IFRC

DREF Operation

Burundi: Population Movement

Assistance to Asylum seekers in Cibitoke. Reception, water, orientation. @BRCS

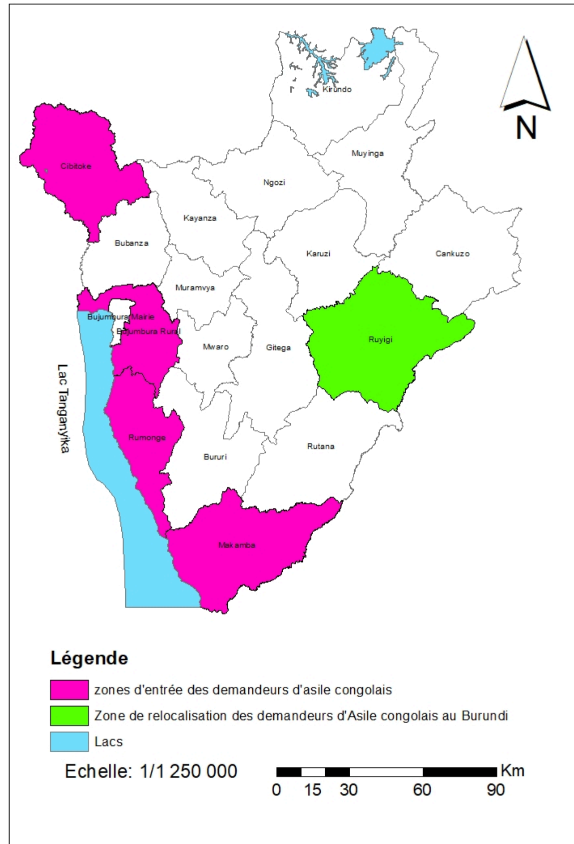
Appeal: **MDRBI025**	Hazard: **Population Movement**	Country: **Burundi**	Type of DREF: **Response**
Crisis Category: **Orange**	Event Onset: **Slow**	DREF Allocation: **CHF 748,373**	
Glide Number: **-**	People Affected: **53,000 people**	People Targeted: **15,600 people**	
Operation Start Date: **15-12-2025**	Operation Timeframe: **6 months**	Operation End Date: **30-06-2026**	DREF Published: **30-12-2025**

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

Description of the Event

Date when the trigger was met

09-12-2025



Map mentioning enter zone and relocation zone

What happened, where and when?

The resurgence of violence in eastern Democratic Republic of Congo since early December 2025 intensified during the week of 7 December, triggering further large-scale population movements to neighboring countries, particularly Burundi. This escalation is part of a more general deterioration of the situation in eastern DRC, which has already caused the displacement of hundreds of thousands of people within the country and to neighboring countries.

According to data from the National Society and its partners (aligned with those of UNHCR/authorities), Burundi received more than 40,000 asylum seekers from eastern DRC between February and mid-2025. More than 20,000 of them were transferred to the Musenyi site in Rutana, while others chose to return to DRC when the situation temporarily stabilized, contributing to a partial reduction in the number of asylum seekers at the end of 2025.
Since early December, however, a new massive influx has been observed, reversing this trend. Between 6 and 8 December 2025, most of the new arrivals were concentrated in Bukinanyana (northwestern Burundi), leading to the rapid establishment of a reception site in Ndava, on Kansega Hill, to manage this sudden influx and provide immediate assistance.

From 9 December, an equally large number of people fleeing the hostilities were reported at the Gatumba border post in western Burundi, on the shores of Lake Tanganyika, where new arrivals are being held at the Gatumba police station pending registration, orientation, and further assistance. Other entry points have also emerged: some asylum seekers are crossing Lake Tanganyika and arriving near the Olympic Stadium in the Ngabwe (formerly Nyabugete) neighborhood of Bujumbura, while others are entering further south via Rumonge, particularly through the port of Rumonge.

The combination of several simultaneous entry routes, concentrated over a very short period starting on 6 December, makes it difficult to establish a precise, real-time figure for new arrivals by location. However, considering the influx from February to mid-2025 and the

movements in December together, the available data indicate that as of 15 December 2025, Burundi is hosting 71,989 asylum seekers from eastern DRC. This confirms a sharp increase since the beginning of the year and illustrates the scale, urgency, and geographical extent of the crisis.

Arrival of Asylium seekers/Cibitoke @BRCS

NFI Kits distribution at Cibitoke @BRCS

Evacuation of a woman for childbirth at Cibitoke @BRCS

Water Trucking/Cibitoke @BRCS

Scope and Scale

Overall, more than 40,000 new Congolese refugees are estimated to have entered Burundi since early December, bringing the total number of Congolese refugees in the country to over 70,000 people, mainly hosted in Kansega (Ndava), Cishemere, Gatumba and Musenyi 2.

In these sites, many families are living in overcrowded temporary shelters or in the open, with an acute shortage of latrines, bathing facilities and hygiene items. These conditions create a high-risk environment not only for cholera but also for acute respiratory infections, diarrheal diseases, skin infections and other communicable illnesses, which can rapidly spread in such density.

The very limited water, sanitation and hygiene infrastructure at the reception and entry sites, where tens of thousands of asylum seekers are now concentrated, greatly increases the likelihood of rapid disease transmission and severe impacts on lives, health and well-being. In such overcrowded settings, where access to safe water and adequate sanitation is insufficient, cholera – already on the rise in the region and with tens of thousands of new Congolese refugees reported between 5 and 11 December alone – could spread very quickly, resulting in a high number of cases and deaths and overwhelming local health services.

Within the displaced population, several groups are particularly vulnerable and therefore more likely to suffer the worst impacts of this hazard:
- Elderly, who represent a significant proportion of the new arrivals, are more prone to complications from dehydration, respiratory infections and other acute illnesses, and have reduced mobility to reach water points, latrines or health posts.
- Pregnant and lactating women, present in all major reception sites, face heightened risks related to malnutrition, lack of antenatal care and unsafe delivery conditions. The recent urgent evacuation of a pregnant woman by the Burundi Red Cross for childbirth illustrates the presence of life-threatening maternal health needs among the asylum seekers.
- Children, who make up a large share of the newly arrived population, are now out of school and exposed to disease, malnutrition, exploitation and psychosocial distress. The disruption of education and family routines can have long-term consequences on their development and mental health.
- Persons with disabilities and people with chronic illnesses, although not always systematically recorded in figures, are present among the displaced and face major barriers in accessing safe water, sanitation facilities, information and health care, which increases both their exposure and their vulnerability to the impacts of this crisis.

Most of these vulnerable groups are concentrated in and around border reception and transit areas (Kansega in Ndava/Bukinanyana, Gatumba, Ngabwe in Bujumbura and Rumonge), where the sudden arrival of several tens of thousands of people in just a few days has far exceeded existing infrastructure and local absorption capacity. This situation not only threatens their health but also affects livelihoods and social cohesion: host communities, already facing limited access to water, food and basic services, now see demand increase sharply, which can generate tensions, stigmatization and, in some cases, open hostility toward the displaced population.

Historically, similar influxes of refugees and IDPs in Burundi and the wider Great Lakes region, in contexts of conflict and insufficient WASH services, have led to rapid cholera outbreaks and other epidemics, with thousands of cases in a short period and significant mortality, particularly among children and other vulnerable groups. Past experiences have also shown that when host communities are not adequately supported, competition over scarce resources can quickly undermine social cohesion and exacerbate the vulnerability of both displaced people and residents. These precedents highlight the magnitude of the current hazard and the urgent need to act to prevent a repetition of such negative impacts.

Source Name	Source Link
1. SOS Media, Massive influx of Congolese refugees into Burundi	https://www.sosmediasburundi.org/2025/12/10/afflux-massif-de-refugies-congolais-au-burundi-infiltrations-armees-tensions-securitaires-et-crise-humanitaire-majeure/
2. SOS Media, a new site opened urgently to accommodate the influx of Congolese refugees	https://www.sosmediasburundi.org/2025/12/11/buhumuza-un-nouveau-site-ouvert-en-urgence-pour-accueillir-lafflux-de-refugies-congolais/

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)	**Yes**
If yes, please specify which operation	MDRBI023

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:

Since the occupation of Goma and Bukavu by armed groups and the continuing insecurity in the DRC, Burundi has seen a new significant influx of asylum seekers from eastern DRC. This situation has evolved in several distinct phases.

The first major wave began in February 2025, when more than 40,000 people crossed the Burundian border to seek protection. The influx gradually stabilized from April 2025 onwards, with virtually no new arrivals recorded. During this period, asylum seekers were transferred to the Musenyi site in Rutana, where response activities were implemented under the previous DREF operation (MDRBI023), which ended in August. Sporadic new arrivals continued, but they were systematically directed to the Cishemere reception site before being transferred to Musenyi, allowing for a relatively predictable and organized response. Operation MDRBI023 focused primarily on Musenyi and surrounding host communities, and its monitoring and lessons learned directly influenced the design of the current operation, particularly with regard to reception procedures, volunteer deployment, integration of IDPs, and coordination with authorities.

Although Burundi has already experienced influxes of asylum seekers, as summarized above, the current situation differs from previous episodes in both its scale and operational context. The December 2025 influx comes after a period of relative stabilization and is characterized by a sudden increase in arrivals over a very short period, the simultaneous opening of several new entry routes, and a significant reduction in the level of support from traditional partners compared to previous phases of the crisis.

Since 6 December 2025, a new significant movement of Congolese asylum seekers has been observed along the Burundian border, marking a clear deterioration from the stabilized situation at the beginning of the year. Between 6 and 8 December, most of the new arrivals were concentrated in Bukinanyana, leading to the rapid establishment of a new reception site in Ndava, on Kansega Hill, to manage the influx and provide immediate assistance. From 9 December, an equally large number of people fleeing hostilities were reported at the Gatumba border post, where new arrivals are currently being held at the Gatumba police station pending registration, orientation, and further assistance.

Compared to the January-February movements covered by MDRBI023, the current movement has also seen the emergence of new entry routes. Some asylum seekers are crossing Lake Tanganyika and arriving near the Olympic Stadium in the Ngabwe neighborhood, while others are entering through Rumonge, particularly via the port of Rumonge. These multiple and simultaneous

entry points, combined with the renewed and concentrated influx in December, underscore the scale, urgency, and evolving geographic distribution of the current displacements. While some of the areas supported under MDRBI023 remain affected and are again included in this plan, the operation also extends to new reception and transit points (Ndava, Gatumba, Ngabwe, and Rumonge) identified through movement tracking and coordination with UNHCR and the authorities under the previous DREF.

The experiences and lessons learned from MDRBI023 have been explicitly incorporated into the planning of this operation. These include the need for an earlier and stronger presence of the National Society at new entry points, clearer and faster reception and referral pathways, pre-positioning of essential non-food items close to potential reception sites, closer integration of IMRP and CEA from the outset, and more systematic coordination with partners to avoid gaps or duplication. The combination of renewed insecurity, geographic expansion, and reduced partner support has created an acute humanitarian emergency that exceeds existing response and absorption capacities. For this reason, this event cannot be considered a routine or entirely recurring situation and warrants the use of DREF to respond to immediate and critical needs that are not currently being met by other mechanisms.

Lessons learned:

Previous DREF and emergency operations in Burundi and the region have generated several key lessons that are being applied to mitigate similar challenges in the current operation:
- Investments should be prioritized in reception sites rather than transit sites, as asylum seekers only remain in transit locations for a very short period. Past experience has shown that concentrating resources where people stay longer allows for a more sustainable impact and better coverage of humanitarian needs. This lesson is being applied by focusing shelter, WASH and health interventions primarily on reception sites, where needs are more acute and persistent.

The continuous availability of water trucking (WT) is essential to prevent epidemics. Previous operations have demonstrated that early and sustained access to safe drinking water significantly reduces the risk of waterborne diseases, especially in high-density settings. Building on this, the current operation is planning for regular, uninterrupted water trucking services and monitoring of water supply in the main reception areas.

Spraying operations in transit and reception sites have proven effective in improving environmental sanitation and reducing epidemic risks in contexts where hygiene conditions are very limited. Based on these lessons, the current operation will continue and reinforce spraying activities, integrating them with hygiene promotion and WASH interventions to maximize their impact on disease prevention.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	**Yes**
What was the risk level for Child Safeguarding Risk Analysis?:	**The risk level was high, and an action plan had been developed for future actions. This action plan includes reference checks, child participation, training volunteers on safeguarding, developing child-friendly communication tools, and adding safeguarding clauses to agreements with suppliers.**

Current National Society Actions

Start date of National Society actions

06-12-2025

Shelter, Housing And Settlements	Plans are in place to install 100 emergency shelters at the Kansega site for people with specific needs (persons with disabilities, pregnant women and women with infants, older people, etc.). The same type of emergency shelters is also planned for the Bweru site.
Health	• Pre-positioning of an ambulance for the rescue and evacuation of the sick and injured • So far, 83 people have been evacuated • 41 cases already treated • A team of rescuers is stationed along the roads to guide and prevent traffic accidents, both in Bukinanyana and Gatumba.

Water, Sanitation And Hygiene	• Two water tankers deployed: one in Bukinanyana and one in Gatumba. • 240,000 liters of safe water distributed to affected households. • Environmental spraying in and around the sites. • Hygiene promotion and awareness-raising sessions conducted. • Installation of handwashing stations in Bukinanyana. • Distribution of WASH and NFI kits in Bweru, including: 112 buckets; 102 jerrycans; 18 blankets; 71 wooden bowls; and 46 cups.
Protection, Gender And Inclusion	• Trained volunteers in Psychosocial Support are on-site and at the entry point to assist Congolese asylum seekers. A total of 62 asylum seekers have been heard and referred. • 27 cases were heard and then referred. Awareness-raising activities continue regarding protection, gender, and inclusion, using various methods: direct observation, active listening, and rapid child protection assessments.
Assessment	A needs assessment was conducted jointly with the CRB, ONPRA, Civil Protection, United Nations agencies, and other international organizations.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a country office in Burundi and a Country Cluster Delegation office based in Kinshasa, which supports Burundi as part of the Kinshasa Country Cluster. It actively participates in coordination mechanisms, including inter-agency and government-led coordination meetings at national and field levels, and provides technical support to the National Society for the drafting and implementation of this DREF operation.
Participating National Societies	Several partner National Societies are supporting the Burundi Red Cross through a coordinated, multisectoral approach. The Belgian Red Cross (Flanders) and the Finnish Red Cross are supporting WASH activities, including water transport by tanker truck, while the Luxembourg Red Cross is contributing to both WASH and shelter interventions. The Belgian Red Cross (French-speaking), the Belgian Red Cross (Flanders), the Finnish, the Luxembourg , and the French Red Cross Societies are physically present in Burundi and regularly participate in Movement coordination meetings, joint planning, and sectoral discussions with the Burundian Red Cross and the IFRC. The Spanish Red Cross and the Monegasque Red Cross, although not physically present, participate remotely in these coordination processes, providing technical and financial support and aligning their contributions with the overall response plan. This coordination between members ensures that aid is complementary across different sectors, avoids duplication, and promotes a coherent and jointly planned response to the current population displacement crisis.

ICRC Actions Related To The Current Event

The ICRC is present in Burundi and is supporting the response by covering the costs of allowances for 20 volunteers responsible for welcoming asylum seekers, as well as fuel and PFL activities.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Government, through ONPRA, carries out the identification of asylum seekers and has also designated the reception sites.

UN or other actors	WHO, MSF and ABUBEF are providing support in the health sector. UNHCR is responsible for biometric registration, orientation of asylum seekers, and the transfer of refugees to inland sites, in particular to Bweru de Buhumuza. COPED installed a bladder which is supplied by BRC.

Are there major coordination mechanism in place?

Operational coordination in response to new movements of asylum seekers relies on a structured and regular mechanism.
The Movement organizes coordination meetings twice a week, allowing for close monitoring of the evolving situation, updates on needs, and rapid adaptation of interventions.
In parallel, broader coordination brings together humanitarian actors, including UN agencies, international and national NGOs, and the Burundi Red Cross (BRC). These meetings provide a forum for discussing the planning and implementation of activities, with a particular focus on complementarity and avoiding duplication of effort. This framework for consultation ensures a clear division of roles, optimal use of available resources, and a harmonized response for the benefit of affected populations.

Needs (Gaps) Identified

Shelter Housing And Settlements

The new reception site requires an urgent mobilization of shelter solutions to ensure safe and dignified living conditions for asylum seekers. According to the assessment conducted, the rapid and unexpected influx of over 40,000 people since February 2025, combined with the new arrivals observed since 6 December 2025 at multiple entry points (Bukinanyana/Ndava–Kansega site, Gatumba, Lake Tanganyika crossing points and Rumonge), now far exceeds the initial reception and absorption capacity of existing sites such as Musenyi and Cishemere. This makes the establishment of suitable emergency shelters at the new reception site a critical priority.

Priority needs include the provision of family tents and other weather-resistant temporary structures for newly arrived households, as well as materials for the construction of essential community spaces (e.g. communal kitchens, distribution and meeting points, and safe spaces for women and children). According to the assessment, a significant proportion of the new arrivals are currently staying in the open or in makeshift, overcrowded shelters at the Kansega and Gatumba reception areas, with insufficient protection from rain, wind and cold and limited privacy.

The lack of adequate shelter exposes people to increased risks from the elements, insecurity and protection incidents, and a heightened risk of disease transmission due to poor living conditions (overcrowding, lack of separation of living spaces, difficulties in maintaining basic hygiene). These risks are particularly acute for people with specific needs identified during the assessment, including children, older people, pregnant and lactating women, and persons with disabilities, who are currently among those most affected by the inadequate shelter conditions.
Despite the identification of some personal belongings, common household items such as kitchen utensils, bedding, blankets, or WASH kits for collecting and storing water are rare.

Livelihoods And Basic Needs

Asylum seekers arriving at the new reception site are in a situation of extreme vulnerability, the majority having fled in haste without being able to take any personal belongings. This complete lack of essential goods makes the rapid distribution of non-food item (NFI) kits crucial to meet their immediate needs. These kits should include items such as blankets, mats, cooking utensils, jerrycans, solar lamps, buckets, soap, and hygiene kits, enabling families to meet their basic needs and regain a minimum level of self-sufficiency.
Beyond NFIs, asylum seekers also need immediate access to temporary livelihoods, including food distributions, essential items, and support mechanisms for the most vulnerable households. The lack of financial resources, combined with the inability to meet their basic needs in the first few days, exposes families to negative coping strategies and total dependence on humanitarian aid.

Health

The health situation in the new reception sites requires urgent attention, not only for rapid access to first aid and basic primary care, but also for mental health and psychosocial well-being. Assessments indicate that among the more than 40,000 people who arrived between February and mid-2025, followed by a further significant influx since 6 December 2025 through several entry points (Bukinanyana/Ndava-Kansega, Gatumba, Lake Tanganyika and Rumonge), there is a high proportion of vulnerable people, including

children under five, the elderly, pregnant and breastfeeding women, and people with disabilities. Many have fled active conflict areas in eastern DRC and have undertaken long and stressful journeys in extremely precarious conditions, often exposed to violence, separation from family members and loss of livelihoods. This greatly increases the risk of medical complications, injuries, dehydration and acute emergencies on arrival, but also of psychological distress, anxiety, depression and other mental health problems that are often under-estimated.

In the localities hosting asylum seekers and at the main points of entry, available health services are very limited compared to the scale and profile of needs. Primary health care structures are few, often overstretched, and not systematically present in or near all reception points. Existing services for children under five (such as IMCI, vaccination and nutritional screening) are insufficient to cover the high number of young children now present. Sexual and reproductive health services, including antenatal and postnatal care, family planning and management of obstetric emergencies, are unevenly available and often difficult to access for newly arrived women. Similarly, medical services for the clinical management of survivors of gender-based violence (GBV) exist in some referral facilities but are not consistently accessible from all reception sites, and pathways for safe, confidential referral are not always clear to displaced people or frontline volunteers. Mental health and psychosocial support services are particularly scarce, with very limited specialized care and only sporadic community-based psychosocial support.

Even where services exist, access is hampered by multiple barriers, including distance from reception sites, lack of information, costs of consultation, medicines and transport, and language barriers for people coming from DRC who do not speak local languages or Kirundi fluently. Overcrowding, inadequate shelter, poor sanitation and insufficient access to safe water further compound these health risks and create favourable conditions for outbreaks of communicable diseases. Overall, the combination of high medical and psychosocial needs, limited and uneven service availability, and significant financial, geographic and linguistic barriers results in large gaps in care for displaced people and host communities around the reception areas.

Water, Sanitation And Hygiene

The current sanitary and hygiene conditions for asylum seekers are extremely precarious and constitute a critical unmet need, particularly given the reported cases of cholera and other waterborne diseases in neighboring areas. Assessments highlight severe overcrowding in reception centers and at points of entry, coupled with a glaring lack of functional sanitation facilities.

This situation leads to widespread open defecation and unsafe waste disposal in and around the sites, contributing to high levels of environmental and water contamination and significantly increasing the risk of fecal-oral disease transmission. Access to safe drinking water is also inadequate.
Existing water points are either insufficient, unreliable, or poorly protected, and many households lack appropriate containers to safely transport and store water. This exposes asylum seekers and host communities to repeated episodes of water contamination between the time it is collected, transported, and used in households.

At the same time, knowledge and practices related to hygiene (such as handwashing at critical times, safe waste disposal, and proper use of sanitation facilities) remain limited, partly due to the sudden nature of displacement, language and literacy barriers, and the lack of sustained hygiene promotion.
These factors together create a very high public health risk in terms of water, sanitation, and hygiene (WASH) in an already overcrowded and highly vulnerable environment.

Protection, Gender And Inclusion

Protection needs are particularly high in new reception sites, where asylum seekers arrive in a state of severe physical and emotional distress after being exposed to conflict, violence, and repeated displacement in eastern DRC. Many report having fled active hostilities, witnessed or experienced violence, been separated from family members, and walked for two to three days without adequate food, water, or shelter.
These experiences have generated significant mental health and psychosocial support needs, including acute stress, anxiety, sleep disturbances, and signs of depression, affecting both adults and children. However, specialized mental health and psychosocial support (MHPSS) services are almost entirely absent in Ndava and Gatumba, and community-based psychosocial support is very limited, leaving most people without adequate care beyond the occasional emotional support provided by volunteers. Women and children, who make up the majority of the displaced population, remain highly vulnerable to gender-based violence throughout their journey and in the reception sites. From their areas of departure in eastern DRC to their arrival in Ndava (Cibitoke) and Gatumba, refugees regularly report threats and incidents of sexual and physical violence, intimidation, and harassment by armed actors, as well as exploitation throughout their journey.

Upon arrival, protection risks are further exacerbated by the lack of safe and women-friendly shelters, overcrowding, poor lighting, and

the fact that many families sleep outside or in unprotected spaces, sometimes in close proximity to ex-combatants. Exposure to cold and rain is a recurring concern, as many children and adults arrived with only the clothes they were wearing, often light or worn clothing that offers little protection against low nighttime temperatures. Children, in particular, lack adequate clothing and blankets, which increases their vulnerability to respiratory infections and adds to their physical discomfort and distress.

In the two main reception sites, there are currently no functional on-site services for victims of gender-based violence (medical care, psychosocial support, etc.), and new arrivals and frontline staff are unfamiliar with referral pathways to existing external services. Access to sexual and reproductive health (SRH) services is also very limited. While some health facilities in host communities offer prenatal care, delivery assistance, and family planning services, these services are not systematically available at or near all points of entry and are difficult for newly arrived women and adolescents to access due to distance, cost, lack of information, and language barriers. Clinical management of rape (including emergency contraception and post-exposure prophylaxis) is only available in a few referral facilities and is not easily accessible within the recommended time frame, particularly from Ndava. Services for children under five (preventive and curative care, nutritional screening) are also insufficient for the number of young children present.
Menstrual hygiene management (MHM) is an additional, largely unmet need. Women and adolescent girls report having very limited or no access to appropriate menstrual hygiene products (sanitary pads, and underwear), private and safe sanitation facilities, or safe disposal options in Ndava and Gatumba. This not only affects their dignity and comfort, but also increases the risk of infections and may limit the mobility and participation of girls and women in relief activities.

In all these sectors, access to existing protection and health services is hampered by multiple barriers. Financial costs (consultation fees, medication, and transportation), physical distance from facilities, lack of clear information on available services and referral pathways, and language barriers for those who do not speak Kirundi or French limit the effective use of services. Awareness of protection from sexual exploitation and abuse (PSEA) mechanisms is extremely low; no visible information, complaint channels, community contact points, or reporting systems were identified in the host sites. As a result, cases of exploitation and abuse are likely to remain largely unreported and untreated.

Overall, the combination of high risks related to gender-based violence, mental health, and psychosocial support (including lack of adequate clothing and bedding), limited and uneven availability of child protection, sexual and reproductive health, gender-based violence, and psychosocial support services, and significant financial, geographical, and language barriers creates a serious protection gap for displaced persons, particularly women, adolescent girls, children, the elderly, and people with disabilities.

Migration And Displacement

The rapid arrival of refugees has exacerbated existing capacity constraints at reception sites, particularly in relation to access to information, continuity of essential services, protection, and family connectivity. While multisectoral assistance is being mobilized, several critical gaps remain:
• Limited access to reliable, timely, and understandable information for refugees upon arrival, including information on services, registration processes, health risks, and onward movement.
• Insufficient mechanisms for two-way communication and feedback, limiting affected populations' ability to raise concerns, express priorities, or report protection risks.
• High risk of family separation, especially during flight and border crossing, with limited immediate capacity to respond to tracing needs.
• Under-identified protection risks, including unaccompanied and separated children, elderly, people with disabilities, and survivors of violence.
• Gaps in coordinated migration-specific services that cut across sectors and ensure a people centred approach to displacement. These gaps underscore the need for a more structured Migration and Displacement response embedded within this DREF operation

Community Engagement And Accountability

Risk communication and community engagement (RCCE) activities must be strengthened to ensure that asylum seekers have access to reliable, accessible, and appropriate information on available services, health prevention measures, epidemic risks particularly cholera and appropriate behaviors to mitigate risks. These actions not only improve risk understanding but also foster community support for prevention measures.

At the same time, social cohesion activities are essential to ensure harmonious coexistence between those hosted at the site and the host communities. Community dialogues, Focus Group Discussion, cultural or sporting activities, and spaces for exchange can help reduce tensions, prevent misunderstandings, and strengthen solidarity between groups.

Finally, the availability of a dedicated hotline for receiving complaints, concerns, and suggestions is a crucial accountability mechanism for affected populations. This service allows both those at the site and members of the host community to report problems, request

clarifications, or report incidents confidentially. It helps to increase transparency, improve the quality of the response, and build trust between humanitarian actors and communities.

Any identified gaps/limitations in the assessment

Despite the rapid assessment conducted, several gaps and limitations remain:

1) Unmet or partially met needs:
In shelter, only a portion of the most vulnerable households is currently covered; many families are still staying in overcrowded or makeshift structures, particularly at new reception points.
In WASH, access to safe water and adequate sanitation (latrines, showers) is still insufficient compared to the current caseload, and hygiene items are not available for all affected households.
In health, first aid and primary health care services at reception sites are limited, and referral mechanisms are not yet fully functional for all locations.

2) Resource shortages:
Available funding remains below the level required to cover all priority needs, especially if new arrivals continue.
There are shortages in essential supplies (family tents/shelter materials, WASH items, first aid and basic medicines), as well as limited human resources, notably trained volunteers and health staff to ensure sustained presence across all entry points and sites.

3) Operational challenges:
The geographic spread of entry points (border posts, lakeside crossings, and reception/transit sites inland) poses logistical challenges for timely assessment, supply distribution and follow-up.
Limited transport and storage capacity restricts the rapid pre-positioning and replenishment of relief items.
The evolving security situation across the border can also affect access routes and planning.

Coordination issues:
While coordination mechanisms are in place, the rapid and simultaneous influx through multiple routes has made it difficult to have a fully harmonized and up-to-date picture of who is doing what, where.
Sectoral responsibilities between actors are still being clarified in some locations, which can result in overlaps in some areas and gaps in others, particularly for WASH and protection-related services.

Coverage of vulnerable groups:
The assessment has identified children, the elderly, pregnant and lactating women, and people with disabilities as particularly at risk. However, due to time and access constraints, their specific needs (e.g. adapted shelter, assistive devices, targeted health and protection services) may not have been fully captured in all sites. New arrivals transiting briefly through some entry points before being transferred onwards are also at risk of being under-represented in the data, especially regarding immediate health, WASH and protection needs.

Assessment Report

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to provide immediate multisectoral humanitarian assistance to reduce health risks, improve living conditions, and strengthen the protection and resilience of 15,600 asylum seekers affected by the sudden population influx and resulting humanitarian crisis, by providing emergency shelter, WASH services, health and first aid support, protection and psychosocial assistance, essential household items, and community engagement activities, and ensuring safety, dignity, and well-being over a 6 -month period.

Operation strategy rationale

This DREF operation will be implemented through coordinated, sector-based activities on the main reception sites (Bweru, Gatumba, Cishemere, Kaburantwa, Ndava–Kansega and Rumonge), with Burundi Red Cross volunteers playing a central operational role in the field.

- Through the migration strategy, BRCS will aim at ensuring all displaced people arriving in Burundi are treated with dignity, safety, protection and are able to thrive in inclusive communities. The NS will mobilize 15 Volunteers to be strategically deployed across the Bweru site to welcome new arrivals and accompany them throughout the initial reception process. They will provide clear and reassuring information on registration and other basic procedures, helping people understand each step and combating misinformation and

anxiety. From the first point of contact, volunteers will actively identify individuals and families with specific needs, including unaccompanied or separated children, survivors of violence, persons with disabilities, vulnerable older persons, and those with urgent medical or psychosocial needs. Once these needs have been identified, volunteers will ensure that those affected are quickly and safely referred to the relevant services available, in close coordination with teams responsible for protection, health, psychosocial support, and other sectors. For now, Bweru being is the site where displaced families are meant to stay longer. But BRCS could adjust the reception services based on the flux of movement.

- In the shelter sector, the operation will start with short refresher trainings for 20 selected Burundi Red Cross volunteers on emergency shelter construction techniques. These sessions will take place close to the main sites so that volunteers can quickly put into practice what they have learned. Once trained, the volunteers will be deployed to the reception areas to support newly arrived households in setting up family tents and organizing the layout of the shelters in a safe and dignified way. They will help families to install and stabilize their shelters, respect safe distances between structures, and create basic communal areas. Throughout the operation, the same teams will provide technical advice for minor repairs and improvements as the needs evolve.

- In the health sector, community-based surveillance will be reinforced by assigning 60 trained volunteers to conduct regular visits and observations within the sites. These volunteers will monitor the appearance of alert signs such as fever, diarrhea, respiratory symptoms or suspected cholera cases, and will immediately report these to the health focal points. Before deployment, they will receive specific briefings on the prevention of malaria, tuberculosis and HIV, so that they can integrate key messages into their daily interactions with households and community groups. At the same time, first-aid kits will be procured and distributed to strategically located volunteers and reception points, allowing for immediate assistance to injured or acutely ill people. An ambulance will be pre-positioned in proximity to the main sites so that severe cases identified by volunteers or health staff can be quickly transferred to the nearest health facilities. Hibernation kits will be made available to volunteer teams on standby, enabling them to remain on site and respond day and night when necessary. At the same time, volunteers trained in Psychological First Aid will be present, particularly in Bweru, to provide basic psychological support to people showing signs of distress and to refer them to more specialized services when required

- In the WASH sector, regular spraying of critical areas in the sites will be organized. Trained WASH volunteers and technical staff will plan and carry out one disinfection round per week around latrines, waste collection points and other high-risk zones, with particular attention to locations where the risk of cholera transmission is highest. In parallel, construction teams supported by volunteers will build durable blocks of latrines and showers in the reception sites. The layout will be planned to ensure safe access for women, men, children and people with reduced mobility, and to reduce open defecation and environmental contamination.
To secure access to safe water at site level, A drinking water connection and a tank will be installed and operated by specialized staff and trained volunteers. They will oversee the distribution of this water while monitoring key water quality parameters.
At household level, the National Society will distribute Aquatabs directly to families for point-of-use water treatment, in addition to WASH kits that include containers and soap. Volunteers will conduct practical demonstrations on how to use Aquatabs correctly, how to store treated water safely, and how to practice handwashing and other key hygiene behaviours. They will also explain and demonstrate the correct use and maintenance of latrines and bathing facilities. These activities will be delivered through small group sessions and door-to-door visits to ensure that each household understands and applies safe water and hygiene practices.

- In Protection, Gender and Inclusion, the strategy will focus on creating a safer environment for the most vulnerable people. On the Bweru site, the Burundi Red Cross will construct and staff a Family Protection Unit post, which will serve as a focal point for identifying separated or unaccompanied children, documenting cases of family separation and facilitating referrals for reunification. With support from compensated volunteers, a child safeguarding risk assessment will be conducted in Bweru and other key locations to map out protection risks and adapt response measures. Before their deployment, volunteers involved in reception, protection and community work will receive briefings on the Code of Conduct and on the Child Protection and Social Action Plan, so they fully understand expected behaviours, reporting obligations and measures to prevent sexual exploitation and abuse. Protection teams and volunteers will then organize regular awareness sessions on gender-based violence prevention in and around the six targeted localities. These sessions will inform women, men, girls and boys about risks, available services and how to safely report incidents. Awareness materials will be widely used and adapted as needed to reach diverse audiences. A training course for volunteers on child safeguarding and PGI will be organized, and emergency funds for safe referrals (transportation and access to services) will be pre-positioned. To ensure the dignity of girls and women, hygiene/dignity kits will be provided.
At the reception centers and for all the assistance delivered, volunteers will adopt a confidential, non-discriminatory, and survivor-centered approach, ensuring that individuals are treated with dignity and that their informed consent is respected. Regular information meetings, supervision, and feedback mechanisms will be put in place so that volunteers can continuously improve their support, adapt to changing needs, and contribute to more effective and protective management of arrivals at the Bweru site.

- In Community Engagement and Accountability, the operation will mobilize 20 volunteers specifically dedicated to collecting and managing community feedback. These volunteers will regularly visit shelters, communal areas and host communities around the six localities to listen to people’s concerns, record complaints and suggestions, and feed this information back to the Burundi Red Cross coordination team for analysis and response. Communities will be informed about the existence and functioning of a hotline, which will operate during the operation as a safe, confidential and accessible channel to report issues, seek information or submit complaints. Information about the hotline number and how to use it will be integrated into all sensitization activities. To strengthen dialogue and participation, mobile cinema sessions will be organized in the sites and nearby communities. During these events, key messages on

health, WASH, protection and available services will be projected, followed by discussions facilitated by volunteers. Small incentive items such as soap, buckets, jerrycans, cups and children's balloons will be distributed to encourage attendance and reinforce hygiene practices. In parallel, the Burundi Red Cross will develop or adapt awareness tools such as audio spots, leaflets and posters in appropriate languages and formats, so that information is understandable and accessible to people with different literacy levels and specific needs. The collection of community feedback in and around the Bweru site (including mitigating the risks of gender-based violence in shelters and a hotline for gender-based violence mitigation measures) will be strengthened through volunteers who are already trained in this area.

For a well coordinated intervention, BRCS has established a strong coordination system at site and at national level. Internally, there will be regular field visits by technical staff, supervision of volunteers. The visits will serve to provide key orientation, monitor the progress but also ensure data consolidation for reporting purpose. In another hand, Branches will represent the NS to local coordination discussions while the response team lead at National level will ensure broader coordination with representation in the working groups, humanitarian meetings and various joint missions with partners or local authorities. The Intervention will reflect on the various outcomes of these different coordination platforms and continuous adjustment of the response will be made based on them but also based on the feedback collected from the communities.

Targeting Strategy

Who will be targeted through this operation?

Asylum seekers are the primary target of this humanitarian response. Particular attention will be paid to the most vulnerable, including people living with disabilities, who will receive enhanced support. Children, the elderly, and pregnant women will also be prioritized, given their increased exposure to health, psychosocial, and protection risks. All interventions will be designed inclusively to ensure that these specific groups have equitable, safe, and appropriate access to essential services, while preserving their dignity and well-being.

Explain the selection criteria for the targeted population

The operation will prioritize those groups whose specific needs and heightened vulnerabilities place them at greatest risk in the current context. Within the overall caseload of asylum-seeking households, particular attention will be given to women and girls of reproductive age, children (especially unaccompanied or separated children), the elderly, pregnant and lactating women, and persons with disabilities or chronic illnesses.

Women and girls of reproductive age are being specifically targeted because they face distinct hygiene, protection and dignity needs that are often not adequately covered in emergency settings. For this reason, they will be prioritized for the distribution of appropriate hygiene items and for access to safe, gender-sensitive WASH facilities. The design and construction of latrines and showers will explicitly take into account their needs by ensuring privacy, safety (including separate facilities for women and men, and, where possible, lighting and locks) and proximity to their shelters, reducing exposure to protection risks when accessing these services.

Children are also a core target group, as they are highly exposed to health, protection and psychosocial risks in overcrowded and unstable environments. A child safeguarding assessment will be conducted to identify specific risks affecting boys and girls of different age groups, including unaccompanied and separated children, and to ensure that their rights are respected in all aspects of the response. The findings of this assessment will guide the adaptation of shelter, WASH, health and protection activities (for example, safe spaces, adapted messaging, and tailored referral pathways).

Elderly, pregnant and lactating women, and persons with disabilities or chronic illnesses will be deliberately identified and prioritized through reception and household-level screening. Their inclusion in targeting reflects the fact that they face greater difficulties in accessing services, have reduced mobility, and are more likely to suffer severe consequences from inadequate shelter, poor WASH conditions and limited health care. Volunteers will be trained and instructed to systematically identify these groups on arrival and during follow-up visits so they can be fast-tracked for assistance and referred to appropriate services.

Overall, the targeting strategy is designed to ensure that assistance is not only delivered to the largest numbers of affected households in the main reception sites, but that it is tailored to those whose vulnerability, health status, age or gender-related risks make them most likely to experience serious harm if their specific needs are not addressed.

Total Targeted Population

Women	7,722	Rural	100%
Girls (under 18)	2,236	Urban	-
Men	4,161	People with disabilities (estimated)	100%
Boys (under 18)	1,481		
Total targeted population	15,600		

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
Outbreak of cholera, malaria, or other diseases that could affect beneficiaries and volunteers, disrupting activities.	Enhanced community surveillance, distribution of Aquatabs, regular spraying, hygiene promotion, availability of first aid kits and an ambulance.
Tensions between asylum seekers and host communities, risks of theft, assaults, or crowd movements that could disrupt activities.	Close coordination with local authorities, involvement of community leaders, social cohesion activities, regular communication on interventions, and feedback mechanisms.
Heavy rains or flooding could delay the construction of latrines, showers, shelters, or the installation of WASH infrastructure.	Advance planning, use of appropriate materials, increased field teams, and adjustments to the schedule based on weather forecasts.
Delivery delays (WASH kits, construction materials, chlorine, sprayers).	Pre-positioning of supplies, diversification of suppliers, flexible logistics plan.
Exploitation, sexual abuse, and gender-based violence among people living in the site.	Safe reporting mechanisms (hotline, host volunteers), awareness-raising in all 6 sites, strict supervision, and application of PSEA procedures.

Please indicate any security and safety concerns for this operation:

The main security risk is directly linked to the nature of the crisis, which stems from an armed conflict in eastern DRC and has the potential to generate instability both within the DRC and across the border in Burundi. While the current operation takes place on the Burundian side, in principle away from active combat zones, there are several concrete security and safety threats that could affect personnel, volunteers and affected communities.

First, there is a contextual security risk linked to the proximity of the border and the volatility of the situation in eastern DRC. A sudden deterioration of the security context (new clashes, cross-border incidents, influx of armed elements among civilians, demonstrations or tensions at official border crossings) could affect areas such as Gatumba, Ndava–Kansega, Rumonge and Bweru, where the operation is implemented. These locations may also experience an increase in petty crime, theft or opportunistic violence due to the concentration of large, vulnerable populations and the presence of humanitarian assets.

Second, there are safety risks related to the physical environment and health conditions in the reception sites. Overcrowded camps and temporary settlements with limited infrastructure can expose staff, volunteers and beneficiaries to accidents (e.g. fire hazards, traffic incidents linked to increased movement of trucks and vehicles, falls or injuries around construction sites and water/bladder installations). Health-related risks are also significant: exposure to cholera and other epidemic-prone diseases, as well as stress and fatigue for frontline volunteers working long hours in challenging conditions. These factors can affect the well-being and operational capacity of the teams if not properly managed.

To mitigate these threats, specific security protocols and operational measures will be applied throughout the operation. Movement of staff and volunteers will be planned and monitored, with clear instructions to avoid high-risk areas, to respect curfew or movement restrictions if imposed by authorities, and to follow established check-in/check-out procedures when travelling to border or lakeside locations. All personnel and volunteers will receive a briefing on the current security context, basic personal safety measures, Code of Conduct, and procedures for incident reporting. Site layouts (for shelters, WASH infrastructure and communal spaces) will be designed to reduce fire risks, ensure safe circulation and avoid dangerous congestion points.

Standard health and safety measures will be enforced, including the use of appropriate personal protective equipment (PPE) for WASH and spraying teams, infection prevention and control practices for volunteers in contact with suspected cases of communicable diseases, and access to psychosocial support when needed. Close coordination with local authorities, UN agencies and other partners will help to maintain updated security information and harmonized protocols in the areas of intervention. Together, these measures aim to protect the safety and well-being of staff, volunteers and affected communities while allowing the operation to proceed in a responsible and controlled manner.

Has the child safeguarding risk analysis assessment been completed?	**Yes**

Planned Intervention

Shelter Housing And Settlements

Budget: CHF 286,132
Targeted Persons: 3,000

Indicators

Title	Target
# of households with people with specific needs receiving emergency shelter support.	500
% of targeted households reporting that emergency shelters meet their basic protection needs from the elements.	80
% of households using shelters as intended (not diverted to other purposes) and reporting adequate space and dignity.	100
% of households using AME kits as intended and reporting essential for their dignity.	80

Priority Actions

• Installation of 500 emergency shelters at the Ruyigi/Bweru site to 500 households with people with specific needs.
• Post-distribution monitoring to assess the use, quality and adequacy of the shelters, and to identify any additional support or adjustments required.

Health

Budget: CHF 43,227
Targeted Persons: 15,600

Indicators

Title	Target
# of volunteers trained (disaggregated by age, sex, and disability) deployed for CBS activities in the targeted sites.	60
# of person reached by CBS activities	300
# of volunteers (disaggregated by age, sex, and disability) receiving a briefing /update on the prevention of the three priority diseases (malaria, TB, and HIV).	30
# of people reached (disaggregated by age, sex, and disability) with health awareness messages.	15,600
% of epidemic alerts from the camps detected and reported through CBS within 24 hours.	80
% of surveyed community members who report improved knowledge of how to prevent at least two epidemic-prone diseases.	70

Priority Actions

• Training of 60 Burundi Red Cross volunteers on community-based surveillance (CBS) tools and procedures, including case detection, reporting, and referral pathways.
• Deployment of trained volunteers to the targeted sites to conduct CBS activities (active case finding, alert reporting, support to line-listing and referrals) in coordination with health authorities.
• Briefing and regular updates for volunteers on the prevention and early detection of three priority diseases (malaria, tuberculosis and HIV), integrated into their routine health promotion activities.
• Provision of “hibernation kits” (including non-perishable food such as energy bars and canned goods, drinking water and basic supplies) to rescue and CBS teams on standby, to ensure their readiness and
• Continuity of operations during peak periods or at night.
• Organization of continuous awareness-raising sessions in and around the camps on the prevention and early care-seeking for epidemic-prone diseases (such as malaria, cholera, and Mpox) and other key health problems, using group sessions, door-to-door visits and adapted IEC materials.
• PSS Support (Allowances for volunteer experts in Ruyigi, Bweru).
• Daily debriefing of volunteers involved in the activities.

Water, Sanitation And Hygiene

Budget: CHF 188,325
Targeted Persons: 15,600

Indicators

Title	Target
# of WASH kits distributed.	750
# of larine blocks and showers constructed.	7
# of persons reached (disaggregated by age, sex, and disability) by WASH activities through LMS Kits.	15,600
# of spraying / disinfection rounds conducted in and around households and communal high-risk areas.	18
# of tank installed and functional.	1
# of people (disaggregated by age, sex, and disability) with access to safe, functional latrines and showers in Bweru.	350
# of latrines/toilets ratio in Bweru (number of users per latrine door), compared to emergency standards.	50
# of aquatabs distributed.	28,000

Priority Actions

• Conduct regular spraying and disinfection in and around households and high-risk communal areas in the sites to reduce the transmission of waterborne and other communicable diseases.
• Distribute complete WASH kits to targeted households (including water containers, soap and basic hygiene items) to improve hygiene practices at household level.
• Connection and construction of a potable water tank with tap.
• Distribution of Aquatabs to 560 households (5 tablets per household).
• Construct 7 durable blocks of latrines (4 doors each) and adjoining shower units (2 doors each) in Bweru, designed to be safe, gender-segregated and accessible for people with specific needs.

Protection, Gender And Inclusion

Budget: CHF 48,488
Targeted Persons: 15,600

Indicators

Title	Target
# of volunteers (disaggregated by age, sex, and disability) briefed on Code of conduct and PEAS.	30
# of people (disaggregated by age, sex, and disability) reached by prevention of sexual and gender-based violence sensitization.	15,600
# of people reached (disaggregated by age, sex, and disability) by PSS support.	150
# of volunteers train on children safeguarding.	30
# of hygiene kits distributed.	1,150
% of people referred in a secure way.	60

Priority Actions

• Volunteer briefing on the Code of Conduct and the PEAS (Program for the Prevention of Sexual and Gender-Based Violence)
• Awareness-raising in and around the camps on the prevention of sexual and gender-based violence in Ruyigi, Bweru
• Development and multiplication of sensitization tools, including child-friendly/adapted materials
• Training of volunteers on child safeguarding and PGI
• Construction of a PLF post in Bweru
• Child Safeguarding Risk Analysis (Volunteer allowances in Bweru)
• Emergency funds to support safe referrals (transport and access to services)
• Distribution of Hygiene/dignity kits for women and girls with menstrual hygiene messages.

Migration And Displacement

Budget: CHF 16,099
Targeted Persons: 10,000

Indicators

Title	Target
% of asylum seekers received by volunteers.	60
# of volunteers trained and deployed for reception activities.	15
# of individuals screened for specific needs upon arrival; number of individuals with identified needs referred to appropriate services within 24 hours	10,000
% of referred individuals receiving services within 24 hours.	80
# of functional feedback and complaints channels established and maintained in the operation.	3
% of feedback and complaints received that are recorded, analyzed and responded to within agreed timeframes.	80
% of women, men, girls and boys who report knowing how and where to provide feedback or make a complaint.	70
# of persons with specific needs identified and registered by the operation (disaggregated by sex, age and type of vulnerability).	2,000
% of identified persons with specific needs who are safely referred to appropriate services (health, MHPSS, protection, GBV, RFL, etc.)	80
% of referred cases that confirm having accessed at least one service following referral	60

Priority Actions

• Deploying 15 volunteers to welcome new arrivals and guide them through registration and initial procedures, screening for individuals with specific needs
• Training of volunteers on PSH Implementation
• Establish and maintain accessible feedback and complaints mechanisms for affected people, using multiple safe channels (helpdesks, hotlines, suggestion boxes, focal points) that are confidential and adapted to different age, gender and disability needs.
• Develop and disseminate information and communication materials that are linguistically and culturally appropriate, ensuring that key messages are available in the main languages spoken by the affected population and are delivered through trusted community structures and preferred channels
• Systematically identify individuals with specific protection and assistance needs (unaccompanied and separated children, older persons

at risk, persons with disabilities, pregnant and breastfeeding women, GBV survivors, people with serious medical or psychosocial conditions) and ensure their safe, confidential referral to appropriate services and actors.

Community Engagement And Accountability

Budget: CHF 25,304
Targeted Persons: 15,600

Indicators

Title	Target
# of staff members trained on Hotline and CEA.	15
# of Mobile Cinema organized.	3
# of people reached by mobile cinema.	15,600
# of community feedback mechanism set up.	-
# of calls received by the hotline, disaggregated by sex, age, and disability.	100
# of calls receiving an adequate response / information.	100
Total number of participants in mobile cinema sessions, disaggregated by sex, age, and disability.	3,000
% of feedback collected and processed within 24 hours.	60

Priority Actions

• Hotline and CEA Training
• Purchase of mobile cinema supplies (soap, buckets, jerrycans, cups, children's balloons)
• Creation/adaptation of awareness materials (audio messages, leaflets, posters)
• Set up a community feedback mechanism
• Collection of community feedback in and around the Bweru site (including mitigation of risks of gender-based violence in shelters and a section on measures to mitigate gender-based violence).

Secretariat Services

Budget: CHF 33,593
Targeted Persons: 23

Indicators

Title	Target
# of IFRC field mission conducted.	3
# of volunteers insured.	200

Priority Actions

• Conducting IFRC field mission
• Insurance of volunteers

National Society Strengthening

Budget: CHF 72,508
Targeted Persons: 50

Indicators

Title	Target
# of follow-up missions organized.	3
# of coordination meetings organized.	3
# of people attended the kick-off meeting.	25
# of people attended lessons learned workshop.	25
# of learned workshop organized.	-

Priority Actions

• Follow-up missions (one mission every two weeks)
• Coordination meeting (two meetings per province and Headquarters)
• Kick-off meeting
• Lessons learned workshop

About Support Services

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

Approximately 30 staff members will be mobilized as part of this intervention to ensure effective coordination, monitoring, and technical support in all sectors. A total of 200 volunteers will be mobilized to implement activities at the community level, including awareness-raising, vector control and spraying, PGI-related activities, and other essential support tasks necessary for successful implementation.

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?

The current Burundi Red Cross team partly reflects the cultural diversity, age, and gender of the people assisted, although there are still significant gaps that the National Society is working to address.
In terms of gender, the NS has a relatively balanced mix overall, but women remain underrepresented in certain roles, particularly in activities that require traveling to the field late in the day or interacting with predominantly male community leaders. This could limit the ability to provide appropriate support to female heads of households, victims of violence, and adolescent girls, who often prefer or need to be in contact with female volunteers. To address this, the SN prioritizes recruiting and retaining more female volunteers, adapting work schedules to safer hours, pairing female volunteers, and providing safe transportation when necessary. The BRC also ensures that female volunteers are assigned to key positions in reception, PGI, and orientation so that women and girls can more easily access support that respects their comfort and privacy.

In terms of age, most volunteers are young adults. This is an asset for activities that require intensive mobilization, high mobility, and the use of digital tools, but it also means that older people may sometimes feel less understood or less comfortable expressing their needs. To address this gap, the CRB actively encourages the participation of more older volunteers from the community, offering them flexible schedules and lighter tasks, and creating mixed teams so that both younger and older volunteers can contribute their perspectives. We

also incorporate specific training on how to communicate with and support older adults, people with disabilities, and other at-risk groups.
Culturally and linguistically, many of our volunteers come from the same regions or communities as the people we assist, and several speak the main local languages.

Overall, the CRB will mobilize an inclusive and diverse team of volunteers, which is essential to providing safe, dignified, and appropriate support, and will therefore monitor the composition of our volunteers in relation to the profile of the affected population. include diversity targets in recruitment, and regularly check whether specific groups (such as women, adolescents, older adults, people with disabilities, or minority communities) are sufficiently represented and can access volunteers they trust.

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

Some locally available materials will be purchased directly by the National Society, while fuel and shelter items will be supplied and purchased by the IFRC.

How will this operation be monitored?

Monitoring of the operation will be structured and continuous to track both progress and quality of implementation. A kick-off meeting will be held at the start of the intervention to confirm the operational plan, indicators, reporting tools, and roles, including clear responsibilities for data collection and supervision in the field and at headquarters. The field coordinator will oversee day-to-day implementation and monitor activities on a weekly basis through field visits, review of activity reports, verification of distribution lists, and regular meetings with volunteers and community representatives. At the same time, monthly monitoring missions will be conducted by National Society and IFRC staff to review progress against objectives, identify bottlenecks, verify compliance with IGP and other standards, and adjust the plan if necessary.
Progress will be monitored using standard IFRC and National Society monitoring tools, including activity tracking sheets, 4W matrices, post-activity reports, and simple outcome monitoring tools such as satisfaction surveys and feedback/complaint mechanisms.

Key indicators will include the number of people reached by each sector, the proportion of targeted households receiving assistance as planned, adherence to timelines for key activities, and the number and type of successful referrals. Milestones such as completion of initial distributions, full deployment of volunteers to reception points, and mid-term and final implementation will be used to assess whether the operation is on track.
The IFRC will support monitoring through regular remote monitoring and at least one monitoring visit in the middle of the operation, as well as by participating in some joint field missions with the National Society when security and access permit. These visits will focus on verifying compliance with agreed standards and procedures, as well as the effectiveness of community engagement and accountability measures.

At the end of the operation, a lessons learned workshop will be organized with staff, volunteers, the IFRC, and, if possible, community representatives to review achievements and challenges, validate results against indicators, and agree on concrete recommendations for improving future responses.

Please briefly explain the National Societies communication strategy for this operation

Internally, the team will ensure the regular flow of information between headquarters, branch staff, and volunteers through emails, instant messaging groups, online meetings, and brief internal memos, so that all teams have up-to-date information on plans, progress, challenges, and key messages to share with communities.

Externally, the communications team will prepare and disseminate regular situation reports (SitReps) on the operation, as well as ad hoc updates on major events, achievements, or changes in context. These will be communicated to authorities, Movement partners, and other stakeholders via email, official letters, and coordination platforms. A simple media strategy will guide the use of press releases, press briefings, website updates, and social media posts to highlight humanitarian needs, the National Society's response, and key public messages, while respecting the privacy, data protection, and dignity of those affected.

Transparent and effective communication with affected communities will be ensured through the use of multiple channels at the community level, such as volunteer outreach, information sessions, posters or billboards at key locations and, where possible, radio or community leader networks. Feedback and complaint mechanisms will be actively encouraged so that people can ask questions, seek clarification, or raise concerns. The communications team will work with CEA/PGI focal points to ensure that messages are clear, in appropriate languages and formats, and tailored to different groups, including women, men, youth, the elderly, and people with disabilities.

Budget Overview

DREF OPERATION

MDRBI025 - Burundi Red Cross
Population Movement

Operating Budget

Planned Operations	642,271
Shelter and Basic Household Items	304,731
Livelihoods	0
Multi-purpose Cash	0
Health	46,037
Water, Sanitation & Hygiene	200,566
Protection, Gender and Inclusion	48,488
Education	0
Migration	17,145
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	25,304
Environmental Sustainability	0
Enabling Approaches	**106,101**
Coordination and Partnerships	0
Secretariat Services	33,593
National Society Strengthening	72,508
TOTAL BUDGET	**748,373**

all amounts in Swiss Francs (CHF)

Internal 29/12/2025 #V2022.01

Click here to download the budget file

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