



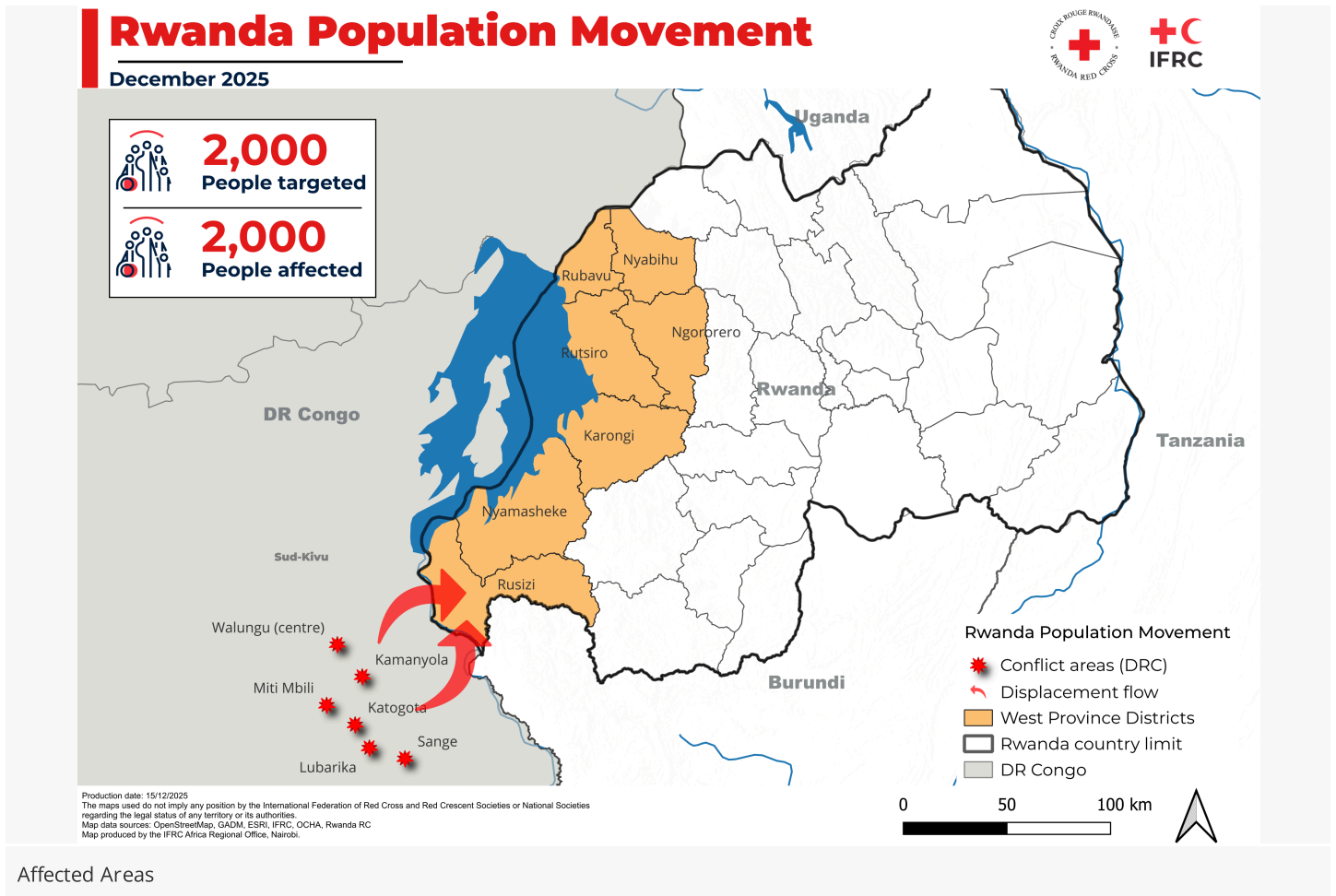
Installation of tents and reception of refugees at the transit center. @RRCS

Appeal: MDRRW024	Hazard: Population Movement	Country: Rwanda	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 278,188	
Glide Number: -	People Affected: 2,000 people	People Targeted: 2,000 people	
Operation Start Date: 16-12-2025	Operation Timeframe: 4 months	Operation End Date: 30-04-2026	DREF Published: 20-12-2025
Targeted Regions: West Province			

Description of the Event

Date of event

07-12-2025



What happened, where and when?

On 7 December 2025, heavy fighting resumed in eastern Democratic Republic of the Congo (DRC) between non-state armed groups, the Congolese army (FARDC), allied militias and international forces. The renewed hostilities led to intense clashes causing numerous civilian casualties and large-scale displacement, with tens of thousands of people forced to flee. More than 2,000 people have crossed into Rwanda so far, and humanitarian actors are struggling to meet rapidly growing needs amid ongoing insecurity.

The crisis is still ongoing as the fight may continue. As of 7 December, the violence has affected several key areas in South Kivu Province, including Katogota, Kamanyola, Lubarika, Luvungi, and Miti Mbili in Walungu Territory, as well as large parts of Uvira Territory in eastern DRC. Across the border in Rwanda, the impact is most visible in Ruzizi District, where displaced people are arriving and being hosted at the Nyarushishi Transit Centre and four surrounding emergency reception sites.

While the displacement crisis from DRC has seen previous relapse, this new wave of displacement is unfolding at a time when the government is receiving very limited support from its usual partners. The main key partner, UNHCR, has significantly reduced its financial support due to the current global funding shortages affecting international organizations. This has resulted in a critical gap in response capacity compared to earlier phases of the crisis, even though the number of displaced people was higher in the past.





Arrival of refugees at the camps

Scope and Scale

Since January 2025, population movements from eastern DRC to Rwanda have continued, with several waves linked to the evolution of the conflict. This operation therefore focuses on responding to the most recent and acute phase of the crisis, while taking into account the cumulative impact of previous displacements on services and host communities.

During the first few months of 2025, particularly between January and February after the fall of Goma, the vast majority of the hundreds of thousands of displaced people remained in the DRC, while Rwanda received a smaller but steady number of new arrivals. From March to October 2025, arrivals in Rwanda continued at a fluctuating but relatively moderate level, generally ranging from a few dozen to a few hundred people per week, housed mainly in the Nyarushishi transit center, surrounding reception sites, and host communities. In November 2025, the resumption of fighting in parts of South Kivu led to a gradual increase in population movements.

Since December 7, 2025, however, the situation has worsened and entered a new critical phase, with more than 2,000 people crossing the border into Rwanda in less than a week. This sharp increase is significantly higher than the weekly averages observed earlier in the year and is putting a strain on the existing capacities of the Nyarushishi transit center and the four surrounding reception sites in terms of accommodation, water, sanitation and hygiene, health, food, and protection. These newly arrived refugees and asylum seekers are currently in the Nyarushishi transit center and adjacent emergency reception sites, with high vulnerabilities. These people are in need of essential services such as emergency shelter and non-food items, water, sanitation, and hygiene, and first aid, protection, including protection. Based on the assessment conducted, it is observed that there is an important proportion of children and women, accounting for more than 60% of the displaced population.

The DRC fights is an ongoing protracted situation that is forecasted to trigger more displacements in Rwanda. Current number of new arrivals is as of early December 2025 and NS intervention consider a scenario forecasting additional inflows in the coming weeks. Although exact figures remain uncertain due to the unstable security situation in eastern DRC, the projected figures take into account the likelihood of several hundred new arrivals per week in the short term and a possible cumulative increase in the number of cases over the next three months.

Given the regional nature of the crisis, the scope of this DREF operation is part of a broader cross-border approach. The response of the Rwandan Red Cross is closely coordinated with the Burundian Red Cross and other National Societies in neighboring countries through the IFRC delegation office based in the DRC. This ensures complementarity between the assistance provided to displaced persons in the DRC and that provided to refugees and asylum seekers in Rwanda and other host countries and allows for the harmonization of standards and the sharing of information on trends, needs, and scenarios related to displacement. If the scale or pace of new arrivals significantly exceeds current projections, a possible revision of this DREF will be considered by the Rwanda Red Cross.

Source Name	Source Link
1. Media	https://www.independent.co.ug/m23-rebels-advance-in-eastern-drc-despite-newly-signed-peace-deal/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
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:

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Lessons learned:

The lessons learned from last year's DREF operation are being integrated into the design and implementation of the current response in order to avoid repeating the same constraints and to improve overall effectiveness.

Key insights including the need for timely procurement, strong community engagement, and robust monitoring and reporting have directly shaped the current strategy. For instance, the procurement process has been streamlined so that NFIs, health items and WASH supplies are ordered earlier and delivered faster, thereby preventing the stock-outs and delays experienced in the previous operation.

On the human resources side, volunteer recruitment and training have been reinforced, with particular attention to gender, age and cultural diversity, to ensure that volunteer teams better reflect the communities they serve. This aims to address the trust and participation gaps that were observed previously in some areas.

In terms of accountability and learning, monitoring and reporting mechanisms have been strengthened: Post-Distribution Monitoring (PDM), lessons-learned workshops and regular coordination meetings are now more systematically planned and used. These tools help track progress more closely, identify issues at an early stage and adjust activities in real time.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
What was the risk level for Child Safeguarding Risk Analysis?:	No, a Child Safeguarding Risk Analysis was not carried out in previous operations, and therefore no formal risk level was established at that time. For the current operation, the Rwanda Red Cross Society will make it a priority to conduct a comprehensive Child Safeguarding Risk Analysis. This will identify potential risks to children in all areas of intervention and inform the design of concrete mitigation measures, so as to ensure that children's safety and protection are systematically taken into account throughout the operation.



Current National Society Actions

Start date of National Society actions

07-12-2025

Migration And Displacement	<p>At humanitarian service points (set up by the Ministry), at border posts along the Rusizi River, and at the Nyarushishi transit center, RRC volunteers are the first point of contact for newly arrived asylum seekers. They provide immediate life-saving assistance, including cleaning and dressing wounds, stabilizing minor injuries, managing shock, and providing first aid for trauma.</p> <p>At these transit centers, volunteers provide health services, delivering structured first aid triage, identify vulnerable individuals, prioritize urgent cases, monitor for dehydration and exhaustion, and provide psychological support to those in distress.</p>
Coordination	<p>Rwanda Red Cross is actively participating in joint Command Post meetings to ensure effective coordination and communication with other humanitarian actors and relevant authorities.</p> <p>Based on the situation, the National Society (NS) is in discussions with various RCRC Movement partners, including the ICRC, Austrian Red Cross and the Spanish Red Cross and IFRC. These partners are coordinating with their respective headquarters, and the NS is exploring the possibility of activating the crisis modifier. In addition, the NS has contacted IFRC to initiate the DREF. A field report is regularly posted on the IFRC GO platform.</p>
Assessment	<p>A detailed assessment of the situation is currently underway. The evaluation is being conducted by the National Society (NS) using KoboCollect. Some of the initial observations inform this DREF operation.</p>
Activation Of Contingency Plans	<p>The National Society has developed a contingency plan to guide its preparedness and response to the ongoing crisis. This plan outlines anticipated scenarios, priority needs, and corresponding operational strategies. It defines clear roles and responsibilities for branches and volunteers, pre-positions essential relief items (such as WASH, shelter and health supplies), and establishes mechanisms for rapid deployment and coordination with government authorities and humanitarian partners. The contingency plan also includes triggers for activation, communication and information-management procedures, as well as measures to ensure the protection, inclusion and safety of the most vulnerable groups, including children, women, older persons, people with disabilities, IDPs and refugees.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>Since January 2025, the regional delegation of the International Federation of Red Cross and Red Crescent Societies (IFRC) based in Kinshasa has been strongly committed to supporting the Rwandan Red Cross as part of a broader approach to the crisis in the Great Lakes region. The delegation has continuously monitored developments in eastern DRC and their regional repercussions, including through regular analysis of displacement trends, cross-border movements, and humanitarian needs affecting Rwanda and neighboring countries.</p> <p>In this regional context, the delegation facilitated information sharing between other National Societies in the Great Lakes region and the IFRC regional office. It has assisted the Rwanda Red Cross Society in developing contingency plans to respond to potential crises, including through preliminary discussions on preparedness, coordination with national authorities, and alignment with other partners' planning assumptions.</p> <p>Building on this sustained engagement since January, the delegation is now providing</p>
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	dedicated technical support to the Rwanda Red Cross Society for the design and launch of the DREF operation, as well as for implementation and monitoring.
Participating National Societies	<p>Coordination between members and partner national societies (NSPs) in emergencies is ensured through the emergency coordination mechanism established by the Rwanda Red Cross. In the event of an emergency, the Rwandan Red Cross leadership immediately convenes coordination meetings with all partner National Societies present in the country and other key partners to share an updated analysis of the situation, jointly identify priority needs, review who is doing what and where, and confirm potential commitments from partners to support the response. This mechanism ensures that any bilateral or multilateral support from NSOs is aligned with the National Society's overall response plan and avoids duplication.</p> <p>In Rwanda, the Austrian Red Cross, the Japanese Red Cross, and the Spanish Red Cross are all actively present and integrated into this member coordination process. Following the recent deterioration of the situation related to population displacement from eastern DRC, a specific coordination meeting was organized by the Rwandan Red Cross with these partner National Societies to inform them of the evolving context, immediate humanitarian needs, and proposed response strategy.</p> <p>In this context, the Austrian Red Cross has a crisis modifier associated with its existing bilateral programs, which can be activated in the event of water-related disasters such as floods, landslides, and droughts. This option was discussed with the Austrian Red Cross as part of member coordination in emergencies; however, given that the current crisis is primarily related to population movements and refugee influx rather than a water-related risk, this particular crisis modifier has not been activated. The Austrian Red Cross is nevertheless kept fully informed through the same coordination mechanism and will continue to explore any additional support that could be mobilized in line with its mandate and funding instruments.</p> <p>The Japanese Red Cross Society is also participating in these coordination discussions. Its current support in Rwanda focuses on model village projects, which do not include a crisis modifier or emergency response component. For this reason, no additional emergency funding has been activated by the Japanese Red Cross Society for this specific displacement crisis. Nevertheless, the Japanese Red Cross Society continues to be part of the member coordination platform, receives regular updates on the situation and the DREF operation.</p> <p>At the same time, the Spanish Red Cross, as part of the same emergency coordination among members, has expressed its willingness to support the response and is currently consulting with its headquarters on possible budget reallocations in order to contribute, in particular, to the distribution of non-food items. The Rwanda Red Cross will continue to use this coordinated platform to collaborate with all PNS in the country, including exploring the possibility of activating any relevant crisis modifiers and identifying complementary bilateral contributions that could strengthen the DREF-funded operation in a coherent and coordinated manner.</p>

ICRC Actions Related To The Current Event

The ICRC is supporting family linking and reunification by facilitating communication between separated family members and helping refugees reconnect with their relatives. They are also in contact with senior management to explore additional ways to support the National Society.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
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National authorities	The Ministry in Charge of Emergency Management (MINEMA), together with other national authorities, has made the Nyarushishi Transit Centre available and is leading the coordination of all stakeholders involved in the response. MINEMA has requested operational support from the Rwanda Red Cross Society and has called on WFP and UNHCR to work closely to provide essential assistance, including food, safe water and tents. Despite these efforts and the ongoing coordination, substantial gaps persist in adequately meeting the basic needs of asylum seekers.
UN or other actors	The Nyarushishi Transit Centre has been set up by the Ministry in Charge of Emergency Management (MINEMA) and UNHCR & WFP. Coordination is being led by MINEMA, with active participation from the Rwanda Red Cross Society, ensuring effective management of the response activities.
<p>Are there major coordination mechanism in place?</p> <p>The Nyarushishi Transit Centre has been established by the Ministry in Charge of Emergency Management (MINEMA), in collaboration with UNHCR and WFP. MINEMA leads overall coordination of the site, with the active involvement of the Rwanda Red Cross Society, to ensure the effective organization and management of response activities.</p>	

Needs (Gaps) Identified



Shelter Housing And Settlements

The shelter situation at arrival points and transit sites remains critical, with insufficient and inadequate temporary accommodation exposing many asylum seekers to harsh weather conditions and increasing their vulnerability.

To date, only a limited number of inflatable tents and other emergency shelters are available, which is insufficient to accommodate the current influx of asylum seekers.

An urgent need exists to procure and deploy at least 100 additional inflatable tents to ensure adequate shelter for newly arriving families and to maintain preparedness as the situation evolves and potentially worsens.

Essential NFIs—such as blankets, sleeping mats, and kitchen utensils—are in short supply, negatively affecting the living conditions and overall well-being of affected families:

Current distributions have reached approximately 300 households, but hundreds more families remain without access to these basic items.

The shortage of blankets and mats leaves many individuals exposed to cold nights, increasing risks of illness and discomfort.

Lack of sufficient kitchen utensils limits the ability of families to prepare nutritious meals, further compromising food security and health.

Given that over 2,000 asylum seekers have crossed into Rwanda since early December 2025, and many more continue to arrive daily, the gap in shelter and NFI coverage is substantial and growing. Immediate scaling up of shelter materials and NFI distributions is essential to improve protection, dignity and living conditions for all affected populations.



Livelihoods And Basic Needs

Despite ongoing assistance, food and basic needs are far from being covered for the asylum seekers, and the situation is deteriorating as new arrivals continue.

WFP, UNHCR and MINEMA are providing food assistance at the transit centre, but Current distributions do not reach all asylum seekers; a portion of the caseload especially newly arrived households—report receiving no or only partial rations.

For those who do receive food, the quantity per person is below recommended emergency standards (2,100 kcal/day), forcing families to reduce meal size and frequency. Many households report eating only one meal per day. Delays in food distributions due to logistical and access constraints mean that some families have to wait several days between distributions, increasing the risk of acute food shortages.

Available food rations are often monotonous, consisting mainly of cereals and pulses, with very limited access to fresh vegetables, fruits, animal proteins or fortified foods.

Negatively affects children under five, who are at higher risk of acute malnutrition and micronutrient deficiencies.



Has serious implications for pregnant and lactating women, whose nutritional needs are higher and whose poor intake directly affects maternal health and infant growth. Also impacts older persons, people with chronic illnesses and people with disabilities, who may require specific diets that are not currently available.

Many asylum seekers fled suddenly from DRC into Rwanda, arriving with very few or no belongings, the vast majority have no food stocks, no cash and no means of income upon arrival.

Only those temporarily hosted by local families in the host community have some access to shared food and basic items, but this puts additional pressure on already vulnerable host households.

Most asylum seekers at the transit centre are therefore in urgent need of food, clothing and essential household items, including kitchen sets, mosquito nets and mattresses.

In addition, Kitchen kits, mosquito nets and mattresses have been provided to a limited number of households (for example, around 300 households), leaving hundreds of other families without these basic items.

Without adequate cooking utensils, many households cannot prepare the dry rations they receive, which further reduces effective food intake.

Lack of mattresses and adequate bedding forces people to sleep on bare floors or thin mats, increasing exposure to cold, fatigue and health risks.

Insufficient mosquito nets heighten the risk of malaria, especially among children under five and pregnant women.

Due to gaps in both food and NFIs, many asylum seekers have already begun to adopt harmful coping mechanisms to survive, such as:

- Skipping meals, reducing adult consumption to prioritize children, or sending children to beg.
- Selling or exchanging part of their limited rations to obtain other essential items (soap, clothing, medicine).
- Borrowing food or money under unfavorable conditions, risking debt and exploitation.

Increased risk that some households may resort to survival sex, hazardous labor or early marriage as extreme coping strategies, particularly among women and adolescents.



Health

60%+ of the people who arrived are women and children, include pregnant and lactating women, young children. There is also older adults, and people with disabilities are particularly vulnerable to complications if they do not receive appropriate care in a timely manner. In the groups identified, health needs among are critical and increasing as arrivals continue. Rapid screenings at the transit sites indicate that a significant proportion of new arrivals (estimated 60–70%) present with health issues, including respiratory infections, diarrheal diseases, fever, and severe fatigue. A notable number of individuals (around 10–15%) arrive with conflict-related or journey-related injuries (cuts, fractures, sprains, burns), requiring urgent care.

Many new arrivals have spent days or even weeks on the move, often exposed to stress, poor nutrition, and a lack of basic services. Upon arrival, initial medical examinations and assessments conducted by health partners indicate that common health problems include acute respiratory infections, diarrheal diseases, malnutrition in children under five, complications from untreated chronic diseases, and a heavy burden of mental distress and trauma. Nearby health centers and referral hospitals are operating beyond their normal capacity, with a sharp increase in consultations since early December 2025. Facilities that typically manage a few dozen consultations per day are now seeing well over 100–150 consultations daily, including asylum seekers and host community members. Stocks of essential medicines, trauma supplies and basic equipment are rapidly being depleted.

Rwanda Red Cross volunteers are already supporting on-site first aid and the evacuation/referral of patients to health facilities. However, with over 2,000 asylum seekers already present and more arriving, the demand for these services is expected to rise significantly in the coming days. There is an urgent need to:

- Strengthen pre-hospital care, including the deployment of additional first aid teams and the provision of standard first aid kits (at least one fully equipped kit per team and per site);
- Ensure the availability and operation of ambulances, including fuel and maintenance, to manage an increasing number of urgent referrals and medical evacuations;
- Improve logistical arrangements and communication systems (e.g. radios, phones) to guarantee timely and safe transport of patients from the transit centre to designated health facilities.

Overcrowded conditions, limited WASH services and high mobility create a heightened risk of communicable disease outbreaks, including acute watery diarrhea, cholera, respiratory infections and measles. To mitigate these risks, there is a pressing need to:

- Establish or reinforce health screening and triage points at entry points and within the transit centre, to rapidly identify and isolate suspected cases;
- Implement basic disease surveillance and early warning systems, in coordination with the Ministry of Health and partners, to detect and



respond to potential outbreaks;

- Integrate risk communication and community engagement (RCCE) on key health messages (handwashing, safe water handling, early health-seeking behavior, respiratory hygiene, vaccination where available).

Without immediate strengthening of health services, first aid, referrals, ambulance support and surveillance, existing facilities will become further overwhelmed, leading to delayed care, increased complications, avoidable deaths and a higher likelihood of disease outbreaks among both asylum seekers and host communities.



Water, Sanitation And Hygiene

Water, sanitation and hygiene (WASH) needs at the Nyarushishi Transit Centre remain critical and are worsening as the number of asylum seekers increases. The rapid and unexpected arrival of refugees at the Nyarushishi transit center and surrounding reception sites has put considerable pressure on already limited water supply and sanitation infrastructure.

- In several areas, the current water supply falls well below Sphere standards, with refugees often having less than 10 to 15 liters per person per day for all their needs. Existing boreholes, taps, and water trucks are insufficient to meet the increased demand, resulting in long queues, reduced consumption, and, in some cases, resorting to unsafe surface water or informal, unprotected sources. This situation is exacerbated by the fact that many families arrive without appropriate containers to safely collect, transport, and store water, which significantly increases the risk of contamination between the collection point and the household.

- Water supply and storage: Current water trucking and supply arrangements do not yet meet minimum standards. Existing storage capacity is limited and no large-capacity water bladders are in place, meaning that several thousand people have irregular access to safe water. In practice, many households receive well below the recommended 15 liters of water per person per day, which affects drinking, cooking and personal hygiene.

- Sanitation facilities: The number of latrines and bathing facilities is far below the needs of the current caseload. With only a few dozen functional latrines for more than 2,000 asylum seekers, the user-to-latrine ratio is significantly higher than Sphere standards. Overcrowding at latrines and the lack of adequate bathing spaces particularly affect women, girls, older persons and people with disabilities, and increase risks of open defecation and related public health hazards.

- Hygiene items: Hygiene kits (including soap, sanitary pads, buckets, basins, jerrycans, toothpaste and toothbrushes) have been distributed, but coverage remains partial. At least 300 households have received kits so far, while hundreds of additional households still lack sufficient supplies, especially larger families and newly arrived asylum seekers. As a result, basic hygiene needs are not fully covered, which further heightens the risk of disease transmission.

- Hygiene practices and health risks: Beyond the material gaps, hygiene knowledge and practices need to be strengthened. Many asylum seekers have limited access to information on handwashing, safe water handling and waste management. Without targeted hygiene promotion and risk-communication activities, the combination of overcrowding, insufficient sanitation and inadequate water creates a high risk of outbreaks of “dirty-hands” diseases, such as diarrheal illnesses and cholera.

These gaps underline the need for urgent scaling-up of WASH infrastructure (water storage, latrines, bathing shelters), additional hygiene kits for all households, and systematic hygiene promotion to reduce public health risks at the transit centre.



Protection, Gender And Inclusion

Refugees arriving from eastern DRC include a high proportion of women and children (60%+), as well as unaccompanied and separated children, older persons, persons with disabilities, pregnant and lactating women, and female-headed households. These refugees have experienced or witnessed violence and traumatic events before and during their displacement, resulting in significant psychosocial distress.

During the displacement but also in the current alternative living conditions they are in, these groups could be exposed to increased risks during their flight and in transit and reception sites, including gender-based violence, and other forms of violence, abuse, and neglect. Overcrowded shelters, limited lighting, lack of privacy in WASH facilities, and the absence of safe spaces suitable for children and women amplify these risks. With their journey and trauma and sometimes the fear and cultural norms, there could be a resistance to for victims of violence and even people with complaints and trauma from coming forward, increasing the risk of silent suffering and unaddressed protection issues.

Risks of discrimination and exclusion are also present within the displaced population and between refugees and host communities. This need sensitive management and monitoring.



Community Engagement And Accountability

Community engagement and accountability (CEA) needs in this context of population displacement in Rwanda are significant and directly influence the effectiveness and acceptance of the overall response. People arriving from eastern DRC have experienced a long journey, trauma and sometimes they are not at their first displacement, loss or violence. Many arrive at the Nyarushishi transit center and surrounding reception sites without really knowing what will happen next, how long they will stay in these sites, what services are available, or how they can access assistance and protection.

It is therefore imperative to ensure that refugees and host communities receive timely, accurate, and understandable information about the current situation, the registration process, eligibility criteria for assistance, available services (health, WASH, shelter, protection, food), and the expected duration and limitations of assistance. A clear risk communication and engagement strategy is an important pillar to streamline across all the intervention. To serve as a basis for trusted and interactive communication that will mitigate the fear and ensure displaced families feel safe.

With the interaction with host communities and the limited informations, people may rely on rumors and misinformation, which can create tensions within and between communities, reduce trust in the Rwanda Red Cross and other actors, and undermine essential public health measures.

Any identified gaps/limitations in the assessment

Asylum seekers are arriving in large numbers, making it difficult to accurately count them and obtain detailed, disaggregated data. It is therefore urgent to establish a registration system for all asylum seekers.

This new wave of displacement is peaking when funding is running short from usual partners that have been mobilized during January-February 2025 big wave of displacement. The assistance is reduced, and several gaps have emerged for the previously displaced families and the new people arriving still need support.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The IFRC–DREF operation aims to provide life-saving, multi-sectoral assistance to 2,000 people (around 400 households) asylum seeker in Rwanda affected by the conflict in eastern DRC, in order to protect their health, safety and dignity. Over a four-month period, the operation will deliver targeted health and first aid services, emergency shelter and essential NFIs, WASH support, as well as community engagement and protection (CEA/PGI) interventions, while strengthening coordination, accountability and the resilience of affected communities.

Operation strategy rationale

The operation aims to assist 2,000 people (around 400 households), including asylum seekers and affected host community members, over a four-month period. It focuses on people on the move crossing the Rwanda–DRC border, those temporarily accommodated in Nyarushishi, and those hosted within nearby communities. The strategy recognizes the specific vulnerabilities linked to displacement and migration—loss of assets, legal and protection issues, family separation, and exposure to violence during the journey and integrates these into all sectoral responses.

Approximately 40 Rwanda Red Cross volunteers from Rusizi, Nyamasheke, and Rubavu districts will be mobilized in rotation, with targeted training in first aid, WASH in emergencies, shelter, CEA, PGI, and migration/protection.

To address potential surges in arrivals, the strategy includes contingency measures: scaling up Humanitarian Service Points (HSPs) at border entry points and the transit centre, mobilizing additional volunteers, pre-positioning medical, WASH, and shelter resources, and coordinating closely with local authorities and partners for rapid referral and evacuation.

1) Health and First Aid

Health interventions aim to reduce morbidity and mortality among asylum seekers and host community members affected by the sudden influx.

Support RRC volunteers serve as the first point of contact, providing immediate life-saving assistance, including cleaning and dressing wounds, stabilizing minor injuries, managing shock, and offering basic trauma care. Injured or acutely ill persons are quickly assessed and



evacuated to nearby health facilities through a coordinated ambulance system, with pre-positioned RRC ambulances in Nyarushishi. RRC volunteers operate within the existing humanitarian service points that have been established by the Ministry, where they support the provision of first aid, basic health information, referrals and other essential services to people on the move and other vulnerable individuals.

At the Nyarushishi Transit Centre, volunteers conduct structured first-aid triage, identify vulnerable individuals, prioritize urgent cases, monitor dehydration and exhaustion, and provide psychological first aid. Forty volunteers will receive or refresh training in first aid, disease recognition, psychosocial support, and referral protocols, ensuring timely detection and reporting of unusual health events or suspected outbreaks.

Malaria Prevention: Long-lasting insecticide-treated mosquito nets will be distributed at a rate of one net for every two people, prioritizing pregnant women, children under five, older persons, and people with chronic illnesses or disabilities.

2) Water, Sanitation and Hygiene (WASH)

WASH interventions aim to prevent water-borne and hygiene-related diseases and ensure access to safe water and sanitation. Safe Water Provision: Distribution of Aquatabs and jerrycans to 2,000 People, with guidance on safe water handling.

Coordination with authorities and partners will optimize water-trucking services and other water-supply solutions.

Hygiene Promotion: Volunteers will conduct awareness sessions on handwashing, menstrual hygiene, safe water handling, and solid-waste management, using community dialogue and demonstrations. Environmental sanitation activities will be implemented in collaboration with community representatives.

A three-day refresher on WASH in emergencies will ensure volunteers can implement activities while integrating health and PGI principles.

3) Shelter and Non-Food Items (NFIs)

Shelter interventions aim to provide safe, dignified temporary accommodation and essential household items.

Eight inflatable tents provided by the Ministry will accommodate the most vulnerable families. In addition, due to budget limitations, the National Society will complement this initial support by providing five additional tents to increase overall shelter capacity. Although beneficiaries receive inflatable tents, the distribution of 800 tarpaulins (two per household) remains relevant and complementary rather than redundant. Tarpaulins have multiple uses in terms of protection and emergency situations that tents alone cannot fully cover .

1200 targeted households, kitchen sets and mattresses will be distributed to the 400 most vulnerable households to help them restore basic living conditions and ensure minimum comfort and dignity due to 3 Items Per HH.

Volunteers will be trained in assembling and dismantling shelters, basic site organization, and safe, orderly distribution of shelter and household items. Further support from IFRC will be mobilized if the influx of affected people increases.

4) Community Engagement and Accountability (CEA)

CEA will ensure asylum seekers and host communities access timely information, participate in decision-making, and provide feedback. Strengthened help desks, suggestion boxes, direct feedback channels, and structured discussions. Feedback will be analyzed weekly to adapt activities.

Community Mobilization: Awareness campaigns on hygiene and available services, including referral pathways and complaint mechanisms. Lessons learned will be reviewed in workshops with volunteers, staff, authorities, and partners.

5) Protection, Gender and Inclusion (PGI)

PGI interventions will explicitly integrate GBV prevention, risk mitigation, and safe, confidential referrals. A rapid PGI/GBV-sensitive assessment will be conducted through structured consultations with women, men, girls, boys, older persons, persons with disabilities, and other at-risk groups to identify specific GBV risks (including those faced along routes of flight and prior to arrival) and barriers to disclosure and services. Findings will directly inform the adaptation of shelter, NFI, and service delivery mechanisms, with clear prioritization for those most at risk, including unaccompanied and separated children, female-headed households, survivors or persons at risk of GBV, and people with chronic illnesses or other specific needs.

At Nyarushishi, safe and accessible spaces will be established or strengthened to provide psychosocial support, child-friendly play and informal learning activities, and a safe entry point for GBV disclosure and referral, in close coordination with existing GBV and protection actors. Standard operating procedures and referral pathways for GBV (health, psychosocial, legal and safety services) will be mapped, validated with relevant partners, and disseminated to staff and volunteers. All volunteers, as first points of contact for asylum seekers, will receive basic PGI and GBV training, including PSEA, survivor-centered approaches, safe and ethical disclosure, and practical referral procedures, so they can identify potential GBV cases (including incidents that occurred en route or before flight) and ensure timely and confidential referral to specialized services. Sex- and age-disaggregated data will be systematically collected and analyzed to monitor equitable access, identify gaps for at-risk groups, and adjust programming accordingly, while respecting confidentiality and data protection principles, particularly for GBV-related information.

6) Coordination and Collaboration

Active participation in platforms led by MINEMA and other authorities, ensuring complementarity and avoiding duplication. IFRC will continuously facilitate information sharing with the DRC Red Cross and other Movement partners to monitor migration trends, protection concerns, and operational challenges.

7) Key Integration of Recommended Points



Expansion of HSPs, pre-positioning of resources, and rapid deployment protocols. Continuous review to ensure all sectors match identified gaps and priorities.

Focus on Population on the Move: Assistance prioritizes both newly arriving asylum seekers and previously displaced populations, particularly those with heightened vulnerabilities.

The Proposed strategy maintains a strong focus on migration while incorporating contingency measures, alignment with sectoral needs, and an explicit emphasis on people on the move, ensuring timely, safe, and dignified assistance for all affected populations.

Targeting Strategy

Who will be targeted through this operation?

This operation will primarily target asylum seekers arriving from the DRC. Based on initial rapid assessments and the expected humanitarian needs, the operation aims to support 2,000 people (around 400 households) with life-saving assistance, including shelter, WASH, health, and protection services.

The targeting logic is based on immediate humanitarian needs, vulnerability, and geographical exposure. Newly arrived asylum seekers often arrive with limited or no access to shelter, safe water, hygiene facilities, and essential household items. Many are distressed, exhausted, and at risk of illness, making them the most urgent group to support. Priority will be given to highly vulnerable individuals and households, including unaccompanied and separated children, pregnant and breastfeeding women, households with persons living with disabilities, older persons, chronically ill individuals, female-headed households, and adolescents requiring menstrual hygiene management (MHM) support.

Geographically, the intervention focuses on asylum seekers hosted in the Nyarushishi Transit Centre and surrounding locations in the districts of Rusizi, Nyamasheke, and Rubavu, which directly border the DRC and are receiving the influx. In addition, a limited number of vulnerable host-community households will be included, particularly for hygiene awareness, WASH activities, and risk communication, to promote community cohesion and reduce potential tensions.

Vulnerable groups will be reached through coordination with MINEMA, UNHCR, and local authorities, ensuring access to updated registration data and that support reaches those officially recognized as asylum seekers. Rwanda Red Cross volunteers from the affected districts will carry out community-based targeting using vulnerability assessment tools, ensuring culturally appropriate support. PGI and safeguarding assessments will guide the inclusion of women, children, persons with disabilities, and other marginalized groups. Finally, community engagement and accountability mechanisms, including feedback systems, rumor tracking, and focus group discussions, will allow the operation to continuously adjust targeting based on evolving needs and vulnerabilities.

As part of the ongoing response, the Rwanda Red Cross Society has already distributed assistance to 300 households and also will continue to distribute NFIs to the Remaining Households. In this context, we are requesting DREF support to replenish stocks that have been distributed and to continue strengthening the capacities of volunteers, particularly as we anticipate that tensions could increase in the affected communities. This support will ensure the operation maintains continuity, readiness, and the ability to respond effectively to evolving humanitarian needs.

Explain the selection criteria for the targeted population

The selection of the targeted population is based on vulnerability, exposure, and immediate humanitarian needs. Priority will be given to asylum seekers arriving from the DRC who are staying in Nyarushishi transit center and surrounding host communities in Rusizi, Nyamasheke, and Rubavu districts. Households and individuals will be selected using pre-established criteria that identify those most at risk, including unaccompanied and separated children, pregnant and breastfeeding women, female-headed households, people living with disabilities, survivors of gender-based violence (GBV), older persons, chronically ill individuals, and adolescents who require menstrual hygiene management support.

The rationale for targeting these groups is grounded in both humanitarian principles and the observed context on the ground. Prioritizing these vulnerable groups ensures that the operation provides life-saving assistance to those who need it most, addressing both immediate survival needs and protection concerns.

Vulnerable groups are further targeted through community-based assessments and coordination with local authorities, MINEMA, and UNHCR registration data. Rwanda Red Cross volunteers trained in PGI and safeguarding will identify and prioritize households based on risk and need. Inclusion of host-community households who may be affected by the influx is also considered, particularly for hygiene promotion and WASH interventions, to support community cohesion and prevent secondary vulnerabilities. This approach ensures that the operation is equitable, responsive, and tailored to the most at-risk populations, while maintaining accountability to the affected communities.



Total Targeted Population

Women	700	Rural	75%
Girls (under 18)	500	Urban	15%
Men	450	People with disabilities (estimated)	6%
Boys (under 18)	350		
Total targeted population	2,000		

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?	Yes
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
Asylum seekers are arriving in large numbers, and the actual influx is rapidly exceeding initial forecasts, which may overwhelm available reception, shelter, WASH and health-care capacities, and limit the National Society's ability to provide timely, quality assistance to all in need.	<ul style="list-style-type: none"> - Regular monitoring of arrivals and close coordination with border, migration and protection authorities to anticipate peaks. - Pre-positioning of essential items (shelter, WASH, basic health and NFIs) and identifying surge capacity that can be rapidly mobilized. - Clear triage and prioritization criteria to ensure that the most vulnerable (women, children, older persons, people with disabilities, unaccompanied and separated children) are assisted first.
The conflict risks escalating and directly affecting the border areas of Rwanda, including the locations where asylum seekers are being received, which could lead to sudden insecurity, disruption of services, and possible suspension or relocation of operations.	<ul style="list-style-type: none"> - Continuous security monitoring and information-sharing with authorities, UN agencies and other partners to detect early signs of deterioration. - Clear security protocols and evacuation/relocation procedures for volunteers, staff and asylum seekers, including identification of safer alternative reception sites. - Training volunteers and staff on security awareness, safe access, and how to adapt service delivery (mobile/roving teams, staggered schedules) in a volatile context, to maintain critical life-saving support while minimizing exposure to risk.
Increased exposure to sexual and gender-based violence (SGBV), exploitation and abuse, particularly for women, girls, unaccompanied and separated children, older persons and	<ul style="list-style-type: none"> - Systematically apply PGI minimum standards, including safe identification, referral and confidential handling of protection cases, in coordination with specialized actors (protection, child protection, SGBV services).



persons with disabilities, due to overcrowded reception sites, lack of privacy and limited lighting.	
Risks of family separation, improper handling of child protection cases and inadequate safeguarding in humanitarian service points and collective shelters.	<ul style="list-style-type: none"> - Train volunteers and staff on PGI, PSEA (Prevention of Sexual Exploitation and Abuse), child safeguarding, survivor-centred approaches and safe referrals. - Establish and promote safe, confidential reporting channels for protection incidents, linked to existing national and partner systems. - Engage women, youth, persons with disabilities and other at-risk groups in community committees and decision-making around site management, distributions and service design, to reduce exclusion and improve accountability.
child protection risks and PEAS, and explain how they will be mitigated	<ul style="list-style-type: none"> - Training, signing the code of conduct, setting up a secure, confidential reporting mechanism that is accessible to children - Developing SOPs for this DREF, community risk analysis, child protection risk analysis, and implementing an action plan

Please indicate any security and safety concerns for this operation:

The project will be implemented in Rusizi and other districts neighboring the Democratic Republic of Congo, including Nyamasheke and Rubavu. These areas present specific security and safety considerations that could impact the operation. Security concerns include the proximity to border areas, which may pose risks related to cross-border movements, occasional unrest, or heightened tensions in certain communities. Safety risks for staff, volunteers, and beneficiaries include challenging terrain, such as remote or difficult-to-access locations, and potential health risks, including exposure to communicable diseases or limited access to healthcare services. To mitigate these risks, the Rwanda Red Cross Society will establish and follow strict security protocols, including security briefings for all personnel, adherence to operational safety guidelines, use of personal protective equipment where necessary, and coordination with local authorities and community leaders. Movement plans, regular check-ins, and emergency response procedures will be implemented to ensure the well-being of staff, volunteers, and beneficiaries throughout the operation.

Has the child safeguarding risk analysis assessment been completed?	No
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Planned Intervention



Shelter Housing And Settlements

Budget: CHF 90,863

Targeted Persons: 2,000

Indicators

Title	Target
# of Post-Distribution Monitoring (PDM) exercises carried out.	1
# of inflatable tents procured	5
# of tarpaulins procured	400
# of number of households that can be covered with procured materials	400
# of HH Receiving kitchen kits, plastic mats, blankets and Sleeping Mats	400
# of joint monitoring/coordination meetings attended	4
# of PDM surveys conducted	1



% of surveyed households satisfied with shelter/NFI assistance	90
% of surveyed households reporting remaining critical shelter/NFI gaps	90

Priority Actions

- Beneficiary identification and targeting.
- Procurement of inflatable tents.
- Procurement of tarpaulins and plastic sheeting.
- Distribution of kitchen kits, plastic mats, blankets and sleeping mats.
- monitoring of shelter needs and coordination with authorities and humanitarian actors.
- Post-distribution monitoring (PDM) of shelter/NFI assistance.



Budget: CHF 37,137

Targeted Persons: 2,000

Indicators

Title	Target
# of volunteers trained as first responders in first aid.	40
# of volunteers trained in emergency management and safe access.	40
# of volunteers trained on psychosocial support (PSS) during the emergency	40
# of people reached by National Societies through contextually appropriate health services	2,000
# of suspected disease cases reported	100
# of HH receiving mosquitoes' net	400
# of First aid Kit provided	40

Priority Actions

- Procurement of first aid kits for use during the intervention.
- Training of 40 volunteers on emergency response, safe access, camp management, and first aid.
- Equipping the ambulances.
- Delivering first aid interventions.
- Distribution of mosquitos to 400 HHs.



Budget: CHF 52,228

Targeted Persons: 2,000

Indicators

Title	Target
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# of WASH kits procured and successfully distributed to beneficiaries, with one kit provided per household.	400
# of households provided with aqua tabs	400
# of people reached by National Societies through contextually appropriate water, sanitation, and hygiene (WASH) services, such as water trucking, awareness campaigns, and distribution activities.	2,000
#of women and adolescent girls who receive a complete MHM kit	600
# of HHs who have received Dignity Kits	400

Priority Actions

- Beneficiary identification.
- Procurement of bars of soap, jerry cans, hygiene kits, water tablets, and potty for children.
- Provision of handwashing facilities (tippy taps).
- Training on emergency management kits.
- Distribution of menstrual hygiene management (MHM) kits to women and adolescent girls due to 2 kits per woman.



Protection, Gender And Inclusion

Budget: CHF 12,969

Targeted Persons: 2,000

Indicators

Title	Target
# of rapid PGI and safeguarding assessment conducted and report produced	2
# of sex- and age-segregated consultation sessions held	8
% of supported households that meet at least one agreed vulnerability criterion (e.g. female-headed, disability, older person alone, child-headed, etc.)	50
# of Child-Friendly Spaces established and functional	1
# of children (girls and boys) accessing CFS activities	300
# of Child-Friendly Spaces established and functional	1
# of volunteers and staff trained on PGI (including child protection and PSEA)	70
% of distributions where PGI measures are applied (priority lanes, adapted access, separate queues when needed)	100
# of consultations with diverse groups (women, men, girls, boys, older persons, persons with disabilities, etc.)	4
# of GBV survivors who report that they were able to access at least one appropriate service (health, psychosocial, protection, legal) after referral through the project	800
% of referrals made for survivors of a protection violation, via a common referral pathway	100
# of people reached by protection, gender and inclusion programming.	2,000



% 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
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Priority Actions

- Rapid PGI and safeguarding assessment in Nyarushishi and surrounding sites.
- Community consultations with diverse groups (women, men, girls, boys, older persons, persons with disabilities, etc.).
- Integration of PGI criteria into beneficiary selection and service delivery (all sectors).
- Establishment and running of one Child-Friendly Space (CFS).
- Training of staff and volunteers on PGI, child protection and PSEA.
- Mainstreaming PGI in distributions and site organization (safe access, priority lines, adapted support).



Community Engagement And Accountability

Budget: CHF 9,137

Targeted Persons: 2,000

Indicators

Title	Target
# of feedback mechanisms established	2
# of focus group discussions (FGDs) conducted	-
# of host community members engaged in feedback activities	500
% of feedback received that was addressed or acted up on and Number of reports generated from community feedback	80
# of volunteers trained in CEA	40
# of community activities conducted by trained volunteers applying CEA principles	40

Priority Actions

- Setting up and management of a feedback mechanism (FGD, engaging host communities).
- Training of 30 volunteers in PGI and CEA.
- Training of 30 volunteers in RFL in emergencies, PSS and Data Protection.



Secretariat Services

Budget: CHF 20,836

Targeted Persons: 500

Indicators

Title	Target
# of National Society with membership coordination mechanism in place.	1
# of volunteers enrolled in accident insurance coverage.	120

# of Lunch meeting organized	1
# of joined monitoring mission organized	3

Priority Actions

- Volunteers' insurance.
- Provide technical support and ensure effective coordination of membership for both cross-border and in-country activities.
- Support the National Society in data collection, analysis, and overall information management in coordination with the delegation and regional office.
- Carryout a Lunch meeting with authorities and others partenaires.
- Joined Monitoring Mission



National Society Strengthening

Budget: CHF 55,019

Targeted Persons: 30

Indicators

Title	Target
# of coordination meetings held with operational teams	8
# of follow-up actions implemented based on monitoring findings	80
# of lessons-learned workshops conducted	1
# of Kick off meeting held	1

Priority Actions

- Support National Society operational coordination through monitoring, evaluation, and follow-up of activities.
- Lesson Learnt Workshop.
- Kick -off meeting.

About Support Services

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

At least eight staff members of the National Society will support the implementation of this operation. Key staff include the Head of Response and Recovery, the Director of Programs, the Accountant, the PMER Officer, the Head of Communication, and other supporting personnel. Each staff member has specific roles and responsibilities to ensure the smooth execution of the operation. The Head of Response and Recovery will oversee the overall operation, provide strategic guidance, and ensure alignment with National Society standards. The Director of Programs will provide technical oversight and coordinate program activities, while the Accountant will manage finances, budgeting, and reporting. The PMER Officer will track progress, collect and analyze data, and ensure accountability. The Head of Communication will manage internal and external communications, community engagement, and the dissemination of key messages. Other staff members will provide logistical, operational, and sector-specific support as required.

Key leadership positions include the Head of Response and Recovery, who will act as the overall coordinator of the operation. Sector-specific coordinators, such as those for WASH, Health, Shelter, and Protection, will supervise respective activities and guide volunteers. Regular coordination meetings will be held to ensure clear communication, effective decision-making, and accountability throughout the operation.



Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

NS volunteer team is carefully selected to reflect the gender, age, and cultural diversity of the communities we are supporting. We strive to include male and female volunteers across different age groups to ensure that all community members feel comfortable accessing services. For example, in interventions targeting female-headed households, the NS will prioritize the involvement of female volunteers to facilitate communication and provide culturally appropriate support.

In terms of cultural and linguistic diversity, the NS aims to recruit volunteers who speak the local languages and understand the cultural context of the communities. This helps to build trust, improve engagement, and ensure that the assistance provided is relevant and sensitive to local norms and practices.

We recognize that there are still gaps in our volunteer team's diversity, particularly in ensuring full representation of minority cultural groups and younger volunteers. To address this, the NS will actively coordinate with community leaders and partner organizations to identify and recruit volunteers from underrepresented groups. Additionally, we provide training on inclusive practices, cultural sensitivity, and gender equality to all volunteers to ensure that support is both inclusive and appropriate for all affected populations.

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

Responsibility for Procurement Activities During the Operation:

1. Procurement Responsibility:

The Rwanda Red Cross Society (National Society) will be responsible for procuring most of the Non-Food Items (NFIs), including WASH items, shelter materials, and health items such as first aid kits.

IFRC will be responsible for procuring high-value items, such as inflatable tents, because their cost exceeds 50,000 CHF and requires international procurement.

2. Suppliers Involved:

Procurement by the National Society will primarily involve local suppliers, as they already have experience providing NFIs for 300 households and can supply items for both distribution and replenishment.

IFRC will source high-value items from international suppliers, as specified in the budget.

3. Purpose of Procurement:

The NFIs procured by the National Society will be used for both distribution to remaining households and replenishment of NS stocks.

4. Tendering and Distribution Timeline:

The tendering process for NFIs is expected to take approximately two weeks:

Week 1: Invitations to suppliers.

Week 2: Contracting and evaluation of bids.

Week 3: Distribution of items to beneficiaries.

How will this operation be monitored?

The Rwanda Red Cross Society (RRCS) will implement a comprehensive monitoring and evaluation system to track the progress and effectiveness of the operation. This will include the Planning, Monitoring, Evaluation, and Reporting (PMER) system, Post-Distribution Monitoring (PDM), lessons-learned workshops, and regular coordination meetings. The PMER system will guide planning, track activities, and ensure alignment with operational objectives. PDM exercises will assess the distribution of Non-Food Items, cash, vouchers, and other assistance, helping to identify gaps and inform improvements. Lessons-learned workshops will evaluate outcomes, share experiences, and incorporate best practices into ongoing and future operations, while coordination meetings will review progress, address challenges, and maintain effective communication among teams.

Progress will be tracked by the PMER Officer and the operational team, with sector coordinators (e.g., WASH, Health, Shelter, PGI) monitoring performance within their respective areas.

Volunteers engaged in field activities will provide feedback and report on implementation. Key indicators and milestones include the number of beneficiaries reached with NFIs, WASH, health, and shelter support, the number of volunteers trained and deployed, the timeliness and completeness of distributions, the percentage of feedback addressed through community engagement mechanisms, and findings from PDMs and lessons-learned workshops.

IFRC will also conduct monitoring visits to field locations and operational sites to provide oversight and technical guidance. These visits will be coordinated with RRCS staff and sector coordinators to review progress, validate reports, and ensure accountability. IFRC monitoring will complement the internal PMER system and contribute to overall reporting and quality assurance of the operation.



Please briefly explain the National Societies communication strategy for this operation

The Rwanda Red Cross Society (RRCS) has a comprehensive communication strategy and will ensure effective internal and external communication throughout the operation. Internally, communication among teams will be maintained through coordination meetings, emails, and direct reporting channels to ensure smooth implementation and timely sharing of information. Externally, RRCS will disseminate information to stakeholders, partners, and the public using multiple channels, including community radio stations, television broadcasts, social media platforms such as Facebook and Instagram, and other relevant communication outlets. To ensure transparent and effective communication with affected communities, the National Society will use culturally appropriate and accessible messaging, engage local leaders, and provide timely updates about services, distributions, and available assistance. A media strategy is in place for external communication, including press releases, social media updates, and public awareness campaigns to keep all stakeholders informed. The IFRC will support RRCS in communication activities by providing technical guidance, supporting media engagement, and assisting in the development of content for both internal and external communication channels. Key roles involved will include communication officers, sector coordinators, and field volunteers who will help ensure accurate and consistent messaging throughout the operation.



Budget Overview



DREF OPERATION

MDRRW024 - Rwanda Red Cross Rwanda Population Movement

Operating Budget

Planned Operations	202,333
Shelter and Basic Household Items	90,863
Livelihoods	0
Multi-purpose Cash	0
Health	37,137
Water, Sanitation & Hygiene	52,228
Protection, Gender and Inclusion	12,969
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	9,137
Environmental Sustainability	0
Enabling Approaches	75,856
Coordination and Partnerships	0
Secretariat Services	20,836
National Society Strengthening	55,019
TOTAL BUDGET	278,188

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](#)

