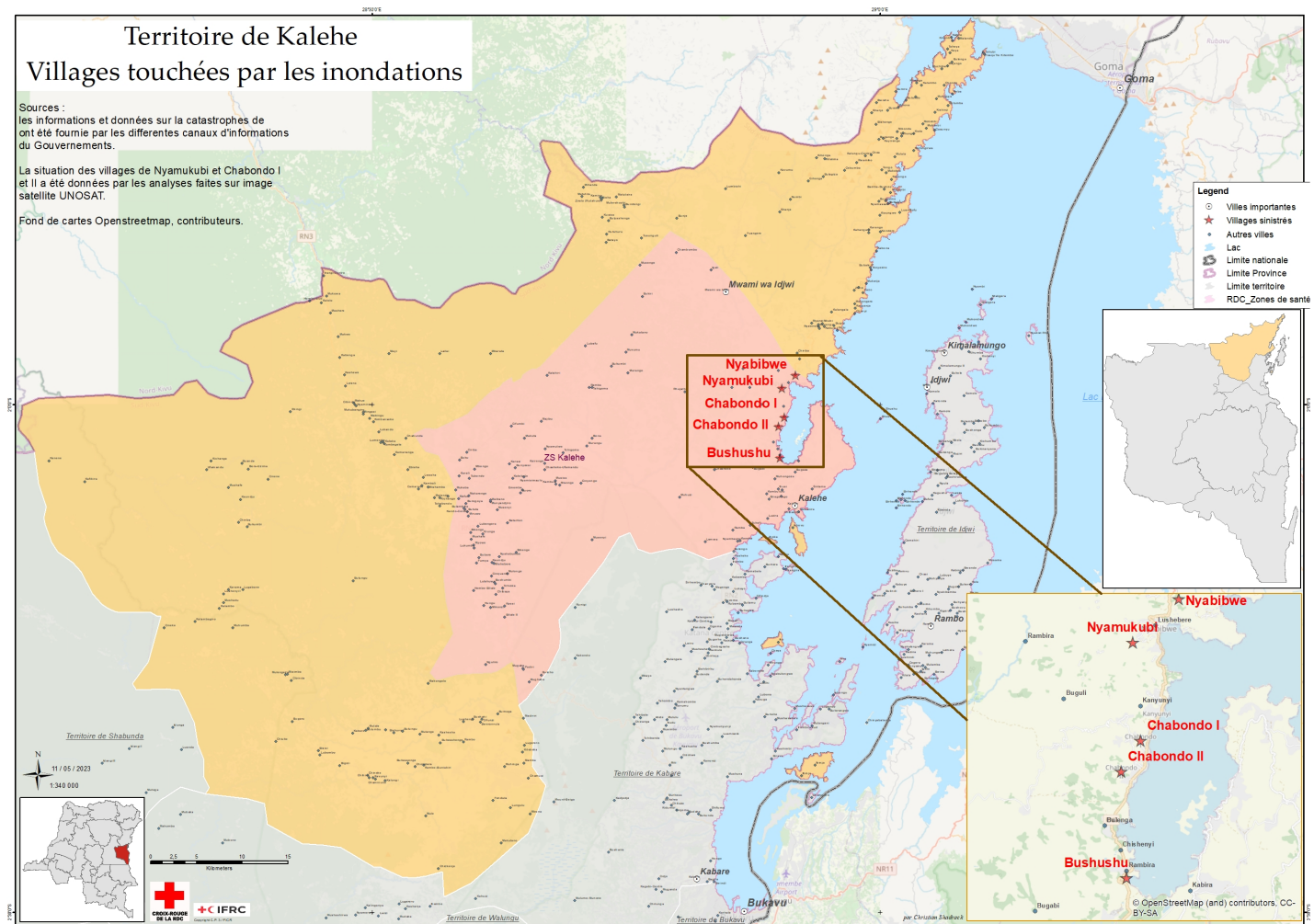




Transport of a body found for burial after floods and landslides

Appeal: MDRCD040	Country: Democratic Republic of Congo	Hazard: Flood	Type of DREF Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 334,240	
Glide Number:	People Affected: 50,000 people	People Targeted: 34,600 people	
Operation Start Date: 2023-05-22	Operation Timeframe: 3 months	Operation End Date: 2023-08-31	DREF Published:
Targeted Areas:	Sud-Kivu		

Description of the Event



Kalehe Territory, Village affected by floods and landslides

What happened, where and when?

The rainy season in the Democratic Republic of Congo (DRC) is characterized by heavy rainfall, strong winds, flooding and landslides across several part of the country since October 2022. After the severe wave of flooding experienced in Kinshasa and surrounding areas, the rainfall has continued more severely in the North East of the country. From 2 to 5 May 2023, torrential rains fell in the localities of Bushushu, Nyamukubi, Luzira and Chabondo in the Kalehe territory of South Kivu province in the Democratic Republic of Congo (DRC). This caused the Lukungula, Kabushungu, Kanyunyi and Chishova rivers to burst their banks, resulting in flooding and landslides in Bushushu and Nyamukubi. More than four hundred people have been reported dead from that incident, thousands of people are missing and huge losses in livelihoods, infrastructure and materials were recorded.

On 9th May, the DRC Red Cross assessment revealed that Bushushu and Nyamukubi were the areas most affected by the floods across South Kivu Province from 2nd May. Bushushu and Nyamukubi health areas have experienced shocking floods and landslides. Around 50,000 people were affected and need food assistance in the flood zone (WFP, 12 May), 3,000 houses were destroyed (with 1,200 completely destroyed), the affected people are still in the sites. The needs are huge and the vulnerabilities significant. The damages reported include significant loss of houses, basic household items were also taken by flood, water sources unusable as well as latrines and roads. The DRC Red Cross has deployed initial resources in coordination with movement partners, humanitarian coordination and Government and launched a swift response in hardest-hit health area, addressing immediate needs and mitigating

further impact with the expected continuation of the rainfall. Indeed, the above figures are likely to increase again based on weather forecast. Highest period rainfall lasting until end of June (<https://www.windy.com>).



Rescue of a month old baby floating in the flood waters



Joint Red Cross & provincial government Team

Scope and Scale

The impact of the 2-5 May floods is likely to increase with the continuation of heavy rains forecast by the weather forecast until the end of June, while the impact experienced already has never been greater in South Kivu. Of the three health areas in the Bushushu locality, two were affected by flooding and landslides: Bushushu and Nyamukubi. The locality of Bushushu is in the Kalehe health zone in South Kivu. The intensity of rainfall has a severe impact in the different villages of Bushushu and Nyamukubi health zones due to several rivers: In Bushushu (Rivers Lukungula, Kabushungu and Kanynyi) in Nyamukubi (Rivers Chichova, Nyamukubi and Lwano). These rivers crossing the various villages received high amounts of water with the excess pouring into the villages in addition to inland flooding, leading to significant landslides.

Loss of life has been reported across Kalehe territory. As of 17th May, at least 428 people had died (Ocha /Local coordination). The number of missing people is 2,500 according to UNICEF as of 13 May. The situation is critical for thousands of families and huge losses in livelihoods have been recorded.

With regards to the impact on shelter, 3,000 households were affected, of which around 1,200 had their houses completely destroyed, according to OCHA. The total population of the two health areas Bushushu and Nyamukubi is estimated at 34,600. Damage of infrastructure, roads, schools (6 in Nyamukubi and 1 in Bushushu), fields and farms were recorded. School and academic records (report cards, diplomas, etc.) as well as school objects were destroyed and washed away. Around 50,000 people are in need of humanitarian assistance.

The area affected by the disaster, which is also an area that has received thousands of displaced people (107,700), particularly from the neighbouring province of North Kivu, fleeing the atrocities in their home areas, is going through a period of rain, so there is a risk that the humanitarian situation will worsen. To note, this area is also endemic for cholera. It is estimated that 70% of the local water supply infrastructure in Nyamukubi has been destroyed. A large warehouse was also destroyed, depriving farmers of 25 tons of seed. Four (4) micro-dams in Nyamukubi, the Nyamukubi market, a multi-purpose hall, four places of worship including one mosque have been destroyed or damaged. There is also the inaccessibility of some sub-villages due to the cutting of the road. The scope of the disaster is multidimensional with about 50,000 people affected as of 12 May, according to WFP. UNICEF has indicated that children are particularly affected by this disaster.

Continuous assessments by the Red Cross, Government and other humanitarian actors will help to update the data as the rains continue. The dire needs of people affected and the severe impact and risk on the community exposed

to landslides led to the Government declaring 8th May a day of national mourning. As of 12th May, the Government declared Kalehe Territory a "disaster area" to enable greater mobilization of essential resources.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population groups?	Yes
Did the National Society respond?	Yes
Did the National Society request funding from DREF for that event(s)?	No
If yes, please specify which operations	-

Lessons learned

The DRC RC has carried out several DREF operations in response to the floods in the country. These were implemented in: Kinshasa, Uvira, Sake, Equateur, Sud Ubangui. The territory of Kahele experiences frequent flooding, however this is the first request for DREF in this area due to the magnitude of the disaster.

During previous DREF operations, the DRC RC has collected operational learning that could be taken into account in implementing this operation. This include:

- In terms of preparedness, the DRCRC is implementing the Echo PPP project in Uvira. The teams in Uvira will thus be able to provide support to the localities targeted by this operation (Bushushu and Nyamukubi). The organisation of specific training (in different areas) in the town of Uvira before the disaster was done in the framework of the Echo PPP project in order to prepare the response to possible humanitarian crises. This will continue in the operation in order to consolidate the achievements.
- The Movement partners (IFRC, French Red Cross, etc.) organised a DREF training for a cohort of volunteers and staff funded from the ECHO PPP project in order to have focal points who could provide support in case of need. This recently acquired experience will contribute to this humanitarian response.
- Beneficiaries will be involved at all stages of the operation to facilitate implementation, particularly as it allows them to make decisions in their own interest.
- Assessments will take into account host families as well as displaced households, as they generally need assistance that should be factored into the response.
- The mechanism for collecting and managing community feedback will be improved to ensure engagement with community members and the success of the operation.
- During the course of the intervention, there will be a need for specific follow-up of affected people with experienced psychologists. It will therefore be necessary to strengthen the human and financial capacities of the national society in the field of PSS.
- A pre-positioning of intervention and sensitization material as well as visibility material was done in the city of Uvira and in the neighbouring provinces. This enabled the first interventions in the response to be made. This good practice will continue.



•It will be important to organise regular meetings with the leaders of the affected people prior to the livelihoods assistance in order to share selection criteria and agree on the selection of those to be assisted. This will help to build consensus and avoid conflict at the time of livelihoods distributions.

Current National Society Actions

National Society EOC	The Red Cross has activated its local Emergency Operations Centre.
Activation Of Contingency Plans	The Red Cross does not have a specific contingency plan for Kalehe Territory, but it uses other flood contingency plans developed in other areas of the province (Uvira) to conduct these interventions. To note, the province of South Kivu has a multi-hazard contingency plan that has been developed.
Resource Mobilization	The DRC Red Cross has advocated with other members of the Red Cross Movement in the country during crisis meetings and this DREF request completes the mobilization of resources. Support in terms of material, human and financial resources is underway from the French Red Cross, Luxembourg Red Cross, Spanish Red Cross, ICRC and IFRC.
Assessment	A rapid assessment was carried out by local branches in Kalehe from 5th to 9th May, supported by a team from the South Kivu branch of the Red Cross. In view of the evolving situation, the collection of updated information is ongoing.
Coordination	Coordination is both internal and external. Internally, within the framework of the Red Cross Movement, there have been crisis meetings at national and local levels. Externally, the DRC Red Cross is an integral part of the crisis commission led by the provincial governorate. In the field, the Red Cross participates in coordination meetings organized by the administrator of the Kalehe Territory.
National Society Readiness	<p>Within the framework of the ECHO PPP (Pilot Programmatic Partnership) project implemented in the Territory of Uvira, located at about 280 km from Kalehe, disaster risk management (DRM) preparation activities are implemented by the DRC RC with the support of the Red Cross and Red Crescent Movement partners.</p> <p>Local capacities on Community Engagement and Accountability have been strengthened through the participation of a representative of the South Kivu province in the CEA Training of Trainers delivered at national level in March. The presence of this new trainer represents an asset for extensive capacity building on CEA within volunteers' platforms in affected localities.</p> <p>A total of 14 DRC RC staff including 7 staff from South Kivu were trained on the new DREF tools, as part of the DREF Evolution. In addition, 25 volunteers including 1 focal point from Kalehe Territory was trained on the EPiC modules. Through the ECHO PPP project, EHI kits, shelters and body bags were prepositioned in the South Kivu Red Cross branch.</p> <p>The National Society has a National Disaster and Health Emergency Response Plan. It now needs to be revised and disseminated to the branches and sub-branches.</p>



Other	<p>DRC RC volunteers extracted lifeless bodies from the masses of mud and rubble and then proceeded to conduct 404 burials under the supervision of the provincial governorate by 11th May.</p> <p>The National Society is also completing the assistance on floods in another province in DRC. The long rainy season in DRC has made both situations to come through in the same period. Both ongoing responses will thus need a good monitoring, coordination and response plan for effective achievement of set objectives.</p>
Water, Sanitation And Hygiene	<p>A total of 6 water chlorination points have been setup to help fight cholera, which is endemic in the region, with the support of UNICEF. Hygiene facilities are regularly disinfected in the various accommodation facilities for those affected.</p>
Health	<p>The DRC Red Cross is organizing volunteer briefings (140) and implementing first aid, rescue, referral and psychosocial support activities. Red Cross volunteers contributed to the evacuation of 176 injured people, including 108 in Bushushu and 68 in Nyamukubi. Referrals to shelter sites were made for 358 households who also received psychological first aid. The South Kivu Red Cross Branch has set up a Cholera Response Team.</p>

Movement Partners Actions Related To The Current Event

IFRC	<p>The IFRC has a Country Cluster Delegation office in Kinshasa and an operational sub-office based in Goma that ensures close management of the disaster in collaboration with the DRC RC. The Federation office contributes to coordination meetings with the Red Cross national headquarters in Kinshasa and the Red Cross provincial committee/South Kivu section. Technical support is provided to DRC teams in Kinshasa to guide assessments, resource mobilisation and operational strategy.</p>
ICRC	<p>The ICRC, through its Bukavu sub-delegation, has made body bags available for this operation and remains available to support the action of the NS during this disaster. It also provides support for the management of unaccompanied children. Discussions are underway to financially support the intervention teams that are in action during these first moments of the emergency. There is technical and financial support for the Rapid Assessment Mission.</p>
Participating National Societies	<p>Within the framework of the Echo PPP (Programmatic Partnership Pilot) project, titled "Accelerating Local Action in Humanitarian and Health Crises in the Town of Uvira", DRC RC teams are present in South Kivu. They are supported by the French, Luxembourg, Spanish Red Cross and the IFRC to implement interventions in disaster preparedness and management, epidemic and pandemic preparedness and response, population movement response, cash transfer, risk communication and community engagement.</p> <p>As part of the consortium in place, 200 Essential Household Items (EHI) and shelter kits were made available to the DRC RC for this operation. Prepositioned materials (body bags, PPE, etc.) are also being sent to Kalehe.</p>

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The seriousness of the situation was discussed at the Council of Ministers meeting on Friday 5th May. A National Day of Mourning (8th May) was declared by the Government.</p> <p>Government is coordinating all humanitarian actors on the ground and have provided food, non-food items and medicines and secured the sites. The Governor chaired a consultation meeting in Bukavu with humanitarian actors. This enabled humanitarian actors to share information and identify priorities such as the provision of a secure site for the resettlement of disaster victims, the management of remains and food.</p> <p>Overall, the authorities have made it possible to :</p> <ul style="list-style-type: none"> •Ensure selection of sites for the preservation of bodies •Choice of burial site •Mobilisation of a machine from the Road Office for digging of the two mass graves •The visit of several authorities from different levels •Assistance with medicines, food and non-living items •Mobilisation of an emergency response team from the provincial health division
UN or other actors	<p>Médecin Sans Frontières (MSF) is supporting Government medical teams and some targeted health centres.</p> <p>The Panzi Foundation has also deployed emergency medical teams. Other Congolese humanitarian health organisations, such as Santé et Développement, the community of Pentecostal Churches in Central Africa, Jeunesse pour la Solidarité et le Développement dans le pays des Grands Lacs, TPO, Tearfund have also deployed teams to assess the situation.</p> <p>A multi-sectoral needs assessment mission is underway led by OCHA with UN agencies and NGOs. This is also intended to support the coordination of assistance with local authorities.</p> <p>UNICEF has launched an initial response by providing emergency assistance to health centers, to the affected people in host families and spontaneous sites. This includes the distribution of 3,000 NFI kits to the affected households and 3,000 WASH kits, including personal hygiene kits, to the affected households. It also plans to deploy preventive actions against cholera, supply emergency care kits (obstetrics, surgery), supply antibiotics and medicines (anti-malaria, etc.), supply IPC and protection for health care infrastructures, and 100 kg of chlorine for health infrastructures and to ensure dignified and safe burials. In terms of child protection, provision of 14 tents for the creation of safe and child-friendly spaces, mobilization of social and para-social staff to provide emergency psychosocial support to the most vulnerable affected children and referral of children in need and their families to appropriate child protection services are also planned. Support to the identification, documentation, family tracing and reunification of unaccompanied and separated children is also</p>



underway.

The World Food Programme (WFP) has begun distributing eight tons of food, including energy biscuits, to more than 6,100 affected people in Bashushu to cover their food needs for at least four days. Further emergency food distributions are planned in Nyamukubi. Cash transfer assistance is planned by WFP, ACTED, Caritas Belgium and local organizations (source: OCHA).

Are there major coordination mechanisms in place?

The government authorities ensure the operational coordination of activities in the disaster areas with the various humanitarian actors including the Red Cross.

Needs (Gaps) Identified



Shelter Housing And Settlements

The affected population has been forced to leave their homes and have found refuge in host families for some and in fortress sites for others. It is estimated that around 8,873 people have been relocated in Bushushu and Nyamukubi. Some houses were crushed by large stones, some covered by sand and others washed away by rainwater into Lake Kivu. Around 3,000 houses were damaged, of which 1,200 were completely destroyed. Essential household goods destroyed and washed away. Several food crop fields and food and non-food stores were washed away. These households are therefore in need of financial support to access housing or replace essential items lost in the floods or the collapse of their homes.

There is a need for construction of 1,200 emergency shelters and the distribution of 3,000 EHIs. Within the framework of the Movement and in connection with the ECHO PPP project implemented in the same province of the disaster, the Luxembourg Cross has planned to make available 200 EHI kits and shelters for this operation. The challenge remains the transport of these kits from the Uvira depot to Kalehe.

Context analysis and mapping exercises will ensure to include questions that help to understand communities' coping mechanisms, attitudes and practices towards shelter, while people will be given the opportunity to specify their preferences in receiving cash. South Kivu being a conflict-prone area, vulnerable groups (women / children, elderly and people with disabilities) should be engaged to identify possible barriers in registering or accessing assistance and discuss solutions to identified challenges.



Livelihoods And Basic Needs

Kalehe territory is a mining area, however several hectares of crops and livestock were completely destroyed by floods and landslides. Household food supplies stored in flooded houses have been lost. The food security situation is alarming, especially for children, the elderly, the sick, pregnant women and nursing mothers who have specific nutritional needs. According to WFP, 50,000 people are in need of food aid in the flood-affected area. Among the goods destroyed and lost are school equipment for children. It would be very difficult for these children to return to school if they do not receive adequate support. In general, clothing is essential, especially for children and other vulnerable groups. Displaced people in evacuation sites may face difficulties in accessing basic necessities, including sufficient food and clean water. People's livelihoods, mainly based on agricultural activities, will be affected by the loss of crops and livestock, and it is no longer possible to resume the current agricultural season. Similarly, markets, trade and agricultural activities have been severely disrupted and affected households have been forced to use part of their capital to meet immediate needs, making it difficult for them to secure future income.



Community Engagement And Accountability

South Kivu being a conflict-prone area CEA / RCCE will ensure an inclusive engagement with communities while strengthening local capacities to implement participatory approaches across the different sectors of the response plan. This will be done through the following focus



- Carry out context analysis and community mapping to understand community structures, groups, power dynamics, social and cultural values, vulnerability and needs. This also includes understanding community priorities and preferences.
- Train volunteers and staff on CEA/RCCE and specific tools such as the use of radio, community feedback and communication skills as well as the volunteer code of conduct.
- Train community members / groups on the CEA approach with emphasis on their rights and participation in the operation
- Systematically share information on intervention plans, progress, activities, selection criteria , distribution processes as well as people's rights and entitlements
- Establish sustainable mechanisms to listen to and act on community perceptions and concerns while ensuring more decision-making power goes to communities.
- Develop a communication strategy outlining what information will be shared , when , with whom it will be shared and through which channels . Ensure preferred and trusted two-way communication channels are used for receiving information and sharing insights.



Protection, Gender And Inclusion

There is a significant number of unaccompanied children. As of 9th May, more than 30 unaccompanied and separated children (UASC) were registered by UNICEF, and more than 50 orphans and other vulnerable children have been identified. Red Cross volunteers were able to find children separated from their parents.

There are 13 cases of unaccompanied children, including a 2-month-old in Bushushu. People affected by the disaster are at risk of all kinds of violations. Confined to sites, the rights of children, women and men, and people with disabilities can be easily violated through sexual exploitation, physical and mental abuse and harassment. The promiscuity in which disaster victims live in host families and accommodation sites exposes them to the risk of rape and violence.

There is also a need to sensitise the communities on PGI and the PSEA because there are internally displaced people (107,700) from the neighbouring province of North Kivu and IDPs due to the disaster.

Families whose relatives are missing continue to search for them, including indigenous families and people who have come for trading activities.

Rehabilitation needs for damaged and washed away schools have been reported, as well as the construction of emergency schools and the provision of school supplies.



Water, Sanitation And Hygiene

The majority of WASH facilities have been destroyed. Many latrines and showers have been buried by sand and others washed away. Latrines buried in sand are discharging faecal matter. More so, the insufficient number of latrines in relation to the number of people living in host families and schools was noted during the rapid assessments.

In addition, the management of mortal remains is problematic, and some bodies are still buried in the rubble. Hygiene standards are not well known and not very applicable at present by the affected populations. The destruction of the water supply systems especially, Mudirhibwe and Bushekerhe water supply systems in Bushushu



and Burhwa water supply system. Commercial attraction centers are erected on an unsuitable site. All this shows that there is a need to:

- Carry out environmental sanitation, ensure water chlorination points, build emergency latrines, and develop water sources.
- Build emergency latrines and showers in host families and temporary accommodation sites
- Disinfect schools that have been used as storage sites for bodies
- Disinfect places where latrines are being swallowed by sand and are discharging faeces onto the ground
- Distribute water purifiers
- Completely rehabilitate the three (3) water mains that supply the affected villages
- Distribute intimate hygiene kits
- Distribute WASH kits
- Organize community sanitation work sessions
- Promote hygiene.

CEA / RCCE related support needed include:

- Context analysis and assessment to include questions on communities' practices and socio-cultural environment related to WASH to inform effective social and behavior change approaches
- Use participatory approaches to listen to people's preferences on the design and location of WASH facilities
- Train volunteers on RCCE with emphasis on communication skills, participatory approaches (FGDs, community dialogues/ meetings / face to face communication), community feedback and the use of radio for SBC outreach (given that radio is one the most trusted communication channels in DRC particularly in rural areas).
- Rely on community platforms and influencers to support and promote the implementation of local and practical solutions to improve WASH infrastructures and behaviors
- Rely on trusted communication sources, languages to ensure hygiene promotion messages are inclusive, well understood by people and key messages adapted to the audience.
- Ensure community insights receive WASH services, challenges and satisfaction are used to foster improvement to the response.



For the affected populations, the losses from this disaster have created vulnerabilities and impact at the psychosocial level. People are living in a state of trauma due to the loss of their loved ones and property. Initial assessment information shows that the displaced population include people with special needs, chronically ill patients, people with disabilities, the elderly, female-headed households, child-headed households, pregnant women and nursing mothers, etc.

In addition, the deterioration of hygiene conditions and difficulties in accessing water created an environment conducive to the development of water-related diseases, diarrhea and especially vector-borne diseases. Injured people needed rescue and evacuation (176) to which the DRC RC contributed. The injured were evacuated to the local health facilities, which were themselves affected but functional.

In the face of this disaster, the action of the DRC Red Cross is still limited due to lack of resources, but the volunteer rescue workers have already provided assistance to 223 people injured by the floods. This includes first aid, rescue, referral and psychosocial support. Volunteers have performed 404 burials under the supervision of the provincial governorate. They continue to provide emergency relief to recover bodies and organize burials. A need for training and supply of materials for the management of mortal remains has been reported by the volunteers. There is also a need to organize training sessions in first aids, water rescue and the supply of rescue equipment for the teams in Kalehe.

In addition, the distribution of mosquito nets to the affected households is needed to help prevent malaria.



The provision of basic necessities to households to reduce their exposure to weather and disease, as well as access to care for those who are ill, is important to address the risk of epidemics or diseases. Access to care is dependent on already precarious income following the floods and under pressure from damage to housing and loss of equipment. From the perspective of NS capacity, an expansion of epidemiological and disease surveillance at community level is essential. There is need to develop risk communication strategies based on finding from the need assessment / context analysis in collaboration with local partners including existing community networks and MoH, to communicate health risks, identify information gaps / needs and address stigma associated with waterborne diseases and other health issues. Two-way communication will be promoted to ensure RCCE strategies are relevant, challenges and satisfactions are used to guide SBC focus. Capacities of frontline volunteers and community members will be strengthened on RCCE approaches and tools.

Operational Strategy

Overall objective of the operation

The objective of this operation is to provide direct humanitarian assistance to 18,000 people, i.e., 3,000 households affected by the floods in Kalehe Territory, South Kivu Province through interventions in shelter and health, disaggregated as described in the targeting strategy. In addition, through WASH actions, the National Society aims to reach overall affected communities of Bushushu and Nyamukubi which represents 34,600 people. Activities planned will be implemented for a duration of 3 months.

Operation strategy rationale

The implementation of this DREF operation will take place in (2) key villages Bushushu and Nyamukubi and aims to reach targeted households with the technical, material and financial support of the Red Cross Movement (IFRC, ICRC, French RC, Spanish RC, Luxemburg RC) and external partners. The needs analysis, selection of people to be assisted by the distribution activities, as well as planning of a scenario and the risk assessment will be updated continuously as the situation evolves.

The DRC will carry out a multi-sectoral needs assessment which shall help to adjust the strategy during the implementation of the operation. It will allow the identification of the targeted people on the basis of predefined criteria. This assessment will also serve as a basis for any revision of the emergency plan of action.

The DRC RC's intervention will focus on the following areas:

1- Shelter and household Items:

Shelter support will include the distribution of tarpaulins (3 per HH), emergency household items and cash transfers to 800 HH (4,800 people), whose houses have been affected by the floods. The volunteers will also provide technical support to communities in the construction of their temporary shelters. To note, the PNS consortium in DRC will provide tarpaulins for 200HH out of the 800 HH targeted, thus this DREF allocation shall only cover the costs for tarpaulins for 600HH. The people reached through this intervention shall all be reported as part of this operation to showcase overall people reached by the Movement.

Besides the distribution of tarpaulins, DRC will use cash and voucher assistance (CVA) to support the reconstruction of houses with the technical support of volunteers. Indeed, targeted families (800 HH) will each receive an unconditional cash grant of 100 USD. The purpose of making the grant unconditional is to maintain the families agency and dignity in determining what is best for themselves, and trusting them to use it for what is necessary to ensure their shelter and basic needs are covered.



Thanks to the support of the IFRC, the DRC RC now has a cash transfer focal point, who shall be reinforced during this operation by the Surge personnel deployed for Kinshasa Floods operation (MDRCD039). Moreover, the team in Uvira has already implemented cash transfer projects during the previous DREF Flood in 2020. In the framework of the ECHO PPP project, a cash transfer component is also planned. The Spanish RC is strengthening the South Kivu branch on this. As part of the ECHO PPP project, the IFRC will organise a training of trainers in cash transfer in the DRC in June.

2 - Health:

Volunteers will continue to provide first aid, psychosocial support and shall distribute mosquito nets to 1,200 households impacted by the floods. This will ensure that at least 7,200 people are protected from mosquito bites during their sleep.. They will also carry out awareness activities to promote good health practices.

3- Water, Sanitation and Hygiene (WASH):

Red Cross volunteers will contribute to environmental sanitation, chlorination of water points, construction of emergency latrines and development of water sources. Some 3,000 HH (18,000 people) will be provided with Aquatabs through distribution.

Volunteers will also carry out awareness-raising activities on good hygiene practices and the prevention of water-borne and oral diseases with the aim of reaching 34,600 people (5,766 HH) in the two targeted villages of Bushushu and Nyamukubi.

Community Engagement and Accountability (CEA):

DRC RC teams will ensure an inclusive engagement with communities while strengthening local capacities to implement participatory approaches across the different sectors of the response plan. This will be done through the following focus:

- Carry out context analysis and community mapping to understand community structures, groups, power dynamics, social and cultural values, vulnerability and needs. This also includes understanding communities' priorities and preferences.
- Train volunteers and staff on CEA/RCCE and specific tools such as the use of radio, community feedback and communication skills as well as the volunteer code of conduct.
- Train community members / groups on the CEA approach with emphasis on their rights and participation in the operation.
- Systematically share information on intervention plans, progress, activities, selection criteria, distribution processes as well as people's rights and entitlements.
- Establish sustainable mechanisms to listen to and act on community perceptions and concerns while ensuring more decision-making power goes to communities.
- Develop a communication strategy outlining what information will be shared, when, with whom it will be shared and through which channels. Ensure preferred and trusted two-way communication channels are used for receiving information and sharing insights.

Targeting Strategy

Who will be targeted through this operation?

In this humanitarian response, the following two health areas, Bushushu and Nyamukubi, are targeted by the Red Cross:

The Bushushu Health Area is made up of three (3) sub-villages: Rambira, Kabudaha and Kanyunyi. Its total population is 24,247 inhabitants, while Nyamukubi Health Area is made up of eight (8) sub-villages, Lwano, Nyamukubi-Centre, Mwanda, Nkwiro, Chifunz, Mushwago and Kamikonzi. Its total population is 10,353 inhabitants. As such, for both villages total population is 34,600 people.

In view of the extent of the damage recorded, the DREF operation will target families as follows:



a- Direct targets:

- 4,800 people (800 households) will be targeted with distribution of tarpaulins and unconditional cash grants to cover shelter, basic and health needs.
- 7,200 people (1,200 HH) will be targeted with distribution of mosquito nets to prevent malaria.
- 18,000 people will be reached with Aqua tabs distributions as part of WASH services.

b- Indirect targets:

Overall, a total 34,600 people in the two targeted villages will be targeted with health and hygiene awareness messaging, as well as risk communication and community engagement actions to reduce potential of disease outbreaks.

Explain the selection criteria for the targeted population

Communication activities will target the entire population of Bushushu and Nyamukubi. Concerning humanitarian assistance through the distribution of cash, emergency household items and the provision of temporary shelters, the people to be assisted will be identified and selected according to their level of vulnerability. The main criteria will be households whose houses have been destroyed. These households will be prioritized for their high level of exposure. The following vulnerability criteria will then be crossed for the selection of other households:

- 1- Those particularly vulnerable to waterborne and vector-borne disease risks (households with elderly people, female-headed households, households with pregnant and lactating women and children under five, people living with disabilities, households that have lost all household possessions)
- 2- People who have not received any assistance from other partners

The National Red Cross Society will ensure that the operation is consistent with the Red Cross Movement's commitment to gender equality and diversity. The criteria for selecting beneficiaries may be adapted according to vulnerability and taking into account the cultural context.

Total Targeted Population

Women:	8,288	Rural %	Urban %
Girls (under 18):	9,364	100 %	0.00 %
Men:	7,724	People with disabilities (estimated %)	
Boys (under 18):	9,224	1.00 %	
Total targeted population:	34,600		

Risk and security considerations

Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
Risk of price inflation	The DRCRC will conduct a market analysis and monitor the price situation
Rainfall continues and flooding spreads throughout South Kivu province	The National Red Cross Society will continue its response as described in this plan; it will continue to monitor the humanitarian situation and will consider expanding its activities through an emergency appeal to address the deteriorating situation



The affected areas are affected by epidemics (cholera, measles, COVID-19, etc)/Risk of Cholera outbreak.	The National Red Cross Society will continue its response by revising the operational action plan with the involvement of the Health Department
The scale of the disaster and its impact on infrastructure may present logistical challenges in delivering assistance and reaching remote or inaccessible areas.	Mitigation: Establish effective coordination mechanisms with government agencies, relief organisations, and local communities. Pre-position emergency supplies in strategic locations. Utilize local networks and partnerships to facilitate access to affected areas. Regularly assess and adapt logistical plans based on changing conditions.
The beneficiary selection could be a challenge as the majority of beneficiaries may not have identity cards. Assistance may be delayed by cumbersome administrative procedures	In this complex context, the NS is also considering the direct cash solution, for identification, beneficiary tokens will be made. There is also the option of buying sim cards which is foreseen. The NS will work with mobile money company in Kalehe. The multi-sectoral assessment will be used to define the final cash approach.

Please indicate any security and safety concerns for this operation


There are risks of insecurity in South Kivu with the presence of various armed groups and militias. Clashes between them, as well as between these groups and government forces, are recurrent. There are also population movements (IDPs) with the neighbouring territory of Massisi in North Kivu which is at war.

As part of this operation, DRCRC teams with the support of the ICRC and IFRC will provide regular security briefings to staff and volunteers. DRCRC, IFRC and ICRC security officers will collaborate to facilitate the monitoring of the health and security context that may affect the mobilised staff and volunteers. Appropriate personal protective equipment will be made available to the teams, as well as visibility material.




Planned Intervention

	National Society Strengthening	Budget	CHF 41,853
		Targeted Persons	110
Indicators		Target	
# of volunteers insured		100	
Priority Actions:		<ul style="list-style-type: none">•Insurance for volunteers•Organisation of a preparatory meeting and planning of operations with the heads of the branches and the national Staff•Purchase and distribution of T-shirts, waistcoats (bibs) for volunteers•Deployment of 5 part-time CRC regional staff to support field activities with volunteers•Purchase and distribution of protective equipment for volunteers and supervisors.•Mission of headquarters staff to monitor activities•Megaphones and batteries for megaphones•Logistical support transporting items and handling/storage•Purchase of fuel for operational monitoring•Vehicle rental•Part-time deployment (motivation) Project manager•Full-time deployment (motivation) Assistant project manager•Administrative costsLessons learnt workshop	

	Community Engagement And Accountability	Budget	CHF 25,048
		Targeted Persons	34600
Indicators		Target	
# of community feedback system put in place		1	
# of volunteers trained on CEA		100	
% of community concerns captured through the feedback system which was addressed		70	
		6	

# of community networks participating In the operation through the different pillars	
# of community groups trained on CEA/ RCCE	6
Priority Actions:	<ul style="list-style-type: none"> • Carry out context analysis and community mapping to understand community structures, groups, power dynamics , social and cultural values , vulnerability and needs. This also includes understanding communities' priorities and preferences •Train volunteers and staff on CEA/RCCE and specific tools such as the use of radio , community feedback and communication skills as well as the volunteer code of conduct. •Train community members / groups on the CEA approach with emphasis on their rights and participation in the operation •Systematically share information on intervention plans, progress, activities, selection criteria , distribution processes as well as people's rights and entitlements •Establish sustainable mechanisms to listen to and act on community perceptions and concerns while ensuring more decision-making power goes to communities. •Develop a communication strategy outlining what information will be shared , when , with whom it will be shared and through which channels . Ensure preferred and trusted two-way communication channels are used for receiving information and sharing insights.

	Multi-purpose Cash	Budget	CHF 15,350
		Targeted Persons	4800
Indicators	Target		
# of households receiving cash transfer assistance	800		
% of heads of assisted households who say that the humanitarian assistance received is satisfactory	90		
% of community representatives within DRC RC CVA teams in	40		
% of people who received information on the selection criteria	100		
	<ul style="list-style-type: none"> • Multi-sectoral needs assessment / Market assessment • Identification of cash transfer beneficiaries • Training of volunteers on cash transfer (data collection) • Distribution of cash to 800 households for a single unconditional of 100 USD •Post distribution monitoring 		

Priority Actions:

- strengthen staff and volunteers' knowledge, skills and tools to engage with communities for effective and dedicated CEA processes for CVA modality
- Use participatory approaches, validate and inform communities of selection criteria
- Rely on existing community platform to ensure community participation in the selection of target communities
- Rely on the community feedback system to prompt actions and address community concerns related to CVA
- Share timely information concerning CVA processes using community preferred communication channels and languages.

**Protection, Gender And Inclusion****Budget**

CHF 1,435

Targeted Persons

800

Indicators**Target**

of needs assessments with consideration of the PGI

1

of people reached by protection, gender and inclusion services

800

of staff and volunteers trained in PSEA and PGI and having signed the code of conduct

100

Priority Actions:

- Organise introductory sessions, briefing on Protection, Gender and Inclusion PGI and PSEA
- Organise awareness raising sessions for prevention and protection against Sexual Exploitation and and Sexual Abuse PSEA
- Referrals for any SGBV cases
- Assessments with consideration of the PGI

**Water, Sanitation And Hygiene****Budget**

CHF 44,725

Targeted Persons

34600

Indicators**Target**

of households that received aquatabs

3000


of people reached by hygiene promotion and waterborne disease prevention activities

34600

100

% of community groups who have been consulted in their preferences on the design and location of WASH facilities	
Priority Actions:	<ul style="list-style-type: none"> • Briefing/training on WASH • Accompanying communities in the sanitation of their living sites. • Production of communication/awareness raising materials for WASH activities • Development of water sources • Acquisition and distribution of aquatabs • Use participatory approaches to listen to people's preferences on the design and location of WASH facilities.

	Health	Budget	CHF 31,504
		Targeted Persons	34600
Indicators		Target	
# of people reached by health promotion activities		34600	
# of volunteers trained on health issues (Health Promotion, PSS, etc)		100	
# of households that received mosquitoes		1200	
Priority Actions:		<ul style="list-style-type: none"> • Briefing/training on health awareness/promotion techniques • Awareness raising on good health practices • Psychosocial support for disaster victims and volunteers • Acquisition of first aid kits • Support for the distribution of insecticide-impregnated bed nets • Preparation of IEC materials (picture boxes and others). • Protective equipment for the management of mortal remains (boots, masks, etc.) • Develop risk communication strategies based on findings from the need assessment to communicate health risks, identify information gaps/ needs and address stigma associated with water-borne diseases. 	

	Shelter Housing And Settlements	Budget	CHF 128,025
		Targeted Persons	4800
Indicators		Target	
# of households with tarpaulins for the construction of temporary shelters with technical support from volunteers		800	

# of households receiving essential household items (EHI)	800
# of trained first aid volunteers/Recycle in shelters	60
% of affected community groups that have been consulted in identifying possible barriers in registering for or accessing shelter/housing assistance	100
Priority Actions:	<ul style="list-style-type: none"> • Distribution of Essential Household Items ("EHI") • Briefing/training on emergency shelter construction • Distribution of tarpaulins for temporary shelter construction • Consultations with vulnerable groups to identify possible barriers in registering or accessing assistance and discuss solutions to identified challenges

	Secretariat Services	Budget	CHF 46,300
		Targeted Persons	65
Indicators		Target	
# of surge deployed		1	
Priority Actions:		•Monitoring mission of the operation, •Organisation of a lessons learned workshop •Deployment of a finance officer for 3 months •Technical, financial and logistical support from headquarters to the local branch	

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

100 Volunteers

10 Supervisors including a CEA focal point at provincial level

4 DRCRC Headquarters Support (Operations Coordinator, CEA, Finance and Logistics)

1 number of branches involved

4 reports per month from branches

1 Information Manager

Will surge personnel be deployed? Please provide the role profile needed.

Surge for 3 months- operation coordination with financial management skills.

If there is procurement, will it be done by National Society or IFRC?

The NS has a logistical team that will carry out all purchases for the operation while respecting the federation's procedures.



How will this operation be monitored?

The IFRC cluster PMER / CEA leads, in coordination with the National Society CEA and PMER, will support the monitoring of this operation and provide technical support to teams on the ground. On a weekly basis, the Monitoring and Evaluation department will provide an update on the progress of activities in the field and mention any difficulties in order to find solutions. Joint IFRC and National Society monitoring missions will be organized on a regular basis.

Please briefly explain the National Societies communication strategy for this operation.

The Red Cross will participate in regular coordination meetings with all partners and stakeholders. Red Cross actions are presented in order to avoid duplication in implementation.

The activities carried out will be presented through documentary films and social media.



Budget Overview



DREF OPERATION

MDRCD040 - DRC RED CROSS FLOODS IN KALEHE/ SUD-KIVU

Operating Budget

Planned Operations	246,088
Shelter and Basic Household Items	128,025
Livelihoods	0
Multi-purpose Cash	15,350
Health	31,504
Water, Sanitation & Hygiene	44,725
Protection, Gender and Inclusion	1,435
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	25,048
Environmental Sustainability	0
Enabling Approaches	88,153
Coordination and Partnerships	0
Secretariat Services	46,300
National Society Strengthening	41,853

TOTAL BUDGET 334,240

all amounts in Swiss Francs (CHF)



Contact Information

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

- **National Society contact:**

Grégoire MATEO, President of the DRC Red Cross, presidentnational@croixrouge-rdc.org,
+243822388209

- **IFRC Appeal Manager:** Mercy LAKER, Head of Delegation, mercy.laker@ifrc.org

- **IFRC Project Manager:** MUMONAYI DJAMBA Irène, Operations officer, mumonayi.irene@ifrc.org

- **IFRC focal point for the emergency:**

Dr Zeade Leonard NIOULE, Program coordinator, Leonard.NIOULE@ifrc.org

- **Media Contact:** Gracia Dunia, Communication Officer, gracia.dunia@ifrc.org, +243 813 274 794

- 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

[Click here for the reference](#)

