

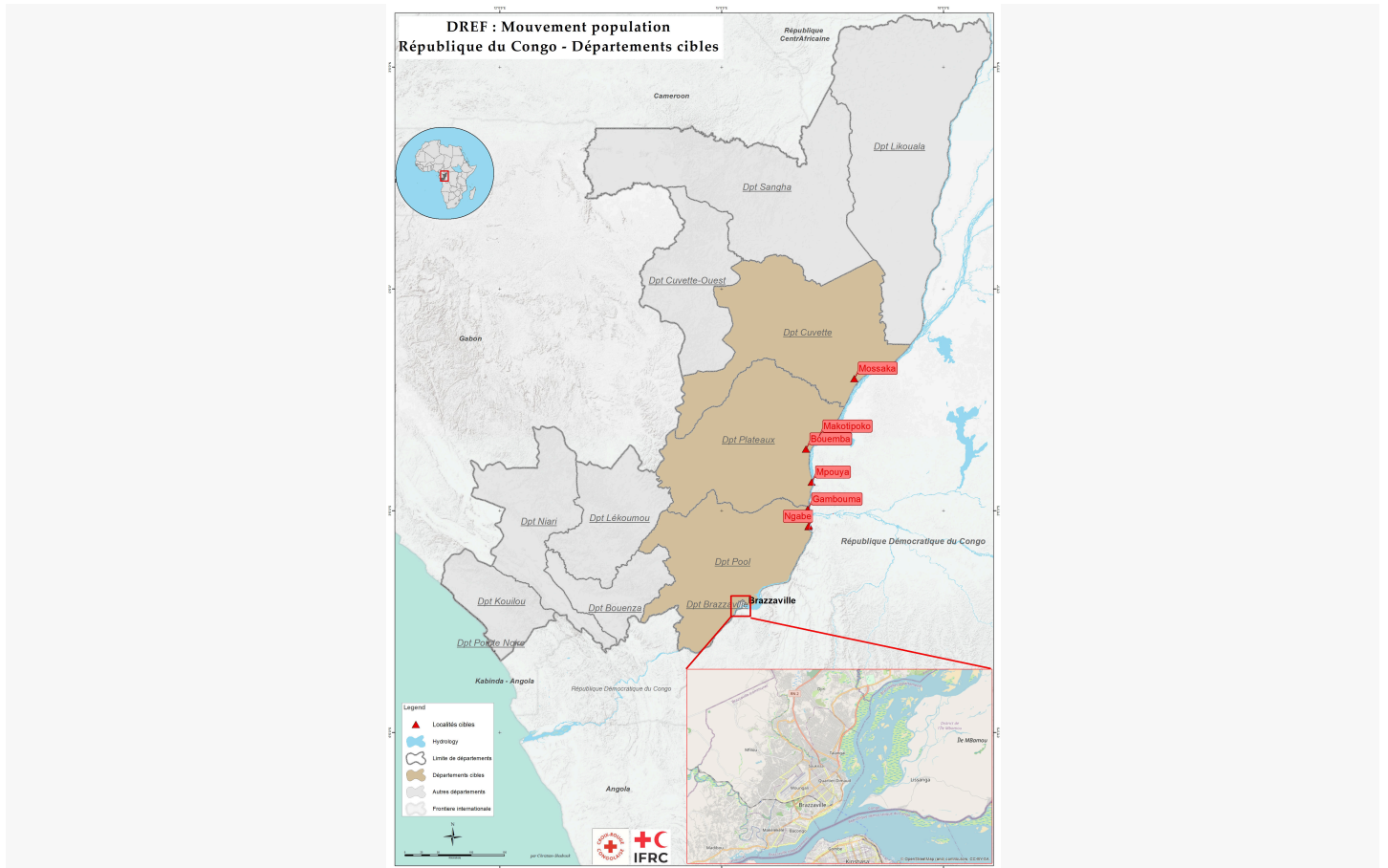


A young woman mother who received assistance in NFI and cash in Ngabé

Appeal: MDRCG024	Total DREF Allocation: CHF 346,179	Crisis Category: Yellow	Hazard: Population Movement
Glide Number: -	People Affected: 18,296 people	People Targeted: 10,000 people	People Assisted: 11,600 people
Event Onset: Slow	Operation Start Date: 10-03-2025	Operational End Date: 31-07-2025	Total Operating Timeframe: 4 months
Targeted Regions: Cuvette, Plateaux, Pool			

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

Description of the Event



Affected Areas

Date when the trigger was met

11-02-2025

What happened, where and when?

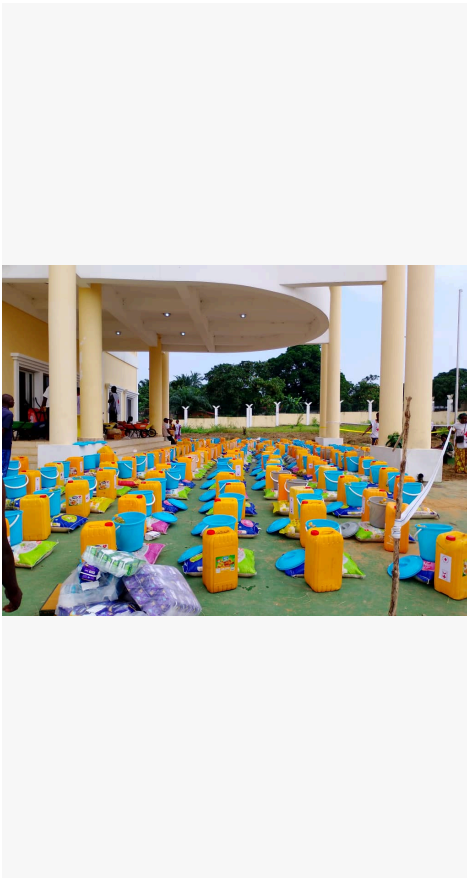
In the Mai-Ndombe province of the Democratic Republic of Congo (DRC), a longstanding conflict over land between two ethnic groups, the Nounous and the Tekés, escalated dramatically. On Sunday, February 9, 2025, the assassination of a Nounou traditional chief by members of the Teké community ignited a violent conflict. This turmoil resulted in numerous casualties and forced many to seek safety across the border in Congo-Brazzaville. These displaced individuals have sought refuge in various districts and villages, including Ngabé, Mpouya, Gamboma, Bouémba, Mossaka, and Makotimpoko, all situated in the North Pool department, an area characterized by its basin and plateau regions adjacent to the DRC.

By February 11, 2025, the number of displaced persons from the DRC stood at 8,779. Just a few days later, on February 14, 2025, this figure had surged to 18,296, as reported by the Ministry of Social Affairs. In light of these developments, the Ministry of Social Affairs, Solidarity, and Humanitarian Action of the Republic of Congo issued an appeal for support from the Congolese government's partners to address the significant influx of displaced individuals.

The Congolese government has provided accommodation for a total of 3,049 households, utilizing reception centers, schools, churches, and support from host families to shelter these individuals.

In response to this situation, the Congolese Red Cross obtained a DREF grant of \$346,179.14 to assist 2,000 households, or 10,000 people affected by the movement of displaced populations from the DRC to the districts of Ngabé, Mpouya, in the Republic of Congo, by providing them with support in water, hygiene and sanitation (WASH) , CVA, health, PGI and community engagement for 4 months.





Packaging of NFI kits in Mpouya before distribution



Control table for NFI and CVA assistance



Distribution ongoing in Mpouya

Scope and Scale

On February 11, 2025, the Ministry of Social Affairs, Solidarity, and Humanitarian Action of the Republic of Congo requested support from the partners of the Congolese Government to address the large-scale population movements from the DRC. More than 18,896 individuals were received in various localities in Congo-Brazzaville following the escalation of two inter-ethnic conflicts in the Maï-Ndombé Province of the Democratic Republic of Congo (DRC).

Thousands of displaced individuals from different conflicting ethnic groups were accommodated in the Djoué-Léfini department (in the Ngabé district and villages), the Plateaux department (in the Mpouya and Bouemba districts and their villages), and the Nkéni-Alima department (in the Makotimpoko and Gamboma districts and villages). Among the displaced were thousands of women, children under 5, the elderly, disabled individuals, pregnant women, nursing mothers, and unaccompanied children. Many of the displaced, including several wounded, received treatment, with 03 severely injured persons taken to Ngabé hospital by Red Cross volunteers.

The largest concentrations of displaced people were in the Ngabé and Mpouya districts. The presence of refugees added to the Republic of Congo's economic, ecological, social, and even political challenges, confronting the country with a combination of these issues. The impact was typically severe. Furthermore, in many situations of population displacement, the difficulties were compounded when refugees constituted a significant portion of the local, if not national, population. The strain on a struggling economy and already overburdened services and infrastructure further exacerbated hardships for local populations. In the affected departments, displaced individuals posed an additional barrier to the host population's development efforts, potentially undermining them directly.

Environmental damage, for instance, did not cease with the return of the displaced. Upon arrival, refugees competed with local citizens for scarce resources such as land, water, housing, food, and medical services. Over time, their presence led to even greater pressure on natural resources, education and health services, energy, transport, social services, and employment, which could result in inflationary pressures and wage reductions. Similarly, increased demand for food and other commodities pushed up market prices, stimulating local economic activity without benefiting the poorest.

The ongoing search for food continued to strain the environment. Furthermore, the disposal of human waste risked contaminating local groundwater and causing epidemics. Roads in host regions were severely damaged by increased use for transporting food and other products, while public services in education, health, and water supply were heavily affected.

According to the Ministry, the needs and vulnerabilities of migrants from the DRC to the Republic of Congo necessitated emergency

humanitarian assistance for particularly vulnerable groups, such as unaccompanied minors, women, and victims of sexual violence or other crimes.

Reports from UNHCR and the NGO Save the Children indicated that some children arrived alone, having been separated from their families due to the chaos or because their parents had died in the violence. This underscored the need to “begin addressing” the needs of the refugees and “above all, ensure their safety from violence.” There was an urgent need to keep them safe from the border, an area where security incidents and sexual violence could occur, and where they might fall into the hands of traffickers, who were generally difficult for authorities to identify.

Source Information

Source Name	Source Link
1. Govt. Rep. Congo, UNHCR	https://reliefweb.int/report/congo/congo-response-plan-asylum-seekers-drc-recently-arrived-plateaux-and-pool-departments
2. la Semaine Africaine, CRS	https://lasemaineafricaine.info/urgence-humanitaire-assistance-durgence-aux-personnes-deplacees-forcees-de-ngabe-en-provenance-de-la-republique-democratique-du-congo/

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	In response to this humanitarian crisis, Catholic Relief Services (CRS), in collaboration with the Congolese Red Cross (CRC), initiated and secured the project “Emergency Assistance to Forcibly Displaced Persons in Ngabé,” funded by the START FUND network. This 45-day emergency humanitarian aid project (March 1 to April 15, 2025) aimed to assist 400 vulnerable households, consisting of forcibly displaced persons and host families. The distribution of WASH kits, initially planned to assist 400 households, covered 875 households, including 790 water, hygiene, and sanitation kits (jerry cans, buckets with lids, basins, soap, Aquatabs, etc.). It should also be noted that 1,086 girls and young women each received a specific kit, compared to the 746 initially planned.

IFRC Network Actions Related To The Current Event

Secretariat	The Congolese Red Cross receives technical support from the IFRC's Brazzaville office of the IFRC cluster office based in the DRC for planning, implementing activities and monitoring implementation.
Participating National Societies	No PNS was involved in the response throughout the crisis.

ICRC Actions Related To The Current Event

The ICRC continued to support the Congolese Red Cross in terms of capacity building and the implementation of Family Links Protection (PLF) activities for displaced people.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
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National authorities	<ul style="list-style-type: none"> - On February 11, 2025, the government of the Republic of Congo, through the Ministry of Social Affairs, Solidarity, and Humanitarian Action, requested support from international and national partners to respond to this crisis. - The government organized a collection of items (food and non-food) from various partners. - The Ministry of Transport provided displaced persons with transportation to deliver the items collected from the various partners.
UN or other actors	<p>Several United Nations agencies contributed to the collection organized by the Ministry of Social Action:</p> <ul style="list-style-type: none"> - UNFPA with 1,200 sanitary pads, 400 clothes pegs, 800 bars of soap, 1,200 pairs of underwear, and 400 kits. - WHO with a 72 m² rectangular tent, surgical masks, disposable gowns, and certain essential medicines. - WFP with 17 (50 kg bags) of rice and 30 (18 kgs) bags of salt.

Are there major coordination mechanism in place?

- Humanitarian coordination takes place under the leadership of the government through the Ministry of Social Affairs, Solidarity and Humanitarian Action.
- Internally, a monthly Movement coordination meeting is held, at which the Movement's components share information on the country's context, the humanitarian situation and each other's activities. During this period, the issue of the DRC population movements in the Congo is at the heart of exchanges within the Movement Coordination.

Needs (Gaps) Identified



Shelter Housing And Settlements

The need for shelter persisted among people forcibly displaced from the DRC. Households displaced from the DRC to Congo-Brazzaville abandoned their homes and belongings. There were no well-established camps, and displaced populations sometimes lived in open-air markets, churches, school halls, makeshift shelters, with host families, in forests, and at times in the open, without shelter. Furthermore, the 12 villages of Mpouya experienced recurrent flooding, and six of them hosted displaced people. Heavy rains began in September and peaked in December.

These people, mainly women and children, were exposed to widespread human rights violations. Based on the needs assessment conducted by the Red Cross in the districts of Ngabé and Mpouya, particularly in the departments of Djoué-Léfini and Plateaux, as well as assessment reports conducted by various humanitarian actors, it was also noted that the localities of Mpouya and Ngabé have become vulnerable by taking in displaced persons from all the villages along the Yumbi territory in the DRC. The majority of these populations were placed with host families and others along the river corridor.



Livelihoods And Basic Needs

A total of 2,000 heads of households were surveyed during the needs assessment. Overall, 51% of households had two meals a day and 38.55% had one meal a day. 37.25% were engaged in agriculture and 53.3% had no activity. In addition, 29% had incurred debts to purchase food and other supplies. Overall, only 6% of households had productive assets.

The conflict severely affected people's livelihoods, including their fields, businesses, and livestock. When the conflict broke out, they were forced to flee, leaving everything behind including their food reserves, animals, and crops to save their lives.

As a result, most households found themselves without money or food. They began adopting negative coping strategies, such as:

- consuming less popular or less expensive foods;
- reducing portion sizes;
- reducing adult consumption in favor of children;
- And reducing the number of meals per day, from three to one for some, and to zero for others.

These repercussions, in turn, affected the livelihoods of displaced people, their hosts, and their communities of origin.





Health

Because of this conflict, there was a risk of amplification of diseases already present in the communities, notably malaria, diarrhea, acute respiratory infections, skin diseases, influenza, etc.

Eighty-eight percent of households surveyed during the rapid assessment carried out by the national society reported having at least one case of these diseases in their household.

The risk of epidemics (cholera or other waterborne diseases) was also high, according to the observations of medical staff present in Ngabé and Mpouya.

Despite awareness-raising activities, the current risk and situation after this operation around existing diseases are : malaria, diarrhoea, acute respiratory infections, skin diseases, influenza, cholera.



Water, Sanitation And Hygiene

In general, displaced populations had difficulty accessing drinking water: Overall, 75.29% of the heads of households surveyed explained that they use spring water (from rivers, dams, etc.). Then , 42% of households did not have containers to collect and store water, and 58% said that the water collection point was too far away. According to 60% of heads of households, schools and community centers do not have easy access to water for people with disabilities.

Some households in refugee areas defecated in the open, either in the bush or in streams.

Waste management systems were nonexistent in all localities, with the exception of Ngabé-Centre. The lack of latrines and drinking water exposed them to various diseases.



Protection, Gender And Inclusion

The recent crisis in the DRC was primarily a protection crisis. During this period, migrants fled the challenging living conditions in their countries and villages of origin and sought better opportunities in the Republic of Congo. This movement took place under perilous and dramatic circumstances, which at times resulted in fatalities, kidnappings, and incidents of human trafficking.

This situation compelled local actors to address the challenges and devise solutions to safeguard the migrants. The displacement also led to family separations, particularly affecting children who were separated or unaccompanied. Initial socio-demographic data collected on internally displaced persons revealed the presence of unaccompanied children, thousands of women, children under five, older persons, people with disabilities, pregnant women, and nursing mothers.

Furthermore, limited access to basic services and food in the reception areas heightened the risks of gender-based violence and sexual exploitation and abuse for women and girls. This scarcity also increased the likelihood of adopting negative coping strategies, such as survival sex and early marriage.



Migration And Displacement

The crisis in the DRC was a protection-related crisis, with migrants fleeing difficult living conditions in their home countries and villages in search of a better life in the Republic of Congo. This movement took place under unsafe, dramatic conditions that at times led to deaths, kidnappings, and human trafficking. This compelled local actors to address the situation and find solutions to protect migrants.

Population displacement also led to family separations, including separated and unaccompanied children. Initial socio-demographic data collected on internally displaced persons showed the presence of unaccompanied children, thousands of women, children under five, older persons, people with disabilities, pregnant women, and breastfeeding mothers. Moreover, limited access to basic services and food in host areas increased the risks of gender-based violence and sexual exploitation and abuse for women and girls, as well as the likelihood of adopting negative coping strategies, such as survival sex and child marriage.



Operational Strategy

Overall objective of the operation

The aim of this DREF operation was to provide humanitarian assistance to 2,000 households, or 10,000 people affected by the movement of displaced populations from the DRC in the Ngabé, Mpouya districts, in the Republic of Congo, by providing them with support in water, hygiene and sanitation, multi-use cash, health and community involvement for 4 months.

Operation strategy rationale

To meet the needs of the target population, the Red Cross intervention focused on the following activities:

1. Cash and Voucher:

The vouchers were used specifically to strengthen food security and meet other needs of the most vulnerable displaced households. Each household, selected on the basis of established criteria, received a voucher worth 50,000 CFA francs. This amount was determined based on the food needs of the Congolese population and was coordinated with government standards. Congolese Red Cross (CRC) leveraged its extensive experience from previous cash transfer interventions and the training of cash transfer focal points to ensure the success of this operation.

Based on lessons learned from past interventions, CRC proactively identified and mitigated risks related to voucher distribution, such as the absence of certain identity documents. This issue was resolved through formal identification processes harmonized with local authorities. In addition, a rapid market assessment was conducted during the detailed assessment to ensure the availability of food and other basic necessities on the market.

2. HEALTH

Throughout the operation, several strategic approaches were implemented to ensure the success of the intervention. Continuous psychosocial support was provided to those affected by the crisis, along with first aid and emergency care. This approach ensured that those affected received the emotional and physical support they needed during this difficult time.

Coordination with health professionals was a key element in managing cases of gender-based violence and sexual exploitation. By working closely with qualified professionals, the operation ensured that these sensitive cases were handled with the utmost care and expertise.

Training volunteers was another essential strategy. Volunteers received comprehensive training on how to provide psychosocial support, particularly in cases of gender-based violence and child protection. They also learned effective referral processes to ensure that people received the help they needed, as well as how to manage epidemics.

Health coordination played a vital role, with the CRC collaborating with other structures and health centers to manage identified or suspected cases of cholera and other waterborne diseases. This was done in line with the extensive training provided to branch staff, ensuring a standardized approach to health management.

At the community level, volunteers facilitated referral to health centers and provided community-based surveillance in refugee areas. This was particularly important for high-risk cases of waterborne diseases and diarrhea in villages and districts.

3. WASH

Several key initiatives were successfully implemented. Vector control in households was carried out through intensive cleaning operations. Communities received assistance in the form of 50 sanitation kits containing essential items such as brushes, bleach, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers, and wheelbarrows. In addition, 150 protection kits containing boots, gloves, helmets, neck covers, and other protective equipment were distributed in refugee areas to ensure the safety of those involved in sanitation activities.

Promoting hygiene and environmental sanitation was a major priority, contributing to healthier living conditions. To ensure access to safe drinking water, Aquatab tablets were distributed to 2,000 households. This distribution was accompanied by hygiene messages and demonstrations on the correct dosage of water treatment products and the proper storage of chemicals to avoid any risk to children. Jerry cans were also provided to households to facilitate water storage and encourage proper dosing, making the water safe to drink.

Several key initiatives were successfully implemented. Vector control in households was carried out through intensive cleaning operations. Communities received assistance in the form of 50 sanitation kits containing essential items such as brushes, bleach, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers, and wheelbarrows. Support was provided to the most vulnerable women and girls through the provision of hygiene kits tailored to their specific needs. Post-distribution monitoring was carried out to assess beneficiary satisfaction and the effective use of treatment products, ensuring that the intervention achieved its objectives.



4.MIGRATION

During the operation, 12 humanitarian service points (HSPs) were set up in reception sites to meet the needs of displaced persons. Volunteers assigned to these points provided a welcoming environment, counseling, essential first aid, and psychosocial support to displaced persons. They also facilitated access to protection services for vulnerable migrants, including pregnant women, unaccompanied minors, and victims of gender-based violence, ensuring they received comprehensive care and assistance.

5.CEA

Community engagement and accountability (CEA) initiatives were effectively implemented. A community feedback system was established to monitor rumors and perceptions, ensuring that community concerns and needs were addressed promptly.

Social mobilization efforts promoted best practices through focus group discussions, strengthening community resilience and awareness.

6. PROTECTION,GENRE AND INCLUSION

During this DREF operation, inclusive, protective, and gender-sensitive strategies were effectively implemented to ensure equitable and safe assistance to all target population groups. The planning and execution of this DREF were designed to identify and mitigate risks of discrimination and violence while encouraging meaningful participation by all, regardless of gender, age, disability, or origin.

The operation included a comprehensive multisectoral needs assessment that incorporated protection, gender, and inclusion considerations. Volunteers, including those from various sectors, received training on PSEA (protection from sexual exploitation and abuse), PGI (protection, gender, and inclusion), gender-based violence (GBV), child protection, case referral processes, and a survivor-centered approach.

Collaboration with the WASH, Shelter, and Health teams was crucial to ensuring that planning took into account gender-specific and diversity-specific vulnerabilities, particularly for people with disabilities. These teams also focused on collecting and analyzing data disaggregated by sex, age, and disability to guide the selection of beneficiaries of WASH and Shelter services. Monitoring ensured compliance with minimum PGI standards in Shelter, WASH, and Health interventions.

Mapping of services and establishment of safe referral pathways to appropriate care services, including psychosocial support for survivors of gender-based violence and child protection cases.

Throughout the operation, the National Society received regular technical support from the IFRC delegation in DRC/Kinshasa, which provided follow-up to ensure the success of the operation.

It has also been planned to:

- Carry out a safeguarding risk assessment and implement an action plan.
- Design and duplicate awareness-raising tools
- Conduct informed and culturally appropriate community sensitizations on sexual and gender-based violence and/or violence against children or other issues of discrimination, violence and exclusion.
- Engage in dialogue with community leaders, religious leaders, local authorities to address the risks and problems related to sexual and gender-based violence and child protection.
- Through referrals, facilitate access to appropriate care services for survivors of GBV and child protection cases.

Targeting Strategy

Who was targeted by this operation?

The operation aimed to assist 1,600 displaced households and 400 host households, which constituted 20% of the total number of targeted households, in the Ngabé and Mpouya districts.

Explain the selection criteria for the targeted population

Beneficiaries were targeted in the following stages:

Community awareness was raised regarding the operation's objectives, selection criteria, and the procedure for setting up community committees.

Potential beneficiaries were registered.

Beneficiaries were selected based on pre-established selection criteria that were contextualized with the communities. These criteria included: orphans, female-headed households, pregnant women, the elderly, people with disabilities, individuals suffering from chronic illnesses, and child-headed households.

This selection was carried out in collaboration with community representatives and the Ministry of Social Affairs and Humanitarian Action. A total of 2,000 beneficiaries were selected by the end of the selection process.



Total Assisted Population

Assisted Women	2,687	Rural	30%
Assisted Girls (under 18)	3,548	Urban	70%
Assisted Men	2,150	People with disabilities (estimated)	7%
Assisted Boys (under 18)	3,215		
Total Assisted Population	11,600		
Total Targeted Population	10,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Conflicts continue and the number of displaced people rises.	The CRC had planned to update its plan to extend the implementation period and request additional allocation in case conflicts continued and the number of displaced people increased. This measure was not necessary as the crisis did not persist.
An cholera epidemic was declared during the operation.	The identified risk was that a cholera epidemic would be declared during the operation. The planned mitigation measure was for the CRC to implement a DREF operation to contribute to the response in the country. This mitigation measure was not implemented as initially planned because the cholera epidemic was declared after the DREF operation had ended and in a different area. Consequently, the CRC submitted a new DREF request to respond specifically to the cholera epidemic.

Please indicate any security and safety concerns for this operation:

Security risks in the Mpouya and Ngabé locality are moderate. To reduce the risk of CRC staff becoming victims of crime, violence or road hazards, risk mitigation measures need to be adopted. These include situation monitoring and field travel procedures. Safety plans are available at CRC and will be updated prior to any deployment. All Red Cross Red Crescent personnel actively involved in operations must have completed the IFRC online safety courses (personal safety, safety management or volunteer safety).



Has the child safeguarding risk analysis assessment been completed?

Yes

Implementation



Multi Purpose Cash

Budget: CHF 176,897

Targeted Persons: 10,000

Assisted Persons: 9,658

Targeted Male: 4,467

Targeted Female: 5,191

Indicators

Title	Target	Actual
% of households meeting their essential food and other basic needs	90	92
% of households employing no negative food-related and livelihood-based coping strategies	80	50
% of households/people (disaggregated by sex, age and disability) reached with timely and relevant CVA support to sustain consumption	100	100

Narrative description of achievements

• The voucher program was designed based on thorough needs assessments and community consultations conducted at the outset of the operation. The assessments revealed that displaced households had fled with little or no personal belongings, leaving behind essential household items, food supplies, and livelihoods.

Key identified needs that informed the voucher conditions included:

- Food Needs : Displaced populations faced acute food insecurity, having abandoned their crops, food stocks, and livestock during flight. Households were adopting negative coping strategies including reducing meal frequency (from three meals to one or none per day), consuming less preferred or cheaper foods, and reducing adult consumption in favor of children. Vouchers were designed to enable beneficiaries to purchase essential food items including cereals (rice, maize, cassava flour), pulses (beans), cooking oil, salt, and other staples to meet immediate nutritional needs.

- NFIs: Households lacked basic items including blankets, sleeping mats, cooking utensils, jerry cans for water storage, mosquito nets, and lighting materials (lamps, candles).

The operation successfully achieved several key objectives, particularly through the use of vouchers to meet the needs of displaced individuals. A comprehensive multi-sectoral needs assessment was conducted, taking into account all relevant sectors to accurately determine the real needs of those displaced, ensuring that the assistance via vouchers was both targeted and effective.

• Beneficiaries were identified based on well-defined criteria focusing on their status and vulnerabilities, ensuring that the most in need received support through the voucher system. An in-depth market analysis was performed to assess local market capabilities, confirming that they could meet the anticipated demand for goods and services resulting from the distribution of vouchers.

• Reliable financial service provider was identified, to facilitate the efficient distribution of vouchers. Capacity-building initiatives were implemented for volunteers and staff, equipping them with the necessary skills and knowledge to ensure the effective and secure implementation of the voucher program.

• The distribution of vouchers to beneficiaries was carried out with a strong emphasis on transparency and security, maintaining trust and integrity throughout the process. Post-distribution monitoring was conducted to gather feedback from beneficiaries, which was instrumental in identifying areas for improvement. This feedback loop ensured continuous enhancement of the process and increased satisfaction among recipients. A total of 2,000 households, including 980 in Mpouya and 1,020 in Ngabé, received assistance worth 50,000 CFA francs.

• The PDM results indicated that 92% of respondents believed that all their household's basic needs, such as food, shelter, and health, were met. This statistic represents a significant improvement in the living conditions of a large proportion of beneficiaries, probably due in part to the assistance provided through this DREF.



- The operation achieved 50% of its target, which was 80% of households not resorting to any negative coping strategies. This lower-than-expected result can be attributed to several interrelated factors:
 - Limited scope and duration of livelihood support: The livelihood support provided, while beneficial, was insufficient in terms of scale and duration to fully restore households' economic self-sufficiency. The one-time distribution of livelihood kits and cash assistance provided temporary relief but did not adequately address the long-term needs of displaced households that had lost all their possessions, livestock, and agricultural land.
 - Persistent food insecurity: Despite the assistance provided during the operation, many households continued to face food shortages due to the limited quantity and duration of the assistance.
 - The assistance covered immediate needs but was not extended long enough to bridge the gap until households could resume their own food production or income-generating activities.

Lessons Learnt

- The cross-checking of the list of beneficiaries was particularly necessary because the targeting was not carried out internally. The factor that contributed to that was the involvement of the community through its leaders. This practice is therefore recommended for future operations
- The establishment of a joint complaint management committee with the Red Cross and community leaders, the good motivation of the teams in carrying out the intervention, before and during the distributions, and the DO NO HARM analysis with the displaced people were factors that favoured direct access to the beneficiaries and a good reception of humanitarian assistance

Challenges

- Initially, SN planned to distribute funds via mobile payment services as part of its strategy. However, market analysis revealed that there were no mobile money distribution points in the target areas, posing a potential risk to beneficiaries. To address this issue, NS switched to a voucher system. They distributed vouchers with a value of 50,000 CFA francs to 2,000 households. These vouchers were exchangeable for food and non-food items at a designated supplier, allowing households to respond flexibly to their specific needs.



Budget: CHF 16,403
Targeted Persons: 10,000
Assisted Persons: 11,600
Targeted Male: 5,365
Targeted Female: 6,235

Indicators

Title	Target	Actual
# of volunteers (disaggregated by sex and age) trained in Community-Based Surveillance (CBS)	20	20
# of people (disaggregated by sex, age and disability) reached with first aid and pre-hospital care by trained volunteers or staff in a crisis, disaster or conflict.	100	67
# of people (disaggregated by sex, age and disability) reached with psychosocial and mental health services.	100	150
# of people (disaggregated by sex, age and disability) reached by National Societies with contextually appropriate health services.	10,000	11,600



Narrative description of achievements

• The operation enabled several key activities to be carried out with the aim of strengthening community resilience and health response capacities in the Mpouya and Ngabé regions. Comprehensive training on community-level disease surveillance was provided to 20 volunteers, equipping them with the skills to identify and respond to potential health threats within their communities. This training enabled the volunteers to act as frontline defenders against epidemics, thereby improving early detection and response measures. At least 11,600 people (5,365 male and 6,235 female) were reached by health promotion activities.

First aid training was also provided to ensure that these volunteers were prepared to provide immediate assistance in an emergency. 67 people were reached with first aid and pre-hospital care by trained volunteers.

• In addition, the operation included training in psychosocial care. This aspect of the training aimed to equip CRC volunteers with the ability to provide emotional and psychological support to people affected by crises, recognizing the importance of mental health in overall care. 20 volunteers were trained in psychosocial care, including 10 in Ngabé and 10 in Mpouya. 150 people were reached with psychosocial and mental health services.

• Coordination meetings between the CRC and the health administration of Mpouya and Ngabé (Head doctor of the area and titular nurse) as well as other health structures were held twice during the four months. These meetings facilitated effective collaboration, ensuring that efforts were coordinated and resources were used optimally to address health challenges in the region.

• The operation achieved 67 against the target of 100 people reached with first aid and pre-hospital care. This underachievement resulted from several factors:

- Lower than anticipated health emergency cases, the number of acute medical emergencies requiring immediate first aid was lower than initially projected, as most health needs were chronic conditions rather than acute trauma or emergencies.

- Short implementation period: the limited operation timeframe reduced opportunities for volunteers to provide first aid services, especially in remote areas with dispersed populations.

Lessons Learnt

• No key lessons learned were determined.

Challenges

• For this sector, no challenges were encountered in implementing the activities.



Water, Sanitation And Hygiene

Budget: CHF 52,868

Targeted Persons: 10,000

Assisted Persons: 11,600

Targeted Male: 5,365

Targeted Female: 6,235

Indicators

Title	Target	Actual
# of volunteers (disaggregated by sex and age) trained in Wash	30	30
# of households served by environmental sanitation activities carried out.	200	282
# of people (disaggregated by sex, age) reached by National Societies with contextually appropriate water, sanitation and hygiene services.	10,000	11,600

Narrative description of achievements

The operation successfully achieved several key initiatives aimed at enhancing water, hygiene, and sanitation practices in the Ngabé and Mpouya regions. A total of 30 volunteers were thoroughly trained on best practices in water, hygiene, and sanitation, equipping them with the necessary skills to effectively support and educate their communities. This training was a cornerstone of the initiative, ensuring



that volunteers were well-prepared to lead subsequent activities.

In an effort to raise awareness and promote healthier practices, awareness campaigns were systematically organized. Two campaigns per week was originally planned over a four-month period, providing continuous engagement and education for the communities in Ngabé and Mpouya. However, the operation adjusted this to 1 campaign per week over the same duration. This reduction was necessitated by several operational and contextual factors:

- Trained volunteers had multiple responsibilities across different sectors of the operation (health, WASH, protection, distribution activities). Conducting two campaigns weekly would have overstretched volunteer capacity and risked burnout, potentially compromising the quality of services delivered. Adjusting to one campaign per week allowed for better volunteer management, adequate rest periods, and maintained volunteer motivation and effectiveness.
- Early implementation experience revealed that communities needed more time between campaigns to absorb, practice, and internalize health messages and behaviors. Conducting two campaigns weekly risked information overload and reduced effectiveness. Spacing campaigns to once per week allowed communities adequate time to discuss, reflect on, and begin adopting promoted practices before receiving additional information
- The operation prioritized quality and depth of engagement over frequency. Running one well-prepared, comprehensive campaign per week with thorough community participation, interactive sessions, and adequate follow-up proved more effective than two rushed campaigns with limited engagement

These campaigns played a crucial role in empowering community members with knowledge about hygiene and sanitation, fostering long-term behavioral change. At least 11,600 people (5,365 male and 6,235 female) were reached by hygiene promotion activities.

Additionally, environmental sanitation and disinfection campaigns were executed in refugee areas, with one campaign organized each week for four months. At least 282 households were reached by these sanitation activities. These campaigns were vital in maintaining safe and sanitary conditions, helping to prevent the spread of disease and ensuring a healthier living environment for all. The regularity and consistency of these efforts underscored the commitment to sustainable impact and community well-being.

Lessons Learnt

It can be difficult to get community members to actively participate in awareness campaigns and sanitation efforts, especially if there are cultural barriers or resistance to change. Involving community leaders from the outset can help mitigate this problem by fostering trust and encouraging greater involvement.

Challenges

- Logistical coordination poses a potential challenge. Organizing awareness campaign sessions in multiple locations, such as Ngabé and Mpouya, requires careful planning and judicious allocation of resources to ensure that volunteers and materials are available in the right place at the right time.
- The sustainability of practices after the campaign is also a concern. To ensure that the positive behaviors introduced during the campaigns continue in the long term, ongoing support and possibly follow-up initiatives are needed to reinforce the education provided.



Protection, Gender And Inclusion

Budget: CHF 11,579

Targeted Persons: 10,000

Assisted Persons: 11,600

Targeted Male: 5,365

Targeted Female: 6,235

Indicators

Title	Target	Actual
# of people (disaggregated by sex and age) trained in PGI including referral	20	20



# of people (disaggregated by sex, age and disability) reached by protection, gender and inclusion programming.	2,000	2,000
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Narrative description of achievements

- The successful 2 days training of 20 dedicated volunteers on the Minimum Standards of Protection, Gender and Inclusion (PGI) marked a significant milestone in the implementation of this DREF. This training provided the volunteers with essential skills and knowledge, enabling them to become advocates for inclusion and protection within their respective communities. Through interactive sessions and practical activities, these volunteers gained a thorough understanding of PGI principles, enabling them to effectively advocate and implement inclusive practices, particularly during CVA assistance and NFI distribution. A total of 2,000 heads of households who received NFI and CVA assistance were reached by PGI activities. They were selected according to vulnerability criteria taking into account inclusion.
- The PGI awareness campaign, which ran once a week for four months, played a vital role in changing community perceptions and attitudes toward protection, gender, and inclusion issues. Each session was carefully designed to engage participants through discussion, fostering a deeper understanding of and commitment to PGI values. As the campaign progressed, there was a notable shift in community norms, with increased dialogue and proactive measures taken to ensure equality and protection for all members. Increased community awareness of gender and protection issues has been achieved. At least 11,600 people (2150 men, 2687 women, 3548 girls and 3215 boys) were reached by PGI awareness activities.
- Following the PGI training, IFRC, in collaboration with the CRC team, carried out a safeguarding risk assessment and an action plan was put in place at the NS level to improve current practices. In addition, awareness-raising tools were designed, taking into account PGI aspects, particularly for data disaggregation. During awareness-raising activities, messages on the prevention of sexual and gender-based violence and/or violence against children or other issues of discrimination, violence, and exclusion were also disseminated. Similarly, Red Cross teams engaged in dialogue with community leaders, religious leaders, and local authorities to address the risks and problems associated with sexual and gender-based violence and child protection.

Lessons Learnt

- Through interactive sessions and hands-on activities, these volunteers gained a deep understanding of PGI principles, enabling them to effectively advocate for and implement inclusive practices. This initiative not only fostered their personal development, but also strengthened the community's capacity to address and integrate PGI standards into their daily practices.

Challenges

- Monitoring and Evaluation Challenges: Indeed, assessing the impact of PGI activities can be complex due to the qualitative nature of many results.
- Cultural Resistance and Prejudice: Changing long-standing cultural norms and prejudices related to gender and inclusion can be difficult, as was the case in Ngabé, with indigenous peoples accustomed to being separated from other peoples and discriminated against.



Migration And Displacement

Budget: CHF 5,982

Targeted Persons: 18,000

Assisted Persons: 10,480

Targeted Male: 4,847

Targeted Female: 5,633

Indicators

Title	Target	Actual
# of humanitarian service points (HSP) installed and operational	12	12
# of people assisted via HSP	120	150



Narrative description of achievements

• At the onset of the crisis, approximately 18,000 people were displaced from the DRC to Congo-Brazzaville. The DREF operation reached a total of 10,480 people, representing 58% of the total displaced population. Of those assisted, 5,633 were female (54%) and 4,847 were male (46%), demonstrating a slightly higher reach among women and girls who constituted a significant proportion of the displaced population. The difference between the total displaced population (18,000) and those actually assisted (10,480) can be attributed to following factors:

- Spontaneous return movements, a significant number of displaced persons returned to their areas of origin as the security situation stabilized during the operation period, reducing the population requiring assistance in the intervention areas.

- Targeting of most vulnerable, the operation prioritized the most vulnerable households based on established vulnerability criteria, including female-headed households, unaccompanied children, elderly persons, persons with disabilities, pregnant and lactating women. Not all displaced persons met these vulnerability thresholds.

• Indeed following activities were organized:

The establishment of 12 humanitarian service points was strategically located to facilitate access to assistance for those in need. The selection of these humanitarian service points included considerations around the geographic and population concentration, available infrastructure and safety, community acceptance and coordination, and the accessibility for vulnerable groups. These points served as essential platforms where displaced people could receive immediate assistance, information, and resources.

• Volunteers were deployed in pairs to each PSH, the following services were provided: First aid, psychosocial support, distribution of drinking water, biscuits for children, sanitary towels for women, as well as hand washing. 150 people (69 male, 81 female) were directly reached by these services.

• The location of service points was determined through a systematic selection process based on multiple criteria:

1) Geographic and Population Concentration:

- Areas with highest concentration of displaced populations (Mpouya and Ngabé)
- Proximity to displacement sites including churches, school halls, host family areas, and makeshift settlements
- Accessibility for displaced populations, including those in remote villages
- Coverage of the 12 flood-prone villages in Mpouya, particularly the 6 hosting displaced persons

2) Infrastructure and Safety:

- Availability of existing structures or spaces that could accommodate service delivery
- Safety and security of locations for both beneficiaries and staff/volunteers
- Protection from weather elements, particularly important given the rainy season
- Adequate space for confidential consultations, particularly for protection-sensitive cases

3) Community Acceptance and Coordination:

- Consultation with community leaders and local authorities to ensure acceptance
- Proximity to other services (health facilities, water points, markets) to facilitate integrated assistance
- Coordination with host community structures to minimize tension and ensure inclusive access

4) Accessibility for Vulnerable Groups:

- Consideration of access for persons with disabilities, elderly persons, and pregnant women
- Distance from areas where women and girls felt safe to travel
- Availability of separate or private spaces for gender-sensitive services

• Key Services Requested were:

- Information and Orientation Services: the service points functioned as critical information hubs for displaced populations who arrived with limited knowledge of available assistance and local services.

- Humanitarian assistance information: Detailed information about available humanitarian assistance from CRC and other actors, including eligibility criteria, registration requirements, and distribution schedules. This was particularly crucial given the confusion and rumors circulating among displaced populations about who qualified for assistance and when distributions would occur.

Lessons Learnt

• Their establishment significantly strengthened the capacity to respond quickly and effectively to the needs of displaced people and vulnerable populations.

• The implementation of a systematic registration process for new arrivals at humanitarian access points has streamlined service delivery. This registration allows for the collection of crucial data, enabling more personalized and effective support. Furthermore, the integration of Protection and Family Links (PFL) actions has strengthened family reunification and protection efforts for vulnerable people. This initiative has fostered a sense of security and connectedness among displaced populations.



Challenges

- Setting up service points requires suitable locations, infrastructure and logistics, which have been difficult to ensure in crisis-affected areas and with such limited resources.



Community Engagement And Accountability

Budget: CHF 7,494

Targeted Persons: 10,000

Assisted Persons: 11,600

Targeted Male: 5,365

Targeted Female: 6,235

Indicators

Title	Target	Actual
# of staff, volunteers and leadership trained on community engagement and accountability.	20	20
# of functioning feedback mechanism in place for the whole organization/NS.	1	1
# of methods established to communicate with communities about what is happening in the organisation/programme/operation, including selection criteria if these are being used. For example, community meetings, information desks, FGDs,etc.	4	3
% of people surveyed who feel the National Society's support/services meets their most important needs/provides useful support.	80	92
% of people surveyed who report receiving useful and actionable information.	80	73
# of consultation meetings organized with the community	6	6
# of community committees created	3	3
# of alerts received from the community regarding risks of violence, exploitation, and epidemics.	50	54

Narrative description of achievements

- The CRC implemented a comprehensive community engagement and accountability (CEA) framework throughout the operation to ensure beneficiary participation, transparency, and responsiveness to community needs.
- 20 volunteers were trained in Community Engagement and Accountability. This training fostered transparent and inclusive community interactions. These volunteers acquired the skills to facilitate effective dialogue and accountability processes, ensuring that community voices are heard and taken into account in decision-making. Their training also equipped the volunteers with the necessary knowledge to encourage communities to adopt good practices for their well-being.
- The establishment of an effective community feedback system was a decisive step towards better responsiveness and greater trust between community members and CRC volunteers. Through regular community meetings and focus groups held twice a week for 4 months, valuable information was gathered, allowing for rapid responses to community needs, concerns and especially community rumors. The rumors collected were processed and responses proposed by the CRC CEA focal point through the volunteers.
- Rapid community consultations were conducted at the onset of the operation to understand urgent needs, preferred communication channels, and barriers to accessing aid. The CRC engaged community leaders, displaced people's groups, and host communities



throughout the implementation to ensure interventions were designed collaboratively with displaced and host populations, guaranteeing sustainable and culturally appropriate solutions.

- Community committees were created, including representatives of different groups (women, youth, elderly, and persons with disabilities). These committees served as vital links between the humanitarian response and the communities, facilitating two-way communication and ensuring inclusive participation in programme design and implementation.
- Communities were supported to identify risks including violence, exploitation, and epidemics
- A large majority of respondents declared themselves satisfied or very satisfied. More precisely, 59.75% of respondents said they were very satisfied with this assistance, while 32.82% said they were satisfied.
- Surveys conducted with beneficiaries indicated that 92 % of people felt the National Society's support/services met their most important needs and provided useful support. Additionally, 73 % of people surveyed reported receiving useful and actionable information about the program, demonstrating the effectiveness of the communication strategies employed
- The operation achieved 3 out of the 4 planned communication methods, the underachievement resulted from Early community feedback indicated that certain planned methods were less preferred or accessible to beneficiaries. The operation prioritized strengthening the three most effective channels (community meetings, suggestion boxes/kiosks, and focus group discussions) rather than implementing all four methods with limited effectiveness.
- The operation achieved 73% against the target of 80% of people reporting receipt of useful and actionable information. This gap can be attributed to displaced populations in more remote or hard-to-reach locations received less frequent communication and updates compared to those in more accessible areas, resulting in lower satisfaction with information quality and timeliness. Despite efforts to communicate selection criteria clearly, some beneficiaries found the information complex or insufficient to fully understand why they were or were not selected for certain assistance, affecting their perception of information usefulness.

• 6 suggestion boxes and kiosks (3 in Mpouya and 3 in Ngabé) were successfully set up as planned. They provided accessible channels for community members to submit feedback, complaints, and suggestions, which were regularly collected and reviewed by the team to inform program adjustments and promptly address community concerns. 250 feedback submissions were received over the 4-month period

Most common feedback types included questions about selection criteria, requests for additional assistance, complaints about distribution timing, and suggestions for service improvements

Key Themes Identified:

- Beneficiaries requested clearer communication about eligibility criteria and distribution schedules
- Concerns raised about accessibility of distribution points for persons with disabilities and elderly persons
- Positive feedback on the quality of assistance provided, particularly shelter materials and food items
- Suggestions for extending assistance duration and reaching more vulnerable households

Lessons Learnt

- By engaging community leaders, displaced people's groups, and host communities, the initiative successfully identified urgent needs and preferred communication channels. This approach ensured that interventions were culturally appropriate and aligned with the community's unique context.

Challenges

- For this sector, no challenges were encountered in implementing these activities.



Secretariat Services

Budget: CHF 35,064

Targeted Persons: 110

Assisted Persons: 110

Targeted Male: 70

Targeted Female: 40

Indicators

Title	Target	Actual
National Society has a membership coordination mechanism in place.	1	1



of volunteers covered by accident insurance.

110

110

Narrative description of achievements

- 2 Field monitoring missions at village level were carried out. These missions enabled direct interaction with local communities, providing valuable insight into the realities on the ground and facilitating a comprehensive understanding of the needs of the communities as well as the implementation of activities on the ground.
- 2 monitoring missions between Kinshasa and Brazzaville were conducted, enabling collaboration between the project team and the delegation. These missions also facilitated the harmonization of strategies and the timeline for activities.
- A multi-stakeholder coordination mechanism was established at three levels: At the strategic level, regular meetings were held with the secretariat of the National Society, partner National Societies (PNS), and the IFRC to define overall directions and ensure alignment of interventions. At the operational level, weekly coordination meetings were set up to plan and monitor the implementation of activities in the field. At the technical level, thematic working groups were created to share expertise, harmonize approaches, and resolve specific technical challenges. This mechanism made it possible to avoid duplication, optimize the use of resources, and ensure a coherent and coordinated response throughout the country.
- The National Society set up an internal coordination system involving all relevant members and structures. This system included creating a coordination committee made up of representatives from different local branches, technical departments, and national management. Regular coordination meetings were held to make it easier to share info, make decisions together, and keep track of activities. A communication and reporting system was established to ensure the smooth flow of information between the different levels of the National Society.
- The IFRC facilitated insurance for the 110 volunteers mobilized under this DREF. This insurance covered risks related to accidents and injuries that could occur while performing their humanitarian work. The SN received a collective certificate and the volunteers were informed of the coverage they were benefiting from.

Lessons Learnt

- The establishment of a comprehensive partner coordination mechanism, across various platforms (strategic, operational, and technical), was a remarkable step forward. This framework streamlined communication, reduced duplication, and improved the overall effectiveness of humanitarian initiatives. Through a coordinated approach, stakeholders could act more effectively and respond more quickly to community needs without duplication.

Challenges

- There were no major challenges worth noting.



National Society Strengthening

Budget: CHF 39,892

Targeted Persons: 110

Assisted Persons: 110

Targeted Male: 70

Targeted Female: 40

Indicators

Title	Target	Actual
# of active coordination mechanism for operations (Including preparatory meetings, planning meetings, weekly coordination meetings and monitoring missions) for the NS	1	1
# of risk management framework in place for the NS	1	1



Narrative description of achievements

- A preparatory meeting was held with both branches to brief the field teams on the planned activities and the implementation strategy. This meeting also allowed the project manager to conduct planning with the field teams.
- A 2-day lessons learnt workshop brought together key stakeholders including CRC staff, volunteers, beneficiaries, and partner organizations to reflect on the DREF operation implementation. The workshop identified several key findings:
 - The rapid mobilization and deployment of volunteers enabled timely response to the displacement crisis
 - Strong coordination mechanisms between NS, government and IFRC facilitated coherent intervention and avoided duplication.
 - Community engagement and participation enhanced the relevance and acceptance of assistance provided
 - The multi-sectoral approach addressing protection, shelter, WASH, health, and CVA effectively responded to the holistic needs of displaced populations.
 - Limited pre-positioning of relief items resulted in delays in distribution during the early phase of the response
 - Communication challenges between field teams and coordination centers occasionally affected decision-making processes.
- The National Society established an active and structured operational coordination mechanism throughout the DREF operation. This mechanism included several types of coordinated meetings and activities including:
 - Preparatory meetings: Initial sessions were organized to define roles and responsibilities, establish communication protocols, and prepare for the deployment of field teams.
 - Planning meetings: Regular meetings enabled the development of detailed action plans, resource allocation, definition of intervention timelines, and identification of logistical needs for each activity sector.
 - Weekly coordination meetings: Weekly sessions brought together team leaders, sector coordinators, and management to review progress of activities, share challenges encountered, adjust intervention strategies, and monitor performance indicators.
 - Monitoring missions: Regular field visits were conducted by the coordination team to supervise activity implementation, assess the quality of services provided, gather feedback from beneficiaries and volunteers, and identify adjustment needs
- The National Society developed and implemented a structured risk management framework for the DREF operation. This framework comprised several essential components:
 - Risk identification: A comprehensive analysis was conducted to identify potential risks related to volunteer and staff security, access conditions to intervention areas, health risks (epidemics), logistical challenges, and protection risks (GBV, SEA).
 - Assessment and prioritization: Each identified risk was assessed based on its likelihood of occurrence and potential impact, enabling prioritization of mitigation measures to be implemented.
 - Mitigation measures: Specific strategies were defined for each major risk, including security protocols for volunteers, emergency procedures, community protection mechanisms, and contingency plans.
 - Monitoring and review: A continuous monitoring system was established to track risk evolution, evaluate the effectiveness of mitigation measures, and adjust the framework according to contextual changes. Regular reviews were conducted during coordination meetings.
- Throughout the DREF operation, regular follow-up missions were conducted by head office staff to ensure effective implementation, quality assurance, and adaptive management of activities across the intervention areas in Mpouya and Ngabé.

Lessons Learnt

- The successful organization of a preparatory meeting and an activity planning session with the branches and the general secretariat marked a significant step forward in strategic alignment. This meeting fostered a collaborative environment where key stakeholders were able to take ownership of the project, define their priorities, and develop an action plan.
- The support provided by headquarters staff to monitoring missions has been essential in maintaining the momentum of ongoing projects. These missions allow staff to monitor project progress, quickly address challenges, and ensure smooth operations.
- The continued engagement of headquarters staff in the field demonstrates their commitment to hands-on leadership and supervision.

Challenges

- The implementation of a risk management framework can be challenged by organizational resistance or lack of expertise.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRCG024 - Republic of Congo - Population Movement

Operating Timeframe: 10 Mar 2025 to 31 Jul 2025

Selected Parameters			
Reporting Timeframe	2025/3-2025/9	Operation	MDRCG024
Budget Timeframe	2025/3-2025/7	Budget	APPROVED

Prepared on 31/Oct/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	346,179
DREF Response Pillar	346,179
Expenditure	-342,150
Closing Balance	4,029

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash			0
PO04 - Health	15,402	18,045	-2,643
PO05 - Water, Sanitation & Hygiene	67,558	91,370	-23,812
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration	5,617	24,996	-19,379
PO09 - Risk Reduction, Climate Adaptation and Recovery	187,228	86,886	100,343
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	275,805	221,297	54,508
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	32,925	15,168	17,756
EA03 - National Society Strengthening	37,450	105,685	-68,235
Enabling Approaches Total	70,375	120,853	-50,478
Grand Total	346,180	342,150	4,030

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

Please explain variances (if any)

IFRC-DREF allocation for this population movement intervention was CHF 346,179. By the end of the 4 months response timeframe, the expenditure was CHF 342,150. The closing balance of CHF 4,029 will return to the DREF pot following the publication of this report.

Variance explanations are as follows:

The variance explanation is as below and aligns with NS expenses based on the activities and financial reporting.

- Excessive spending in the Health category resulted from additional costs for medical supplies and expanded health services beyond the initial plan, including an extension of first aid activities originally scheduled for a short period.

- The overspend in the WASH section resulted from added sanitation projects and emergency interventions not included in the initial budget, including the extension of sanitation campaigns in affected areas.



- Activities related to migration were underbudgeted, resulting in a significant overspend. Additional activities, including payment of volunteers assigned to these tasks, contributed to this variance.
- Underutilization in the Risk Reduction area resulted from the reallocation of resources to more urgent needs.
- Savings in Secretariat services resulted from reduced administrative tasks and efficiency gains during implementation; monitoring missions, for example, required less time.
- The budget overrun in National Society Strengthening resulted from increased capacity-building efforts and additional personnel costs not in the initial budget, including the cash focal point, the CEA focal point, and the PGI focal point.
- The budget allocated to logistics and transportation was not used because activities were managed internally by the National Society using existing resources, without additional costs.
- The significant under-use of personnel costs resulted from vacancies due to a lack of suitable candidates and the National Society's decision to rely on existing staff.
- A small expenditure on national staff reflects short-term staffing needs and adjustments not included in the original budget.
- Excessive volunteer-related expenses resulted from higher-than-planned allowances and support costs.
- The increase in travel expenses not included in the initial budget led to overspending, driven by additional travel requests and logistical needs of the National Society.
- Overspending in the National Society Expenses category resulted from the expansion of support provided to the National Society and additional requirements not fully budgeted, including the provision of a cash focal point, a CEA focal point, and a PGI focal point.



Contact Information

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[Click here for reference](#)



DREF Operation

Selected Parameters			
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Budget Timeframe	2025/3-2025/7	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 31/Oct/2025

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MDRCG024 - Republic of Congo - Population Movement

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FINAL FINANCIAL REPORT

Prepared on 31/Oct/2025

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MDRCG024 - Republic of Congo - Population Movement

Operating Timeframe: 10 Mar 2025 to 31 Jul 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Logistics, Transport & Storage	3,321		3,321
Transport & Vehicles Costs	3,321		3,321
Personnel	18,279	790	17,489
International Staff	18,120		18,120
National Staff		40	-40
Volunteers	159	750	-591
Consultants & Professional Fees	1,057		1,057
Professional Fees	1,057		1,057
General Expenditure	10,268	13,217	-2,949
Travel	9,060	13,217	-4,157
Financial Charges	1,208		1,208
Contributions & Transfers	292,127	307,260	-15,133
National Society Expenses	292,127	307,260	-15,133
Indirect Costs	21,128	20,882	246
Programme & Services Support Recover	21,128	20,882	246
Grand Total	346,180	342,150	4,030