



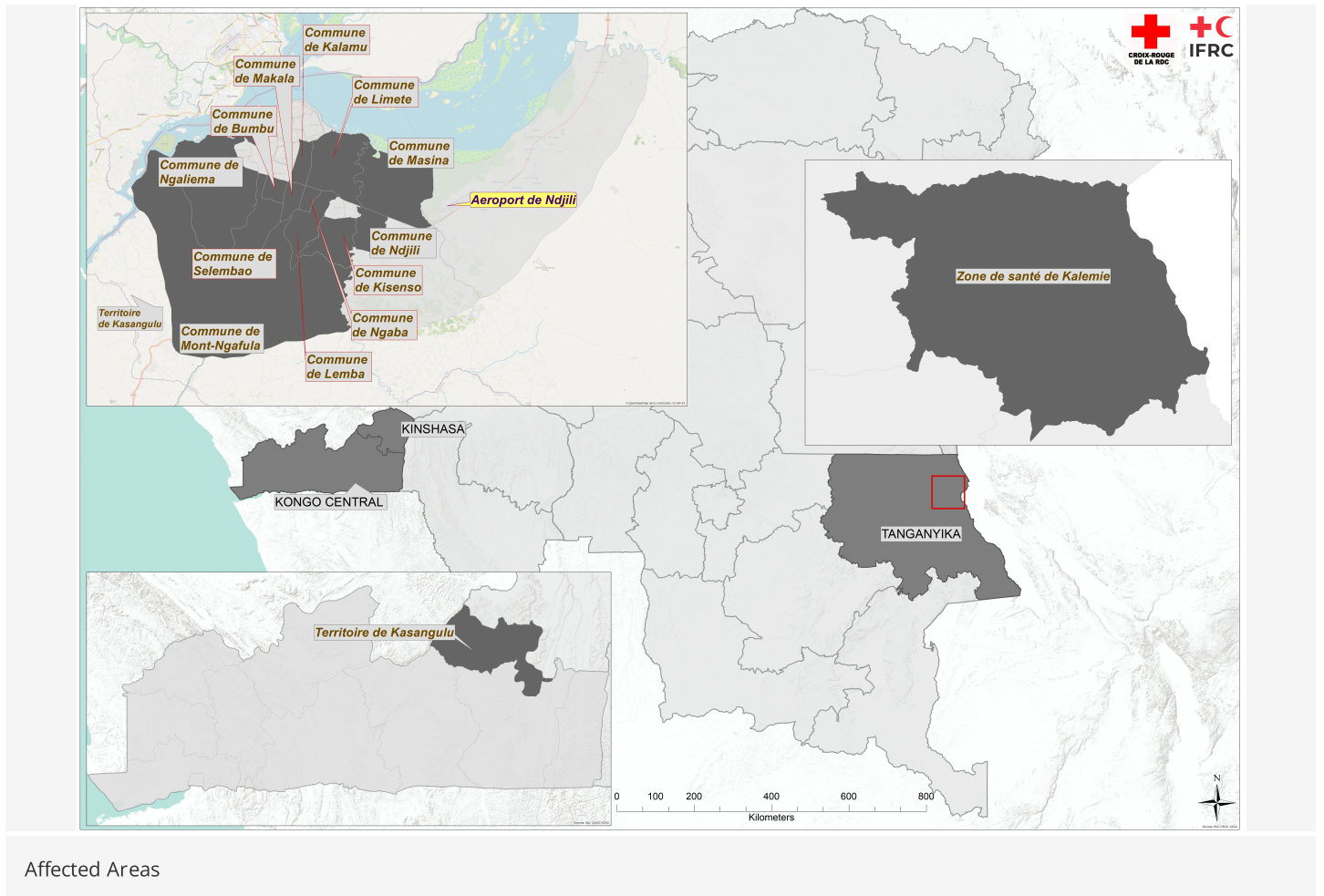
Distribution of AME kits in Limete commune, Kinshasa

Appeal: MDRCD046	Total DREF Allocation: CHF 875,393	Crisis Category: Orange	Hazard: Flood
Glide Number: -	People Affected: 158,076 people	People Targeted: 22,500 people	People Assisted: 23,560 people
Event Onset: Sudden	Operation Start Date: 28-04-2025	Operational End Date: 31-10-2025	Total Operating Timeframe: 6 months

Targeted Regions: **Kinshasa, Kongo Central, Tanganyika**

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 of event

14-06-2025

What happened, where and when?

The Democratic Republic of Congo (DRC) was affected by a series of severe floods that impacted more than 100,000 people, exposing critical vulnerabilities in urban infrastructure, public health systems, and disaster preparedness. Between 4 and 11 April, heavy rainfall caused the Ndjili River in Kinshasa and the Rugumba River in Tanganyika province to overflow. Authorities reported that approximately 80,000 people (30,911 households) were affected across the two provinces.

In Kinshasa, 13 out of 24 communes were flooded, with water levels reaching up to 1.5 meters, sweeping away vehicles and forcing thousands of residents to flee their homes. The floods resulted in 165 deaths, 28 injuries, and more than 7,000 people displaced, along with widespread destruction of infrastructure and livelihoods.

In Tanganyika province (Kalemie and Nyunzu territories), the floods destroyed 1,046 homes and eight schools. Local authorities reported 8,815 people (1,763 households) affected, including two deaths and 15 injuries.

The floods also contributed to the worsening of a cholera outbreak that began in May across six provinces, including Tanganyika. As of May 2025, 6,353 new cholera cases and 128 deaths had been recorded, representing a 15 per cent increase. Damage to water supply and sanitation systems significantly increased public health risks.

In response to the emergency, the DRC Red Cross (CRRDC), with the support of the IFRC through a DREF allocation, assisted 6,000 people through multipurpose cash assistance, health interventions, WASH services, and emergency shelter support.

By the end of the operation, water levels had receded and the affected households had gradually returned to their homes. However,



many families continued to face challenging living conditions due to damaged shelters, loss of livelihoods, and limited access to safe water and sanitation services. In some areas, infrastructure remained weakened and communities continued to be exposed to risks of recurrent flooding, underscoring the need for sustained recovery and resilience efforts.



Cash distribution in Kalemie

Scope and Scale

In 2025, the Democratic Republic of Congo (DRC) experienced severe flooding that significantly affected the provinces of Kinshasa and Tanganyika. Between 4 and 11 April, torrential rains caused the Ndjili River in Kinshasa and the Rugumba River in Tanganyika to overflow, resulting in widespread destruction of infrastructure, homes, and livelihoods.

In Kinshasa, 13 of the city's 24 communes were affected. The floods resulted in 165 deaths, 28 injuries, and more than 7,000 people displaced. A total of 30,911 households were impacted, with many families forced to seek temporary shelter after losing their homes and assets.

In Tanganyika province, particularly in Kalemie and Nyunzu, the floods affected more than 20,000 people. Authorities reported two deaths and 15 injuries, while 1,046 homes and eight schools were destroyed. The impact was compounded by pre-existing vulnerabilities, including displacement due to conflict and high levels of food insecurity linked to the destruction of agricultural land.

A subsequent flood event in June further aggravated the situation in Kinshasa, affecting additional communes, causing further damage to housing, and increasing the number of displaced people. Overall, an estimated 80,000 people were affected across both provinces.

Beyond the immediate physical damage, the floods created significant public health risks. The destruction of water and sanitation infrastructure led to increased exposure to contaminated water and contributed to a rise in cholera cases, particularly in Tanganyika province.

Source Information

Source Name	Source Link
1. ACTUALITE CD	https://actualite.cd/2025/06/14/persistence-des-pluies-kinshasa-la-mettelsat-evoque-une-perturbation-

	climatique#google_vignette
2. CONGO QUOTIDIEN	https://www.congoquotidien.com/2025/06/16/pluies-diluviennes-kinshasa-morts-inondations-urgence-meteo/
3. UNITED NATIONS	https://drcongo.un.org/fr/289952-lancement-du-plan-de-r%C3%A9ponse-humanitaire-2025

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	No
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IFRC Network Actions Related To The Current Event

Secretariat	The IFRC delegation in Kinshasa provided technical support to the DRC Red Cross (CRRDC) in the planning, implementation, and monitoring of the operation, as well as in the preparation of this final report.
Participating National Societies	<p>The CRRDC maintained close coordination with Movement partners present in the country, including the Belgian Red Cross (Flanders and Wallonia), the French Red Cross, the Swedish Red Cross, and the Luxembourg Red Cross, to ensure a harmonized and complementary response.</p> <p>During the operation, the Belgian Red Cross – Flanders supported the CRRDC with sanitation materials distributed across three communes in Kinshasa:</p> <ul style="list-style-type: none"> - Mont-Ngafula - Ngaliema - Bumbu

ICRC Actions Related To The Current Event

The ICRC has an office in the country and has maintained close coordination with the Congolese Red Cross and the IFRC as part of the Movement's response, particularly around the launch of this DREF. For this specific crisis, the ICRC has not provided any direct financial support, but has focused on ensuring strong operational coordination with the National Society and the IFRC.
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
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<p>National authorities</p>	<p>The central government had convened crisis meetings with humanitarian organizations to solicit support for disaster relief.</p> <p>Given the extent of the damage, the Deputy Prime Minister and Minister of the Interior convened a crisis meeting on Sunday, 15 June, attended by the governor, the provincial commissioner of the National Police, and the relevant services, in order to coordinate emergency responses.</p> <p>The governor of Kinshasa stated that the state would take care of the victims and called for national solidarity. He also urged residents of high-risk areas to be cautious, as more rain was expected in the following days.</p> <p>The government set up sites to temporarily accommodate displaced people. These sites were then progressively closed, and all affected households were instructed to return to their homes once the floodwaters had receded.</p> <p>Several strategic roads were effectively rehabilitated, including:</p> <ul style="list-style-type: none"> - Okito Avenue in Binza-Pigeon. - Tourism Avenue. - Victory Avenue, where a bridge had collapsed.
<p>UN or other actors</p>	<ul style="list-style-type: none"> - The 2025 Humanitarian Response Plan for the DRC was launched on 27 February 2025 in Kinshasa, aiming to mobilize 2.5 billion dollars to assist 11 million people in crisis, in response to conflicts, epidemics and natural disasters. However, according to UN websites, funding has significantly decreased, threatening life-saving assistance. The plan seeks to save lives, improve access to services and strengthen resilience, calling for a collective effort despite the challenges. - The NGO Action provided multipurpose cash assistance in Ngaliema municipality (Kinsuka Pêcheur neighbourhood) and in Limete municipality (Ndanu and Salongo neighbourhoods). These three areas were not included in the CRRDC's intervention coverage. - In addition, the NGO EYANO supplied hot meals to people hosted at the Kinkole, Tata Raphaël and Martyrs Stadium sites
<p>Are there major coordination mechanism in place?</p> <ul style="list-style-type: none"> - Multi-sector and inter-agency meetings. - Disaster Coordination meetings organized by the Ministry the Interior and the Ministry of Humanitarian Action. 	

Needs (Gaps) Identified



Shelter Housing And Settlements

According to preliminary data from the Kinshasa branch, 15,076 families lost their homes and belongings due to flooding across 18 districts. Most were displaced and sought refuge with host families or in government-supported sites such as Tata Raphaël Stadium, Martyrs Stadium, and the Kinkole site.

At the time, thousands of families affected by the 4 April 2025 floods were still awaiting rehousing, with increasing health risks in overcrowded sites.

Towards the conclusion of the operation, while households had returned or found temporary solutions, many remained in precarious conditions. Shelter needs and safe living conditions continued to be a priority, particularly for those still in displacement sites or relying on host communities.





Livelihoods And Basic Needs

The floods that hit Kinshasa on 14 June had a devastating impact on livelihoods, causing loss of life, destruction of property, and population displacement. Homes, small businesses, and essential infrastructure were damaged or destroyed, leaving many without shelter or income. Damage to roads and transport networks further disrupted economic activity and access to essential services.

These needs added to those resulting from the 4 April 2024 floods in Kinshasa and Kalemie, where livelihood support requirements were already significant. Affected populations required safe shelter, food, clean water, medical care, and clothing.

As the operation progressed, while immediate needs were partially addressed, recovery needs remained high. Continued support for housing reconstruction and livelihood restoration (including small-scale trade and agriculture) was essential to reduce dependency on aid and support sustainable recovery.



Health

The floods left many individuals injured, with some referred to government health facilities by DRC Red Cross first-aid volunteers. However, effective care was constrained by a shortage of first aid supplies, highlighting gaps in emergency preparedness.

Many displaced families were accommodated in temporary shelters such as schools, churches, and stadiums, offering limited protection against weather conditions. The lack of mosquito nets increased malaria risks, particularly among vulnerable groups.

The destruction of water, hygiene, and sanitation infrastructure significantly raised the risk of disease transmission. Populations relied on contaminated floodwaters, increasing exposure to waterborne diseases. In Tanganyika, cholera cases surged to levels six times higher than the previous year.

Psychosocial needs were also significant, as many people experienced trauma linked to loss and displacement.

As the operation neared completion, although some immediate health needs were addressed through distributions and awareness campaigns, risks remained. Continued access to basic health services, and psychosocial support were still required to address ongoing vulnerabilities.



Water, Sanitation And Hygiene

The floods of 4 April and 14 June 2025 in Kinshasa had a severe impact on the WASH (water, sanitation, and hygiene) sector. Heavy rains damaged infrastructure, contaminated water sources, and increased the risk of waterborne diseases. Floodwaters rendered drinking water unsafe, heightening the likelihood of disease outbreaks.

The June floods further damaged water systems that had been rehabilitated after the April event, disrupting access to safe water in several neighborhoods and affecting wells, latrines, and distribution networks.

In the later stages of the operation, although some repairs and hygiene interventions were implemented, access to safe water and sanitation services remained insufficient in several affected areas. Continued efforts were needed to rehabilitate infrastructure and promote safe hygiene practices to reduce ongoing public health risks.



Protection, Gender And Inclusion

The floods had different impacts depending on gender. Women and girls were more exposed to sexual and gender-based violence, had greater difficulty accessing safe water and sanitation facilities, and faced challenges in accessing menstrual hygiene products. A gender-sensitive approach was therefore essential to identify and address the specific needs of each group.

People with disabilities, older people, unaccompanied children, and ethnic minorities were also disproportionately affected. Ensuring that assistance was physically and socially accessible to all remained a key priority.

By the end of this DREF, while targeted support had helped address some of these needs, gaps remained. Continued efforts were required to strengthen inclusive approaches, ensure safe access to services, and maintain protection-sensitive programming for the most vulnerable groups.





Community Engagement And Accountability

During the flooding period, the epidemiological risk was heightened, with an increased risk of waterborne diseases, further exacerbating the vulnerability of affected children and communities. It was therefore essential to raise awareness on safe water management, hygiene practices, and prompt healthcare seeking.

By the end of the operation, these needs remained significant, although awareness levels had improved. Continued efforts were required to reinforce key messages, strengthen community feedback mechanisms, and ensure sustained engagement to support behavior change and reduce residual health risks.

Operational Strategy

Overall objective of the operation

This DREF operation aimed to assist 22,500 people (4,500 households) affected by severe flooding in Kinshasa and Kalemie. It provided integrated support across key sectors, including water, sanitation, health, shelter, and livelihoods, with unconditional cash transfers to help families meet their most urgent needs. Community engagement was placed at the center of the response to ensure active participation of affected populations throughout the six-month intervention.

Overall, the objective was largely achieved. By the end of the operation, a total of 23,560 people were reached across all sectors, exceeding the initial target. Cash assistance was provided to 4,453 households, enabling them to address their priority needs. In addition, essential household items (AME kits) were distributed to 3,500 households in Kinshasa to support immediate basic needs. Community engagement was placed at the center of the response to ensure active participation of affected populations throughout the six-month intervention.

The integrated approach contributed to improving living conditions and supporting early recovery among affected communities.

Operation strategy rationale

To meet the needs of the target population, the DRCRC's strategy focused in particular on the following areas:

1) Unconditional Multipurpose Cash Assistance

To support the recovery of the most vulnerable households affected by the floods, the DRC Red Cross Society (CRDRC) provided unconditional cash transfers to 4,500 households: 3,500 in Kinshasa and 1,000 in Kalemie. Each household received USD 100, an amount aligned with national standards and designed to meet basic needs while restoring livelihoods. Cash transfers were delivered via Vodacom's Mobile Money service, and SIM cards were distributed where necessary to ensure access.

Building on its experience with cash and voucher assistance (CVA), the CRDRC designated a national focal point to oversee the response and apply lessons learned from past operations. The active agreement with Vodacom was leveraged to facilitate safe and efficient disbursements. Anticipated risks, such as the lack of identity documents among some beneficiaries, were addressed through alternative, officially recognized forms of identification. A rapid market assessment was conducted to confirm that local markets could effectively support the intervention.

2) Health

To strengthen the emergency health response, the DRCRC supplied 100 first aid kits to volunteers working on the front lines, enabling them to provide timely assistance and ensure referral of injured individuals to health facilities. In an effort to prevent the spread of vector-borne diseases such as malaria, two long-lasting insecticide-treated mosquito nets were distributed to each of the 3,000 targeted households. In addition, psychosocial support was offered to affected individuals, with trained volunteers leading awareness and support activities over a three-month period.

3) Water, Sanitation and Hygiene (WASH)

The WASH response focused on improving sanitation, promoting hygiene, and ensuring safe access to clean water. Weekly sanitation campaigns were organized in affected communities, targeting the cleaning of gutters and public spaces. To support these efforts, 18 sanitation kits containing items such as bleach, chlorine, detergent, soap, sprayers, and cleaning tools were provided to Red Cross committees, along with 100 protection kits for volunteers.

To improve household water safety, all 4,500 households received Aquatabs for water purification, accompanied by hygiene promotion sessions and practical demonstrations on correct usage and storage. Jerrycans were also distributed to facilitate water handling. These activities were complemented by public awareness campaigns promoting the consumption of treated water and handwashing with soap. Once floodwaters receded, disinfection of water sources was carried out in collaboration with local water service providers. Post-distribution monitoring was conducted to assess the satisfaction of beneficiaries and to ensure the proper use of water treatment supplies.



4) Shelter

To support households that had lost their homes and belongings, the DRCRC distributed Essential Household Item (EHI) kits to 3,500 families, 2,500 in Kinshasa and 1,000 in Kalemie. Beneficiaries were identified based on pre-defined vulnerability criteria. The kits helped restore minimum living conditions and included sleeping mats, blankets, and basic kitchen utensils.

5) Community Engagement and Accountability (CEA)

The DRCRC ensured that affected communities were fully engaged throughout the response by establishing a feedback mechanism to monitor perceptions, address rumors, and gather community input. Social mobilization efforts focused on promoting good hygiene practices and raising awareness about waterborne and vector-borne disease prevention through community meetings and focus groups. To ensure transparency and trust, beneficiary lists were publicly displayed in community centers, and community representatives were involved in overseeing aid distributions.

Local knowledge was actively incorporated into the response, helping to identify safe relocation areas, water points, and early warning signs. Feedback was collected and analyzed weekly, allowing for continuous adaptation of interventions. At the conclusion of the operation, a lessons-learned workshop brought together beneficiaries, community members, and key stakeholders to evaluate the response and inform future programming.

5) Protection, Gender, and Inclusion (PGI)

In all aspects of the response, the DRCRC ensured that activities were inclusive, protective, and gender sensitive. The design of the DREF operation was guided by a commitment to equity, safety, and meaningful participation for all members of the affected population, regardless of gender or background. To this end, all staff and volunteers received a briefing on minimum standards for Protection, Gender and Inclusion, ensuring these principles were integrated into day-to-day implementation.

Planning processes were reviewed regularly to ensure they reflected the needs and preferences of different groups in a transparent and inclusive manner.

At the start of the operation, a detailed needs and gap analysis was conducted in collaboration with partners and communities, with volunteer responders collecting feedback to continuously inform and refine the response strategy.

At the end of the operation, a lessons-learned workshop was conducted with beneficiaries, communities, and key stakeholders to reflect on and improve future interventions.

Post-distribution monitoring was carried out to assess beneficiary satisfaction and usage of distributed material.

Targeting Strategy

Who was targeted by this operation?

The operation targeted the most vulnerable households affected by the floods in Kinshasa and Tanganyika provinces, particularly those who suffered significant losses of shelter, livelihoods and access to basic services following the floods of April and June 2025. The response specifically prioritized households whose homes were destroyed or severely damaged, displaced families living in temporary shelters or with host families, and populations exposed to increased public health risks linked to contaminated water and poor sanitation conditions.

The targeting strategy focused on vulnerable groups identified through rapid assessments and community validation processes. Priority was given to:

- households that had experienced the death of a family member due to the floods;
- households that lost their homes and belongings;
- female-headed households;
- pregnant and breastfeeding women;
- households with persons with disabilities;
- households with children under five years old.

The operation also considered the specific vulnerabilities of internally displaced persons (IDPs) and host communities, particularly in Tanganyika province, where many households had already been displaced by conflict in South Kivu before being affected again by the floods.

Women, girls, children, older persons and persons with disabilities were specifically targeted through a protection, gender and inclusion (PGI) approach integrated across all sectors of the response. The operation ensured that humanitarian assistance and community activities remained physically and socially accessible to vulnerable groups, while protection risks, including gender-based violence and child protection concerns, were systematically considered during planning and implementation.

Targeting and beneficiary selection were conducted in close collaboration with local authorities, community leaders and Red Cross volunteers from affected communities in order to ensure transparency, accountability and equitable access to assistance. Community



engagement mechanisms, focus group discussions and household visits also helped identify households with the highest level of vulnerability and urgent needs.

Explain the selection criteria for the targeted population

This assistance targeted the most vulnerable people, taking into account social vulnerability criteria. Beneficiaries were selected on the basis of the following criteria:

- Households with at least one death.
- Households that had lost their homes.
- Female-headed households.
- Pregnant and breast-feeding women.
- Households with persons with disabilities.
- Households with children under 5.

Total Assisted Population

Assisted Women	7,068	Rural	40%
Assisted Girls (under 18)	5,066	Urban	60%
Assisted Men	5,890	People with disabilities (estimated)	5%
Assisted Boys (under 18)	5,536		
Total Assisted Population	23,560		
Total Targeted Population	22,500		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action



<p>The operating environment presented a risk of Protection from Sexual Exploitation and Abuse (PSEA), particularly due to increased displacement and overcrowded conditions.</p>	<p>During the operation, mitigation measures were implemented, including community awareness sessions on protection risks, dissemination of codes of conduct to volunteers, and the use of existing feedback and complaint mechanisms to report concerns. Trained volunteers and focal points were available to receive and refer cases through established pathways. However, challenges remained due to limited availability of specialized services for survivors.</p>
<p>The results of the multi-sectoral needs assessment highlighted significant needs across multiple sectors beyond the scope of the operation. During implementation, communities expressed additional demands, particularly in shelter reconstruction, livelihood recovery, and extended assistance coverage</p>	<p>Due to limited resources and the defined scope of the DREF, not all identified needs could be addressed. Efforts were made to clearly communicate the scope of the response and manage expectations through community engagement activities.</p>
<p>Flooding continued to worsen during the operation, leading to an increase in the number of displaced people and heightened protection risks, including sexual exploitation and abuse.</p>	<p>the National Society strengthened risk mitigation measures by enhancing community awareness on protection risks, reinforcing safe referral pathways.</p> <p>Coordination with protection actors was also reinforced to support timely identification and response to cases.</p>
<p>Please indicate any security and safety concerns for this operation:</p> <p>The security situation in the city of Kinshasa and in Tanganyika remained generally stable. However, Tanganyika Province is located in the eastern part of the country, where large areas of neighboring provinces continued to face armed violence and insecurity. In this context, a team from the National Headquarters strengthened the capacity of the Tanganyika branch by providing training on air safety and security information to branch managers and volunteers in the town of Kalemie.</p> <p>Visibility items were provided to volunteers, along with personal protective equipment, to enhance their safety during field activities.</p>	
<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>No</p>

Implementation



Shelter Housing And Settlements

Budget: CHF 158,897
Targeted Persons: 21,000
Assisted Persons: 21,000
Targeted Male: 9,870
Targeted Female: 11,130

Indicators

Title	Target	Actual
# of HHs reached with AME	3,500	3,500
% of people declaring they are satisfied with the items provided	95	95
% of people listing AME among their top 3 needs	80	94



Narrative description of achievements

- In Kinshasa, the National Society procured and pre-positioned 3,500 Essential Household Item (EHI) kits to support the most affected households. These kits were purchased and stored in accordance with IFRC and National Society procurement and warehousing procedures, ensuring both quality and traceability of the items.
- EHI kits were distributed across the 18 affected communes of Kinshasa, targeting households that had lost their homes, based on predefined vulnerability criteria. The distributions were conducted in the presence of the commune Mayors (Bourgmestres), Red Cross branch leaders, and other relevant local authorities and services in order to ensure transparency, accountability, and security during the process;
- Each beneficiary household received a standard kit consisting of: two sleeping mats, five cups (three large and two small), two cooking pots, one ladle, one knife, two small blankets, one jerrycan, two sanitary pads, and two additional cups. These items helped restore minimum living conditions for families who had lost most of their belongings.
- Post-distribution monitoring confirmed a high level of beneficiary satisfaction with the EHI kits. Overall, 95% of respondents reported being satisfied with the assistance received, noting that they had lost many of their belongings during the floods and that the kits provided them with essential items to “restart” their lives. In the PDM survey, 94% of households ranked the EHI kits among their top three priority needs. However, during focus group discussions, some beneficiaries indicated that, while the composition of the kits was appropriate, they would have preferred the inclusion of additional hygiene and sanitation items, as well as clothing, to further support their recovery.

Lessons Learnt

- Early and continuous engagement with community leaders and local authorities helped to clarify targeting criteria, reduce tensions, and improve acceptance of the distribution process.
- Conducting pre-distribution sensitization sessions with communities on selection criteria, distribution modalities, and complaint mechanisms proved essential to manage expectations and strengthen accountability.
- Involving volunteers from the affected communities themselves enhanced trust, improved identification of the most vulnerable households, and contributed to more transparent and equitable distributions.

Challenges

- Reaching all targeted households across 18 communes in Kinshasa was logistically complex, particularly in areas where roads were damaged or access was limited by floodwaters.
- The level of needs exceeded the available stock of EHI kits, which created expectations and pressure from non-targeted households and local leaders.
- Verifying vulnerability criteria on the ground required time and close coordination with local authorities, which occasionally delayed distribution schedules.
- Storage and transport of the 3,500 kits posed operational constraints, especially in terms of warehouse capacity, loading/unloading, and ensuring that items were not damaged before distribution.
- Despite extensive hygiene promotion activities, PDM findings showed relatively low adoption of improved hygiene practices. This can be attributed to the limited frequency of follow-up visits, the precarious living conditions of affected households, and the continued exposure to contaminated environments. Future operations should increase the frequency of community engagement, strengthen behavior change approaches, and ensure sustained follow-up to improve adoption of key hygiene practices.



Multi Purpose Cash

Budget: CHF 407,558
Targeted Persons: 22,500
Assisted Persons: 23,560
Targeted Male: 11,426
Targeted Female: 12,134

Indicators

Title	Target	Actual
# of cash transfer volunteers	200	180
# of households receiving cash assistance	4,500	4,453



Narrative description of achievements

- In order to support the recovery of the most affected households, the operation implemented a set of activities focused on livelihoods and cash transfers in the two targeted towns.
- A rapid market assessment was conducted in communities and villages, particularly in areas surrounding relocation sites. This analysis confirmed that local markets were functional and capable of absorbing the planned cash injections without causing major price distortions, thus validating the feasibility and relevance of using cash assistance.
- To strengthen operational capacity, a two-day training session was organized for 180 volunteers on cash transfer programs. The training covered key topics such as beneficiary targeting, registration, fundamental principles of protection and accountability, and the use of mobile money for transfers. At the same time, 20 DRCRC staff members received more advanced training on monitoring and evaluation, livelihood assessment in emergencies, and recovery, enabling them to better design, supervise, and monitor cash and livelihood interventions.
- A detailed needs assessment was conducted in the disaster-affected areas, combining home visits, community meetings, and focus group discussions.
- Post-distribution monitoring of cash assistance confirmed that beneficiaries received the expected value of the transfer, US \$ 100 per household. PDM results showed that cash enabled households to cover their most urgent needs. Approximately 20% of beneficiaries reported using part of the assistance to invest in income-generating activities, while 20% used it to pay school fees. This indicates that, beyond meeting immediate basic needs, cash assistance contributed to children's schooling and the reopening of small businesses, demonstrating the ability of affected households to develop resilience mechanisms.
- The assistance was provided in the form of mobile money in partnership with the telecommunications operator Vodacom. Beneficiaries received SIM cards linked to individual M-Pesa accounts registered in their names and credited with an amount equivalent to US\$100 in local currency (Congolese francs).
- During group discussions, some beneficiaries expressed concern about the delay between the onset of the crisis and the receipt of financial assistance, which ranged from two to three months. This delay was mainly attributed to administrative and technical procedures related to opening M-Pesa accounts, activating SIM cards, and completing the necessary verifications. Nevertheless, PDM data indicated that 93% of respondents were satisfied with the financial assistance, highlighting its overall relevance and positive impact on their recovery.

Only 180 out of the 200 planned volunteers were trained in cash transfer programming, In several branches, some volunteers initially identified for the training were mobilized on other urgent activities (flood response, health campaigns) and could not attend the sessions. Despite not reaching the initial target of 200, the trained group provided adequate capacity to implement the cash activities as planned.

A total of 4,453 households received cash assistance against an initial target of 4,500 households. The gap of 47 households is mainly due to beneficiaries who did not attend the scheduled distributions or subsequent catch-up sessions. The funds allocated to these households will be returned to the DREF in accordance with established financial procedures.

Despite repeated attempts to contact and mobilize them through community leaders and volunteers, these households could not be reached within the operational timeframe. This may be explained by population movements (households leaving the region, returning to their place of origin, or changing their phone number) or by a change in their priorities after the emergency phase.

As a result, the final number of households reached is slightly below target, but the difference is small and did not have a significant impact on the overall objectives and impact of the operation.

Lessons Learnt

- PDM results showed that around 20% of beneficiaries invested part of the transfer in income-generating activities and 20% used it to pay school fees, while 93% reported overall satisfaction. This confirms that cash not only meets urgent needs but can also support early recovery and resilience if provided in a timely and predictable way.
- The PDM provided concrete evidence on how households used the cash and which expenditures they prioritized. Integrating these findings into future program design (e.g., timing, transfer value, communication strategy) will improve the relevance and effectiveness of subsequent cash interventions.
- Providing clear guidance, group information sessions, and one-to-one support to beneficiaries helped reduce errors and anxiety. Future operations should plan dedicated time and staff for this step.
- Early collaboration with the mobile operator (Vodacom) and pre-registration of potential beneficiaries, where possible, could significantly reduce the two- to three-month delay observed in this operation.

Challenges

- Administrative and technical procedures for opening M-Pesa accounts, registering SIM cards, and completing verifications caused delays between the onset of the floods and the actual receipt of cash. Beneficiaries raised this as a concern during focus group discussions.



- A number of beneficiaries had limited experience with mobile money or lacked identity documents, which slowed down registration and required additional support from volunteers and the mobile operator
- In some locations, poor network coverage or temporary technical problems with the Vodacom system disrupted or delayed cash withdrawals.
- Although the USD 100 transfer was aligned with standards at the design stage, inflation and market price increases in some areas reduced the purchasing power of the cash, limiting the ability of households to cover all of their priority needs.



Budget: CHF 109,768
Targeted Persons: 22,500
Assisted Persons: 23,560
Targeted Male: 11,426
Targeted Female: 12,134

Indicators

Title	Target	Actual
# of volunteers trained in PSS and First Aid	200	180
#of people reached by outreach and other health services	22,500	42,952
#of people who received first aid treatment	200	3,186
# of households receiving Mosquito nets	4,500	4,500

Narrative description of achievements

- During the reporting period, the National Society implemented a community-based intervention focused on psychosocial support, hygiene promotion, and epidemic preparedness. A total of 18 volunteers and staff were trained in PSS and first aid (100% of the target), strengthening local response capacity.
- The operation began with two-day refresher trainings for 180 volunteers and 180 supervisors/staff. These sessions covered psychosocial care, epidemic control, as well as hygiene promotion and Preventive and Environmental Health Care (SSEPE), in order to strengthen volunteers' technical skills and their capacity to deliver consistent, community-adapted messages. A total of 180 volunteers were trained in PSS and First Aid against a target of 200. The shortfall was mainly due to logistical and operational constraints, including the unavailability of some volunteers during the training period and competing commitments at community level. Despite this, the number of trained volunteers remained sufficient to effectively implement the planned activities.
- In terms of service delivery, 3,186 people received first aid treatment compared to an initial target of 200, reflecting a higher-than-expected need for basic health services during the response. In addition, 4,500 households received mosquito nets, fully meeting the planned target.
- Following the training, 180 volunteers were deployed two days per week over a period of three months. Their main activities consisted of door-to-door visits, group discussions and community sessions on diarrhea prevention, early detection of symptoms and appropriate care for children, as well as on key hygiene practices.
- To support the response component, the project also included the procurement of first aid kits in order to improve the capacity to provide basic first aid at community level. In addition, mosquito nets were distributed to targeted households as a preventive measure against vector-borne diseases.
- A Post-Distribution Monitoring (PDM) and post-activity follow-up were conducted to assess changes in knowledge and practices among targeted households. The PDM showed significant improvements in knowledge of diarrhea signs in children:
 - 32% of respondents reported that they can identify diarrhea by the presence of loose or watery stools.
 - 21% mentioned that they recognize diarrhea when the child passes stools more than three times per day.
 This improved knowledge enabled households to identify diarrhea symptoms earlier and to react more quickly.
- Regarding treatment practices for diarrhea in children aged 1–5 years, the PDM found that 53% of respondents use syrups or tablets. While this indicates a strong tendency to seek some form of treatment, it also highlights the need to further reinforce messages on appropriate case management (including ORS, homemade solutions, and when to seek care at health facilities).



- The PDM also documented positive changes in hygiene practices aimed at preventing water-borne diseases, 46% of respondents indicated that they practice regular handwashing, others reported improved latrine maintenance and general hygiene around the household.

Lessons Learnt

Several key lessons emerged:

- Volunteer-led sensitization is effective for changing knowledge and practices, particularly on the recognition of diarrhea symptoms and basic hygiene.
- Regular, repeated contact with households is essential to move from knowledge to sustained behavior change.
- Extending the duration or frequency of community visits could further strengthen impact.
- Messages on diarrhea management need to be refined, placing more emphasis on ORS, adequate hydration, and timely consultation at health facilities, to complement the current reliance on syrups or tablets.
- Integrating hardware and software interventions works well: combining hygiene promotion with mosquito net distribution and first aid capacity builds trust and reinforces the perceived value of the intervention.

Challenges

The three-month volunteer deployment, with activities conducted only two days per week, limited the intensity and continuity of household follow-up in some communities. For future operations, increasing the number of activity days per week or extending the deployment period would help ensure more consistent engagement and improved health outcomes.



Water, Sanitation And Hygiene

Budget: CHF 38,921

Targeted Persons: 22,500

Assisted Persons: 23,560

Targeted Male: 11,427

Targeted Female: 12,134

Indicators

Title	Target	Actual
# of households having received the aquatabs	4,500	4,500
% of the population benefiting from health promotion activities	80	67
% of people reached who confirmed that they had integrated and put into practice hygiene messages	79	88
% of people who have implemented treatment systems	80	77

Narrative description of achievements

- During the operation, efforts focused on improving access to safe drinking water and promoting hygiene practices in affected communities. A total of 4,500 households received water treatment tablets (Aqua-tabs), fully meeting the target (4,500/4,500). These distributions were complemented by practical demonstrations to ensure correct usage. These demonstrations were essential to ensure that tablets were used effectively and safely.

- To support behavior change, IEC materials on WASH and health were developed and used extensively during household visits, community sessions, and sanitation campaigns, contributing to harmonized messaging. As a result, 67% of the targeted population benefited from health promotion activities, compared to a target of 80%. This gap was mainly due to limited frequency of volunteer deployment and access constraints in some areas. The IEC tools helped standardize key messages on handwashing, safe water handling, and prevention of diarrheal diseases.

- In parallel, the DREF strengthened community sanitation capacities through the provision of 50 sanitation kits and supported safe



implementation through the distribution of 180 protection kits to volunteers. Each kit typically included tools and materials such as Javel water/chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers and wheelbarrows. These kits were made available to communities and managed through the volunteers to support collective cleaning efforts, disinfection of high-risk areas, and improved environmental hygiene in the most affected neighborhoods.

- To ensure volunteers could work safely in contaminated environments, 180 protection kits were distributed. These kits included boots, gloves, helmets, mufflers and other protective equipment, reducing volunteers' exposure to dirty water, waste and other health hazards during sanitation campaigns.

- Volunteers were then deployed in the affected neighborhoods to lead hygiene promotion and environmental sanitation activities. Their work included:

- Organizing community clean-up campaigns (drainage clearing, waste removal, cleaning of public spaces and surroundings of water points);

- Conducting WASH awareness sessions, with a focus on household water treatment and safe storage,

wastewater management, handwashing with soap at critical times, prevention of diarrheal diseases and cholera;

- Carrying out door-to-door visits to reinforce messages, answer questions and demonstrate the use of Aqua-tabs and other water treatment methods.

- PDM results showed encouraging outcomes in behavior change. A total of 88% of people reached confirmed that they had understood and integrated hygiene messages, exceeding the target of 79%.

In addition, 77% of households reported applying water treatment methods, slightly below the 80% target. This slight underachievement can be explained by persistent challenges such as limited follow-up, difficult living conditions, and inconsistent access to safe water containers.

Lessons Learnt

- The combination of Aqua-tabs, sanitation kits, protection equipment, and hygiene promotion proved more impactful than standalone interventions. When communities see both practical tools and clear information, they are more likely to adopt and maintain good practices.

- Visual and practical approaches work better than written instructions alone, especially in low-literacy contexts.

Challenges

- Limited quantity of sanitation kits versus needs: Only 50 sanitation kits were available for a large number of affected neighborhoods. This created high expectations at community level and required careful targeting and coordination to avoid frustration and perceptions of inequity.

- In many areas, poor drainage systems, accumulated solid waste and standing water made it difficult to maintain a clean environment, even after clean-up campaigns.

- Recurrent rains sometimes washed away or re-contaminated cleaned areas, reducing the visible impact of one-off actions.



Protection, Gender And Inclusion

Budget: CHF 19,304

Targeted Persons: 3,000

Assisted Persons: 5,087

Targeted Male: 2,035

Targeted Female: 3,052

Indicators

Title	Target	Actual
# of volunteers and supervisors trained to PGI's minimum standards	201	198
# of people (disaggregated by gender, age and disability) with access to (temporary) safe spaces established or managed by the National Society for learning, psychosocial support or leisure purposes.	449	450
"Number of people disaggregated by sex, age, and disability affected by the protection, gender, and inclusion program"	3,000	5,087



Number of people disaggregated by sex, age, and disability with access to safe (temporary) spaces established or managed by the national society for psychosocial support or recreational purposes.	3,000	5,171
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Narrative description of achievements

- The intervention began with a child safeguarding and PSEA risk analysis for the project . This analysis identified key risks related to sexual exploitation and abuse, violence against children, and other protection concerns within the operational context and the response modalities. Based on this, an action plan was developed and integrated into program implementation.

- In parallel, DRCRC rolled out awareness-raising activities through multiple channels on:

- Gender-based violence (GBV),
- Violence against children,
- Protection from Sexual Exploitation and Abuse (PSEA/PEAS),
- Available support services and how to report incidents safely.

These messages were delivered through community meetings, group discussions, household visits and, where possible, via existing community structures and leaders.

- To strengthen internal capacities, 198 volunteers and supervisors (including 18 supervisors) were trained on PGI minimum standards, against a target of 200. The slight shortfall was due to the unavailability of a few participants; however, this did not affect the overall quality of implementation.

volunteers and supervisors including those working in WASH, Shelter, Cash and Health received training on:

- PSEA / protection from sexual exploitation and abuse,
- PGI minimum standards,
- GBV and child protection principles,
- Safe case identification and referral,
- The survivor-centered approach (confidentiality, respect, safety, non-discrimination, informed consent).

These trainings helped ensure that all frontline staff and volunteers understood what constitutes abuse or exploitation, how to prevent it, and how to act appropriately if they receive a disclosure.

To strengthen internal capacities, volunteers—

- Awareness-raising activities on GBV, child protection, and PSEA were widely conducted through multiple channels. These efforts contributed to reaching 5,087 people with PGI-related activities, significantly exceeding the initial target of 3,000. This overachievement reflects strong community engagement and the integration of PGI across sectors.

- Child-friendly spaces (EAE/mobile spaces) were established, providing safe environments for psychosocial support and learning. A total of 450 children accessed these spaces, fully meeting the target (450/450). In addition, access to safe spaces for psychosocial support and recreational activities reached 5,087 people, significantly exceeding the initial target of 3,000.

- In complement, listening and psychosocial support mechanisms were established, with trained DRCRC volunteers and focal points providing basic psychosocial support and facilitating referrals. In Tanganyika, 24 protection cases were identified, including 6 girls. All cases were referred to available health services in line with established referral pathways. However, limited service capacity constrained the provision of adequate care, highlighting gaps in specialized support for vulnerable groups.

- To reinforce internal accountability, the operation ensured that all volunteers signed the Code of Conduct and were trained in safeguarding, PSEA and AMSP (prevention of sexual misconduct).

- Existing awareness tools were also reviewed, adapted and duplicated to ensure consistent and widely available messaging on protection, GBV, child safeguarding and PSEA.

- In complement, listening and psychosocial support mechanisms were set up for protection cases, with Trained DRCRC volunteers and focal points available to listen, provide basic psychosocial support and refer survivors appropriately; support to access health services for survivors of GBV and children with protection concerns, in line with the established referral pathways.

- Community members expressed appreciation for the availability of psychosocial support and referral services, particularly the presence of trained volunteers who provided a safe space for listening and guidance. However, some concerns were raised regarding limited access to specialized services following referral, highlighting gaps in service availability.

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Lessons Learnt

- Involving volunteers and staff from all sectors in PSEA, GBV and child protection training improved the consistency of messages, the ability to identify and safely refer cases, and reduced the risk of harm within the response itself.



Challenges

• In some areas, especially in Tanganyika, there were few or no specialized GBV and child protection services, or they were far from affected communities.



Community Engagement And Accountability

Budget: CHF 3,658

Targeted Persons: 22,500

Assisted Persons: 23,560

Targeted Male: 11,426

Targeted Female: 12,134

Indicators

Title	Target	Actual
# of feedback systems in place	1	1
# of FGDs involving beneficiaries and organized local communities/locale organisées	24	24

Narrative description of achievements

• A community feedback system was established to systematically collect, document and respond to questions, complaints, suggestions and rumors from affected populations. This system combined several channels including: direct feedback during field visits, focus group discussions, community meetings, and feedback relayed through local committees and volunteers. Special attention was given to tracking and addressing rumors, particularly those related to aid distribution, WASH, health risks and protection concerns.

• Rumors related to aid distribution, beneficiary targeting, and the causes of floods and disease outbreaks circulated rapidly within communities, mainly through word of mouth and social networks. Some community members believed that aid allocation was influenced by favoritism, while others had misconceptions about the origin of diseases, which at times affected trust in the response. Addressing these rumors in a timely and consistent manner proved challenging, particularly due to delays in information sharing and a lack of fully harmonized messaging among different actors. To mitigate this, the National Society intensified community engagement through regular community meetings, door-to-door sensitization, and close collaboration with local leaders. Volunteers provided clear and consistent information on targeting criteria, aid distribution processes, and health-related messages. Feedback mechanisms were also used to identify emerging rumors early and respond promptly, which contributed to improving transparency, strengthening trust, and enhancing community acceptance of the intervention.

• To promote behavior, change and ensure that communities were actively involved in the response, social mobilization activities were implemented using discussion groups and focus group discussions (FGDs). These spaces allowed the promotion of best practices (e.g. hygiene, safe water use, flood preparedness and protection measures); two-way communication, where communities could ask questions, express concerns and share their own experiences; the collection of feedback on the quality and relevance of the interventions, including suggestions for improvement.

• In addition, a lessons learned and best practices workshop was conducted with volunteers, staff, and key community representatives. During this workshop, participants reviewed both successes and challenges in community engagement. Key findings highlighted the effectiveness of community-based approaches, the importance of clear and consistent communication to manage expectations, and the need for stronger integration of feedback mechanisms. The workshop also identified good practices in feedback collection, rumor management, and social mobilization, particularly the use of trusted community leaders and door-to-door engagement. Key recommendations included increasing the frequency of community engagement activities, strengthening the integration of CEA across all sectors, and improving coordination among actors to ensure harmonized messaging in future operations.

• The DRCRC also worked closely with local community committees such as neighborhood committees, disaster management committees, to co-design flood mitigation measures. These participatory sessions were held once a week for three months, and focused on:

- Identifying flood-prone areas and priority risks from the community's perspective.
- Discussing practical, locally feasible mitigation measures (cleaning and maintaining drains, community early warning mechanisms, safe waste disposal, protection of water points).
- Clarifying the roles and responsibilities of different actors (communities, local authorities, volunteers, Red Cross) in implementing and monitoring these measures. Community feedback mechanisms revealed that affected populations generally appreciated the support provided, particularly cash assistance and WASH activities. However, communities also expressed concerns regarding targeting criteria, delays in assistance, and the limited coverage of the response.



Lessons Learnt

•Rumors do not disappear on their own; they must be actively monitored and addressed with clear, consistent messages. Integrating rumor tracking into routine volunteer activities and meetings proved effective in identifying and addressing misinformation quickly.

Challenges

• Once feedback channels were in place, communities often raised a broad range of demands, some of which went beyond the scope or resources of the project. This required careful communication to manage expectations, explain selection criteria and clarify what the DREF could and could not do. Rumors also emerged, particularly related to beneficiary selection (perceived favoritism or exclusion), the origin of the floods and disease outbreaks, and misconceptions about aid distribution. These rumors spread mainly through word of mouth and social networks. To address this, the National Society strengthened communication through community meetings, door-to-door visits, and engagement with local leaders to ensure consistent and transparent messaging. Feedback channels were actively used to identify and respond to misinformation in a timely manner, helping to build trust and improve community understanding of the response.

• Rumors about aid distribution, targeting, or the causes of floods and diseases spread quickly, sometimes via social networks or word of mouth. Responding in a timely and consistent manner to these rumors was challenging, especially when information from various actors was not fully harmonized. ••



Secretariat Services

Budget: CHF 40,832

Targeted Persons: 200

Assisted Persons: 200

Targeted Male: 80

Targeted Female: 120

Indicators

Title	Target	Actual
# of follow-up missions organized	3	3
# of Volunteers insured	200	500

Narrative description of achievements

• To formally initiate the emergency response and secure institutional buy-in, the operation began with the organization of a DREF launch meeting with the authorities. This meeting brought together representatives from relevant government services, local authorities, key partners and the Red Cross.

The objectives were to:

- Present the scope, objectives and planned activities of the DREF operation;
 - Clarify roles, responsibilities and coordination mechanisms between the National Society, authorities and partners;
 - Share initial information on target areas, selection criteria and cross-cutting measures (protection, PGI, CEA, etc.);
 - Strengthen ownership and alignment of the response with national and local disaster management structures.
- IFRC project Staff provided support for activity monitoring missions. The Project Manager and technical staff conducted regular field monitoring visits to follow up on progress of sectoral activities (WASH, protection, CEA, etc.); provide on-the-spot guidance and coaching to volunteers; identify operational challenges and bottlenecks early; and make adjustments to the response.

Lessons Learnt

• Organizing a DREF launch meeting early in the response helps clarify expectations, build trust and align efforts with authorities. It also eases administrative and operational coordination later (movement of teams, information-sharing, complementarity with government and other partners actions).



Challenges

- No difficulties were encountered for this sector.



National Society Strengthening

Budget: CHF 96,456

Targeted Persons: 1

Assisted Persons: 1

Targeted Male: 1

Targeted Female: 0

Indicators

Title	Target	Actual
# of monitoring missions organized	4	4
# of organized planning meetings	2	2

Narrative description of achievements

- To align strategies and clarify implementation modalities, the National Society organized 2 operations planning meetings with branches and the IFRC in Kinshasa and Kalemie. These meetings brought together branch leadership, operational staff and IFRC representatives to:
 - Review the overall objectives, target areas and priority activities of the operation;
 - Clarify roles, responsibilities and lines of coordination between headquarters, branches and the IFRC;
 - Agree on workplans, timelines and resource allocation for each location;
 - Identify key cross-cutting issues (PGI, CEA, WASH, protection) to be integrated across sectors.These planning meetings helped establish a common operational vision and ensured that branches in both Kinshasa and Kalemie were fully engaged and informed from the outset.
- To strengthen volunteer visibility and identity in the field, the operation supported the purchase and distribution of vests and bibs for volunteers. Equipped with clearly marked Red Cross clothing.
- In parallel, 4 monitoring missions for head office staff, Headquarters and technical staff were conducted regularly to:
 - Follow up on implementation progress in the branches;
 - Provide technical guidance and coaching to volunteers and branch staff;
 - Ensure consistency with the approved operational plan;
 - Document good practices and identify any areas requiring additional support.
- Finally, the operation ensured logistical support for transporting goods and handling/warehousing and monitoring activities, this included:
 - Organizing transport of relief items and materials from central warehouses to the final distribution points;
 - Supporting handling and storage (off-loading, sorting, stock management) to keep relief items safe, traceable and in good condition.
- Overall, these efforts significantly strengthened coordination, improved operational efficiency, and ensured a more coherent and harmonized response across locations. The joint planning approach enhanced alignment between the National Society and IFRC, while regular monitoring and logistical support contributed to timely implementation, better quality control, and increased accountability. This integrated support also reinforced the capacity of branches and volunteers, ensuring more effective and consistent delivery of assistance to affected communities.

Lessons Learnt

- Bringing all key actors together at the start for a dedicated planning meeting helped establish a shared understanding of objectives, roles and timelines, and reduced misunderstandings later in the operation.

Challenges

- Headquarters staff had multiple responsibilities; planning regular field monitoring missions while maintaining HQ duties required prioritization and good time management.



Financial Report

Please explain variances (if any)

1)Transport and Distribution Costs

The budget overrun under the transport and distribution budget line is primarily due to increased transportation costs incurred during distributions. In addition, further needs identified during implementation on the ground required a slight increase in the quantity of assistance provided to affected households.

2)Cash and Voucher Assistance (CVA) / Financial Service Fees

The overspending recorded under the cash assistance budget line is related to additional withdrawal fees applied to a small number of beneficiaries during cash disbursement processes.

3) Health

The overspend under the Health budget line reflects the expansion of public health activities implemented in response to the increased risk of waterborne diseases. Additional resources were allocated to community-based surveillance, awareness campaigns and the procurement of additional first-aid kits for volunteers.

4)Water, Sanitation and Hygiene (WASH)

The significant variance observed under the WASH budget line is mainly linked to reclassification of expenditures under other budget lines and/or delayed posting of expenses within the financial system. In addition, several planned WASH activities were implemented through integrated approaches alongside other sectors, resulting in reduced direct expenditure under this budget line.

5)Protection, Gender and Inclusion (PGI)

The overspending under the PGI budget line reflects increased needs related to protection risks identified within affected communities, including expanded awareness activities and additional volunteer training sessions conducted during implementation.

6)Unbudgeted / Miscellaneous Costs

This budget line was not initially planned during budgeting. The expenditure recorded may be linked to temporary misclassification or coding of costs within the system and remains subject to further financial reconciliation.

Community Engagement and Accountability (CEA)

The variance under the CEA budget line is mainly due to the integration of community engagement and accountability activities across several operational sectors. As a result, part of the related costs was absorbed under other budget lines, particularly WASH and integrated operational activities.

7)Coordination and Partnerships

The underspending observed under the Coordination and Partnerships budget line is mainly attributable to reduced coordination expenditures and optimization of existing operational resources and structures throughout implementation.

8)Secretariat Services / Operational Support

Overspending under the operational support budget line reflects increased technical assistance, monitoring, supervision and operational support costs required during implementation to ensure quality delivery of activities.

9)National Society Development (NSD) / Volunteer Management

The variance related to volunteer management and support is mainly linked to increased investment in volunteer incentives, supervision and capacity strengthening measures to ensure effective implementation of operational activities.



Contact Information

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[Click here for reference](#)



DREF Operation

Selected Parameters			
Reporting Timeframe	2025/4-2026/4	Operation	MDRCD046
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 10/May/2026

All figures are in Swiss Francs (CHF)

MDRCD046 - DRC - Floods

Operating Timeframe: 28 Apr 2025 to 31 Oct 2025

I. Summary

Opening Balance	0
Funds & Other Income	875,393
DREF Response Pillar	875,393
Expenditure	-875,474
Closing Balance	-81

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	149,194	166,574	-17,380
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	382,648	382,765	-117
PO04 - Health	103,226	134,121	-30,895
PO05 - Water, Sanitation & Hygiene	36,445	-179,045	215,490
PO06 - Protection, Gender and Inclusion	18,121	35,805	-17,684
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery	53,428	49,692	3,736
PO10 - Community Engagement and Accountability	3,426		3,426
PO11 - Environmental Sustainability			0
Planned Operations Total	746,487	589,911	156,576
EA01 - Coordination and Partnerships	1,174	-7,902	9,077
EA02 - Secretariat Services	38,338	148,937	-110,599
EA03 - National Society Strengthening	89,392	144,528	-55,136
Enabling Approaches Total	128,904	285,563	-156,659
Grand Total	875,392	875,474	-83

DREF Operation

Selected Parameters			
Reporting Timeframe	2025/4-2026/4	Operation	MDRCD046
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 10/May/2026

All figures are in Swiss Francs (CHF)

MDRCD046 - DRC - Floods

Operating Timeframe: 28 Apr 2025 to 31 Oct 2025

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	147,994	146,342	1,653
Construction - Housing		143,964	-143,964
Medical & First Aid	146,820		146,820
Other Supplies & Services	1,174	2,377	-1,203
Logistics, Transport & Storage	3,671	3,186	485
Transport & Vehicles Costs	3,671	3,186	485
Personnel	9,625	51,750	-42,125
National Staff	1,468	46,596	-45,128
National Society Staff		1,035	-1,035
Volunteers	8,157	4,119	4,039
Workshops & Training	1,240	11,495	-10,256
Workshops & Training	1,240	11,495	-10,256
General Expenditure	10,604	10,889	-286
Travel	1,468	3,062	-1,594
Office Costs		11	-11
Communications	326	570	-244
Financial Charges	8,810	1,012	7,797
Shared Office and Services Costs		6,234	-6,234
Contributions & Transfers	648,830	598,305	50,525
National Society Expenditure	648,830	598,305	50,525
Indirect Costs	53,428	53,507	-79
Programme & Services Support Recover	53,428	53,507	-79
Grand Total	875,392	875,474	-83