

EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

BURUNDI: HUMANITARIAN ASSISTANCE TO RETURNEES AND VULNERABLE GROUPS

Appeal no.
MDRBI001
24 March 2006

The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in over 183 countries.

In Brief

THIS EMERGENCY APPEAL SEEKS CHF 1,580,238 (USD 1,196,244 OR EUR 1,009,737) IN CASH, KIND OR SERVICES TO ASSIST 22,000 BENEFICIARIES AND OTHER VULNERABLE GROUPS FOR 12 MONTHS THROUGH TARGETED SHELTER, FOOD, SEED, HEALTH AS WELL AS WATER AND SANITATION INTERVENTIONS.

[Click here to go directly to the attached Appeal budget.](#)

[Click here to go directly to the attached map of the operation area.](#)

Appeal History:

- CHF 90,525 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to initiate the operation. Refer to http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRBI001.pdf for DREF Bulletin. Unearmarked funds to repay DREF are encouraged.

This operation is aligned with the International Federation's 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.

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Related appeals:

- **East Africa: Regional Drought Response-** http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDR64001.pdf
- **Ethiopia: Drought; Appeal no. MDRET001-** http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRET001.pdf
- **Kenya: Drought; Appeal no. MDRKE001-** http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRKE001.pdf
- **Rwanda: Drought; Appeal no. MDRRW001-** http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRRW001.pdf
- **Tanzania: Drought; Appeal no. MDRTZ001-** http://www.ifrc.org/cgi/pdf_appeals.pl?06/MDRTZ001.pdf

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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.

For longer-term programmes in this or other countries or regions, please refer to the Federation's Annual Appeal. For support to or for further information concerning Federation programmes or operations in this or other countries, or for national society profiles, please also access the Federation's website at <http://www.ifrc.org>

For longer-term programmes, please refer to the Federation's 2006-07 Annual Appeal for East Africa Sub-regional Programmes on http://www.ifrc.org/cgi/pdf_appeals.pl?annual06/MAA64003.pdf

The situation

In addition to the 11 million people in Eastern and Central Africa who are currently threatened by deteriorating food security, some of the most vulnerable are in, or returning to, countries such as Burundi, where the food crisis is amplified by years of conflict, suffering and population displacement. According to estimations by the UN Office for the Coordination of Humanitarian Affairs (OCHA), the civil conflict resulted in a movement of 9% of the population of Burundi to bordering countries (refugees) and 12% are internally displaced within Burundi.

With the rainy season having produced a poor harvest in Burundi and in neighbouring countries, Burundian refugees now returning to their location of origin may find that even after they have negotiated the long and difficult journey to their destination, the struggling communities receiving them are in a bad state. These communities have sustained the recent shock of crop disease and failed harvest, over and above the longer term impact of years of subsistence agriculture and limited health and water and sanitation services. While returnees need assistance both in reaching and becoming part of their new communities, the vulnerable communities receiving the returnees need help to absorb them without exhausting what limited coping mechanisms and resources exist in these areas.

In January 2006, CHF 90,525 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to enable the Burundi Red Cross to assess both the humanitarian and food security situation in the country. The assessment was conducted in January and February 2006 with the assistance of the regional delegation in Nairobi and a Field Assessment and Coordination Team (FACT). From the assessment findings, strategies were identified to support 10,000 vulnerable returnees in reaching and integrating into their new communities and to strengthen community infrastructures to deliver basic services to the vulnerable (host communities and returnees alike). This integrated emergency appeal was developed from these strategies through which the Burundi Red Cross, with Federation support, will target returnees and their host communities to receive humanitarian assistance in the most affected areas including, Kirundo, Makamba, Muyinga, and Ruyigi.

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In January 2006, the United Nations High Commissioner for Refugees (UNHCR) estimated that there were still 400,000 refugees in bordering counties (mainly Tanzania) while OCHA estimated that 116,000 IDP remain in transit camps.

The main destinations of returning Burundian refugees have been the eastern provinces of Kirundo, Makamba, Muyinga, and Ruyigi. For all returning refugees, UNHCR provides materials that include a jerry can, blankets, hoes, clothing material, a cooking set, and a three-month food ration. However, host communities do not receive similar support neither from national nor international organizations. Thus, after three months, both returnees and host communities arrive at the same level of high vulnerability. Particularly vulnerable are those female-led households not represented in community committees, as are not given adequate portions when the United Nations World Food Programme (WFP) food aid is (re)distributed by local committees. The largest influx of returnees is expected between July and September 2006, as it is the harvest period.

Food security: In any given year, limited access to land, low yields, and severely reduced livestock make the lives of those in rural areas difficult. However, the destruction of much of the staple manioc crop as a result of mosaic, a crop disease, and poor rains in both 2004 and 2005 have compromised recent harvests and further weakened many households.

The Government of Burundi has declared five food insecure provinces (Kirundo, Muyinga, Ruyigi, Cankuzo and Rutana) as disaster zones to be assisted through the national solidarity contributions, which rural households and public enterprises are requested to pay, according to the WFP *Emergency Report – Number 8*. The contribution is deducted from the salary of civil servants. The contribution will be collected from March to June inclusive.



According to a December 2005 UN Food and Agriculture Organization (FAO) survey, more than half of the surveyed households in the affected areas rely on less than one meal a day. Others cope by eating smaller meals, requesting food assistance, and looking for alternative means of employment. Some families have sold their iron sheet roofs (and replaced them with plastic), their land, or have resorted to prostitution. The lean season underway is expected to last until the harvest begins in June 2006.

Photo left: As a coping mechanism, some families are selling the iron-sheet roofing of their houses to get money for food.

Water and Sanitation: Only 36 percent of the population has access to adequate sanitation, and although the country has sufficient water resources to provide 40 million people with 40 litres of water a day, water resource management is a problem. According to the UN Development Programme (UNDP), 21 percent of the population lacks sustainable access to an improved water source. On average, women and children have to travel 3 kilometres to collect water. In January, the assessment team noted that in Muyinga the price of a 20-litre water-filled jerry can had risen to between BIF 200 and 300 (CHF 24 or USD 32 and 36 respectively (and), after having only sold for BIF 50 (CHF 6 or USD 8) some years before. The sharp change in price is reflective of the increased demand for water.

Health: Burundi's health indicators¹ are amongst the worst in the world, indicating a very high vulnerability and poor access to basic health care. Only USD 16 per person is spent per year on health care in Burundi, according to the United Nations Development Programme (UNDP). In terms of human development, Burundi ranks 169 (out of 177 in the world). The fertility rate of 6.8 is the highest in the world, and infant and under five mortality is also very high, with 114 and 190 deaths per 1,000 live births respectively. According to a World Health Organization (WHO) report, the HIV/AIDS prevalence is 20 percent in urban areas and 7.5 percent in rural areas. Thus, HIV/AIDS and its impact on conflict-affected and food insecure populations is a challenge for humanitarian assistance, as population movement, the breakdown of traditional social structures, and the increased incidence of rape and

¹ UNDP Human Development Report, September 2005: Human Development Index.

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prostitution are all contributing factors that make conflict-affected populations particularly vulnerable to HIV/AIDS transmission.² The HIV/AIDS prevalence, poor living conditions, and inadequate access to health care contribute to a life expectancy of only 43.6 years. Malnutrition and disease also continue to threaten the region. Chronic malnutrition is 44.4 percent, and global acute malnutrition is 6.5 percent.³ According to UNDP, about 68 percent of the population is undernourished, and 45 percent of children are underweight for their age. Amongst the diseases with which the country regularly grapples are malaria (with 48,096 cases in 2000), acute respiratory infections, and diarrhoea for children less than five years old. Meanwhile, only one percent of children younger than five have insecticide treated bed nets to protect against malaria.

The needs

Food security: According to the 8 March UN Office for the Coordination of Humanitarian Affairs (OCHA) *Burundi Situation Report: 20-26 February*, the food security situation remains “disconcerting” in several provinces, including Cankuzo, Kirundo, Muyinga, Ruyigi and Rutana. The Burundi Red Cross is collecting food in less affected communities for distribution in more affected areas such as in the Gisuru and Butaganzwa communes in Ruyigi. Through this appeal, the national society will also provide one-time food assistance to two vulnerable groups: 500 vulnerable female-led households (mainly IDPs but also from the host community) and 1,500 returnees who remain vulnerable after having been in their host communities for three months. Each female-headed household will also receive a hoe for farming or gardening. The intervention in support of the 1,500 returnees is designed as a transitional complement to the UNHCR food basket that winds down after having been provided to all returnees for the initial three months in their new communities. The Burundi Red Cross, in coordination with the UN’s Food and Agriculture Organization (FAO), will distribute mosaic-resistant manioc seeds in targeted villages. These interventions will help the most vulnerable (returnees and locals) to cope with the current food shortages.

Water and Sanitation: The affected provinces of Kirundo and Muyinga provinces suffer severe water shortages due to insufficient surface water sources. Drilling is required to reach potable water. Although there have been many one-year projects initiated by the government and by non-governmental organizations (NGOs) to rehabilitate or construct water sources, these projects have often resulted in water sources that fall into disrepair after the end of the one-year programme, due to lack of maintenance. The Burundi Red Cross will rehabilitate 50 water sources during the one year duration of this operation and provide the necessary ongoing assistance to help keep water sources functional for the longer term. The 50 targeted water sources will be selected in coordination with relevant local agencies from amongst those that have fallen into disrepair. Two water and sanitation technicians will be recruited to undertake the project’s engineering component. In addition, household latrines will be constructed for 50 vulnerable families (returnees and local community), and additional water and sanitation education activities will be conducted. The national society is already involved in Participatory Health and Sanitation Transformation (PHAST) activities, in partnership with UNICEF, to increase community awareness of good health and sanitation behaviors. These activities will continue.

Health: Access to health care is a big problem for both returnees and the communities to which they arrive. There have been reports of an increasing number of malaria cases. Recent interviews conducted with health managers by the regional delegation’s technical staff and the Burundi Red Cross indicates that there is no significant excess mortality or morbidity due to drought or population movement. However, as a result of the current drought and the increased vulnerability of those families welcoming returnees, health managers have reported that there is an increase in the number of patients who do not have the resources to pay for a health consultation, the cost of which represents 70 percent of one week’s income. As a result, many do not go to clinics until their condition is critical. In Bunyari (Kirundo), 50 percent of patients have so little money they must arrange to make payment for services after the next harvest in May or June 2006. Unfortunately, 10 percent of pregnant women are amongst those not coming for consultation. The Burundi Red Cross will support the provision of 2,000 mosquito nets to vulnerable pregnant women (returnees and local) who cannot access health services. The mosquito nets will protect the women and children from malaria-carrying mosquitoes. The national society will also conduct small scale health and social mobilization activities during the three-month monitoring visits.

² HIV/AIDS are figures from the Great Lakes Regional Health Sector Assessment, WHO and UNDP Human Development Report, September 2005.

³ Burundi: Health & Nutrition in a Humanitarian Context (21 March-29 April), an interagency evaluation by WHO, UNICEF, CDC

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Population movement: While UNHCR manages the care of returnees until their arrival at a major town in their location of origin, after their arrival, some returnees still must walk up to 40 kilometres (km) to reach their final destination. The most vulnerable returnees, including women with children, people who are older and others, will certainly encounter difficulties to undertake this journey. However, it is beyond UNHCR's ability to provide equitable assistance to all, for this last part of the journey. To that end, the Burundi Red Cross will assist 10,000 returnees to travel to their final destination, which will include help with filling out forms, carrying belongings, providing water and first aid and ensuring there are people to meet returnees when they arrive in their new community. The national society will then assist returnees and returnee communities together through health, and water and sanitation activities.

Specific vulnerable groups: Due to war, insecurity, and the cultural environment, female-headed households- especially those who are internally displaced- are more vulnerable than other households, and are not specifically targeted by significant assistance programmes. According to UNOCHA, 50 percent of IDP households in the Central and Northern provinces and 36 percent of the IDP households countrywide are headed by women. Some of these female-headed families do not have a proper house and/or live in very poor conditions, well below the community standard. The Burundi Red Cross, after having identified the 500 most vulnerable female-led households, will build appropriate houses for them, modelled on UNHCR's design. Returnees with masonry and related building experience will be employed to build these houses according to the following specifications: They will measure 7 metres by 5 metres, with three rooms, two doors, four windows, wooden support beams, an aluminium tile roof, and one external latrine. Sun dried bricks, produced by the community, will be used, and returnees with masonry experience, will assist with the building.

Coordination

The Federation's regional delegation will work in consultation with the Burundi Red Cross and other partners, including WFP, FAO, UNHCR, and local committees, to ensure smooth coordination in the provision of assistance. Every effort will be made to keep this response in line with the needs of the evolving situation.

The durability of the Burundi Red Cross at the community level has made it an attractive organization with which to partner. Currently, the national society is working with UNICEF to organize a small participatory hygiene and sanitation transformation (PHAST) course in one community, while it is helping to distribute WFP food in small transit camps, and volunteers have been invited by FAO to participate in a Food and Crops Early Warning System. Additional activities, to be conducted in coordination with UN agencies, are being considered. Because WFP and other organizations are conducting large scale food distributions, only targeted and complementary food assistance is included in this response operation.

UNICEF, UNHCR, and WHO will work together to build 150 health centres, supply the centres with medical drugs, and train health staff and the government to ensure the delivery and continuity of basic health services. Meanwhile, WFP is conducting targeted feeding, food-for-work, school feeding and seed protection ration activities, and has distributed over 1,400 metric tons of food to 262,614 beneficiaries, and about 3,585 metric tons of seed, according to UN OCHA.⁴ In addition to various rehabilitation activities, FAO is also working with other organisations to help 40 percent of the rural population with seeds and farming tools.

To improve access to potable water in the Maramvya health centre (Bujumbura Rural), the *Operations des Nations Unies au Burundi* (ONUB) is providing water through a UNICEF-installed bladder system. ONUB is a peacekeeping and observatory military force deployed to Burundi in 2004 and mandated to support humanitarian activities.⁵

Numerous international and national aid organizations have been active in Burundi for many years; currently, 28 agencies operate in the food security sector alone, and are present throughout the country. Diversified food security interventions include trainings, food-for-work, agro-forestry, irrigation, and seed and tool activities. An early warning system is now in place and has proved valuable in helping operational stakeholders (Ministry of Health, FAO, international nongovernmental organizations) initiate responses and allow for the early mobilization of donor resources.

⁴ UN OCHA Update, 8 March

⁵ UN OCHA Update, 8 March

The proposed operation

This operation will assist vulnerable people who are returning to their places of origin and the communities who are receiving them and will also address capacity building of the Burundi Red Cross. In total, the operation will target 22,000 beneficiaries including 10,000 assisted returnees as well as 500 women headed households (2,500), 1,500 vulnerable families (7,500) and 2,000 pregnant women.

The strategy is to focus first on returnees and IDPs and provide other essential basic services (water, latrines, health education) to the vulnerable host community as a whole and participate to build bridges between all community components in Burundi. The repatriation process has been ongoing since 2002 and the national society is working with the communities to promote integration. The issue of access to land is a concern and the national society is working with UNHCR and other agencies.

The assistance to be provided includes furnishing 10,000 returnees- or 10 percent of the estimated 100,000 total caseload (UNHCR estimates the refugee caseload for 2006 to be 100,000 people), with information, basic first aid, and material assistance, to help them reach and settle into their final destinations. This includes assistance with documentation, baggage, water, basic first aid if needed, and ensuring that returnees are met upon their arrival. This response will continue to provide general support to returnees as well as to the communities receiving them in areas that may include Kirundo, Makamba, Muyinga, and Ruyigi. In the host community, shelter, based on a standard UNHCR model, will be provided to 500 vulnerable female-headed households along with rice, beans, oil, a cooking set, jerry cans, and a hoe. Most of these targeted women are IDPs who returned home and leaves in very critical conditions. Insecticide-treated mosquito nets will be provided to protect 2,000 vulnerable pregnant women, unable to access health services, against malaria. Together with relevant local agencies, 50 water sources will be selected in affected areas for rehabilitation. Additionally, 50 vulnerable households will benefit from latrine construction. Both materials and labour for construction and rehabilitation activities will be sought locally, where possible.

Every three months for the one year duration of this project, monitoring visits will be conducted to follow up on how returnees and the communities hosting them are faring. At the first three month monitoring visit, 1,500 returnees who continue to remain vulnerable will be selected to receive a one-time transitional food ration of rice, beans, oil, jerry cans, and a cooking set if needed, as UNHCR's three-month all-returnee food basket winds down. Health and water and sanitation education activities, conducted in the community as an element of these three-month monitoring visits, will include guidance to communities on HIV/AIDS and sexually transmitted diseases, and guidance to volunteers on the African Red Cross and Red Crescent Health Initiative (ARCHI) and Community Based First Aid (CBFA) methodologies. PHAST activities are already ongoing in partnership with UNICEF. Mosaic-resistant manioc seeds, provided by FAO, will be distributed. Efforts to strengthen the capacity of the national society will include the provision of needed communications equipment, transportation, and staff. Volunteers will participate in the community level monitoring of the food and crop situation and the development of an early warning system, in partnership with WFP, FAO, and other credible nongovernmental organizations.

The identification of returnee beneficiaries will be done in close collaboration with the Burundi Red Cross branches according to criteria agreed by an interagency group, UNHCR, and the national societies from which refugees are departing (mainly Tanzania). *[Note: The vulnerable beneficiaries are selected as follows: Group 1 (persons receiving seeds from FAO and food ration from WFP). They include orphans between 5yrs and 13yrs (the head of household without resources); malnourished - sick (HIV/AIDS, chronic Malaria etc.); more than 55yrs and disabled with children less than 13yrs; widows with children under 13yrs and vulnerable families that will receive returnees. The other category is Group 2 (Persons who need farming assistance). They include recent IDPs who have access to land; separated families with temporary access to land; families with limited access to land and without other resources as well as families returning to the village of origin who need resettlement support].*

In affected Burundian communities, beneficiary selection will be conducted in coordination with relevant local agencies and associations. The community will be involved in the planning process which will be used as an opportunity to promote Humanitarian Values and Fundamental Principles to establish bridges of peace between all community components.

Goal: To provide humanitarian assistance, including food security, livelihood, water and sanitation, and health support, to the most vulnerable returnees and the communities receiving them.

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Objective 1: To provide information, first aid, and material assistance to 10,000 of the most vulnerable groups among the returnees.

Activities planned to reach this objective:

- Identify 10,000 beneficiaries in collaboration with Tanzania Red Cross National Society and UNHCR.
- Provide training to Burundi Red Cross volunteers in counselling and orientations.
- Help vulnerable returnees to reach the final destinations by providing them with first aid materials and/or carrying luggage, helping them to fill out forms and meet them at their arrival in their new communities.
- Organize and provide specific information to help returnees upon their arrival integrate into their new communities.
- Organize follow-up every three months to assess returnee and community vulnerability.

Expected Results:

- 10,000 identified beneficiaries, or 10 percent of the returnee caseload, will have received information, first aid, health, and material assistance en route and upon arrival in their new communities, leading to better integration within these communities;
- Burundi Red Cross volunteers will have received guidance to assist vulnerable returnees in an appropriate manner.

Objective 2: To provide appropriate shelter, modelled on UNHCR designs, for 500 vulnerable female-headed households in locations that may include Makamba, Ruyigi, Kirundo, and Muyinga.

Activities planned to reach this objective:

- Identify beneficiaries in collaboration with partners in the field (Government, UN Agencies, local communities and NGOs).
- Mobilize community involvement.
- Procure building materials from the community, and employ returnees with relevant masonry or other building experience to assist with construction.
- Build UNHCR-designed shelters for 500 female-headed returnee households.

Expected Results:

- 500 vulnerable female-led households in areas such as Makamba, Ruyigi, Kirundo, and Muyinga will have settled into their new shelter.
- Returnees with masonry experience will have received temporary employment.

Objective 3: To increase the resilience of 2,000 vulnerable returnees households through distribution of mosaic-resistant manioc seeds, tools and one-time food and non food items distribution (500 vulnerable female-headed households in locations such as Makamba, Ruyigi, Kirundo, and Muyinga and 1,500 who are still be vulnerable after the UNHCR's three month food basket concludes).

Activities planned to reach this objective:

- Identify suppliers for supplementary food, non-food items and tools.
- Receive seeds from FAO.
- Receive (locally) 20,000 kg of rice, 20,000 kg of beans, 4,000 litres of oil, 2,000 hoes, 4,000 jerry cans, 2,000 sets of cooking utensils, 500 blankets and 500 *pagnes* (body cloth)⁶ for distribution.
- Identify beneficiaries and distribute seed rations, 10 kg of rice, 10 kg of beans, 2 litres of oil, 1 hoe, 2 jerry cans, 1 set of cooking utensils, 1 blanket and 1 *pagne*.
- Provide volunteers for WFP/FAO-training and participation in the food and crops monitoring system.

⁶ Only the 500 vulnerable female-headed households will receive blankets and *pagnes* (body cloth).

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Expected Results:

- Vulnerable returnees in targeted villages will have received mosaic-disease resistant manioc seeds, a one-time supplementary food ration as well as non food items and tools.
- National society volunteers will have been trained to take part in the food and crop monitoring system.

Objective 4: To contribute to a reduced incidence of malaria amongst vulnerable pregnant women lacking access to health care in areas that may include Makamba, Ruyigi, Kirundo, and Muyinga through the provision of 2,000 insecticide-treated bed nets, through health promotion activities for the community, and through guidance to volunteers on pertinent methodologies.

Activities planned to reach this objective:

- Identify 2,000 vulnerable returnee and local pregnant women lacking access to health services in areas that may include Makamba, Ruyigi, Kirundo, and Muyinga.
- Procure 2,000 insecticide-treated bed nets for distribution.
- Provide 2,000 identified beneficiaries who go for health consultations with free bed nets.
- Provide technical brochures on the ARCHI, a strategy that provides comprehensive guidance on health issues, such as safe water, diarrhoea, water and sanitation, and guidelines for community action and cleaning campaigns.
- Organize educational sessions for targeted groups in the community.
- Provide community-based first aid (CBFA) training for Burundi Red Cross volunteers.

Expected Result:

- 2,000 vulnerable returnees and local women will have received insecticide-treated bed nets to help protect them against malaria and general health conditions will have been improved through health promotion and social mobilization activities and volunteer trainings in ARCHI and CBFA.

Objective 5: To improve community access to 50 safe water sources, to construct latrines for 50 of the most vulnerable families (returnees and from host community), and to increase awareness regarding good general water and sanitation behaviours in the main destination communities of returnees through water source rehabilitation activities in Makamba, Ruyigi, Kirundo, Muyinga.

Activities planned to reach this objective:

- Establish partnership with nongovernmental organizations and local water management organizations to identify 50 water sources for rehabilitation and 50 families to receive latrines.
- Recruit two local water and sanitation technicians to conduct rehabilitation activities.
- Rehabilitate 50 water sources in Ruyigi, Kirundo, Muyinga and Makamba.
- Construct 50 latrines for the most vulnerable.
- Provide information on ARCHI strategy.
- Continue with PHAST activities.

Expected result:

- 50 water sources will have been rehabilitated, 50 latrines will have been constructed, and water and sanitation informational activities will have been conducted, resulting in better access to improved sanitation and increased water and sanitation awareness in Makamba, Ruyigi, Kirundo, and Muyinga.

Objective 6: Reinforce the capacity of the national society for appropriate management, implementation and coordination of project activities in areas that may include Makamba, Ruyigi, Kirundo, and Muyinga.

Activities planned to reach this objective:

- Equip national society branches in Ruyigi, Kirundo, Muyinga, and Makamba with 4x4 vehicles, at least one with communications equipment, a computer, and provide one staff member and one international programme coordinator delegate to the national society headquarter in Bujumbura for this response.

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Expected result:

- The Burundi Red Cross national headquarters and branches will have been strengthened through the provision of vehicles, communications equipment, and staff.

Communications – Advocacy and Public information

The Federation Secretariat in Geneva includes media officers to report on success stories and increase the visibility and credibility of the International Red Cross and Red Crescent Movement. A communications delegate is supporting the communications needs of this operation for the regional delegation. Both the Federation's Secretariat and its regional delegation continue to lobby for support for this operation. A DREF Bulletin on humanitarian assistance to IDPs and returnees was issued in January. Regional drought response information is available on the Federation website.

Capacity of the National Society

The national society is currently conducting food distributions in Ruyigi and is working with UN agencies on several projects. The strengths of the Burundi Red Cross include its community-based volunteer network and technical expertise in health and in PHAST methodology. Currently, the national society is conducting several activities that include gardening projects in youth centres to a PHAST project in Cankuzo and food distributions in Ngozi and Ruyigi. However, the national society has just been restructured and requires assistance to enhance its capacity, for though Burundi Red Cross volunteers are present at provincial branches, they lack key resources, such as offices, transport, computers, and communications materials. For this operation, the national society also requires two local technicians to conduct appropriate water source rehabilitation activities and an international programme coordinator to ensure an integrated approach to all planned interventions, as well as to build strategic partnerships and to report on ongoing projects.

Capacity of the Federation

The Federation is represented by the Head of the East Africa sub-regional office, based in Nairobi, who will support the national society during the operation. A disaster management delegate will provide direct technical assistance to the national society while a programme delegate is being recruited.

The capacity of the regional delegation, Nairobi and the national society to assess and respond to food insecurity was scaled up by the arrival of a Field Assessment and Coordination Team (FACT), which was deployed to Nairobi in late January to provide support and assistance to the regional delegation and the Nairobi-based drafting committee (consisting jointly of Federation personnel and operating national societies) as well as to conduct field assessments and initiate a plan of action. Technical support will be provided from the disaster management and programme departments in the regional delegation in Nairobi that has been augmented by additional food security, water and sanitation, logistics and drought operation management delegates in the new food security unit.

Monitoring and evaluation

The Burundi Red Cross will monitor and ensure the proper delivery of humanitarian assistance to the food insecurity-affected people. With the support of the Federation, the Burundi Red Cross will assume the overall accountability, timely and quality reporting responsibilities.

Budget summary

See Annex 1 for details.

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National Society and Field Support Division

Markku Niskala
Secretary General

[Budget below; click here to return to the title page and contact information.](#)

BUDGET SUMMARY

APPEAL No

MDRBI001

Burundi Refugees Return 2006**Emergency appeal**

	CHF	CHF
<u>RELIEF NEEDS</u>		
Shelter and Construction	345,679	
Clothing & Textiles	25,340	
Food & Seeds	48,000	
Water & Sanitation	33,851	
Medical & First Aid	4,913	
Utensils and Tools	34,000	
<u>TOTAL RELIEF NEEDS</u>		491,783
<u>CAPITAL EQUIPMENT</u>		
Vehicles	337,037	
Computers & Telecom	43,210	
Office Equipment	20,371	
<u>PROGRAMME SUPPORT</u>		
Programme support (6.5% of total)	102,715	
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>		
Transport and vehicle costs	30,111	
<u>PERSONNEL</u>		
Expatriate staff	158,000	
National society staff	135,901	
Workshops & training	45,925	
<u>ADMINISTRATIVE & GENERAL SERVICES</u>		
Travel & related expenses	60,082	
Information expenses	50,466	
Admin & General	104,636	
<u>TOTAL OPERATIONAL NEEDS</u>		1,088,454
<u>TOTAL APPEAL CASH, KIND, SERVICES</u>		1,580,238
LESS AVAILABLE RESOURCES (-)		0
<u>NET REQUEST</u>		1,580,238



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

Burundi: Humanitarian assistance to Returnees and Vulnerable Groups

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Map data sources: ESRI, Federation, CIPOTatoes