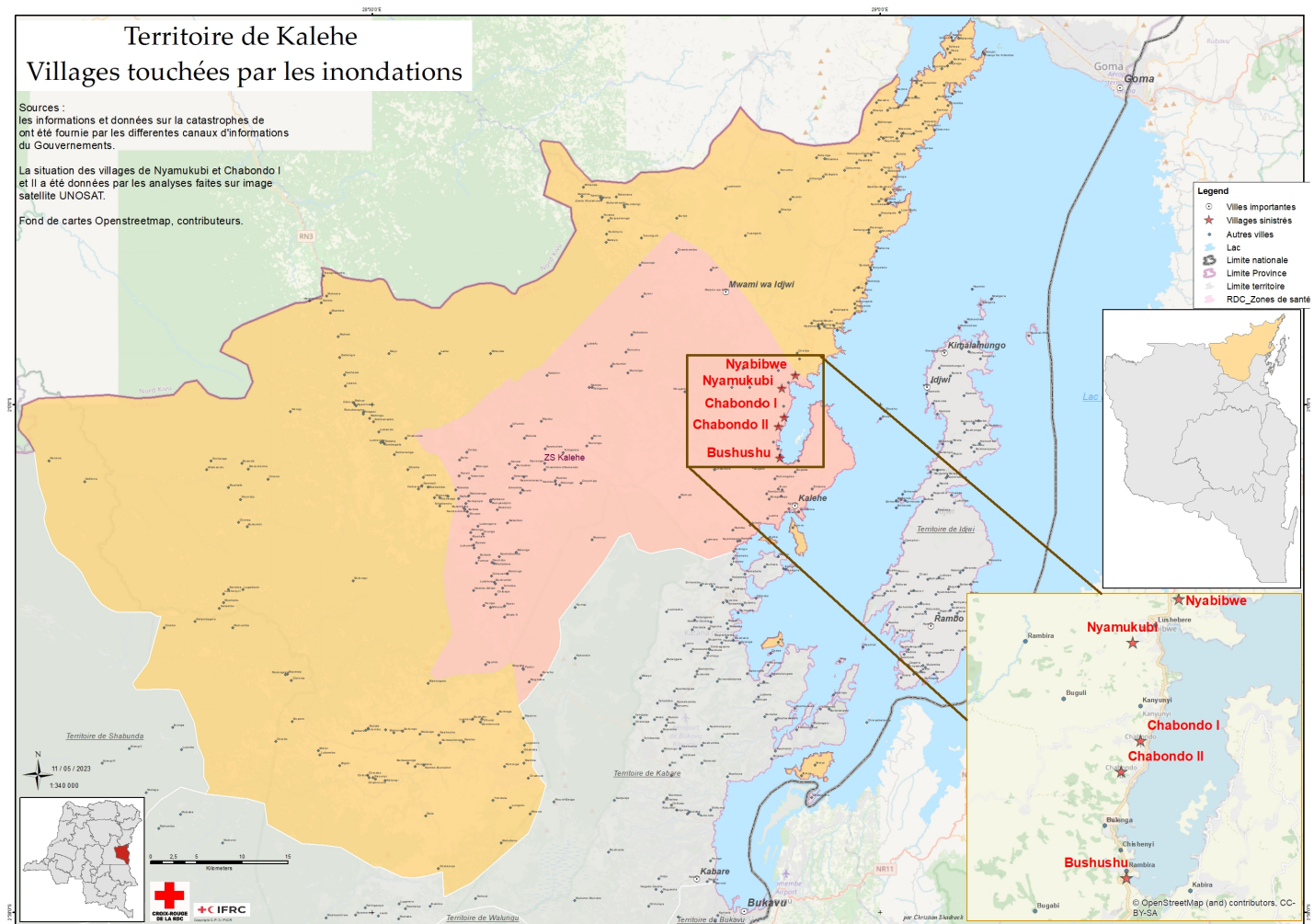




Shelter Training

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: 2023-05-20	New Operational end date: 2023-09-30	Total operating timeframe: 4 months
Additional Allocation Re- quested -	Targeted Areas:	Sud-Kivu	

Description of the Event



Kalehe Territory, Village affected by floods and landslides

What happened, where and when?

Torrential rain fell on the localities of Bushushu, Nyamukubi, Luzira and Chabondo in Kalehe, territory of the province of South Kivu in the Democratic Republic of Congo (DRC) between 2 and 5 May 2023. This brought the Lukungula, Kabushungu, the Kanyunyi and Chishova rivers to overflow, leading to flooding and landslides in Bushushu and Nyamukubi.

More than 470 people died as a result of the disaster, thousands are missing and huge losses were recorded in terms of livelihoods, health and the environment.

Bushushu and Nyamukubi were the areas worst affected by the floods. Overall, some 7,200 households were directly affected by the disasters. The humanitarian response is progressing, but the needs are still enormous and the vulnerabilities high.



Scope and Scale

The impact of the floods between 2 to 5 May is immense in South Kivu. Of the three health areas in the Bushushu locality, two were affected by flooding and landslides i.e., 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. At least 470 people had died. Around 2,500 people are missing and huge losses in livelihoods have been recorded.

The total population of the two health areas Bushushu and Nyamukubi is estimated at 34,600. Damages of infrastructure, roads, schools (6 in Nyamukubi and 1 in Bushushu), fields and farms were recorded.

To note, this area is also endemic to cholera. It is estimated that 70% of the local water supply infrastructure in Nyamukubi has been destroyed.

The main source of water for this population is the surrounding rivers and unprotected wells.

The relocation of affected families on sites allocated by the government is continuing.

Summary of changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	No
Are you changing the geographical location	No
Are you making changes to the budget	No
Is this a request for a second allocation	No
Has the forecasted event materialize?	No

Please explain the summary of changes and justification

This update to the operation is intended to inform stakeholders of the progress made in implementation during the reporting period from May 2023 to August 20, 2023, as well as to request a one-month no cost extension to support the effective completion of the remaining activities. The operation will keep the same strategy and last 4 months overall.

This update is necessary because the National Society received the funds late, due to the late signing of the MOU by the stakeholders and was therefore unable to carry out all the activities in time. The remaining activities are as follows:

- EHI distribution
- Cash distribution
- Post monitoring distribution
- Lessons learned workshop

All items to be distributed have been bought already, and funds have been transferred to the financial service provider.

Red Cross DRC volunteers are still active, providing hygiene and sanitation services in communities, while household awareness-raising continues.

Current National Society Actions



Shower disinfection in the Busthusu displacement site.

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.

To date, the National Society has not received any additional funds in the context of this crisis.

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.
National Society EOC	The Red Cross has activated its local Emergency Operations Centre.
Community Engagement And Accountability	Since the start of the operation, awareness campaigns have been carried out at disaster sites in order to promote good hygiene practices through educational talks, focus groups and home visits. The DRC Red Cross also participates in meetings of the CREC sub-committee.
Health	The Red Cross of the DRC organized a training session on community-based first aid for 104 volunteers, who helped evacuate 300 wounded, including 177 in Bushushu and 123 in Nyamukubi. 358 households were referred to shelters and provided with psychological first aid.
Water, Sanitation And Hygiene	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. In addition, Red Cross DRC organized a briefing for 20 volunteers to carry out household awareness-raising activities on the best practices in hygiene and sanitation, as well as infection prevention and control in community settings.
Other	DRC RC volunteers extracted lifeless bodies from the masses of mud and rubble and then proceeded to conduct 460 burials under the supervision of the provincial governorate by 20th August. The National Society completed the assistance on floods in Kinshasa. The long rainy season in DRC has made both situations to come through in the same period.
National Society Readiness	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. 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. 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. The National Society has a National Disaster and Health Emergency Response Plan even though it now needs to be revised and disseminated to the branches and sub-branches.

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.
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. A multi-sector assessment was also carried out in July by the Red Cross DRC. It confirmed that the humanitarian response is progressing, but needs are still great in terms of shelter, water supply, sanitation, food, health, protection, communication/information. Markets are also functional.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a Country Cluster Delegation office in Kinshasa and an operational sub-office. The Federation office participates in weekly coordination meetings with the national Red Cross headquarters in Kinshasa and the provincial Red Cross committee/South Kivu section. Technical support is provided to DRC teams in Kinshasa to guide implementation.
Participating National Societies	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. 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.

ICRC Actions Related To The Current Event

The ICRC, through its Bukavu sub-delegation, has provided body bags available for this operation and remains available to support the action of the NS during this disaster. It also provided support for the management of unaccompanied children. There was technical and financial support for the rapid assessment mission.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
	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. Government is coordinating all humanitarian actors on the ground and have provided food, non-food items and medicines and secured the sites. The

National authorities	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. Overall, the authorities have made it possible to: •Ensure selection of sites for the preservation of bodies. •Choice of burial site. •Mobilization 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. •Mobilization of an emergency response team from the provincial health division.
UN or other actors	Médecin Sans Frontières (MSF) is supporting Government medical teams and some targeted health centres. 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. A multi-sectoral needs assessment mission was led by OCHA with UN agencies and NGOs. UNICEF has launched a response by providing emergency assistance to health centers, to the affected people in host families and spontaneous sites. The World Food Programme (WFP) and World Vision have distributed food to more than 34,700 people.
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

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. 50,000 people are in need of food aid in the flood-affected area. 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.

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 were 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.

Health

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 (220) 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 460 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.

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 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.

Protection, Gender And Inclusion

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 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.

Community Engagement And Accountability

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

- 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.
- Training of 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.
- Training of 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.



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 is taking 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 DRC carried out a multi-sectoral needs assessment which made it possible to adjust the strategy during the implementation of the operation. This evaluation made it possible to identify the people targeted on the basis of predefined criteria. This evaluation also served to identify the cash transfer modality to be implemented in order to reach all the beneficiaries.

For the next few weeks, the intervention of the CR RDC will focus on the following areas:

1- Shelter and household items:

Housing assistance will include the distribution of emergency household items and cash transfers to 800 households (4,800 people) whose homes have been affected by the floods. They will each receive an unconditional cash grant of US\$100. The purpose of making the grant unconditional is to maintain the agency and dignity of families by determining what is best for themselves and trusting them to use it for what is necessary to ensure that their housing and their basic needs are covered. The volunteers will also provide technical support to the communities in the construction of their temporary shelters.

It should be noted that the PNS consortium in the DRC provided tarpaulins for 200HHs out of the 800HHs targeted, and this DREF allocation also covered the cost of the tarpaulins for 600HH. The people affected by this intervention will all be flagged as part of this operation in order to highlight the range of people affected by the Movement.

In addition to the distribution of emergency household items, the DRC will use cash and voucher assistance (CVA) to support the reconstruction of houses with the technical support of volunteers. Indeed, the targeted families (800 HHs).

The DRC RC has a cash transfer focal point, which provides support during the Bukavu team. A technical support mission has already been organized by the latter in Kalehe in July. The Spanish CR is also strengthening the South Kivu branch on this point.

2 - Health:

Volunteers will continue to provide, 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 are also carrying out awareness activities to promote good health practices.

3- Water, Sanitation and Hygiene (WASH):

Red Cross volunteers will continue to help communities keep their environments healthy, 3,000 HH (18,000 people) will receive Aquatabs through the distribution.



The volunteers also continue to carry out sensitization activities on good hygiene practices and the prevention of water-borne diseases in the two targeted villages of Bushushu and Nyamukubi.

In order to help the national society to be able to carry out all its planned activities within the allotted time, the staff of the IFRC based in Kinshasa will organize a support and follow-up mission for two weeks.

This two-week deployment will help NS to complete all remaining activities in the time available.

It will also support the CRRDC in the organization of the lessons learned workshop as well as the PDM.

Targeting Strategy

Who will be targeted through this operation?

In this humanitarian response, the following two health areas, Bushushu and Nyamukubi, was 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 targeted 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	100.00 %	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
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
Some health areas are not covered by the telephone network, and cash transfer by mobile money is ever impossible	The national society will be able to adapt the method of cash distribution taking into account the reality on the field.
Logistic challenges: The scale of the disaster and its impact on infrastructure can present logistical challenges in delivering assistance and reaching remote or inaccessible areas.	Use local networks and partnerships to facilitate access to affected areas. Evaluate and regularly adapt logistics plans according to the evolution terms
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

	Protection, Gender And Inclusion	Budget	CHF 1,435
		Targeted Persons	800
Indicators	Target	Actual	
# of needs assessments with consideration of the PGI	1	1	
# of people reached by protection, gender and inclusion services	800	800	
% of staff and volunteers trained in PSEA and PGI and having signed the code of conduct	100	100	
Progress Towards Outcome			
Briefing of volunteers and staff on PGI and PSEA – protection from sexual exploitation and abuse and sexual harassment. PGI has been taken into account during the assessment by NS. During all health and WASH awareness-raising, prevention and protection against Sexual Exploitation and Sexual Abuse PSEA was always part of the discussion.			

	Water, Sanitation And Hygiene	Budget	CHF 44,725
		Targeted Persons	34600
Indicators		Target	Actual
# of households that received aquatabs		3000	0
# of people reached by hygiene promotion and waterborne disease prevention activities		34600	11748
% of community groups who have been consulted in their preferences on the design and location of WASH facilities		100	100
Progress Towards Outcome			
• The volunteers trained are accompanying communities in the sanitation of their living cities. • Production of awareness raising materials for WASH activities has been done. So far, 11,748 people have been reached through hvgiene promotion.			



- Community dialogues have been organized to be listened by the community, especially about the location of handwashing facilities (Interactive meetings with community leaders, focus groups).
- 160 hands washing have been installed.

	Health	Budget	CHF 31,504
		Targeted Persons	34600
Indicators		Target	Actual
# of people reached by health promotion activities		34600	11748
# of volunteers trained on health issues (Health Promotion, PSS, etc)		100	100
# of households that received mosquitoes nets		1200	0

Progress Towards Outcome

- 100 volunteers were trained in awareness raising techniques.
- . People were sensitized in three districts of Kalehe, Kalehe center, Bushushu and Nyamukubi on good health practices.
- 11748 people were sensitized in three areas of Kalehe, Kalehe center, Bushushu and Nyamukubi.
- 13 people benefited from psychosocial support, including 3 men and 10 women.
- 50 Pictures boxes were made available to volunteers as well as first aid kits.
- . 11,748 people have been reached through hygiene promotion.

	Shelter Housing And Settlements	Budget	CHF 128,025
		Targeted Persons	4800
Indicators		Target	Actual
# of households with tarpaulins for the construction of temporary shelters with technical support from volunteers		800	0
# of households receiving essential household items (EHI)		800	0
# of trained first aid volunteers/Recycle in shelters		60	104
% of affected community groups that have been consulted in identifying possible bar-		100	100



riers in registering for or accessing shelter/ housing assistance		
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Progress Towards Outcome

- All EHI have been procured.
- Briefing of volunteers on shelter has been done. A total of 60 volunteers were trained on emergency shelter construction, while all 104 volunteers were trained on first aid.
- Distribution of tarpaulins for temporary shelter construction to 800 HHs.
- Distribution of essential household items is yet to be completed; purchases are in progress.
- The CRRDC held consultations with vulnerable groups to identify any obstacles to registration or access to assistance and discuss solutions to the challenges identified (focus groups with women, pregnant women, women heads of households, people with reduced mobility, etc.)

	Secretariat Services	Budget	CHF 46,300
		Targeted Persons	65
Indicators		Target	Actual
# of surge deployed		1	0

Progress Towards Outcome

A follow-up mission was organized by a team from the general secretariat of the Kinshasa Red Cross in order to support the field team in the implementation.

To date, the finance surge has not been deployed due to lack of the appropriate profile. IFRC delegation finance officer is closely following up the operation to fill the gap.

	National Society Strengthening	Budget	CHF 41,853
		Targeted Persons	110
Indicators		Target	Actual
% of volunteers insured		100	100

Progress Towards Outcome

- 110 Volunteers are mobilised in each locations and insured .
- Necessary equipment has been bought and made available to volunteers (bibs, vests, etc.).
- 2 vehicles made available to DRC Red Crooss to support the operation.

		Budget	CHF 25,048
		Targeted Persons	34600



	Community Engagement And Accountability		
Indicators	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	30	
# of community networks participating In the operation through the different pilars	6	6	
# of community groups trained on CEA/ RCCE	6	6	
Progress Towards Outcome			
•The necessary briefings of the intervention team were organized on the CEA and in particular on how to respond to FAQs and managed comments. •Community engagement started from an assessment with community voices expressed and incorporated into planning Representative leaders also provide feedback to the community on selection criteria and planned assistance. •Training of 100 volunteers and 5 community *influencers on RCCE and community feedback. • Volunteers have been Collecting and addressing community feedback since the beginning of the operation.			

	Multi-purpose Cash	Budget	CHF 15,350
		Targeted Persons	4800
Indicators	Target	Actual	
# of households receiving cash transfer as- sistance	800	0	
% of heads of assisted households who say that the humanitarian assistance received is satisfactory	90	0	
% of community representatives within DRC RC CVA teams in	40	0	
% of people who received information on the selection criteria	100	100	



Progress Towards Outcome

- Training on volunteers on cash transfer and data collection has been done already.
- Identification of beneficiaries for the cash has also been done, for total 800 households and will receive the cash as initially planned.
- Needs and market assessment are being completed.
- The contract with the financial services provider has been signed and money has been transferred already.
- The cash distribution to 800 HHs; and the PDM have not yet been carried out and are planned for the following weeks after cash transfers.



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

Contact Information

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

• National Society contact:

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• **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:** 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 Regional Office for Africa Beatrice Atieno OKEYO, Head of PMER & QA, beatrice.okeyo@ifrc.org, Phone: +254 721 486953

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