DREF Final Report

Burundi Population Movement 2025

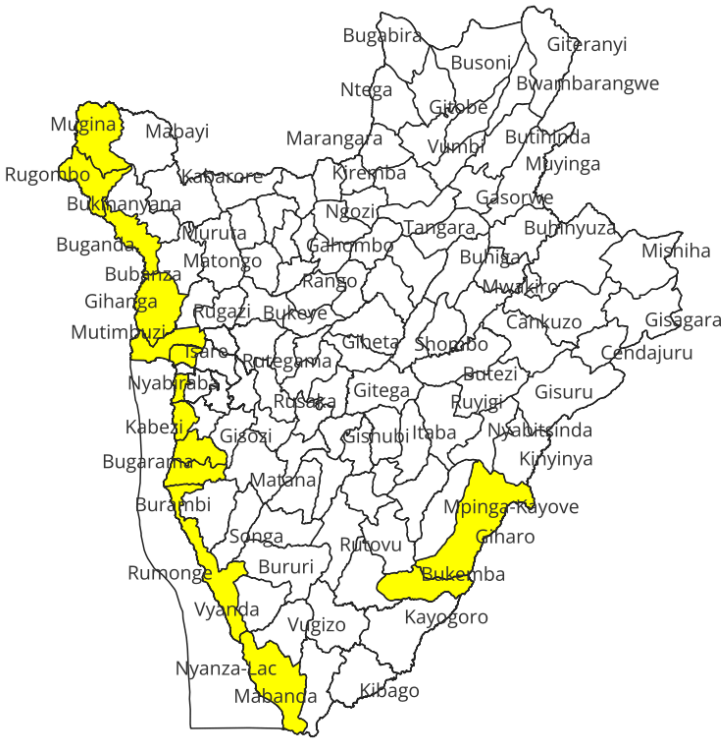
NFI distribution

Appeal: **MDRBI023**	Total DREF Allocation: **CHF 499,912**	Crisis Category: Yellow	Hazard: **Population Movement**
Glide Number: **-**	People Affected: **40,000 people**	People Targeted: **20,000 people**	People Assisted: **39,429 people**
Event Onset: **Sudden**	Operation Start Date: **27-02-2025**	Operational End Date: **31-08-2025**	Total Operating Timeframe: **6 months**

Targeted Regions: **Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Makamba, Rutana, Rumonge**

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions

Description of the Event



Targeted area

Date of event

19-02-2025

What happened, where and when?

Since the occupation of Goma and Bukavu by armed groups and the continued insecurity in the Democratic Republic of Congo (DRC), Burundi has experienced a growing influx of asylum seekers, particularly in Cibitoke Province.

According to preliminary data from the Disaster Management Agency dated 17 February 2025, approximately 30,000 Congolese asylum seekers had arrived in Burundi, fleeing violence and instability. These individuals were primarily sheltered in: Gihanga (Bubanza Province), Buganda – Kabuye site (Cibitoke Province), Rugombo – Cishemere site (Cibitoke Province). However, the numbers continued to increase rapidly. By 20 February, some sources estimated the total had surpassed 40,000, prompting urgent calls for partners to mobilize and coordinate their responses.

On 19 February, during a coordination meeting with humanitarian actors, the Burundian government formally appealed for international support and established a national coordination commission to oversee the response to this growing humanitarian situation. This commission reflects the government's commitment to ensuring immediate, organized, and inclusive assistance for the asylum seekers, encouraging all partners to contribute in line with their mandates.

By 20 March 2025, a total of 39,429 Congolese refugees had been officially received in Cibitoke and Bubanza provinces, broken down as follows: 5,336 men, 15,899 women, 11,653 girls and 6,541 boys. Estimates varied, with the government reporting over 43,000 arrivals, while UNHCR placed the figure at more than 60,000. Additionally, over 1,300 displaced Congolese had taken temporary refuge at the Makombe transit site in Rumonge Province.

On March 2025, the Burundi Government decided to relocate the asylum seekers to the Musenyi site. This decision was primarily driven by concerns over the proximity of these sites to the DRC border, which was deemed a security risk. As a result, many asylum seekers were relocated to the Musenyi site in Rutana Province, while others chose to return to their places of origin.

On August 27th, New asylum seekers continue to be sent to the Musenyi site. All asylum seekers are now 20,843 persons as others chose to return to their places and that is why the asylum seekers who were at 39,429 are now at 20,843.

Following this situation, the Burundi Red Cross submitted a DREF Allocation to assist 20,000 people in the areas of health, migration, shelter, ECA, and WASH for four months.

Promotion de l'hygiène

suivi des activités de construction des latrines dans le site Musenyi 2

Atelier des leçons apprises

Scope and Scale

Since January, more than 71,000 Congolese refugees have crossed the border into Burundi, marking the largest influx of people the country has seen in decades. Although thousands have been transferred to safer locations, essential humanitarian aid has quickly run out due to an alarming funding shortage.

This influx was part of a much larger crisis. In 2025 alone, intensified conflicts in eastern Democratic Republic of Congo (DRC) displaced more than 400,000 people, many of whom were already victims of previous waves of violence. Ongoing hostilities severely affected civilians, with numerous reports of serious human rights violations, including killings, looting, mutilations, abductions, and arbitrary arrests. Displaced persons, particularly women, children, and the elderly, lived in overcrowded and precarious conditions, struggling to access basic necessities such as food, clean water, and essential services.
Starting on March 21, 2025, the Burundian government began the gradual closure of several initial reception sites, including the one located in the commune of Rugombo. This decision was made primarily because of the proximity of these sites to the Burundi-Congolese border, which was considered a security risk.

As a result, many displaced people were relocated to safer camps the main one being Musenyi in Rutana province while others were chosen to return to their places of origin. The situation at the Musenyi site, initially designed to accommodate 10,000 people became critical. In March 2025, it was home to more than 18,000 individuals, almost double its intended capacity. This extreme overcrowding triggered a profound humanitarian emergency. Accommodation conditions deteriorated, with several families forced to share cramped spaces that often lacked adequate protection from the elements. Access to clean water and adequate sanitation facilities was severely limited, increasing the risk of waterborne diseases and possible outbreaks of cholera and MPOX.

Source Information

Source Name	Source Link
1. UNHCR	https://reliefweb.int/report/burundi/mental-health-and-psychosocial-support-needs-assessment-report-burundi-2025-drc-refugee-response
2. Iwacu, les voix du Burundi	https://www.iwacu-burundi.org/burundi-les-refugies-congolais-du-site-de-musenyi-confrontes-a-une-urgence-humanitaire-et-sanitaire/
3. RFI	https://www.rfi.fr/fr/afrique/20250519-r%C3%A9fugi%C3%A9s-congolais-au-burundi-nous-n-arrivons-pas-encore-%C3%A0-subvenir-%C3%A0-tous-les-besoins-alerte-l-unicef
4. SOS Media Burundi	https://www.sosmediasburundi.org/2025/08/21/burundi-refugies-congolais-face-a-un-choix-mortel-entre-faim-et-guerre/?tztc=1

5. Unicef_Sitrep 14	https://reliefweb.int/report/burundi/unicef-burundi-humanitarian-situation-report-no-14-october-2025
6. Anadou Ajansi	https://www.aa.com.tr/fr/monde/plus-de-120000-r%C3%A9fugi%C3%A9s-congolais-fuyant-la-guerre-%C3%A0-l-est-de-la-rdc-accueillis-au-burundi/3747863

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	In addition to the activities carried out under this DREF, the following activities were carried out: 1)Before the DREF: - First aid, awareness -Raising on epidemic prevention, - Disinfection of asylum seeker reception sites - Provision of an ambulance for the transfer of sick people. 2)Before and during the DREF: - Establishment of rescue sites to prevent the drowning of refugees crossing the lake. - Water trucking, 305 WASH kits.

IFRC Network Actions Related To The Current Event

Secretariat	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 has been provided to Burundi Red Cross teams in conducting assessments launching the DREF, including implementation of the operational strategy and during the Lesson learned workshop, the IFRC sent DRC and Congo Brazzaville staffs for sharing our experiences for the response activities to the Population movement.
Participating National Societies	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. Some activities responses were implemented with their support like purchase of first aid kits, allowances for volunteers deployed in the emergency at the sites with the Finnish RC, water trucking with Flanders Belgian RC, Assistance with 305 WASH Kits and sensitization on the epidemic prevention.

ICRC Actions Related To The Current Event

ICRC had activated its regional contingency plan assisted 1,000 households with NFI Kits.
The ICRC remains present in the Musenyi camp with PFL activities especially connectivity activity.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	- The Burundi government decided to relocate the asylum seekers to the Musenyi Site in Rutana. Now above 18,000 persons were relocated there; 1,084 persons in Makombe site and about 1650 persons in Gitara Site.

	- The National Office for the Protection of Refugees and Stateless Persons (ONPRA) represent the Ministry in the camps and coordinates partners.
UN or other actors	The UNHRC made the Musenyi site in Rutana available for the Congolese asylum seekers who were located across the sites.

Are there major coordination mechanism in place?

- Coordination was 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.
- The Burundian government also set-up a commission to coordinate urgent security, shelter, food, and healthcare measures for the asylum seekers.
- Coordination meetings on population movement were held every Monday at 2 p.m. between the delegation and the cluster's 4 SNs.

Needs (Gaps) Identified

Shelter Housing And Settlements

The expansion of a refugee camp to accommodate a growing number of people requires careful planning and suitable resources. An extension of the camp has been put in place but remains small compared to the number of refugees in the site. Therefore, more tents are needed to relieve those that already exist. Another aspect is that the tents provided are temporary, and some are wearing out; an essential need to highlight is for storage spaces.

Livelihoods And Basic Needs

The asylum seekers crossed the border between DRC and Burundi without their basic need. They were in need of livelihoods support. Regarding non-food items, it is crucial to provide essentials such as kitchen kits, blankets, and mosquito nets to ensure decent living conditions. A modular approach can be an effective solution to address urgent needs while ensuring some flexibility in the layout of the camp.
In addition, During the risk assessment, another concern raised is that due to the irregular updating of the lists, newcomers do not benefit from humanitarian aid during distribution. It would therefore be necessary to pre-position welcome kits for newcomers so that they can meet their basic needs.

Health

The Giharo site, located in the Giharo municipality on Musenyi hill, has a healthcare facility that only offers curative and psychological care. There is a lack of appropriate space for the different types of consultations and the site is very far from the transfer location for complicated cases (transferred to Kinyinya hospital). There is also a shortage of healthcare personnel at the facility and poor hygiene and sanitation conditions. Additionally, there is a low involvement of refugees in the community health services at the site. Considering all this, there is an urgent need to strengthen the capacities (infrastructure, equipment, human resources, etc.) of the existing health facilities to manage complicated cases, especially the Giharo communal hospital and the Nyagahara health center; to improve care services at the Musenyi healthcare facility to offer a comprehensive care program ; Implement activities aimed at strengthening SBC (briefing on SIMR3, dissemination of tools) benefiting Community Health Agent refugees for their community; Coordinate health sector stakeholders at the site level; Accelerate the process of installing MILDA in collective tents and family tents; Equip the site's healthcare post with a solar fridge for routine vaccination; Awareness of hygiene and sanitation and prevention against epidemics, as well as a first aid team and emergency kits equipment.

Water, Sanitation And Hygiene

During the follow-up mission conducted at the end of August 2025, it was noted that there were still gaps to be filled, in particular the lack of rainwater drainage channels.
With the rainy season approaching, the risk of flooding is quite high and action needs to be taken to minimize the impact. In addition, as the site was initially designed to accommodate 10,000 people and now has more than 18,000, there is an urgent need to build 64 toilet

and shower blocks.

It should also be noted that not all households on the site received WASH kits for drinking water supply and storage.

Protection, Gender And Inclusion

An assessment conducted by the CRB showed that humanitarian aid on this sector is still limited and refugees are exposed to various forms of violence. Thus, due to a lack of livelihood means, women and girls face abuse and request income-generating activities in order to provide for their families' needs. Additionally, GBV cases continue to increase among young girls and boys as well as women; In addition to that, the site is not lit, and consequently, sexual wandering is increased. The toilets are inadequate for children and people living with disabilities. Strengthening security is requested, along with awareness campaigns to reduce these cases.

Community Engagement And Accountability

Giharo camp, originally designed to accommodate 10,000 people, is currently hosting over 18,000 refugees, including newly arrived individuals joining those already settled. This overcrowding and limited space may lead to various forms of violence. Therefore, social cohesion activities remains essential to help them coexist peacefully. Additionally, since there are all sorts of rumors, there is a need to conduct community engagement activities such as gathering feedback from the community.

Operational Strategy

Overall objective of the operation

This DREF operation aimed to support over 6,000 asylum seekers from the DRC with shelter services and protection services, particularly at the Musenyi camp and at entry points, while ensuring that at least 20,000 displaced persons and host communities receive vital services to improve water, sanitation and hygiene, health, migration services, as well as protection and safeguarding services to enhance their living conditions and dignity for 6 months.

Operation strategy rationale

The DREF intervention complemented partner support by channeling multi-sector assistance through Humanitarian Service Points (HSPs) to deliver an integrated response from arrival through settlement, aligned with the BRC National Contingency Plan.

1) HSPs as the gateway From the outset,
The BRC organized 11 HSPs at priority entry points as a unified "Red Cross desk." In practice, each HSP was arranged into functional zones (reception/orientation, first aid and PSS, RFL, protection/PGI, information and feedback), with rotating teams to maintain continuous presence. New arrivals were first welcomed and oriented, then directed to immediate distribution (bottled water, energy biscuits), health triage, and PGI services. Standard Operating Procedures (SOPs) and clear signage streamlined queues, reduced waiting times, and secured pathways. Along the Ruzizi River, volunteers trained in water rescue were pre-positioned to prevent and manage drowning risks during crossings, with relay to ambulances and health facilities. HSPs also served as information hubs (registration, rights, available services, feedback mechanisms) and data collection points to coordinate referrals and adjust the response in real time.

2) Health
first aid, PSS, and epidemic control The health strategy unfolded in two complementary phases. At HSPs, teams conducted rapid triage, provided first aid (fixed and mobile) and front-line psychosocial support, then referred urgent cases to health centers via two ambulances positioned in affected provinces. In parallel, event-based surveillance was instituted at entry points and in camps. Dedicated volunteers screened for signs/symptoms of epidemic-prone diseases (mpox, cholera, Ebola), triggered alerts, and ensured referrals. Close coordination with the Mpox appeal team (MDRS1003) harmonized risk communication, reinforced IPC, and extended prevention into host communities. Health messages (early care-seeking, hand/respiratory hygiene, appropriate isolation) were disseminated continuously from arrival through to sites, with adaptations for the most exposed groups.

3)WASH, securing the water chain, hygiene, and sanitation
The WASH improvement centered on the "safe water chain" at household level. Teams distributed Aquatabs and appropriate containers (jerrycans, buckets) while demonstrating correct dosing, contact time, and container cleaning. WASH kit handovers were systematically coupled with practical demonstrations and hygiene messaging (handwashing, menstrual hygiene, waste management, latrine use and

maintenance), also delivered during weekly outreach in camps and at crossing points. Environmental sanitation days were conducted with communities to clean common areas (latrines, water points, waiting zones) and reduce vectors. Where bulk water needs required it, the BRC coordinated with authorities/partners to integrate water trucking into existing arrangements at target sites and avoid duplication. Quality and acceptability (taste/odor) were verified through user feedback and field observation, and approaches adjusted accordingly.

4) Shelter

The shelter strategy was designed to deliver rapid, dignified, and safe accommodation to the most vulnerable families while complementing partner pipelines and using the HSP platform to coordinate flow, information, and referrals. It began with a detailed needs and site assessment at the Rusenyi relocation area and other designated sites, combining hazard mapping (drainage, wind exposure, flood lines) with a transparent targeting process. Selection criteria prioritized households at heightened risk—unaccompanied or separated children, pregnant or lactating women, older persons, persons with disabilities, and female-headed households—validated with community committees and cross-checked against partner registries. Protection, Gender and Inclusion focal points sat in the process to ensure inclusion and to handle any sensitive disclosures through safe referral. Complaints and feedback could be submitted at HSP helpdesks or via the hotline, and were acted on before final lists were confirmed.

Operational coordination was anchored at the HSPs. Partners posted distribution calendars at HSPs to prevent overlap, and joint spot checks ensured quality and protection safeguards, including adequate lighting, safe queuing, and women- and child-friendly access. Site micro-planning was done with local authorities and sector partners to align plot demarcation with WASH and protection requirements: sufficient spacing between units, proximity to latrines and water points without compromising privacy, accessible pathways for persons with reduced mobility, and lighting of common routes, particularly those leading to sanitation facilities and safe spaces. Child-Friendly Spaces and PGI desks were placed within safe walking distance and signposted.

Shelter materials meeting minimum standards for covered living space and weatherproofing were procured from vetted suppliers. Deliveries were phased and staged in secure, near-site storage to match installation capacity and reduce on-site congestion. Volunteer teams from Cibitoke, Bubanza, and Bujumbura were trained in emergency shelter construction, safe tool use, and simple disaster risk reduction measures such as anchoring, bracing, and drainage. Under the technical supervision of the headquarters team, installation proceeded in blocks: plots were prepared and oriented to enhance privacy and ventilation, ground was leveled and drainage channels cut where needed, and tie-downs and guying were added to withstand seasonal winds. Where bulk water was being trucked by partners, shelter rows were laid out to avoid erosion at tap stands and to keep greywater away from living spaces.

Handover to households included a brief orientation on safe use and maintenance—how to tighten fixings after heavy rain, how to re-anchor panels or tarpaulins, and whom to contact for help. Where feasible, small repair kits were issued, and community focal points were identified for first-line repairs and escalation. Protection and hygiene messages were delivered at the moment of allocation to reinforce safe movement to latrines, waste disposal, and household water storage practices.

Quality assurance and accountability were continuous. The HQ technical team conducted spot checks and final inspections before sign-off. Post-distribution monitoring gathered household feedback on adequacy, privacy, airflow, and safety; this led to practical adjustments such as adding extra tie-downs in wind-exposed rows, reorienting entrances that faced busy footpaths, and relocating a small number of shelters out of low-lying patches identified after the first rains. Crowd management and survivor-centered safeguards were applied at every step: separate lines and assisted service for people with specific needs, discreet handling of sensitive cases by PGI focal points, and clear information in Kirundi, French, and Swahili about selection criteria, schedules, and complaint options. Duty-of-care measures for teams—reasonable rotations, hydration, PPE, and security briefings—were enforced during installation.

When constraints arose—weather interruptions, short delivery delays, or temporary access restrictions—the team adjusted by staggering assembly, pre-positioning partial kits for rapid completion when conditions improved, and, in a few cases, providing temporary communal shelter while individual units were finalized. Throughout, the shelter work remained integrated with health and WASH: sanitation blocks and water points were commissioned in parallel to limit contamination risks, hygiene promotion accompanied move-in, and referral pathways from HSPs ensured that medical or protection needs identified during shelter allocation received timely follow-up. This end-to-end approach—assessment, inclusive targeting, coordinated siting, safe installation, informed handover, and responsive follow-up—ensured the 350 emergency shelters could be deployed efficiently and safely, while the broader distribution strategy continued to reach at least 6,000 people with life-saving assistance at the sites.

5)Protection, Gender and Inclusion (PGI),
Safeguarding, PSEA, and child protection From HSP setup and across the three sites, the BRC conducted a rapid PGI/safeguarding analysis, consulted representative groups, and mapped referral pathways. PGI desks were integrated into HSPs for confidential listening, basic case management, and safe referrals, systematically applying the survivor-centered approach. Three Child-Friendly Spaces (CFS) were opened and supervised by PGI focal points; they offered structured activities, psychosocial support, and identification of unaccompanied/separated children, with RFL support for IDTR. GBV prevention, PSEA, child protection, and data protection were embedded in all trainings and reinforced in team briefings; safe channels for sensitive feedback and disclosures were promoted (HSPs, hotline, community focal points). Based on need, dignity kits were provided to women and girls, and targeting criteria were refined with

sex-, age-, and disability-disaggregated data to ensure inclusion and mitigate risks.

5)CEA (Community Engagement and Accountability)
The CEA strategy established/reactivated multiple feedback channels (hotline/green line, listening desks at HSPs, suggestion boxes, focal points, community meetings) and institutionalized weekly data review (questions, complaints, rumors, sensitive disclosures). Hotline operators were trained in active listening, documentation, and clear orientation, using harmonized scripts. Awareness messages (including on hotline use and available services) were adjusted continuously through rumor tracking.

6) Coordination
BRC's strategy ensured that DREF resources complemented partner interventions and that multi-sector assistance was delivered coherently , from entry points to sites. It aligned with the National Contingency Plan emphasis on in-country and cross-border coordination. BRC participated in national and provincial coordination platforms and sector working groups (health/IDSR, WASH, protection/GBV/child protection, shelter/site planning) alongside the relevant ministries, UN agencies.
At border points and sites, BRC co-located with authorities (immigration, police, health district) for daily on-site huddles to coordinate triage, flows, and referrals, and to deconflict distributions and messaging. Partners posted distribution calendars at HSPs to prevent overlap; joint spot checks ensured quality and protection safeguards (lighting, safe queuing, women- and child-friendly access).

Targeting Strategy

Who was targeted by this operation?

Congolese asylum seekers who are in the Musenyi Site were the target of this intervention but also those who continue to arrive through different entry points. In the host community, certain closest communities were also targeted for some activities, for example awareness raising, drinking water supply.
Furthermore, the NS ensured to engage with host community leaders and representatives to promote the social cohesion. All safeguarding, child protection prevention efforts have been also extended to the host communities. This target was extended to 20,843 people.

Explain the selection criteria for the targeted population

Refugees were assisted according to their vulnerability criteria, including households run by pregnant women, households with children under 5 years old and households with people living with disabilities.
Host community prioritized were the villages on the asylum seeker entry and route to the various camps/sites. This focus ensured that NS does not jeopardize efforts and resources at the moment but also it aimed to ensure safety, cohesion, well-being is extended to the host communities considering that any humanitarian concern in these communities was likely to worsen the situation for the asylum seekers.

Total Assisted Population

Assisted Women	**19,594**	Rural	**36%**
Assisted Girls (under 18)	**2,075**	Urban	**64%**
Assisted Men	**15,733**	People with disabilities (estimated)	**2.7%**
Assisted Boys (under 18)	**2,027**		
Total Assisted Population	**39,429**		
Total Targeted Population	20,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	**Yes**
Does your National Society have prevention of sexual exploitation and abuse policy?	**Yes**
Does your National Society have child protection/child safeguarding policy?	**Yes**
Does your National Society have whistleblower protection policy?	**No**
Does your National Society have anti-sexual harassment policy?	**Yes**

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
The change in operational strategy following the relocation of asylum seekers to the Musenyi site in Rutana	The BRC updated its operational strategy by relocating the majority of activities to the Musenyi site while keeping some in the provinces bordering the DRC in order to continue welcoming new arrivals at the entry points.
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.	Awareness-raising and other epidemic control activities have been highlighted in areas hosting displaced communities, given the high risk of contamination. The volunteers mobilized as part of this intervention were increased to ensure a permanent presence at entry points and on sites with prevention messages. Printing and IEC materials from the emergency appeal also served as a basis for disseminating the messages.
Protection, gender & inclusion risks may include the following - 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. - In addition, gender-Based Violence is a particular important risk faced by women and girls during displacement.	From HSP and in the sites, the NS ensured that communities receive the right orientation on safeguarding and child protection available services and sensitization messages. Further PGI activities were carried to help reduce the SGBV cases.
The Musenyi camp continues to welcome refugees and other urgent needs are identified.	The NS and other partners organized coordination meetings to implement effective strategies and provided an update to consider additional activities.

Please indicate any security and safety concerns for this operation:

The security risk was 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?	**Yes**

Implementation

Shelter Housing And Settlements

Budget: CHF 165,550
Targeted Persons: 2,100
Assisted Persons: 2,880
Targeted Male: 1,296
Targeted Female: 1,584

Indicators

Title	Target	Actual
# of people reached with shelter support (Shelter and settlement assistance)	2,100	2,880
#of PDM organized	1	1

Narrative description of achievements

• A total of 380 shelter kits were installed, made possible through the prior training of volunteers and staff in shelter construction. The pre-positioned shelters from the BRC stock were utilized while awaiting the delivery of those ordered through the IFRC. Shelter installation followed IFRC emergency shelter guidance and Sphere standards (covered living space, weatherproofing, safety). A standard BoQ and installation checklist were used for every unit. Layout integrated WASH and PGI considerations (spacing, safe access to latrines/water points, lighting on common routes, accessible pathways). Volunteer teams from Cibitoke, Bubanza, and Bujumbura received a practical refresher on emergency shelter construction (anchoring, bracing, safe tool use, basic DRR) and were coached on site by the HQ technical team. Community members joined the assembly to build ownership and maintenance skills. Installations were phased to match capacity and avoid crowding. Supervisors conducted spot checks during assembly and a final inspection before handover, verifying anchoring/tie-downs, tensioning, drainage, and safe orientation. Where wind exposure or drainage risks were observed, additional guying and simple channels were added.

• Targeting prioritized households at heightened risk: unaccompanied/separated children, pregnant or lactating women, older persons, persons with disabilities or chronic illness, female-headed households, large dependents-to-earner ratio, those in unsafe/unsanitary locations (flood-prone, overcrowded), and households without any alternative shelter. Lists were validated with site committees and cross-checked with partner registries; data were disaggregated by sex, age, and disability. Sensitive cases (e.g., GBV survivors) were handled confidentially with survivor-centered referrals.
• A total of 2,280 people benefited from this activity, with the selection criteria being mainly people with specific needs. To ensure the success of this activity, assessment missions were carried out at the host sites to identify installation areas and target priority individuals. Initially, 350 shelter kits were planned, but due to high demand, the BRC added 30 more from its stock to make up the shortfall.
• A post-distribution evaluation was conducted among beneficiaries to establish beneficiary satisfaction. PDM found very high perceived relevance and information coverage across the response (99% reported the assistance helped meet immediate needs; 98% felt well informed). Qualitative feedback reinforced that rapid access to safe water, hygiene items, and basic food on arrival was critical.
• Households valued speed of installation, improved privacy, and weather protection. Beneficiaries highlighted the usefulness of on-the-spot guidance and participation in assembly, which increased confidence in maintenance. Key challenges reported included wind uplift in exposed rows, localized ponding after heavy rain, and concerns about night-time safety and lighting along routes to latrines. Some households requested additional tie-downs, more lighting, and closer water points.

Lessons Learnt

•The pre-positioning of shelter kits at the BRC made it possible to assist more people than originally planned, and also without having to wait for the supply of shelters ordered through the IFRC.

Challenges

• Low mastery of humanitarian standards for some actors
• Currency fluctuations of the FBU for local purchases of shelter installations

Health

Budget: CHF 18,390
Targeted Persons: 20,000
Assisted Persons: 20,843
Targeted Male: 9,379
Targeted Female: 11,464

Indicators

Title	Target	Actual
# of active volunteers trained in first aid.	60	60
# of volunteers trained on health/PSS	60	60
# of people reached by National Societies with contextually appropriate health services.	20,000	20,843
# of cases of suspected diseases reported	60	130

Narrative description of achievements

• Five integrated health trainings were completed with 60 participants in total (26 female, 34 male), covering essential first aid, epidemic control/IPC, and basic psychosocial support. These complemented hands-on emergency first-aid refreshers delivered in Cibitoke, Bubanza, and Bujumbura. Disaggregated data (sex, age, branch, role) are included in the annexed training tables. Trained volunteers were deployed at all 11 HSPs, in nearby communities/camps, and at high-risk crossing points (notably along the Ruzizi River). Two ambulances were positioned in the two most affected provinces to support timely evacuations and referrals. First-aid/PSS teams worked at HSP reception and triage areas, at distribution points, and on mobile rounds within sites. They supported new arrivals, families with young children, older persons, pregnant/lactating women, and people with disabilities. Water-rescue-skilled volunteers were pre-positioned at river crossing points to prevent and respond to drowning risks, with prompt handover to ambulance teams. Health logs show frequent management of dehydration/exhaustion, minor trauma and soft-tissue injuries from travel, headache and fever, gastrointestinal complaints consistent with water/food stress, and acute stress reactions requiring Psychological First Aid. Pregnant women and children under five were frequently prioritized for rapid referral. The HSP triage and ambulance link reduced waiting times for urgent cases and enabled faster transfer to health facilities. Headline reach for HSP services was 39,429 people; the health/PSS subset and first-aid case counts are summarized in the annexed service logs.
• Access and security risk management sessions strengthened the ability of teams to operate safely at entry points and in surrounding communities. Training covered context and risk assessment, acceptance and negotiation, movement planning, communications and check-in/check-out procedures, incident reporting, de-escalation techniques, and duty of care.
Practical tools were introduced, including location-specific security briefings, contingency and evacuation plans, and standardized incident reporting templates, reinforcing the principles of neutrality, impartiality, and independence as enablers of safe access.
• Community outreach was conducted around entry points and high-traffic areas through group talks, door-to-door visits, and information materials in local languages, complemented where relevant by radio spots and megaphone messaging.
Key messages focused on early care-seeking, hand and respiratory hygiene, safe water and sanitation, appropriate isolation of symptomatic individuals, vaccination where applicable, and timely reporting of alerts.
Community feedback was systematically collected and used to adapt messages, address rumors, and target additional at-risk groups.
• Event-based reporting was strengthened via trained volunteers using simple case definitions and alert criteria for epidemic-prone diseases, with zero-reporting to health authorities when no events occurred. Alerts were recorded on a standard form and simultaneously relayed through the branch's secure messaging group to the Branch Health Focal Point, who notified the District Health Office/IDSR focal point. Where needed, the Mpox appeal health team was looped in to harmonize case definitions and IPC. Zero-reporting (no events) was submitted on a weekly cycle. All data handling followed consent and data-protection protocols.
The Branch Health Focal Point coordinated verification with local health facilities and the district surveillance team, triggering rapid

response mechanisms (RRT) when warranted. HSP teams assisted with isolation measures and safe transport; CEA teams adjusted risk-communication messages based on rumor tracking and verified alerts. Feedback loops ensured the original reporter was informed of actions taken, and trends were reviewed weekly to adapt operations.

• PDM confirmed very high perceived relevance and information coverage (99% reported the assistance met immediate needs; 98% felt well informed). Beneficiaries consistently valued the rapid availability of first aid, PSS, and hygiene/health information at arrival. Qualitative feedback highlighted the importance of clear triage during peak hours, language-appropriate messages, and better lighting along routes to latrines at night.

• Duty rosters and HSP layouts were adapted to peak flows; additional job aids and multilingual messages were introduced; lighting advocacy with site authorities was intensified; and IPC demonstrations were paired with Aquatabs/WASH distributions to reinforce safe practices.

Lessons Learnt

• The availability of multilingual volunteers for response activities facilitated the effective understanding of the messages by the beneficiaries.

Challenges

• Occurrence of cholera cases in reception sites.

Water, Sanitation And Hygiene

Budget: CHF 38,581
Targeted Persons: 20,000
Assisted Persons: 39,429
Targeted Male: 17,743
Targeted Female: 21,686

Indicators

Title	Target	Actual
# of Kit of WASH procured and distributed	500	500
#of HH receiving acqua-tab	1,000	1,000
# of people reached by National Societies with contextually appropriate water, sanitation and hygiene services(water trucking, sensitization, distribution, etc)	20,000	39,429
# of PDMs organized	1	1

Narrative description of achievements

• A six-day, hands-on training built core competencies for emergency WASH, aligned with Sphere standards and national guidance. Topics covered: rapid WASH assessments; the safe water chain (collection, transport, storage, point-of-use treatment); Aquatab use; emergency sanitation (latrine siting, O&M); hygiene promotion during outbreaks; RCCE (risk communication and community engagement); basic water quality checks; and safe NFI distribution.

• Practical drills and simulations reinforced skills (setting up temporary water points, organizing safe queueing, demonstrating handwashing and household water treatment and safe storage).

Protection, gender and inclusion, PSEA, and duty-of-care measures were integrated. Pre-/post-tests and coaching ensured skills acquisition, and participants received job aids and standard operating procedures.

• Three hygiene-promotion teams were trained to deliver outbreak-focused community outreach around entry points and high-traffic areas.

The package emphasized hand and respiratory hygiene, safe management of drinking water, latrine use and cleanliness, menstrual hygiene, solid waste management, and basic vector-control measures.

Teams practiced context-adapted delivery methods (small-group talks, door-to-door visits, demonstrations, megaphone/radio messaging), rumor tracking, and feedback collection to adapt messages and target high-risk groups. Coordination and referral lines with health authorities were clarified

• WASH kits were procured from vetted suppliers, quality-checked, and assembled to support safe collection, transport, storage, and consumption of water and hand hygiene. Distributions were organized with safe crowd management, prioritizing the most vulnerable households. Each handover included a demonstration on correct use and maintenance of containers, safe water storage, and handwashing technique.

Beneficiary registration, stock tracking, and a feedback/complaints mechanism were used to ensure accountability and continuity of supply (soap replenishment planning). Post-distribution monitoring was scheduled to verify correct kit use and identify gaps.

• Aquatabs were purchased and distributed alongside clear, pictorial instructions and live demonstrations on correct dosing and waiting times, in line with manufacturer guidance and container volumes provided in the kits.

Volunteers advised on pre-treatment for turbid water (e.g., settling/straining), safe storage of tablets (away from children, heat, and moisture), and taste/odor questions, and reinforced messages on not mixing chemicals or using tablets for non-potable purposes.

Distribution was coordinated with hygiene-promotion activities and water distribution, with simple monitoring to check correct use and acceptability. Where appropriate and in coordination with local health services, volunteers supported targeted site disinfection of high-use sanitation facilities and waiting areas.

Lessons Learnt

• Having trained volunteers from the beginning of the response allowed activities to be carried out even before training/recycling other volunteers.

Challenges

• Low mastery of humanitarian standards for some actors.
• Currency fluctuations of the FBU for local purchases of shelter installations.

Protection, Gender And Inclusion

Budget: CHF 10,965
Targeted Persons: 20,000
Assisted Persons: 20,843
Targeted Male: 9,379
Targeted Female: 11,464

Indicators

Title	Target	Actual
# of people ((disaggregated by sex, age and disability) reached by protection, gender and inclusion programming.	20,000	20,843
# of migrants and displaced persons reached with services for assistance and protection.	6,000	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 servces using and established referral pathway	100	100
% of WASH, Health, shelter staff and volunteers trained on prevention of sexual exploitation and abuse (PSEA) and all forms of child safeguarding.	100	100

Narrative description of achievements

•At reception points and in surrounding communities, BRC teams used simple vulnerability screening and sex–age–disability disaggregated data to identify individuals at heightened risk. Priority access was ensured for services and distributions, and tailored assistance was provided (e.g., escorts, fast-tracking, assistive devices, breastfeeding corners).
• Protection desks offered confidential listening, basic case management, and referrals to specialized services (health, MHPSS, legal aid, child protection, disability services). Community committees were diversified to include women, youth, and persons with disabilities to improve identification and feedback.
• Ten trained volunteers per municipality (about 200 volunteers across 20 municipalities) led weekly awareness sessions for 12 weeks on nondiscrimination, inclusion, and respectful behavior, using local languages (Kirundi, French, Swahili) and accessible formats. Activities combined small-group talks, door-to-door outreach, and public messaging, addressing stigma, harmful gender and social norms, and barriers faced by persons with disabilities and minority groups. Rumor tracking and community feedback informed message adaptation and targeting.
• Thirty staff (10 per site) completed a standardized course covering survivor-centered approaches, safe and confidential disclosure, immediate safety planning, Psychological First Aid, referral pathways (including within 72 hours for clinical care/PEP), mandatory reporting where applicable, and data protection.
Modules on Prevention of Sexual Exploitation and Abuse (PSEA), codes of conduct, and safer programming were included, along with child safeguarding and disability-inclusive case handling. Pre-/post-tests and scenario-based exercises reinforced competencies.
• Weekly outreach over 12 weeks focused on SGBV risk mitigation, rights and available services, bystander action, and engaging men and boys as allies. Messaging emphasized confidentiality, non-retaliation, and how to access help. Sessions were coordinated with service providers to enable immediate referral for survivors seeking support. Practical environmental risk-reduction measures (lighting, safe queuing, women-only feedback channels) were promoted around service points.
• Safe spaces were set up and signposted near service points, including Child-Friendly Spaces (CFS) and dedicated areas for women and girls. These spaces offered psychosocial support, structured activities, life-skills sessions, and confidential referral to specialized services. Spaces were designed for safety, privacy, and accessibility (locks, lighting, inclusive layouts) and staffed by trained facilitators. Feedback mechanisms ensured the spaces remained responsive to user needs.
• RFL services supported Identification, Documentation, Tracing, and Reunification (IDTR) for separated and unaccompanied children, with consent-based data collection and strict confidentiality. Children accessed safe communication (calls, messages) and tracing through the ICRC network when cross-border action was required.
Case management included safety planning and referrals to child protection services and alternative care where needed. At the outset of the response, 34 children were referred to ICRC for specialized follow-up, with broader outreach subsequently reaching 1,500 OVC through RFL/IDTR support and related services.
• Referral pathways were mapped and regularly updated (health, MHPSS, legal, shelter, child protection, disability support). PGI focal points at branch and national levels facilitated timely, confidential referrals and ensured feedback loops with providers.
• All interactions with survivors adhered to a survivor-centered approach (safety, confidentiality, respect, non-discrimination, informed consent), with data protection safeguards in place.
• A rapid PGI and Safeguarding Analysis has been conducted . The analysis identified key risks poor lighting and unsafe movement to/from latrines at night, crowding at distributions, the need for women- and child-friendly lines and escorts, confidentiality gaps in feedback channels, barriers for persons with disabilities, and incomplete referral mapping.

Actions taken:
reconfigured queuing and crowd management; installed/advocated for lighting in common areas; established PGI desks at HSPs and women-only feedback channels; trained staff/volunteers on SGBV, child safeguarding, and PSEA; set up three Child-Friendly Spaces; refined sex/age/disability-disaggregated targeting; distributed dignity kits for women and girls; updated referral pathways with health, MHPSS, GBV/CP, legal and disability services. At the outset, 34 unaccompanied/separated children were referred to ICRC for IDTR and follow-up.

• PGI focal points also supervised CFS operations, ensuring adherence to SOPs, quality standards, and safeguarding requirements. PGI and PSEA were mainstreamed across all interventions, from targeting to delivery. Households with people with specific needs were prioritized for shelter and kit distributions.

Lessons Learnt

• The availability of multilingual volunteers for response activities facilitated the effective understanding of the messages by the beneficiaries.

Challenges

•Small size of reception sites (low privacy => DAPS measures not respected).
• Poor accessibility of basic services for people with specific needs.

Migration And Displacement

Budget: CHF 134,449
Targeted Persons: 20,000
Assisted Persons: 39,429
Targeted Male: 17,743
Targeted Female: 21,686

Indicators

Title	Target	Actual
# of Humanitarian Service Points (HSPs) that provided assistance and/or protection to people on the move along land based migration routes.	11	11
# of staff and volunteers trained in Migration & Displacement (to manage HSP)	55	55
#of people reached - Migration	20,000	39,429
#of block of latrine constructed	4	2

Narrative description of achievements

• The Burundi Red Cross (BRC) identified and set up 11 HSPs at all priority entry points, in coordination with local authorities and partners. Each site was equipped with reception, orientation, and first-aid areas; Restoring Family Links (RFL) services; shaded waiting areas; signage; and a data collection system.

• Standard Operating Procedures (SOPs) were developed for reception, orientation, and referrals to specialized services (health, protection, shelter, nutrition). Multidisciplinary teams rotated to ensure continuous presence, shorten waiting times, and guarantee safe and dignified access to services.

• Despite initially limited experience with this type of setup, the BRC benefited from technical support from the IFRC, which made it possible to standardize practices, strengthen quality, and ensure compliance with protection, inclusion, and accountability principles.
• In total, 39,429 people received assistance through the HSPs, helping to improve flow management at entry points and reduce protection risks.
• The BRC covered communication costs related to RFL services (calls, SMS, data) to allow people on the move to contact their relatives and report their situation confidentially. Dedicated phones, SIM cards, and top-ups were made available at HSPs.
• Teams also used secure digital solutions for arrival registration, with informed consent and data protection measures. Charging stations were installed to facilitate access to services, and information hotlines were piloted as needed.
• Communication logs and daily reports were used to track call volumes and adjust resources (credit, equipment) to avoid any disruption of service.
• Regular distributions of dignity kits were organized in and around the HSPs, with safe queuing mechanisms, prior needs checks, and information sessions on the contents and use of the items. Priority was given to women and girls of reproductive age, pregnant and breastfeeding women, and people with specific needs.
• The BRC systematically verified the quality and safety of items (expiry dates, integrity of packaging) and worked with local partners to adapt contents to cultural preferences and gender- and age-specific needs.
• A feedback and complaints mechanism (including PSEA) helped identify improvements, such as adjusting sizes and complementing hygiene items based on users' feedback
• To meet immediate needs upon arrival, the BRC distributed biscuits to children under five and 500 ml bottles of drinking water to people waiting. Products were procured from suppliers meeting quality standards and stored under appropriate conditions. Distributions were conducted regularly to ensure constant availability, managing queues and ensuring hygiene at distribution points. Water was prioritized for vulnerable people and families with children, alongside messages on hydration and waste management (collection points for used bottles). The BRC monitored product quality and safety and adjusted quantities according to arrival flows and observed needs.
• Volunteers and staff deployed at HSPs received training covering safe and dignified reception, the Movement's Fundamental Principles, Psychological First Aid (PFA), flow management, referrals to specialized services, PSEA, child safeguarding, inclusion, and responsible data

collection. On-site coaching sessions and practical exercises helped harmonize practices, improve inter-service coordination, and strengthen the quality of interactions with people assisted. Tools (SOPs, information scripts, forms) were standardized and disseminated. Basic RFL competencies were reinforced to facilitate case identification, confidential information management, and referrals for follow-up services as needed

• Four latrine blocks (24 cubicles in total) were built near the HSPs, taking into account drainage, safety, privacy, and accessibility. Facilities were sex-segregated and equipped with handwashing stations and measures to support menstrual hygiene (privacy, safe disposal). The BRC put in place an operations and maintenance plan, including regular cleaning, provision of consumables (water, soap), desludging when required, and hygiene promotion. Community participation was encouraged to adapt layout and access hours. Lighting and signage were improved around the blocks to enhance safety, especially at night, and reduce protection risks.

Lessons Learnt

• The provision of a minimum set of HSP services greatly facilitated the passage of asylum seekers. Thanks to this, they were able to quickly obtain the information they needed, and the children's needs for water and biscuits were met.

Challenges

• Limited knowledge of the concept of humanitarian service points by the NS , a migration surge was planned for this operation, but unfortunately there were no candidates with the required profile available for the project implementation period.

• The adaptation of the latrine construction plans carried out by the WASH cluster resulted in the budget only covering the construction of 2 latrines blocks instead of the 4 that were initially planned.

Community Engagement And Accountability

Budget: CHF 17,853
Targeted Persons: 20,000
Assisted Persons: 20,843
Targeted Male: 9,379
Targeted Female: 11,464

Indicators

Title	Target	Actual
#of staff, volunteers and leadership trained on community engagement and accountability (CEA)	120	120
The National Society has a functioning feedback mechanism in place for the whole organisation.	1	1
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support.	90	99
% of people surveyed who report receiving useful and actionable information.	90	98

Narrative description of achievements

• A total 120 Volunteers (47 female, 73 male) conducted weekly outreach focused on priority behaviors for epidemic prevention: handwashing with soap, safe water collection/storage and point-of-use treatment, latrine use and cleanliness, menstrual hygiene management, solid waste management, and basic vector control. Delivery methods included small-group talks, household visits, and practical demonstrations (e.g., setting up handwashing stations, correct Aquatabs dosing), using clear IEC materials in Kirundi, French, and Swahili. Sessions were coordinated with distributions and service delivery at entry points to maximize reach and allow immediate referrals to health, protection, and WASH services. Special efforts targeted high-traffic sites and vulnerable groups.

• In the six targeted municipalities, multiple feedback channels were established or reactivated: helpdesks at service points, suggestion boxes, community focal points, hotline/SMS/WhatsApp options, and regular community meetings.

Feedback was categorized (questions, requests, complaints, sensitive disclosures including PSEA) and processed through standard operating procedures ensuring confidentiality, informed consent, safe referrals, and timely resolution.
Weekly review with branch teams ensured "closing the loop," with updates shared back to communities (such as "You said, we did"), and adaptations made to services and messaging based on community input.
• Hotline staff were trained and sensitized to provide clear, consistent guidance and to record calls using standardized scripts and logs. A rumor register tracked misinformation and community concerns.
Weekly analyses synthesized trends, identified information gaps, and generated corrective messaging for outreach teams. Urgent cases were triaged and escalated through defined referral pathways, with feedback provided to callers where appropriate. Data protection measures were applied to all call records, and a quality-assurance process (spot checks, supervisor reviews) maintained consistency and accuracy.
• Simple, multilingual tools were developed to standardize data collection at gateway/entry points and in surrounding communities: attendance registers, activity logs, distribution tracking, hotline/feedback forms, and PDM questionnaires.
Where connectivity allowed, tools were digitized (e.g., Kobo/ODK) with paper back-ups to ensure continuity. Enumerators received SOPs, consent scripts, and data protection guidance. Branch-level dashboards compiled weekly summaries to support decision-making, resource allocation, and timely adjustments to programming. Staff and volunteers received training on hotline operation: active listening, clear information provision, management of difficult calls, documentation standards, and survivor-centered handling and referral for sensitive disclosures (including SGBV).
• Community awareness campaigns publicized the hotline number, service hours, and what support is available, using posters, leaflets, megaphone/radio messages, and briefings during distributions and outreach sessions.
Accessibility measures included language coverage (Kirundi, French, Swahili), SMS/text options for people with hearing or speech impairments, and confidentiality safeguards to encourage safe use.
• A lessons-learned workshop was held with CRB staff, IFRC, and colleagues from the DRC and Congo Brazzaville National Societies to review feedback data, refine SOPs, strengthen referral pathways, and update key messages.
Post-Distribution Monitoring (PDM) findings:
- 99% of respondents reported that the activities helped them meet important/immediate needs; 1% declined to respond.
- 98% reported being well informed about available support and services; 1% said they were not, and 1% did not know.

Lessons Learnt

• The NS has produced and regularly shared a weekly situation report and this made all movement partners well informed

Challenges

• Language issue between the Congolese and the Burundian. The NS has aligned volunteers who speak Swahili and/or French. Some Congolese refugees have been used to make the response participative.

Secretariat Services

Budget: CHF 30,987
Targeted Persons: 200
Assisted Persons: 200
Targeted Male: 110
Targeted Female: 90

Indicators

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

Narrative description of achievements

• A surge with the required profile, namely migration, was not available during the DREF implementation period.

• Regular joint monitoring missions were conducted by IFRC and NS staff to assess the implementation of activities and ensure that

objectives were being met in the targeted areas.

• Dedicated IFRC staff based in Bujumbura and Kinshasa provided invaluable support to the National Society, facilitating the smooth implementation and management of activities.

Lessons Learnt

• Good preparation of the National Society in terms of response allowed us to adapt to the context.
• Very good coordination within the movement ensured an effective response.
• Capitalizing on lessons previously learned helped to overcome the limiting factor related to fuel shortages.
• The regularity of situation reports allowed movement partners to be promptly informed of ongoing actions.
• The establishment of a weekly information-sharing framework within the cluster facilitated the sharing of experience for an effective response.
• The initiative of a regional contingency plan raised awareness for cross-border/regional collaboration in crisis management.

Challenges

The main difficulty was the fact that the surge was not deployed in this operation.

National Society Strengthening

Budget: CHF 25,358
Targeted Persons: 360
Assisted Persons: 360
Targeted Male: 198
Targeted Female: 162

Indicators

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

Narrative description of achievements

• An ICRC-led ToT built a cadre of facilitators within the National Society capable of cascading the Safer Access Framework (Accès Plus Sûr – APS) across branches. The curriculum combined APS principles (context and risk analysis, acceptance and negotiation, operational security, movement planning, incident reporting, and safer programming) with adult-learning and facilitation skills. Participants practiced scenario-based exercises relevant to population movement contexts (border points, large gatherings, night operations) and produced session plans and job aids for roll-out. Coaching arrangements and a cascade plan were agreed to ensure consistent delivery and follow-up at branch level. The ToT integrated PGI/PSEA, CEA, and data protection considerations as enabling factors for safe access and community trust.
• A structured workshop gathered CRB teams involved in the response, IFRC colleagues, and peers from the DRC and Congo Brazzaville National Societies. Using feedback and hotline data, participants reviewed what worked, challenges, and priority improvements in outreach, referrals, and service delivery. Outputs included an action plan with clear responsibilities and timelines, updated SOPs (hotline scripts, feedback handling, referral pathways), and refined key messages for rumor management and risk communication. Decisions were shared back with field teams and communities to close the feedback loop. Here is the synthetised set of lesoon learnd :
- Strong National Society preparedness enabled rapid adaptation to context and timely start-up of the response.
- Pre-positioned shelter kits by BRC allowed support to more people than initially planned, without waiting for IFRC-delivered stocks.
- Robust Movement coordination ensured a coherent response and efficient use of resources.
Applying prior lessons helped mitigate fuel shortages (e.g., advance planning, pooling and prioritization of movements).
- Early training and mobilization of volunteers enabled uninterrupted implementation even before wider refresher trainings were completed.

- Regular internal situation reports kept Movement partners promptly informed and supported faster decision-making.
- Availability of multilingual volunteers improved comprehension of messages and accessibility of services for affected people.
- Weekly, cluster-based information exchanges facilitated experience-sharing and harmonized action across actors.

• The National Society reviewed and strengthened its risk management framework through internal coordination meetings, aligning policies, procedures, and tools to identify, assess, mitigate, and monitor programmatic, operational, security, financial, safeguarding, and reputational risks.
A consolidated risk register and heat map were maintained with designated risk owners, mitigation measures, early-warning indicators, and review frequency. Issues flagged via community feedback and hotline trends were fed into risk reviews to ensure adaptive management.
Links with internal audit, logistics, security, and PGI focal points ensured that controls and mitigation measures were practical, resourced, and consistently applied.
• All deployed staff and volunteers received pre-deployment and on-arrival briefings covering the operational context and threat picture, movement rules, communications and check-in/check-out procedures, safe driving, personal conduct, critical incident response, and contingency plans (hibernation/relocation/evacuation).
Site-specific security briefs, route assessments, and contact trees were maintained and updated. PPE, first-aid kits, and necessary equipment were issued; incident reporting and debrief protocols were reinforced through drills and spot checks.
• Duty-of-care measures included safe accommodation and transport, reasonable workloads and rotations, rest breaks, access to potable water and PPE, and post-incident debriefing. Staff were informed about insurance coverage and emergency medical support.
Psychosocial support was available through Psychological First Aid, peer-support networks, and referral to professional services when needed. Codes of conduct, safeguarding, and PSEA standards were reiterated, with confidential reporting channels and survivor-centered referral protocols.
Supervisors monitored stress and burnout indicators and adjusted team composition and schedules accordingly, ensuring a safe, respectful, and supportive work environment.

Lessons Learnt

• The establishment of a weekly information-sharing framework within the cluster has facilitated the exchange of experience for an effective response.

Challenges

• Language barrier between Burundian volunteers and the Congolese population at the beginning of the crisis

Financial Report

Selected Parameters			
Reporting Timeframe	2025/2-2025/11	Operation	MDRBI023
Budget Timeframe	2025/2-2025/8	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 29/Dec/2025

All figures are in Swiss Francs (CHF)

MDRBI023 - Burundi - Population Movement

Operating Timeframe: 27 Feb 2025 to 31 Aug 2025

I. Summary

Opening Balance	**0**
Funds & Other Income	**499,912**
DREF Response Pillar	499,912
Expenditure	**-383,130**
Closing Balance	**116,782**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	101,381	37,022	**64,359**
PO02 - Livelihoods			**0**
PO03 - Multi-purpose Cash			**0**
PO04 - Health	19,585	19,585	**0**
PO05 - Water, Sanitation & Hygiene	41,071	41,071	**0**
PO06 - Protection, Gender and Inclusion	9,929	9,929	**0**
PO07 - Education			**0**
PO08 - Migration	197,084	197,080	**3**
PO09 - Risk Reduction, Climate Adaptation and Recovery	30,511		**30,511**
PO10 - Community Engagement and Accountability	34,380	21,240	**13,140**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**433,940**	**325,927**	**108,013**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	21,080	12,311	**8,769**
EA03 - National Society Strengthening	44,892	44,892	**0**
Enabling Approaches Total	**65,972**	**57,203**	**8,769**
Grand Total	**499,912**	**383,130**	**116,782**

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Please explain variances (if any)

• The under-utilization of funds under budget line PO01 – Shelter and Basic Household Items is mainly due to savings made during procurement. The initial budget was based on local market prices, whereas procurement was carried out through an international market at significantly lower unit costs. With the project now completed and all shelters supplied, the remaining amount will be refunded to the DREF pot.

• No specific activities were ultimately planned or budgeted under budget line PO09 – Risk Reduction, Climate Adaptation and Recovery during the project period. The allocation to this sector appears to be the result of an initial budgeting or coding error, as the approved operational plan did not provide for any concrete activities in the area of risk reduction, climate change adaptation, and recovery.

Consequently, no expenditure was recorded and the entire amount remains unused.

• The under-utilization of funds allocated to budget line PO10 – Community Engagement and Accountability is mainly due to the reduction in the scope of certain planned activities (e.g., the number of community meetings, communication materials, and feedback channels) compared to the initial plan. However, the main feedback mechanisms needed to support the operation have been put in place.

• The variance under budget line EA02 – Secretariat Services is explained by lower than expected costs for coordination during the implementation period. The decrease in the number of monitoring missions compared to initial forecasts contributed to this saving.

• The large under-expenditure on category Relief items, Construction, Supplies is mainly due to significant cost savings achieved through international procurement. The initial budget was based on higher local construction and material costs, but the implementation relied on more cost-efficient solutions and lower unit prices.

• Expenditures under the unbudgeted line CAXB540 – Medical & First Aid relate to medical and first aid supplies that were necessary to adequately support the operation. These costs were covered by overall savings made in other budget lines (notably Construction – Housing). This results in an apparent negative variance at the line item level, but remains within the total approved budget for the project.

• The line CAXB570 – Other Supplies & Services covers additional services that were not specifically budgeted for initially but were necessary for the effective implementation of the project (in particular handling services and transport costs). These expenses were absorbed by the under-utilization of other budget lines and do not exceed the overall project ceiling.

• Transport and vehicle costs under CAXF593 – Transport & Vehicles Costs were substantially higher than originally anticipated. This is mainly due to the intensity of field activities, additional trips required for distributions and monitoring, and higher fuel and transport prices than assumed in the initial budget. These additional costs were offset by under-expenditure on construction and other budget lines.

• Unbudgeted logistics service costs under CAXF594 – Logistics Services (e.g. handling, forwarding, or external logistics support) were required to ensure timely delivery of relief items. They were financed through overall project savings, particularly from Shelter/Construction.

• Contrary to the initial plan, no international staff were ultimately deployed as part of this operation under CAXH600 – International Staff, and no emergency funds were used. The corresponding budget therefore remains entirely unused and constitutes a final saving.

• National staff costs booked under CAXH661 – National Staff were not initially budgeted under this specific line but proved necessary to manage and implement the operation. These costs were accommodated using unspent funds from the international staff budget line.

• Volunteer costs under CAXH667 – Volunteers are lower than budgeted mainly because the insurance premium for volunteers turned out to be cheaper than anticipated. The initial budget was based on the National Society's estimated cost for local insurance, while the actual volunteer insurance was arranged by the Delegation at international rates, which were significantly lower. All volunteers were adequately insured, and the difference therefore represents a final saving on this budget line.

• Small unbudgeted office operating costs under CAXL730 – Office Costs were incurred and covered by savings on other lines.

• Minor financial charges under CAXL760 – Financial Charges (e.g. bank fees, transaction costs) were not budgeted but were unavoidable. These were absorbed by overall project savings.

At the end of the operation, there was a balance of 116,782 CHF that will be returned to the DREF pot.

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Click here for reference

Selected Parameters			
Reporting Timeframe	2025/2-2025/11	Operation	MDRBI023
Budget Timeframe	2025/2-2025/8	Budget	APPROVED

DREF Operation

FINAL FINANCIAL REPORT

Prepared on 29/Dec/2025

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PO03 - Multi-purpose Cash			**0**
PO04 - Health	19,585	19,585	**0**
PO05 - Water, Sanitation & Hygiene	41,071	41,071	**0**
PO06 - Protection, Gender and Inclusion	9,929	9,929	**0**
PO07 - Education			**0**
PO08 - Migration	197,084	197,080	**3**
PO09 - Risk Reduction, Climate Adaptation and Recovery	30,511		**30,511**
PO10 - Community Engagement and Accountability	34,380	21,240	**13,140**
PO11 - Environmental Sustainability			**0**
Planned Operations Total	**433,940**	**325,927**	**108,013**
EA01 - Coordination and Partnerships			**0**
EA02 - Secretariat Services	21,080	12,311	**8,769**
EA03 - National Society Strengthening	44,892	44,892	**0**
Enabling Approaches Total	**65,972**	**57,203**	**8,769**
Grand Total	**499,912**	**383,130**	**116,782**

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2025/2-2025/11	Operation	MDRBI023
Budget Timeframe	2025/2-2025/8	Budget	APPROVED

Prepared on 29/Dec/2025

All figures are in Swiss Francs (CHF)

MDRBI023 - Burundi - Population Movement

Operating Timeframe: 27 Feb 2025 to 31 Aug 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	**93,296**	**23,425**	**69,871**
Construction - Housing	93,296	8,386	84,910
Medical & First Aid		8,708	-8,708
Other Supplies & Services		6,331	-6,331
Logistics, Transport & Storage	**9,680**	**49,903**	**-40,223**
Storage		29	-29
Transport & Vehicles Costs	9,680	47,041	-37,361
Logistics Services		2,832	-2,832
Personnel	**25,500**	**10,377**	**15,123**
International Staff	23,490		23,490
National Staff		9,627	-9,627
Volunteers	2,010	750	1,260
General Expenditure	**9,000**	**8,205**	**795**
Travel	9,000	8,039	961
Office Costs		55	-55
Financial Charges		110	-110
Contributions & Transfers	**331,925**	**267,837**	**64,088**
Cash Transfers National Societies	331,925	267,837	64,088
Indirect Costs	**30,511**	**23,384**	**7,128**
Programme & Services Support Recover	30,511	23,384	7,128
Grand Total	**499,912**	**383,130**	**116,782**