



# REVISED EMERGENCY APPEAL

Democratic Republic of Congo and Rwanda |

## Mount Nyiragongo Eruption: Complex Multi-Hazard Emergency

<b>Appeal №:</b> MDRNYIRA21	<b>People to be assisted: 83,330</b> 70,000 people in DRC 13,330 people in Rwanda	<b>Appeal launched: 01/06/2021</b>
	<b>DREF loan: CHF 750,000</b>	<b>Revised Appeal #1: issued: 16/09/2021</b>
<b>Glide №:</b> <a href="#">VO-2021-000059-COD</a>	<b>IFRC Funding requirements: 4 million Swiss francs (1.64 million Swiss Francs current gap)</b>	<b>Appeal ends: 31/05/2022</b>

The emergency appeal funding requirement is revised downwards from 11.6 million Swiss francs to 4 million Swiss Francs, with an outstanding **1.64 million Swiss francs required** to assist the Democratic Republic of Congo Red Cross (DRC RC) and Rwanda Red Cross (RRC) in supporting the communities affected by the eruption of Mount Nyiragongo in late May 2021. This is in line with the current strategy and the situation where no further eruption of the volcano has been observed and the provincial authorities have approved the gradual return of the displaced people to Goma.

The significant decrease in the funding requirements is mainly due to how this humanitarian situation has evolved. Mount Nyiragongo erupted on 22 May which caused the displacement of approximately 450,000 people. While the context analysis and scenario planning were anticipating a long-term displacement and a dire humanitarian situation for IDPs, the reality is that by the beginning of June, the Government of DRC announced a gradual return to take place in less than a month. As a result, by end of June 80% of the displaced population had returned. Therefore, the level of needs and support required largely reduced in just a few weeks.

The Revised Emergency Appeal continues to target 83,330 people – 70,000 in DRC and 13,330 in Rwanda (increased from 10,000 people) for a period of 12 months focusing on the following:

### 1. Democratic Republic of Congo

- a) **Shelter** – (Kibati--part of Nyiragongo health district) - focus will be on the construction of 500 transitional shelters for IDPs.
- b) **Health** – (Health districts: Goma, Nyiragongo, Karisimbi, Kiroche, Minova) - the disaster-affected households will be provided Psychosocial Support (PSS) sessions, messages on prevention of diseases such as COVID-19, cholera, malaria, polio (other preventable infections) nutrition and vaccines. Mosquito nets will also be distributed. There will be implementation of community-based surveillance activities.
- c) **WASH** – (Kibati--part of Nyiragongo health district) - there will be rehabilitation of latrines and rainwater harvesting systems in the collective centres where IDPs are currently located. There will also be hygiene promotion activities.
- d) **Protection gender and inclusion** – (Kibati--part of Nyiragongo health district) - information on Prevention and Response to Sexual Exploitation and Abuse (PSEA) will be shared with all community members (both the IDPs and the surrounding community) with a focus on the identification of protection mechanisms.

## 2. Rwanda – Rubavu district - Gisenyi, Rugerero, Rubavu and Nyamyumba

- a) **Shelter** -- provision of rent for 330 households and provision of cash for repairs for 274 households. Cash for work will form part of the shelter strategy in Rwanda and will support rebuilding 855 households.
- b) **Health** – provision of PSS sessions, messaging on prevention of diseases such as COVID-19, cholera and malaria, diphtheria, polio, measles (other preventable infections) nutrition and vaccines for the disaster-affected households. Mosquito nets will also be distributed. Community-based surveillance activities in the affected areas
- c) **WASH** – there will be cash transfer for the construction of latrines to 100 homes that were damaged during the disaster (and which compose a portion of the 274 households that will be repaired), water treatment methods, basic hygiene and menstrual hygiene measures.
- d) **Livelihoods** – cash support will be given to farmer households to enable them to restart their livelihood activities. Their farms had been destroyed by the lava flow/dust.
- e) **Protection, gender, and inclusion** – PSEA information will be shared with the affected community in Rubavu.

## A. THE DISASTER AND THE RED CROSS RED CRES- CENT RESPONSE TO DATE



**22 May 2021: Mount Nyiragongo erupts, affecting 288,404 people and leading to displacement of about 30,000 people within North Kivu and South Kivu provinces of DRC and into Rubavu district in Rwanda**

**23 May 2021: DRC Government activates contingency plan and set up a crisis cell, comprising local authorities, the UN and the RCRC Movement.**

**23 May 2021: IFRC allocated CHF 359,213 from [DREF](#) Fund to support emergency actions by DRC RC for 12,500 people in North Kivu**

**27 May 2021: Government requests evacuation of ten neighbourhoods of Eastern Goma (400,000 to 500,000 people).**

**30 May 2021: IFRC issues an Emergency Appeal for 11.6m Swiss francs to support 80,000 people in DRC and Rwanda. Second DREF allocation: CHF 90,787 for DRC and CHF 300,000 for Rwanda.**

**7 June 2021: Local Authorities allow the displaced residents of Goma to return from their areas of temporary relocation in DRC and Rwanda**

### Situation overview

On Saturday 22 May 2021 at 19:00 hours, Mount Nyiragongo, located 10km from Goma, the lakeshore city of 1.5 million people in North Kivu Province of the Democratic Republic of Congo, suddenly erupted. A second eruption was reported at 21:30 hours. This sudden volcanic eruption created panic within the population, leading to mass movement towards the south-west (from Goma to Sake town) and towards Rwanda (Rubavu). 30,000 people fled in the night, sheltering in evacuation centers, host families or on the streets. It was reported that 288,404 people in Nyiragongo



Territory were affected, 32 reported deaths, including 13 people during the evacuation of the city, 14 people burned by the lava and 05 asphyxiated by gases. The volcano caused damage to housing, farmlands, transport and water infrastructure. The Goma Volcano Observatory (OVG) reported having registered more than 259 tremors between Saturday 22 May and Tuesday 25 May 2021, with one measuring 5.2 magnitude on the Richter scale. The subsequent earthquakes caused cracks in buildings, roads and other infrastructure placing further stress on a population that was already traumatized. Given the imminent danger posed to the population, 10 districts considered high risk to further eruption or seismic activity and home to some 400,000 people were ordered to evacuate on Thursday 27 May. On 7 June 2021, the provincial authorities approved the gradual return of the inhabitants to Goma which resulted in movement of the displaced people back into Goma from 8 June. The local authorities were seen to relocate those whose homes were destroyed in a collective centre for ease of provision of support from the government and other aid agencies.

As of August 10, joint humanitarian response efforts led by the National Societies of DRC and Rwanda have supported almost 40,000 people through the different sectors. At this stage, the operation is adapting to the needs on the ground and has now transitioned to recovery, particularly focusing on Shelter, WaSH and Livelihoods (in Rwanda), as well as preparedness, mostly through health epidemic surveillance and repositioning.

## Summary of Red Cross Red Crescent response to date

### Overview of Host National Societies Response Action

#### Democratic Republic of Congo Red Cross (DRC RC)

The DRC RC North Kivu branch mobilised its volunteers and two rapid response teams (RRTs) were activated to provide first aid services, transport patients in need of further healthcare and support in conducting burials of the people found dead during the crises. To date, 1,695 cases have been handled by this team. As the earthquake and the volcano destroyed the water infrastructure, with the support of IFRC and ICRC, the DRC RC was able to supply water to the affected households in temporary relocation sites (Goma, Nyiragongo, Mugunga). Construction of two blocks of latrines and two blocks of showers have been completed at the temporary IDP site in

Mujoga, as well as rehabilitation of pit latrines, water harvesting facilities and establishing a friendly environment for females at a primary school in Mugara, another location that is hosting 279 IDPs. Psychological first aid was provided to people affected by Nyiragongo volcano explosion with 8,589 people reached through 724 individual and group therapy sessions. Community Engagement and Accountability (CEA) activities were conducted through door-to-door and through mass awareness activities reaching 19,561 people. The experience of the CEA teams gained through the Ebola operation was instrumental in getting the team engaged with the communities sharing information on safety, hygiene promotion and key health messages needed at this time. As part of ensuring the protection of the vulnerable groups, information dissemination through education talks were organised for women and girls on sexual and reproductive health (SRH) and gender-based violence (GBV) and psychological first aid (PFA). This enabled the referral of active cases to the right institution for support and treatment as needed.

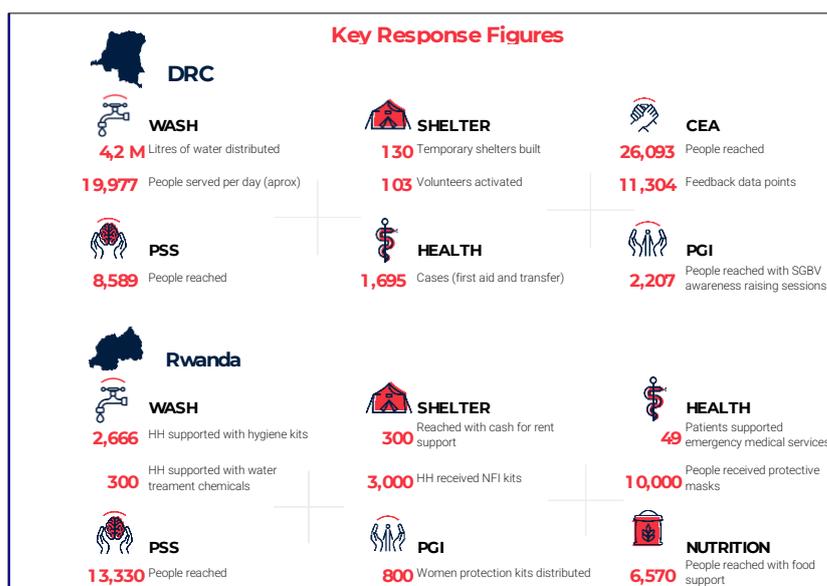


Figure 1: Red Cross response to date

## Rwanda Red Cross (RRC)

Rwandan Red Cross (RRC) mobilised and deployed five staff members from its national office to support 60 volunteers and two staff members from Rubavu district local branch RRC provided first aid services including psychological first aid and carried out 103 health promotion sessions in the refugees/transit camps 163 people were provided with first aid services, 68 people were referred on time with ambulance services and 3,125 people provided with psychosocial support services. The ambulance was dedicated to assisting pregnant women and the severely sick to reach local health centres. 3,000 families supported with household items (1,000 households (HHs) from refugees and 2,000 HHs displaced in Rwanda) from RRC stocks. 6,750 people were supported with food (4,250 in the refugee camps and 2,500 in the affected Rubavu community).

## Overview of Red Cross Red Crescent Movement actions in country

### Democratic Republic of Congo

An IFRC operation team present in Goma quickly enacted support to the National Society to respond to the disaster, launched the DREF and Emergency Appeal and coordinated surge deployments. An assessment cell was deployed to support comprehensive assessment, data collection and mapping of beneficiaries and their needs, which helped shape the operational strategy and enabled the scale-up of response efforts in the areas of WASH, Shelter, Health and PGI (PSEA). To date, 19,977 people have been served with water per day, 244 shelters have been built on a plot allocated by the DRC government, 1,695 people have received First Aid services or being transferred, and 2,207 people have been reached with SGBV awareness-raising sessions.

French Red Cross donated PPEs to DRC RC (FFP2 masks, surgical masks, surgical gloves, rain boots, goggles, raincoats), WASH items (Hydroalcoholic gel, soap, detergent, spray) and mobilised 2,000 shelter tool kits and 4,000 tarpaulins from PIROI (French RC platform in La Reunion).

ICRC responded to the water needs of the population in Goma, supported Ndosho hospital, provided food and essential goods assistance. ICRC has been consistently involved in tracing and reunification of separated families.

In Rwanda, RRC is supported by IFRC East Africa Country Cluster Delegation in Kenya (Nairobi) with an in-country operations manager, logistics coordinator and communications officer. To date, 2,666 households have received Hygiene kits, 300 people have received cash for rent support, 3,000 households have received household items, 10,000 people have received protective masks, and 6,579 people have received food support. Besides funding and other support provided through the IFRC Emergency Appeal, RRC is further supported by the ICRC's Kigali office, and in-country partner National Societies: Belgian Red Cross, Spanish Red Cross, Japanese Red Cross and Austrian Red Cross. Crisis modifier funds from Belgium Red Cross Flanders has contributed to food distribution as well as in-kind support of household items to 1,000 HHs (blankets, mats, buckets, mosquito nets) while the ICRC funds have supported 1,200 HHs with food.

## B. THE OPERATIONAL STRATEGY

### Needs assessment and targeting

#### Needs Analysis

#### In DR Congo

450,000 people were displaced and evacuated following the eruption of the Nyiragongo volcano. Currently, the majority (over 80%) have returned to their localities or neighborhoods of origin. 4,051 households are in collective centres and temporary sites (IOM/DIVA) and an unknown number are with host families in Nyiragongo and Saké. There are IDPs in Saké (130 households in a collective centre) and Minova (400 households with host families). From satellite images, it is estimated that 2,400 residential structures were destroyed with 206 hectares of agricultural land and pasture destroyed/covered by lava. The assessment done by IFRC, and DRC RC established that the majority of IDPs have also lost or used all of their savings. Overcrowding was observed in these collective and other informal shelters, especially with host families underpinning the importance of shelter provision to reduce potential risks of spread of water and vector-

borne diseases and escalation in the spread of COVID-19 infections. From the assessment, the following were the categories of beneficiaries identified and the needs:

#### A. Shelter and Emergency Households Items (EHIs)

- **IDPs in collective centres and informal sites:** These are the people whose houses were destroyed by lava. In this set-up, the men sleep outside while the women and children sleep in the classrooms or churches. During the day they leave the classrooms with their belongings to return and spend the night. There is overcrowding which poses significant health and protection risks. In the short term, there is a need for individual emergency shelters for these households, access to food and essential household items (EHIs) improvement of sanitation and access to free primary health care, including essential medicines. In the long term, the majority would want to return to their plots of origin and rebuild their houses.
- **IDPs in host families:** These are people whose houses were also destroyed by the lava but have found shelter with other families that are hosting them, mostly women and children while men sleep elsewhere. There is not enough space in the houses, sometimes there are 2 or 3 disaster families in the same house. They have lost their livelihoods and often use negative coping mechanisms to survive. In the short term, there is need for access to food since they have temporary shelter from their hosts. In the medium to long term, there should be provision of shelter to enable them to leave the host families. Risks faced are eviction by the host families, transmission of infectious communicable diseases as a result of the overcrowding, lack of hygiene and other preventive measures, SGBV and domestic violence.
- **Returnees to temporary shelter:** These are those who have returned back to the lava-erupted area and are building temporary shelters of wood and tarpaulins. Some have lost their means of subsistence and have strong emotional ties to their own land/property in Nyiragongo as they owned the land, they lived on before the sudden evacuation. These households have insufficient food and EHIs, lack access to sanitation facilities and limited access to potable drinking water. In the long term, they need assistance for shelter construction and support in livelihood recovery and access to basic services.
- **Tenant IDPs:** These are the people who rented houses in the same area before the volcanic eruption took place and which are now destroyed. These families have used their savings to rent accommodation and need short term support to rent new accommodation. Their livelihoods may be affected. Food is a key priority need as well as the replacement of EHIs and support to livelihood recovery.
- **Host families:** These are families that were not affected by the lava flow but were evacuated from the projected path of the lava as a precautionary measure and on return, some had their residences looted thereby losing property. They are hosting families whose homes were destroyed by the lava who are not in the collective centres and as a result have exhausted their savings. In the short term, there is a need to support the replacement of lost EHIs for the host families even as plans to relocate the hosted families are in place to relieve pressure on the limited resources available to the hosts. In the long term these households will need livelihood support.

#### B. Water, sanitation and hygiene

- Water infrastructure was destroyed during the eruption and subsequent earthquakes. The assessment identified the need for water source and sanitation – provision of suitable and adequate latrines. Immediate water needs were met by water trucking in Mujoga, Kanyaruchinya, Sawasawa and Ave. Maria but in the medium and long term the collection of rainwater is an option to be considered.

#### C. Health

- In the affected areas, people reportedly face increased difficulty in accessing healthcare. In addition to this, psychological trauma due to the volcanic eruption, repeated seismic tremors, separation of families, the loss of livelihoods and homes for most has brought about significant anxiety and depressive symptoms.
- Due to limited access to WASH services, there is an elevated risk of public health hazards, including waterborne and water-related diseases such as cholera, typhoid, dysentery and hepatitis A and E. COVID-19 continues to be an issue in DRC and cases are on the rise in Goma.

- There is need to support the communities of Nyiragongo in the post-volcanic period to adjust to the new circumstances and the events that have followed the eruption (psychosocial support and referrals when required to higher centres) while ensuring better hygiene practices (properly laid out WASH amenities) that would prevent the spread of diseases. In addition to this, there is a need to put in place mechanisms for disease surveillance (community-based surveillance).

#### **D. Protection**

- There are a significant number of unaccompanied children. As of 12 June, 1,440 unaccompanied minors had been identified, of whom 1,222 have already been reunited with their family. The targeted families live in small, crowded spaces often with shared facilities that would make women and girls vulnerable to abuse. From May 23 – the end of July: 482 unaccompanied minors in North and South Kivu were transferred to reception centres (*centres d'accueil*); 260 unaccompanied babies were reunited with their families in North and South Kivu; 1,556 requests were received on the part of parents searching for their children in North and South Kivu; 2065 calls were facilitated to reestablish family links; 6 kiosks were installed to facilitate the contact between separated family members (Minova, Bweremana-Shasha, Sake, Goma, Munigi, Mugunga); 250 unaccompanied children who had been evacuated to the Don Bosco Centre in Goma benefitted from receiving potable water.
- The displacement has led to risks related to SGBV and the need for Prevention and Response to Sexual Exploitation and Abuse (PSEA), particularly for women and girls. PGI cases continue to be reported every week.
- People with disabilities are also among the displaced and will need adapted assistance, hence identification of the number of people by gender, age and type of disability is a requirement to adjust support as needed.

#### **In Rwanda**

Over 25,000 Congolese fled to Rwanda after the eruption on 22 May 2021 and subsequent seismic tremors. The Rwanda government immediately opened four (4) transit camps but two weeks after crossing the border, only 19 people were left in Rwanda at a transit camp in Nyabihu district as of 10 September. 224 Rwandese displaced in DRC, were received at Kijote camp on 10 July, making the total number of people in the camp in Kijote to be 252. With closures of the refugee camps, the focus of the response has shifted to households whose houses and livelihoods were affected in the Rubavu district in Rwanda as a result of earthquakes that followed the eruption affecting houses, infrastructure, livelihoods, health and education sectors in Rubavu, Rwanda. In Rubavu district, 13,330 people (2,666HHs) are living outside either due to the collapse of their houses or because their houses weakened with cracked walls. This has increased protection risks for women and girls, with an estimated 70% of the people whose homes were damaged being women and children. Of these, 25% are most vulnerable: pregnant women and children under five.

Livelihoods were affected and the crops were damaged with a slowdown of businesses (tourists, cross border businesses, other small businesses) during the lockdowns coupled with increased COVID-19 cases and other natural disasters (flood) in the last month. There are more than five hectares of crops damaged by lava from Nyiragongo (Cyanzarwe Sector) which are in deplorable condition and highly likely not reclaimable. The reduction of economic capacity of the community in Rubavu stands at an estimated 6,000 vulnerable households who are unable to afford even their basic needs. MINEMA, RRC and partners, conducted a needs assessment and identified listed needs below as follows:

#### **A. Health, Nutrition and Psychosocial support**

- Access to food is needed for the affected households but especially for the specific groups (pregnant women, the elderly, under-fives, malnourished children, people with chronic diseases, etc.)
- Provision of protective masks will decrease the spread of COVID-19 and diseases in schools and rural communities (especially affected ones)
- Provision of Psychosocial First Aid and adequate referrals for other emergency situations, non-communicable diseases, chronic disorders and some other health conditions

**B. WASH**

- The affected families (2,666 HHs) and 7 schools need hygiene kits (jerry cans, buckets, toothpaste and brushes, soap, water filters and water treatment tablets).
- Handwashing facilities in schools and public places (tip taps, hand washing stations) are needed to limit the spread of hygiene-related diseases including COVID-19) as well as reconstruction of destroyed latrines.
- Water purification chemicals (chlorine) is needed to avoid water-related diseases such as cholera, etc. and formulate ORPs and make available ORTs
- There is a need to establish community hygiene clubs to ensure the awareness of hygiene within the community including menstrual hygiene practices.

**C. SHELTER and ESSENTIAL HOUSEHOLD ITEMS**

- 2,666 affected families are homeless and in need of EHIs; emergency support in form of EHIs will be supplied to 2,000 of these HHs; an additional 1,000 refugee HHs will receive EHIs, as well. It is therefore needed to rent houses for them to live in and also undertake quick rehabilitation of the damaged houses for the most vulnerable to enhance their safety and wellbeing.
- 459 HH require urgent shelter assistance. 348 homes were completely destroyed, and the GoR relocated an additional 101 HHs whose homes were found to be sitting on top of fault lines. The GoR will provide rental assistance to 159 of these HHs (and relocate 101 HHs whose homes are located along fault lines); the IFRC/RCR will support 300 of these HHs with rental assistance.
- 855 HHs will benefit from IFRC/RCR construction-related cash-for-work programmes (fabrication of mud bricks, etc.). The aforementioned 459 HH will be among the beneficiaries of this cash-for-work program.
- 274 families will benefit from assistance to repair their homes that were damaged by the tremors related to the volcanic eruption.

**D. PROTECTION**

- It is estimated that 70% of the affected population are women and more than 25% are children. Therefore, protection from harm and violence is needed.
- Provision of the following is also essential - menstrual hygiene management kits (pads, underwear, soap, kitenge, Vaseline, buckets, mirror, comb) and also cash to the particular groups for affording the basic needs and to recover their income.

**E. LIVELIHOOD**

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

**F. Disaster Management**

- Strengthening early warning dissemination mechanisms by providing early warning dissemination tools and materials, etc.
- Strengthening of volunteers' capacity by providing training to the specialized emergency teams (Regional Disaster Response Team, National Disaster Response Team, Branch Disaster Response Team, Local Disaster Response Team) in Enhanced Vulnerability and Capacity Assessment, volcanic operation, emergency need assessment and planning, training in health (Community Based Health First Aid and Epidemic Control for Volunteers), WASH, PSS, FA (including Emergency FA) in emergency (KIT2&5), Restoring Family Link trainings Shelter, CEA, PGI, and other disaster management relevant components.
- Peer-to-peer regional exchange and formal learning will contribute to strengthening the response intervention of both DRC and Rwanda.
- Replenishment of stock utilized during response and prepositioning of disaster preparedness stocks.

**Targeting:**

Priority population groups identified through the assessment are classified into two categories:

1. Population affected by the lava flow:
  - a. IDPs in collective shelters and informal sites
  - b. IDPs living with host families
  - c. Returnees – those who have gone back to the lava site and built temporary shelters there
2. Host families: those not affected by the lava flow but are hosting affected families in their homes

Below is the table showing the people/households targeted per sector.

Sector	Population Targeted
<b>Democratic Republic of Congo</b>	
Shelter and EHIs	2,000 households
Water, sanitation and hygiene	3 schools - 1,479 people
Protection	500 households
CEA - health and hygiene promotion	20,000 households
<b>Rwanda</b>	
Shelter and EHIs	3000 households
Water, sanitation and hygiene	2,666 households
Livelihoods	2,000 households
Health	2,666 households
Protection	2,666 households

In DRC, 500 HHs will receive a package of transitional shelters and EHIs; the 1000 HHs who receive shelters built by other actors will receive EHIs, and an additional 500 HHs who were affected by the volcano eruption will also receive EHIs. In Rwanda, 3000 HHs will receive EHIs (2000 Rwandese HHs + 1000 refugee HHs), 300 HHs will receive rental assistance, 274 HHs whose homes were damaged will receive assistance to repair them, and 855 HHs will benefit from construction-related cash-for-work programmes. The recipient households will also be identified/selected according to the level of risks they face to ensure their dignity, access and safety. Prioritized groups are orphans and children; female and child-headed households and households with pregnant women, nursing mothers and children under five; older people; people with disabilities; people with chronic illnesses; adolescent girls and boys. Continuous protection, gender and inclusion assessments and analysis will inform targeting and priority efforts throughout.

## Scenario planning

### Global COVID-19 pandemic <sup>1</sup>

This operation and its operational strategy consider the risks related to the current COVID-19 pandemic and is aligned with the IFRC global emergency appeal that supports National Societies to deliver assistance and support to communities affected or at risk of being affected by the COVID-19 pandemic. Rwanda has tightened its COVID-19 travel restrictions for passengers from India, Uganda and the DR Congo amid an effort to stem the steady rise of COVID-19 infections. The team is gathering information to determine the actual implications this will have on operations continuity. A risk analysis has been produced, in consultation with the ICRC, to inform work and life planning for the operations team in Goma. Teams have been split into 'bubbles' to mitigate COVID-19 infection risk given the recent rise in caseloads in central Africa. The BCP in Rwanda has been approved and being implemented. A Staff Health surge is in Goma to support the surge team and COVID-19 business continuity. Meanwhile, staff began vaccinations in Goma on 17 June with emphasis on supporting national staff and NS staff to access the available Covid vaccines.

The National Societies' response to COVID-19 is supported through the [IFRC global appeal](#), which is facilitating and supporting them to maintain critical service provision. IFRC continues to assess how emergency operations in response to disasters and crises should adapt to this crisis and provide necessary guidance to its membership on the same. The National Societies will keep monitoring the situation closely and revise the plan accordingly if needed, taking into consideration the evolving COVID-19 situation and the operational risks that might evolve and develop, including operational challenges related to timely access to the affected population, availability of items, procurement issues, and movement of National Societies volunteers and staff. For more information, please consult the [COVID-19 operation page IFRC Go platform](#).

<sup>1</sup> <https://covid19.who.int/region/afro/country/mz>

## Coordination and partnerships

### Membership Coordination

In line with the IFRC Agenda for Renewal and taking precedent from the COVID-19 Appeal and others, this Appeal is part of a Federation-wide approach, which includes the response activities of all Federation members supporting the response. A Federation-wide plan was developed based on the National Societies' response plans and in consultation with all contributing Federation members. This Plan will ensure linkages between all response activities—including bilateral activities and activities funded domestically, establish a best-practice model for good coordination and assist to leverage the capacities of all members of the Federation in the various countries. The operation will emphasize Federation-wide programming, reporting, risk management, information management, external communications, resource mobilization, and peer-to-peer exchange between National Societies.

### Red Cross Red Crescent Movement Coordination

Since the beginning of the operation, the IFRC, DRC RC, and ICRC have prioritized Strengthening Movement Cooperation and Coordination (SMCC) and responding as One Movement. This ethos has been realized practically in the field through four key ingredients: 1) Co-location; 2) Common operating picture; 3) Joint planning and 4) Joint tasking. In addition to an enabling environment for SMCC built on years of experience operating together in eastern DRC and having the right people in the right positions at the right time, these core ingredients have provided the foundation for operational SMCC on the Nyragongo response. As this formula is replicable in other contexts, the Movement hopes to codify this case study for coordination and disseminate it to help other delegations and IFRC/ICRC/National Society leadership in future operations.



At the Goma level, weekly Movement Coordination Meetings ensure cohesion between IFRC/DRCRC/ICRC. The coordinating mechanism between DRC and Rwanda operations and regular Joint task force meetings for all those involved in the operation are ongoing. Additionally, there is regular contact and constant collaboration with in-country partner National Societies (Spanish RC, Swedish RC, French RC, Belgium Red Cross) at the Kinshasa level. Rwanda RC has continued to host weekly in-country Movement partners coordination meetings to share progress and raise resources.

At Kinshasa level, there is also strong coordination between Movement members and the three heads of institutions coordinate regularly through and with the UN Humanitarian Country Team and foreign missions.

### Overview of other actors' actions in-country

#### Democratic Republic of Congo

- Local authorities were involved in resettling those whose homes were devastated by the volcano while also overseeing the distribution of government support.
- Caritas distributed food to those affected by the volcano in the immediate aftermath of the explosion.
- Oxfam GB and HEKS Swiss are providing WASH services and support to the sites where the transitional shelters are being built.
- Division of Social Affairs (DIVAS) – involved in broadcasting protection messages on media and has deployed social workers to support in identification and unification of unaccompanied children.

#### Rwanda

- The Government of Rwanda is coordinating the operation and evacuating the families in the risky places that were affected by earthquakes. The police and military trucks are helping in the response logistics.

- Some NGOs and INGOs such as CARITAS have supported the provision of food to fleeing Congolese. Other Faith-based organisations have been supporting in provision of food, clothes, medicines, etc. at the refugee reception centres before the refugees voluntarily repatriated and the centres closed.

## C. PROPOSED AREAS FOR INTERVENTION

### Overall Operational objective

In DRC, through this Emergency Appeal, the IFRC seeks to support the community affected by the volcanic eruption with emergency shelter for those 500 households whose shelter was destroyed, provide health and hygiene promotion for the displaced and host families (an estimated 20,000 households) while also supporting to improve sanitation facilities in the areas where the population is displaced in Nyiragongo Territory. In Rwanda, the affected population's immediate needs are met through the provision of essential food and non-food items, health services, water, sanitation, Shelter, hygiene promotion assistance and disaster risk reduction activities, targeting a total number of 13,330 people (2,666 households) in Rubavu district.

In Rwanda, the planned activities in the Emergency Appeal will be implemented in close coordination with participating National Societies and government authorities. The Emergency Appeal operation will support the basic needs of the most affected households in Rubavu district while also building the capacity of the National Society for effective response to volcano eruption. Also, in terms of preparedness, there will be development of the volcanic contingency plan and updating Standard Operating Procedures (SOPs) for Emergency Operations. The Volunteers will be equipped, and crisis modifier funds will facilitate a quick intervention for the specific groups with specific needs. For effective implementation, capacity building is planned for volunteers:

- Training on volcanic emergencies and protection measures.
- Refresher training on emergency needs assessment, planning and reporting, search and rescue, and other disaster management courses

## STRATEGIC AREAS OF FOCUS



### Shelter and Essential Household items

**People targeted<sup>2</sup>: 25,000 (5,000 HHs)**

Male: 11,250

Female: 13,750

**Requirements (CHF): 1,040,000**

### Proposed intervention

#### DRC

See needs analysis in the [Needs Analysis Section](#) above. Key issues to be addressed under shelter is the overcrowding at the collective sites and even with the host families. There is a lack of essential household items that can be used by these households. In consultation with shelter sector actors, 1,500 shelters are to be built on land allocated by the government. The government is building an IDP camp with around 1,000 emergency shelters. Another IDP camp is being built by IFRC /DRC with 500 transitional shelters. These families will be selected from the HH living in collective sites and host families; by reducing the number of HH living in collective sites and with host families this action is aimed at redressing the issue of overcrowding.

#### Rwanda

Beside the household items (HHIs) provided by the RRC to the refugees (1000HH), RRC has been supporting affected households in Rubavu with its own stocks, unfortunately, these were depleted. Therefore, HHIs stocks are

<sup>2</sup> Inclusive of Rwanda and DRC Ops

needed to continue supporting displaced families and restock preparedness stocks for the National Society at least for 2,000 HHs based on the National Society Contingency Plan.

### **Outcome: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions**

Main activities to be carried out:

- Construction of emergency shelter in the land allocated by the government for the targeted households (IDP Camp)
- Distribution of the shelter and household items to the affected population and monitoring of the use of distributed shelter and household items
- Housing, Land and Property support to the affected population
- Identification and mobilization of volunteers for shelter intervention and development of appropriate training material for awareness-raising/training of volunteers
- Awareness-raising/training of shelter volunteers (for instance Participatory Approach for Safe Shelter Awareness (PASSA) and PASSA Youth, safe construction techniques, on the job)
- Training in awareness-raising to beneficiaries living in IDP camp as such as firefighting, evacuation during natural events, hygiene measures/COVID-19 behavioural recommendations



### **Livelihoods and basic needs**

**People targeted: 11,000 (2,133 HHs)**

Male: 2,000

Female: 9,000

**Requirements (CHF): 165,000**

#### **Proposed intervention**

Based on the analysis and the assessment done both in-kind and cash transfer modalities will be used to support the households affected by the volcanic eruption. In-kind food support will be provided to the Congolese refugees in Rwanda, however, multipurpose cash transfer will be implemented to cover different needs will be provided to the households whose houses were destroyed and damaged.

### **Outcome: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods**

Activities planned:

- Identification of targeted households
- Basic food distributions in form of cash or in-kind assistance.



### **Health**

**People targeted: 80,000 people**

Male: 36,000

Female: 44,00

**Requirements (CHF): 309,000**

#### **Proposed intervention**

Following the eruption of Mount Nyiragongo and the subsequent evacuation of the population, the communities have been exposed to elevated psychological and mental distress. This superimposes on the pre-existing health conditions. It is not easy from the point of view of the clinical signs and symptoms and mental health toll of the affected people to get their lives back to where they had been before the volcanic disaster. Hence in addition to timely referrals, EFA (Emergency first aid), sharing information on prevention measures and maintenance of proper hygiene and sanitation, psychosocial support is needed to alleviate the concerns to some extent.

Volunteers will be engaged in educating the community about the safety awareness process, distributing IEC materials about the prevention of infectious diseases, including COVID-19, IPC, MHM, WASH, the need to keep the environment clean and the appropriate use of mosquito nets. The National Societies will ensure that a feedback mechanism is put in place to collect and respond to comments and complaints.

### **Outcome 1: The immediate risks to the health of affected populations are reduced**

Main activities planned:

- Train volunteers on community-based disease surveillance (CBS) in coordination with the Ministry of health, and implement CBS in the targeted area
- Procurement of visibility and protective gear for volunteers (boots, raincoats, t-shirts, disinfectant, soaps, alcohol hand rub, face mask, etc), mosquito nets, FA equipment to people in need
- Provision of ambulance services to people in need
- Design and roll-out Community-Based Surveillance
- Find and refer cases of malnutrition for children under 5 to an appropriate centre and provide masoso porridge for 300 children
- Sensitize 1,500 households about COVID-19, diseases, family planning, malnutrition, SGBV and on vaccination campaigns
- Organize community dialogues and educational programs through radio on dispelling of rumours, early warning system of the volcano, and common diseases in the community
- Facilitate CEA activities in 6 information kiosks installed in public places and crossroads

### **Outcome 2: The psychosocial impacts of the emergency are lessened**

Main activities planned:

- Organize sessions to support awareness, mass psychosocial-education and/or individual, from PSS, PSP to the victims of Nyiragongo
- Organize PSS sessions with volunteers on self-care and stress management in favour of the affected community and host families. Provide individual PSS sessions, peer-to-peer support and small group emotional debriefings.
- Train volunteers on how to conduct PFA and PSS sessions to support victims of future disasters and organize peer-support groups (e.g., groups of adolescents, mothers, elderly, etc).



## **Water, sanitation and hygiene**

**People targeted: 80,000 people**

Male: 35,024

Female: 44,976

**Requirements (CHF): 286,000**

### **Proposed intervention**

Assessments carried out by DRC RC and IFRC indicated there were water and sanitation needs. In the interim, there was provision of water through water trucking at the sites of Mujoga, Kanyaruchinya, Sawasawa and Ave Maria, while the damaged water system from Regideso was being repaired. Now the system is again running, and it can provide water largely as before the volcano eruption. Though the distance to water points of the piped water systems is often more than 5 km, due to the expensive nature of water trucking, a solution to collect rainwater has been identified to provide some water for cleaning and hygiene at the collective centres and rehabilitating latrines for affected households in these centres. The latrines rehabilitation and the installation of handwashing stations will be vital for the prevention of water-borne diseases and COVID-19 as a priority for disaster-affected households in collective and informal sites and also for populations returned to the localities of origin.

### **Outcome: Immediate reduction of risk of water-related diseases in targeted communities**

Main activities planned:

- Construction and rehabilitation of latrines and urinals in at least 5 schools sheltering the population affected by the volcanic eruption
- Installation of hand-washing stations in schools and public areas
- Rehabilitation and installation of impluviums (cisterns) for collecting rainwater in at least 5 schools and churches
- Distribution of the WASH kit (container, bucket, soap, etc.)
- Training of community leaders and school brigades for hygiene promotion and latrine maintenance
- Provision of the latrine kit for families grouped into 5 (slabs, rafters, planks and other superstructure construction materials (families with latrine holes)
- Equip toilets with handwashing facilities, personal hygiene equipment and menstrual hygiene devices and ensure that they remain functional.



## Protection, gender and inclusion

**People targeted: 80,000 people**

Male: 35,024

Female: 44,976

**Requirements (CHF): 52,000**

### Proposed intervention

The people displaced as a result of the volcano eruption feel deprived of their rights and dignity because they are no longer at home. They have become much more dependent than independent. They hope to relive the happiness of yesteryears at home enjoying freedom and dignity. However, they must enjoy rights like everyone else, regardless of the situation and the context in which they find themselves. At this level, the DRC RC has a great role to play - that of bringing back to the affected people information and knowledge to enable them to be alert in the event of a threat of harassment, exploitation and sexual abuse towards them.

### **Outcome: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable**

Main activities planned:

- A code of Conduct and prevention of Sexual Exploitation and Abuse (PSEA) focal person has been appointed within the National Society.
- Provide psychosocial support specifically for survivors of sexual and/or gender-based violence.
- Train and mobilize volunteers for the implementation of pillar activities in targeted health zones
- Establishment of a complaint's management mechanism, Identification of cases of abuse of sexual violence and monitoring
- Carry out monitoring, listening, counselling sessions and referrals of cases of violence.
- Conduct home visits and verification visits during food and household items distributions

## ENABLING ACTIONS

### Strengthening National Societies

**Requirements (CHF): 895,000**

The emergency appeal operation will support the National Societies to address some self-assessed gaps with the view of further leveraging their mandates and capabilities as a partner of choice for emergency response and disaster preparedness, specifically focusing on volcano eruptions and secondary hazards. The National Societies will be supported in enhancing their leadership development (through coaching, training, support for planning activities), in Disaster Response Management and building of NDRT teams. Duty of care for all personnel and volunteers involved in the operation, including insurance, psychosocial support, and personal protective equipment will be provided as needed.

### **National Society Institutional Development**

Disaster Response Management: the DRC RC will be supported in developing its expertise in response to volcano eruptions and secondary hazards, including biohazards.

Volunteer Management: Support the development of management systems that bring volunteers closer to the national society, provide adequate duty of care, capacitate these volunteers to act bearing in mind the principles of action, and the best standards of community engagement and accountability.

### **Outcome S1.1: The objectives of National Societies in terms of capacity building and organizational development are facilitated so that National Societies have legal bases, ethical and financial, systems and structures, skills and capacity to plan and implement activities**

Main activities planned:

- Provide trainings in specific areas such as management of mortal remains, IFRC response tools, community disaster management, PFA, EFA, CBHFA, PMER
- Support the Goma branch in the implementation of mobile data collection for their activities and reinforce data management and visualisation.
- Adapt the feedback data collection and coding tools and strengthen the analytical capacity of the National Society feedback analysts
- Construction of warehouse in Mugunga and HQ
- Maintenance and running of 10 jeeps, 12 motorcycles and generator
- Ensure support towards volunteers by providing insurance, vaccination, PSS, training, etc.
- Support for carrying out the external audit of the provincial committee
- Develop a comprehensive strategy for DRM, institutional preparedness, and contingency plans
- Enhance the National Societies capacity in assessment and planning for DRR and resilience projects

### **National Society Visibility and Communications**

For the long term and depending on funding, there will be a need to conduct a 3-day communications training to build the capacity of DRC RC volunteers. The areas to be covered during the training will include photography, videography, writing and social media. Ten volunteers from each of the branches of Goma, Bukavu and Kinshasa are targeted for this training. In Rwanda, there are ongoing radio programmes that are sensitizing the community on COVID-19 prevention measures and safe zones from the volcanic red line where those affected by the volcanic eruption can move to. 10 volunteers from different branches across Rwanda will be selected for the communications training. Visibility materials to be displayed at all times. To support volunteers in their mission as well as the visibility of Red Cross actions on the ground, DRC RC through this EA operation will procure protection and visibility items for volunteers as needed. This will be in addition to a megaphone and IEC materials that will be produced to promote hygiene awareness and measures to protect families from transmissible diseases, including COVID-19.

Support will be provided to National Societies to increase their outreach and advocacy. As a first step, the Nairobi-based IFRC Communications Officer for East Africa is being deployed to Rwanda. At the regional level, the Communications team will continue to engage the media and use social media with a view to position the IFRC as a key player in the response.

## **Influencing others as strategic partners**

### **Requirements (CHF): 96,000**

Collective Movement response plays a vital role in providing bilateral and multilateral support to National Societies responding to critical needs. Together, the Movement adds immense value in a coordinated response that respects clear roles and responsibilities, promoting a principled humanitarian approach where others don't have access. The Appeal will promote, influence, and capitalize on the Movement's unique position, leveraging relations with the respective governments and National Societies to ensure the needs and respect of those affected by a principled, neutral, and independent intervention. The IFRC Secretariat, together with

National Societies will use their unique position to influence decisions at local, national and international levels that affect the most vulnerable.

In DRC, the IFRC will continue coordination with the government crisis cell, with the Goma Volcanic Observatory (OVG), and with the CRIO – *Comité Régional Inter-Organisation* - the forum for coordination of all humanitarian activities. The CRIO is chaired by the Deputy Humanitarian Coordinator for East DRC, with the support from the Head of OCHA. The IFRC and ICRC are also part of the CRIO. In Rwanda, the IFRC will continue to coordinate with the Ministry of Emergency Affairs (MINEMA).

The IFRC will continue liaising with DRC RC and Rwanda RC to ensure adequate cross-border coordination, as people are in constant movement in the border areas.

## Strengthening Coordination and Accountability Requirements (CHF): 1,086,000

**Community Engagement and Accountability:** Work will continue to strengthen established wide range of RCCE strategies and activities which will include working with key local stakeholders and use of available and effective traditional channels of interactive community engagement activities and working with key influencers in the communities. Capacity building through knowledge and skills transfer of DRC RC and RRC on community feedback management systems, including quality assurance, analyses, documentation and use of data to inform decision making will be done through regular interaction.

**Surge Deployments:** a series of surge deployments have supported the National Society in the initial stages of the operation, such as Head of Operations, Field Coordinator, Shelter Coordinator, WASH Coordinator and a Logistics Coordinator operating from Kigali, Rwanda. In addition, an assessment cell was also deployed to support the primary data collection which was essential for the development of the operational strategy. Today, the operation still counts on a Head of Operations (second rotation), a PMER Surge support and a Shelter Coordinator. The surge teams have developed a transition plan that will be set in motion from October 2021 to handover to the National Societies keeping only essential functions with longer-term IFRC staff.

**Planning, Monitoring, Evaluation and Reporting:** PMER departments in Rwanda and DRC, will oversee all operational implementation, monitoring and evaluation and reporting. The responsibility for day-to-day monitoring of the operation will be with RRC and DRC RC to ensure appropriate accountability, transparency, and financial management of the operation. The PMER will develop an M&E plan and indicator tracking table (ITT) to ensure regular and timely monitoring of all activities in the operation.

**Information Management (IM):** IM will coordinate with sector leads in IFRC and National Societies to improve IM processes within the NSs such as improving and standardising the methods of data collection and management for each pillar. IM will implement a centralised server at the NS to improve information storage and sharing among teams in the NS. IM will support the field activities through maps and other visualisation products to support decision making such as campsite planning maps to ensure the transitional sites follow a set of agreed upon minimum standards.

**Logistics and supply chain:** responsibilities will include sourcing the most urgent and relevant relief items, delivered and distributed equitably to those in need, in a timely, transparent, and cost-efficient manner. For the initial response, available prepositioned National Society stocks will be utilised and replenished locally or internationally depending on local availability. Local procurement will be carried out in accordance with the IFRC and National Society's standard procurement procedures with support of any deployed logistics surge in the country and the IFRC Regional Logistic Unit in Nairobi to ensure procurement activities will be carried out in accordance with the IFRC standard procurement procedures. Warehousing may play a significant role in these operations, where possible the National Society will use central warehouses to store items in advance of distribution activities. Fleet assets will be deployed as and where requested, assessments of logistics capacity

and systems (incl. procurement, transport, warehousing, fleet management) will be carried out where possible to enhance National Societies' logistics infrastructure on hardware, software, capacities and preparedness.

**Coordination and cooperation:** IFRC and Movement partners will enhance Movement coordination and cooperation in response to emergencies through ensuring efficient and well-coordinated use of the conferred responsibilities of Movement components; facilitating regular Movement coordination meetings; organizing joint assessment and monitoring; coordinating surge deployment; ensuring accountabilities as one Movement; and coordinating the development of contingency planning

## Ensure a strong IFRC Requirements (CHF): 71,000

**Communications and advocacy:** International media attention have been focused on the eruption itself, and limited coverage has been given to people's needs. Angles such as overlapping crises (COVID-19 and malnutrition), regional impact, and population movement will continue to be highlighted. The communications team will continue to showcase the response being offered by the Movement through social media platforms. They will also facilitate media interviews on request.

**Duty of care** and staff performance will be increased in the operation, through adequate HR management that promotes personal and professional growth as well as performance but acknowledges the challenging environment staff is facing with consecutive shocks, unprecedented challenges and the COVID-19 pandemic. Therefore, the HR plan has in due consideration all issues related to duty of care and well-being.

**The finance** department will continue to promote all safeguards and high standards of accountability to financial resources and provide timely reconciliations, adequate filing and reporting to all partners and donors. This will be done using well established IFRC systems. The operation will continue to make progress on the recommendations of the Internal Audit conducted, addressing the risk matrix and improvement plans. This is publicly available.

### Security

There have been several reports of armed violence in locations of operation which are associated with the ongoing armed violence with a somewhat higher incidence between February and May. During this sensitive period, the authorities tend to reinforce the security force presence across the country. Previous attacks have mostly taken place in crowded areas such as bus stops or markets, limiting their potential impact on foreign business travellers, even when explosions took place in central Kigali. The authorities may launch security operations after such incidents, which could involve checkpoints and spot-checks, resulting in minor travel delays. All field movements, Mission and operational travel will be controlled by the deployed Security Delegates or Surge based on set IFRC standards rules of vehicle movement and security clearance procedures.

The IFRC security plans will apply to all IFRC staff throughout the operating areas while on Mission. Area-specific Security Risk Assessment will be continuously updated for any operational area; risk mitigation measures will be identified and implemented. All IFRC staff must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training.

## D. FUNDING REQUIREMENTS

International Federation of Red Cross and Red Crescent Societies

### REVISED EMERGENCY APPEAL *Mt. Nyiragongo Volcanic Explosion*

*Funding requirements - summary*

	Needs in CHF
SHELTER	1,040,000
LIVELIHOODS AND BASIC NEEDS	165,000
HEALTH	309,000
WATER, SANITATION AND HYGIENE	286,000
PROTECTION, GENDER AND INCLUSION	52,000
STRENGTHEN NATIONAL SOCIETIES	895,000
INFLUENCING OTHERS AS A STRATEGIC PARTNER	96,000
STRENGTHENING COORDINATION AND ACCOUNTABILITY	1,086,000
ENSURE A STRONG IFRC	71,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>4,000,000</b>

# Contact Information

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

## DRC Red Cross

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## IFRC DRC Country Delegation

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## Rwanda Red Cross

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## IFRC Rwanda

- Rwanda Operations Manager/Senior Officer Disaster management: Daniel Mutinda, Office Mobile +25 4110 853 113 Email: [Daniel.MUTINDA@ifrc.org](mailto:Daniel.MUTINDA@ifrc.org)

## In the IFRC

- **IFRC Regional Office for Africa** Adesh Tripathee, Head of DCPRR, Nairobi, Kenya; phone +254731067489; email: [adesh.tripathee@ifrc.org](mailto:adesh.tripathee@ifrc.org)

## For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa** Louise Daintrey-Hall, Head of Partnerships and Resource Development Regional Office for Africa, Email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org) phone: +254 110 843978

## For In-Kind donations and Mobilisation table support:

- **Logistics Coordinator** Rishi Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org); phone: +254 733 888 022

## Reference documents



Click here for:

- [Appeals and updates](#)

## How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

**Jagan Chapagain**

Secretary General