

# Final report



## Uganda, Rwanda and Burundi: Population Movement

Final report

Emergency appeal n°  
MDR64004

20 January 2010

**Period covered by this Final Report:**  
December 2008 to August 2009  
**Appeal target (current):** CHF 1,300,299  
(USD 1,250,287 or EUR 878,580)  
**Final Appeal coverage:** 64% [<click here to go directly to the final financial report or here to view the contact details>](#)

### Appeal history:

- This [Emergency Appeal](#) was initially launched on 6 December 2008 for CHF 1,850,856 (USD 1,592,819 or EUR 1,231,441) for 5 months to assist 60,000 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 119,274 and CHF 211,650 were initially allocated from the Federation's DREF to support the Rwandan Red Cross (RRC) and Uganda Red Cross Society (URCS) respectively to respond.
- The budget was revised in an Appeal Update ([MDR6400401](#)) on 6 July 2009 in line with the detailed Plans of Action implemented by each National Society.
- The Appeal was extended for 3 months (up to 6 August 2009) in order to allow the National Society to maintain some operational preparedness during the renewed insecurity in Democratic Republic of Congo (DRC) in June to August 2009.



Volunteers of Uganda Red Cross Society register refugees at Matanda transit camp, Kisoro

**Summary:** As conflict in DRC escalated in November and December 2008, the three National Societies of Uganda, Rwanda and Burundi scaled up their operations in border areas with DRC in response to predicted and actual movement of refugees. Uganda received the highest number of refugees in December and January and played a lead role in receiving, registering and distributing relief items to over 9,000 people. A transit camp was opened to accommodate these refugees in Matanda. Uganda Red Cross Society worked as a partner with other humanitarian actors including United Nations High Commissioner for Refugees (UNHCR) to manage and provide services in transit and permanent refugee camps in Kanungu and Mbarara Districts.

Small numbers of people crossed the borders into Rwanda and Burundi during this time but most returned to DRC. Efforts of the National Society in these countries therefore concentrated on pre-positioning relief stocks and building branch capacity to respond to possible influxes of refugees in future. The cholera

outbreak in North and South Kivu also spread to neighbouring parts of Uganda, Rwanda and Burundi and all three National Societies responded with hygiene and sanitation interventions. Contingency plans for population movement, disease outbreak and possible conflict induced internally displaced persons (IDPs) were prepared in all relevant branches.

**Lessons learned:**

1. The Uganda Red Cross Society was the most active organization at the border crossing but effective assistance to refugees was hampered by poor coordination at field level in the early stages of the emergency. The United Nations and Government of Uganda could not agree on a strategy for hosting refugees. A stronger presence from the International Federation in the early stages to help the URCS advocate for action based on humanitarian principles rather than political imperatives would have been useful.
2. The Field Assessment Coordination Team (FACT) member deployed to Kisoro was able to strengthen the URCS representation at coordination meetings and argue for a better role for the URCS branches in the operation. In future, the National Society Headquarters should deploy a senior staff member from the Disaster Management department to direct the branch activities and represent the Movement in local coordination with other organizations in case there is no FACT or Regional Disaster Response Team (RDRT) deployed.
3. There were numerous organizations operating in Matanda transit camp in January and February 2009 and nearly all of them used URCS volunteers to distribute non-food items (NFIs) and other relief items. This could have been negotiated by the URCS as a better partnership in which the National Society was visible and raised its own profile instead of volunteers being absorbed into United Nation programmes.

## The situation

Since August 2008, the renewed fighting in North Kivu of the DRC between the Congolese army and the pro-Rwandan National Congress for the Defence of the People (NCDP) forces led to the displacement of approximately 250,000 civilians. The vast majority have remained in the DRC while many civilians have fled to neighbouring countries, particularly to south-western Uganda.

Subsequently, a DREF (Uganda and Rwanda) and a \$US 1.5 million Emergency Appeal (Uganda, Rwanda and Burundi) were launched followed by the deployment of a FACT team consisting of two people; a field-based Relief Delegate and/or Operations Manager (Regional Disaster Response Team member) and Nairobi-based Team Leader provided by Finnish Red Cross.

The political situation in DRC remains unstable. Most humanitarian actors are concerned about protection issues arising out of the current operations by armed forces of DRC and its allies and more population movement is expected, probably into Uganda and possibly into Burundi.

### Uganda

The fighting between the rebels of the NCDP and the Government of the Democratic Republic of Congo led to massive displacement of the Congolese people in Eastern DRC with many of them moving into the neighbouring countries. In Uganda, these movements picked up pace in October and continued throughout the November and December months. The biggest number of the refugees entered through the Ishasha border prompting the opening of Matanda transit camp in Kanungu district, where they were meant to stay for a period of not more than one month for relocation to Nakivale refugee settlement in Isingiro district and later in Kyangwali in Hoima district.

With the unfolding of this situation, the URCS conducted a rapid assessment and was able to determine that there were many unmet needs and key humanitarian actors had insufficient capacity and resources to meet the requirements for the incoming refugees. The URCS received a DREF allocation of CHF 211,650 targeting 7,000 people. There was still need for the URCS to continue engagement in the area as revealed by an assessment carried out at the end of November 2008 by a delegate from the Eastern Africa Zone together with the URCS. This prompted the upgrading of the DREF to an appeal in December (Now CHF 1.5 - covering Rwanda, Uganda and Burundi). A FACT mission followed in December which included the placement of a delegate in Kanungu and/or Matanda (December 2008 to February 2009) as an operations manager.

The situation in Eastern DRC remained unstable and an average of 500 refugees arrived through the boarder in Kisoro and were handled by the URCS Kisoro branch. The following are some of the reasons for flight:

1. Continuous attacks by different fighters. There are several groups fighting in DRC. Some of these groups are very difficult to identify but continue to destabilize the communities committing crimes that included; burning houses, rapping women, defiling young girls, robberies, and murder.
2. Forced recruitment into different military force is forcing mainly the youth to flee into Uganda.
3. Excessive hunger and famine that is existing because the people have not had time to cultivate and therefore no harvest.
4. There are a number of refugees of Rwandese origin who are entering the country because of preference to being repatriated to Rwanda through Uganda than through Congo – fear of being associated with suspicion of involvement in FDLR activities in Congo.
5. Some of the refugees claim that they have relatives in the refugee settlements for family reunion.
6. Rumours of FDLR warning of the communities in Ruchuru and Masisi to vacate their villages because of an imminent fight.

By end of June 2009, the UNHCR had an overall figure of 62,847 registered Congolese refugees in the different settlements in Uganda.

### **Burundi**

No refugees crossed into Burundi during the main outbreak of fighting in December 2008 and early January 2009 but the political instability in Cibitoke and other Provinces neighbouring DRC means that both IDPs and refugee movement as a result of fighting in North and South Kivu is highly likely. The Burundi Red Cross Society therefore took part in National Contingency Planning and developed their own comprehensive contingency plan of varying degrees of three scenarios; refugee's crossing into Burundi, increased IDP movement in Cibitoke and epidemic disease outbreaks in camps in Cibitoke province.

An outbreak of cholera was identified in the commune of Buganda in Cibitoke province. An average of 5 new cases a week was recorded between 2 and 6 January 2009. Red Cross action teams continued with awareness raising activities on measures to prevent cholera. The 165 households most affected were assisted with hygiene kits (including soap, jerrycans and "aquatabs"). Volunteers were mobilised to chlorinate water supplies in affected areas, especially in health centres and cholera treatment centres.

### **Rwanda**

In December 2008, the fighting approached Goma, which shares a border with Gisenyi town in Rwanda (**see figure 1**). This led to movement of refugees from DRC into Rwanda where 1,212 refugees (250 families) were reported to be in Rubavu District, while others refugees were at the border waiting the end of violence and allow them to return to their homes.

During January to August 2009 the Rwandan Red Cross maintained a minimum preparedness, in Rabavu as the situation was unstable and could deteriorate rapidly to present an increased humanitarian crisis with the potential of mass influx of refugees across the border into Rwanda. By August 2009, the situation in North Kivu, while still unstable did not provide any immediate threat of refugee movement into Rwanda.

Seismologists closely monitored increased activity in the two volcanoes of Nyiragongo. If Nyiragongo were to erupt it could affect the densely populated area of Goma and neighbouring town of Gisenyi on the Rwanda side of the border. The RRC prepared contingency plans and increased community preparedness activities in the areas within the range of the volcano [see also web story on Volcano preparedness at <http://www.ifrc.org/docs/news/09/09052601/index.asp>].

# Red Cross and Red Crescent action

## Achievements against objectives

### Overview

#### Uganda

**Kisoro** – The URCS Kisoro branch has been involved since October 2008 in the following refugee activities:

1. Registration of the new arrivals at the transit centre.
2. Community mobilization for routine immunization.
3. Referring and accompanying the refugees to the hospitals.
4. Promotion of hygiene and sanitation in the camp.
5. Distribution of both food and non-food items to the refugees.
6. Promotion of psychosocial support to different refugees in need.
7. Health and reproductive health education.

The total number of refugees that the branch has handled since October is 9,071.

**Kanungu** (Matanda) - Activities carried out included: first line registration of refugees with UNHCR; distribution of non-food items (kits, tarpaulins, sauce pans, blankets, plates, cups, jerry cans and soap); distribution of NFI in the transit camp; identification of unaccompanied minors in collaboration with International Committee of the Red Cross (ICRC) and Save the Children; food distribution in collaboration with the World Food Programme (WFP); psychosocial support activities and distribution of dignity kits in collaboration with the United Nations Population Fund (UNFPA); and loading as well as organizing convoys in collaboration with UNHCR.

**Nakivale** – The URCS took the lead on hygiene awareness in collaboration with Medecins Sans Frontieres (MSF) especially during and after the cholera outbreak. Further support and funding from Danish Red Cross ensured that the URCS Mbarara branch was able to step up efforts to improve hygiene in the settlement and implement a strong hygiene component that included; the distribution of soap to the new arrivals in the settlement, social mobilization, active cholera case search and reporting of all suspected cases to MSF which was the lead agency. In collaboration with German Technical Co-operation (GTZ), the URCS distributed NFIs to new arrivals in the settlement

**Kyangwali**- Refugees were transferred to this settlement since February 2009, the URCS was involved in hygiene promotion, water and sanitation activities as well as offering tracing services and special attention to unaccompanied minors. The Danish Red Cross supported these interventions which were complemented by soap distribution from the appeal.

#### Rwanda

Volunteers were mobilised in case of possible population movement (30 in Rubavu district, 30 in Nyabihu district and 30 in Musanze district). A refresher course was carried out on 1 December 2008 for a total of 60 volunteers. The RRC has a minimum level of preparedness and stock which can be mobilised (water equipment including bladder tank and accessories) and an additional water and sanitation kit for response to 2,000 people ("WatSan 2" kit) was procured by the International Federation Logistics department on behalf of Rwandan Red Cross (RRC).

During December 2008 and January 2009 the ICRC mobilised a water truck for possible use in border areas. There were regular meetings at headquarters level between all Movement actors and a joint field visit to Gisenyi was carried out. Since all refugees in Rwanda returned to DRC, operations under this Appeal were stopped by the end of January.

#### Burundi

No refugees crossed into Burundi in December 2008 and early January 2009 when the main displacement was taking place into Uganda. A small number of refugees (38 households) arrived in April 2009 following DRC Government and Rwandan army offensives in South Kivu and these were assisted by the Burundi Red Cross Society and Ministry of Interior. The political instability in Cibitoke and other Provinces neighbouring DRC means that the risk of both IDP and refugee movement as a result of fighting in North and South Kivu

remains high. The Burundi Red Cross Society therefore took part in National Contingency Planning and developed their own comprehensive contingency plan for varying degrees of three scenarios; refugee's crossing into Burundi, increased IDP movement in Cibitoke, epidemic disease outbreaks in camps in Cibitoke province.

During the cholera outbreak in Cibitoke province the National Society was engaged in awareness and prevention activities in Buganda Commune. Teams of volunteers distributed hygiene kits, including household water treatment chemicals, to the most vulnerable families and disinfected water sources and cholera treatment centres in the area.

#### Relief distributions (food and basic non-food items)

**Objective 1: Ensure refugees have access to shelter and basic relief items for up to 4,000 families in each country (12,000 families, 60,000 beneficiaries in total).**

**Additional Objective 2: The Capacity of URCS and BRCS to effectively respond to refugee influx and partner with UNHCR (and Government of Uganda and/or Government of Burundi) is increased.**

Expected results	Activities planned
<p>Adequate stocks of NFIs are in place to distribute to the current refugee population as well as potential new arrivals.</p> <p>Stocks of NFIs for responding to 3,000 families in Uganda and 400 families in Burundi are in place to distribute to the current refugee population as well as potential new arrivals.</p>	<ul style="list-style-type: none"> <li>• Purchase, transport and store shelter kits, blankets, mosquito nets, and kitchen sets.</li> <li>• Provide training for volunteers on refugee registration, relief distribution and use of shelter kits.</li> <li>• Distribution of the above items, in addition to distribution of other NFIs on behalf of other humanitarian actors.</li> <li>• Monitor and evaluate relief activities.</li> <li>• Procurement and repositioning of NFI kits.</li> <li>• Construction of temporary warehouses and office space.</li> <li>• Organization and distribution of relief items as required.</li> <li>• Training of volunteers and staff (ToT and Relief Management – Uganda, Sphere standards and shelter - Burundi).</li> <li>• Formation of teams of “Brigadiers d'urgence” (Rapid Action Teams) in 6 border branches in Burundi.</li> </ul>
<p>Accurate planning figures are in place to coordinate the delivery of humanitarian assistance.</p>	<ul style="list-style-type: none"> <li>• Registration of arriving refugees as well as assisting with relocating refugees to camps.</li> <li>• Monitor and evaluate the relief activities and provide reporting on relief distributions.</li> </ul>

#### Impact

##### Uganda

Achievements using Appeal funds include:

- A total of 3,787 NFI kits were distributed however, 213 kits remain in stock.
- A total of 20 First Aid kits were procured and distributed to the affected families.
- A total of 200 shirts and 200 caps were procured and distributed to volunteers in Kisoro and Matanda.
- A total of 100 shirts and gumboots were procured and distributed to volunteers in Nakivale.

The URCS provided limited, short term assistance to refugees in Kisoro, Nakivale and Matanda as necessitated. This support was coordinated within the framework provided by the UNHCR and other agencies. The National Society, supported by the International Federation and other Movement partners, assisted the refugees with non-food items (NFIs). The kit composition included: tarpaulin, soap, cooking pots, cups plates and blanket. These were distributed by URCS in Nakivale, Matanda and Kisoro and soap in Kyangwali. Uganda Red Cross Society worked in collaboration with the UNHCR as well as other agencies. In February and March 2009, the URCS volunteers distributed NFI that were mobilized by the UNHCR in Matanda. In October 2009, the URCS contributed to this inter-agency effort with distribution of NFIs from other agencies (Action AID and United Nations Children's Fund (UNICEF) in Matanda. A partnership was developed with United Nations Population Fund in which URCS distributed dignity kits to refugee women in Matanda.

The planned Trainer of Trainers (TOT) on preparedness and response for 16 people (Branch Field Coordinators, Disaster Management Focal Persons and Regional Disaster Management Officer and selected key volunteers) was not conducted because the Government of Uganda issued a directive that all refugees should be transferred to settlements by February 2009. All efforts by assistance partners and URCS were focused in this direction. Secondly, Disaster Management department was in the process of finalising the training manual which would form the basis for this capacity of the branches, namely, Bushenyi, Kabale, Kasese, Kisoro, Mbarara, Ntungamo and Rukungiri through training and equipping the volunteers with skills and materials.

### **Rwanda**

Due to the limited movement of refugees into Rwanda activities carried out were mostly preparedness, this included:

- Procurement and storage of assistance materials, to assist refugees, from Democratic Republic of Congo.
- Mobilisation of 20 Rwandan Red Cross volunteers and staff to work with the local branch members and local authorities to identify places where they can put the water and some food to distribute to the refugees before arriving to Nkamira Transit Camp (**see figure 1 below**).

A total of 20 Rwandan Red Cross volunteers received, registered and located for two days, a total of 250 families who crossed the border in primary school of Kabumba in Bugeshi sector Rubavu District.

### **Burundi**

A total of 120 Emergency Brigade Team – National Disaster Response Team (NDRT) were trained and pre positioned in 6 Provincial Branches frontier with DRC: Bubanza, Bujumbura Town, Rural Bujumbura, Rural Bujumbura, Makamba and Cibitoke. A small reception centre of approximately 120 people was built in collaboration with the National office of Protection of Refugees and Apatrides. This centre was used for the reception and lodging of the Congolese refugees. Assistance provided by Burundi Red Cross Society were:

- Construction of hygiene and sanitation facilities (latrines, baths areas and water distribution by jerrycans).
- Distribution of food and NFI.
- In addition Burundi Red Cross Society was involved in:
- Provision of assistance of 103 refugees made up of the Banyamulenge and Bafurero during their movement from their former camp of Gihinga in Mwaro.
- Purchase and pre positioning of NFI kits in 6 frontier provinces with the DRC namely: Bubanza, Bujumbura Town hall, Rural Bujumbura and Cibitoke.
- Training of Emergency Brigade Team on the protocols of distribution, on the reporting and the inventory control in the Branches.
- As part of preparedness for possible movement of refugees in future the BRCS set up an early warning system in the border branches. Achievements included:
- A total of 20 members Emergency Brigade Team were trained on the early warning system of the situations of disasters.
- The purchase of the equipment in materials of communication was made in favour of the frontier provinces to the DRC: faxes, telephone fixed and mobile.
- The positioning of the Focal Points Disaster Management in the frontier Branches with the DRC for the monitoring of the situation and early alarm in the event of disasters.

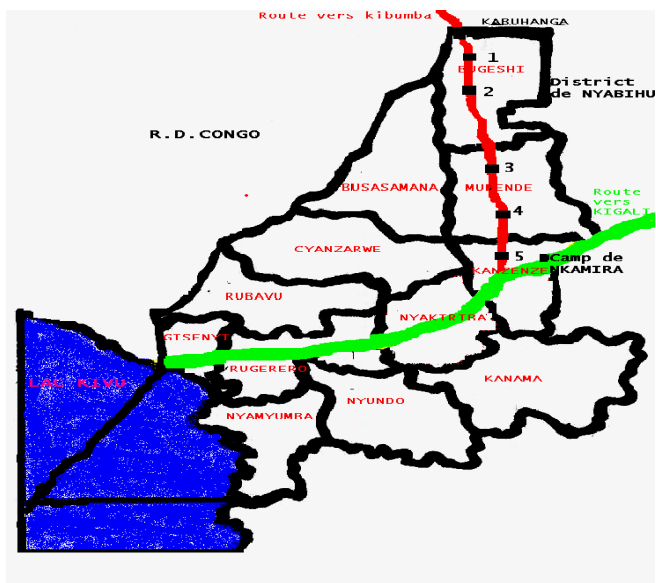


Figure 1: Map shows the route station ways from DR Congo boarder to Nkamira planned transit camp

### Emergency health and care

<b>Objective: Reduce transmission of diarrhoeal disease and ensure rapid treatment of diarrhoea and other communicable diseases (Uganda and Burundi only).</b>	
<b>Expected Results</b>	<b>Activities planned</b>
Health services are supported on the primary and possibly secondary levels to meet the needs of the affected population and fill the service gaps resulting from the emergency.	<ul style="list-style-type: none"> <li>Identify the gaps in health service provision in terms of availability of facilities, staff, medicines and equipment as well as population access.</li> <li>Distribute oral rehydration salts (ORS), mosquito nets to 5,000 families as required.</li> </ul>
Early detection and referral of diarrhoeal cases	<ul style="list-style-type: none"> <li>Train 150 volunteers on communicable disease surveillance in coordination with Ministry of Health and District Health Offices.</li> <li>Establish health surveillance teams working closely with MoH.</li> <li>Social mobilisation for early detection and reporting of suspected cases.</li> <li>Follow up and reporting on old and/or new cases.</li> </ul>

Due to limited funding in the appeal, activities focused on hygiene promotion in the prevention and response to cholera outbreaks. Results are therefore reported under the Water, Sanitation and Hygiene objective below.

### Water, sanitation and hygiene promotion

<b>Objective: Ensure refugees have access to safe water, sanitation and hygiene promotion services (in collaboration with other humanitarian actors) to prevent the spread of diarrhoeal disease.</b>	
<b>Expected results</b>	<b>Expected results</b>
Up to 10,000 households have access to WatSan and hygiene services.	<ul style="list-style-type: none"> <li>Purchase and stock hygiene kits for 6,000 households (HHs).</li> <li>Distribute the hygiene kits to the current refugee population</li> <li>Conduct hygiene promotion campaigns to at least 5,000 households, including training on safe use of household water treatment.</li> </ul>
Equipment and supplies are in place for provision of safe water for up to 6,000 households (2,000 in each country).	<ul style="list-style-type: none"> <li>Procurement and pre-positioning of two "WatSan Kit 2".</li> <li>Stocking and distributing household level water storage (i.e. jerry cans)<sup>1</sup>.</li> <li>Distribution Water Purification Tablets (WPT) in relation to hygiene promotion activities to 5,000 families.</li> </ul>
Appropriate sanitation, including excreta disposal, solid waste disposal and drainage, is provided to up to 10,000 families (in collaboration with other actors).	<ul style="list-style-type: none"> <li>Ensure construct of 300 emergency sanitation facilities in transit camps and other areas where sufficient facilities do not exist.</li> <li>Conduct vector control and prevention measures.</li> <li>Provide Solid Waste disposal facilities.</li> <li>Ensure appropriate camp layout for stagnant water drainage.</li> <li>Purchasing materials and equipment.</li> </ul>
The health status of the population is improved through behaviour change and hygiene promotion activities.	<ul style="list-style-type: none"> <li>Train 200 of community-based volunteers on PHAST and/or International Federation WatSan software.</li> <li>Initiate a hygiene promotion campaign within the affected population focusing on behaviour change.</li> </ul>
The scope and quality of the three Red Cross National Societies' water, sanitation and hygiene promotion services are improved.	<ul style="list-style-type: none"> <li>Conduct trainings on PHAST, Water supply, sanitation, for volunteers in the affected branches within the next 3 months.</li> <li>Identify entry points for branch development.</li> </ul>

<sup>1</sup> The URCS was asked to distribute some NFIs and carry out related hygiene promotion on behalf of other organisations such as UNICEF and Oxfam.

## **Uganda**

### **Achievements**

- Participatory Hygiene and Sanitation Transformation (PHAST) and relief management training for volunteers (30 in Kisoro, 30 in Matanda and 30 in Nakivale) was conducted.
- Bicycles were provided to volunteers for outreach in Nakivale.
- Awareness raising sessions on hygiene and disease transmission was conducted – a total of 23 sessions were conducted in Matanda, weekly sensitization on coming refugees in Nyakabande and 56 open sessions were conducted in Nakivale.
- Household hygiene education – a total of 2,561 households were reached in Nakivale refugee camp.
- Distribution of hygiene items – a total of 25,000 bars of soap were distributed in Matanda, 14,000 in Kyangwali, 7,000 bars in Kisoro, 15,000 in Nakivale as a part of the cholera intervention.
- Production and distribution of information, education and communication (IEC) materials on disease transmission in Matanda, Kisoro and Nakivale settlements was also carried out.

Through hygiene promotions in Kisoro, Nakivale and Juru, the URCS contributed to the improvement of the health and well being of the refugees in the these areas. The URCS was the lead agency in hygiene promotion activities in Nakivale settlement that included Juru and Nyakabande, the expanded areas of the settlement. The URCS carried out door to door sensitization on proper hygiene practices including mobilisation for immunization. The awareness sessions targeted the refugees in the transit as well as in the settlements and enhanced their capacity to become resilient to the diseases that are known to be hygiene related including cholera. During the cholera outbreak, the URCS volunteers visited households in the settlement to educate on preventive measures including the organization of several clean-up campaigns. The refugees were provided with hygiene related information, education and communication materials in Swahili language commonly understood by the refugees. Water and hygiene items were supplied (Jerry cans) by the URCS. Over 30 volunteers in Nakivale were engaged in house to house hygiene campaign for over five months. The measures were crucial to curb the spread of the disease. This action was coordinated with the settlement commandant, the health sector and UNHCR. As part of this intervention, a total of 30 refugees were selected and trained from Nakivale and Juru in the Participatory Hygiene and Sanitation Transformation in Emergency Response (PHASTER) approach and are now in charge of hygiene awareness and promotion in the settlement. Other actions that were carried out in Nakivale settlement included community mobilization for toilet cleaning and digging of rubbish pits which improved the hygiene of the settlement.

In conjunction with these training sessions, the mobilization team worked to actively promote community participation.

As a result of combined efforts from URCS hygiene promotion and WatSan activities carried out by Oxfam and United Nations Children's Fund (UNICEF) the cholera outbreak in the camps was contained, there were very few cases and only 5 deaths.

## **Rwanda**

### **Achievements**

Rwandan Red Cross received one WatSan Kit (Kit 2 for 2,000 people) provided by International Federation in order to enhance the capacity of the National Society in providing portable water, appropriate sanitation and hygiene promotion to the beneficiaries.

A total of 40 volunteers from Bugeshi, Mudende and Kanzenze Sectors in Rubavu District were mobilised and trained in Camp management and Disaster Management response activities including distribution of food and NFIs, hygiene promotion and the safe use of water treatment products.

## **Burundi**

### **Achievements**

Activities focused on dissemination messages on prevention of HIV and AIDS, cholera and diarrhoeal disease at refugee camps by BRCS volunteers and Emergency Brigade Team.

A total of 20 members of Emergency Brigade Team (NDRT) were trained in the field of the drinkable water provision in emergency with the support of the International Committee of the Red Cross (ICRC): assembly of the OXFAM TANK, collecting, treatment and distribution of drinking water in emergency.

BRCS purchased a water drinking and cleansing equipment. The equipment consisted of a bladder 15m<sup>3</sup>, motor-driven pump group and a generator. The National Society also purchased and pre positioned hygiene kits in 6 frontier provinces in DRC namely: Bubanza, Bujumbura Town hall, Rural Bujumbura, Makamba and Cibitoke.

### **Environmental Recovery**

<b>Increase the resilience of hosting communities in Uganda to withstand the effects of environmental degradation (New Objective).</b>	
<b>Expected results</b>	<b>Activities planned</b>
Environmental replenishment with trees as a Disaster Risk Reduction (DRR) measure.	<ul style="list-style-type: none"><li>• Procure tree seedlings and tools.</li><li>• Select beneficiaries, raise awareness on degradation and recovery in collaboration with other stakeholders.</li><li>• Distribution of seedlings and tools and monitoring.</li></ul>

### **Achievements**

A total of 36,000 trees seedlings were distributed (12,000 Pine, 4,000 gravelia and 20,000 Eucalyptus) to the community in Matanda that hosted the refugees.

The rehabilitation of the environment in Matanda area which hosted the refugees during the transit was carried out. This was a need that was specifically mentioned by the community and their leaders during the period that the refugees stayed in the area. The URCS procured the tree seedlings which were then handed over to the beneficiary community in a highly publicized event by the resident commissioner in Kanungu. The district forest officer and the URCS Rukungiri branch will continue to monitor the progress of the trees.

[<Final financial report below and contact details below; click here to return to the title page>](#)

## **How we work**

*All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

### **Global Agenda Goals:**

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social

exclusion and promote respect for diversity and human dignity.

## Contact information

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**International Federation of Red Cross and Red Crescent Societies**

MDR64004 - Uganda, Rwanda and Burundi - Population Movement

Final Report

Selected Parameters	
Reporting Timeframe	2007/1-2009/12
Budget Timeframe	2008/12-2009/8
Appeal	MDR64004
Budget	APPEAL

All figures are in Swiss Francs (CHF)

**I. Consolidated Response to Appeal**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>A. Budget</b>	<b>1,300,299</b>					<b>1,300,299</b>
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>Income</b>						
<u><b>Cash contributions</b></u>						
<i>American Red Cross</i>	55,685					55,685
<i>British Red Cross</i>	18,258					18,258
<i>China RC, Hong Kong branch</i>	27,090					27,090
<i>Irish Red Cross</i>	38,052					38,052
<i>Monaco Red Cross</i>	7,381					7,381
<i>Netherlands Red Cross</i>	415,041					415,041
<i>Sweden Red Cross</i>	17,710					17,710
<i>Sweden Red Cross (from Swedish Government)</i>	254,755					254,755
<i>Unidentified donor</i>	-2,396					-2,396
<b>C1. Cash contributions</b>	<b>831,576</b>					<b>831,576</b>
<b>C. Total Income = SUM(C1..C5)</b>	<b>831,576</b>					<b>831,576</b>
<b>D. Total Funding = B + C</b>	<b>831,576</b>					<b>831,576</b>
<b>Appeal Coverage</b>	<b>64%</b>					<b>64%</b>

**II. Balance of Funds**

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL
<b>B. Opening Balance</b>	<b>0</b>					<b>0</b>
<b>C. Income</b>	<b>831,576</b>					<b>831,576</b>
<b>E. Expenditure</b>	<b>-831,576</b>					<b>-831,576</b>
<b>F. Closing Balance = (B + C + E)</b>	<b>0</b>					<b>0</b>



