

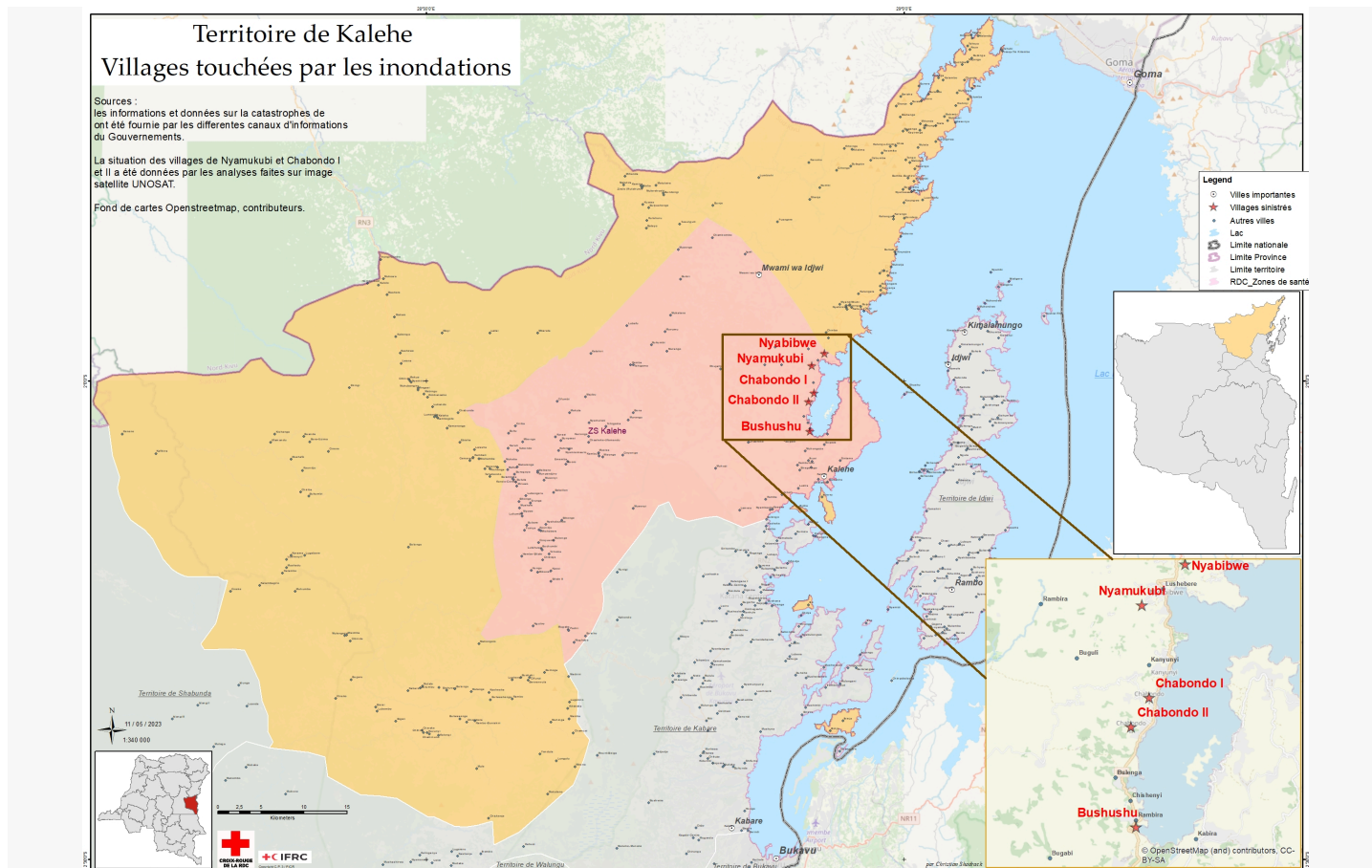


Distribution of tarpaulins, mosquito nets and Sim cards to disaster victims in Kalehe

Appeal: MDRCD040	Total DREF Allocation: CHF 334,240	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2023-000067-COD	People Affected: 50,000 people	People Targeted: 34,600 people	
Event Onset: Sudden	Operation Start Date: 20-05-2023	Operational End Date: 30-09-2023	Total Operating Timeframe: 4 months
Targeted Areas: Sud-Kivu			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of DRC Red Cross, would like to extend thanks to all for their generous contributions.

Description of the Event



Kalehe Territory, Village affected by floods and landslides

Date of event

05-05-2023

What happened, where and when?

Kalehe is one of 8 territories in South Kivu province in the Democratic Republic of Congo. It covers an area of 5,707 km² (8% of the province) and has an estimated population of 9,315,185 in 2023. On 5 May 2023, torrential rains in the area caused human and material damage on the Bushushu-Nyamukubi road. When the Chibira/Chabondo river overflowed its banks as far as Nyamukubi, in the village of Bushushu, in the Mbinga-Sud groupement in the Buloho chiefdom, 490 people died and around 2,528 houses were completely or partially destroyed. Search operations by the DRC Red Cross led to the finding and burial of 460 bodies under the supervision of the provincial governorate.





A team of Red Cross volunteers mobilised



Raising awareness of good hygiene practices in Bushushu

Scope and Scale

The floods and landslides that occurred between 2 and 5 May had a devastating impact in South Kivu. Out of the three health areas in the Bushushu locality, two were affected by the floods and landslides, namely Bushushu and Nyamukubi. Human deaths were reported throughout the territory of Kalehe. At least 490 people have died. Around 2,340 people are missing, and there have been enormous livelihood losses. Infrastructure such as roads, schools (6 in Nyamukubi and 1 in Bushushu), fields and farms were damaged. School and academic records (report cards, diplomas, etc.) and school objects were destroyed and washed away by water and mud.

Kalehe territory has a medium to high altitude equatorial climate. The soil is generally rich near the shores of Lake Kivu and less rich on the slopes. The floods and landslides occurred on market day at Nyamukubi, where many people were present. Several bodies were swept into Lake Kivu by the floods. The area is entirely rural, and the main activities are agriculture, livestock farming, fishing, small-scale extraction of raw materials (gold, tin, columbite-tantalite, cassiterite, etc.) and trade in food products and fishing.

A large warehouse was also destroyed, depriving farmers of 25 tonnes of seeds. In addition to the Nyamukubi market, four (4) micro-dams in Nyamukubi, a multi-purpose hall and four (4) places of worship, including a mosque, were destroyed or damaged. It was estimated that 70% of the local water supply infrastructure in Nyamukubi had been destroyed. The main source of water for the population is the surrounding rivers and unprotected wells. The affected area is also endemic for cholera. The relocation of affected families to sites allocated by the government is continuing. In the wake of the disaster, at least 15168 people who were homeless have been accommodated in the AMANI disaster sites in Bushushu, Kasirusiru 1 and 2 in Nyamukubi and the Mushonezo site in Kalehe centre.

On 30 August 2023 at around 3pm, the camp for displaced people in the village of Mutshibwe in the Buzi groupement in the Buhavu chiefdom was decimated by a violent fire. At least 1,150 shelters were consumed by the fire. Those affected at the Bushushu Amani site also moved to a private plantation in Katachola after heavy rain fell on the night of 1 September 2023.

The total population of the Bushushu and Nyamukubi health zones is estimated at 34,600. This population was in great need of humanitarian aid. To contribute to the humanitarian response, the DRC Red Cross received an emergency fund (DREF) with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC). The DRCRC's work, with technical and financial support from Red Cross partners, ended on 30 September 2023. This report presents the results.

National Society Actions

<p>Have the National Society conducted any intervention additionally to those part of this DREF Operation?</p>	<p>Yes</p>
<p>Please provide a brief description of those additional activities</p>	<p>As part of the humanitarian response, the DRC Red Cross was able to implement activities in the following areas: shelter, wash, health, Gender Protection and Inclusion (PGI), cash transfer, Community Engagement and Accountability (CEA). A total of 110 volunteers and 18 supervisors/team leaders were mobilized to provide the humanitarian response. The Red Cross provided assistance to at least 30685 people, including 4,768 men, 10,829 boys, 5,500 women and 9,588 girls.</p> <p>In addition to the activities planned as part of the DREF, the volunteers were responsible for searching for bodies in the rubble and for the burial of any bodies found.</p> <p>As co-leader of the body search and burial commission in the humanitarian coordination system in place, the Red Cross was responsible for managing all evacuation</p>



alerts and burials of dead bodies, and victims of flooding and landslides. The Red Cross was also responsible for directing victims to housing sites in Bushushu and Nyamukubi. 19 July was the last day of search and burial activities following the floods and landslides. By then, Red Cross volunteers had found and buried 460 bodies.

On the Bushushu road, 250 bodies were found and buried, including 72 men, 112 women, 28 boys and 38 girls.

On the Nyamukubi road, 210 bodies were found and buried, including 54 men, 61 women, 39 boys and 56 girls.

The National Red Cross Society also carried out 4 other activities in addition to the DREF operation in collaboration with TPO (Transcultural Psychosocial Organization). These included:

- Activity 1: The distribution of 1,494 Essential Household Items (EHI) kits, the distribution of food to 5,846 households and the distribution of 950 Menstrual Hygiene Kits.
- Activity 2: The implementation of reproductive health activities and the distribution of 500 menstrual hygiene kits in Bushushu and Nyamukubi and 709 hygiene kits in Mushonezo.
- Activity 3: Implementation of child protection and psychosocial support activities
- Activity 4: The implementation of a project carried out in collaboration with the DDC-CARITAS-TPO, with activities including the construction of health pavilions at the Lushebere Health Centre and the Nyabibwe Hospital Centre.

In addition, during this humanitarian response, a child protection risk analysis was carried out by the DRC Red Cross with the contribution of the Kinshasa cluster (IFRC). The IFRC's child protection policy tool was used. Overall, the risk was moderate in terms of the level of contact between Red Cross teams and children. The risk to the existing systems at the DRC RC was also moderate. However, it was recommended that the DRC RC put in place an action plan for specific vulnerabilities at the organizational level (specialization and reliable systems, child protection policy).

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC has a cluster delegation office in Kinshasa and a sub-office in Goma and Kalemie. IFRC staff took part in coordination meetings with the Red Cross headquarters in Kinshasa and the provincial committee of the Red Cross/South Kivu section. Technical support is provided to the DRC teams in Kinshasa to guide the implementation of activities.</p> <p>The DRC Red Cross received technical support from staff at the Cluster Office based in Kinshasa for the planning and implementation of the operation (Development of the DREF response plan, monitoring of activities, lessons learned workshop, activity report).</p>
<p>Participating National Societies</p>	<p>The DRCRC has maintained constant coordination with the Participating National Societies (PNS)/European Red Cross represented in the country. Within the framework of the Red Cross and Red Crescent Movement, the Pilot Programme Partnership (PPP) financed by DG ECHO is being implemented in the province of South Kivu in Uvira. As part of the Echo PPP project entitled "Accelerating local action in humanitarian and health crises in the town of Uvira", DRC RC teams are present in South Kivu.</p> <p>They are supported by the French, Luxembourg and Spanish Red Cross and the IFRC to implement interventions in disaster preparedness and management, epidemic and pandemic preparedness and response, response to population movements, cash transfers, risk communication and community engagement. As part of the consortium in place, 200 Essential Household Items (EHI) and shelter kits were made available to the DRC Red Cross for this operation. Materials pre-positioned in Uvira (body bags, PPE, etc.) were also sent to Kalehe.</p>



ICRC Actions Related To The Current Event

The DRC RC has maintained constant coordination with the International Committee of the Red Cross (ICRC) in the country. The ICRC supported the DRC RC at the beginning of the disaster with an analysis of the situation in Kalehe and the motivation of certain volunteers, to the tune of \$26,308.

The ICRC also provided the DRC RC with the following items:

- Body bag
- Chlorine
- Intervention equipment
- Transportation

The ICRC, through its Bukavu sub-delegation, remained available to support the work of the DRC RC during this disaster. It also provided support for the management of unaccompanied children to help re-establish family links. Red Cross volunteers were able to find children separated from their parents. 13 cases of unaccompanied children were managed, including a 2-month-old baby in Bushushu.

We also installed 2 free telephone boxes in 2 sites to share information easily (ICRC) for 2 months.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The severity of the situation was discussed at the Council of Ministers meeting on Friday 5 May 2023. The government declared a day of national mourning (8 May). The government coordinated all the humanitarian actors on the ground and provided food, non-food items and medicines. The government also secured the sites and chaired a consultation meeting in Bukavu with humanitarian actors. The meeting enabled humanitarian actors to share information and identify priorities, such as the provision of a secure site for the resettlement of disaster victims and the management of remains and food.</p> <p>Overall, the authorities were able to</p> <ul style="list-style-type: none"> -Ensure the selection of sites for the preservation of bodies. -Select burial sites. -Mobilising a Roads Office machine to dig two mass graves. -Mobilise an emergency response team from the provincial health division. - Rehabilitating destroyed infrastructure <p>The administrative authorities have also made available to humanitarian actors a plot of land with a capacity of 1,000 shelters. By 30 September, humanitarian workers (Denise NYAKERU Foundation) had built 200 wooden shelters in Lwako.</p> <p>The provincial government was represented by the governor's chief of staff. This enabled the Mushenezo site to be made available for the construction of the transitional shelters.</p> <p>Then, on 13 September 2023, during the official launch of the Multisectoral Support Campaign for the start of the 2023-2024 school year, the Governor of the Province handed over school bags, exercise books, pens, pencils, maths toolboxes, slates and other supplies to pupils in Bushushu Village to help the victims of the disasters in Bushushu and Nyamikubi.</p>
UN or other actors	<p>The Humanitarian Coordinator visited the territory of Kalehe during week 27 to understand the humanitarian situation and the responses underway by the various actors on the ground.</p> <p>Following the disaster, several organisations contributed to the humanitarian response. Médecin Sans Frontières (MSF) supported the government's medical teams and certain targeted health centres. The Panzi Foundation also deployed emergency medical teams. Other Congolese humanitarian organisations, such as Santé et Développement, the community of Pentecostal churches in Central Africa, Jeunesse pour la Solidarité et le Développement dans les pays du Grands Lacs, TPO and Tearfund have also deployed teams to assess the situation and provide disaster relief.</p> <p>A multi-sectoral needs assessment mission was carried out by UNOCHA with UN agencies</p>



and NGOs. UNICEF has provided emergency assistance to health centres, and affected people in host areas and host communities. The World Food Programme (WFP) and World Vision distributed food.

Save the Children distributed 3,000 school kits to affected children and children from host families enrolled in 15 primary schools in Bushushu, Nyamukubi and Ihusi.

The WHO has provided emergency health kits to the Kalehe, Bushushu, Nyamukubi and Muhongoza health centres, as well as the Kalehe hospital. The kits were provided to help 617 disaster victims receive free medical care. Churches and educational institutions distributed back-to-school supplies to disaster victims.

Are there major coordination mechanism in place?

Following the disaster, the government authorities ensured the operational coordination of activities in the affected areas with the various humanitarian actors, including the Red Cross.

Regular coordination meetings were organized with the increased participation of provincial and local authorities. The Reference General Hospital (HGR) offered its meeting room for coordination meetings. Local disaster coordination meetings were held during the first few days under the lead of the local administrator, with the support of all the parties involved in the response.

A map of the actors who were present is below:

- 1.Wash & IPC: IRC, Mercy Corps, Red Cross/IFRC, Save the Children, UNICEF, Word Vision, Red Cross/CARE International.
- 2.Shelter: RHA/FH DRC, UN Women, PEDI/ALIMDAD, Word Vision
- 3.Food security and livelihoods: ABCOM/FH DRC / WFP
- 4.Psychosocial and education: Médecin du Monde/TPO, MIDEFEOPS, DIAKONI, UNICEF
- 5.Education: Consortium: Save the children, Word vision via CAV
- 6.Communication: ADPF, RHA/APDC-DRC, Red Cross/IFRC
- 7.Protection: UNICEF, APEDS DRC, IRC; Red Cross/IFRC
- 8.Health: WHO, UNICEF, MSF Spain, AFPDE, SAD, PEDI, TPO/IDAV, ADRA, UMI
- 9.Management of mortal remains (GDM): DRC Red Cross

Needs (Gaps) Identified



Shelter Housing And Settlements

After the disaster, the people affected were forced to leave their homes and seek refuge with host families for some and in sites for the displaced for others. It is estimated that around 15,000 people were rehoused in Bushushu and Nyamukubi and then in Kalehe centre. Assessments have revealed that some houses have been crushed by large stones, others have been covered by sand and still others have been washed into Lake Kivu by rainwater. Around 2528 houses were damaged, 1963 of which were completely destroyed. Essential household goods were destroyed and washed away. Several fields of food crops and food and non-food shops were washed away. These households therefore needed financial assistance to access housing or to replace essential goods lost in the floods or the collapse of their homes. At the start of the disaster, the need was identified to build at least 1,200 emergency shelters and distribute Essential Household Items (EHIs) to at least 3,000 households. A number of measures have been taken by the government and humanitarian agencies to help those affected by the disaster. The authorities in the Kalehe territory have made a site with a capacity of 1,000 shelters available to humanitarian workers. By 30 September, around 200 shelters had been built.

An analysis of the current situation shows that the living conditions of people in the camps who have fled conflict zones, as well as those affected by flooding, have become disastrous with the onset of the rainy season. Families are taking shelter under tarpaulins supported by wood as the rains fall, creating unbearable conditions.



Livelihoods And Basic Needs

Assessments have shown that several hectares of crops and livestock have been completely destroyed by flooding and landslides. Household food stock stored in flooded houses was lost. The food security situation was alarming, particularly for children, the elderly, the sick, pregnant women and nursing mothers. More than 50,000 people were in need of food aid in the area affected by the floods. In general, there was a need for clothing, particularly for children and other vulnerable groups. Displaced people in evacuation sites have had difficulty accessing basic necessities, including sufficient food and clean water. People's livelihoods, mainly based on agricultural activities, have been affected by the loss of crops and livestock. Markets, trade and agricultural activities have also been severely disrupted.

Affected households have been forced to use part of their capital to meet their immediate needs. This makes it difficult for them to secure their future income.





Health

The disaster created vulnerabilities and had a major psychological impact on those affected. Assessments showed that people were living in a state of trauma due to the loss of their relatives and assets. The displaced include the chronically ill, the disabled, the elderly, female-headed households, child-headed households, pregnant women and breast-feeding mothers, and so on. These people have specific health needs that are insufficiently covered.

In addition, the deterioration in hygiene conditions and difficulties in accessing water have created an environment conducive to the development of water-related diseases, diarrhoea and, above all, vector-borne diseases. A cholera epidemic is currently raging in the territory of Kalehe and in the camps for displaced persons, at a time when the DRC is facing its worst cholera crisis since 2017.

The injured needed to be rescued and evacuated (220), to which the DRC RC contributed. The injured were evacuated to local health facilities, which were themselves affected but functional.

There was also an urgent need to recover bodies and organize burials. Volunteers pointed out the need for training and the supply of equipment for the management of mortal remains.

There was also a need to organize training sessions in first aid and water rescue, and to supply rescue equipment to the teams in Kalehe. In addition, the distribution of mosquito nets to affected households was necessary to prevent malaria. The provision of basic necessities to households in order to reduce their exposure to bad weather and disease, as well as access to care for those who are ill, are important elements that have been identified to address the risk of epidemics or disease.

Access to care for those who are ill is currently important in dealing with the risk of epidemics or disease. From the point of view of Red Cross capacity, it is still essential to extend epidemiological and disease surveillance to the community level.



Water, Sanitation And Hygiene

Most of the WASH facilities were destroyed. Many latrines and showers were buried in sand and others washed away. Latrines buried in sand were discharging faecal matter. In addition, the assessments revealed that there were not enough latrines for the number of people living in host families and IDP sites.

In addition, the management of mortal remains was problematic and some bodies are still buried in the rubble. Water supply systems were destroyed, particularly those at Mudirhibwe and Bushekerhe in Bushushu and Burhwa.

All this shows that it is still necessary to :

- Clean up the environment,
- Strengthen water chlorination points,
- Reinforce the construction of emergency latrines and the development of water sources.
- Reinforce the construction of emergency latrines and showers in host families and temporary accommodation sites.
- Distribute water purifiers.
- Distribute intimate hygiene kits.
- Distribute hygiene kits.
- Organise working sessions on community sanitation.
- Promoting hygiene



Protection, Gender And Inclusion

An analysis of the situation shows that people affected by the disaster are at risk of gender-based violence, sexual exploitation, physical and mental abuse and harassment. In particular, children, women and men, as well as disabled people in the displacement sites.

The promiscuity in which disaster victims live in host families and accommodation sites exposes them to the risk of rape and violence.

It is therefore necessary to continue to raise community awareness of the PGI and the PSEA.

Families whose loved ones are missing are desperate.



Community Engagement And Accountability

There was a need to include the CEA / RCCE (Risk Communication and Community Involvement) approach in the operation. Engagement) in the operation.

There was a need to :

- Analyze the context including questions on community practices and the socio-cultural environment related to health, water supply, sanitation and hygiene in order to inform effective approaches to social and behavioral change.
- Use participatory approaches to listen to people's preferences on the design and location of WASH and health facilities.



- Train volunteers on RCCE (Risk Communication and Community Engagement) with an emphasis on communication skills, participatory approaches (Focus Groups, community dialogues/meetings/face-to-face), community feedback and the use of radio for CBS awareness (given that radio is one of the most reliable communication channels in DRC, particularly in rural areas).
- Rely on community platforms and influential people to support and promote the implementation of local and practical solutions to improve health, WASH infrastructure and behaviours.
- Rely on reliable communication sources and languages to ensure that health and hygiene promotion messages are inclusive, well understood by people and that key messages are tailored to the needs of the population.
- Ensure that the community's views on health, wash, shelter and cash transfer services, challenges and satisfaction are used to help improve the response.
- Systematically share information on intervention plans, progress, activities, selection criteria, distribution processes and people's rights.
- Put in place sustainable mechanisms to listen to and act on community perceptions and concerns, while ensuring that communities have greater decision-making power.

Operational Strategy

Overall objective of the operation

The objective of this operation was 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. In addition, the National Society aimed to reach overall affected communities of Bushushu and Nyamukubi (34,600 people) through WASH activities.

Initially planned for 3 months, the operation lasted 4 months and fulfilled its objectives by reaching 5670 (800 HHs) people with direct support and 30685 people with indirect assistance as described in Planned Intervention section.

Operation strategy rationale

The villages of Bushushu and Nyamukubi were targeted by the DREF operation. The plan was to reach the target households with the technical, material and financial support of the Red Cross and Red Crescent Movement (IFRC, ICRC, French Red Cross, Spanish Red Cross, Luxembourg Red Cross) and external partners.

The needs assessment was used to consolidate the strategy during the implementation of the operation, and then to identify and register the people targeted for the distribution of non-food items on the basis of predefined criteria. It was thus possible to consolidate the cash transfer method to be used in order to reach the number of beneficiaries planned for the operation.

In summary, the intervention of the DRC Red Cross was aimed at the following areas:

1- Shelter and household items

The plan was to provide a cash transfer to 800 households to help cover their needs for shelter and emergency household items, etc. The amount of the transfer was \$100 per household. The aim of the assistance was to preserve the autonomy and dignity of the families.

The approach also included training volunteers in shelter so that they could also provide technical support to communities in the construction of their temporary shelters.

It was also planned to provide tarpaulins to the 800 targeted households.

2 - Health

The plan was to provide psychosocial support to disaster victims and to distribute mosquito nets to 1,200 households affected by the floods. Awareness-raising activities were also planned to promote good health practices.

3- Water, sanitation and hygiene (WASH)

As part of the approach, Red Cross volunteers were expected to help maintain a healthy environment. Aquatabs were to be distributed for water.

Awareness-raising activities on good hygiene practices and the prevention of water-borne diseases were also planned in the two target villages of Bushushu and Nyamukubi.

In addition, the IFRC team based in Kinshasa was to provide support for monitoring, coordination, PGI and CEA activities.

Targeting Strategy

Who was targeted by this operation?

The humanitarian response targeted the following two health zones: Bushushu, with a population of 24,247, and Nyamukubi, with a population of 10,353. The total target population was 34,600.

The direct target of the operation was made up as follows :

- 4,800 people (800 households) targeted by the distribution of tarpaulins and cash transfers to cover basic shelter and health needs.
- 7,200 people (1,200 households) targeted by the distribution of mosquito nets to prevent malaria.



- 18,000 people targeted by the distribution of Aquatabs as part of WASH services.
- Indirect targets are all 34,600 people in the two villages targeted by awareness-raising messages on good health and hygiene practices, as well as risk communication and community engagement actions to reduce the risk of disease.

Explain the selection criteria for the targeted population

Communication activities targeted the entire population of Bushushu and Nyamukubi. Direct humanitarian aid took the form of cash transfers, emergency household items and temporary shelters. The people targeted were identified and selected according to their level of vulnerability. The main criteria were households whose homes had been destroyed. These households were given priority because of their high level of exposure.

The following vulnerability criteria were used to select the other households:

- 1- Those who were particularly vulnerable to the risks of water-borne and vector-borne diseases (households including the elderly, female-headed households, households including pregnant and breastfeeding women and children under five, people living with disabilities, households that had lost all their means of subsistence, disabled people, households that had lost all their possessions)
- 2- People who have not received assistance from other partners.

Total Targeted Population

Women	8,288	Rural	100%
Girls (under 18)	9,364	Urban	0%
Men	7,724	People with disabilities (estimated)	1%
Boys (under 18)	9,224		
Total targeted population	34,600		

Risk and Security Considerations

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

Risk	Mitigation action
The affected areas are affected by epidemics (cholera, measles, Covid-19, etc.) / Risk of cholera epidemic.	Red Cross volunteers in South Kivu are contributing to the fight against the cholera epidemic with the support of UNICEF.
Some health zones are not covered by the telephone network and the transfer of cash by mobile money was uncertain.	The DRC Red Cross is working in partnership with a mobile phone provider (Vodacom) which covers the area of the operation with its network. The service provider distributed SIM cards to the people targeted to receive cash transfers.
Logistical challenges: The scope of the disaster and its impact on infrastructure created logistical problems for delivering aid and reaching remote or inaccessible areas.	The administrative authorities facilitated the reparation of certain road infrastructures. The road linking the Bushushu health area to the Nyamukubi health area, which was cut off during the floods, has been rehabilitated. It is now accessible and allows exchanges between the two health areas.
Selecting beneficiaries was difficult, as the majority did not have identity cards. Assistance was delayed by bureaucratic procedures.	The South Kivu Red Cross has used its networks and local partnerships (river crossings) to facilitate its operations.

Please indicate any security and safety concerns for this operation

The main concern was the suspension of humanitarian aid via an official communiqué, because on 20 September 2023 the administrator of Kalehe Territory was attacked by the disaster victims of Bushushu and Nyamukubi. The situation disrupted activities for 1 month. As a result of various advocacy efforts, the Red Cross was exceptionally authorized to complete its humanitarian assistance 6 days after the



suspension of activities.

Apart from that, there are risks of insecurity in South Kivu with the presence of various armed groups and militias. Clashes between them, and 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, DRC Red Cross teams, with the support of the ICRC and IFRC, have organized regular security briefings for staff and volunteers. Security officers from the DRCRC, IFRC and ICRC worked together to help monitor the health and security context that could affect mobilized staff and volunteers. Appropriate personal protective equipment was made available to the teams, as well as visibility equipment.

To sum up, the following was achieved in terms of security throughout the operation :

- o Regular security check and analysis;
- o Security briefings for CEA teams and Wash supervisors before deployment in the field;
- o Strengthening the database of field staff contacts;
- o Regular monitoring of rumors in the community in relation to Red Cross teams;
- o Updating security information on the WhatsApp platform in Kalehe.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 128,025

Targeted Persons: 4,800

Assisted Persons: 5,670

Indicators

Title	Target	Actual
# of households with tarpaulins for the construction of temporary shelters with technical support from volunteers	800	800
# of households receiving essential household items (EHI)	800	800
# of volunteers trained to shelter construction	60	100

Narrative description of achievements

- A shelter training was organized at the start of the operation to enable volunteers to accompany households that were to receive cash and tarpaulins to enable them to build emergency shelters at the site that had been allocated by the authorities. A total of 100 volunteers were trained to build emergency shelters.
- Temporary shelter tarpaulins were distributed to 800 households as planned and built with the assistance of the volunteers trained to this thematic. After receiving her assistance, a female beneficiary expressed her gratitude to volunteers: "I just want to say that God is helping the Red Cross and giving it a lot of strength. We say thank you because he brought us enough to build our house, because we were getting wet in the rain. We still say thank you to God because the little we have received will really help our children. May it continue so that those who have not received assistance may receive it."
- The DRC Red Cross held consultations with vulnerable groups to identify obstacles to registration or access to assistance and discuss solutions to the challenges identified (focus groups with women, pregnant women, female heads of household, people with reduced mobility, etc.) A total of 6 focus groups, including 3 in Bushushu and 3 in Nyamukubi were carried out with 10 participants per group, i.e. a total of 30 women and 30 men. The major obstacle was that there was a large number of people in need of shelter while the resources available were limited. Through its CEA activities, the Red Cross explained to community members the criteria for selecting people to receive tarpaulins and cash transfers. It facilitated the distribution process.



Lessons Learnt

Coordination with partners is always an asset. Support from the Luxembourg Red Cross enabled the DRC Red Cross to train a group of people in shelters in South Kivu. After the disaster, it facilitated the retraining of volunteers in Kalehe, who then contributed to the construction of temporary shelters and the distribution of non-food items.

Challenges

- To date, the shelter gap is still considerable. The emergency phase is over and humanitarian actors have contributed to the construction of emergency shelters, but the reconstruction of shelters is progressing slowly.
- The resources mobilized were insufficient to cover the majority of the needs of people in shelters. There were insufficient resources to cover most of the disasters recorded. There were not enough tarpaulins distributed to disaster victims compared to the large number of people in need. Advocacy continued and the Red Cross obtained additional funding from Vodacom for the construction of more shelters.



Multi Purpose Cash

Budget: CHF 15,350

Targeted Persons: 4,800

Assisted Persons: 5,670

Indicators

Title	Target	Actual
# of households receiving cash transfer assistance	800	800
% of heads of assisted households who say that the humanitarian assistance received is satisfactory	90	94
% of community representatives within DRC RC CVA teams in	40	40
% of people who received information on the selection criteria	100	100

Narrative description of achievements

- A total of 35 volunteers were trained in cash transfer and data collection.
- After the launch of the operation, they carried out a detailed assessment in Nyamukubi and Bushushu. It enabled to specify the sectoral needs of the disasters and also the Gaps in the humanitarian response. These activities were successfully carried out with community leaders and resulted in the registration of 2,528 affected households of which the 800 most vulnerable were selected to receive the cash transfer and other direct humanitarian assistance under this operation.
- A market analysis was carried out to ensure that the markets were functional.
- This humanitarian assistance reached 5670 people (656 men, 2242 boys, 765 women and 2007 girls) from these 800 households. Each household received 80,000 Congolese francs.
- The Post Distribution Monitoring (PDM) could not be carried out because the distributions were carried out late (in the last week of the operation) due to delays in the contract and the transfer of funds to the financial service provider. However, feedback were collected directly on the distribution site. A female beneficiary head of household declared: "Thank you for giving us these tarpaulins which are very useful to us. During these rainy days it helps us enormously and especially that you have continued with this financial aid that helps us to make the return to school of our children and also to have something to eat at home".

The cash transfer activity was set up jointly by the Cash Focal Point and logistics at provincial level, in collaboration with the provincial and national finance departments, and also with the financial service provider.

Harmonisation and confirmation of the lists with the disaster crisis committees was a key factor in the success of the cash distribution.



Lessons Learnt

- The good relationship between the Red Cross and the political and administrative authorities has made it possible to lift the suspension of activities in the areas of the operation to allow only the Red Cross to complete its activities.
- Overall, humanitarian assistance by cash transfer was appreciated by the majority of heads of households assisted. It should therefore continue to be encouraged in humanitarian responses. The DRC Red Cross has now completed its self-assessment of cash transfer capacity and is fully committed to that approach.
- Delays in volunteer payments
- Financial procedures should be well defined at the start of each operation to minimise delays in payment. Future operations should take risk management and mitigation for cash into account.

Challenges

- Lack of coordination between the DRCRC and FSP teams.
- Delay in the transfer of funds to the financial service provider for cash transfer assistance.
- Delay in signing the contract with the FSP. The content of the contracts had to be renegotiated because the context had changed.
- Humanitarian activities were paused for 1 month following a suspension from the authorities after the attack on the administrator of the Kalehe territory. This contributed to delays in the implementation
- Lengthy process for transferring funds, which makes the response slow and time-consuming



Budget: CHF 31,504

Targeted Persons: 34,600

Assisted Persons: 30,685

Indicators

Title	Target	Actual
# of people reached by health promotion activities	34,600	30,685
# of volunteers trained on health issues (Health Promotion, PSS, etc)	100	100
# of households that received mosquitoes nets	600	600

Narrative description of achievements

- Faced with the disaster, the action of the DRC Red Cross was limited by a lack of resources, but volunteer rescue workers provided assistance to 223 injured people. The assistance provided included first aid, rescue, counselling and psychosocial support.
- A total of 60 first aid kits were distributed to 3 local branches (Bushushu, Nyamukubi and Kalehe centre). Two-way communication was encouraged to ensure that Risk Communication and Community Engagement (RCCE) strategies were relevant. The capacity of frontline volunteers and community members has been strengthened in relation to RCCE approaches and tools.
- 100 volunteers were trained in health awareness/promotion techniques and psychosocial support (PSS). This enabled the volunteers to remain in constant contact with the communities in order to deliver prevention messages against water-borne diseases (diarrhoea, malaria, cholera, etc.) All the volunteers involved in the operation were equipped with protective equipment for the management of mortal remains (boots, masks, etc.)
- Several awareness-raising sessions were organised at community level, bringing together women, men, boys and girls, disaster victims and host families in the form of focus groups, door-to-door awareness-raising or mass awareness-raising, as well as via community radio stations on behaviour change and hygiene promotion;
- Influential community leaders were identified in the two affected areas to facilitate ownership of the activities by the community
- A total of 30685 people, including 4,768 men, 10,829 boys, 5,500 women and 9,588 girls, were made aware of good health practices in the localities of Kalehe centre, Bushushu and Nyamukubi. These people were reached through 6,968 households visited by the volunteers. Awareness was also raised through 108 educational talks. A total of 50 boxes were made available to the volunteers, along with first aid kits.
- As part of the support provided to disaster victims, psychosocial care sessions were organised by the volunteers. A total of 1,785 people (408 men, 55 boys, 1,191 women and 131 girls) received psychosocial support. Overall, 1,001 people were reached through



individual interviews, 44 through Psychological First Aid (PFA), 469 through Psycho-Education sessions and 271 through support and awareness-raising focus groups.

- A total of 600 households received mosquito nets. Each household received 2 nets.

Lessons Learnt

• Despite the psychosocial support, some volunteers remained traumatised by the sight of large numbers of buried bodies. In view of this situation, it is necessary to continue providing psychosocial support to Red Cross volunteers over the medium term. Collaboration between the Red Cross and TPO has enabled some traumatised volunteers to be cared for. Psychosocial support for volunteers is an essential part of the Red Cross humanitarian response and should be provided on a regular basis. Collaboration between the Red Cross and TPO has enabled some traumatised volunteers to be cared for.

Challenges

- Insufficient material resources and equipment for 1st aid and rescue services. The equipment was not enough because unplanned volunteers in the dref and members of the community also helped the Red Cross teams in the humanitarian response. They didn't have any equipment, but as the disaster was so great, they didn't want to stay without providing help and solidarity.
- Despite psychosocial support some volunteers remained traumatised by the large number of corpses.



Water, Sanitation And Hygiene

Budget: CHF 44,725

Targeted Persons: 34,600

Assisted Persons: 30,685

Indicators

Title	Target	Actual
# of households that received aquatabs	3,000	3,000
# of people reached by hygiene promotion and waterborne disease prevention activities	34,600	30,685
% of community groups who have been consulted in their preferences on the design and location of WASH facilities	100	100

Narrative description of achievements

Trained volunteers supported communities in cleaning up their localities. Materials to raise awareness of WASH activities were produced. A total of 30685 people were reached by hygiene promotion. Community dialogue sessions were organized with community members, particularly with regard to the location of hand-washing facilities (interactive meetings with community leaders, discussion groups). Overall, 3,000 heads of household received aquatabs. A total of 6,000 aquatabs packs were distributed, i.e. 2 packs of 10 tablets per household. The DRC Red Cross also installed 160 hand-washing facilities, 158 toilets, 68 showers and 2 dustbins at the Amani & EAE, Mushonezo and Kasirusiru 1 & 2 sites.

There were also :

- The training of 20 volunteers for mobilization in the field as part of the prevention of water-related infections, hygiene and sanitation and hygiene;
- Organization of sanitation activities at disaster sites:
 - o Disinfection of 158 toilets at two sites in Bushushu and Nyamukubi
 - o Disinfection of 68 showers in Bushushu and Nyamukubi
 - o Disinfection of 2 dustbins in Bushushu and Nyamukubi
 - o 193 children were made aware of the hand-washing system at the EAE site.

The following equipment was purchased to supplement the DRC RC's stocks for the operation: 450 boxes of nose covers, 32 boxes of latex gloves, 42 pairs of household gloves, 150 pairs of goggles, 22 overalls, 96 pairs of light PPE, 160 pairs of boots, 160 hand washes, 120 soaps, 11 chlorine, 34 hard brushes, 20 wheelbarrows and 55 tridents.



Lessons Learnt

- Good collaboration between the Red Cross and other humanitarian actors, particularly UNICEF, is a positive factor in the implementation of WASH cholera prevention interventions.

Challenges

- There was a lack of dustbins, materials (farming tools, gloves, etc.) and water for assistance in the disaster camps.



Protection, Gender And Inclusion

Budget: CHF 1,435

Targeted Persons: 4,800

Assisted Persons: 5,670

Indicators

Title	Target	Actual
# of people reached by protection, gender and inclusion services	34,600	30,685
% of staff and volunteers trained in PSEA and PGI and having signed the code of conduct	100	100

Narrative description of achievements

- PGI was taken into account during the needs assessment with use of mixed teams (men and women) of volunteers, collecting data from men, women and minorities. Providing disaggregated figures in reports, etc.
- 100 Volunteers and Red Cross staff were briefed on the code of conduct, the PGI and the PSEA (Prevention against sexual exploitation and abuse), and signed the volunteer commitment document.
- There were 3 specific mass awareness-raising sessions on the themes of PSEA-PGI and the dissemination of the hotline. Besides, during all the awareness-raising activities on health and water, sanitation and hygiene, prevention and protection against sexual exploitation and abuse (PSEA) was included in the discussions.
- DRC RC's hotline number 472222 was communicated to community members to enable them to report any form of abuse, exploitation or sexual abuse, especially during the distributions. No cases of GBV were reported.

Lessons Learnt

- The scope of the disaster, followed by the humanitarian assistance provided by the Red Cross and other organizations, led to an outpouring of solidarity. It is necessary to take into account the young people of Kalehe who have expressed their willingness to serve as Red Cross volunteers in order to have more inclusive interventions. The teams in Kalehe explained that there was a feeling that most members of the communities also wanted to join the Red Cross because of the quality of the interventions carried out. The local impact of Red Cross action is a factor in mobilising new community volunteers. It is thus to be encouraged in other operations.

Challenges

- The lack of transport could have exposed some volunteers to insecurity. According to the teams on the ground, it is a factor in the poor coverage of certain activities (awareness-raising, relief, etc.), as some of the volunteers working on the operation walked long distances.



Community Engagement And Accountability

Budget: CHF 25,048

Targeted Persons: 34,600

Assisted Persons: 30,685



Indicators

Title	Target	Actual
# of community feedback system put in place	1	1
# of volunteers trained on CEA	100	100
% of community concerns captured through the feedback system which was addressed	70	97
# of community networks participating in the operation through the different pillars	6	6
# of community groups trained on CEA/ RCCE	6	6

Narrative description of achievements

Briefings for the intervention team were organized on the CEA and in particular on how to respond to questions and comments from community members. Community engagement began during the needs assessment. At that point the voices of community members were expressed and incorporated into the planning.

Team leaders also provided feedback to community members on selection criteria and planned assistance.

A total of 543 community feedbacks were collected, mainly during home visits. This included requests/suggestions (35%), questions (27%), rumors/beliefs/observations (25%) and thanks/encouragement (13%). The Red Cross teams analyzed the data in order to better guide their response to community members.

In total, 100 volunteers and 5 community leaders were trained in RCCE and CEA.

The following activities were carried out as part of the implementation of risk communication and community involvement activities:

- A briefing of 100 volunteers was organized at the start of the activities to enable the volunteers to remain in constant contact with the communities in order to seek the resilience of this population after a shock produced by the floods;
- The CEA team identified influential community leaders in the two affected areas in order to facilitate the appropriation of activities by communities that were in shock;
- Several awareness-raising sessions were organized at community level, bringing together women, men, boys and girls, disaster victims and host families in the form of focus groups, door-to-door or mass awareness-raising sessions, and also via community radio stations on behavior's change and hygiene promotion;
- As part of the visibility of activities and the coordination of actions in the field, the CEA teams regularly took part in coordination meetings, particularly in the RCCE sub-committee.
- Ongoing supervision of field activities is organized by local supervisors and reports are sent to the local communication focal point for processing.

Lessons Learnt

- The communication and community engagement activities enabled us to work with the local authorities to finalize the list of heads of households due to receive the cash transfer, tarpaulins and mosquito nets.

Challenges

- The mechanism for collecting and managing community feedback worked partially well at the start of the response, but the mid-term mission by the DRC's CEA focal point contributed to improved response in the last month.



Secretariat Services

Budget: CHF 46,300

Targeted Persons: 65

Assisted Persons: 65



Indicators

Title	Target	Actual
# of surge deployed	1	0

Narrative description of achievements

A monitoring mission was organized by a team from the Red Cross general secretariat in Kinshasa to support the field team in implementing the activities. At the same time, an IFRC monitoring mission was carried out, as well as participation in the lessons learned workshop to end the operation. Several people took part in that activity, including the representative of the Territory Administrator, representatives of traditional chiefs and representatives of organizations working in the Kalehe territory.

The surge finance planned was not deployed for lack of a suitable profile. However, the IFRC delegation's finance officer contributed to the operation in order to fill this gap.

Lessons Learnt

- The long process of transferring funds from the IFRC to the DRC RC and then to the South Kivu branch had a negative impact on the beginning of the Red Cross humanitarian response. It is one of the factors that led to the extension of the Red Cross humanitarian response for 1 month. Accelerating contractual and financial procedures could have a greater impact on the humanitarian response in this context.
- The contributions of members of the Red Cross movement, in particular the ICRC and the consortium of partners in the Echo PPP project, were significant at the beginning of the humanitarian response. It enabled the DRC Red Cross to begin its interventions before receiving funds from the DREF. Such internal coordination within the Red Cross movement is to be encouraged.

Challenges

- The slow disbursement of DREF funds by the IFRC and the DRC RC delayed some interventions in Kalehe. The local branch of the Red Cross had to pre-finance certain activities, but the main community impact activities that were directly linked to service providers/purchasing of items were delayed.



National Society Strengthening

Budget: CHF 41,853

Targeted Persons: 110

Assisted Persons: 110

Indicators

Title	Target	Actual
% of volunteers insured	100	100

Narrative description of achievements

As part of the reinforcement of its actions in the field, the Red Cross has carried out a refresher course for all the volunteers who should be taking part in the various activities in order to achieve the results envisaged by the operation. The following training courses were organized

- Training of 104 volunteers in Community-based First Aid (CBFA)
- Training 100 volunteers in Community Involvement and Accountability (CEA),
- Training 100 volunteers in Shelter,
- Training 35 volunteers on the kobocollect application for data collection with the MI team;
- Training 15 volunteers to carry out Cash Transfer activities.

A total of 110 volunteers were mobilized to implement the activities and were all insured. The necessary equipment was purchased and made available to them for field activities (bibs, waistcoats, etc.).



The work of volunteers involved in this operation was a great inspiration for the community and many expressed their desire to volunteer in their respective communities. The chief of a site for displaced people in Bushushu even said: "We are very grateful and delighted because when we started sending the bodies, they hadn't asked for any payment. We've seen people who don't tire. These are the people of the Red Cross. They did a great job that I myself will never forget and that could encourage me to become a member of the Red Cross and we are going to mobilize people to become members of the Red Cross. It is from this disaster that I have just seen the enormous courage and bravery of the people of the Red Cross".

2 vehicles were made available to the DRC Red Cross to support the operation.

A lessons learned workshop was organized at the end of the humanitarian response. Participants included Red Cross volunteers in Kalehe, RC managers from the province, managers from Kinshasa and an IFRC representative. The NGOs TPO and BDOM also took part, as did the political and administrative authorities.

The discussions highlighted good practice and weaknesses in the response. Recommendations were made to the Red Cross. The challenges and lessons learned in the response sectors are noted in this report. •

Lessons Learnt

- It is necessary to continue building the capacity of Kalehe volunteers in data collection and management, and to equip them for reporting. These skills will enable them to draw up reports on the situation in the field quickly and to share information regularly in the event of a disaster.
- NS should have android phones in store to be used for assessment as volunteers on the field are not always equipped with it.
- Transport cost should be included in the planification phase so that volunteers can move around easily when the operation's transportation are not available or enough.

Challenges

- Volunteers were required to have their own smartphones for data collection, but had no means of purchasing them. This did not facilitate the transmission of data.
- The vehicles did not allow for the mobility of several people in the field, as space was limited.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2023/5-2024/04	Operation	MDRCD040
Budget Timeframe	2023/05-2023/09	Budget	APPROVED

Prepared on 25/May/2024

All figures are in Swiss Francs (CHF)

MDRCD040 - Democratic Republic of Congo - Flood

Operating Timeframe: 20 May 2023 to 30 Sep 2023

I. Summary

Opening Balance	0
Funds & Other Income	334,240
DREF Response Pillar	334,240
Expenditure	-333,425
Closing Balance	815

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	128,025	90,295	37,730
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	15,350		15,350
PO04 - Health	31,504	85,786	-54,282
PO05 - Water, Sanitation & Hygiene	44,725	-239	44,963
PO06 - Protection, Gender and Inclusion	1,435		1,435
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		2,913	-2,913
PO10 - Community Engagement and Accountability	25,048	17,331	7,718
PO11 - Environmental Sustainability			0
Planned Operations Total	246,088	196,086	50,002
EA01 - Coordination and Partnerships		5,784	-5,784
EA02 - Secretariat Services	46,300	112,538	-66,238
EA03 - National Society Strengthening	41,853	19,016	22,836
Enabling Approaches Total	88,153	137,338	-49,186
Grand Total	334,240	333,425	815

[Click here for the complete financial report](#)

Please explain variances (if any)

DREF allocation to this intervention was CHF 334,240. Expenditure reported at the end of the intervention is CHF 333,425, representing 99.7% of the budget. A balance of CHF 815 (0.3% of the funding received) will return to the DREF pot. Financial report is attached with the National society narrative report as per the fund transfer modality.

The variances per budget groups are explained below:

- Logistics, Transport and Storage (88%): The under-utilisation of this line is explained by the fact that the SN was able to find a supplier for handling who provided the work at the right price, and that the PDM could not be carried out because the cash was distributed in the last week of the operation.

- Consultant and Professional fees (0%):
- Workshops and Training (30%): The remaining funds on this line is due to the fact that the volunteers had already benefited from the training provided at the same time in the target sector on the same topics.
- General Expenses (205%): The explanation for the overrun on this line is that the cost of commission fees and VAT on these transaction fees was greatly minimised when budgeting for this project.



DREF Operation

Selected Parameters			
Reporting Timeframe	2023/5-2024/04	Operation	MDRCD040
Budget Timeframe	2023/05-2023/09	Budget	APPROVED

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Prepared on 25/May/2024

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Grand Total	334,240	333,425	815

DREF Operation

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Budget Timeframe	2023/05-2023/09	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 25/May/2024

All figures are in Swiss Francs (CHF)

MDRCD040 - Democratic Republic of Congo - Flood

Operating Timeframe: 20 May 2023 to 30 Sep 2023

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	172,283	168,946	3,337
Shelter - Relief	40,412		40,412
Clothing & Textiles	5,388		5,388
Water, Sanitation & Hygiene	31,650		31,650
Medical & First Aid	5,388	80,550	-75,162
Teaching Materials	8,262	15,882	-7,620
Cash Disbursement	81,183	72,514	8,669
Logistics, Transport & Storage	23,080	20,524	2,556
Distribution & Monitoring	5,388		5,388
Transport & Vehicles Costs	17,691	20,524	-2,832
Personnel	74,160	79,468	-5,308
International Staff	21,553	2,037	19,516
National Staff		7,233	-7,233
National Society Staff	21,697	4,729	16,967
Volunteers	30,911	65,469	-34,559
Consultants & Professional Fees	3,592		3,592
Professional Fees	3,592		3,592
Workshops & Training	22,586	6,803	15,783
Workshops & Training	22,586	6,803	15,783
General Expenditure	18,140	37,334	-19,194
Travel	12,573	11,756	817
Information & Public Relations	539	4,905	-4,367
Office Costs	1,796	1,445	351
Communications	2,964	571	2,392
Financial Charges	269	1,792	-1,522
Other General Expenses		16,865	-16,865
Indirect Costs	20,400	20,350	50
Programme & Services Support Recover	20,400	20,350	50
Grand Total	334,240	333,425	816

Contact Information

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

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[Click here for reference](#)

