The survivor-centered approach and referral will be the key component of the PGI training to the entire team deployed. Specific PGI and safeguarding focal points will be selected to supervise the PGI activities in general and manage de PGI desk on the HSP. Their role will include the supervision of the CFS, support the Identification, Documentation, Tracing, and Reunification (IDTR) to unaccompanied child as well as the restoring family link services. This team will be deployed also to support the management of any sensitive feedback collected through the HSP services, hotline or directly during activities in the communities. Though the HSP and in the camps, the PGI focal points will oversee and facilitate access to appropriate care services for survivors of GBV. The survivor-centered approach will be use for any reported safeguarding case and safe referral identify during the assessment will be used.

Based on need, the dignity kits will be provided to the Women and girls. At the time, the number of dignity kits is based on the % of women of childbearing age (24%) of the current target.

These volunteers will also assist WASH, Shelter and Health teams in collecting and analyzing data disaggregated by sex, age and disability, and the selection criteria for WASH and Shelter beneficiaries. They will also support designing and implementing a mitigation risk action plan for the risk identify during the assessment. Ultimately, following their training and all along the intervention, these volunteers will raise community awareness on referral pathway, protection, safeguarding, GBV, child protection, non-discrimination and promotion of



inclusion as well as the as on GBV and child protection. The necessary messages and printing will be harmonized at the HSP PGI desk and for the awareness in community for continuous engagement and sensitization.

c. CEA

The NS will reinforce the establishment of a community feedback system (including monitoring rumors and/or perceptions). In addition, the SN will conduct a social mobilization for the promotion of good hygiene practices through focus groups and mass awareness for raising the community awareness on the existence and use of the Burundi Red Cross green line. The information collected will be analyzed on a weekly basis. At the end of the operation, a lessons learned workshop will be also carried out.

3. Distribution in the sites

NS is planning to provide immediate life saving services and relief distribution, reaching at least 6000 people through access to shelter, water, hygiene and households materials but also raising awareness around the main risk for the displaced and host communities well-being. While the shelter will be ultimately in the relocation sites identified, the following strategy is prioritized:

a. SHELTER:

The SN will purchase and install 350 emergency shelters for at least 350 families, based on the findings of the detailed needs assessment to be carried out. The SN will consider the most vulnerable people according to pre-established selection criteria. As for the NFI, it is not prioritize under the ceiling of this DREF noting that NS will provide that assistance with the support of ICRC donation of 1000 NFI and PNSs yet to confirm their support. Other ongoing efforts to mobilize further resources are ongoing from NS with IFRC support.

These emergency shelters will be installed by volunteers from the provinces of Cibitoke, Bubanza and Bujumbura, who will be trained in emergency shelter construction. The head office team will carry out a technical inspection of the shelters.

b. WASH and health

The WASH and health intervention will essentially aim to protect households against epidemic and water-borne diseases, and at the very least to improve conditions of access to drinking water, personal and family hygiene, and sanitation of common services such as latrines and water points for the most part. Here are the main activities that will be organized under this theme:

- Access to drinking water will be facilitated by the distribution of aquatabs and jerrycans for water treatment during these weeks of disruption for 1,000 households. The jerrycans will facilitate the correct dosing and storage of water, and will be distributed for 2 households at a time. Sessions on the correct cleaning of jerrycans will also be organized.
- The distribution of material for water purification to 1000HH. Include aquatabs will be combined with hygiene messages and demonstrations on the correct dosage of products, water treatment and correct storage of chemicals to avoid any risk.
- The Red Cross will provide 500 households with a hygiene kit, comprising 1 bucket, 10 bars of soap and 2 cups per household.
- Awareness raising as indicated under health. Environmental sanitation will also be a priority, especially in communities with groups vulnerable to current diseases. NS will engage the representatives to promote safe environment for all by ensuring asylum seekers take ownership of environmental hygiene.
- 3 days of refresher sessions for 120 volunteers/first aid staff, on psychosocial care, hygiene, promotion and EPIC. Volunteers will be trained in water, sanitation and hygiene in emergency situations; and will carry out sanitation activities in disaster camps.
- The NS will engage with authorities and other partners to ensure the support to water access through water trucking planned with other resource are well integrated to the existing structures and the targeted camps.

4. Coordination and collaboration, in country and cross-border

Cross border coordination at the moment is essentially through the delegation which ensure the Secretariat support for both NSs and refer any information received through various movement coordination meetings.

In country, the NS will continue to attend to the coordination platforms previously indicated.

## Targeting Strategy

### Who will be targeted through this operation?

Congolese asylum seekers will be the target of this intervention. They will be assisted according to their arrival dates. In the host community, certain closest communities are also targeted for certain activities, for example awareness raising, drinking water supply.

The host community will also benefit of some activities such community awareness, access to water through water trucking and all the sanitation efforts will benefit to their well-being too. Furthermore, the NS will ensure to engage with host communities leaders and representatives to promote the social cohesion. All safeguarding, child protection prevention efforts will also be extended to the host communities. This target is extended to a minimum of 20,000 people.

### Explain the selection criteria for the targeted population

They will be assisted according to their arrival dates and in certain cases according to vulnerability criteria, including households run by pregnant women, households with children under 5 years old and households with people living with disabilities. Once asylum seekers have obtained refugee rights, they will surely be transferred to refugee camps and will no longer be our target.



Host community prioritized will be the villages on the asylum seeker entry and route to the various camps/sites. This focus ensure NS does not jeopardize efforts and resources at the moment but also it aim to ensure safety, cohesion, well-being is extended to the host communities considering that any humanitarian concern in these communities is likely to worsen the situation for the asylum seekers.

## Total Targeted Population

Women	4,800	Rural	36%
Girls (under 18)	7,200	Urban	64%
Men	3,333	People with disabilities (estimated)	2.7%
Boys (under 18)	4,667		
Total targeted population	20,000		

## Risk and Security Considerations

Please indicate about potential operation risk for this operations and mitigation actions

Risk	Mitigation action
The conflict risks degenerating and reaching the direct border or affecting Burundi and the reception areas of asylum seekers	The SN will always monitor the situation and strengthen humanitarian diplomacy so that asylum seekers are quickly removed from the border between Burundi and the DRC in the refugee camps already available.
Asylum seekers arrive in large numbers and forecasts are quickly exceeded	The NS will develop and submit an update report and this DREF. An appeal of emergency will be launched.
Emergency shelter kits and other materials to purchase are not available on the market locally. This happened for the recent DREF Floods/Landslide and we had to source from the East of the DRC, which is not currently possible	The Shelters team has already anticipated this and will prioritize the construction of shelters with locally available materials (tents, poles, etc.) instead of purchasing family shelters internationally. The SN will activate the chapter on purchases during emergency periods as defined in the purchasing manual.
The region is also facing the cholera as well as the MPOx epidemic outbreak and this may complicate to response. In addition, the asylum seekers come from a region with other ongoing outbreaks.	The resources under the MPOX ongoing appeal will be coordinated with this response. The awareness and other epidemic control activities will be emphasized in the areas with displaced communities, considering the higher risk of escalation. The volunteers mobilized under this intervention will complement that initial response team by ensuring permanent presence at entry points and sites with messages. The printing and IEC materials from the Emergency appeal will also serve as basis for message diffusion here.
Protection, gender & inclusion risks may include the following <ul style="list-style-type: none"> <li>- From the available data on the new arrivals, there are unaccompanied Minors, a significant number of children that are unaccompanied or separated from their families, raising concerns on child protection.</li> <li>- In addition, gender-Based Violence is a particular important risk faced by women and girls during displacement.</li> <li>- The risk for tension between the displaced and beyond with the host communities.</li> </ul>	Safeguarding and protection activities will include awareness, hotline, engaging with local groups to enhance social cohesion. From HSP and in the sites, the NS will ensure communities received the right orientation on safeguarding and child protection available services and sensitization messages. Further PGI analysis will be carried out to refine the priorities actions.



## Please indicate any security and safety concerns for this operation

The security risk would probably be linked to the context of the crisis itself which is an armed conflict which has a probability of generating throughout the country of the DRC and/or in the region.

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 175,069

**Targeted Persons:** 6,000

### Indicators

Title	Target
# of people reached with shelter support (Shelter and settlement assistance)	6,000
# of PDM carried out	1

### Priority Actions

- Identification of beneficiaries.
- Procurement and set up 350 emergency shelter.
- Post distribution monitoring.
- Continuous monitoring of the shelter needs and coordination with humanitarian actors & authorities.



### Health

**Budget:** CHF 19,585

**Targeted Persons:** 20,000

### Indicators

Title	Target
# of active volunteers trained in first aid.	60
# of volunteers trained on health/PSS	60
# of people reached by National Societies with contextually appropriate health services.	20,000
# of cases of suspected diseases reported	60

### Priority Actions

- Emergency first-aid training (Cibitoke, Bubanza, Bujumbura).
- Access security training (Cibitoke, Bubanza, Bujumbura).



- Organization of 5 training sessions on first aid, Epidemic control and psychosocial care for 20 people per session (1 session per branch).
- Raising awareness of epidemic management.
- Report cases of suspected epidemic diseases and other unusual illnesses and events.



## Water, Sanitation And Hygiene

**Budget:** CHF 41,090

**Targeted Persons:** 20,000

### Indicators

Title	Target
# of Kit of WASH procured and distributed	500
#of HH receiving acqua-tab	1,000
# of people reached by National Societies with contextually appropriate water, sanitation and hygiene services(water trucking, sensitization, distribution, etc)	20,000

### Priority Actions

- WASH training in emergency situations - 1 session of 6 days (30 people = 10 people/site in the three sites).
- Team training on hygiene promotion in emergency situations (- 3 teams).
- Purchase and distribution of WASH kits consisting of 2 jerrican, 1 bucket, 1 cup for water drinking, soap for hand washing).
- Purchase and distribution of aquatab to be used with containers provided in the WASH kits.



## Protection, Gender And Inclusion

**Budget:** CHF 11,678

**Targeted Persons:** 20,000

### Indicators

Title	Target
# of people ((disaggregated by sex, age and disability) reached by protection, gender and inclusion programming.	20,000
# of migrants and displaced persons reached with services for assistance and protection.	6,000
% of unaccompanied and separated children (UASC) who have disclosed (or suspected to be at risk of) a protection violation that have been referred to further services using and established referral pathway	100
% of WASH, Health, shelter staff and volunteers trained on prevention of sexual exploitation and abuse (PSEA) and all forms of child safeguarding.	100

### Priority Actions

- Ensure PGI analysis, especially for safeguarding and child protection.
- Identification and support of vulnerable groups and people at risk (unaccompanied children, pregnant women, the elderly and people with disabilities).
- Anti-discrimination and inclusion awareness-raising (once a week for 3 months with 10 volunteers in the 20 municipalities).

- Staff training on how to deal with victims of sexual and gender-based violence, safeguarding and child protection for 30 people (10 people/site).
- Awareness-raising on the prevention of sexual and gender-based violence (once a week for 3 months with 10 volunteers in the 20 municipalities).
- Setting up safe spaces to prevent violence and provide psychosocial support.
- Reached 1500 OVC (Orphan and Vulnerable Children) by FLR activities. Include support the Identification, Documentation, Tracing, and Reunification (IDTR).
- Ensure referral systems are mapped out and the PGI focal point can facilitate referral. Ensuring the survivor-centered approach.
- Their role will include the supervision of the CFS.



## Migration And Displacement

**Budget:** CHF 143,189

**Targeted Persons:** 20,000

### Indicators

Title	Target
# of Humanitarian Service Points (HSPs) that provided assistance and/or protection to people on the move along land based migration routes.	11
# of staff and volunteers trained in Migration & Displacement ( to manage HSP)	55
#of people reached - Migration	20,000

### Priority Actions

- Set up and make operational 11 humanitarian services points at all the entry points.
- Ensure essential service in each of the 11 HSP (water, sanitation, food, protection, etc).
- Perdiem and communication to the volunteers (5 volunteers at each HSP for 4 months).
- Protection and sensitization material (face mask, glove, desinfectant gel, etc).
- Training of the volunteer on how to manage the HSP.
- Setting up one latrine (separated for male and females at each HSP)



## Community Engagement And Accountability

**Budget:** CHF 14,972

**Targeted Persons:** 20,000

### Indicators

Title	Target
#of staff, volunteers and leadership trained on community engagement and accountability (CEA)	120
The National Society has a functioning feedback mechanism in place for the whole organisation.	1
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support.	90
% of people surveyed who report receiving useful and actionable information.	90

## Priority Actions

- Weekly conduct of hygiene promotion activities by volunteers of the Red Cross in the refugee camps and nearby communities and at border crossing points.
- Set up or reactivate community feedback mechanisms in 6 municipalities concerned.
- Collect and analyze rumors and community feedback on a weekly basis at the hotline level.
- Design and production of gateway data collection tools for monitoring/evaluation.
- Training and awareness-raising on the use of the hotline.



## Secretariat Services

**Budget:** CHF 44,788

**Targeted Persons:** 200

## Indicators

Title	Target
National Society has a membership coordination mechanism in place.	1
# of volunteers covered by accident insurance.	200

## Priority Actions

- Surge Deployment.
- Monitoring mission.
- Volunteers insurance.
- Provide technical support and ensure membership coordination is supported for the cross border and in country coordination needs.
- Support NS data collection, analysis and overall information management from delegation and regional office



## National Society Strengthening

**Budget:** CHF 48,265

**Targeted Persons:** 360

## Indicators

Title	Target
National Society has an active coordination mechanism for operations (Including preparatory meetings, planning meetings, weekly coordination meetings and monitoring missions)	1
National Society has strengthened its integrity risk mechanism.	1

## Priority Actions

- Train trainers on APS (ICRC trainer + participants);
- Organize a lessons-learned workshop.
- National Society strengthen its risk management framework includes policies, procedures, and tools for identifying, assessing, mitigating, and monitoring risks (Review through internal coordination meetings).
- Ensure required security, safety briefings are provided to the deployed team
- Ensure Response team PSS, protection and duty of care.



# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

Volunteers from the affected provinces will actively participate in this operation, with a minimum of 20 volunteers assigned per branch for each sector. Additionally, each of the 11 Humanitarian Service Points will be supported by 5 volunteers to facilitate the implementation of the operation.

## Will surge personnel be deployed? Please provide the role profile needed.

The National Society has planned surge support for approximately two months, with the deployment of a Migration expert or an operations specialist with strong technical expertise in migration. This individual will be responsible for establishing the planned interventions and ensuring that all operational requirements are properly set up and on track during the initial weeks. Additionally, they will lead training sessions for staff and volunteers on Red Cross standards for the establishment and management of Humanitarian Service Points.

## If there is procurement, will it be done by National Society or IFRC?

All items required for this operation will be procured locally by the National Society (NS). The NS will apply its procurement manual's emergency procedures, which will be activated for this context.

Regarding the planned relief distribution:

- For certain items, such as WASH supplies, the Red Cross will utilize its existing emergency stock, which will be replenished through this allocation.
- Non-food items (NFIs) for shelter to support 6,000 people are not included in this budget, as some of these items will be provided by the ICRC.

## How will this operation be monitored?

The team will carry out field missions to monitor the implementation of the operation. A database will be established to support the operation, allowing the National Society (NS) to regularly track progress and measure results through continuous data flow. The NS will also maintain ongoing monitoring of the situation, with field reports updated regularly.

Additionally, the NS will prepare and submit both update reports and a final report. The IFRC team will participate in joint field monitoring missions. At the conclusion of the operation, the NS will organize a lesson learned workshop to capture challenges faced and key insights gained from the response.

## Please briefly explain the National Societies communication strategy for this operation

The National Society has a dedicated Communication team that will regularly prepare and share Situation Reports (SitReps) on the operation, as well as updates on related events.



# Budget Overview



## DREF OPERATION

### MDRBI023 - Burundi Red Cross Population Movement DRC

#### Operating Budget

<b>Planned Operations</b>	<b>406,860</b>
Shelter and Basic Household Items	176,347
Livelihoods	0
Multi-purpose Cash	0
Health	19,585
Water, Sanitation & Hygiene	41,090
Protection, Gender and Inclusion	11,678
Education	0
Migration	143,189
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	14,972
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>93,052</b>
Coordination and Partnerships	0
Secretariat Services	44,788
National Society Strengthening	48,265
<b>TOTAL BUDGET</b>	<b>499,912</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

