

Emergency appeal operation update

Burundi: Population movement

Emergency appeal n° MDRBI008 GLIDE n° OT-2012-000193-TZA 6-month summary update 3 September 2013

Period covered by this Ops Update 15 November 2012 – 20 August 2013. This update represents a six-month summary of the operation (cumulative narrative and financial).

Appeal target (current): CHF 717,077 [<click here to view the interim financial report >](#)

Appeal coverage: 41%; [<click here to go directly to the updated donor response report, or here for contact details>](#)

Appeal history:

- A [Preliminary Emergency Appeal](#) was launched on 15 November 2012 with a budget of CHF 674,731 (cash and in-kind donation or services) to assist 14,643 beneficiaries (2,615 households) for a period of three months.
- CHF 100,000 was initially allocated from the IFRC's Disaster Relief Emergency Fund (DREF) on 15 November, 2012 to help in starting up operations as returnees streamed into Burundi from Tanzania's Mtabila camp.
- An [Emergency Appeal](#) was launched on 24 January 2013 for CHF 717,077 to support the Burundi Red Cross (BRC) to assist 20,194 beneficiaries (3,366 households) for 12 months.
- [Operations update no 1](#) was posted on February 27, 2013.
- [Operations update no 2](#) was posted on April 19, 2013.
- This 6 months update will provide a progress report for the first 6 months, as well as inform of an upcoming revision of the appeal to cater for changes in context and prioritized actions.



Water trucking provides safe clean water to the communities and prevents waterborne diseases

Summary: By end 2012, the Tanzanian Government closed Mtabila refugee camp and revoked the refugee status for the majority of the Burundian refugees living there. Almost 34,000 Burundian refugees were repatriated, returning nearly 20 years later to a very different environment, without homes or livelihoods. Burundi Red Cross (BRC) in close cooperation with United Nations High Commissioner for Refugees and Government rapidly responded to the most urgent needs during the re-integration process. The target beneficiaries were returnees going back to Nyanza Lac, Makamba, Kibago, Kayogoro, Mabanda, Rumonge, and Giharo (approximately 20,194 individuals in 3,366 households).

BRC responded through timely reception and orientation of returnees, psychosocial support, restoring family links (RFL) activities emergency health, and water, sanitation and hygiene. These activities were carried out during returnees' transit to their new homes. Close follow up of the beneficiaries have been undertaken during the reintegration process within the host communities. BRC has during the process, assisted with needs assessments and monitoring of the situation for the returnees including undertaking regular surveys, and provided other agencies with the data for programming and addressing issues of concern. BRC has also responded to cholera outbreak in the areas where the appeal is implemented, provision of safe water,

sanitation and hygiene promotion activities. Some livelihood activities have been initiated which will benefit the returnees and the host communities.

The continuous movement of some of the target beneficiaries has made monitoring more challenging. Additionally, some of the returnees are now back in Tanzania, while others have opted to go to Uganda, Zambia, or Mozambique.

There is a need to follow up on new returnee influx in Burundi after expulsion from Tanzania. The emergency appeal will be revised to reflect the change in context and prioritized areas for intervention.

The appeal has provided opportunities for BRC staff and volunteers' capacity building. Participatory Hygiene and Sanitation Transformation (PHAST) trainings have been conducted. Furthermore, training of staff and volunteers in household water treatment and safe storage has been undertaken in three provinces, as well as training in construction of Sanplat latrines. Overall, the activities under the appeal have so far provided the staff and volunteers with increased capacity and skills for working with repatriation and return programming in a joint effort with several agencies and institutions.

The IFRC, on behalf of the Burundi Red Cross, would like to thank all those that have contributed to this Emergency Appeal, including the British Red Cross, the Finnish Red Cross, the Japanese Red Cross Society, the Norwegian Red Cross, the Red Cross of Monaco and American Red Cross.

The situation

Late 2011, the Government of Tanzania decided to close the Mtabila Refugee camp (in the District of Kigoma, in Western Tanzania) by 31 December 2012. The camp was hosting a number of refugees, including some 37,592 Burundian refugees who for the most part, fled their country in 1993 following the killing of Melchior Ndadaye, a former President of Burundi and the civil war that followed. The Tanzania Red Cross Society (TRCS), in collaboration with its partners, were providing services in the refugee camps specifically curative and preventive health, nutrition, water and sanitation services.

In September 2011 to mid-2012, the Government of Tanzania and United Nations High Commissioner for Refugees (UNHCR) interviewed the inhabitants of Mtabila camp in order to determine their refugee status. A total of 2,521 individuals were found to be in need of continued international protection and thus the Government of Tanzania agreed to transfer them to Nyarugusu refugee camp. The rejected cases were given a chance to appeal (UNHCR reports).

The Government of Tanzania decided to repatriate the remaining Burundian refugees who were deemed not in need of protection before the end of 2012, and the refugees were notified of this decision.

Through a DREF operation launched on 9 July 2012, TRCS provided pre-departure medical screening, departure screening and ambulance escorts of repatriation convoys from the refugee camp up to the border point of the receiving country.

By 11 December, 2012 a total of 33,819 refugees had voluntarily returned to Burundi as planned by the Tanzanian government and UNHCR. However, a total of 1,673 remained in Tanzania risking forced deportation. Most people returned to the provinces of Makamba, Bururi and Rutana given that about 60 percent of the returnees have gone back to 7 communes/districts in the above three provinces that needs more support for rehabilitation of returnees.

BRC has supported the returnees at the transit point, including restoring of family links. BRC and other humanitarian actors such as UNHCR, Ligue Iteka, and International Rescue Committee, Caritas, have been providing re-integration support to the returnees to assist integration in respective host communities.

BRC volunteers undertook a survey in collaboration with UNHCR to determine the main needs and problems that returnees have been facing when reintegrating into host communities. The table below outlines the accumulated findings of the survey (covering the period January 15th to April 15th 2013).

Table 1. Accumulated findings of the needs of the returnees from the survey carried out by BRC and UNHCR.

Type of incident	Land conflicts	Without land	Access to school and equivalence diploma	Medical Assistance Card & Health	ID	Document of Civil status	Cash Grant	Access to Food	Shelter	Total
Reported cases	536	236	126	684	12	4	5	64	615	2,282
Monitored cases	168	82	34	257	6	1	4	32	94	678
Total cases resolved	35	24	6	76	2	0	0	5	8	156

The accumulated findings of the survey covering the period January 15th to April 15th 2013.
Source: UNHCR and BRC July 2013.

Table 2. Main findings of the survey conducted by Burundi Red Cross broken down by commune level in the three concerned provinces:

Communes, Provinces (Populations)	Land conflicts	Without land	Access to school and equivalence diploma	Medical Assistance Card & Health	ID	Paper of Civil status	Cash Grant	Access to Food items	Shelter	Access to school and equivalence diploma
Nyanza-Lac, Makamba (9,842)	218	54	23	294	5	1	4	8	5	58
	79	26	8	106	3		3	2		23
	2	9	4	40	1	0	1	0	0	0
Mabanda, Makamba (885)	30	5	3	22				13		20
	17	4		14				5		7
	4	2		3				1		
Kayogoro, Makamba (2,983)	61	12	14	50		1		13	5	36
	14		2	16		1		3		1
	2			3						
Giharo, Rutana (3,355)	74	32	22	72		2		14	7	113
	36	19	11	41				9	2	64
	3	4	1	3				1		
Mpinga-K, Rutana (689)	14	6	12	27					1	26
			2	5						
Musongati, Rutana (252)	11	3	6	35					3	39
	1	2	2	14					1	14
Gitanga, Rutana (63)	6		2	6	3			3		10
Rumonge, Bururi (3,064)	93	99	33	122					12	254
	6	12	1	18					4	35
	1	3	1	8					3	3
Rutana, Rutana (113)	1	3	6	12						15
		1	1	4						4
Kibago, Makamba ()	8	5	2	18			1	4	2	10
	6	5	2	14			1	3	1	9
	3	1	1	4				3		2
	7	9	3	18	3		1	2	2	13
Bukemba, Rutana (532)	3	9	1	14	3		1	2	1	11
	1	2		2	1					1

The accumulated findings of the survey covering the period January 15th to April 15th 2013.
Source: UNHCR and BRC July 2013

Land issues:

The main sources of conflict have remained related to land issues (family members, neighbours, or other

persons have sold the land owned by the returnees, or land is occupied or has been expropriated by the administration). Most of the non-land families have been born in exile. These include unaccompanied children, youth and adults without property, and often will have to wait to share the family property. Additionally, widows are found among the persons without land.

Some of the returnees have become "No Land" tenants because they have chosen not to go back to their area of origin. They have been advised to request for land in their province of origin. It is in their areas of origin where the administration has the best system in place to assist them, and to find out about their situation before exile. The "No Land" returnees without reference about their commune/province of origin have been encouraged to present their situation to the administration of the area of arrival.

Medical Assistance Card and Health:

Many returnees still lack medical assistance cards and lack access to specialised treatment. The NGO, Caritas has been regularly informed by the monitoring teams about the situation related to the Medical Assistance Cards, as they are the ones currently providing the service. Some of the repatriated families reported not having access to the specialized treatments they need. They have been referred to the hospitals in the area for adequate attention.

There is still a lack of information about the Medical Assistance Cards coverage and the need to pay 20% of the treatment by the beneficiaries, although they expect a free of charge consultations. To avoid conflicts some information is given to the families during the monitoring visits.

Housing:

Some of the repatriated families, who were house owners before refuge, have found that their homes have been destroyed or occupied by others. As a result these families are being hosted by friends or extended family members, while others are renting with an average of three families per house. Many of the families are residing in Nyanza lac, in the area of Muyange. The renting solution puts them in a more vulnerable situation, as they are covering the rent with their financial allocation. There have been cases identified of selling of the food and NFIs distributed to attain financial means.

Access to school and equivalence diploma:

Returnee children are missing out on their education. This is attributed to lack of registration for children in school, difficulties experienced by children reintegrating, and the low level of awareness of the right to education. Furthermore, families lack schooling material and clothing. However, the families that have requested the registration of their children to the school have been accepted without many problems during the first trimester of 2013.

Food items:

A total of 91.3% of the households monitored are food insecure, especially due to lack of financial means to cover their basic food needs. 80% of the beneficiaries have stated that they eat only once per day. Many times beneficiaries have not been aware about food distribution support to them, mainly due to the movement of these families. Many also complained that the rations were insufficient. The survey highlighted these issues to WFP and Caritas, which have been the agencies involved in food distribution.

Identification:

82% of the returnees have had their Identification documents. However in some cases, where returnees have lacked the identification papers, beneficiaries have had problems receiving their identity cards. These identity cards are important in order to access a number of services, including receiving the cash grants, accessing Medical Assistance Card, and a number of medical services given for free to pregnant women. Other documentation that have been difficult for the returnees to obtain are documentation related to civil status.

The movement of the target beneficiaries made monitoring more challenging, when some of the returnees did not want to remain in their communities of origin due to the lack of opportunities while others did not know their province of origin. Some of them are now back in Tanzania illegally which worsens their vulnerability. UNHCR, through other country offices has informed about arrivals of Burundians to Tanzania, Uganda, Zambia, and Mozambique.

Cholera outbreak June – July 2013:

Beginning 30 September 2012, cases of diarrheal disease were reported in Bujumbura town and Bujumbura Rural in Burundi. The National Laboratory confirmed a cholera outbreak and the 5th of October 2012, the Minister of Health declared the Cholera Epidemic a national disaster.

An assessment carried out by Burundi Red Cross Society (BRC) in coordination with other partners indicated that a total of seven districts in six provinces were affected. These districts were Rugombo, Mpanda, Kabezi, Bujumbura town, Rumonge, Makamba, and Nyanza-Lac.

The situation worsened when the cholera in the provinces close to Lake Tanganyika, spread to other provinces, such as Rutana (in the warmer areas), Gihofi, and the commune of Kayogoro in Makamba Province, areas which were within the geographical scope of the emergency appeal. One of the identified causes of the cholera was consumption of polluted water by households. Polluted water from fish farming basins was diverted to flow to the Mutsindozi River, where most of the households alongside Mutsindozi, Nyamabuye and Nyacijima fetched their water.

The table below shows the laboratory analysis results of the water consumed by the population:

Name of the River	Analysed parameters		
	Escherichia coli	Faecal Coliform	Turbidity
Nyamabuye	200 colonies/100 ml	0	34,6 NTU
Mutsindozi	63 colonies/100 ml	-	-
Nyacijima	300 colonies/100 ml	160 colonies/100 ml	27,62 NTU
Source Gatare	0 colonies/100 ml	1/100 ml	-

Source: Ministry of Public Health since the month of June 2013

From June 5th 2013 to July 5th 2013 there were 75 cases of cholera and 12 casualties only in Gihofi, and four patients were in critical condition. Additionally, cases were detected also in the province of Bujumbura Mairie, commune Musaga, in the neighbourhoods of Gikoto, Kanyosha and Kabezi. The government with support from key partners, including BRCS responded to the situation.

During August 2013, the Tanzanian government started to expel Burundians from the country. This has necessitated an urgent response to assist the returnees during the transit before returning to their areas of origin, or location of choice. BRC has been a key actor for providing information to the other humanitarian actors, and has been monitoring the situation. The returnees are not staying long at the transit areas, and there is no official site appointed by the government. Transport has been provided by the government and partner agencies. BRC participated in a joint assessment with UN agencies, government and nongovernmental organizations (NGOs) where areas of responsibilities were suggested. BRC and IFRC will revise the appeal to reflect changes in context and accommodate prioritized actions.

Coordination and partnerships

The Ministry of National Solidarity is coordinating the operation on behalf of the Burundian government. The above Ministry is also in charge of delivering the official Burundian identity cards to the returnees as well as the national health insurance card.

Coordination meetings have been taking place in Bujumbura every fortnight, under the coordination of the Ministry of National Solidarity, with the support of UNHCR. Daily coordination meetings have also been taking place in Makamba, near the main border entry point for the returnees, again under the coordination of the Ministry of National Solidarity with the technical support of UNHCR. Burundi Red Cross has participated in all the coordination meetings and shared information with key stakeholders in formal and informal forums.

PARESI (Projet d'appui à la Reinsertion des Sinistrés), a division of the Ministry of National Solidarity, is responsible for providing transport support to returnees (less than 20 families per transport) to their home communities/ location of preference.

UNHCR is in charge of providing technical support to the Ministry of National Solidarity, and has funded a number of activities within the operation, including the provision of Non Food Items (NFIs) (including

agricultural tools) and is also responsible for the protection of the refugees. UNHCR and Burundi Red Cross are still discussing a possible sub-agreement to continue with monitoring and protection of the returnee households even as UNHCR is phasing out of the operation.

World Food Programme (WFP) has been providing food parcels to the returnees from January 2013 and will continue this support for the coming months for the already settled returnees. Caritas is an implementing partner of WFP and on behalf of WFP, has been distributing dry rations, which include cereals, pulses, vegetable oil and salt (about 2,100 Kcal per person per day). WFP reports to have stocks, and are running the programme by August 2013 for the new returnees.

The International Rescue Committee (IRC), implementing partner for UNHCR, and has undertaken camp set-up and camp management, as well as logistics, the distribution of NFIs (a blanket, a mosquito net, clothes for adults and children, a jerry can, soap, a hoe, a plastic mat) as well as transportation for groups of returnees of 20 families or more. The same support is being extended to the returnees during the month of July and August 2013.

African Humanitarian Assistance (AHA) is the health focal point, and therefore in charge of the health care of the returnees.

The Fédération Nationale des Coopératives du Burundi (FENACOBUR) provided on behalf of UNHCR, a sum of 50,000 Burundi Francs to each family of the returnees (about USD 40) in two tranches (10,000 Burundi Francs at the arrival in the transit camp and the balance on arrival in the final destination in the district). This activity was finalized at the beginning of 2013.

United Nations Children's Fund (UNICEF) provided school supplies, distributions were resumed the first quarter of the year.

The International Organization for Migration (IOM) has profiled all returnee households and compared with information before repatriation. A detailed community assessment on livelihoods and shelter was conducted, with IOM teams and cooperation from the government, pending the analysis of the data.

International Committee of the Red Cross (ICRC) is supporting Restoration of Family Links (RFL) activities in the camp and together with Burundi Red Cross have been holding regular coordination meetings.

Burundi Red Cross continues to coordinate its activities with other Movement partners who are present in Burundi, including the Flemish and French speaking Belgian Red Cross, the Spanish RC, Luxembourg RC, and the German RC.

National Society Capacity Building: The appeal has provided opportunities for BRC staff and volunteers' capacity building. Participatory Hygiene and Sanitation Transformation (PHAST) trainings have been conducted. Furthermore, training of staff and volunteers in household water treatment and safe storage have been undertaken in three provinces. Also, training in construction of sanplats latrine foundations have been undertaken. Overall, the activities under the appeal have provided the staff and volunteers with increased capacity and skills for working with repatriation and return programming, in a joint effort with several agencies and institutions.

Red Cross and Red Crescent action

Overview

Since the beginning of this repatriation operation on 31 October 2012, BRC has taken part in the response operation alongside other partners. BRC mobilized 10 First Aid teams composed of 10 trained volunteers, working in morning and afternoon shifts and provided psychosocial support to the returnees, as well as orientation on how the returnees can obtain basic services from the government, such as national identity documents, government health insurance card and other services.

BRC has also been providing water trucking to the transit centres that have no water, delivering 40,000 litres of water per day over a period of 10 days.

BRC has continuously monitored and assessed the needs of the returnees, including undertaking beneficiary surveys jointly with UNHCR from January to April 2013.

The distribution of shelter kits was included in the appeal, however due to lack of resources, shelter kits have not been distributed even though some returnees have been in dire need of shelter.

BRC, in close cooperation with ICRC, has been working to restore family links for returnees, helping them connect with their friends and families as well as monitoring all potential entry points, to make sure that those returnees entering where no agency is located still receive adequate services.

Since the onset of the cholera outbreak end of 2012, BRC responded to the needs of affected communities with a pre-positioned water and sanitation kit 5, operated by its water and sanitation-trained staff to provide safe drinking water, in addition to non-food items (NFI) and hygiene promotion messages. A DREF operation was launched to replenish depleted stocks utilized through the Kit 5 as well as deliver additional essential non-food items needed by the affected communities.

IFRC has supported implementation of the emergency operation through assisting in launching the appeal, and deploying an Operations Manager who has provided technical and operational support to BRC, as well as monitored the activities. Additionally a WatSan RDRT was deployed to assist the operation. The IFRC will support BRC to revise the appeal in the coming weeks to reflect the changes in context and prioritization in interventions.

Progress towards outcomes

Shelter, settlement and NFIs	
Outcome: 2,000 of the most vulnerable returning refugees to Burundi from Tanzania are provided with assistance including temporary shelter kits and appropriate NFIs.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 333 returning refugee households are provided with return package including shelter kits and appropriated household items. 	<ul style="list-style-type: none"> Further assessment on the needs related to shelter kits and kitchen sets Provision of shelter kit training for volunteers Distribution of shelter kits to families of returnees who most need them Distribution of kitchen sets to families of returnees who most need them

Progress: No activities were undertaken under this outcome of the Emergency Appeal. This is partly due to lack of resources to the appeal, but also the assessments and surveys sector has highlighted the need for direction and strategy from Government and the main stakeholders on land issues.

Following the assessments and survey conducted by the BRC, it was found that 70 per cent of the returnees were vulnerable with a total of 104 households (431 persons) without land and 73 households in conflict over land in their communities. Approximately 60 per cent are children and youth aged between 0 to 17 years and 36 per cent are women.

Challenges: The most pressing challenge BRC faces is the inadequate funding of this Emergency Appeal. Other challenges include the difficulties for the returnees in terms of land and housing issues, where many families have found themselves in conflict to retain their property.

Restoring family links	
Outcome: Contacts are re-established and maintained between family members for 1,673 returning refugees.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 279 returning refugee households have access to appropriate means of re- 	<ul style="list-style-type: none"> Reception and orientation of returnees on relevant available assistance on arrival at the transit camp. Restoration of Family Links for separated returnees and especially minors

establishing and maintain contact with loved ones	<ul style="list-style-type: none"> Monitoring of non-official entry points
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Progress: BRC staff, Emergency Brigade Teams and volunteers have been involved in providing assistance to the repatriated Burundians in coordination with other actors. After the biggest wave of returnees by 16 December 2012, BRC has reduced its involvement in restoring family links, as the number of arrivals in the transit centres has drastically been reduced.

During the first phase of the operation, as the returnees were received in the transit camps, in close cooperation with ICRC, a total of 169 separated returnees, including minors were reunited at the end of the year. Out of these, 93 were physically reunited while 76 were put in contact with their family through mobile telephones. In Cibitoke province, three families were reunited with their children who were traced in Rwanda.

The emergency appeal supported transportation costs in the first phase of the operation, complementing UNHCR and BRC efforts.

Challenges:

The implementation of activities under the appeal faced a number of challenges. The movement of the target beneficiaries made monitoring more challenging, when some of the returnees did not want to remain in their communities of origin due to the lack of opportunities while others did not know their province of origin. Some of them are now back in Tanzania illegally worsening their vulnerability. UNHCR, through other country offices and other sources of information they regularly use, has informed about arrival of Burundians to Tanzania, Uganda, Zambia, and Mozambique.

Water, Sanitation and hygiene promotion

Outcome: The risk of waterborne and water related diseases is reduced for 20,194 returnees (3,366 families), and 4,039 individuals (673 households) from host families (representing 20% of host communities) in Nyanza Lac, Makamba, Kibago, Kayogoro, Mabanda, Rumonge, and Giharo communes for 12 months.

Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Provision of clean water, adequate sanitation (including excreta disposal, solid waste disposal) and hygiene promotion to selected beneficiaries 	<ul style="list-style-type: none"> Hygiene promotion focussing on household water treatment and safe storage, sanitation and personal hygiene Disease prevention activities focussing on waterborne diseases As a pilot initiative, provision of 2,000 beneficiary menstruation kit 1 and 2 (will be funded) Training volunteers on Sanplat latrines production Purchase 1400 Sanplat moulds 200 per commune (produced locally by volunteers as part of IGA) Organise a promotion of Sanplat latrines day including awareness about importance of household latrines. Monitoring latrine construction including number of latrine constructed and in use. Establish vector control and prevention measures. Establish waste disposal measures. Initiate a hygiene promotion campaign within the affected population focusing on behaviour change and targeting 4,039 families through use of existing IEC materials Conduct two trainings in each commune on PHAST for the community and volunteers in the affected branches within the next 12 months. Make use of CHAST for school going children in all the 7 communes in the next 12 months. Carrying out of door-to-door campaigns, organized groups and through peer education across different communes.

Progress: All the activities have been redesigned and sized down responding to the available funds, however efforts have been made maximize outputs with support of the network of active volunteers of Burundi Red Cross.

The following achievements have been made:

- Bladder installation (10m³) in Gikoto, in the commune of Musaga, for the provision of drinking water with water trucking (25m³) support & Disinfection of 128 households in Gikoto from July 6th – 9th, 2013, as part of the response to the cholera campaign in the areas where activities were implemented under the emergency appeal. The population's congestion in some locations worsened the cholera situation.
- As part of the support to the Hygiene promotion activities, and taken as a base of reference, the Household Water Treatment and Safe Storage manual of IFRC has been translated to Kirundi language and adapted to the Burundian context. The translation of the Manual has been finalized. Final edition pending of approval. IFRC Nairobi will support in the following days on the print out of the hard copies and their delivery to Burundi.
- Refresher training for BRCS staff at provincial level on Household Water Treatment and Safe Storage (in 3 provinces) are being undertaken.
- Hygiene promotion activities (community information sessions, household visits) focusing on household water treatment and safe storage, sanitation and personal hygiene will be undertaken in the month of September and October 2013.
- Training 140 volunteers on Sanplat production at the end of August 2013.
- Purchase sufficient materials for 210 Sanplat moulds (20 per commune). Procurement process of materials, distribution and registration of materials finalized during the months of June and July 2013. Construction on-going in Makamba, Bururi and Rutana.
- 210 Sanplats produced locally by volunteers as part of income generating activity (IGA). This activity started in July 2013 and is planned to be finalized by end of September 2013.
- Organise a promotion of Sanplat latrines day including awareness about importance of household latrines. To be developed by September 2013
- Monitoring latrine construction including number of latrines constructed and in use. This has been on-going from July 2013.
- Coordination with the Ministry of Public Health in Burundi at provincial and Commune level to establish vector control and prevention measures. This activity is on-going.
- Coordination with the Ministry of Public Health at provincial and Commune level to establish waste disposal measures. On-going activity
- Equip volunteer teams with the information and necessary materials (IEC materials). Activities to be undertaken during September.
- Improving the mobility of the volunteers to be able to carry community campaigns. Procurement and distribution of 20 bicycles.
- Initiate a hygiene promotion campaign (existing IEC materials, door-to door campaigns, organised community groups, peer education) within the affected population focusing on behaviour change and targeting 1,900 households. Activities to start during September 2013.

- Conduct a PHAST refresher for Burundi Red Cross and Volunteers in the targeted communes. Burundi Red Cross in-house trainers have been selected and trainings have been undertaken in the three branches, government officials were involved and trained.
- Preparation finalized for undertaking PHAST sessions by trained volunteers with communities in each commune. Trainings will be done during September 2013.
- BRC together with the staff of the Ministry of Public Health (at provincial level) have followed up on the WASH activities that were implemented.
- The equipment of the National Disaster Response Team (NDRT) have been improved, through purchasing reflective emergency Vests for the NDRTs. 100 reflective Emergency Vests, have been purchased through the regional logistics office in Nairobi ,Kenya. 60 vests have been distributed in the three provinces of Bururi, Makamba and Rutana. BRC staff from headquarters have already started to use the vests for their field missions. A small protocol has been developed with the DM department of BRCS in Bujumbura for the use of reflective vests.

Table over distribution of reflective vests.

BURURI Province	MAKAMBA province	RUTANA province
<ul style="list-style-type: none"> • 5 Reflective Emergency Vests for the provincial team • 3 commune with each 5 Reflective Emergency Vests 	<ul style="list-style-type: none"> • 5 Reflective_Emergency Vests_for the provincial team • 3 commune with each 5 Reflective Emergency Vests 	<ul style="list-style-type: none"> • 5 Reflective_Emergency Vests_for the provincial team • 3 commune with each 5 Reflective Emergency Vests

No activities in relation to Children's Hygiene and Sanitation Training (CHAST) have been implemented. Since CHAST is a participatory long term approach that aims to improve children's knowledge on hygiene and sanitation and promote positive hygiene practices and behaviours it was seen not to be feasible for the emergency appeal (the timeframe would not be sufficient to develop good quality manuals in local language, develop, test the CHAST toolkit, train BRCS staff and volunteers on CHAST, and implement activities). Also, Burundi Red Cross Society did not have previous experience in implementing CHAST. After reviewing the feasibility, it was recommended to implement the CHAST component in an existing long-term WatSan project.

Challenges:

- The water trucking operation was expensive in terms of fuel and Burundi Red Cross do not have its own trucks.
- Lack of adequate resources available for implementation of the activities under the appeal.

Emergency health	
Outcome: Improved health and psychosocial situation of returnees and host communities through health promotion and psychosocial support in three selected provinces.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • Better early detection and effective response to waterborne disease. • First Aid support is provided to returnee population 	<ul style="list-style-type: none"> • Using the volunteer epidemiological control module: • Establishment of epidemic surveillance system for waterborne (Cholera) by using mobile technology for early warning and response. • Conduct an assessment to determine the benefits and possibilities of using a mobile phone for reporting of acute watery diarrhoea. • Training Emergency Brigade Team, community health workers and MoH on Epi-surveyor • Scaling up the use of mobile technology (Epi-surveyor), to alert

	<p>HQ and efficiently respond to waterborne disease like Cholera outbreaks.</p> <ul style="list-style-type: none"> • Development of Cholera contingency plan • Purchase mobile phones for monitoring of communicable diseases • Purchase of promotional materials (IEC) • Training/refresher of 90 volunteers on First Aid • Provision of first aid by volunteers and referral of serious cases to health facilities
<ul style="list-style-type: none"> • Psychosocial support is provided to 1673 individuals (279 families) and 130 staff/volunteers of the Burundi RC as based on need. 	<ul style="list-style-type: none"> • Train 30 staff and volunteers of Burundi RC on PSP intervention. • Provide Psycho-Social Support to 279 families affected by the emergency. • Provide Psychological Support to 130 staff and volunteers of Burundi Red Cross engaged in emergency response.

Progress:

The activities implemented in the provinces of Makamba and Rutana and achievements so far:

- Mobilization of emergency brigadiers to assist affected people.
- The BRCS staff and volunteers in the province of Makamba have extensive experience and knowledge in Cholera epidemic response and support to the affected population. The coordination with the provincial government levels has been developed over several years and is well functioning. An intensive PHAST training was delivered in the province to volunteers, staff, first aid personnel and emergency brigades, 20 participants, selected by the provinces, were trained in total, including BRCS and government officials with experience in cholera response and knowledge of WatSan activities during emergency response.
- In the case of the province of Rutana the experience and exposure to previous epidemics has been weak. The PHAST training was delivered at the end of July 2013. A total of 20 participants, including BRCS and government officials with experience in Cholera response and knowledge of WatSan activities during emergency response, selected by the provinces, were trained. During July 2013, the BRCS Disaster Management department formed a Response Team for addressing the cholera outbreak, with highly qualified personnel of Makamba which gave support to the teams of Rutana, who had less experience. This team will be activated again upon request of any branch and the local authorities.
- Sensitization to the population was undertaken regarding the importance of hygiene practices as prevention of waterborne diseases. BRC has been doing sensitization, especially in the Cholera treatment centres, in Nyanza-lac for most of the patients and people that have approached the centres (established by the Ministry of Public Health).
- Disinfection of 600 households in Kayogoro was done after confirmation of cholera cases.

Challenges:

- Challenges related to control of the cholera epidemic because of high levels of population movement, including between Democratic Republic of Congo (DRC) and Burundi.
- Limited capacity of the National Society in terms of resources including financial, material, and human to respond to the needs.
- Limited knowledge and technical capacity of staff and volunteers.

Livelihoods	
Outcome: Reduce food insecurity for 2,000 most vulnerable returning refugees being repatriated to Burundi from Tanzania	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Productive assets/inputs for primary production are provided for 333 returning refugee households in accordance with the seasonal calendar 	<ul style="list-style-type: none"> Procurement of vegetable seeds (aubergines, cabbages, carrots, onions and tomatoes) Distribution of vegetable seeds On-going monitoring

Progress:

Until recently, the repatriation process was considered the end of the migration cycle. However, most of those repatriated are many times unable to return to their home or their community of origin, and for those born in exile; 'returning home' can be their first experience in the country.

There is a livelihood concern among the returnees in the affected provinces. Many of the beneficiaries express anxiety over the difficulties to find paid work. Their food rations are coming to an end, and few have a clear idea on what to do for their living. 80% of families surveyed eat only one meal per day. This situation has caused some of the returnees to return to Tanzania again in search of work.

With support by BRC and the local government, the two provinces of Rutana and Makamba, have developed a proposal for the production of Cassaba and Babana trees (and some other agroforestry varieties) in a pilot nursery. The production will provide hygienic banana and cassava plantlets. There have been three agreements with the provincial Departments of Agriculture to allocate land and to avail extension services, to support the production of quality plantlets to the beneficiaries, and later to the local market.

One organic composting demonstration for a BRC branch has been done, related to the construction of the nurseries, in the following weeks additional demonstration will be undertaken in every branch at household level.

Assessment will be undertaken for possibilities of developing livelihood to most vulnerable beneficiaries through a cash transfer modality with the support by the American RC.

Challenges:

- To have a regular process of local procurement was difficult at branch level (provincial level): even simple inputs like basic tools, Banana plantlets, which is a very common crop in the region, plastic, wood, and any kind of variety of seeds, could not be found easily in any of the three provinces. Another option to find better price and variety is to procure in Bujumbura (it comes usually from Rwanda). Efforts are being made to get locally produced seeds through the seed centre of the Ministry of Agriculture in Gitega or through cooperation with FAO.
- Capacities at branch level are low since BRC does not have experience with home gardening. Basic agriculture activities require a lot of external support.
- More coordination with other BRCS projects is needed. Makamba province has been receiving support from Belgian and Spanish Red Cross at Branch level in the food security sector for long periods. The experience in these branches could be utilized more effectively.
- Centralized decision making and approval processes within BRC have posed some challenges during implementation.

Logistics and Technical back-up by IFRC

Outcome: The local logistics capacity of Burundi Red Cross to support the repatriation process is strengthened with the enhanced technical logistic support of the IFRC's East Africa Regional Representation Office

Outputs (expected results):	Activities planned:
<ul style="list-style-type: none"> Enhanced logistics capacity and technical support facilitate the assistance to the target 3,366 households 	<ul style="list-style-type: none"> Coordinate with BRC logistics team to ensure that IFRC procurement procedures are strictly adhered to Support the delivery of equipment and supplies dedicated to the operation

Progress: Some of the procurement has been successfully completed (equipment, materials etc.) through IFRC logistics department. The support from IFRC Nairobi has been very fast and efficient. Some other procurement processes are undertaken at regional level. All materials for the construction of sanplats were procured locally, which unexpectedly contributed to a three months delay in the activity. Lack of sufficient and adequate warehouse facilities at Headquarters level and lack of similar structures at branch level contributed to the delays.

Challenges:

- Local providers depend on regional procurement.
- Lack of sufficient and adequate warehouse facilities at Headquarters level and non-existent structures at Branch levels caused delay in programme implementation.
- Challenges relating to the internal procedures vis a vis the procedures and regulations of IFRC, and local capacities. Warehousing, fleet and procurement departments would need financial and technical support and coaching to develop effective structures and systems. The system in place is very centralized (finance, administration and lines of decision making) which poses a challenge for rapid response.
- Lack of capacity of staff at Branch level to facilitate procurements, and follow up on IFRC and BRCS procedures. Procurement processes highly centralized at BRC Headquarters level.

Communications – Advocacy and Public Information

The Communications department in BRC HQs is one of the strongest department of the NS. Through the communications department, there has been a regular flow of information maintained between the field and key stakeholders. Regular updates and reports have served as a fundraising tool in addition to creating awareness on the work of the Red Cross. These updates have been posted on IFRC website.

Contact information

For further information specifically related to this operation please contact:

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- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa; Nairobi; phone: +254 (0)731 067 489; email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU):** Rishi Ramrakha, Head of zone logistics unit; Tel: +254 733 888 022/ Fax +254 20 271 2777; email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **IFRC regional representation:** Diana Ongiti, Senior RM Officer; phone +254 20 2835 276; email: diana.ongiti@ifrc.org

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting):

- **IFRC Africa Zone:** Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

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 Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster 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.

www.ifrc.org
Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace.

Disaster Response Financial Report

MDRBI008 - Burundi - Population Movement

Timeframe: 15 Nov 12 to 31 Jan 14

Appeal Launch Date: 15 Nov 12

Interim Report

Selected Parameters

Reporting Timeframe	2012/11-2013	Programme	MDRBI008
Budget Timeframe	2012/11-2014	Budget	APPROVED
Split by funding source	Y	Project	*

All figures are in Swiss Francs (CHF)

I. Funding

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
A. Budget		717,077				717,077	
B. Opening Balance		0				0	
Income							
Cash contributions							
<i>American Red Cross</i>		76,648				76,648	
<i>British Red Cross</i>		57,480				57,480	
<i>Finnish Red Cross</i>		49,560				49,560	
<i>Japanese Red Cross Society</i>		22,300				22,300	
<i>Norwegian Red Cross</i>		80,774				80,774	
<i>Red Cross of Monaco</i>		3,721				3,721	
C1. Cash contributions		290,483				290,483	
Other Income							
<i>DREF Allocations</i>		100,000				100,000	
C4. Other Income		100,000				100,000	
C. Total Income = SUM(C1..C4)		390,483				390,483	
D. Total Funding = B + C		390,483				390,483	

* Funding source data based on information provided by the donor

II. Movement of Funds

	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability	TOTAL	Deferred Income
B. Opening Balance		0				0	
C. Income		390,483				390,483	
E. Expenditure		-298,216				-298,216	
F. Closing Balance = (B + C + E)		92,266				92,266	

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)						717,077	717,077	
Relief items, Construction, Supplies								
Shelter - Relief	156,900						156,900	
Clothing & Textiles			476			476	-476	
Seeds & Plants	8,500						8,500	
Water, Sanitation & Hygiene	156,400						156,400	
Utensils & Tools	104,600						104,600	
Total Relief items, Construction, Sup	426,400		476			476	425,924	
Land, vehicles & equipment								
Computers & Telecom	1,800		1,070			1,070	730	
Total Land, vehicles & equipment	1,800		1,070			1,070	730	
Logistics, Transport & Storage								
Transport & Vehicles Costs	16,600						16,600	
Total Logistics, Transport & Storage	16,600						16,600	
Personnel								
International Staff	83,700		34,139			34,139	49,561	
National Society Staff	24,671						24,671	
Volunteers	56,790						56,790	
Total Personnel	165,161		34,139			34,139	131,023	
Consultants & Professional Fees								
Professional Fees			1,878			1,878	-1,878	
Total Consultants & Professional Fees			1,878			1,878	-1,878	
Workshops & Training								
Workshops & Training	22,500						22,500	
Total Workshops & Training	22,500						22,500	
General Expenditure								
Travel	18,400		5,934			5,934	12,466	
Information & Public Relations	7,000		18			18	6,982	
Office Costs	4,000		66			66	3,934	
Communications	4,950		181			181	4,769	
Financial Charges	1,500		27			27	1,473	
Other General Expenses	5,000						5,000	
Shared Office and Services Costs			277			277	-277	
Total General Expenditure	40,850		6,502			6,502	34,348	
Contributions & Transfers								
Cash Transfers National Societies			233,789			233,789	-233,789	
Total Contributions & Transfers			233,789			233,789	-233,789	
Operational Provisions								
Operational Provisions			465			465	-465	
Total Operational Provisions			465			465	-465	
Indirect Costs								
Programme & Services Support Recover	43,765		18,091			18,091	25,675	
Total Indirect Costs	43,765		18,091			18,091	25,675	
Pledge Specific Costs								
Pledge Earmarking Fee			1,608			1,608	-1,608	
Pledge Reporting Fees			200			200	-200	

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III. Expenditure

Account Groups	Expenditure						TOTAL	Variance
	Budget	Raise humanitarian standards	Grow RC/RC services for vulnerable people	Strengthen RC/RC contribution to development	Heighten influence and support for RC/RC work	Joint working and accountability		
	A					B	A - B	
BUDGET (C)			717,077			717,077		
Total Pledge Specific Costs			1,808			1,808	-1,808	
TOTAL EXPENDITURE (D)	717,077		298,216			298,216	418,860	
VARIANCE (C - D)			418,860			418,860		

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IV. Breakdown by subsector

Business Line / Sub-sector	Budget	Opening Balance	Income	Funding	Expenditure	Closing Balance	Deferred Income
BL2 - Grow RC/RC services for vulnerable people							
Disaster response	717,077	0	390,483	390,483	298,216	92,266	
Subtotal BL2	717,077	0	390,483	390,483	298,216	92,266	
GRAND TOTAL	717,077	0	390,483	390,483	298,216	92,266	