

### Democratic Republic of Congo, Africa | Population Movement



Population movement in North Kivu. (Source: IFRC)

Appeal No: <b>MDRCD043</b>	To be assisted: <b>500,000 people</b>	Appeal launched: <b>20/02/2024</b>
Glide No: <b>OT-2024-000029-COD</b>	DREF allocated: <b>CHF 750,000</b>	Disaster Categorisation: <b>Orange</b>
Operation Start date: <b>20/02/2024</b>	Operation End date: <b>30/06/2025</b>	

**IFRC Secretariat Funding requirement: CHF 30 million**  
**Federation-wide funding requirement<sup>1</sup>: CHF 50 million**

<sup>1</sup> The Federation-wide funding requirement encompasses all financial support to be directed to the DRC Red Cross Society in response to the emergency. It includes the DRC Red Cross' domestic fundraising requests and the fundraising appeals of supporting Red Cross and Red Crescent National Societies, as well as the funding requirements of the IFRC Secretariat. This comprehensive approach ensures that all available resources are mobilised to address the urgent humanitarian needs of the affected communities.

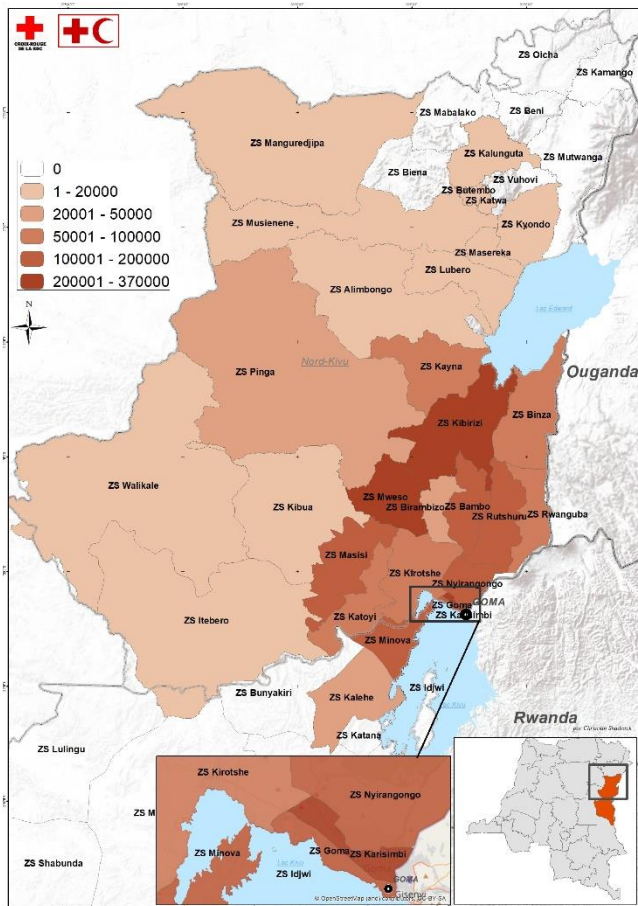


*Camp for internally displaced persons in North Kivu. (Source: IFRC)*

## TIMELINE

- October 2023:** Clashes between the DRC Armed Forces (FARDC), affiliated militias, and M23 rebels resumed in the province of North Kivu, in the territories of Masisi, Nyiragongo, and Rutshuru.
- October 2023:** The Democratic Republic of Congo Red Cross Society (DRC Red Cross) has been coordinating at the national and provincial levels. Meetings held to support the North Kivu branch in contributing to the humanitarian response to the crisis.
- December 2023:** The humanitarian crisis has intensified over this period. The number of internally displaced people has risen significantly, reaching 1,240,215 on 15 December 2023. The M23 group has extended its area of control, leading to increased tensions and displacement dynamics in North Kivu province.
- February 2024:** Tens of thousands of people have fled violence in the east of the DRC as M23 rebels advanced towards Goma, the provincial capital. New fighting has displaced an additional 350,000 people from localities around Sake to Goma, raising major security concerns for internally displaced people (IDPs) in Goma. The DRC Red Cross drew up a response plan with the support of the ICRC, the IFRC and the National Societies present in the DRC. This was done following a needs assessment carried out in January 2024.
- February 2024:** Intensification of Red Cross interventions. CHF 750,000 was allocated by the Disaster Emergency Response Fund (DREF). A Federation-wide Emergency Appeal of CHF 50 million was also launched by the IFRC.
- April 3, 2024:** A mini summit with The Democratic Republic of Congo Red Cross Society, ICRC and the IFRC was held to strengthen the Movement response.

# DESCRIPTION OF THE EVENT



In the eastern part of the Democratic Republic of Congo (DRC), particularly in North Kivu, a devastating protracted conflict has been ongoing for nearly thirty years, which has seen a considerable escalation since 2022. This has increased the complexity of the emergency environment, posing comprehensive challenges within the region. The situation is characterised by the presence of numerous armed actors, a large population of internally displaced persons (IDPs), and a significant number of people in need of humanitarian assistance.

Since the conflict began in March 2022, approximately 1.6 million people have been displaced according to UN data. The city of Goma and the surrounding areas, notably in Nyiragongo territory, have experienced multiple waves of displacement, with large numbers of people seeking refuge.

In early 2024, the conflict intensified further, particularly between the armed forces of the DRC and the M23 armed group. This escalation has resulted in devastating consequences for civilians in

various towns within North Kivu, including armed clashes and mass displacement. The situation reached a critical point from 28 January to 12 February 2024, with approximately 135,000 IDPs fleeing from Sake to Goma, and an additional 60,000 seeking refuge in South Kivu.

The conflict has reached dangerously close to Goma, leading to civilian casualties, and overwhelming the city's healthcare facilities. Moreover, the blockade of main roads into Goma has disrupted food supplies, exacerbating an already dire humanitarian situation.

People in the region are living in extremely precarious conditions, lacking access to basic necessities such as clean water, healthcare, and food. This has forced many to resort to negative coping mechanisms for survival. Land issues, struggles for access to natural resources and political or customary power are intertwined with ethnic and/or community rivalries. Additionally, the spread of cholera poses a significant threat, primarily due to the mass displacement of people.

The humanitarian needs are expected to escalate further in the coming weeks and months, while the financial resources available for aid are diminishing. Furthermore, challenges such as reduced access and possible evacuation or relocations of humanitarian organisations may further strain the response efforts in the region.

In this context, addressing the immediate needs of the affected population, including healthcare, food, and water, while also planning for long-term resilience-building efforts, is critical.

## Severity of humanitarian conditions

The worsening humanitarian situation in North and South Kivu is due to several critical factors: the escalation of the conflict leading to internal population movements, chronic food insecurity, lack of safe water and sanitation, the ongoing cholera epidemic in IDP sites, access to dignified accommodation, etc.

## **1. Population displacement: impact on accessibility, availability, quality, knowledge, and use of goods and services.**

The ongoing conflict in the DRC, particularly in North Kivu, has resulted in massive population displacement, severely impacting accessibility, availability, quality, and utilisation of goods and services. The control of vital transport routes by armed groups, exemplified by the blockade of the Sake-Masisi Road by M23 rebels, has disrupted the flow of essential goods, leading to increased food prices and scarcity in Goma and surrounding areas. As a consequence, the sudden influx of displaced people, totalling approximately 350,000 individuals by March, has strained existing resources, exacerbating the humanitarian crisis. Moreover, escalating violence, compounded by reduced humanitarian access, an economic slowdown, and high inflation, has heightened the urgent needs of affected communities, while the relocation of international organisations and NGOs to more secure areas has diminished short-term response capacity.

In addition to the immediate challenges posed by the displacement and conflict, widespread poverty and vulnerability further compound the severity of the humanitarian situation. Population displacements in South Kivu have affected 1.55 million people, with a significant increase of 10% since 2022. These displacements have a profound impact on protection, social cohesion, the economy, security and access to humanitarian services, exacerbating land tensions and putting host communities under pressure. The protection situation is exacerbated by the precarious conditions and lack of privacy caused by displacement, increasing the risk of sexual and gender-based violence (SGBV), as well as child protection risks, such as family separation and other serious violations of children's rights.

Despite relatively positive macroeconomic indicators, such as inflation reaching 13.2% in 2023 due to external factors like the Russian-Ukrainian war, around 62% of the country's population, equivalent to 60 million people, live on less than USD 2.15 a day.

The displaced individuals, residing in overcrowded camps, makeshift sites, and with host families around Goma, endure precarious conditions with limited access to basic services and dignified accommodation capacity.

## **2. Impact on physical and mental well-being**

The impact of the ongoing conflict is significantly affecting both physical and mental well-being. The displaced population, uprooted from their homes and communities due to violence and insecurity, faces numerous challenges that undermine their physical health. Living in overcrowded camps or makeshift shelters without adequate access to clean water, sanitation facilities, and healthcare services increases the risk of malnutrition, waterborne diseases, and other health complications. Moreover, the disruption of essential services and infrastructure due to the conflict exacerbates these challenges, making it difficult for individuals to access medical care and critical supplies.

In addition to the tangible impact on physical health, the conflict is also taking a heavy toll on the mental well-being of the affected population. Constant exposure to violence, displacement, and uncertainty breeds fear, anxiety, and psychological trauma among individuals, especially children and vulnerable groups. In 2023, the Gender-Based Violence Area of Responsibility (GBV AoR) documented 13,796 cases of gender-based violence in the province of South Kivu. The loss of homes and livelihoods further compound the psychological distress experienced by the displaced population. Moreover, the lack of psychosocial support and mental health services in conflict-affected areas exacerbates these challenges, leaving many individuals struggling to cope with the emotional toll of the crisis.

## **3. Risks and vulnerabilities**

Humanitarian needs are predicted to increase significantly in the coming weeks and months, while the capacity of humanitarian organisations may face challenges due to reduced access, possible evacuation or relocation.

The conflict remains extremely volatile, and unpredictable. The scenarios put forward by analysts do not foresee an alleviation of the current military positions, and although most of the M23 objectives can probably be achieved through the ongoing blockade in and around Goma, an assault of Goma city cannot be entirely ruled out. This action by the M23 would have catastrophic humanitarian consequences for the Democratic Republic of Congo (DRC) and neighbouring countries.

At the same time, the IFRC is witnessing a rise in ethnic divisions that could contribute to an escalation of communal violence in North and South Kivu.

#### **4. Food security and livelihoods**

Trade routes have been blocked due to the presence of armed groups, disrupting supply chains. North and South Kivu, home to an average of 2.5 million forcibly displaced people, is facing extraordinary needs, exacerbated by limited funding. Finally, the strategic blockade by the M23 rebel group of the two main roads leading to Goma is compromising the delivery of essential supplies, including food and medicines, to the city's two million inhabitants. With safe passage limited, civilians face increased risks, and the disruption of transport routes has led to a spike in food prices.

The violence is depriving people of their regular activities, leading to a drop in agricultural production. The city of Goma is supplied mainly by the territories of Masisi and Rutshuru, which are currently experiencing armed conflicts. This is leading to a lack of agricultural productivity due to insecurity.

Around 70% of the employed population of the DRC work in agriculture, mainly for subsistence, which means that the disruption of their activities directly affects their income, food security, and nutritional intake. Armed groups have disrupted the transportation of food, causing shortages of certain products, such as beans. Products have become harder to find and prices have risen.

#### **5. Health and WASH**

The current crisis has seriously damaged essential health, water, sanitation, and hygiene (WASH) infrastructure. The city of Goma faces additional challenges due to the spread of the cholera epidemic. The city's health infrastructure is already under strain, and the crisis is exacerbating the difficulties of managing the epidemic.

Residents and displaced persons are struggling to meet their most basic needs, such as access to drinking water and healthcare.

More specifically, the lack of access to health facilities and WASH infrastructure has had a significant impact on basic health services in North Kivu. Nyiragongo territory has no safe water infrastructure. The indiscriminate attacks and subsequent displacement of the population have put a strain on an already overburdened humanitarian infrastructure.

The current outlook for the humanitarian crisis is negative. Humanitarian needs have undoubtedly increased significantly, while the capacity and presence of humanitarian organisations could be undermined by evacuations and relocations.

The ongoing epidemic poses containment challenges, exacerbated by food shortages, rising prices and human rights abuses. Many people have been injured by the bombardments and violence. Health areas are inaccessible due to security constraints, and access to medicines and health centres is limited. People with chronic and immune diseases are at risk, as displacement interrupts their treatment. The situation has serious consequences for mothers living with HIV, while the hygiene conditions in the refugee camps are poor and cholera is spreading.

# CAPACITIES AND RESPONSE

## 1. National Society response capacity

### 1.1 National Society capacity and ongoing response

#### Red Cross of the Democratic Republic of the Congo

<b>Core areas of operation of the National Society</b>		
	Number of volunteers:	<b>503,311</b>
	Number of branches:	<b>26</b>
	Number of staff:	<b>113</b>

Disaster Risk Management  
Community Health  
Protection, Gender, and Inclusion  
Community Engagement and Accountability  
Migration – population movement  
Green Response

The Red Cross of the Democratic Republic of the Congo (DRC Red Cross) was created in 1961 as an auxiliary structure of the public authorities. With a large network of trained and motivated volunteers, staff, and real estate assets, the National Society provides substantial added value in addressing the humanitarian needs in the country. With 26 provincial branches, an active volunteer base, and high levels of access and acceptance across the territory, the DRC Red Cross is a key humanitarian actor and first responder.

At the national headquarters, there is an operational management structure with technical units in health, disaster risk management and emergency response, and support services.

The DRC Red Cross has a national disaster response team and branch response teams in 11 provinces. The National Society has 503,311 registered volunteers, 61% of whom are men and 39% women, with a branch committee in each of the 26 provinces and 245 territorial committees. With 63 years of experience in helping the most vulnerable people, the National Society has considerable experience in responding to population movements, disaster management, and epidemics.

The DRC Red Cross and all partners within the International Red Cross and Red Crescent Movement present in the DRC, particularly the International Committee of the Red Cross (ICRC), the International Federation of Red Cross and Red Crescent Societies (IFRC) and Participating National Societies – continue to work together closely to support and strengthen the capacity of the DRC Red Cross in managing its resource requirements, and to deliver humanitarian assistance and other vital programmes and services.

Since this conflict began, through its network of branches and volunteers who are particularly well-trained and highly accepted by communities, the DRC Red Cross has provided vital assistance to the hardest-to-reach communities and marginalised groups in the country. The DRC's Red Cross has been on the front line of assisting displaced populations since the beginning of the conflict. With 26,368 volunteers across North Kivu and 24,541 volunteers in South Kivu, the DRC Red Cross is best placed to access areas unreachable by other humanitarian organisations.

During this ongoing crisis, the DRC Red Cross is focusing its support on approaches that, in its experience, will make the most difference to the lives and livelihoods of those affected. DRC Red Cross interventions within the areas from 2023 to date are summarised below:

- A rapid multi-sector needs assessment has been carried out at IDP sites in Goma and Nyiragongo territory. The DRC Red Cross was one of the first partners to carry out assessments at various IDP shelter sites in Goma and Minova in South Kivu province.
- With support from the IFRC, the DRC Red Cross is implementing a food security project, “Towards Zero Hunger: Vital Food Security Interventions for Crisis-Affected Communities in DR Congo’s North Kivu and Tanganyika Provinces” which aims to provide humanitarian assistance to displaced and host households affected by violence and other crisis situations in the provinces of North Kivu and Tanganyika. Through this programme, by December 2023, the DRC Red Cross reached 18,454 households, including 11,158 IDPs, and 7,292 host families (114,226 people) with food distributions.
- In December 2023, at Kanyaruchinya in the Bushagara sites, the DRC Red Cross with the support of the ICRC, provided a full ration of food in cash to 3,109 displaced households (18,654 people).
- As part of the UNICEF Rapid Response Project (UniRR), in North Kivu, the DRC Red Cross distributed essential household items (EHI) and washing kits to displaced households.
- During 2023, in North Kivu, the DRC Red Cross provided 111 chlorination points to fight against epidemics (cholera, Ebola, yellow fever, promotion of hygiene and basic sanitation, etc.).
- The DRC Red Cross is also implementing the DG ECHO Pilot Programme Partnership (PPP) in South Kivu (Uvira) with the support of the French Red Cross, the Spanish Red Cross, the Luxembourg Red Cross, and the IFRC. Within this framework, assistance for displaced persons in the camps is included. A flexibility fund has also been approved. A total of 800 temporary shelters and 800 EHI kits are being provided for use in Minova in South Kivu.
- Primary care service is in place with an average of 150 cases per day in North Kivu.
- Food supplementation for children with support from UNICEF.
- Implementation of RFL activities (family reunification, supervision of unaccompanied children) in collaboration with DIVAS (Provincial Division of Social Affairs).

At the same time, beyond responding to the emergency crisis, the DRC Red Cross, supported by the IFRC and partners, is developing longer-term programmes to tackle the root causes of humanitarian problems (food insecurity, lack of access to drinking water, epidemics, etc.). In addition, the National Society is building on its previous successes and working to support the government’s plans to increase the resilience of the most vulnerable communities, including displaced populations.



*Verification of the targeted population by RC volunteers during food distribution in Beni, North Kivu. (Source: IFRC)*

## 1.2 Capacity and response at the national level

Several actors are continuing to contribute to the DRC government's response to the humanitarian crisis following the population movement. Humanitarian coordination is in place with OCHA and the various clusters (Shelter, WASH, Health, Food Security, etc.).

According to OCHA, in the provinces of Ituri, North Kivu, and South Kivu, there are 231 operational actors carrying out 641 humanitarian projects, mainly in the sectors of protection, nutrition, health, food security, and education. Inter-Agency coordination mechanisms exist in the DRC and specifically in North Kivu; in the case of Goma, there is currently a calendar of meetings from the clusters where the coordination sectors for Cholera response, Population Movement (CMP), Education, CCCM, WASH, Logistics, Shelter, Food Security (SECAL), AAP, Protection, Nutrition, Health, PSEA, SGBV, among other forums meet.

The 2024 humanitarian response plan was launched and aims to mobilise USD 2.6 billion to reach 8.7 million people, the majority of whom are in the east of the country.

The DRC continues to collaborate with government line ministries and local governments and works closely with other humanitarian actors by participating in joint assessments, attending coordination meetings and helping to fill gaps raised by coordination platforms or groups.

## 2. International capacity and response

### 2.1 Red Cross Red Crescent Movement capacity and response

#### IFRC membership

The IFRC country cluster delegation in Kinshasa works with the DRC Red Cross on strategic and operational coordination, National Society development, and humanitarian diplomacy. It also supports accountability as a cross-cutting theme. The IFRC also focuses its work with the National Society on strengthening its auxiliary role by meeting key stakeholders at the government level on a regular basis.

With staff based in Goma, Tanganyika, and Kinshasa, the IFRC provides support to the National Society emergency operations and thematic programmes in the DRC, in particular, disaster preparedness, health and WASH, food security, and protection, gender, and inclusion (PGI). This includes planning, implementation, monitoring and reporting, and participation in monitoring and evaluation.

The DRC Red Cross benefits from the collaboration with the Belgian Red Cross, French Red Cross, Luxembourg Red Cross, Spanish Red Cross, and Swedish Red Cross, all operating under the National Society Country Plan. The DRC Red Cross, with the support of Participating National Societies (PNSs), is implementing several programmes in different geographical locations and thematic areas clearly identified in its Country Plan, and which contain elements of National Society capacity building.

Name of Partner National Society	Climate	Crisis	Health	Migration	Inclusion	Engaged	Accountable	Trusted
Belgian Red Cross	☑	☑	☑		☑	☑	☑	☑
French Red Cross		☑	☑		☑	☑	☑	
Luxembourg Red Cross		☑				☑	☑	
Spanish Red Cross	☑	☑	☑		☑	☑	☑	
Swedish Red Cross	☑	☑	☑		☑	☑	☑	

Through the Federation-wide appeal, the IFRC is supporting the DRC RC and other PNSs in-country to streamline resources and expertise in response to the current crisis.

## **Movement Coordination**

The Strengthening Movement Coordination and Cooperation (SMCC) initiative is applied by all Movement partners in the DRC. The objective of the SMCC is to improve the way Movement partners work together and enhance coordination and cooperation, especially in response to large-scale emergencies. A Movement Coordination Agreement has been signed by all Movement actors and recognises the central role of the DRC Red Cross at all times.

In line with Seville Agreement 2.0., the ICRC is playing a co-convenor role in support of the DRC Red Cross. The ICRC is maintaining a dialogue with all parties to the conflict. Given the complexity and sensitivity of the situation, the Movement has adopted a reactive and discreet approach in its public communications, to protect the principled humanitarian actions of the Red Cross.

In this regard, a Movement Coordination Meeting was convened on 29 February 2024. The DRC, IFRC, and ICRC are making efforts to implement the SMCC for a coherent and complementary response to humanitarian needs arising from multiple factors, including the ongoing crises, food insecurity, floods, etc. This includes promoting common planning and analysis, coordinated activities, and utilising the specific expertise of respective Movement components to optimise the reach and quality of humanitarian assistance. In the coming days, the DRC Red Cross, IFRC, and ICRC aim to finalise the Movement Coordination Framework for this response, which will include the formalisation of strategic and operational decisions for the Movement's approach to the crisis.

For this crisis, two committees have been set up within the Movement at the national headquarters level (DRC Red Cross, IFRC, ICRC, French Red Cross, Spanish Red Cross, Belgium Red Cross), as well as at the North Kivu branch level (DRC Red Cross, ICRC, IFRC). Regular meetings are held to work with the North Kivu and South Kivu branches.

A mini summit was held on 3 April 2024 to enhance the coordinated response of components of the International Red Cross and Red Crescent Movement, jointly defining the key parameters of the Movement's collective response to the emergency.

## **ICRC**

The actions taken under this Emergency Appeal are complementary to those underway and planned with the contributions of the ICRC and PNSs in the country. Immediate availability of support and ongoing actions were identified during Movement coordination meetings in Kinshasa. A National Society response plan is being prepared, and the ICRC and IFRC Emergency Appeals should be based on and supportive of this plan, which considers all available resources and planned activities to ensure coordination, cooperation, and complementarity.

Through a series of Level 3 agreements, the ICRC supports the Movement Partners in security management in conflict affected areas.

## **2.2 International Humanitarian Stakeholder capacity and response**

The DRC Red Cross is working closely with relevant ministries, national stakeholders, and other agencies to align and reinforce each other's efforts and maximise effectiveness and efficiency. The National Society will continue to collaborate and coordinate with other humanitarian partners by participating in joint assessments and attending national and provincial coordination meetings.

DRC Red Cross teams in North and South Kivu regularly participate in humanitarian coordination meetings. They are particularly active in meetings with OCHA in the Shelter, Health, and Food Security clusters in Goma, Beni, Bukavu, and Uvira.

The DRC Red Cross continues to develop stronger partnerships, particularly with the Ministry of Health, the Ministry of Humanitarian Action and Social Affairs, the Ministry of Agriculture, Livestock and Fisheries, the FAO, MSF, WFP, WHO, UNICEF, GAVI, USAID, CDC, and ECHO, among others.

With humanitarian needs expected to continue to soar in 2024, this latest CERF allocation of USD 20 million is aimed at addressing the large-scale displacement caused by the ongoing conflict in the DRC, specifically to help people affected by continued fighting in the east.

### **3. Gaps in the response**

As a result of population movements, in coordination with the ICRC and IFRC, the National Society conducted an assessment in January that identified the rationale for scaling-up the response in North Kivu and South Kivu. The analysis shows the following gaps based on the volatile aspects of this crisis.

#### **SHELTER, HOUSING AND SETTLEMENTS**

The ongoing armed conflict has resulted in the displacement of an additional 200,000 individuals since mid-January 2024, adding to the already substantial 1.6 million people displaced since March 2022. This escalation has further amplified the demand for emergency shelters and exerted increased strains on the capacity of both formal and informal IDP sites in Goma and Sake. A significant number of these IDPs have endured multiple displacements, including movements from collective centres, exacerbating the challenges faced. The IDP sites, characterised by overcrowding, insufficient shelter, and a lack of access to clean water and sanitation facilities, have seen an uptick in waterborne diseases due to these conditions.

By February 2024, data indicates that approximately 54% of North Kivu's IDP population found refuge within host communities, while the remaining 46% resided in a mix of formal and informal settings, including camps and public or religious buildings. The distribution underscores the critical role of community support in the crisis response, as well as the urgent need for improved infrastructure and services to address the health, safety, and well-being of displaced individuals and their host communities.

#### **FOOD SECURITY AND LIVELIHOODS**

The severity of food insecurity in the DRC, particularly in areas like Djugu, Irumu, Kamonia, and Gungu, presents significant gaps in the response efforts. Despite the interventions of humanitarian agencies, including the World Food Programme (WFP) and its partners, the scale of need remains immense, with an estimated 900,000 people still requiring assistance. This indicates a crucial gap in the provision of food aid and support services, particularly in regions heavily affected by conflict and insecurity. Moreover, the persistent insecurity in provinces like North Kivu and South Kivu has led to a decline in household participation in agricultural activities, further exacerbating food shortages and hindering attempts at a normal resumption of the growing season. This highlights a critical gap in addressing the root causes of food insecurity, such as insecurity and access to farmland, which must be prioritised to ensure a more sustainable response to the crisis.

Furthermore, the projected continued decline in harvests due to repeated displacements and insecurity suggests a prolonged period of food insecurity in the affected regions. This underscores the need for a more comprehensive and long-term approach to address the underlying drivers of food insecurity and build resilience among affected communities. Efforts should focus not only on immediate food aid delivery but also on livelihood support and agricultural rehabilitation to enable communities to better withstand future shocks and disruptions.

#### **HEALTH**

The severity of the cholera epidemic, measles outbreak, and acute malnutrition crisis in the DRC underscores critical gaps in the response. Despite efforts to combat these health emergencies, challenges persist, particularly in addressing the root causes and providing comprehensive support to affected populations. The overcrowded and unsanitary conditions in IDP sites exacerbate the risk of disease transmission, highlighting a crucial gap in the provision of adequate sanitation facilities and hygiene promotion efforts. Moreover, the disproportionate impact on children, with 65% of cholera cases and a significant portion of acute malnutrition cases affecting children under the age of five, underscores the need for targeted interventions tailored to the specific needs of vulnerable populations. However, the current response appears to lack sufficient focus in addressing these underlying issues, such as improving healthcare infrastructure and temporarily overcoming access issues through mobile health services, promoting proper feeding practices, and ensuring access to clean water and sanitation, which are essential for mitigating the impact of these health crises and preventing future outbreaks.

Furthermore, the prevalence of acute malnutrition among children under the age of five and pregnant or breastfeeding women underscores the need for a more integrated approach to addressing the nutritional needs of affected populations. While prioritising the screening and referral of severe acute malnutrition cases, along with providing nutritional care, there remains a critical gap in scaling-up these interventions to reach all vulnerable individuals in need. Inadequate access to food, nutritional inputs, and awareness-raising efforts on good nutritional practices further exacerbate the challenges faced by affected communities.

## **WASH**

Despite the immense need for improved access to drinking water and sanitation facilities, limited investment in infrastructure rehabilitation and expansion, compounded by the destruction of health facilities in conflict-affected rural areas, hampers effective prevention and response to the spread of epidemics. The lack of adequate WASH infrastructure compromises efforts to mitigate the risk of disease transmission, particularly in overcrowded IDP camps where families face severe shortages of water and sanitation facilities. Furthermore, the strain on limited resources due to the influx of displaced people exacerbates shortages within host communities, highlighting the need for more robust and targeted WASH interventions to address the immediate needs of affected populations and reduce excess mortality and morbidity associated with the crisis.

WASH needs in the country remain immense, particularly in North and South Kivu. The WASH response will contribute to the immediate improvement of living conditions for people affected by the crisis, with priority given to the most vulnerable, by providing and facilitating access to essential community services for the targeted population, by gender, age, disability, and diversity. The aim will also be to reduce the excess mortality and morbidity of people affected by the crisis, in particular, by reducing the nutritional emergencies by caring for people vulnerable to its effects. In the context of population movements, emergency WASH actions will give priority to newly displaced people and returnees living in displacement sites or with host families.

## **PROTECTION, GENDER, AND INCLUSION**

The urgent needs in North Kivu and South Kivu must prioritise the protection of civilians including prevention, mitigation, and response to SGBV, including protection from sexual exploitation and abuse, and ensuring child protection. Displaced families fleeing violence and atrocities require immediate protection, assistance, and support to address their urgent needs. The multiple influxes of those wounded by gunshots in Ndoshoh Hospital in Goma, half of whom are civilians, demonstrate the crucial importance of ensuring the safety of civilians in the context of the ongoing conflict. Urgent action is also needed to address the alarming increase in reports of sexual and gender-based violence against girls and women, with a 37% rise in North Kivu alone in the first three months of 2024.

Moreover, children living in conflict-affected areas, particularly in North Kivu and South Kivu, are at a heightened risk of various forms of violence and exploitation. Cases of recruitment and use of children in armed groups, as well as instances of murder, mutilation, rape, sexual violence, and abduction, have significantly increased in these regions.

According to OCHA (2024), some 5.7 million people need protection against human rights violations. Armed

conflict and gross human rights violations, including sexual violence and serious abuses against women and children, continue to drive millions of people to seek refuge far from home. More than seven million people were internally displaced at the end of 2023, the highest number in the African continent.

## **MIGRATION**

In the DRC, migrants face many difficulties in meeting their basic needs and accessing essential services during their journey. They are vulnerable to various risks, including violence, exploitation, and abuse. In such situations, displaced people often depend on the help of humanitarian organisations to access vital services, including healthcare.

With around 1,600,000 displaced people in North Kivu province, the needs of the displaced continue to grow, making it all the more urgent to step-up activities in specific sectors. Humanitarian Service Points (HSPs) are needed along relevant migration and displacement routes so that people can access services such as health care and emergency first aid, food, water, psychosocial support services (PSS), information, and orientation in safety, regardless of their status. The surge in the number of displaced persons has a negative impact on host communities, complicating access to services becomes and imposing challenges despite the host population's significant solidarity in welcoming these individuals into their communities and families. It should be noted that protection risks are exacerbated in such a crisis situation.

Given the increasing violence, several groups of IDPs are constantly moving between sites as the conflict expands. In this regard, one of the major challenges is also establishing fixed and mobile HSPs in the different camps, considering people's mobility to ensure their safety as well as strengthening identification, documentation, tracing, and family reunification (RFL) programmes.

## **OPERATIONAL CONSTRAINTS**

Since the mid-1990s, the DRC has been facing a prolonged protection crisis, particularly in its eastern provinces.

### **Economy**

The country has been influenced by several economic factors, including fluctuating gross domestic product (GDP) growth and inflation rates, as well as a widening fiscal deficit. Despite forecast GDP growth of 6.8% in 2023, driven primarily by the mining sector, the country faces challenges such as rising inflation, expected to reach 20.7%, and a significant current account deficit of 4.7% of GDP. Moreover, the fiscal deficit is projected to widen due to continued exceptional spending on security and election purposes, alongside a softening in revenue performance. These economic conditions are compounded by vulnerabilities related to commodity price shocks and supply chain disruptions.

Additionally, the ongoing economic repercussions of the conflict in Ukraine, including rising global food costs and higher oil prices, threaten to further strain fiscal deficits, inflation rates, and household consumption, exacerbating poverty and inequality in the region. Amidst these economic challenges, the DRC's immediate priority lies in strengthening security, maintaining political and macroeconomic stability during the election period, and advancing ongoing reforms to ensure sustainable growth, all of which impact the operation's ability to effectively respond to humanitarian needs.

### **Access**

A big part of the areas affected is in the regions of North Kivu and South Kivu, which have difficult access to many heavily displaced communities due to the hostilities. Accordingly, it is challenging to assess the full extent of the areas and to understand the needs. The DRC Red Cross is continuing its physical and operational presence in the areas.

### **Security**

Amidst the conflict-affected zones, discontent may surface with the crisis response, exacerbated by the delayed delivery of aid to individuals and communities. Compounding this challenge is the difficulty in discerning between those affected by the current crisis and those impacted by the enduring thirty-year conflict.

Moreover, safety concerns loom large, especially regarding infrastructure like roads, bridges, water supply, and healthcare facilities. The state of roads, coupled with unpredictable weather conditions, vehicle conditions, and driving behaviours, amplifies apprehensions about road safety.

## FEDERATION-WIDE APPROACH

This Emergency Appeal is part of a **Federation-wide approach**, based on the response priorities of the DRC Red Cross plan, and in consultation with all IFRC members contributing to the response. The approach, reflected in this Operational Strategy, will ensure linkages between response activities from all PNSs (including multilateral contributions, bilateral contributions and activities funded domestically by the DRC Red Cross) and will assist in leveraging the capacities of all members of the IFRC network in the country, to maximise the collective Federation-wide contribution to the Movement response in alignment with the parameters set during the mini-summit, and the Movement Coordination mechanisms.

The CHF 50 million Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to the DRC Red Cross by the IFRC and PNSs to support the scaling-up of DRC Red Cross overall response plan, in complementarity with the ICRC contributions, forming the Movement response plan at large. This includes the domestic fundraising ask, the fundraising ask of supporting PNSs, and the funding ask of the IFRC Secretariat.

After the end of the Emergency Appeal (June 2025), response activities to this crisis will continue under the IFRC Network DRC Red Cross Country Plan for 2025. The IFRC Network Country Plans show an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's actions. This aims to streamline activities under one plan, while still ensuring that the needs of those affected by the crises are met in a continuum, and in an accountable and transparent way. Information will be shared in time, should there be a need for an extension of the crisis-specific response beyond the above-mentioned time.

To further strengthen Federation-wide coordination for the Emergency Appeal, a Movement Coordination Framework and communications approach is in place, with clear roles and responsibilities for each Movement partner.

The main decision-making and Coordination Framework underpinning the Population Movement Emergency Appeal are at the strategic level and the operations and programmes level, which are structured as follows:

<b>Strategy - Committee</b>	
Secretary General of the DRC Red Cross - Chair Head of Delegation (IFRC) Head of Delegation (ICRC)	
<b>Operations - Task Force</b>	
Disaster Manager National Society - Chair Field Coordinator National Society - Co-chair Operations Manager of the IFRC Field Coordinator of the IFRC Operational members of the PNS ICRC operational counterpart	Technical counterparts can be invited, if necessary
<b>Programmes - Technical Working Groups</b>	
Working groups suggested: <b>1.</b> Humanitarian Service Point (Migration, CEA, PGI)	

2. Shelter/Livelihoods/Relief
3. WASH
4. Health
5. NSD & Preparedness
6. Communication
7. Logistics
8. Security & Safer access

## OPERATIONAL STRATEGY

### Vision

Through the Emergency Appeal, the IFRC aims to support the DRC Red Cross in its response to the growing humanitarian needs caused by the ongoing armed conflict in the east of the country and subsequent population movement. The IFRC's intervention strategy will be to help meet the urgent humanitarian needs of the 500,000 most vulnerable people and focus on the following main areas of intervention: **Integrated assistance** (shelter, food security, and livelihoods – including multi-purpose cash transfers), **Health and WASH**, followed by **Protection and Prevention**.

This is a sectoral approach to emergency response that will evolve into an integrated approach to intervention in the medium-term, building community resilience beyond the current emergency phase. The operation integrates the fundamental cross-cutting approaches of **migration, PGI, CEA, and risk reduction** into the provision of humanitarian aid and resilience building activities.

A Movement response plan has been drawn up by the DRC Red Cross with the ICRC, the IFRC and the PNS. The activities in this Emergency Appeal reflect the priorities of the Movement Response Plan, as well as the scenarios therein. The IFRC Emergency Appeal combines operational support, coordination in the DRC, and cross-border coordination. The latter will enable preparedness to respond to the current situation and the potential for continued movement of people from the DRC to Rwanda, Burundi, and Uganda.

A revised IFRC network country plan 2024 was completed in August 2023 prior to the escalation of the situation, in conjunction with PNS members, the IFRC, and ICRC. Within this plan, the IFRC network is supporting DRC RC to implement a large Food Security programme in the eastern DRC and the IFRC-ECHO Pilot Project Partnership which contributed to scale-up the preparedness and readiness of the National Society. These two programmes and other initiatives reinforce the overall capacity to deliver humanitarian assistance to the ongoing emergency. After the current phase of the emergency response, as the Movement transitions to early recovery and longer-term programming, the 2024 plan will be reviewed to integrate ongoing emergency operations and longer-term work to provide a holistic picture of the IFRC network's actions in the DRC, serving as a platform for coordination and advocacy/resource mobilisation.

### Anticipated climate-related risks and adjustments in the operation

The main climatic risks in the country are flooding and landslides, followed by rising water levels. To mitigate this, Red Cross volunteers will contribute by relaying the warnings in their communities. The DRC Red Cross will continue to implement disaster preparedness activities in conjunction with the ECHO Pilot Programme Partnership (ECHO PPP), tree planting activities, and community resilience activities with the financial support of its bilateral partners.

### Targeting

#### 1. People to be assisted

This Emergency Appeal aims to scale-up activities carried out by the DRC Red Cross in North Kivu and South Kivu to respond to the increased caseload of IDPs and their corresponding host communities, building on the ongoing

food security response that the DRC Red Cross is performing in the field. This Emergency Appeal aims to meet the urgent humanitarian needs of at least 500,000 of the most vulnerable people affected by the ongoing conflict.

Priority population groups identified through the assessment are classified into two categories:

1. Population affected and displaced by the conflict:
  - a) IDPs in collective shelters and informal sites.
  - b) IDPs living with host families.
  - c) Returnees – those who have gone back to their village and built temporary shelters there.
2. Host families: those not directly affected but hosting affected families in their homes.

The recipient households will also be identified/selected according to the level of risks they face with regards to ensuring their dignity, access, and safety. Prioritised groups include orphans and children; female-headed households and households with pregnant women, nursing mothers, and children under five; older people; people with disabilities; people with chronic illnesses; child-headed households, and adolescent girls and boys. Continuous protection, gender, and inclusion assessments and analysis will inform targeting and priority efforts throughout the operation.

## 2. Considerations for protection, gender, and inclusion and community engagement and accountability

Community engagement and accountability, as well as PGI standards, will help further refine the targeting methodology, with attention to the particularly vulnerable and/or the most at-risk groups, including women, children, the elderly, and people with disabilities. Needs assessments of the displaced in North and South Kivu is continuous and will include PGI in analysis to improve access to and quality of services adapted to gender, age, and other specific needs. This will further enable Red Cross Movement partners prepare a coordinated response according to their capacities.

## 3. Plan scalability

The DRC Red Cross has already had a significant presence and operational footprint in the affected areas for several years, including through the IFRC supported Food Security programme. This Emergency Appeal will support the DRC Red Cross in scaling-up this work using logistics and support structures already in place. Considering the complexity and evolution of the situation, the Operational Strategy seeks to be flexible and scalable commensurate to changes in the operating environment. While the humanitarian needs profile is substantial across all sectors, the DRC Red Cross and IFRC aim to scale the multilateral component of this Operational Strategy by focusing on interventions that, as a priority, leverage existing comparative advantages. For instance, by building on the existing, large-scale food security project in North Kivu, South Kivu, and Tanganyika, which has an established supply chain and delivery mechanism with a proven track record of managing substantial financial volumes, supports both the speed and scale of support to affected populations. As such, the following table outlines, from the point of view of building on comparative advantages to achieve the highest impact, where the emphasis will lie for funding allocations at various income levels in the operation. This table is by no means exclusionary of other sectors but highlights where the focus will be in prioritising multilateral income in relation to achieving funding goals.

Sector	Multilateral income level (% of funding requirement)			
	25%	50%	75%	100%
Shelter, Housing, and Settlements		X	X	X
Food Security and Livelihoods	X	X	X	X
Health & Care	X	X	X	X
WASH	X	X	X	X
Migration	X	X	X	X
Risk reduction			X	X

## Cross-border coordination

In addition, there will be close coordination and cooperation with the neighbouring National Red Cross Societies of Rwanda, Burundi, and Uganda to carry out scenario analysis, which will be used to generate a sub-regional contingency plan, alongside readiness activities and, if needed, activate a response to the needs of refugees in these countries. Cross-border coordination will be established between the Red Cross teams in the DRC, Rwanda, Burundi, and Uganda and with relevant stakeholders.

## PLANNED OPERATIONS


Through this Emergency Appeal, the IFRC will support the DRC Red Cross in his preparedness and response to the impacts of the ongoing challenging humanitarian situation. The response prioritises the provision of assistance and protection to the different target groups, through:


1. **Tailored basic needs support**, including promoting access to food, safe water, hygiene, essential household items, emergency shelter, and sanitation, through cash and vouchers, or in-kind assistance; guided by community-based information and engagement.
2. The establishment of **Humanitarian Service Points** where displaced populations, as well as host communities, can access a wide range of humanitarian support and services, regardless of their status and wherever they are on their journeys.
3. A significant focus on **strengthening the capacities of National Societies** to be able to continue providing effective and sustainable humanitarian assistance.


The Emergency Appeal includes a strong component focused on building the capacity of the DRC Red Cross. Due to the high demand at the Provincial Branch level, particularly in border areas, significant needs have been identified in terms of response capacity building, institutional strengthening, and organisational development. The implementation strategy not only supports the strengthening of volunteers' capacity to respond, but also contributes to existing strategies aimed at ensuring the long-term commitment of the National Society. The operation will continue to target people on the move according to their profiles and host communities, as well as their specific needs in the operation's areas of intervention.

The operations and activities planned in this Emergency Appeal are part of a Movement-wide coordinated action with the ICRC and DRC Red Cross.

## INTEGRATED ASSISTANCE


	<b>Shelter, Housing, and Settlements</b>	Female > 18: <b>35,332</b>	Female < 18: <b>42,788</b>	<b>CHF 4,088,000</b>
		Male > 18: <b>34,772</b>	Male < 18: <b>42,108</b>	<b>Total target: 31,000 HH, 155,000 People</b>
<b>Objective:</b>	Communities living in crisis-affected areas are restoring and strengthening their physical protection, security, and long-term well-being through shelter solutions.			
<b>Priority Actions:</b>	<ul style="list-style-type: none"> <li>• Carry out a multi-sector needs assessment in North and South Kivu (Detailed/In-depth Assessment).</li> <li>• Distribute emergency shelter kits (tarpaulins, wood, nails, etc.) and essential household items.</li> <li>• Identify and mobilise trained shelter volunteers to work at IDP sites.</li> <li>• Provide technical support to households to build their emergency shelters.</li> </ul>			

 <b>Food Security &amp; Livelihoods</b>	Female > 18: <b>35,332</b>	Female < 18: <b>42,788</b>	<b>CHF 5,783,000</b>
	Male > 18: <b>34,772</b>	Male < 18: <b>42,108</b>	
<b>Objective:</b>	Communities, particularly in areas affected by the crisis, are restoring and strengthening their livelihoods.		
<b>Priority Actions:</b>			
<ul style="list-style-type: none"> <li>• Food aid for camps for IDPs and host communities. The response to the IDP crisis aims to improve access to food and maintain consumption levels by increasing emergency food aid, mainly through the distribution of food and household items to IDPs in situations of acute food insecurity.</li> <li>• Set up saving groups for agriculture-related livelihoods.</li> <li>• Train communities in processing techniques and value chains.</li> <li>• Support community and institutional mobilisation and land negotiations.</li> <li>• Conduct a feasibility study on processing and alternative business opportunities.</li> <li>• Support the most profitable agricultural and product processing activities, including access to inputs and equipment for related activities.</li> <li>• Support women's associations and cooperatives to develop production, preparation, and marketing plans for production and sales committees.</li> <li>• Provide inputs and production tools (mainly related to crops and livestock).</li> <li>• Safeguarding livelihoods helps vulnerable communities protect and adapt their livelihoods and diversify food production and nutritional intake.</li> <li>• Support 1,500 small-scale farmers through climate-smart anticipatory actions, including technical support and complementary resources (e.g. seeds, tools, stocks); and help communities to improve the storage and management of seeds, sowings, and harvests.</li> <li>• Support for 1,500 small-scale livestock farmers through technical support and resources (animals and feed),</li> </ul>			


 <b>Multi-purpose Cash</b>	Female > 18: <b>35,332</b>	Female < 18: <b>42,788</b>	<b>CHF 4,690,000</b>
	Male > 18: <b>34,772</b>	Male < 18: <b>42,108</b>	
<b>Objective:</b>	Communities, particularly in crisis-affected areas, improve their well-being through multi-purpose cash transfer solutions		
<b>Priority Actions:</b>			
<ul style="list-style-type: none"> <li>• Vital support for basic needs through multi-purpose cash grants <ul style="list-style-type: none"> <li>○ Market assessment/analysis.</li> <li>○ Distribution of cash/monetary transfers to vulnerable households.</li> <li>○ Provide training to volunteers on data collection and the registration platform for the targeted population.</li> <li>○ Conduct post-distribution monitoring.</li> </ul> </li> </ul>			

## HEALTH & CARE INCLUDING WATER, SANITATION, AND HYGIENE (WASH)

(MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT/COMMUNITY HEALTH)

 <b>Health &amp; Care</b>	Female > 18: <b>113,975</b>	Female < 18: <b>138,025</b>	<b>CHF 4,063,000</b>
	Male > 18: <b>112,166</b>	Male < 18: <b>135,834</b>	<b>Total target: 100,000 HHs, 500,000 people</b>
<b>Objective:</b>	Strengthen the holistic individual and community health of affected populations in North and South Kivu through community-based interventions and by strengthening the health system.		
<b>Priority Actions:</b>			
<b>Mental Health and Psychosocial Support</b>			
<ul style="list-style-type: none"> <li>• Training volunteers in MHPSS.</li> <li>• Provide PSS and psychological first aid to people in need.</li> </ul>			
<b>Community Health</b>			
<ul style="list-style-type: none"> <li>• The KAP surveys, on health and nutrition.</li> <li>• Appropriate Infant and Young Child Feeding (IYCF) and health promotion messages, in particular, to prevent diarrhoea in newborns and children, and the immediate referral of newborns/children suffering from diarrhoea, will be disseminated during home visits. Children under the age of five and social workers undergoing nutritional treatment will be monitored for compliance with treatment and risk factors, including socioeconomic conditions.</li> <li>• Messages will be disseminated on child immunisation, the identification and referral of children with no dose or under-vaccinated children, and measles, given the known interactions as well as the country profile and high proportion of children with no dose.</li> <li>• Train volunteers in community-based disease surveillance (CBS) in coordination with the Ministry of Health.</li> <li>• Implement Community-Based Surveillance (CBS).</li> <li>• Monitor the most vulnerable, particularly children affected by acute malnutrition, through community screening and the referral of malnourished children to nutritional rehabilitation programmes.</li> <li>• Provide community health promotion, hygiene and epidemic prevention services tailored to the context of North and South Kivu.</li> <li>• Detect and support the response to epidemics, including cholera, by setting up RTOs and then training outreach teams (BORTs) to carry out community awareness-raising and risk communication and community engagement (RCCE) activities.</li> <li>• Provide disease (epidemic) surveillance and referral services.</li> <li>• Support the activities of the Expanded Programme on Immunisation (EPI).</li> <li>• Purchase visibility and protection equipment for volunteers (boots, mackintoshes, t-shirts, disinfectant, soap, hand disinfectant, face masks, etc.).</li> <li>• Purchase and distribute mosquito nets and condoms.</li> </ul>			
<b>Medical Services</b>			
<ul style="list-style-type: none"> <li>• Screening for malnutrition in children aged between 6-59 months will be carried out by trained community volunteers. This will be done at the same time as the survey or targeting, using the MUAC bracelet and bilateral oedema monitoring.</li> <li>• Women of childbearing age as well as pregnant and breastfeeding women will also be examined by calculating body mass index in addition to the Brachial Perimeter. Cases of severe acute malnutrition will be referred to health facilities, all of which have a national nutrition programme (PRONANUT) that deals with the management of malnutrition. Households presenting cases of malnutrition will be directly included in the priority targets and in the assessment of the possibilities of caring for children aged between 6-59 months over a longer period.</li> </ul>			

- During screenings, volunteers will ensure that mothers, pregnant women, and heads of households are trained to use the bracelets so they can carry out continuous screenings as they travel. On average, two bracelets will be given to each household and volunteers will monitor their usage throughout the operation.
- Acquisition and supply of first aid equipment to volunteers for people in need.
- Provision of ambulance services to people in need.

 <b>Water, Sanitation and Hygiene</b>	Female > 18: <b>113,975</b>	Female < 18: <b>138,025</b>	<b>CHF 5,415,000</b>
	Male > 18: <b>112,166</b>	Male < 18: <b>135,834</b>	<b>Total target: 100,000HHs, 500,000 people</b>

**Objective:**

Ensure the provision of drinking water, sanitation, and hygiene education to communities during the relief and recovery phases of the emergency operation, through community and organisational interventions.

**Priority Actions:**

**1. Improve access to safe drinking**

- The Red Cross will implement a comprehensive package of WASH activities, ensuring improved and sustainable access to safe water for underserved and at-risk IDPs, schools, and rural communities.
- Set up water supply and sanitation facilities in IDP camps – latrines, toilets, water points, and washing stations.
- WASH services will take various forms, including short-term water trucking and the rehabilitation of water supply infrastructure, in-kind water treatment, and storage products, together with hygiene promotion and the distribution of hygiene kits.
- Set up water and sanitation facilities – latrines, toilets, water points, and washing stations.
- The National Society will continue to support the emergency trucking of drinking water to areas where the displaced have settled and to rural villages. The DRC Red Cross will disinfect water supplies in target communities by providing aqua tabs/pure sachets for four months, as well as relevant training for community hygiene promoters to support alternative strategies for the treatment and storage of drinking water.
- Communities will benefit from training and tools to address water scarcity and improve water management and security to develop water harvesting and conservation techniques.


**2. Hygiene promotion activities are provided to the entire affected population**

- Reach 500,000 people with hygiene interventions geared towards adopting safe hygiene practices.
- Support households with WASH household items and hygiene products (jerrycans, buckets with lids, laundry soaps, Aqua tabs).
- Installation of handwashing facilities coupled with soap distribution.
- Community activities to promote hygiene awareness, including at schools.
- Hygiene promotion and the distribution of hygiene items, including menstrual hygiene management products meeting the preferences of women and adolescent girls.

**3. Improved access to sanitation facilities**

- Purchase and distribution of sanitation tools for schools and targeted communities.
- The Red Cross will respond to sanitation needs in IDP camps by training men and women and providing teaching materials for the construction of latrines with hand-washing facilities.
- Train committees to maintain and ensure the cleanliness of latrines.


## PROTECTION AND PREVENTION

	<b>Protection, Gender and Inclusion</b>	Female > 18: <b>113,975</b>	Female < 18: <b>138,025</b>	<b>CHF 569,000</b>
		Male > 18: <b>112,166</b>	Male > 18: <b>135,834</b>	<b>Total target: 100,000 HHs, 500,000 people Mainstreamed</b>

**Objective:** Communities identify the needs of the groups most at risk and the particularly disadvantaged and marginalised as a result of inequality, violence, discrimination, exclusion and other forms of non-respect for human rights and respond to their specific needs according to the DAPS principles.

### Priority Actions:

- PGI assessment of the National Society.
- PGI assessment and analysis.
- PGI including safeguarding (PSEA, child safeguarding) and training for staff and volunteers.
- In collaboration with in-country GBV working groups, map safe referral pathways and share these pathways with staff and volunteers for support access for survivors.
- Women and child friendly spaces in IDP camps and at food distribution points.
- Map safe referral pathways and improve access to survivor-centred services for PSS and psychosocial first aid (PFA).
- Coordinate support for family reunification with the ICRC.
- Targeting by the National Society will continue based on minimum PGI standards in emergencies across all sectors.
- Safe and equitable service delivery will be ensured considering gender needs and other diversity factors, while data disaggregated by sex, age, and disability will be included in assessments and reports.
- Regarding food and essential household distribution interventions, awareness-raising activities will be conducted to end or reduce exposure to harmful household coping mechanisms (survival sex, child marriage, child labour, and dropping out of school).
- Community information and education initiatives followed by materials on the culture of non-violence and peace (including discrimination, violence, exclusion, sexual and gender-based violence, and child protection) will be central to the response.
- Support will be provided to staff and volunteers to ensure they have the knowledge, skills, and tools to engage effectively with communities.
- The National Society will seek to meet the PGI minimum standards in emergencies and ensure the meaningful participation and inclusion of women, young people, persons with disabilities, host communities, displaced people, and other groups in the humanitarian response initiative.
- Gender, equity, and prevention of gender-based violence (GBV); representation and decision-making comprising at least 50% men and 50% women in teams, and integrating GBV risk mitigation activities into interventions, including the safe referral of GBV cases and what to do if GBV services are unavailable in intervention areas.
- Community-based anti-conflict and peacebuilding initiatives implemented to reduce the incidence of violence and displacement and promote social cohesion at the community level.

	<b>Community Engagement and Accountability</b>	Female > 18: <b>113,975</b>	Female < 18: <b>138,025</b>	<b>CHF 400,000</b>
		Male > 18: <b>112,166</b>	Male < 18: <b>135,834</b>	<b>Total target: 100,000HHs,</b>

500,000 people

**Objective:**

People and vulnerable communities affected by crisis are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.

**Priority Actions:**

Community Engagement and Accountability (CEA) will be the underlying approach to working collaboratively with people and communities, as well as amplifying the voices of affected people and communities to inform and scale-up the response. The work will continue to strengthen the wide range of community engagement strategies and activities established previously, including working with key local stakeholders and using available and effective traditional channels of interactive community engagement activities, and working with key influencers in communities. The approach will focus on integrating meaningful community participation, timely, open, and honest communication, and mechanisms to listen to and act on feedback throughout the response. In addition, it will include capacity building with a focus on community feedback management systems, including quality assurance, analysis, documentation and the use of data to inform decision-making. Red Cross staff, in close collaboration with stakeholders, will meet regularly with representatives of the affected communities to assess their needs and obtain feedback on the assistance provided.

**Community participation**

- Refresher training for staff and volunteers to effectively engage with communities.
- Provide support in understanding community needs, priorities, and the socio-cultural context, including preferred ways to receive information, and participate and give feedback.
- Establish mechanisms that enable communities and key stakeholders to participate in planning and guiding the response.

**Accountability and feedback mechanisms**

- The National Society will ensure that people affected by the crises are aware of their rights, understand how the DRC Red Cross works, and what it can and cannot do during an emergency response. Communities are also informed about how the Red Cross has responded to their feedback.
- Feedback and complaints are collected through a variety of ways during community engagement and empowerment activities, including home visits, educational conferences, group discussions, radio broadcasts, helplines, and awareness-raising activities.
- The Red Cross DRC green line will be used to receive comments and complaints from the targeted population, as well as to monitor and forward messages to them. Other reliable communication channels will be used to ensure that listening to communities is inclusive.
- Train volunteers on CEA and hosting radio programmes at the provincial branch level.
- Organise meetings with community members and leaders.
- Identification/recruitment of encoders.
- Production and distribution of audiovisual materials.
- Organise mobile cinema sessions and educational talks on healthy nutrition.



**Migration**

Female > 18: **35,332**

Female < 18: **42,788**

**CHF 255,000**

Male > 18: **34,772**

Male < 18: **42,108**

**Total target:  
155,000 People**

**Objective:**

Specific vulnerabilities of displaced populations and people on the move are analysed and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.

## Priority Actions:

### Humanitarian Service Points


- Continue the scaling-up, enhancement and establishment of fixed and mobile Humanitarian Service Points (HSPs) to meet the needs of the displaced population and host community members.
- As far as the Restoring Family Links (RFL) is concerned, the National Society will continue to work with the support of the ICRC to disseminate RFL activities and refer conflict-related cases (unaccompanied children, allegations of arrest or detention) to the ICRC.

### Analysis and advocacy

- Support the ongoing analysis of data, trends, and profiles of affected populations and the specific gaps in assistance and protection for the displaced, especially the most vulnerable, to support specific interventions, coordination, and referrals by the National Society.
- Support the DRC Red Cross in engaging in humanitarian diplomacy with governments and other stakeholders to promote protection, assistance, and inclusion of affected populations.
- Develop and launch humanitarian diplomacy key messages to share the Movement's key asks to stakeholders, donors, and influential decision-makers.
- Support collaboration among neighbouring National Societies for the assistance of people moving across borders (returnees and/or the displaced).

### National Society capacity strengthening


- Provide dedicated technical support to DRC Red Cross to develop their capacities related to migration and displacement in line with the Movement framework on migration (IFRC Policy on Migration, IFRC Migration Strategy, etc.).

	<b>Risk Reduction, Climate Adaptation, and Recovery</b>	Female > 18: <b>35,332</b>	Female < 18: <b>42,788</b>	<b>CHF 335,000</b>
		Male > 18: <b>34,772</b>	Male < 18: <b>42,108</b>	<b>Total target: 155,000 people</b>
<b>Objective:</b>		Communities adopt climate-smart farming practices.		
<b>Priority Actions:</b>				
<b>Risk Reduction:</b>		<ul style="list-style-type: none"> <li>• Engage communities to assess current risks and identify mitigation strategies.</li> <li>• Involve community resilience committees and other community representatives in risk analysis and community preparedness action plans.</li> <li>• Train community members in first aid, crisis and disaster preparedness and response, and set up multi-hazard early warning systems to help reduce risk and improve preparedness.</li> <li>• Promote environmentally sustainable practices in communities and Red Cross offices.</li> <li>• Reduce, recycle, reuse, ecological management of water and energy resources.</li> </ul>		
<b>Protracted and Complex Crisis Management:</b>		<ul style="list-style-type: none"> <li>• Design a protracted crisis management model to enhance the quality of the response, focusing on: <ul style="list-style-type: none"> <li>○ Sound humanitarian analysis, in partnership with movement and external actors, deepening the understanding of communities and evidence-based integrated programming and humanitarian diplomacy towards a resilience-building approach.</li> <li>○ Greater awareness and emphasis on women, children, the disabled, indigenous and people on the move – supporting their inclusion and protection.</li> </ul> </li> </ul>		

- Strengthened preparedness, including risk management and safety and security in complex operations, as well as duty of care.

## Enabling approaches

 <b>National Society Strengthening</b>	Female > 18: <b>440</b>	Female < 18: <b>N/A</b>	<b>CHF 2,394,000</b>
	Male > 18: <b>660</b>	Male < 18: <b>N/A</b>	<b>Total target: 1,100 Volunteers and staff</b>
<b>Objective:</b>	The National Society is empowered to lead its own development during emergencies with the coordinated support of partners, bearing in mind a longer-term perspective.		
<b>Priority Actions:</b>	<p>The Emergency Appeal operation will help the National Society to address some self-assessed gaps to further leverage its mandate and capacity as a partner of choice for emergency response and subsequent preparedness for crises and disasters, focusing specifically on population movements and secondary risks. The National Society will be supported in improving its leadership development (through mentoring, training, and activity planning support), crisis and disaster response management, and NDRT team building. Obligatory insurance cover for volunteers involved in humanitarian response, psychosocial support, and personal protective equipment will be provided.</p> <p><b>Crisis and disaster response management:</b> The DRC Red Cross will be supported in developing its expertise in responding to population movements and secondary risks.</p> <p><b>Volunteer management:</b> Support the development of management systems that bring volunteers closer to the National Society, ensure they have an appropriate duty of care and empower them to act with the community's principles of action and best standards of commitment and accountability in mind.</p> <p><b>PER training and Risk management:</b> Support the National Society in developing the risk register and risk management framework.</p> <p>These actions will facilitate capacity building and organisational development objectives to ensure that the National Society has the legal, ethical, and financial foundations, systems and structures, skills, and capacity to plan and deliver.</p> <p><b>Operational support services (one focal point per area):</b></p> <ul style="list-style-type: none"> <li>• A DRC food security and livelihoods focal point will be deployed to contribute to assessments and oversee the overall operation.</li> <li>• The National Society's PMER, WASH, and communication focal points will carry out ad hoc missions to support the implementation and ensure follow-up.</li> <li>• The finance coordinator will carry out a quarterly mission to support the financial management of the operation and collect documents to facilitate financial reporting.</li> <li>• The WASH focal point will also support the training of volunteers during the assessment and carry out a monitoring mission at a later stage of implementation to support the development of a long-term strategy.</li> <li>• Branch supervisors will also carry out monthly monitoring missions to ensure smooth implementation and adequate information sharing prior to any operational changes.</li> <li>• Deployment of an operations manager with experience in coordinating operations on population movements to support the DRC Red Cross. The coordinator, who will work with National Society colleagues, will enable the rapid implementation of the operation, the development of a strategy for the Emergency Appeal, including internal and external coordination within the Movement, and the implementation of communication and advocacy actions.</li> </ul>		

	<b>Coordination and Partnerships</b>	Female > 18: <b>N/A</b>	Female < 18: <b>N/A</b>	<b>CHF 111,000</b>
		Male > 18: <b>N/A</b>	Male < 18: <b>N/A</b>	<b>Total target: Team of 5 PNSs, National Society, ICRC, IFRC</b>
<b>Objective:</b>	National Societies are members of relevant national donor platforms and forums and participate regularly.			
<b>Priority Actions:</b>				
<b>IFRC membership coordination</b> <ul style="list-style-type: none"> <li>• Membership cooperation will aim to facilitate to the wider-Movement Coordination and response, strengthening the relevance of the Red Cross in the response to the crisis.</li> <li>• The Emergency Appeal promotes a Federation-wide approach to the response based on the expertise, capacities, and resources of all members active in the targeted areas. The DRC Red Cross has adopted a single response plan, with a Federation-wide approach to resources and implementation.</li> <li>• The IFRC Secretariat will continue to coordinate inputs and support information sharing and analysis between PNSs to ensure a common analysis and approach to the IDP crisis in the east of the country.</li> <li>• Cross-border collaboration will be strengthened given the border areas with Rwanda, Burundi, and Uganda.</li> <li>• The National Society will develop a single response plan and adopt a Federation-wide approach to resources and implementation. The IFRC will focus on developing a holistic approach to programming, reporting, risk management, information management, external communication, resource mobilisation, and peer-to-peer exchanges between National Societies. In addition, the IFRC will involve the country's different PNSs through coordination meetings and in mobilising resources, where necessary.</li> </ul>				
<b>Movement cooperation</b> <ul style="list-style-type: none"> <li>• Given the presence of the ICRC and the IFRC, and PNSs in the two provinces (North and South Kivu), a coordination platform for the Movement has been set up at headquarters and in the two provinces.</li> <li>• These platforms reflect the approaches, coordination, and complementarity agreed between the ICRC and the IFRC and the National Societies present in the country.</li> <li>• Weekly Movement meetings are held led by the DRC Red Cross on this crisis to align with the ongoing response plan.</li> </ul>				
<b>External coordination</b> <ul style="list-style-type: none"> <li>• The IFRC will strengthen external partnerships along with the DRC Red Cross to align with the interests of relevant external actors.</li> <li>• External coordination will continue through participation in the Humanitarian Country Team (HCT) and national and provincial cluster coordination mechanisms. The National Society is fulfilling its mandate as an auxiliary in the delivery of emergency services.</li> <li>• The IFRC will work with the DRC Red Cross to strengthen its auxiliary role by meeting regularly with key stakeholders at the government level.</li> <li>• The DRC Red Cross and IFRC operational teams in Kinshasa, Goma, and Uvira will maintain effective cooperation with all of the Movement's external partners and provide orientation and guidance through regular discussions and dialogue with the National Society. The ICRC and PNSs will work with the DRC Red Cross through bilateral agreements and also support its relations with external partners.</li> <li>• The DRC Red Cross will work closely with local authorities, stakeholders, including the provincial and national cluster, the UN system, and other actors working in the field under the leadership of the clusters to ensure that there is no duplication of interventions or activities. The National Society will also work in close coordination with the Ministry of Health and the Ministry of Land Management in the provinces and sits on the appropriate DRC cluster committee.</li> </ul>				



## IFRC Secretariat Services

Female > 18: **N/A**

Female < 18: **N/A**

**CHF 1,916,000**

Male > 18: **N/A**

Male < 18: **N/A**

**Total target:  
N/A**

### Objective:

The IFRC Secretariat and National Societies use their unique position to influence decisions at local, national, and international levels that affect the most vulnerable people.

### Priority Actions:

#### IFRC Secretariat services:

- The IFRC will offer its expertise in managing population movement crises through the deployment of critical functions as requested by the National Society and also equip the DRC Red Cross with risk management plans.
- Use a Federation-wide approach to plan and monitor the National Society's activities, and report on the impact of the IFRC network. The IFRC network's response is based on solid data and significant community involvement. It ensures that the response is evidence-based and complements the capacities deployed by the Movement. An Information Management (IM) unit will be supporting the operation by analysing humanitarian trends. The aim is to inform our operational and strategic decision-making.
- Ensure compliance with the Seville Agreement 2.0 and SMCC guidelines and support the development of a Movement Plan.
- Humanitarian Diplomacy: A communication working group for Movement members in-country (the DRC Red Cross, ICRC, and IFRC) will be activated and coordinated by the National Society to focus on scaling-up visibility.

#### Logistics and Supply Chain:

Logistics and supply chain provide a service support function for the local sourcing of materials and services required for the operation with additional equipment only being imported when required. The logistics team is responsible for ensuring that all necessary customs clearance and transport services are provided. The team is also responsible for the provision of ad hoc services for all programmes and support service functions for the implementation of the disaster response plan. The provision of warehousing – and the transport, storage, and security of procured items is overseen by the logistics department.

The DRC will use its usual administrative and financial procedures for procurement and services for this operation, taking into account IFRC procedures. In addition, national tenders will be issued and local suppliers meeting the requirements will be strongly preferred. Logistical responsibilities will include the purchase of products and their transport to target localities for distribution to the people.

#### Communications:

The communications team will continue to present the response offered by the Red Cross Movement on social media platforms. They will also facilitate media interviews on request. In the longer-term and subject to funding, the organisation of a three-day communications training course will be necessary to build the capacity of the DRC Red Cross volunteers. Areas to be covered during the training will include photography, videography, writing, and social media.

The usual communications channels and media in the DRC, such as radio, social networks, and written media, will be used to give visibility to this intervention. A media campaign will be launched with the support of the DRC Red Cross and the IFRC communications unit to raise awareness of the crisis among donors and the public. Articles will be produced and published in the written press and on the DRC's various digital platforms. The radio broadcasts that will be made during this operation will also be privileged channels for the visibility of the Movement's actions at the community and national levels.

**Planning, Monitoring, Evaluation, and Reporting:**

The PMER Department of the DRC Red Cross will oversee the overall operational implementation, monitoring, evaluation, and reporting on the achievements of the operation, while the DRC Red Cross will be responsible for the day-to-day monitoring of the operation ensuring proper accountability, transparency, and financial management.

The planning, implementation, monitoring, and evaluation of the programme will be carried out in close collaboration with all stakeholders under the lead of the DRC PMER Pool. Participatory monitoring will be carried out at all levels between the DRC Red Cross and the IFRC. The PMER team will develop a monitoring and evaluation plan to ensure regular and timely monitoring of all activities of the operation, and an indicator tracking table (ITT) will be developed in collaboration with the National Society and used for close monitoring. A reporting template will be updated to report on appearance indicators at all reporting levels, with a clearly defined reporting line for effective monitoring of activity implementation. A satisfaction survey will be conducted after the distribution of food and essential household items, and the results will be used to inform a review exercise or lessons learned at the end of the operation. A workshop report will also be widely circulated. Federation-wide reports will be adopted for this operation, and coordination meetings will be held throughout to ensure harmonised monitoring.

**Information Management (IM):**

IM will coordinate with sector leads in the IFRC and National Societies to improve IM processes within the National Society, focusing on improving and standardising the methods of data collection and management for each pillar. Efforts will also be made to implement a centralised server at the National Societies to improve information storage and sharing among teams in the National Society. IM will also support the field activities through maps and other visualisation products to support decision-making, such as campsite planning maps to ensure that transitional sites follow a set of agreed-upon minimum standards. The National Society will be supported in adapting its feedback mechanism to the population movement response and strengthening its analytical capacities to provide detailed analysis and interpretation of the data on key themes, such as community perceptions of the response support received and other aspects of the broader humanitarian response activities.

**Security:**

IFRC security plans will apply to all IFRC personnel in all areas of operations during the mission and for North Kivu, South Kivu, Ituri, and Tanganyika. IFRC personnel will be under the ICRC L3 agreement. Sector-specific security risk assessments will be conducted and continuously updated to ensure the effectiveness of specific sectoral security plans. Security mitigation measures will be identified and implemented. All IFRC staff must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Levels 1-3. The IFRC Regional Security Unit and the Kinshasa Delegation Security Officer, with the support of Global Security Unit will provide active support by conducting security assessments and analysis to enable the team to implement security mitigation measures in light of the evolving situation, monitoring the security environment, providing technical advice, and ensuring that any internal security incidents are immediately and properly managed and reported.

To reduce the risk of IFRC personnel falling victim to crime, extremism, violence, and road hazards, active security mitigation measures must be adopted. A mandatory security briefing will be conducted for all teams upon arrival to the DRC and prior to deployment in Goma to ensure the duty of care. Minimum security requirements will be updated regularly following the evolution of the security situation.

**Finance and Administration:**

Finance will continue to promote all safeguards and high standards of accountability for financial resources and provide timely reconciliations, adequate deposits, and reporting to all partners and donors. This will be done using well-established IFRC systems. The operation will continue to make progress in implementing the recommendations of the internal audit conducted, in relation to the risk matrix and improvement plans. This is publicly available.

Compliance with the IFRC's financial procedures will be monitored and ongoing monitoring and technical support will be provided by the IFRC to ensure effective and accountable management of financial resources. Funds management tools will be made available over time and monitoring of the DRC finance teams will be put in place.

**Human Resources:**

Human resources will be deployed jointly by the DRC Red Cross and the IFRC. All operational and coordination positions will be covered by the National Society in this operation. The IFRC and PNSs will assign counterparts in key positions.

**Partnership and Resource Development:**

To carry out this operation successfully, the development of partnerships at the national and international level is essential to mobilise resources. To this end, the Federation will organise field visits with donors, embassies, and hold meetings to exchange information on the results and impact of its actions in close collaboration with the DRC Red Cross.

## Risk management

In accordance with the IFRC Risk Management Framework,<sup>2</sup> the operation is committed to identifying and analysing risks associated with activities and operations with the objective of maintaining a safe workplace, minimising losses, maximising opportunities, and developing appropriate risk treatment options for informed decision-making.

Risks will be identified across the seven IFRC risk categories: Strategic, Contextual, Operational, Programme Delivery, Fiduciary, Safeguarding, and Reputational. Together with the DRC Red Cross, a risk management plan has been established and will be maintained and updated throughout its duration. The plan specifies how risks will be managed, including the proposed risk appetite and any external reporting requirements. After which, as part of the regular monitoring, there will be monthly reviews of the plan. Risk management will also be an integral part of the Movement Coordination Framework to ensure cross-feeding, mainstreaming, and efficient management of identified and emerging risks by all implementing components of the Movement. Below is a summary of the high-level risks associated with this operation.

Along with the risks defined further in the table below, the IFRC Minimum Security requirements documents will apply to all IFRC personnel throughout the operation. A Security Risk Assessment will be conducted for the operational areas if needed, and risk mitigation measures will be identified and implemented. All IFRC personnel must, and Red Cross and Red Crescent staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses.

Risk	Likelihood	Impact	Mitigating actions
1. Risk of purchasing food that does not meet community needs and quality standards	Low	Medium	<ul style="list-style-type: none"> <li>Assessing the needs of communities</li> <li>Conduct Community Engagement and Accountability (CEA) activities</li> <li>Purchase food in collaboration with the certified services of the Ministry of Agriculture</li> </ul>
2. Risk of reporting delays (narrative and financial) and unsecured data	Medium	Medium	<ul style="list-style-type: none"> <li>Deploy an operations manager for new operations</li> <li>Also deploy a finance surge</li> </ul>

<sup>2</sup> [https://www.ifrc.org/sites/default/files/2022-09/259\\_e\\_v100\\_Risk\\_Management\\_Policy.pdf](https://www.ifrc.org/sites/default/files/2022-09/259_e_v100_Risk_Management_Policy.pdf)

			<ul style="list-style-type: none"> <li>• Support from the National Society operations manager to collect supporting documents as implementation progresses</li> <li>• Speed up fund transfers</li> <li>• Strengthen coordination and update meetings</li> <li>• Set up a monthly monitoring and financial reporting system with the National Society</li> <li>• Speed up validation of the MoU in the e-contract</li> <li>• Make staff available for data collection, management, and reporting (IM and M&amp;E)/Create a single database</li> <li>• Store data on IFRC and National Society servers</li> </ul>
3. Risk of insecurity/armed attacks near areas of operation in the east of the country/Risk of robbery and theft of humanitarian convoys by armed groups on main roads/Kidnapping of humanitarian workers on main roads in the east of the country	High	High	<ul style="list-style-type: none"> <li>• Information monitoring on the security context</li> <li>• Security agreement with the ICRC</li> <li>• Regular security briefing</li> <li>• Minimise the transport of cash when staff travel (use mobile money and bank transactions instead)</li> <li>• Respect security travel times</li> </ul>
4. Delays or difficulties experienced in the procurement of materials and inputs does not cover the needs of the targeted population in a short period of time	Medium	High	<ul style="list-style-type: none"> <li>• Prioritise local purchases of goods/materials</li> <li>• Adopt a method associated with the right risk management tools which will help avoid this kind of problem and ensure the project's success</li> </ul>
5. Global warming worsens climatic conditions/volcanic eruption	High	High	<ul style="list-style-type: none"> <li>• Adaptation measures to the intervention zones are put in place</li> </ul>
6. Delay in the purchase process	Medium	Medium	<ul style="list-style-type: none"> <li>• Develop a ToR over time, anticipate orders by following procedure manuals</li> <li>• Develop and implement a purchasing plan</li> </ul>
7. Risk of fraud, misappropriation of funds	Medium	High	<ul style="list-style-type: none"> <li>• Capacity building for staff on the DRC Red Cross anti-fraud policy, internal rules and regulations, and PSEA policy</li> </ul>
8. Poor behaviour of volunteers and staff in the field	Low	High	<ul style="list-style-type: none"> <li>• Staff training on the functioning of the Red Cross Movement and the 7 principles</li> </ul>
9. Poor perception in the community of not keeping promises made	Low	High	<ul style="list-style-type: none"> <li>• In the context of accountability, the community must be informed about the organisation, its activities, and involved up to a certain level in the implementation</li> </ul>
10. Inadequacy/harmonisation of needs	Medium	High	<ul style="list-style-type: none"> <li>• Carefully analyse the needs of the targeted population before any assistance is provided</li> </ul>

expressed in the community and assistance			
11. Resignation of volunteers who have already been trained several times	Low	High	<ul style="list-style-type: none"> <li>• Motivation/occasional snacks for volunteers</li> </ul>
12. Risk of sexual exploitation and abuse (external) and sexual harassment (internal)	Low	Medium	<ul style="list-style-type: none"> <li>• Consideration of all lessons learned and immediate development of strategies</li> </ul>
13. The Emergency Appeal is not fully funded and the operation needs to prioritise activities	Medium	High	<ul style="list-style-type: none"> <li>• Implement an effective resource mobilisation plan</li> </ul>
14. The absence of a law protecting the Red Cross emblem	Medium	Medium	<ul style="list-style-type: none"> <li>• Intensify advocacy with the country's authorities in charge of passing laws</li> </ul>
15. Delays in the transfer of funds to the National Society for the implementation of interventions/ Delays in payment to volunteers and suppliers/ Lack of compliance, quality assurance and accountability systems	High	High	<ul style="list-style-type: none"> <li>• Accelerate the contract process for contract-based payments</li> <li>• Regular request for funds from partners according to established criteria to avoid lack of funds in the various cash accounts</li> <li>• Request external services for inaccessible areas/Use cash payments as an alternative, where appropriate</li> <li>• Provide for outstanding expenses as early as possible</li> </ul>
16. Forced displacement and obstruction of freedom of movement	High	High	<ul style="list-style-type: none"> <li>• Set up a cooperation framework to ensure exchanges between national security and defence forces and humanitarians to discuss issues relating, among other things, to humanitarian access and the protection of civilians, and more specifically, IDPs and refugees</li> </ul>
17. Attacks on humanitarian workers, civilians, and other violations of physical integrity rights/Mental and psychosocial distress caused by acts of violence/ Recruitment and use of children in armed groups	High	High	<ul style="list-style-type: none"> <li>• Accelerate the transfer of the early warning and response system, as well as community and protection coordination mechanisms, to the relevant humanitarian and state actors (Civil Protection, Protection Cluster, Congolese Red Cross, National Human Rights Commission, etc.)</li> <li>• Advocate strengthening the presence and authority of the state through the deployment of national security and defence forces, trained, and committed to respecting international law, and provided with a minimum of logistical equipment and means of survival</li> </ul>

18. Gaps or overlap in coordination and cooperation between all Movement components compromising the overall quality and results of RC operations.	Low	Low	<ul style="list-style-type: none"> <li>• Clear roles and responsibilities as presented under the Seville Agreement</li> <li>• Shared Red Cross positioning and coordinated vision with the ICRC and National Societies</li> <li>• Central fundraising strategy/ Combination of data in a shared platform</li> </ul>
19. Limited access to information and people (affected population and sometimes staff due to remoteness/security) constraining the ability to oversee implementation and monitor progress	Low	Low	<ul style="list-style-type: none"> <li>• Use of local volunteers in the affected/remote regions</li> </ul>
18. Safety of DRC RC Staff and volunteers	High	High	<ul style="list-style-type: none"> <li>• The DRC Red Cross and IFRC will provide training and equipment to staff and volunteers to help them stay safe, and also conduct risk assessments and develop safety plans for all activities</li> <li>• DRC Red Cross staff and volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe 2.0 Global edition Levels 1-3.</li> <li>• Update the insurance scheme for volunteers, especially for those operating in conflict areas</li> </ul>

## Quality and accountability

The DRC Red Cross is responsible for monitoring and evaluating the plan and will conduct weekly and monthly meetings. These will serve as a basis for strategic reorientation and replanning of activities for the following year.

Periodic monitoring, supervision, and control visits to the operation's sites, regular (weekly) joint coordination meetings, and a mid-term review will ensure that the objectives initially set are achieved. Quality assurance actions will be carried out by the PMER/Programmes/IM teams. These will essentially:

- Develop policies, procedures (SOPs), protocols, manuals, and best practices for effective monitoring and evaluation.
- Ensure that lessons learned from programmes and operations are managed and integrated into ongoing and future operations.
- Properly lead reporting and accountability to ensure that the NS accurately reports on its achievements.
- From headquarters, work closely with PMERs in the intervention areas to form a single team and ensure complementarity of its various technical strengths.
- Lead the use of data for evidence-based decisions.
- Lead the Federation-wide data collection systems in the country.
- Lead information management capacity building to increase the national society's ability to use digitised data collection, analysis, and sharing of information in real time.

- Work closely with the National Society Information Management (IM) team and the IFRC Cluster (IM/PMER).

In reference to Risk Management (RM), the National Society will work to improve the level of risk maturity, create a risk-aware culture across the country, and integrate risk management practices into all programmes, operations, and processes. A risk management staff will support the development and application of RM processes, tools, policies and procedures, as well as the rollout of the IFRC's global risk management strategy in-country and the strengthening of risk management capacity at country levels. The DRC Red Cross places protection at the centre of all its interventions and will ensure that appropriate measures are in place to minimise threats and risks and ensure full respect for the rights of all people affected by its interventions.

Objective	Indicator	Target
<b>Objective:</b> By June 2025, to support the DRC Red Cross in its response to the population movements caused by the ongoing conflict in Nork Kivu, the IFRC's intervention strategy will be to respond to the urgent humanitarian needs of the 500,000 most vulnerable people.	% of target community members satisfied with the aid provided	90%
	%/# of total target population reached by the humanitarian response	500,000
<b>Outcome 1: Migration and Displacement</b> Specific vulnerabilities of displaced populations and people on the move are analysed and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.	% of operative Humanitarian Service Points that provided services to refugees/displaced people in the targeted areas	90%
	% of vulnerable migrants and displaced persons reached with humanitarian assistance and protection services through HSP	90%
<b>Outcome 1 (Shelter/Livelihoods/Cash Transfers):</b> Communities living in crisis-affected areas restore and strengthen their security, livelihoods, and long-term well-being through shelter, food, and household items distribution and cash transfer solutions.	% of households receiving cash transfers/vouchers from the Red Cross who are satisfied with the assistance received (amount/quantity)	90%
	% of targeted households reporting an increase in the dietary diversity score (SDA)	50%
	% of households receiving shelter support from Red Cross which improve their dwelling conditions	80%
<b>Outcome 2 (Health and Nutrition, Water and Sanitation):</b> Improved health (nutrition), including access to drinking water and sanitation.	% of children aged between 6-59 months suffering from severe acute malnutrition (SAM)	25%
	% of the population using safely managed drinking water services	50%
	% of the population using safely managed sanitation services, including hand-washing facilities with soap and water	50%
<b>Outcome 3 (Protection, Gender, and Inclusion (PGI):</b> Communities identify the needs of the groups most at risk and particularly disadvantaged and marginalised as a result of inequality, discrimination, and other forms of non-respect for human rights, and respond to their specific needs.	% of vulnerable members (children, women, the elderly, people with disabilities, pregnant and breastfeeding women, households headed by children or women – the criteria chosen by the NS) of the target communities who state that the most vulnerable and deprived population receives aid	80%

<b>Outcome 4 (Climate Change and Building Resilience):</b> Communities adopt climate-smart agricultural practices.	% of community members supported by this operation who use climate-smart techniques on their individual/collective farms	30%
<b>Outcome 5 (Community Engagement and Accountability (CEA):</b> Vulnerable and crisis-affected people and communities are empowered to influence decisions that affect them and trust the IFRC network to serve their interests.	% of respondents who feel that their views are taken into account in programme planning and decision-making	80%
	% of respondents who say they receive useful, usable, and reliable information through the various trusted channels	80%
<b>Outcome 6: (National Society Development (NSD))</b> National Societies are empowered to lead their own development in emergencies with the coordinated support of their partners, bearing in mind a longer-term perspective.	The National Society has improved its preparedness, contingency, and response plans following recommendations and evidence from the operation	Yes
	The National Society is part of the government-led emergency coordination platforms	Yes
	The National Society is part of the official emergency response coordination platforms of the DRC Red Cross, the interagency, and the international community	Yes
<b>Output</b>	<b>Targets from February 2024 to June 2025 (figures)</b>	
<b>Output 1.1 (Migration and Displacement):</b> The National Society address the immediate assistance and protection needs of vulnerable migrants and displaced people.	# of migrants and displaced persons reached with humanitarian assistance and protection services	30,000 HHs/ 150,000 people
<b>Output 1.2 (Migration and Displacement):</b> The National Society address the assistance and protection needs of vulnerable migrants and displaced people through Humanitarian Service Points (HSPs), including across border/along migratory routes.	# of HSPs providing humanitarian assistance and protection to migrants and the displaced	6
	Collaboration among National Societies to better assist and protect people on the move across borders	Yes
<b>Output 1.1 (Shelter):</b> Communities living in crisis-affected areas restore and strengthen their security and long-term well-being through shelter solutions.	# of people who received shelter support	31,000 HHs/ 155,000 people
<b>Output 1.2 (Livelihoods):</b> Communities, particularly in crisis-affected areas, restore and strengthen their livelihoods.	# of people who have received livelihood support (essential inputs/materials/tools for farm or livestock production, etc.)	31,000 HHs/ 155,000 people
	# of people who have received training in improved production practices and production risk management	1,000

	# of households that received in-kind support (food) to meet their basic needs after being identified and processed for transfers	31,000 HHs/ 155,000 people
<b>Output 1.3 (Cash Transfers):</b> Communities, particularly in crisis-affected areas, improve their well-being through multi-purpose cash transfer solutions.	# of households who have successfully received cash or voucher support for their basic needs and who meet the agreed minimum expenditure basket after being identified and processed for transfers	15,500 HHs, 77,500 people
<b>Output 2.1 (Health):</b> The target population has access to or has used health and malnutrition prevention/treatment services.	# of people benefiting from contextually appropriate health services	500,000
	# of children < 5 years of age who have been enrolled on a supplementary feeding programme from another agency following assessment by the National Society	100,000
<b>Output 2.2 (Health):</b> The target population has acquired knowledge to improve nutrition, including consumption, hygiene, and health behaviours and practices.	# of people reached with messages on nutritional choices and/or food preparation	250,000
	# of people reached by community volunteers as part of health and hygiene promotion in response to an emergency situation	500,000
<b>Output 2.3 (Health):</b> Psychosocial support offered to the target population and to volunteers and staff of the Red Cross.	# of people in the target population who have benefited from psychosocial support services	25<000
	# of DRC Red Cross volunteers and staff who received psychosocial support services	1,100
<b>Output 3.1: (WASH):</b> The target population has access to essential water and sanitation infrastructure/services for consumption, hygiene/health and crop/livestock production needs.	# clean water points and water sources built/rehabilitated	10
	# of households supplied by the DRC Red Cross with an improved protected drinking water source (according to WHO and Sphere standards)	25,000
	# of households reached with water treatment chemicals and water storage equipment	25,000
	# of households supplied by the DRC Red Cross with an improved sanitation facility within 50 metres of their home	25,000
	# of households that received cash assistance for water, sanitation, and hygiene after being identified and processed for transfers	15,500 HHs, 77,500 people
<b>Output 4.1: (Climate Change and Resilience Building)</b> Increased community participation in risk reduction activities (including practices such as agroecological food production,	# of community members targeted by the DRC Red Cross who participate in risk reduction initiatives	25,000

tree planting, forest conservation, wetland protection, and coastal ecosystem enhancement).		
<b>Output 5.1 (PGI):</b> Improve protection, equity and inclusion, security and well-being.	# of people trained to implement minimum AIP standards	1,100
	# of people reached by protection, gender, and inclusion services	155,000
<b>Output 6.1 (CEA):</b> Enhanced community engagement and accountability through the integration of communication, participation, feedback, and complaints mechanisms.	# of complaints/feedback received through feedback mechanisms	N/A
	% of complaints/feedback on the operation that are responded to through established community communications	70%
<b>Output 7.1 (NSD):</b> Improved operational reach and effectiveness.	# of volunteers involved in the response operation who have increased their response and operations management skills	1,100
	# of mobilised volunteers covered by sickness, accident, and death benefits	100%
<b>Output 8.1 (Coordination and partnerships):</b> The National Society is a member of, and regularly engages with, relevant national donor platforms and forums.	# of coordination and partnership meetings on the operation held with partners and stakeholders	64
	# of monthly coordination meetings	16
<b>Activities/Processes</b>	<b>Process indicators (number of activities carried out)</b>	
Home visits	# of home visits carried out to raise awareness of health promotion and water, hygiene, and sanitation	100,000
Follow-up	# of joint monitoring missions carried out (DRC Red Cross-IFRC, PNS, ICRC)	2
Assessments	# assessments carried out (initial need/final assessment)	2
Surveys	# surveys carried out (KAP, PDM/Satisfaction)	N/A
Lessons learned	# of lessons learned workshops/mid-term reviews	2
Financial audits	# of financial audits conducted	1

## FUNDING REQUIREMENT

### Federation-wide funding requirement\*

Federation-wide funding requirements, including the National Society domestic target, IFRC Secretariat and Participating National Societies' funding requirements  
CHF 50 million

IFRC Secretariat funding requirements in support of Federation-wide funding request

CHF 30 million

\*For more information on Federation-Wide funding requirement, refer to section: Federation-wide Approach

# Breakdown of the IFRC secretariat funding requirement



## OPERATIONAL STRATEGY

### MDRCD043 - DRC Population Movement

#### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>25,598,000</b>
Shelter and Basic Household Items	4,088,000
Livelihoods	5,783,000
Multi-purpose Cash	4,690,000
Health	4,063,000
Water, Sanitation & Hygiene	5,415,000
Protection, Gender and Inclusion	569,000
Education	0
Migration	255,000
Risk Reduction, Climate Adaptation and Recovery	335,000
Community Engagement and Accountability	400,000
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>4,421,000</b>
Coordination and Partnerships	111,000
Secretariat Services	1,916,000
National Society Strengthening	2,394,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>30,019,000</b>

*all amounts in Swiss Francs (CHF)*

## Contact information

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

### At the DRC Red Cross:

- **Secretary General:** Gloria Lombo, email: [sgcrrdc@croixrouge-rdc.org](mailto:sgcrrdc@croixrouge-rdc.org), phone: +243856435031
- **Operational coordination:** Moise Kabongo Ngalula, Operations Director, email: [moise.kabongo@yahoo.fr](mailto:moise.kabongo@yahoo.fr), phone: +24 385238718

### At the IFRC:

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, email: [rui.oliveira@ifrc.org](mailto:rui.oliveira@ifrc.org), phone: +254 780 422276
- **IFRC Country Cluster Delegation:** Mercy Laker, Head of Country Cluster Delegation-Kinshasa, email: [mercy.laker@ifrc.org](mailto:mercy.laker@ifrc.org), phone: +243 853449555
- **IFRC Geneva:** Santiago Luengo, Senior Officer, Operations Coordination, email: [santiago.luengo@ifrc.org](mailto:santiago.luengo@ifrc.org), phone: +41 (0) 79 124 4052

### For IFRC Resource Mobilisation and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships and Resource Management; email: [louise.daintrey@ifrc.org](mailto:louise.daintrey@ifrc.org), phone: +254 110 843 978

### For In-Kind donations and Mobilisation table support:

- **Logistics Coordinator,** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, email: [allan.masavah@ifrc.org](mailto:allan.masavah@ifrc.org)

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

- **IFRC Regional Office for Africa:** Beatrice Okeyo, Regional Head, PMER and QA, email: [beatrice.okeyo@ifrc.org](mailto:beatrice.okeyo@ifrc.org), phone: +254 732404022

#### Reference



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