



DREF Operation-Update

Republic of Congo | Population Movement from DRC

DREF n°MDRCG019	GLIDE n° CE-2022-000317-COG
Operation update n° 1; 27 March 2023	Timeframe covered by this update: 27 September to 15 December 2022
Operation start date: 27 September 2022	Operation timeframe: 4 months (New end date: 31 January 2023)
Funding requirements (CHF): 134,088	
N° of people being assisted: 1,700 (340 HHs) N° people reached to date: 2332 (450 HHs)	
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of Red Cross and Red Crescent Societies (IFRC), and the International Committee of the Red Cross (ICRC)	
Other partner organizations actively involved in the operation: Departmental authorities, the Ministry of Humanitarian Action, the Ministry of Transport, and United Nations agencies (WFP, UNHCR)	

Summary of major revisions made to the emergency plan of action:

This update of the operation aims to inform stakeholders of the progress of the implementation of humanitarian assistance activities to populations displaced from DRC to N'gaba in the Republic of Congo following inter-community conflicts. It also concerns a request to extend the operation for one (1) month at no additional cost. This is to consider the delays in the cash transfer process to the beneficiaries. This situation was mainly due to the delay in the transfer of funds to the Congolese Red Cross (CRC) for the implementation of the operation, but also to the delay in the deployment of support staff (Surge) Cash Transfer.

In the current operation, the CRC had planned a cash approach via a mobile operator, but a review of the situation shows that this process is facing several challenges (unavailability of cash payment points, no phone and SIM card for beneficiaries, lack of identity documents, etc.). To accelerate the provision of cash to beneficiaries, the CRC team decided to proceed with a direct cash transfer to beneficiaries. This strategic reorientation has no negative impact on the initial budget of the operation. As of 12 December 2022, the team of Red Cross volunteers has started to distribute the tokens to the 340 target beneficiaries. At the time of this report, the distribution of tokens is still ongoing in three remaining locations.

Concerning the location of the asylum seekers, it should be noted that the majority are currently housed in shelters in N'gaba Centre by UNHCR, while others have been inserted into the host community.

The new end date of the operation is set for 31 January 2023, i.e. an overall deadline of 4 months. This will allow for the completion of ongoing/remaining activities, including cash transfer, post-distribution monitoring, sensitization on good health and washing practices, and the lessons learned workshop.

A. SITUATION ANALYSIS

Description of the disaster

A displacement of the population of Kwamouth in the Democratic Republic of Congo (DRC) has been observed in the district of Ngabé in the Republic of Congo as of 14 September 2022. N'gaba is a locality located in the department of Pool Nord in Congo and borders the DRC.

This population movement was established following inter-ethnic violence between the Bayaka and Batéké communities and then the Ngombé communities.

This conflict forced 2,300 people to cross the Congo River to take refuge in various localities in the department of Pool-Nord in the district of N'gabé and in these nine villages (Ngabé Centre; Ngobila; Mossandjoko2; Sédeck; Tambola Pété; Mossandjoko1; Bokaba1; Talangai and Mboka Lefini). The death toll from the conflict was 10, including 4 men and 6 women.

A total of 340 homeless households were received by the political and administrative authorities of N'gabé. These 340 households were registered by the UNHCR. It should be noted that many of the asylum seekers are currently housed in shelters in N'gabé Centre by the UNHCR, while others have been integrated into the host community. These populations are distributed in two transit sites in Ngabé Centre and the nine (9) other villages with needs for food, first aid, community health, psycho-social support, and de Watch (water, hygiene and sanitation), then hygiene kits for women and young girls of childbearing age.

The Congolese Red Cross (CRC) is contributing to the humanitarian response through its Emergency Plan of Action (EPoA), which was launched on September 28, 2022, with a new end date of September 31, 2023. This humanitarian response targets 1700 people distributed in the following table.

Pool Department	Neighbourhood/villages	Number of people	Households	Women	Men
N'gabé and Villages	N'gabé centre	575	115	399	176
	Mossandjoko 2	240	48	145	95
	Mossandjoko 1	130	26	98	32
	Ngobila	105	21	84	21
	Bokaba 1	85	17	67	18
	Talangai	75	15	50	25
	Tambola Pete	65	13	48	17
	Mboka Lefini	60	12	39	21
	Sedek	365	73	275	90
TOTAL		1700	340	1205	495

Summary of current response

Overview of Host National Society

As soon as the disaster began, the CRC General Secretariat sent out a rapid assessment mission. This team worked with the local CRC branch in Ngabé, which deployed 10 volunteers for emergency relief activities (assistance to displaced people, registration of new arrivals, psychosocial support, assistance with burials). They provided first aid and evacuation of 78 injured people to appropriate basic health centers, contributed to the management of mortal remains with 10 people buried with the assistance of CRC volunteers and the host community. With the support of the ICRC in Kinshasa, 10 volunteers were trained in the basic skills of Restoring Family Links (RFL), with the task of setting up two telephone booths to maintain contact with families who had remained in DRC.

After the official launch of this operation, 50 volunteers, 43% of whom were women and 57% men, were trained on the themes of CEA, Cash Transfer WASH and Psychosocial Support.

The training took place in two phases. In the first phase, the trainings took place from 12 to 15 November 2022 in the conference room of the N'gabé district town hall. In the second phase, from 19 to 21 November 2022 in the conference room of the N'gabé tourist site, the 50 volunteers participated in all the themes. In the implementation of the activities of the operation, the 50 volunteers of the CRC of the locality of N'gabé were distributed as follows

- ✓ 10 volunteers from the Congolese Red Cross have been trained in the basics of cash transfers and can ensure operational monitoring of activities, including the organisation of distributions, the collection of technical complaints, post-distribution monitoring, etc;
- ✓ The 10 volunteers trained on CEA have a better understanding of community engagement and accountability. They can now contribute to the implementation of a feedback mechanism, ensure effective communication with communities during home visits and group discussions, and ensure the collection, processing, and reporting of community feedback.
- ✓ The capacities of the 20 volunteers trained in water management (conservation and treatment), hygiene promotion, and sanitation are improved, and they can ensure the integrated management of water resources, promote community hygiene and ensure a healthy environment during the rainy season.

- ✓ The knowledge and skills of the 10 trained volunteers on Psychosocial Support have improved and through mutual support they can understand the type of stress they are under and develop strategies to deal with it.

At the end of the training, hygiene and protection kits and communication materials were acquired and made available, and a community feedback management mechanism was put in place.

In total, the Red Cross has reached 2332 people.



Awareness and distribution of NFIs to beneficiaries ©CRC

Overview of Red Cross Red Crescent Movement in country

The IFRC provides follow-up and close technical support to the CRC. The Kinshasa cluster has CEA, PMER, and Finance technicians who are in permanent communication with the implementation team, and experts from the region also provide support, particularly on financial aspects and many others. The IFRC has also deployed a Surge CVA from Mauritania to support the implementation of the Dref. A task force composed of IFRC and CRC staff has been set up. This task force holds weekly coordination meetings.

A series of training sessions have been held on various topics, including CEA, Wash, First Aid and Psychosocial Support, Cash, and RFL as part of the RFL/CRC-ICR programme. A total of 62 volunteers were trained to assist displaced victims of the inter-ethnic conflicts in Kwamouth, DRC.

Within the framework of RFL (Restoring Family Links), these volunteers are engaged in the search for missing persons. They work under the supervision of the RFL Coordinator of the SN. With the technical and financial support of the ICRC, two emergency telephone booths have been set up to encourage spontaneous reunions.

Overview of non-RCRC actors in country

External actors contributing to this humanitarian response are: departmental authorities, the Ministry of Humanitarian Action, the Ministry of Transport, and UN agencies (WFP, UNHCR).

The government is coordinating humanitarian assistance in N'gabei. It has distributed food and NFIs to the displaced population and pre-positioned tents for the relocation of households at the beginning of the operation.

UNHCR helped settle the displaced in shelters in N'gabei Centre, then inserted them into the host community.

WFP delivered immediate food aid to 1,222 vulnerable people in Pool, Ngabé district and its 9 villages with 101 tonnes of rice, vegetable oil, peas, and salt distributed under the leadership of the Directorate of Humanitarian Action.

Needs analysis and scenario planning

Needs analysis

The Red Cross team conducted a multi-sectoral needs assessment after the rapid assessment conducted at the beginning of the operation. Data collection for the situation analysis and this report was based on a questionnaire and interview guides administered to affected communities and key informants and supplemented by focus group discussion.

<i>Needs identified (in order of priority)</i>	<i>Recommendations for an immediate and medium-term response.</i>	<i>Target groups</i>	<i>Active humanitarian actors</i>
Shelter and NFI needs: The targeted communities were living in rather precarious housing exposing them to several health and safety risks and to natural weather events especially during this rainy season. These difficult housing conditions were aggravated by the torrential rains.	<ul style="list-style-type: none"> o Provision of standard AME kits or monetary equivalent (blanket, cooking utensil, clothing, mosquito net, soap, storage container); o Provision of emergency shelter (tents, emergency shelter kits); o Support for the rental of particularly vulnerable asylum seekers. o Construction of durable and semi-durable shelters adapted to the local context. o Transfer of housing skills (in terms of shelter construction and maintenance techniques) to beneficiaries and local authorities. 	Asylum seekers Host population.	The Government of Congo distributed tents and NFIs in localities located on the river axis. In these locations, approximately 13% of the affected population was assisted. UNHCR assisted in the installation of safe shelters for asylum seekers in N'gaba Centre
Food security and livelihood needs: 84% of households surveyed said that the conflict had affected their livelihoods, mostly fields, businesses, and livestock. As a result, access to and availability of food has been difficult. The number of meals has decreased from three per day to two per day for 72% of households, and most of them no longer have enough grain stocks.	<ul style="list-style-type: none"> o Advocacy with traditional and administrative authorities for the implementation of a strategy to grant access to cultivable land to the most vulnerable populations. o Training on technical production itineraries. o CASH for work for the development of market gardening sites for poor households. o Provision of production means/equipment (fishing kits, market gardening kits or off-season crops, etc.) to groups and associations. o Provide emergency food assistance (food distribution); o Accompany households in the restoration and rehabilitation of their livelihoods through the distribution of small ruminants. o Assessing the socio-economic environment to identify promising income-generating activities. o Supporting households in the development of small income-generating activities through cash for income generating activities. 	Asylum seekers Host population.	WFP WFP delivered immediate food aid to 1,222 vulnerable people once at the beginning of the assistance operation (at risk of food insecurity due to early consumption in the Pool, in the district of N'gabé and these 9 villages with: 101, tons of rice, vegetable oil, peas and salt were distributed under the leadership of the Directorate of Humanitarian Action. In some localities, CRC volunteers are helping to distribute some donations (rice, oil, tins of food, spaghetti, salt, soap bars, etc.) offered to the victims by some public officials or local notables.
Water, hygiene and sanitation needs: <ul style="list-style-type: none"> o In general, displaced populations have difficulty accessing drinking water, with up to 80% of households getting their water from rivers, streams, or undeveloped wells, and up to 92% of households neither mastering nor practicing any water purification technique. o 52% of households in the areas covered defecate in the open air, either in the bush or in waterways. o Absence of waste management systems in all localities except Ngabé Centre. 	<ul style="list-style-type: none"> o Distribution of jerry cans and water treatment products to households that consume water from rivers and wells. The distribution of these products must be preceded by awareness raising and training on the use of these products. o Construction of family latrines in the 07 villages according to the estimated number of people. o Sensitization of the population on good hygiene and sanitation practices (with particular emphasis on the water chain, the use of latrines and hand washing) o Construction of water points equipped with human-powered pumps. o Distribution of dignity kits to women and girls. o Training of communities on waste self-management. 	Asylum seekers Host population.	Congolese Red Cross Management of mortal bodies and missing persons in the district of N'gabé and other target localities: 10 people who died because of serious injuries due to conflict.
Health/Nutrition Needs: The inter-communal conflict has amplified diseases already present in the communities (malaria, diarrhea, acute respiratory infections, skin diseases..., fever, swollen feet, cough). 88% of households surveyed said they had at least one case of these diseases in their household. There is also a high risk of epidemics (cholera or other water-borne diseases), according to the observation of the medical staff present in N'gabé. 91% of those interviewed said that they had at least one case of these diseases in their household. Confirms the highest rate of malnutrition in the community. 17% of households have malnourished children and 44% do not know the	<ul style="list-style-type: none"> o Distribute nutritional supplements to households with children under 5 and pregnant and breastfeeding women. o Create mobile nutritional screening units in the villages. o Establish a nutritional care system for children and pregnant and lactating women. o Provide health centers (02) with essential drugs/pharmaceutical products/supplies. o Sensitize the communities to the management of cases of waterborne diseases, the community watch for the surveillance of cases of disease and first aid. 	Asylum seekers Host population.	Congolese Red Cross The Congolese Red Cross provided first aid and evacuation of the injured, with 92 people rescued and transported to the almost non-existent health centers in N'gabé and the transport of 24 seriously injured people from N'gabé to the health center in Igné, which was itself overwhelmed and affected <ul style="list-style-type: none"> o Distribution of impregnated mosquito nets;

status of their children. We also noted the absence of screening and treatment at the health facilities in the Ngabé district.			
Protection needs: <ul style="list-style-type: none"> o 68% of the communities visited do not have a Citizen's Card. o 5% of respondents reported the existence of cases of abuse in their environment (torture, domestic violence, etc.); o 17% of respondents said they had lost contact with a relative since the outbreak of the inter-ethnic conflict. 	<ul style="list-style-type: none"> o Advocacy with the political and administrative authorities to facilitate the procedures for establishing identification documents for humanitarian actors in the district of N'gabé and its 09 villages. o Training of community leaders on issues related to the protection of children's rights, early/forced marriages, gender-based violence, etc; o Providing the villages visited with various kits related to violence against girls and women while ensuring psychosocial care, counseling and sensitization. o Creation of "safe spaces" for girls (which will be spaces where girls can freely express themselves and exchange among themselves). 	Asylum seekers Host population.	Congolese Red Cross and UNHCR <ul style="list-style-type: none"> o 25 at-risk children, including Unaccompanied Children (ENA) and Separated Children (ES), were registered and some of them were placed with host families. o 02 emergency phone boxes have been set up to facilitate spontaneous reunions of separated persons with their families. o There are also 7 information sessions on the PGI and the PSEA.
Cash and Voucher Assistance (CVA): 72% of asylum seekers favored the cash modality, 11% opted for in-kind distributions, and 17% requested both modalities. Although the markets have been affected by the influx of people from DRC in some localities, they remain functional. In terms of physical accessibility, the markets in all localities are accessible, although 79% of beneficiaries have to either navigate the river or cross the forest/savanna. The risk of aggression is marginal, with only 13% of people feeling frequently unsafe on their way to the market. Economic access is less favorable, however, with 25% of people feeling that prices are high on the market. However, this is a general trend in the Congo context and beyond.	<ul style="list-style-type: none"> o Conduct a market analysis to assess market capacity. o Depending on the results/conclusions of the market study, we recommend a multiple-use cash transfer. o Anticipate mitigating measures to address the very low percentage of beneficiaries with valid voter cards. 	Asylum seekers Host population.	Congolese Red Cross The Congolese Red Cross is currently finalizing the feasibility study for a monetary cash for 1700 people or 340 households
CEA Need: <ul style="list-style-type: none"> o 84% of respondents chose the telephone as their preferred channel of feedback, yet the CRC does not have a toll-free number. o In all of the targeted localities, women and people living with disabilities are not involved in the decision-making process. o 36% of respondents have never been sensitized on any issue since the inter-ethnic conflict. o 70% of respondents cannot read and 74% cannot write. 	<ul style="list-style-type: none"> o Advocate with cell phone operators (partners in the implementation of this operation) to provide the Congolese Red Cross with a toll-free number. o Designing awareness messages to be broadcast on community radios, and community relays o Design awareness messages on the different themes of interest to the community and set up an awareness strategy during home visits. o Set up community committees. o Establishment of community discussion and exchange sessions 	Asylum seekers Host population...	Congolese Red Cross The Congolese Red Cross has set up community committees in these localities. Awareness-raising activities are underway on various topics. They will be adjusted according to the priority information needs indicated by the populations during this evaluation.



UNHCR_relocation shelters©CRC



Red Cross Monitoring Mission Team©CRC

Operation Risk Assessment

The current situation corresponds to the best-case scenario described in the [EPoA](#), even though the displaced populations have not yet returned to their homes in Kwamouth, DRC. No spillover or additional population movement has been observed. Thus, the current Red Cross response will be limited to this DREF operation.

Operation Risk Assessment

At the beginning of the operation, a risk matrix was developed with mitigation solutions (see [EPoA](#)). This matrix is monitored regularly as the context evolves. Several tools help the team in this task, notably the "to do CVA risk analysis", the "CVA risk register guidance" and the "risk register". The new element added is the accessibility to 5 host villages of N'gabé which is very difficult for the Red Cross teams because the only way to reach them is by water using a rented pirogue. To reach these localities, the Red Cross teams rent one or two pirogues, but these costs are not planned.

B. OPERATIONAL STRATEGY

The objective of this DREF operation is to provide humanitarian assistance to 340 households (1,700 people) affected by the movement of displaced populations from the locality of Kwamouth in the DRC in the Ngabé district of the Pool department in Congo-Brazzaville. These are 340 households in the villages of Ngabé: Ngabé Centre 115 households; Mossandjoko 2 with 48 households; Mossandjoko 1 with 26 households; Ngobila 21 households; Bokaba1 with 17 households; Talangai 15 households; Tambola Pété 13 households; Mboka Lefini 12 households and Sédéck 73 households.

Proposed strategy

A multi-sectoral rapid assessment was conducted from November 11 to 16, 2022 in N'gabé district and its 09 target villages. The sectors involved were WASH, health, protection, shelter, food security, and livelihoods. CEA aspects were also integrated. It mobilized a team of 06 volunteers and 02 CRC staff. The results of this assessment will be presented below.

This evaluation led to some changes in the strategy that had been retained.

- Some themes not identified during the drafting of the EPoA were considered, such as nutrition and protection. These themes were added to the awareness messages and some related IEC materials were produced.
- Production of badges to allow for the identification of beneficiaries because after analysis, it was found that only 95% of the heads of household had a valid Identity Card.

The cash provided from the beginning was indirect, by a mobile financial operator utilizing sim cards that were to be given to the beneficiaries. The displaced population is foreign, without telephone, and living in villages with a limited connection to the telephone network. This makes it quite difficult to use this option, hence the proposal to make direct cash through the tokens given to the beneficiaries to circumvent the challenge.

Given the existence and accessibility of functional markets and reliable and functional payment systems in the affected areas, as well as the existence of a reliable system for identifying beneficiaries and favorable security conditions, the CRC opted for an unconditional direct cash transfer for multiple uses to cover the most urgent needs of 340 households. The objective of this multi-purpose transfer is to provide the highest degree of flexibility, dignity, and efficiency to beneficiaries to meet their various needs (AME and WASH, etc.); to empower the most vulnerable beneficiaries; to support local markets; and to foster economic recovery, preparedness, and resilience in these communities.

These are direct transfers or payments made through the financial services of the Congolese Red Cross. In fact, as part of the preparation for cash transfers, the CRC has committed to providing direct cash assistance after targeting beneficiaries with tokens.

The sensitizations focus on WASH, Health, Nutrition, and PGI. Note that the PGI and Nutrition themes were added following the multi-sectoral assessment conducted at the beginning of the operation. This multi-sectoral assessment helped identify the key themes/messages to be addressed during the sensitizations. As key messages, we selected (hand washing, personal, environmental, and food hygiene, composition of a balanced meal (5 stars), use and maintenance of latrines, water purification and conservation, Covid-19 barrier measures, use of mosquito nets, PGI, referral of cases of illnesses and gender-based violence in the health centers, feedback channels, resolution of technical complaints related to direct payment) For this multi-sectoral assessment, the team adopted a dual approach. First, individual interviews with household heads and key informants were conducted, followed by focus group discussions. For these group discussions, beneficiaries were grouped according to their interests (women, men, people with


disabilities). In each locality, three focus groups of 15 participants/group were organized, for a total of 21. These focus groups included women, youth, and men. They were facilitated by volunteers using interview guides. As the context evolves, the key messages have been updated.

As illustrated in the previous paragraph, communities are involved in this exercise from the needs analysis, response formulation, and monitoring of activities through community consultation. For the needs analysis, they were consulted through focus group discussions and individual interviews to present their priority needs in various sectors. During these discussions, they also gave their opinion on the response to be provided. According to these consultations, 72% of the population are in favor of the cash modality, 11% for in-kind distributions, and 17% request both modalities. Community committees, composed of community leaders approved by the whole community, have also been set up in each of the localities. These committees play a major role in the monitoring and sustainability of the activities implemented.

Local authorities (administrative and traditional) also play a key role in this operation. They were identified as resource persons during the preliminary assessments and are part of the various community committees set up. The Ministry of Social Affairs and Humanitarian Action also played a leading role in the selection of beneficiaries. The various activity reports produced are shared with these authorities not only to gather their inputs but also and above all to involve them and guarantee a better sustainability of the actions undertaken, especially after the official end of the operation. It should be noted that to involve the community concerned, the Red Cross team has recruited 7 community relays among the asylum seekers who are inserted in the 50 volunteers mobilized in N'gabe. This is also a measure to strengthen transparency and accountability.

To learn from the past, the Red Cross team has planned to survey the achievements and satisfaction of the beneficiaries from January 15, 2023. This will support discussions at a lesson-learned workshop in late January 2023. More information on the strategy is available in the [EPoA](#).

C. DETAILED OPERATIONAL PLAN

 Livelihoods and basic needs People reached: 320 Male: 125 Female: 195		
Outcome 1: Displaced populations in N'gabé district restore and strengthen their livelihoods.		
Indicators:	Target	Actual
% of assisted households surveyed who state that cash assistance is sufficient to cover their basic needs	80%	N/A
Output 1.1: The target population benefits from vocational training and/or productive assets to improve their livelihoods.		
Indicators:	Target	Actual
# of households receiving cash grants	340	0
# of evaluations carried out	2	2
# of PDMs completed	1	0
Progress towards outcomes		
<ul style="list-style-type: none"> Market survey A market survey was conducted in the target localities to determine market capacities, price stability, supply of products to the various markets, acceptance of cash transfers, protection of beneficiaries, and the capacities and challenges of traders. At the end of this study, it was noted that the persistence of the inter-communal conflict in Kwamouth, while limiting access to some of the markets along the river, has had an impact on their functionality. Stores are regularly open in various markets. Indeed, 34% of shops are open every 7 days of the week; 41% are open 6 days a week; 21% are open 4 days a week; and only 3% are open 2 days a week. The businesses that are open two days a week are in the localities of Talangai and Ngobila. These are cross-border and occasional markets. The 3% of businesses open only 2 days a week are in the localities of Sedeck and Mbouebé Léfini. These are "foreign" markets, which are cross-border markets between CAR, DRC, and Congo Brazzaville. These markets are open twice a week and are the main supply points for these populations. 		

The team was also able to observe the availability of necessities, even though some of them were showing a tendency to increase in price. Regarding the distance households have to travel to get to the market, we noted that 38% of households surveyed live more than 3 km from the market, 5% between 1 and 2 km, 12% between 2 and 3 km, and 35% less than 1 km. However, there were disparities, with longer distances in Moyi fleuve and Mopongo. In terms of economic access, only 46% of households surveyed have access. Also, 54% of the heads of households interviewed believe that the prices of products on the market are very high and that only the wealthy can obtain them without great difficulty.

Some issues related to the protection and safety of beneficiaries were noted. Indeed, 1% of respondents said that they had often been victims of aggression on the way to the market. The team found that the further away the market is, the higher the risk of aggression, with 9% of respondents reporting a risk of aggression for distances of more than 3 km, and 5% for distances between 2 and 3 km. No respondent living less than 2 km from the market reported having been a victim of an assault on the way to the market. Most of them are elderly women and young people (girls and boys). As a solution, sensitization is done to prohibit the sending of children (girls/boys) alone to the market. For the elderly, volunteers or family members will be available to accompany them.

Currently, the 50 volunteers and 2 supervisors trained have carried out the following activities in the district of Ngabé and distributed as follows:

- ✓ 10 CRC volunteers trained in cash sensitized on the usefulness of cash (320 households were sensitized out of 340, a rate of 94.17%)
- ✓ 10 CRC volunteers trained in CEA sensitized 292 households (146 households in Ngabé Centre, 41 in Ngabila, 39 in Mossandjoko, 39 in Sédeck, and 18 in Bokaba1), a result of 85.88%.
- ✓ 30 CRC volunteers trained in Wash and Psychosocial Support did sensitization in psychosocial care for 126 households in Ngabé Centre, which represents a 37% achievement rate. As for Wash, the team of volunteers in Ngabé Centre disinfected and sensitized 146 households on the treatment of drinking water, i.e. a 42.94% completion rate.

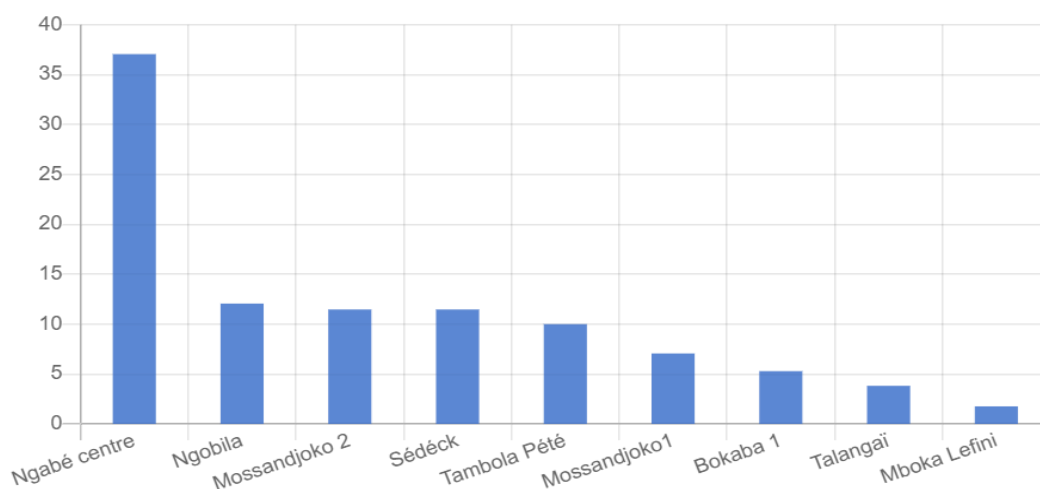
• Targeting of beneficiaries.

The targeting of beneficiaries was done according to the following steps:

- ✓ Sensitization of the communities on the objectives of the operation, the selection criteria, and the procedure for setting up the community committees.
- ✓ Setting up community committees. These committees were of two types, namely the targeting committees and the complaints and accountability management committees.
- ✓ Enrolment of potential beneficiaries.

Selection of beneficiaries based on selection criteria previously established and contextualized with the communities (Orphans and vulnerable children; Female-headed households; Pregnant women; Elderly; People with disabilities; People suffering from chronic diseases; Child-headed households; Impact of floods on livelihoods). This selection was made with the community committees and the Ministry of Social Affairs and Humanitarian Action.

Overall, 1700 beneficiaries were selected following the selection process. Among them, 72% are women and 28% are men. Other important data: most of this population does not have a valid voter's card. Given that voter cards were essential for the identification of beneficiaries with the financial service provider (MTN Congo), an alternative solution had to be found.



• Distribution of cash to beneficiaries.

After the identification and targeting of beneficiaries and the distribution of tokens, the actual distribution of cash remains to be done. The method to be used for this distribution of cash will be direct cash, following the distribution standards and procedures. The provisions related to this effect will be taken by the field team associated with the

administrative authorities, the volunteers and the dispute settlement committees installed within the targeted villages for the success of this operation.

The main results obtained are:

- 292 tokens were distributed to 292 beneficiary households in Ngabe Centre, Cedeck, and Ngobila. There are still 48 households of beneficiaries residing in the villages of Monssandjoko I and II, Bokaba 1, Talangai and Tambola pete. NB The majority of the displaced are settled in Ngabe-Centre in the community by the UNHCR
- Distribution of jerry cans to 292 beneficiary households in Ngabe center, Cedeck, and Ngobila;
- Distribution of Aquatabs to 292 beneficiary households.

Direct cash to all beneficiary households and distribution of jerry cans and Aquatabs to the remaining 48 households took place from Friday, December 16 to Friday, December 23, 2022. Post-distribution monitoring and claim management are planned to take place from December 26, 2022, to January 10, 2023.

The main challenges in achieving this outcome are

- The delay in the procedure for transferring funds between the IFRC and the CRC
- Only 15% of these heads of household have a valid voter's card.
- Difficult access to some intervention zones. This limits monitoring visits.



Health

People reached: 2,332

Male: 1,073

Female: 1,259

Outcome 1: Immediate health risks for displaced populations are reduced through improved access to medical treatment.

Indicators:	Target	Actual
# of households affected by health intervention	340	292
# of emergency kits purchased and positioned in villages	10	10

Output 1.1: Target population reached by search and rescue activities

Indicators:	Target	Actual
# of volunteers providing first aid	25	50

Outcome 6: Psychosocial impacts of the emergency are mitigated.

Indicators:	Target	Actual
# of people receiving psychosocial support	340	126

Output 1.1: Psychosocial support provided to target population and CRC volunteers and employees

Indicators:	Target	Actual
# of supervisors and volunteers trained in PSS	28	10

Progress towards outcomes

Overall, 91% of those interviewed during the evaluation believe that the risk of epidemics is high after such population concentrations. They believe that these population concentrations have amplified the diseases already present in the communities (malaria, diarrhea, acute respiratory infections, skin diseases, fever, swollen feet, cough). Thus, 88% of respondents said they had had at least one case of these diseases in their household.

The volunteers were trained in the prevention of waterborne diseases. They were also taught about the composition of balanced meals. Indeed, whether it is for underweight, chronic malnutrition, or acute malnutrition, the department of Pool is yellow (high alert level).

Volunteers have received working equipment (awareness posters, picture boxes, Aquatabs, and disinfection tools for heavily frequented public places). Home visits have been organized and to date, 292 households have been visited and 02 Focus Group Discussions (FGD) organized for a total of 2332 people reached (39% boys, 42% girls, 7% men and 12% women).

Overall, 292 heads of households were sensitized and trained on water treatment through chlorination, boiling and the use of Aquatabs.

The community feedbacks show a great enthusiasm of the population towards the teachings and techniques that are taught to them.

There were 78 people rescued and transported to the health centers of Ignié, followed by psychosocial care for abandoned elderly people.

A group of 10 volunteers were deployed to search for cases of diarrheal diseases in the communities.

These inter-community conflicts are a traumatic experience for these populations and have created psychosocial vulnerabilities. These vulnerabilities are compounded by the unsanitary and overcrowded conditions of the host families and the protection problems they generate. The Government's September 4, 2022, assessment estimated that 15% of the displaced population needs psychosocial support, including people with chronic illnesses, people with disabilities, the elderly, female-headed households, child-headed households, pregnant women, and nursing mothers.

CRC volunteers trained in psychosocial support provided sensitization and psychosocial care to 126 households in Ngabé Centre, representing a 37% completion rate.

Some of these households acknowledge that they received support from the Croix-Roux to help them adapt. In this support, the UNHCR, with its shelters, played a very crucial role that contributed greatly to psychosocial support. Also, following an advocacy meeting with community leaders and focus groups organized by the CRC, the host community accepted the asylum seekers and allowed them to access the three water points in the entire locality.



Water, sanitation, and hygiene

People reached: 1250

Male: 575

Female: 675

Outcome 2.4: Hygiene promotion activities are provided to the entire affected population.

Indicators:	Target	Actual
# of people benefiting from WASH services	1,700	1,250
# of focus groups conducted with communities	45	15

Progress towards outcomes

Following the increase in population in the N'gabé district due to the inter-community conflict, the water supply to 88% of households was disrupted (irregular supply of drinkable water). According to comments from the population, wells have been infiltrated by contaminated water from places where people defecate. Some rivers and streams have been contaminated by animal corpses carried by the water. During interviews with heads of households, 92% of them said that they did not practice or master any water purification techniques. In addition, 8% of respondents said that they purified the water before consumption. The technique most often described is the use of chlorine. Overall, 48% of households in the host community surveyed have a family toilet and 52% defecate in the open air (33% in the bush and 19% in the water). The situation worsened after the population concentrations. Indeed, 28% of households with latrines reported that their latrines were filled after the advancement of the kwamunth populations pushing the household to defecate in the bush and rivers increasing the rate of open defecation.

- 356 households were sensitized and trained on water treatment through chlorination, boiling, and the use of Aquatabs. At the same time, 29115 Aquatabs were distributed.
- 06 public spaces were cleaned and disinfected. 02 in the localities of Ngabé center, 01 in Bokamba, 02 in Sedeck, 01 in Talangai, and 01 in Ngobila. The public places that have been disinfected are the so-called public latrines in the markets. We also deplore the insufficiency of Aquatabs, which will not allow us to meet the target set in the logical framework.
- 1 km of drainage ditches have been cleaned up or improved.

More and more households are treating the water they consume and maintaining their latrines better. In addition, 21 households, including 16 in Sedeck and 5 in Mossadjoko 2, whose members used to defecate in waterways and the bush, have built individual toilets following the sensitizations.

The sensitizations are carried out on several themes or key messages:

- Hand washing,
- Personal, environmental and food hygiene.

- Composition of a balanced meal (5 stars);
- Construction, use, and maintenance of latrines.
- Water purification and conservation.
- Disinfection of displaced persons' households and sanitation of public places

These activities are carried out through home visits and group discussions (the displaced population has been integrated into the local community and the transit sites no longer exist in Ngabé Centre). They contain anticipated questions and answers and are updated regularly based on volunteer feedback.

It should be noted that out of a total of 340 households of the displaced, 250 have benefited from the sensitization wash. The remaining 90 households are in the villages surrounding N'gabe Centre and the only way to access them easily is by water. The volunteers have not yet done the sensitization due to the lack of means of transportation, which is the rental of a dugout canoe. The volunteers will plan the descent in these villages in the period from December 26, 2022, to January 15, 2023. On top of these activities, the volunteers will continue the distribution of Aquatabs and the sensitization on the necessity for each household to have a toilet because they do not have any yet.

Strategy Implementation

Outcome S1. 1: Capacity building and organizational development objectives of the National Society are facilitated to ensure that National Societies have the legal, ethical, and financial foundations, systems and structures, skills and capacities necessary to plan and implement the following activities.

Indicateurs :	Target	Actual
% of volunteers participating in the operation who understand their rights and responsibilities	100%	100%

Output S1.1.4: The National Society has effective and motivated volunteers who are protected.

Indicateurs :	Target	Actual
# of insured volunteers	50	0

Output S1.1.6: National Societies have the necessary infrastructure and institutional systems.

Indicateurs :	Target	Actual
# of articles published on the operation	3	0
# of broadcast channels used	4	0

Outcome S2.1.3: Improved compliance of National Societies with the Principles and Rules of Humanitarian Assistance.

Indicateurs :	Target	Actual
% of community feedback collected	90%	70%
# of surge deployed	1	1
# of surge monitoring reports submitted to the NS before departure	3	1

Outcome S3.1.2: The IFRC produces high quality research and evaluations that inform advocacy, resource mobilization and programming.

Indicateurs :	Target	Actual
# Number of LLW achieved	1	0
# Number of translations produced	2	0

Progress towards outcomes

The CRC benefits from the support of a CVA Surge and the technical team of the Kinshasa cluster (IFRC). The Red Cross teams participate in the different meetings of the crisis committee organized by the local authorities in central Ngabé.

Protection, Gender, and Inclusion are among the themes of awareness and animation of the discussion groups. To date, 07 focus groups of 15 members each have been conducted on this theme.

The 10 CRC volunteers trained on the CEA have sensitized 292 households (146 households in Ngabé Centre, 41 in Ngobila, 39 in Mossandjoko, 39 in Sédeck, and 18 in Bokaba1), a result of 85.88%.

At the end of the training, there was also the acquisition and provision of hygiene and protection kits, communication materials, and the establishment of a mechanism for managing community feedback.

In total, the Red Cross has reached 2332 people.

- **Community Feedback System**

The CRC, with the technical support of the CEA focal point, has set up a community feedback management mechanism. Volunteers were trained on how this mechanism works and how to use the different tools:

- Question and answer forms
- SOPs for the community feedback management mechanism.
- Data collection tools (Kobo and printed).

The community feedback management mechanism relies on electronic and physical/printed forms to collect comments, perceptions, fears, questions, and other concerns shared by community members with volunteers and on reporting logs made available to the committees. A set of communication materials was developed and implemented, including the development and regular updating of a question-and-answer sheet to address the information that needs to be expressed.

The main channels for feedback are:

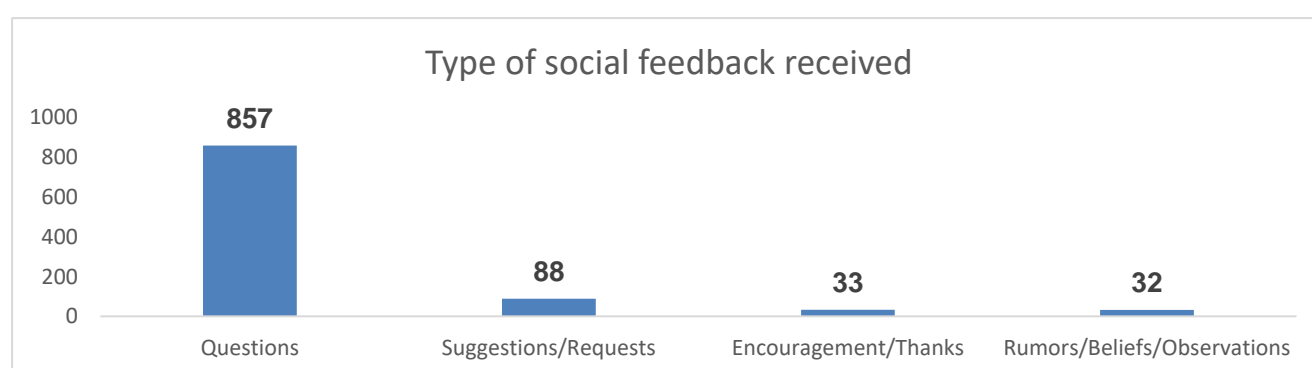
- Volunteers. There are 50 volunteers in the different localities.
- Complaints and accountability committees. They are set up in all localities and are composed of community representatives (community leaders) and administrative and traditional authorities. All the members of these committees were approved by the communities during the participatory community consultations held at the launch of the activities.
- Community meetings take the form of focus groups.
- Home visits (VAD)
- The telephone number and SG 066265399 which has been popularized in the communities.

- **Social feedback.**

A total of 1010 feedbacks in the "social" category were recorded in this reporting period. 3.2% rumors/beliefs, 84.8% questions, 8.7% suggestions/requests and 3.3% encouragement/thank you.

All the volunteer teams work 2 days a week and are equipped with communication tools (posters, flyers, picture boxes) in addition to the question-and-answer sheets.

In total, 8 awareness sessions were carried out, 250 households were sensitized, and visited and 15 focus groups were organized. Most of heads of households (both men and women) were present during the visits. Once the feedback was received, it was managed according to the procedures presented. The objective is to manage at least 70% of the cases received satisfactorily.



D. Financial Report

The total budget and allocation for this DREF operation remain at 134,088 CHF as detailed below for a 4-month implementation (27 September 2022 to 31 January 2023).

DREF OPERATION

MDRCG019 - Republic of Congo - Population Movement

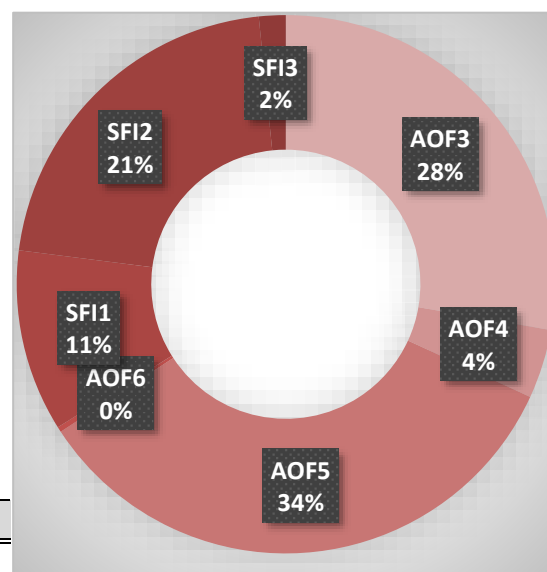
23/09/2022

Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	34,571
Medical & First Aid	2,795
Teaching Materials	2,541
Cash Disbursement	29,638
Relief items, Construction, Supplies	69,544
Transport & Vehicles Costs	1,556
Logistics, Transport & Storage	1,556
International Staff	19,826
National Society Staff	2,382
Volunteers	16,154
Personnel	38,361
Professional Fees	794
Consultants & Professional Fees	794
Workshops & Training	4,566
Workshops & Training	4,566
Travel	3,088
Information & Public Relations	667
Communications	953
Financial Charges	1,350
Other General Expenses	5,025
General Expenditure	11,082
DIRECT COSTS	125,904
INDIRECT COSTS	8,184
TOTAL BUDGET	134,088

Budget by Area of Intervention

AOF3	Livelihoods and Basic Needs	37,180
AOF4	Health	5,564
AOF5	Water, Sanitation, and Hygiene	45,442
AOF6	Protection, Gender, and Inclusion	423
SFI1	Strengthen National Societies	14,658
SFI2	Effective International Disaster Management	28,665
SFI3	Influence others as leading strategic partners	2,156
TOTAL		134,088



Reference documents

Click here for:

- Emergency Plan of Action (EPoA)

For further information, in particular on this operation, please contact

In Congolese Red Cross Society

- Secretary General (or equivalent); Bell Armand GAMPOUROU, email: gampouroubell.armandd@gmail.com Telephone: +242 06 626 53 99
- Operational co-ordination Roch BOUETOU-KADILAMIO, Disaster Manager CRC, email: rochbouetou2@gmail.com, phone: +242 06 678 29 92

IFRC Country Cluster Delegation, Kinshasa;

- Mercy Laker, Head of Kinshasa Cluster; email: Mercy LAKER Mercy.LAKER@ifrc.org

IFRC Africa Region Office

- Rui Alberto Oliveira, Operations Management Lead, Health, Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +351914758832; email: Rui.OLIVEIRA@ifrc.org

IFRC in Geneva

- Rena IGARASHI, Operations Coordination, Senior Officer, DCPRR Unit Geneva; email: Rena.IGARASHI@ifrc.org,
- Eszter MATYEKA, Senior DREF Officer, DCPRR Geneva Unit; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Louise DAINTREY-HALL, Head of Partnership and Resource Development, phone: +254 110 843 978; email: louise.daintrey@ifrc.org

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

For Performance and Accountability support (planning, monitoring, evaluation and reporting enquiries)

- IFRC Africa Regional Office: Beatrice Atieno Okeyo, Acting Regional Head PMER, and Quality Assurance, Email: beatrice.okeyo@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 Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate, and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote social inclusion
and a culture of
non-violence and **peace**.