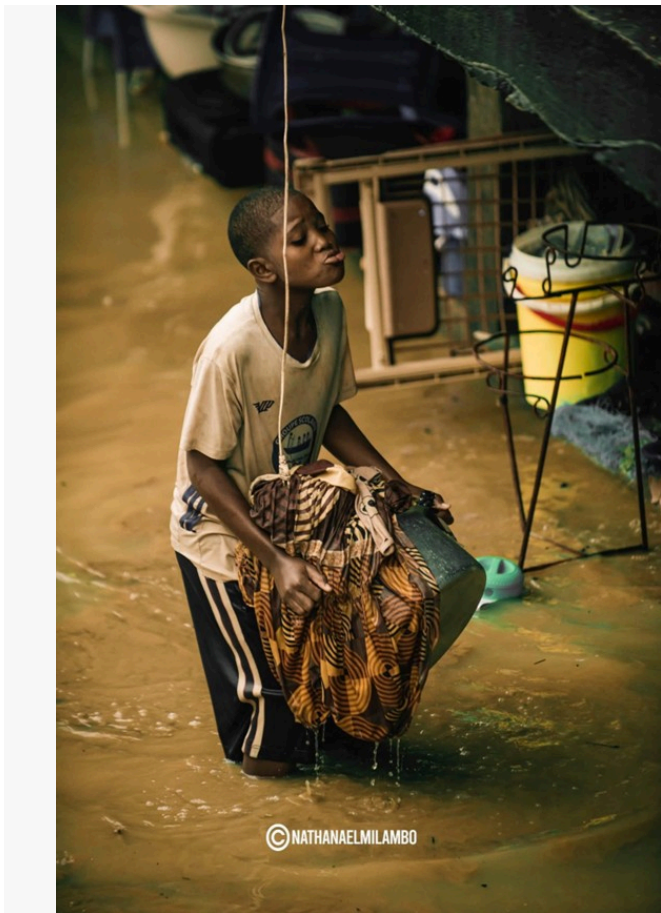




Flooded road in the commune of Lingwala, 12.11.2025

Appeal: <b>MDRCD048</b>	Hazard: <b>Flood</b>	Country: <b>Democratic Republic of Congo</b>	Type of DREF: <b>Response</b>
Crisis Category: <b>Yellow</b>	Event Onset: <b>Sudden</b>	DREF Allocation: <b>CHF 461,735</b>	
Glide Number: <b>-</b>	People Affected: <b>99,138 people</b>	People Targeted: <b>18,000 people</b>	
Operation Start Date: <b>19-11-2025</b>	Operation Timeframe: <b>4 months</b>	Operation End Date: <b>31-03-2026</b>	DREF Published: <b>29-11-2025</b>
Targeted Regions: <b>Kinshasa</b>			





Flooded Home

N°	Nombre de Communes inondées	Nombre de Quartiers inondés	Population	Nombre de Ménages inondés	Nombre de Maisons inondées	Nombre de Maisons détruites	Nombre de personnes décédées	Nombre de personnes blessées
1	BANDALUNGWA	3	8694	1449	1005	0	0	0
2	BARUMBU	5	3882	647	382	17	0	0
3	BUMBU	7	5610	935	456	118	1	12
4	GOMBE	2	1542	257	83	0	0	0
5	KALAMU	11	10926	1821	1615	0	0	0
6	KINSHASA	7	3768	628	471	13	0	0
7	KINTAMBO	4	2358	393	268	7	0	0
8	KISENSO	3	1308	218	183	5	0	0
9	LEMBA	7	3252	542	383	18	0	6
10	LIMETE	11	12252	2042	1531	23	0	0
11	LINGWALA	8	2034	339	186	17	0	1
12	MAKALA	7	4416	736	431	115	0	17
13	MASINA	3	6162	1027	571	57	0	0
14	MATETE	3	2610	435	344	19	0	8
15	MONT-NGAFULA	9	2712	452	301	87	3	88
16	N'DJILI	6	1872	312	197	12	0	12
17	NGABA	6	4392	732	279	26	3	1
18	NGALIEMA	11	11874	1979	971	33	2	0
19	NGIRI-NGIRI	4	2382	397	246	0	0	0
20	SELEMBAO	14	7092	1182	652	293	1	8
	<b>Total</b>	<b>138</b>	<b>99138</b>	<b>16523</b>	<b>10555</b>	<b>860</b>	<b>10</b>	<b>153</b>

Breakdown of Damage by Commune

## Scope and Scale

On the night of 11 to 12 November 2025, torrential rains hit Kinshasa, triggering flash floods, major material damage and loss of life. The simultaneous overflow of the N'djili, Nsanga and Makelele rivers, combined with the high level of the Congo River and inadequate drainage systems, affected almost the entire city. Major damage includes the collapse of two bridges between Kauka and Matonge (Kalamu) and the inaccessibility of the Lufungula (Lingwala) and Kalembelembe markets, severely disrupting urban traffic.

Out of 24 communes, 21 submitted consolidated data, reporting 99 138 people affected (16,523 households), 10,555 houses flooded, 860 destroyed, 153 injured and 10 deaths across 138 neighborhoods. An indicative sex- and age-disaggregation allows an estimate of approximately 25,776 women, 23,793 men, 24,785 girls (<18 years) and 24,784 boys (<18 years). Among the latter, 16–17% would be children under five (≈16 500–16 900) and 8–9% pregnant or breastfeeding women (≈8 000–9 000), estimates to be confirmed during detailed registration.

The most severe impacts concern low-lying, riverine or erosion-exposed areas:

- Limete: 12 252 people affected, 1 531 houses flooded, 23 destroyed
- Ngaliema: 11 874 people, 971 flooded, 33 destroyed, 2 deaths
- Kalamu: 10 926 people, 1 615 flooded
- Bandalungwa: 8 694 people, 1 005 flooded
- Masina: 6 162 people, 571 flooded, 57 destroyed
- Bumbu: 5 610 people, 456 flooded, 118 destroyed, 1 death, 12 injured
- Makala: 115 houses destroyed, 17 injured
- Mont-Ngafula: 87 destroyed, 3 deaths, 88 injured
- Ngaba: 3 deaths, 26 houses destroyed

The 12 November episode ranks among local extremes, with estimated hourly and daily intensities above the 90th–95th percentiles. The month of November totaled up to 435 mm of rain, a level consistent with generalized flooding and saturated drains. This sequence follows already abnormal episodes in April and June 2025, which had saturated soils and amplified the impacts of November.

The floods led to loss of life and numerous injuries; the submergence of thousands of dwellings; the destruction of assets, stocks and tools of work; the interruption of informal economic activities, with price increases linked to supply disruptions; the contamination of water points, flooding of latrines and increased risk of waterborne diseases, notably acute diarrhea, cholera and malaria; impassable roads, hindering access to healthcare; closures or damage in several schools and health centres; significant psychosocial impacts for



households that lost their housing or their means of livelihood.

Populations living along the N'djili, Nsanga and Makelele rivers, in densely built neighborhoods with poor drainage (Limete, Kalamu, Bandalungwa, Masina, Bumbu, Lingwala) or on unstable slopes of Mont-Ngafula and Ngaliema, are among the most vulnerable. Risks are particularly high for children, especially those under five; pregnant or breastfeeding women; older persons and those living with a disability; female-headed households; displaced persons or migrants in informal sites.

Source Name	Source Link
1. Radio Okapi	<a href="https://www.radiookapi.net/2025/11/12/actualite/societe/pluie-diluvienne-kinshasa-au-moins-2-morts-de-nombreux-sinistres-et-des">https://www.radiookapi.net/2025/11/12/actualite/societe/pluie-diluvienne-kinshasa-au-moins-2-morts-de-nombreux-sinistres-et-des</a>
2. Agence Congolaise de Presse	<a href="https://acp.cd/urbain/denormes-degats-materiels-enregistres-apres-la-pluie-diluvienne-a-kinshasa/">https://acp.cd/urbain/denormes-degats-materiels-enregistres-apres-la-pluie-diluvienne-a-kinshasa/</a>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDRCD046

**If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:**

The November 2025 floods constitute an exceptional, non-recurrent event. While Kinshasa usually receives 190–255 mm of rain in November, this month recorded up to 435 mm, i.e., 70 to 130% above normal, placing it among the wettest ever measured. On 11–12 November, daily and hourly intensities exceeded the 90th–95th percentile, well outside expected seasonal variations.

This episode struck a city already tested by abnormal rains earlier in 2025, including severe flooding in April and even in June — normally an almost dry month. Saturated soils and overwhelmed drainage led to the simultaneous overflow of the N'djili, Nsanga and Makelele rivers, causing widespread destruction. The observed damage — flash floods, water levels reaching 1.50 m in some neighborhoods such as Limete, bridges washed away — confirms an episode among the 5–10% most extreme rains of the season.

Climate forecasts for November 2025–January 2026 anticipate continued above-average precipitation in the north of the country and episodes of heavy rainfall likely to trigger further flooding or landslides. This situation is all the more concerning as the DRC has already recorded 44,000 suspected cholera cases and 1,238 deaths since the beginning of the year, doubling the figures from 2024, which greatly increases the post-flood health risk.

No other funding is available at this stage, nor with the speed required to cover life-saving needs in the first weeks. The National Society nevertheless has immediate response capacities (trained volunteers, pre-identified suppliers). In this context, the DREF is the most effective, rapid and cost-efficient mechanism to prevent further deterioration of the situation and contain the overall intervention costs.

**Lessons learned:**

Several lessons were drawn from recent DREF operations carried out following floods (notably MDRCD046 and other similar floods in the area):

- Pre-positioned WASH/shelter kits at branch level accelerated the response within the first 72 hours. Although these kits were insufficient compared to the needs.
- Cash assistance disbursements experienced significant delays due to the slow response of the financial service provider (FSP), particularly regarding the verification of household identity information and the processing of payment files, which resulted in delays



in the assistance timeline and a drop. For this DREF, setting up an emergency mechanism for in-kind assistance (WASH and/or essential shelter kits) would be preferable in order to avoid any delay in assistance.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
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## Current National Society Actions

### Start date of National Society actions

13-11-2025

<b>Health</b>	50 DRC Red Cross volunteers were deployed to take part in evacuation operations for disaster-affected populations and to provide first aid in the hardest-hit neighborhoods, while conducting awareness-raising activities on hygiene measures and the prevention of waterborne diseases to reduce post-flood health risks.
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## IFRC Network Actions Related To The Current Event

<b>Secretariat</b>	<p>The IFRC, through its Kinshasa delegation, will provide technical support to the Red Cross of the DRC for the drafting, planning, implementation and PMER management of this DREF. The delegation currently includes a Head of Delegation, an Emergency/Operations Manager (who serves as the DREF focal point), PMER and Information Management officers, a Health Officer, a Livelihoods Officer, logistics/supply chain and procurement staff, finance/administration officers, a Protection, Gender and Inclusion (PGI) delegate, a Communications Officer and a Security focal point.</p> <p>IFRC staff already deployed in-country under other operations and programmes (notably the Food Security response, urban flood preparedness/DRR, the and National Society Development) will be re-tasked to support this DREF in needs assessments, market and feasibility analysis, procurement and warehousing.</p>
<b>Participating National Societies</b>	<p>Several Partner National Societies (PNS) are present in the Democratic Republic of the Congo, including the French Red Cross, the Belgian Red Cross, the German Red Cross and the Spanish Red Cross. However, for the current floods in Kinshasa, none of these PNS is, at this stage, operationally positioned or has committed specific resources on the ground for the response to this disaster. Coordination and immediate implementation of the response therefore fall exclusively to the DRC Red Cross, with technical support from the IFRC, pending any potential contributions or subsequent engagement by the PNS.</p> <p>Moreover, these PNS are running other programmes in the DRC and coordinate their actions with the IFRC and the ICRC through Movement-established platforms to ensure complementarity with the DREF. These include the Belgian Red Cross (support to water, sanitation and hygiene, first aid, DM/DRR), the Spanish Red Cross (WASH/health and urban livelihoods), and the French Red Cross (first aid/DRR).</p>

## ICRC Actions Related To The Current Event

The ICRC has an office in the country and maintains ongoing coordination. To date, no action has been taken by the ICRC regarding this disaster.



# Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	Yes
<b>National authorities</b>	-On 12 November, the President convened a crisis meeting in Kinshasa to discuss the previous day's floods and urgent measures to be taken. The crisis unit announced the demolition of all infrastructure built in non-buildable areas. An action plan was set out for clearing/desilting the drainage channels to facilitate the evacuation of rainwater.
<b>UN or other actors</b>	The World Health Organization (WHO) distributed medicines and health kits, notably in Kinshasa, and supported the continuity of care for victims, including vaccination sessions and psychosocial support.

## Are there major coordination mechanism in place?

There are Disaster Relief Coordination Meetings organized by the Ministry of Interior and the Ministry of Humanitarian Action.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

Shelter needs for populations affected by the 12 November 2025 floods in Kinshasa are considerable, due to the destruction or flooding of thousands of homes and the insufficiency of durable rehousing solutions. More than 10,555 houses were flooded and 860 completely destroyed, forcing thousands of households to take refuge in schools and churches or to settle temporarily with relatives or in makeshift shelters.

Identified priorities include:

- Access to safe and dignified shelter for displaced households, with the rapid establishment or rehabilitation of temporary structures to avoid overcrowding and exposure to the elements or health risks in collective sites<sup>16</sup>.
- The provision of emergency shelter kits (tarpaulins, ropes, mattresses, blankets, solar lamps) and reconstruction materials for households whose homes are partially damaged or destroyed.
- The rehabilitation or reconstruction of damaged dwellings, particularly for vulnerable households (female-headed households, older persons or persons with disabilities, large families), in order to shorten the duration of stay in collective sites and limit the risks of GBV, insecurity and disease.



### Livelihoods And Basic Needs

The 12 November 2025 floods affected more than 99,000 people in 21 communes of Kinshasa. The complete destruction of 860 houses left at least 5,160 people homeless, while the flooding of more than 10,500 dwellings resulted in significant losses of essential household items, personal belongings and food for approximately 63,330 people. These households are in urgent need of safe shelter, essential household items and immediate support to replace destroyed household assets.

The floods severely affected livelihoods, particularly in the informal sectors which are the main source of income for around 70% of the affected households. As a result, nearly 11,566 households saw their daily income interrupted due to the loss of work tools, goods or small equipment. Population movements, damage to infrastructure and limited access to areas of economic activity create a critical need for livelihoods support, notably to enable a minimal resumption of income-generating activities.

Access to markets and distribution networks is heavily disrupted, with at least two major markets (Lufungula and Kalembelembe) rendered inaccessible and two bridges collapsed, undermining movement between several neighbourhoods. This situation limits households' access to essential goods, constrains income opportunities and further weakens food security. The affected communities have an urgent need to restore access points to markets, or temporary alternatives that ensure access to basic commodities.

The loss of food stocks affects up to 11,415 households, worsening food insecurity in the flooded areas. The disruption of markets and



supply routes in 20 communes exposes tens of thousands of families to price increases, temporary shortages and reduced access to sufficient food. The affected households require immediate food assistance, as well as measures to stabilize access to staple goods until markets return to normal functioning.



## Health

The floods affected 99,138 people (16,523 households), causing 10 deaths, 153 injuries, as well as the flooding of 10,555 houses and the destruction of 860 others. The submersion of dwellings, flooding of latrines, saturation of drainage systems and contamination of water points greatly increase the risk of waterborne diseases (acute diarrhoea, cholera, typhoid, hepatitis) and malaria, due to stagnant water.

Within the affected population, an estimated 16–17% are children under five (approximately 16,500–16,900), 8–9% (approximately 8,000–9,000) are pregnant or breastfeeding women, and nearly 5% (approximately 4,960) are older persons. In addition, 5,160 people are displaced, exposed to precarious shelter conditions.

Malaria constitutes a major risk for the disaster-affected populations. The stagnant water left by the floods, combined with precarious shelter conditions, creates an environment conducive to mosquito proliferation. The period from November to January, traditionally marked by high transmission, heightens this vulnerability. Households whose homes are flooded or destroyed (approximately 68,490 people), as well as the 5,160 displaced persons, face increased exposure to nocturnal bites and reduced rapid access to care, which raises the risk of complications and mortality. These groups require immediate protection against malaria to reduce this exposure.

The health situation requires an urgent strengthening of community-based surveillance, particularly in Kinshasa where vulnerability remains high. Flooding increases the likelihood of waterborne diseases (diarrhoea, cholera, typhoid), malaria and acute respiratory infections, and makes outbreaks harder to detect in time. Rapid escalation of alert signals from communities is essential to prevent uncontrolled epidemics, especially as access to health facilities is disrupted by damaged roads and bridges. Communities therefore need a functional, accessible and responsive surveillance system that can quickly identify suspected cases and trigger an early response.

Finally, access to health facilities remains heavily disrupted: damaged roads and bridges increase delays in care and lead to interruptions in essential treatment, notably for chronic diseases.



## Water, Sanitation And Hygiene

WASH needs are immediate and of an exceptional scale. Among the 99,138 people affected, approximately 68,490 live in flooded homes or have been displaced by total destruction, exposing them to heavily contaminated water. This situation arises in an already critical epidemiological context, marked in 2025 by more than 44,000 suspected cholera cases and 1,238 deaths, a significant increase compared to the previous year. Safe access to drinking water therefore becomes a life-saving priority to limit outbreaks of waterborne diseases.

The volume of water required to meet minimum standards (15–20 L/person/day) is considerable: between 1.03 and 1.37 million litres per day for the 68 490 priority individuals, and up to nearly 2 million litres when considering all affected people. Households whose dwellings have been flooded or destroyed also have an urgent need for household water treatment, which represents more than 1.5 to 2 million chlorination tablets for the priority subgroup alone. The loss of household equipment further increases needs, notably for jerrycans, lidded buckets and soap, which are essential to restore minimum hygiene practices.

Sanitation needs are equally critical. More than 5,000 displaced people live without sufficient access to functional latrines, while many community sanitation blocks have been flooded and require urgent desludging and disinfection to prevent faecal overflows. Disease prevention also requires strengthening handwashing facilities in high-traffic areas and supporting communities in post-flood cleaning and waste management activities, given the scale of muddy deposits and residues left by the waters.

Finally, ensuring the safety of distributed water remains a central need: supply points and networks served after the flood must have chlorination inputs, water quality testing, and temporary storage and distribution capacities, notably in schools, health centres and accommodation sites.

All of these needs particularly affect the most vulnerable households — female-headed households, older persons or persons with disabilities, children and internally displaced people — whose coping capacities are limited in the face of the rising cost of safe water and healthcare, making a rapid, large-scale WASH response indispensable.





## Protection, Gender And Inclusion

In this context of destroyed housing and overcrowded accommodation sites, women, children, older people, persons living with disabilities, female-headed households, displaced or migrant persons, as well as minorities are particularly exposed. Overcrowding, the breakdown of protection networks, economic precariousness and social disruption amplify the risks of gender-based violence, exploitation, abuse, discrimination and exclusion.

Immediate Protection, Gender and Inclusion (PGI) needs primarily concern clear and inclusive identification of vulnerabilities, through registration of affected people with sex-, age- and disability-disaggregated data (SADD), enabling assistance to be tailored to specific risks. Communities also require accessible accountability mechanisms, including listening spaces, help desks, a toll-free hotline, complaint boxes, and assurance that concerns raised are addressed promptly — essential to reduce risks of abuse, strengthen trust and refer people to appropriate services.

In accommodation sites, priority needs concern safety, privacy and dignity, through appropriate spaces for families, unaccompanied children and persons living with disabilities; separate, well-lit sanitation facilities; safe areas; and measures to mitigate GBV risks — including solar lighting and mixed community patrols.

The affected communities also need clear access to GBV and PSEA prevention and reporting mechanisms, through posters, information sessions, trained and identified focal points, and volunteers sensitised to PGI standards and confidential reporting procedures.

Finally, survivors or those at risk must be rapidly referred to specialized medical, psychosocial and legal services, through functional referral pathways covering the 20 affected communes. Material needs remain significant, notably protection kits, dignity/MMH kits for women and adolescent girls, as well as assistance tailored to persons living with disabilities, including mobility aids or specific kits.



## Community Engagement And Accountability

To reduce misinformation, prevent tensions during distributions and limit the risks of exclusion, the affected populations are in urgent need of a community engagement and accountability (CEA) mechanism commensurate with the scale of the crisis and covering all 20 affected communes. Communities first require clear, consistent and multilingual access to essential information, notably on safe water, hygiene, the prevention of waterborne diseases and assistance modalities. This entails disseminating accessible messages — in Lingala and French — via local radio stations, mobile outreach teams and materials adapted for people with low literacy, to ensure that information reaches all affected groups.

Disaster-affected households also need reliable and accessible feedback mechanisms, including a toll-free hotline capable of handling a high volume of daily calls, as well as physical complaint drop-off points in the hardest-hit neighborhoods. These channels enable the population to ask questions, report problems and receive rapid responses, which is crucial in a context where rumors and conflicting information circulate.

Communities also need inclusive spaces for dialogue and representation, through community committees balanced in terms of gender and trained focal points, particularly for handling sensitive or protection-related complaints. The organization of distributions must likewise be supported by measures facilitating inclusion — clear signage, priority queues, community interpreting — so that vulnerable people, non-French speakers or those with specific needs can access assistance without barriers or risk of discrimination.

Overall, a comprehensive listening and feedback system is essential to strengthen transparency, improve the tailoring of the response to actual needs and maintain trust between humanitarian teams and affected communities. It enables disaster-affected people to express their concerns safely, contribute actively to improving the intervention and feel fully recognized in the response process.

## Any identified gaps/limitations in the assessment

Following the 12 November 2025 floods, which affected 99,138 people in 20 communes of Kinshasa, the rapid assessment highlights persistent, cross-cutting humanitarian needs. Despite the mobilization of actors, significant gaps remain in the areas of shelter, water, sanitation and hygiene, health, and livelihoods, exacerbated by a lack of resources, operational constraints and coordination challenges, to the detriment in particular of the most vulnerable groups.

A detailed multisectoral needs assessment will be carried out at the start of the operation and will complement the information shared above.



# Operational Strategy

## Overall objective of the operation

This four-month DREF operation aims to save lives, reduce post-flood health risks and restore minimum living conditions for 15,000 people (3,000 households) who have been severely affected. It will provide integrated, rapid assistance, notably access to safe drinking water, sanitation and hygiene, emergency health and epidemic prevention services, shelter solutions, and essential household items (AME) to replace lost assets and rapidly stabilize households.

Implementation will place the community at the centre of the response, ensuring information, participation and accountability to affected people, and ensuring the inclusion of the most vulnerable groups (children, pregnant/breastfeeding women, older persons and persons living with disabilities).

## Operation strategy rationale

To meet the needs of the target population, the National Society's strategy will focus on the following areas, with implementation driven by a proximity-based operational set-up, trained volunteers, and close coordination with the health authorities and the community committees of the 20 affected communes:

### 1) Health.

Support will aim to reduce post-flood morbidity and provide first aid. 200 volunteers trained in first aid and EpiC (Epidemic Control) will be deployed in mobile teams for pre-hospital assistance and referral to health facilities, supported by the provision of 80 first-aid kits to replenish stocks and ensure continuity of interventions. Malaria prevention will be strengthened through the distribution of two long-lasting insecticide-treated nets (MIILD) to each of the 3,000 targeted households (6,000 MIILD in total), with demonstrations on their use. Three months of psychosocial care/support will be provided by volunteers trained in psychological first aid, integrated into community rounds, with structured referrals to specialized services as needed. In addition, a community-based surveillance system will be set up in the targeted communes; a network of volunteers (around 100 within the 200 mobilized) will be trained to identify and rapidly report priority diseases (acute watery diarrhoea/suspected cholera, outbreaks of fever with rash, suspected febrile malaria episodes, deaths or unusual events). Alerts will be transmitted within 24 hours to the health zones via simple dedicated forms, with confirmation and immediate referral of cases to points of care (health facilities) and feedback to communities. Weekly briefings with the health zones and supervisors will analyze alerts to guide prevention actions.

### 2) Water, Sanitation and Hygiene (WASH)

The immediate objective is to provide temporary access to safe drinking water and reduce water, sanitation and hygiene-related risks in the affected neighborhoods. 200 volunteers (an average of 10 per commune) will be deployed to conduct weekly community sanitation campaigns focused on disinfecting sites in priority areas, unclogging drains and waste management, with the provision of 18 sanitation kits to local committees and 200 personal protective kits for field teams. In parallel, 3,000 households will receive Aquatabs and jerrycans for correct dosing and storage of water, accompanied by practical sessions on water treatment and storage, as well as on handwashing at critical times. Post-distribution monitoring will verify uptake and correct use of these inputs. Once the floodwaters have receded, water points and sources will be disinfected in coordination with local operators in order to quickly restore quality to prevailing standards.

### 3) Shelter

The strategy aims to restore minimum living conditions and protect homeless households through the distribution of essential household items (EHI/NFI). Approximately 120 volunteers, supported by a dedicated logistics team (transport, warehousing, quality control), will distribute two tarpaulins per household for 860 households whose homes were destroyed, to enable them to protect their belongings. In parallel, 3,000 families will receive EHI/NFI kits (mats, blankets, basic cooking utensils, lidded bucket), allocated on the basis of predefined vulnerability criteria posted publicly. Distributions will be planned in commune-based waves to limit crowds, with accessible distribution points and post-distribution monitoring to verify use and satisfaction. These 120 volunteers will be trained in shelter messaging and techniques.

### 4) Community Engagement and Accountability (CEA).

To place communities at the heart of the response, reduce epidemic risks and ensure transparency, around 80 CEA volunteers will be deployed across 20 communes. They will establish multiple means to inform and listen to communities: information and listening points during distributions, door-to-door and mass outreach, a toll-free hotline, community meetings, as well as messages broadcast by community radio stations. Messages, disseminated in Lingala and French, will focus on water, hygiene, prevention of cholera/diarrhoea and malaria, early recognition of warning signs and rapid care-seeking. In support of vaccination campaigns (routine catch-up, measles, polio, OCV as applicable), teams will conduct proximity social mobilization (door-to-door, engagement of leaders, pre-registration) in coordination with the health zones to strengthen uptake and coverage. Transparency will be ensured by posting targeting criteria, beneficiary lists and schedules in each commune, with the participation of community representatives in the supervision of operations. A structured community feedback system will register, categorize and address requests and complaints within 48-72 hours, with confidential channels for sensitive complaints (including PSEA) and active referral pathways. Weekly monitoring of feedback and rumors



will feed corrective messaging and programmatic adjustments, in compliance with data protection and the inclusion of vulnerable groups.

#### 5) Protection, Gender and Inclusion (PGI).

The planning and design of this DREF will aim to assess and reduce the risk of discrimination and violence and to promote meaningful participation by all people, regardless of age, sex, disability or origin. The response will be designed and implemented to be safe, inclusive and gender sensitive. One PGI volunteer per commune (20 in total), supported by a provincial focal point who will train all teams on PGI minimum standards and prevention of sexual exploitation and abuse (PSEA), will ensure site accessibility (priority queues, arrangements for people with reduced mobility, adapted schedules) and the presence of referral pathways for protection and GBV cases. Sex/age/disability data disaggregation and proactive identification of female-headed households, older persons and persons living with disabilities will guide targeting and inclusion monitoring. "The response primarily aims to provide protection and support to the well-being of the affected population through psychosocial assistance, while ensuring safety in shelters. It seeks to restore family links and strengthen protection against gender-based violence and child protection by mapping referral pathways, facilitating safe referrals, organizing awareness sessions on available services and distributing hygiene kits. In addition, protection is a priority through community sensitization, dissemination of information, education and communication materials on reporting mechanisms, the establishment of sensitive communication channels, and staff briefing sessions to ensure accountability and prevent harm."

#### 6) Organization and coordination.

A pool of multi-purpose volunteers (200 in total and 20 supervisors mobilized and working in pairs over four months, with cross-functional overlap between sectors as needed) will be overseen by CRRDC Secretariat teams and a provincial supervisor. Supplies will rely on local suppliers, nearby warehouses and distribution points validated with communal authorities. Technical coordination will be ensured with the government (the Ministry of Social Affairs and the Ministry of Health), the health zones, the communal services and humanitarian partners to avoid duplication and fill gaps. Post-distribution monitoring and regular follow-up, informed by feedback, will enable continuous adjustment of implementation and capitalization at the end of the operation. The Red Cross will take part in all coordination meetings organized by the ministry and/or other actors in the context of this crisis.

## Targeting Strategy

### Who will be targeted through this operation?

This operation will target 18,000 people (3,000 households) in the city of Kinshasa, prioritizing the most affected and accessible communes identified by the rapid assessment, notably Limete, Ngaliema, Kalamu, Bandalungwa, Masina, Bumbu and Mont-Ngafula.

### Explain the selection criteria for the targeted population

Targeting will prioritize households whose dwellings are destroyed or severely damaged, as well as female-headed households, older persons, persons living with disabilities, pregnant/breastfeeding women, and families with children under five. Beneficiary lists will be developed and validated with the community and local authorities, and vulnerability criteria will be posted to ensure accountability. The estimate of 18,000 people is based on an average household size of six.

## Total Targeted Population

Women	4,680	Rural	-
Girls (under 18)	4,500	Urban	-
Men	4,320	People with disabilities (estimated)	15%
Boys (under 18)	4,500		
Total targeted population	18,000		



# 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?	No
Does your National Society have whistleblower protection policy?	No
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
New rainfall events, secondary flooding, and epidemic risks.	<ul style="list-style-type: none"> <li>- Link the action plan to alert thresholds (METTELSAT)</li> <li>- Health/WASH mobile teams ready; buffer stocks (ORS/zinc, MIILDS); community-based surveillance and RCCE messages;</li> <li>- Time buffers in the schedule;</li> <li>- Request additional allocation and update the Action Plan.</li> </ul>
An accident occurs and activities are interrupted: suspension of distributions, temporary closure of a site, redeployment of teams to incident management and the internal investigation. This results in delays, reduced coverage and increased costs.	volunteer insurance; full PPE (boots/gloves/flashlights); “no-night movement” rules and buddy systems; crowd-management plan (barriers, priority queues, staggered schedules, community leaders); security-cleared routes and sites; first-aid kits; security/PGI/PSEA training; MHPSS for teams; accessibility measures for older persons/people with disabilities.
Home visits in a crisis context present specific PGI (Protection, Gender and Inclusion) risks for both beneficiaries and teams, particularly in urban environments affected by flooding and population displacement. Risk of violation of privacy and intrusion; increased exposure to gender-based violence (GBV), harassment or exploitation; risk of reprisals or community suspicion for teams/volunteers.	<ul style="list-style-type: none"> <li>- Plan visits in consultation with the community and local leaders</li> <li>- Use mixed teams trained in PGI/PSEA: ensure that each team includes at least one woman, that volunteers are identifiable (badge, vest), and trained in handling sensitive complaints and in the prevention of abuse.</li> <li>- Respect confidentiality, consent and dignity;</li> <li>Limit the duration and frequency of visits</li> </ul>
Overcrowding and the lack of appropriate spaces can expose residents—particularly women, unaccompanied children and persons with disabilities—to increased risks of gender-based violence (SGBV), theft or assault. Poor lighting, the absence of separate areas or lockable doors, and high density increase these risks.	Systematically identify site weaknesses; plan for lighting, zoning for vulnerable groups, separate latrines, feedback points, etc.; and ensure participatory and inclusive management of the shelter space.

Please indicate any security and safety concerns for this operation:

The teams will operate in a high-risk environment related to the floods. The waters may be contaminated and conceal pits, open drains or debris, with unpredictable currents and the possible presence of animals. To reduce these hazards, movement in water above knee level will be prohibited; volunteers will wear boots, gloves and headlamps, will systematically work in pairs, and will use ropes or flotation devices near watercourses. Any wound will be disinfected immediately.

Damaged infrastructure constitutes another major risk. Bridges and roadways weakened—particularly between Kauka and Matonge—as well as cracked houses and unstable embankments in Mont-Ngafula and Ngaliema expose teams to collapses and landslides. No entry will be authorized into an unsafe building; routes will be validated in advance and safety perimeters will be set up near



riverbanks and eroded slopes, in coordination with the communes.

In a dense urban context, crowds can form during distributions, with a risk of jostling, theft or intrusion. A crowd management plan will be applied (barriers, separate and priority queues, staggered schedules), with the involvement of community leaders to ease tensions. The security of warehouses and distribution points will be ensured discreetly.

The duty of care frames the entire operation: active volunteer insurance, first-aid kits in each vehicle, medical evacuation procedures, daily security briefings and reliable means of communication (radios, charged phones). Regular liaison with local and health authorities (DPS, health zones) will make it possible to adjust the security posture.

Has the child safeguarding risk analysis assessment been completed?

No

## Planned Intervention



### Shelter Housing And Settlements

**Budget:** CHF 239,945

**Targeted Persons:** 3,000

#### Indicators

Title	Target
# of households that received 2 tarpaulins + a fixing kit (ropes, stakes/nails)	860
# of Household satisfaction rate regarding the quality/adequacy of the materials (PDM)	80
# of households that received an Essential Household Items (EHI/NFI) kit (mats, blankets, basic cooking utensils, lidded bucket),	3,000
% of households reporting that the kit enabled them to restore minimum living conditions (PDM)	75

#### Priority Actions

- Identification/targeting and damage verification
- Distribution of emergency shelter (tarpaulins + fixing kits) to homeless households
- Distribution of Essential Household Items (EHI/NFI) to affected households
- Train 120 volunteers on shelter techniques and crowd management
- PDM



### Health

**Budget:** CHF 126,265

**Targeted Persons:** 10,000

#### Indicators

Title	Target
% of alerts leading to an action (referral, investigation, targeted chlorination),	80



% of households able to cite 3 key practices (water treatment, critical handwashing times, early care-seeking),	70
# of people (disaggregated by sex) who received psychosocial support (listening, PFA, group sessions),	1,500
% of people who slept under an MIILD the previous night (PDM)	70

## Priority Actions

- Training of 100 volunteers in EpiC.
- Training of volunteers in First Aid and psychosocial support.
- Procurement and provision to volunteers of 80 first-aid kits.
- Procurement and distribution of mosquito nets to 3,000 households.
- Door-to-door and mass awareness-raising on the prevention of waterborne diseases.



## Water, Sanitation And Hygiene

**Budget:** CHF 23,940

**Targeted Persons:** 10,000

## Indicators

Title	Target
# of households that received Aquatabs and jerrycans	3,000
% of households able to demonstrate correct use and safe storage (PDM)	80
# of people (disaggregated by sex) reached with key messages (safe water, handwashing at critical times, food hygiene) via door-to-door/sessions/radio,	10,000
% of households able to cite at least three critical handwashing moments (PDM)	70

## Priority Actions

- Weekly community sanitation (cleaning, light disinfection, drain clearing/desilting)
- Access to safe water through household water treatment via the distribution of Aquatabs and jerrycans
- Hygiene promotion and access to handwashing through the distribution of handwashing devices
- Disinfection of latrines



## Protection, Gender And Inclusion

**Budget:** CHF 8,857

**Targeted Persons:** 3,000

## Indicators

Title	Target
% of staff/volunteers who have signed the Code of Conduct and received a PGI/PSEA briefing before deployment	100
# of protection cases identified and referred through confidential channels	-

(without collecting sensitive details)	
# of women who received hygiene kits	1,000
# of people who received PGI messages	3,000

## Priority Actions

- Capacity strengthening of staff and volunteers and integration of PGI/PSEA throughout the operation
- Set up temporary Child-Friendly Spaces (CFS) in safe, accessible locations (schools/community sites), equipped with recreational/educational kits, a handwashing point and separate M/F latrines, in line with the Minimum Standards for Child Protection in Humanitarian Action.
- Protection referrals (GBV, child protection, mental health).
- Provide psychosocial support (psychological first aid and recreational activities for children).
- Restore family links.
- Identify referral pathways and provide safe referrals.
- Awareness sessions on available services for gender-based violence.
- Hygiene kits.
- Establish feedback mechanisms.
- Protection briefings.
- A rapid gender analysis.
- Organize awareness sessions on gender-based violence and on sexual exploitation and harassment.



## Community Engagement And Accountability

**Budget:** CHF 6,360

**Targeted Persons:** 3,000

## Indicators

Title	Target
# of operational channels per commune	4
% of distributions with an active help desk	100
% of feedback resolved in <72 h	80
% of households who know the criteria and assistance modalities	80

## Priority Actions

Establish a multi-channel feedback system (help desks, hotline, neighbourhood meetings, suggestion boxes)

- Broadcast radio programmes
- Inform the community and ensure transparency on the criteria, lists, schedules, assistance values and modalities



## Secretariat Services

**Budget:** CHF 36,522

**Targeted Persons:** 500

## Indicators

Title	Target
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# of Lunch meetings held	1
# of joint monitoring missions conducted	6
# of volunteers insured.	500

## Priority Actions

- Organisation d'une réunion de lancement au debut de l'opération
- Appui au suivi conjoint des activités
- Assurer l'assurance des volontaires déployés sur l'opération



## National Society Strengthening

**Budget:** CHF 19,847

**Targeted Persons:** 227

## Indicators

Title	Target
# of monitoring mission conducted	20
# of planning meetings held	1

## Priority Actions

- Organize a planning meeting with the Kinshasa branch to align objectives, timeline, and responsibilities.
- Support activity monitoring missions (planning, deployment, reporting, and corrective actions).
- Coordinate logistics, including transport of items, warehousing, and handling, with tracking of stocks and deliveries.

# About Support Services

## How many staff and volunteers will be involved in this operation. Briefly describe their role.

This operation will comprise:

- 200 volunteers with roles: field implementation, compliance and safety, daily reporting to supervisors via mobile tools.
- 20 supervisors will be deployed with responsibility for daily planning, security/PGI briefings, quality control of activities and data, liaison with communal authorities/health zones, logistical organization of distribution points, incident resolution and escalation, monitoring and reporting. Consolidation of achievements (indicators/sector), escalation of CBS/CEA alerts, verification of distribution documents (LDR, attendance sheets, PDM).
- A National Coordinator: Strategic and operational leadership, high-level representation/coordination, interface with IFRC (delegation), authorities (DPS/communes), 3W partners; crisis communication.
  - A Provincial Supervisor: Conduct of field operations: weekly planning, deployments, team rotations, local technical coordination, daily operational meetings, participation in commune/health zone meetings.
- A PMER: Results framework and monitoring: definition of sector indicators, dashboards, data collection/validation. Performance monitoring, production of sitreps/DREF final report.
- A Logistician: Supply chain, quality control of inputs (EHI/NFI, MIILD, Aquatabs, ...).
- Accountant/Finance Officer: Financial management and budgets, advances and liquidations, payment of suppliers/volunteer allowances, internal control.



## **Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?**

The CRRDC volunteer team largely reflects the gender, age and cultural diversity of the affected communities. It is composed of women and men, youth and older people, drawn from the affected communes and speaking the main languages used in Kinshasa (Lingala, Kikongo, Swahili and French). For sensitive activities (household surveys, psychosocial support, assistance to female-headed households), the CRRDC will systematically deploy mixed teams and listening points staffed by female volunteers. The CRRDC will also ensure that each site has volunteers who know the local language and community practices, in order to foster trust and equitable access.

## **If there is procurement, will it be done by National Society or IFRC?**

- The National Society (DRC Red Cross) will be responsible for local purchases below CHF 50,000 (or equivalent), in accordance with IFRC/NS procedures (procurement committee, segregation of duties, competition, traceability). No splitting to circumvent the threshold is permitted.
- The IFRC will be responsible for any purchase equal to or above CHF 50,000 and for any regional/international procurement (tendering, quality control, compliance, customs clearance where applicable).

## **How will this operation be monitored?**

The operation's PMER leads the monitoring and evaluation of the assessment. It consolidates the data submitted by the teams, updates and analyses the dashboard, then produces a weekly SitRep and a monthly review with operational recommendations.

The Provincial Supervisor coordinates the monitoring of field operations. He validates the accessibility of areas and the quality of implementation.

The 20 area supervisors ensure the daily monitoring of activities. They verify achievements and supporting documents (lists, photos), ensure compliance with PGI/PSEA requirements and safety rules, and promptly escalate incidents, alerts and lessons learned.

Sectoral focal points (Health/CBS, WASH, Shelter, CEA/PGI) track the technical indicators for their sector, ensure the methodological quality of activities and propose adjustments when targets or standards are not met.

The IFRC delegation office provides technical support in PMER, information management, logistics and finance, conducts compliance reviews and carries out joint monitoring visits with the National Society, resulting in shared corrective action plans.

## **Please briefly explain the National Societies communication strategy for this operation**

CRRDC will participate in coordination meetings with the authorities (communes, DPS/health zones), share 3W and weekly SitReps, email circulars with partners (NGOs, UN agencies), and ad hoc technical touchpoints (WASH, health, shelter).

The media strategy provides for press releases at launch, press briefings as needed, regular content on social media (photos/videos, testimonies, results), and the amplification of prevention messages, with multi-channel dissemination (website, community radio stations, newsletter).



# Budget Overview



## DREF OPERATION

### MDRCD048 - DRC Red Cross DRC floods

#### Operating Budget

<b>Planned Operations</b>	<b>405 366</b>
Shelter and Basic Household Items	239 945
Livelihoods	0
Multi-purpose Cash	0
Health	126 265
Water, Sanitation & Hygiene	23 940
Protection, Gender and Inclusion	8 857
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6 360
Environmental Sustainability	0
<b>Enabling Approaches</b>	<b>56 368</b>
Coordination and Partnerships	0
Secretariat Services	36 522
National Society Strengthening	19 847
<b>TOTAL BUDGET</b>	<b>461 735</b>

*all amounts in Swiss Francs (CHF)*



# Contact Information

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

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[Click here for the reference](#)

