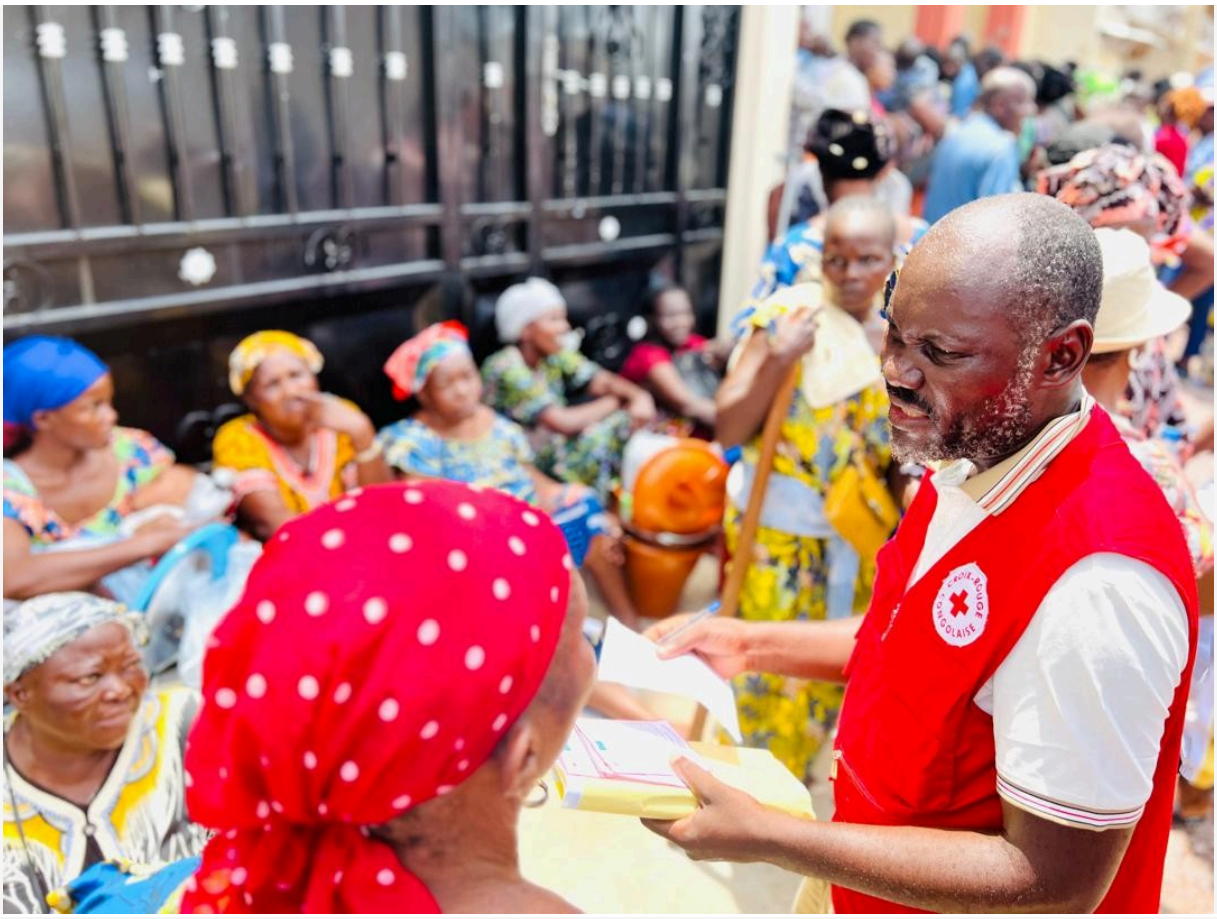
DREF Final Report

Congo Flood 2025



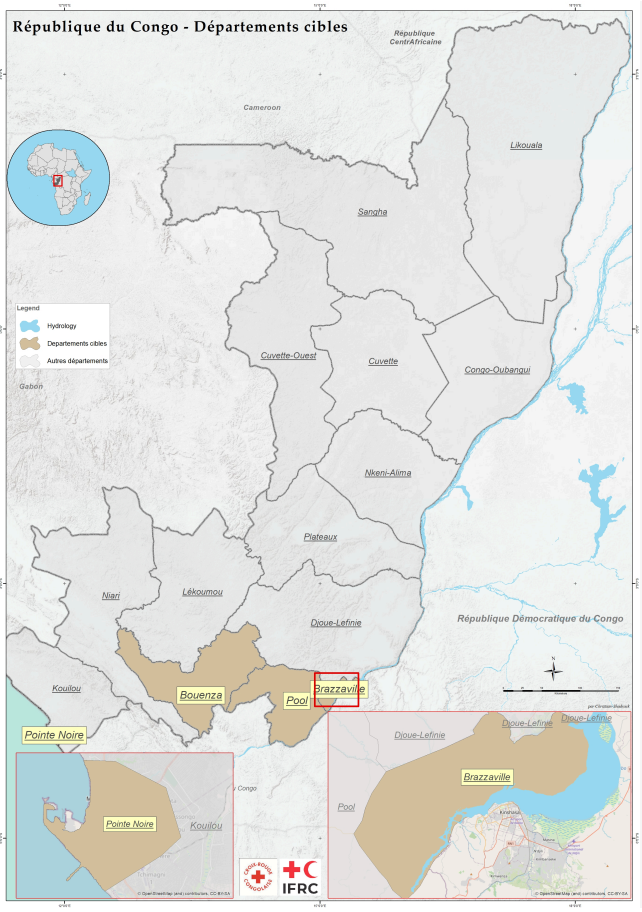
Voucher Distribution

Appeal: **MDRCG026**	Total DREF Allocation: **CHF 499,267**	Crisis Category: Yellow	Hazard: **Flood**
Glide Number: -	People Affected: **50,000 people**	People Targeted: **12,500 people**	People Assisted: **22,400 people**
Event Onset: **Sudden**	Operation Start Date: **25-11-2025**	Operational End Date: **31-03-2026**	Total Operating Timeframe: **4 months**

Targeted Regions: **Brazzaville, Pointe-Noire**

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



Targeted Areas

Date of event

19-11-2025

What happened, where and when?

Exceptionally heavy rainfall during November 2025 triggered flash floods and severe flooding across the departments of Brazzaville and Pointe-Noire in the Republic of the Congo, causing significant humanitarian consequences and widespread material destruction. According to the Congolese Red Cross (CRC), approximately 50,000 people were affected, 22,842 people were displaced or evacuated, and at least 55 people were injured.

The floods particularly affected low-lying and densely populated neighbourhoods in Brazzaville and Pointe-Noire, where water levels rose rapidly following torrential rains and the overflow of rivers and drainage systems. Several neighbourhoods were submerged after the Tsiémé River in Brazzaville and the Nzoko River in Pointe-Noire exceeded normal levels. Meteorological services reported rainfall levels nearly twice the seasonal average, accompanied by a significant rise in the water level of the Congo River and its tributaries, reaching approximately 5.62 metres above normal levels.

The floods caused extensive damage to homes, community infrastructure and livelihoods. Thousands of houses were partially or completely destroyed, roads and drainage systems were damaged, and more than 1,750 hectares of agricultural land were flooded across the two targeted departments. Many affected families lost household belongings, productive assets and sources of income. Most displaced households sought shelter with relatives, neighbours or host families, often in overcrowded and precarious living conditions.

The disaster also generated significant public health and WASH concerns. Floodwaters damaged water points, sanitation facilities and household latrines, increasing the risk of waterborne diseases, including cholera, diarrhoea and typhoid. In several affected communities,

access to safe drinking water and adequate sanitation was severely disrupted, while stagnant water increased exposure to malaria and other vector-borne diseases.

In response to the emergency and following the Government's appeal for humanitarian assistance, the Congolese Red Cross rapidly deployed 60 volunteers (30 in Brazzaville and 30 in Pointe-Noire) to support search and rescue activities, rapid assessments, first aid and community sensitization. With the support of the International Federation of Red Cross and Red Crescent Societies (IFRC) through the DREF operation MDRCG026, the National Society implemented a four-month emergency response targeting 2,500 vulnerable households (approximately 12,500 people) through multipurpose assistance delivered via voucher-based support, alongside health, WASH, PGI and community engagement activities.

The operation also mobilized 150 trained volunteers and community actors who supported epidemic prevention activities, hygiene promotion, psychosocial support, community-based surveillance and accountability mechanisms throughout the intervention. Lessons learned and Post-Distribution Monitoring (PDM) findings later confirmed that the operation contributed positively to meeting urgent household needs and restoring dignity among affected populations, despite persistent humanitarian needs and operational challenges in some areas, particularly in Brazzaville.

Focus Group in Pointe noire

Sanitation activities in Pointe Noire

Scope and Scale

According to data from the Ministry of Humanitarian Action, cross-checked with information from the local branches of the Congolese Red Cross (CRC), the heavy rains of 18 and 19 November 2025 triggered severe flooding, silting and erosion processes that affected more than 61,500 people, representing approximately 12,500 households across Brazzaville and Pointe-Noire. In Brazzaville alone, 7,035 households were affected in the arrondissements of Talangaï, Mfilou and Madibou, while in Pointe-Noire, 5,305 households were affected in the arrondissements of Lumumba, Mvoumvou, Tié-Tié and Loandjili. At least five injuries were reported, including one in Brazzaville and four in Pointe-Noire.

The floods had devastating consequences on lives, livelihoods, shelter and basic infrastructure. More than 9,874 houses were partially or completely destroyed, including 6,784 in Brazzaville and over 3,090 in Pointe-Noire. Many affected households lost their homes, food stocks, productive assets, household items and personal documentation, significantly limiting their access to services and humanitarian assistance. In addition, more than 9,000 latrines were damaged or destroyed, while roads, drainage systems and erosion sites deteriorated further across both cities.

The floods also severely disrupted access to essential services, particularly safe drinking water, sanitation and healthcare. Several thousand families lost access to safe water sources and hygiene facilities, increasing the risk of waterborne diseases, diarrhoeal outbreaks and malaria linked to stagnant water. Reports further indicated that schools in flooded neighbourhoods suffered damage to classrooms, water points and sanitation facilities, resulting in temporary interruptions of learning activities and the loss of school materials.

The humanitarian situation also heightened protection risks, especially for displaced households hosted by relatives or neighbours in overcrowded conditions. Key protection concerns identified included overcrowding and lack of privacy in temporary shelters, weakened community protection mechanisms, and limited access to safe and gender-sensitive WASH facilities, particularly for women and girls. The loss of livelihoods and displacement further increased exposure to gender-based violence (GBV), exploitation and abuse.

The most affected populations were concentrated in low-lying and densely populated informal settlements located along ravines, drainage channels and flood-prone areas with inadequate infrastructure. Their vulnerability was exacerbated by poor housing conditions, weak drainage systems, limited financial resources and low coping capacity. Particularly vulnerable groups included children under five, older persons, persons with disabilities or chronic illnesses, pregnant and breastfeeding women, female-headed households, and households that lost identity or administrative documents during the floods.

Although seasonal flooding is recurrent in Brazzaville and Pointe-Noire, the November 2025 floods were exceptional due to the scale of destruction, the simultaneous disruption of essential services, and the geographical spread of the impact across the country's two main urban centres. The cumulative effects of recurrent flooding, rapid urbanization, poor drainage systems and erosion significantly worsened the humanitarian situation.

By the end of the operation, the humanitarian situation in Brazzaville and Pointe-Noire had gradually stabilized, largely due to the combined efforts of the Government, the Congolese Red Cross (CRC), the IFRC and other humanitarian partners. The DREF operation enabled 2,500 vulnerable households (approximately 12,500 people) to receive emergency assistance through voucher-based support, health and hygiene promotion activities, psychosocial support, community engagement and WASH interventions.

However, despite the progress achieved during the four-month response, significant humanitarian needs remained at the close of the operation. Many households continued to face difficulties in fully recovering their livelihoods, replacing lost assets and restoring adequate shelter conditions. PDM results highlighted that only a limited proportion of households considered all their basic needs fully covered, particularly in Brazzaville where vulnerabilities remained more pronounced. In several flood-affected communities, damaged sanitation infrastructure, poor drainage systems, recurrent flooding risks and precarious living conditions continued to expose populations to health, protection and socio-economic risks. Lessons learned during the operation also emphasized the need to strengthen community engagement, improve communication on targeting criteria and reinforce accountability and complaint mechanisms in future emergency responses.

Source Information

Source Name	Source Link
1. ReliefWeb – Republic of the Congo - Severe weather and floods	https://reliefweb.int/report/congo/republic-congo-severe-weather-and-floods-ifrc-noaa-cpc-echo-daily-flash-20-november-2025

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	With funding support from the Italian Government , the Congolese Red Cross Society provided cash assistance through voucher distributions to 800 households affected by the floods in Brazzaville. This additional support contributed to improving access to essential goods and basic household needs for vulnerable families impacted by the emergency, while complementing the assistance provided under the DREF operation.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC, through its Country Cluster Delegation based in Kinshasa, provided continuous technical and operational support to the Congolese Red Cross (CRC) throughout the implementation of the DREF operation. This support covered the design, planning, implementation, monitoring and reporting of the response, including PMER and information management functions. The IFRC delegation supported the National Society through regular coordination meetings, technical guidance missions and remote accompaniment aimed at strengthening operational quality, accountability and compliance with DREF standards.
Participating National Societies	At the time of the operation, no Partner National Society (PNS) was present or operational in the Republic of the Congo.

ICRC Actions Related To The Current Event

The ICRC does not have a permanent presence in the Republic of the Congo. Nevertheless, the Congolese Red Cross maintained regular coordination and information sharing with the ICRC delegation based in Kinshasa, Democratic Republic of the Congo, throughout the operation. Although no direct operational support was provided by the ICRC to this emergency response, technical exchanges and collaboration were maintained, particularly regarding humanitarian coordination and protection-related considerations.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	Following the floods of 18 and 19 November 2025 that affected Brazzaville and Pointe-Noire, the national authorities, particularly the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), undertook several emergency response measures in coordination with the Congolese Red Cross (CRC) and humanitarian partners. Immediate actions focused on the evacuation and emergency assistance of affected populations, with more than 22,800 people displaced or evacuated from flooded neighbourhoods and referred to safer locations. Emergency support was also provided to injured persons and vulnerable households. Government technical services and local authorities conducted rapid assessments in the affected areas to document the scale of the disaster, including injuries, destruction of houses and infrastructure, damage to livelihoods, and urgent humanitarian needs. These assessments contributed to identifying priority sectors for intervention and informed the development of the emergency response plan implemented jointly with humanitarian actors. The Government also mobilized national and international partners to support the response efforts. Coordination meetings were organized with humanitarian

	organizations, UN agencies and the Congolese Red Cross in order to harmonize interventions, avoid duplication and prioritize assistance to the most vulnerable communities. The MASSAH further coordinated the distribution of relief assistance, including non-food items, while ensuring complementarity with interventions carried out by other stakeholders.
UN or other actors	United Nations agencies and humanitarian partners monitored the evolution of the flood situation and supported coordination efforts alongside the national authorities. The United Nations system, through coordination meetings organized with the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), expressed its willingness to support the Government of the Republic of the Congo in addressing the humanitarian consequences of the floods. Although the immediate operational response remained primarily led by the Congolese Red Cross (CRC), with support from the IFRC through the DREF operation, several UN agencies contributed complementary assistance in targeted sectors. UNICEF supported education-related activities for children affected by the floods, while the World Food Programme (WFP) provided food assistance to affected households, particularly in Brazzaville. The IFRC played a central role in supporting operational coordination, technical guidance, assessments and humanitarian response planning alongside the CRC. International humanitarian partners continued to support resource mobilization efforts and contributed to preparedness and risk mitigation activities aimed at addressing the ongoing public health, WASH and protection risks associated with the floods.

Are there major coordination mechanism in place?

1) National level coordination

At the national level, the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH) led the coordination of the humanitarian response to the floods. Regular crisis and coordination meetings were organized under the leadership of the ministry, bringing together humanitarian actors, government technical services, United Nations agencies and the Congolese Red Cross (CRC) to share information, harmonize interventions and identify priority humanitarian needs.

As an auxiliary to the public authorities in the humanitarian field, the Congolese Red Cross actively participated in these coordination mechanisms, including the emergency crisis meeting organized by MASSAH on 20 November 2025. Through these platforms, the CRC regularly shared field assessment data, operational updates and community feedback in order to support coordinated decision-making and avoid duplication of assistance.

2) Departmental and local level coordination

At departmental level, operational coordination was ensured by local administrative authorities, including prefects, mayors, district authorities and local technical services. Local crisis committees were established in the affected departments of Brazzaville and Pointe-Noire to oversee emergency response activities and facilitate coordination among humanitarian actors, community representatives and local authorities.

The Congolese Red Cross worked closely with local authorities, community leaders and traditional leaders throughout the operation to ensure that the response remained adapted to the priority needs and vulnerabilities of the affected populations. This coordination facilitated beneficiary identification, community engagement activities, access to affected neighbourhoods and the organization of distributions and sensitization campaigns in flood-affected communities.

Needs (Gaps) Identified

Shelter Housing And Settlements

The floods that affected Brazzaville and Pointe-Noire caused extensive destruction to housing and household assets, leaving thousands of families displaced or living in precarious conditions. Shelter needs remained one of the most critical humanitarian concerns throughout the operation and continued to persist at its conclusion. Large numbers of affected households lost their homes partially or entirely, while many others were forced to seek temporary refuge with relatives, neighbours or host families, often in overcrowded conditions with limited privacy and inadequate protection.

Initial assessments indicated that more than 9,800 houses were partially or completely destroyed across the two departments, including over 6,700 houses in Brazzaville and more than 3,000 in Pointe-Noire. Many families also lost essential household items, personal belongings and productive assets during the floods, significantly affecting their ability to recover independently. The destruction of homes, combined with damaged roads and erosion in several neighbourhoods, further complicated access to safe shelter solutions and basic services.

In response, the DREF operation prioritized support to the most vulnerable households through voucher-based assistance that enabled affected families to access essential household items. The assistance package included key kitchen and domestic items such as cooking pots, plates, cups, buckets and other household essentials intended to restore minimum living conditions and dignity for displaced families. According to the Post-Distribution Monitoring (PDM), the majority of beneficiaries confirmed that the assistance contributed positively to improving household conditions and meeting urgent domestic needs.

Despite these efforts, shelter and settlement needs remained significant at the end of the operation. Many households continued to live in damaged homes or temporary accommodation arrangements due to limited resources for repairs and reconstruction. PDM findings further highlighted that not all household needs had been fully covered, particularly in Brazzaville, where some beneficiaries reported incomplete household item distributions and ongoing shelter-related vulnerabilities.

Overcrowding in host households and temporary settlements also increased protection, health and hygiene risks, especially for women, children, older persons and persons living with disabilities. The operation therefore underscored the need for longer-term recovery support focused on safer housing reconstruction, improved urban drainage systems, resilient infrastructure and strengthened preparedness measures in flood-prone neighbourhoods. Lessons learned from the operation highlighted the importance of integrating shelter recovery with livelihood support, WASH improvements and community resilience interventions to reduce future disaster risks.

Livelihoods And Basic Needs

Following the floods of 18 and 19 November 2025 in Brazzaville and Pointe-Noire, the humanitarian situation significantly affected the living conditions and livelihoods of thousands of households. According to assessments conducted by the Congolese Red Cross (CRC), the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), and findings from the Post-Distribution Monitoring (PDM), more than 50,000 people were affected by the floods, including over 22,800 displaced or evacuated persons. The floods caused extensive destruction of homes, household assets, sanitation infrastructure and sources of income, particularly among vulnerable urban populations dependent on daily earnings and informal economic activities.

Although the DREF operation provided emergency support to 2,500 vulnerable households (approximately 12,500 people) through voucher assistance, WASH, health and protection activities. PDM findings indicated a high overall level of satisfaction among assisted households. A total of 94% of households reported that their basic needs had been adequately covered through the assistance provided, while 85% indicated that the support received addressed at least some of their priority needs. In addition, 17% of beneficiary households included at least one older person and/or a person living with a disability, highlighting the operation's reach among vulnerable groups.

Livelihood recovery remained one of the major outstanding needs. A large proportion of affected households had lost productive assets, food stocks, small businesses, fishing equipment, tools and household items due to the floods. Informal workers, small traders, artisans and casual labourers experienced a significant reduction in income as economic activities were disrupted for several weeks. Many households continued to rely on negative coping mechanisms, including reducing the number of meals, accumulating debt, selling remaining assets or withdrawing children from school in order to cope with the economic shock. Female-headed households, older persons, persons living with disabilities and households hosting displaced relatives remained among the most vulnerable groups.

The operation further highlighted the need to strengthen community resilience and preparedness for recurrent flooding events. Lessons learned from the intervention emphasized the importance of improving urban drainage systems, reinforcing community awareness, strengthening accountability and community engagement mechanisms, and supporting early recovery interventions aimed at restoring livelihoods and reducing future vulnerabilities.

Health

Following the floods that affected Brazzaville and Pointe-Noire in November 2025, the humanitarian situation generated significant public health concerns linked to population displacement, overcrowded living conditions, damage to sanitation infrastructure and limited access to safe water and healthcare services. Although the DREF operation contributed to reducing immediate health risks through community-based surveillance, hygiene promotion, first aid, psychosocial support and epidemic prevention activities, important health-related vulnerabilities remained in several flood-affected communities at the end of the operation.

The floods increased the exposure of affected populations to waterborne diseases, respiratory infections and malaria due to stagnant water, damaged latrines and contamination of water sources. During the response, the Congolese Red Cross mobilized 150 trained volunteers to support first aid, epidemic preparedness and community-based surveillance (CBS/EpiC), while hygiene promotion activities and sanitation campaigns contributed to mitigating immediate epidemic risks. Distribution of 6,000 insecticide-treated mosquito nets and awareness campaigns on malaria prevention also helped reduce exposure among vulnerable groups.

Given the country's recurrent cholera outbreaks and the continued deterioration of WASH conditions in some neighbourhoods, epidemiological surveillance remained a priority throughout the operation. Community-based surveillance systems established by the CRC and local health actors facilitated the early detection and referral of suspected cases of diarrhoeal diseases and other epidemic-prone illnesses. However, densely populated and flood-prone areas continued to face elevated risks due to poor drainage systems and limited access to clean water.

Mental health and psychosocial needs were also significant during and after the floods. Many affected households experienced trauma related to displacement, loss of homes, livelihoods and household assets. The operation integrated psychosocial support and psychological first aid through trained volunteers and community activities. According to operational assessments conducted at the beginning of the response, nearly half of the displaced population initially required some form of psychosocial support, particularly vulnerable groups such as women, children, older persons and persons living with disabilities.

Maternal and child health concerns remained important due to overcrowding, poor hygiene conditions and disrupted access to healthcare services in affected areas. Community sensitization activities conducted by volunteers promoted early healthcare seeking behaviours, malaria prevention, hygiene practices and referral pathways for vulnerable individuals, including pregnant and breastfeeding women, children under five and persons with chronic illnesses.

At the end of the operation, while the immediate health emergency had stabilized, affected communities continued to face structural vulnerabilities linked to recurrent flooding, insufficient sanitation infrastructure and fragile access to healthcare services. Lessons learned from the operation highlighted the need to further strengthen preparedness measures, community-based surveillance systems, psychosocial support services and coordination with health authorities to improve future flood responses and reduce epidemic risks.

Water, Sanitation And Hygiene

Water, sanitation and hygiene (WASH) needs remained among the most critical humanitarian concerns due to the destruction of sanitation infrastructure, contamination of water sources and prolonged exposure of affected populations to unhealthy living conditions. Although the DREF operation supported emergency WASH interventions through hygiene promotion, sanitation campaigns, water treatment activities and community engagement, several flood-affected neighbourhoods continued to face important WASH-related vulnerabilities at the end of the operation.

The floods severely damaged household latrines, drainage systems and water points in both departments. Assessments conducted during the operation indicated that more than 2,000 latrines were damaged or destroyed, leading to environmental contamination and increased risks of diarrhoeal diseases, cholera and other waterborne illnesses. In several peri-urban and densely populated neighbourhoods, communities continued to rely on unsafe or damaged water sources, while stagnant water and poor waste management further increased public health risks.

To mitigate these risks, the Congolese Red Cross implemented large-scale hygiene promotion and environmental sanitation activities with the support of trained volunteers and community leaders. Weekly community clean-up campaigns, drain cleaning activities and

awareness sessions on hygiene and water treatment were conducted throughout the operation. In addition, 250,000 Aquatabs were distributed alongside demonstrations on safe water treatment and storage practices, while 30 complete sanitation kits and protective equipment were provided to support community sanitation efforts.

Hygiene promotion remained a key component of the response, particularly in overcrowded and flood-prone areas where the risk of epidemic outbreaks was highest. Community sensitization sessions in local languages focused on handwashing practices, safe water storage, environmental sanitation and prevention of waterborne diseases. Particular attention was also given to vulnerable groups, including women, children and persons living with disabilities, through targeted awareness activities and community engagement approaches.

Menstrual hygiene management and dignity considerations were integrated into the response through protection and gender-sensitive activities. Dignity kits were distributed to vulnerable women and girls, while community discussions on protection risks, hygiene and gender-based violence were conducted through focus group discussions, theatre sessions and awareness campaigns. However, lessons learned from the operation highlighted the need to further strengthen safe and gender-sensitive sanitation facilities, lighting and access to hygiene materials in future emergency responses.

Despite the progress achieved during the operation, final assessments showed that WASH-related risks remained significant in several affected communities due to recurrent flooding, damaged infrastructure, poor urban drainage systems and persistent overcrowding in vulnerable neighbourhoods. The operation therefore highlighted the importance of reinforcing community preparedness, sustainable sanitation solutions and long-term investments in urban WASH infrastructure to reduce future flood-related health risks.

Protection, Gender And Inclusion

The floods and mass displacement in Brazzaville and Pointe-Noire significantly increased protection risks for affected populations, particularly among vulnerable groups living in overcrowded and precarious conditions. The loss of homes, livelihoods and household assets, combined with disrupted social support systems and limited access to essential services, created heightened risks of gender-based violence (GBV), exploitation, neglect and exclusion throughout the emergency response. Although PGI considerations were integrated into the DREF operation, important protection concerns remained at the end of the intervention.

Women and girls were among the most exposed groups during the crisis due to overcrowded living arrangements, limited privacy and inadequate access to safe sanitation facilities. The operation therefore integrated gender-sensitive and protection-focused approaches, including community awareness sessions on GBV, dignity and safeguarding, as well as the distribution of dignity kits to vulnerable women and girls. Specific sensitization activities were conducted through focus group discussions, theatre sessions, community meetings and radio programmes in order to strengthen awareness on GBV prevention, protection risks and available referral mechanisms.

During the operation, community feedback and protection monitoring identified several sensitive protection concerns, including cases of sexual violence and domestic abuse reported through community engagement mechanisms and feedback channels. The operation collected and referred sensitive feedback cases while promoting the use of the toll-free hotline “8080” and community-based referral pathways. However, lessons learned from the intervention highlighted the need to further strengthen survivor referral systems, psychosocial support services and partnerships with specialized local organizations and government services in future responses.

Children also faced heightened vulnerabilities during and after the floods due to school disruptions, overcrowded living conditions, health risks and psychosocial distress linked to displacement and loss of household stability. Community awareness and psychosocial support activities conducted by volunteers contributed to promoting child protection and safer community environments, although significant needs persisted for vulnerable children and adolescents in affected communities.

Persons living with disabilities, older persons and chronically ill individuals experienced additional barriers in accessing humanitarian assistance due to mobility constraints, inaccessible infrastructure and limited adapted services. The Post-Distribution Monitoring (PDM) identified accessibility challenges faced by vulnerable groups during distributions, particularly in flood-affected and difficult-to-access neighbourhoods. While efforts were made to ensure inclusive participation and safe access to assistance, lessons learned highlighted the need to improve accessibility measures, adapted communication and inclusive distribution arrangements in future operations.

The operation also highlighted risks of exclusion affecting households without documentation, female-headed households, displaced families and socially marginalized groups. Community perceptions regarding targeting fairness and exclusion errors demonstrated the importance of strengthening community engagement, transparency and accountability mechanisms to ensure equitable access to assistance and reduce tensions within affected communities.

Overall, the DREF response integrated PGI principles across all sectors; however, the final evaluations and lessons learned emphasized

the need to reinforce protection mainstreaming, survivor-centered referral systems, accessible services and community-based accountability mechanisms in future emergency interventions in the Republic of the Congo.

Community Engagement And Accountability

The floods in Brazzaville and Pointe-Noire generated significant information, communication and accountability needs among affected communities. The scale of the disaster, combined with displacement, loss of livelihoods and the rapid implementation of emergency assistance, created a strong demand for clear, timely and transparent information regarding beneficiary targeting, distribution processes, available services and referral mechanisms. Throughout the operation, community engagement and accountability (CEA) remained essential to maintaining trust, reducing rumors and ensuring meaningful participation of affected populations in the response.

Affected communities consistently expressed the need for better communication regarding eligibility criteria, assistance modalities, distribution schedules and complaint mechanisms. Post-Distribution Monitoring (PDM) findings revealed that although a majority of beneficiaries felt generally informed, important information gaps persisted. Approximately 40% of beneficiaries reported not having received sufficient information before the distributions, while a large proportion of respondents indicated limited understanding of the beneficiary selection criteria. These gaps contributed to perceptions of exclusion, frustration and tensions within some communities, particularly in Brazzaville.

To address these challenges, the Congolese Red Cross implemented several community engagement activities throughout the operation, including radio broadcasts, focus group discussions, door-to-door sensitization campaigns, public awareness sessions and community meetings involving local leaders and vulnerable groups. Community feedback systems, including the toll-free hotline “8080”, were activated to collect questions, complaints, rumours and sensitive feedback from affected populations. During the response period, more than 5,800 community feedback interactions were collected, analyzed and addressed through the CEA mechanisms established by the operation.

Despite these efforts, the PDM highlighted weaknesses in the accessibility and utilization of complaint and feedback mechanisms. According to the PDM, a large proportion of beneficiaries did not use formal feedback channels, while some communities remained unaware of the existence of complaint mechanisms. The low utilization of these systems limited opportunities for communities to safely report concerns, challenge exclusion errors or seek clarification regarding the assistance process.

The operation also demonstrated the importance of integrating sensitive feedback management and protection considerations within CEA systems. Sensitive reports related to gender-based violence, abuse and protection concerns were collected through confidential channels and referred when possible to appropriate services. However, lessons learned emphasized the need to further strengthen safe referral pathways, confidentiality measures and community awareness of available reporting mechanisms in future emergency operations.

While the DREF operation successfully integrated community engagement activities across all sectors, final evaluations and lessons learned highlighted the need to improve transparency, strengthen accountability systems, expand access to feedback channels and reinforce two-way communication with communities to ensure more inclusive, trusted and community-centered responses in future flood emergencies.

Operational Strategy

Overall objective of the operation

This DREF operation aimed to provide urgent multisectoral assistance to the populations affected by the floods of 18–19 November 2025 in Brazzaville and Pointe-Noire, with the objective of reducing immediate humanitarian impacts, preventing epidemic outbreaks and supporting the early recovery of the most vulnerable households over a four-month implementation period. The operation specifically targeted 2,500 vulnerable households, representing approximately 12,500 people, through an integrated response combining emergency assistance, health and WASH interventions, community engagement and protection-focused activities.

The response included voucher-based assistance for essential household items, emergency WASH activities, first aid and epidemic prevention interventions, psychosocial support, hygiene promotion and community-based surveillance, while mainstreaming Protection, Gender and Inclusion (PGI), accountability to affected populations and community resilience throughout the operation. The intervention was implemented by the Congolese Red Cross (CRC) with technical and operational support from the IFRC and in close coordination with national and local authorities.

The operation achieved several significant results that contributed to stabilizing the humanitarian situation in the targeted communities. A total of 2,500 households (approximately 12,500 people) received voucher-based support for essential household items, while more than 10,000 people were reached through hygiene promotion and community sensitization activities. In the health sector, 150 volunteers were trained and mobilized to support first aid, epidemic preparedness and community-based surveillance activities, while 6,000 insecticide-treated mosquito nets were distributed in flood-affected areas. The operation also supported large-scale WASH interventions, including the distribution of 250,000 Aquatabs, the provision of 30 sanitation kits and the implementation of regular environmental sanitation campaigns in vulnerable neighbourhoods.

Community engagement and accountability activities also generated important results. More than 5,893 community feedback interactions were collected and analyzed during the operation, while awareness campaigns, focus group discussions and radio programmes reached over 23,000 people with messages related to hygiene, epidemic prevention, protection and gender-based violence prevention. In addition, Post-Distribution Monitoring findings showed a high overall beneficiary satisfaction rate of 93.9%, demonstrating the relevance and positive impact of the assistance provided to affected households.

Operation strategy rationale

To address the humanitarian needs generated by the floods in Brazzaville and Pointe-Noire, the Congolese Red Cross (CRC), with the support of the IFRC, implemented a multisectoral response strategy combining cash assistance, health, WASH, Community Engagement and Accountability (CEA), and Protection, Gender and Inclusion (PGI) interventions. The operation relied on a locally anchored operational structure involving trained volunteers, community leaders, local authorities and technical coordination mechanisms established at both national and departmental levels.

1) Cash and Voucher Assistance
The operation provided voucher-based assistance to 2,500 vulnerable households affected by the floods. Prior to implementation, volunteers and supervisors were trained on beneficiary targeting, data protection, accountability, Prevention of Sexual Exploitation and Abuse (PSEA), Kobo/ODK registration tools and distribution procedures. Beneficiary identification and registration processes were conducted in coordination with community leaders and local authorities, with vulnerability-based targeting criteria and community validation mechanisms. Each selected household received vouchers with a value of 50,000 CFA francs, redeemable through contracted merchants for essential household items. Distribution processes included complaint and feedback mechanisms, priority queues for vulnerable persons and mixed-gender teams to ensure safety and dignity during distributions. Post-Distribution Monitoring (PDM) conducted after the operation demonstrated a high overall satisfaction rate of 93.9%, confirming the relevance and positive impact of the assistance provided.

2) Health
The health response focused on reducing post-flood morbidity risks, strengthening epidemic preparedness and providing first aid and psychosocial support to affected communities. A total of 150 volunteers trained in first aid and epidemic control (Epic) were deployed to support community-based health activities, referrals and awareness campaigns. The operation also established a community-based surveillance system involving trained volunteers responsible for early detection and reporting of epidemic-prone diseases.
Malaria prevention activities included the distribution of insecticide-treated mosquito nets accompanied by demonstrations on proper use and maintenance. Psychosocial support and psychological first aid were integrated into community outreach activities, particularly targeting displaced and vulnerable populations affected by trauma and loss.

3) Water, Sanitation and Hygiene (WASH)
The WASH strategy aimed to reduce risks of waterborne diseases and improve temporary access to safe water in flood-affected neighborhoods. Community sanitation campaigns were conducted weekly by trained volunteers, including drain cleaning, waste management and targeted disinfection activities. Thirty sanitation kits and 150 personal protective equipment (PPE) kits were provided to support environmental sanitation activities.
The operation also distributed Aquatabs and jerrycans to vulnerable households alongside demonstrations on safe water treatment, storage and hygiene practices. Hygiene promotion campaigns in local languages were implemented through door-to-door awareness sessions, public meetings and community mobilization activities.

4) Community Engagement and Accountability (CEA)
A strong CEA approach was integrated to ensure transparency, community participation and two-way communication throughout implementation. Approximately 30 volunteers supported community engagement activities through door-to-door sensitization, community meetings, focus group discussions, radio broadcasts and the activation of the toll-free hotline “8080”. Messages focused on hygiene, epidemic prevention, malaria prevention, available assistance and referral mechanisms.
Community feedback systems enabled the collection and management of questions, complaints, rumors and sensitive feedback from affected populations. Feedback analysis informed operational adjustments and contributed to strengthening accountability mechanisms during implementation.

5) Protection, Gender and Inclusion (PGI)
The DREF mainstreamed PGI principles across all sectors to ensure safe, inclusive and gender-sensitive assistance. Volunteers received training on PGI minimum standards and PSEA, while special attention was given to vulnerable groups including women, children, persons living with disabilities and older persons. Safe access measures such as priority queues, adapted distribution arrangements and referral pathways for protection cases were integrated into operational activities.
Awareness sessions on gender-based violence, dignity and safeguarding were conducted through community meetings, theatre sessions and radio programmes. Dignity kits were distributed to vulnerable women and girls, and confidential channels for sensitive feedback and referrals were promoted throughout the operation.

6) Organization and Coordination
150 volunteers and 15 supervisors where trained and worked across sectors under the coordination of the CRC Secretariat and branch structures in Brazzaville and Pointe-Noire. Coordination mechanisms were established with the Ministry of Social Affairs, health authorities, local authorities, humanitarian actors and community leaders to ensure complementarity, avoid duplication and facilitate operational access.
Routine monitoring, supervision missions, community feedback mechanisms and the Post-Distribution Monitoring survey contributed to continuous operational adjustments and the documentation of lessons learned for future emergency responses.

Targeting Strategy

Who was targeted by this operation?

The DREF operation targeted 2,500 vulnerable households, representing approximately 12,500 people affected by the floods in Brazzaville and Pointe-Noire. Targeting focused on the most severely affected and vulnerable communities identified through rapid assessments conducted jointly by the Congolese Red Cross (CRC), local authorities and humanitarian partners. The intervention prioritized flood-affected neighbourhoods in the departments of Brazzaville and Pointe-Noire where destruction of housing, disruption of livelihoods and WASH-related risks were most significant.

Geographical targeting concentrated on the most impacted arrondissements and localities, including Talangaï, Mfilou, Madibou, Mafouta, Mbouono, Tsangamani and Massissia in Brazzaville, as well as Lumumba, Mvoumvou, Tié-Tié, Loandjili, Mongo-Mpoukou and Ngoyo in Pointe-Noire. Beneficiary selection was conducted using vulnerability-based criteria and community validation processes, with particular attention given to female-headed households, older persons, persons living with disabilities, pregnant and breastfeeding women and households that had lost homes or livelihoods.

The operational strategy balanced the scale of humanitarian needs with more than 50,000 people affected by the floods against the available resources, operational timeframe and implementation capacity of the CRC. The response relied on the mobilization of 150 volunteers and 15 supervisors, as well as coordination with national authorities and humanitarian partners to ensure complementarity and avoid duplication of assistance.

Voucher-based assistance was selected as the primary response modality because local markets in both urban canters remained largely functional throughout the operation. This approach enabled affected households to access essential household items through accredited merchants while preserving dignity and supporting local economic recovery.

Explain the selection criteria for the targeted population

Given the scale of humanitarian needs and the operational resources available, the DREF operation targeted 2,500 vulnerable households, representing approximately 12,500 people most exposed to the humanitarian consequences of the floods in Brazzaville and Pointe-Noire. The targeting strategy aimed to prioritize households facing severe shelter damage, displacement, livelihood disruption and increased health or protection risks, while reducing the likelihood of negative coping mechanisms such as indebtedness, reduction of food consumption, school dropout or sale of productive assets.

Geographical prioritization was based on the severity of flood impacts, the extent of WASH-related risks, levels of displacement and population density in affected neighbourhoods. In Brazzaville, the intervention focused on highly affected arrondissements and localities including Talangaï, Mfilou, Madibou, Mafouta, Mbouono, Tsangamani and Massissia, which represented approximately 1,000 targeted households. In Pointe-Noire, the operation targeted the most affected localities including Lumumba, Mvoumvou, Tié-Tié, Loandjili, Mongo-Mpoukou and Ngoyo, covering approximately 1,500 households.
Targeting and beneficiary distribution were continuously refined through rapid assessments, community validation mechanisms and

coordination with local authorities and humanitarian partners in order to avoid duplication and ensure complementarity of assistance.

Household selection prioritized families presenting severe flood-related damage and at least one additional socio-economic, health or protection vulnerability factor. The main vulnerability criteria included:

- Houses destroyed, severely damaged or rendered uninhabitable by floods;
- Households displaced to host families or temporary shelter arrangements;
- Households with children under five years of age;
- Pregnant or breastfeeding women;
- Older persons living alone;
- Persons living with disabilities or chronic illnesses requiring continuous treatment;
- Households that experienced interruption of livelihoods or loss of productive assets, particularly among petty traders, informal workers and small-scale economic actors;
- Female-headed households;
- Households that lost identity or administrative documents;
- Households presenting specific protection concerns, including GBV-related vulnerabilities, managed through confidential referral mechanisms.

Priority was therefore given to households combining severe flood impacts with multiple vulnerability factors in order to ensure that the most at-risk populations benefited from the emergency assistance. The beneficiary identification and validation process was conducted using Kobo-based registration tools, community consultations and cross-checking with local authorities and community leaders to strengthen transparency and accountability throughout the operation.

Total Assisted Population

Assisted Women	7,200	Rural	5%
Assisted Girls (under 18)	5,200	Urban	95%
Assisted Men	5,800	People with disabilities (estimated)	15%
Assisted Boys (under 18)	4,200		
Total Assisted Population	22,400		
Total Targeted Population	12,500		

Risk and Security Considerations (including "management")

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

Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No

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

Risk	Mitigation action
Outbreaks of waterborne diseases (cholera), a surge in malaria, acute respiratory infections (ARIs); overburdening of health facilities, infections at mass gatherings.	Following the floods, there was a high risk of outbreaks of waterborne diseases, particularly cholera, as well as an increase in malaria and acute respiratory infections (ARIs) due to contaminated water sources, damaged sanitation facilities, stagnant water and overcrowded living conditions in affected communities. There was also concern regarding the potential overburdening of health facilities and increased transmission risks during community gatherings and distribution activities. To mitigate these risks, the Congolese Red Cross, with support from the IFRC, implemented a series of preventive and response measures throughout the operation. Community-based surveillance systems were established in targeted neighbourhoods through trained volunteers responsible for early detection and referral of suspected epidemic-prone diseases. Hygiene promotion campaigns, sanitation activities and community awareness sessions on cholera, malaria and diarrhoeal disease prevention were conducted extensively in affected areas. The operation also supported environmental sanitation activities, including drain cleaning, waste management and disinfection campaigns, while 250,000 Aquatabs were distributed alongside demonstrations on safe water treatment and storage practices. To reduce malaria risks, 6,000 insecticide-treated mosquito nets were distributed to vulnerable households together with sensitization on their correct use.
GBV/sexual exploitation and abuse (SEA); violations of dignity (lack of privacy/lighting); exclusion of groups (female-headed households, persons with disabilities, older people, migrants, refugees); child separation.	The floods and resulting displacement increased protection risks for vulnerable populations, particularly women, girls, children, older persons and persons living with disabilities. Overcrowded living conditions, lack of privacy, damaged sanitation facilities and unequal access to assistance created risks of gender-based violence (GBV), exclusion, exploitation and abuse, while language barriers and limited access to information further affected community participation and accountability. To mitigate these risks, the operation integrated Protection, Gender and Inclusion (PGI) and Prevention of Sexual Exploitation and Abuse (PSEA) measures across all sectors. A total of 160 volunteers and staff were trained on PGI minimum standards, safeguarding and PSEA protocols prior to deployment. Mixed-gender teams were mobilized during distributions and community activities to promote safer and more inclusive assistance delivery. Specific mitigation measures included the establishment of confidential complaint and feedback channels, including the toll-free hotline “8080”, as well as referral pathways for GBV and

	sensitive protection cases. Community sensitization sessions, focus group discussions and awareness campaigns were conducted in French and local languages, particularly Lingala and Kituba, to ensure accessible communication and participation of affected populations. The operation also promoted inclusive and accessible assistance through priority queues for vulnerable individuals, adapted distribution arrangements and community participation mechanisms involving local leaders and representatives of vulnerable groups. Sex-, age- and disability-disaggregated data (SADD) were collected during beneficiary registration and monitoring processes in order to strengthen inclusion and targeting of at-risk groups. Dignity kits were distributed to vulnerable women and girls, while PGI activities included awareness on GBV prevention, safeguarding and available referral services.
Rumors about eligibility criteria/amounts, unrealistic expectations, loss of trust, community tensions.	To mitigate risks related to misinformation, exclusion perceptions and community tensions, the operation strengthened Community Engagement and Accountability (CEA) mechanisms throughout implementation. Helpdesks and feedback points were established during distributions, alongside the activation of the toll-free hotline “8080”, community radio messaging and community meetings. Information on targeting criteria, beneficiary lists and distribution schedules was publicly shared to improve transparency and accountability. Community feedback and rumors were regularly monitored and addressed through awareness campaigns and corrective messaging in French and local languages. Complaints and questions received through the feedback mechanisms were reviewed and responded to as quickly as possible, while coordination with local authorities and community leaders helped ensure consistent communication and reduce tensions within affected communities
Crowd movements, theft/assault, misappropriation of aid, threats against teams. Tensions linked to scarcity, rumors, and the visibility of high-value items.	The operation faced risks related to crowd movements, theft, misappropriation of aid and tensions linked to scarcity, rumors and the visibility of assistance during distributions. To mitigate these risks, the Congolese Red Cross implemented crowd management measures including staggered distributions, scheduled time slots, beneficiary verification procedures and the organization of safe and accessible distribution points in coordination with local authorities. Voucher-based assistance was preferred over direct cash distributions in order to reduce security risks and limit the visibility of financial transactions on-site. Mixed teams, community mobilization and low-visibility distribution approaches were also used to improve safety and reduce tensions. In addition, volunteers received regular security briefings and protective equipment during field activities, while coordination with administrative and community authorities contributed to maintaining secure operational access throughout the intervention.
Population displacement, overcrowding in informal shelters, lack of privacy, and insecurity around water points/latrines (no	Population displacement, overcrowding in temporary shelters, loss of livelihoods and inadequate privacy in WASH facilities

lighting, doors that cannot be locked), together with the breakdown of community protection mechanisms and loss of livelihoods, heighten the risks of gender-based violence (domestic/intimate partner violence, sexual exploitation and abuse, harassment, early/forced marriage, and resort to negative coping strategies).	increased the risks of gender-based violence (GBV), sexual exploitation and abuse, harassment and other protection concerns, particularly for women, girls and vulnerable groups. To mitigate these risks, the operation integrated Protection, Gender and Inclusion (PGI) measures across all sectors. Community sensitization sessions on GBV prevention, dignity and safeguarding were conducted, while confidential complaint and referral mechanisms were activated through community feedback systems and the toll-free hotline “8080”. The response also promoted safer and more inclusive access to services through adapted distribution arrangements, priority access for vulnerable groups and awareness on safe hygiene practices. Dignity kits were distributed to vulnerable women and girls, and efforts were made to improve safety around community activities through community mobilization, inclusion measures and coordination with local leaders and authorities.
Continued rainfall, further flooding, landslides/erosion, recontamination of water points.	The continuation of heavy rainfall and recurrent flooding during the operation posed risks of further population displacement, recontamination of water sources, erosion and disruption of humanitarian activities in affected neighborhoods. Congo Red cross relied on continuous monitoring of the situation, regular coordination with local authorities and adaptable planning of distribution activities depending on weather and access conditions. Community awareness sessions included risk-reduction messaging on hygiene, flood preparedness and safe behaviors to help communities better cope with recurrent flooding risks.
The operation identified potential risks related to market disruptions, price inflation and difficulties associated with voucher-based assistance, particularly in flood-affected areas where access and supply chains could be temporarily disrupted.	To mitigate these risks, the Congolese Red Cross conducted rapid market assessments prior to implementation and worked with multiple contracted merchants to ensure the availability of essential household items and maintain stable pricing during the operation. Voucher values and operational arrangements were regularly monitored and adjusted when necessary based on market conditions and community feedback. The operation also established complaint and feedback mechanisms to address beneficiary concerns related to voucher use, targeting and merchant practices. Close monitoring of transactions and prompt reimbursement of merchants contributed to maintaining the functionality of the voucher system throughout implementation. In areas where market access or operational conditions became challenging, flexibility was maintained to adapt modalities or provide alternative forms of assistance if required.

Please indicate any security and safety concerns for this operation:

Although no active armed conflict was reported in the targeted areas during the operation, the dense urban environment and post-flood context created heightened risks related to opportunistic crime, tensions during distributions, road access disruptions, damaged infrastructure and unsafe environmental conditions in flood-affected neighbourhoods.

Risks included theft, intimidation around distribution sites, crowd-related tensions and potential misappropriation of assistance due to the visibility of vouchers and relief items. In addition, damaged roads, stagnant water, erosion sites and unstable terrain in certain neighborhoods complicated operational access and movement of volunteers and beneficiaries.

The Congolese Red Cross implemented controlled and staggered distribution systems, coordinated closely with local authorities and community leaders, and selected safe and accessible distribution sites. Voucher assistance was prioritized to reduce the movement and visibility of cash and relief stocks, while volunteers received regular security briefings and operational guidance throughout the intervention. Community engagement activities and transparent communication on targeting and distribution processes also contributed to reducing rumors and tensions within communities.

Has the child safeguarding risk analysis assessment been completed?	**No**

Implementation

Multi Purpose Cash

Budget: CHF 233,664
Targeted Persons: 12,500
Assisted Persons: 12,500
Targeted Male: 5,850
Targeted Female: 6,650

Indicators

Title	Target	Actual
# of households that have received at least one round of vouchers.	2,500	2,500
% of households informed of the criteria, value and schedule.	90	92
% of households reporting that their essential needs have been met.	80	85
% Overall satisfaction rate with the assistance (access, quality, safety).	85	94
% of beneficiary households that include at least one older person and/or a person living with a disability.	15	17

Narrative description of achievements

• Rapid market assessments were conducted in all targeted localities in Brazzaville and Pointe-Noire, confirming that local markets remained functional and able to support a voucher-based response modality. Based on the updated Minimum Expenditure Basket (MEB), the assistance value was set at 50,000 CFA francs per household.

• A total of 3,000 households were registered and screened using vulnerability criteria and Kobo-based registration tools, leading to the selection of 2,500 most vulnerable households (approximately 12,500 people) for assistance. The targeting process integrated community validation, SADD collection and informed consent procedures.

• Community communication and accountability activities were implemented through multilingual sensitization campaigns in French, Lingala and Kituba, community meetings, radio broadcasts, helpdesks and the toll-free hotline “8080”. More than 5,893 feedback interactions were received and managed during the operation.
Voucher distributions were organized through staggered schedules, priority queues and mixed-gender teams to ensure safe and dignified access to assistance. Accessibility measures and adapted arrangements supported vulnerable individuals, including older persons and persons with reduced mobility.

• Through the voucher assistance, 2,500 households accessed essential household items including cooking utensils, buckets, hygiene materials and basic domestic supplies, contributing to the restoration of minimum living conditions after the floods.

• The operation achieved strong results in community information sharing and transparency activities. Through community meetings, radio messages, helpdesks, door-to-door sensitization and announcements in French, Lingala and Kituba, 92% of targeted households reported having received information on beneficiary selection criteria, assistance value and distribution schedules, exceeding the initial target of 90%. These efforts contributed to reducing confusion and improving community participation during distributions.

• According to the Post-Distribution Monitoring (PDM), 84.8% of beneficiary house
holds reported that the assistance helped cover their essential household needs, surpassing the target of 80%. Beneficiaries indicated that vouchers enabled them to prioritize urgent needs such as kitchen utensils, household items and hygiene materials, while also helping restore dignity after the floods. However, some households in Brazzaville continued to report unmet shelter and livelihood recovery needs due to the scale of destruction
caused by the floods.
• The operation achieved a high overall satisfaction rate of 93.9%, significantly exceeding the target of 85%. Beneficiaries positively appreciated the organization of distributions, the behavior of volunteers, the voucher modality and the safety measures implemented during the response. Community engagement approaches, priority queues and mixed-gender teams also contributed to strengthening trust and perceptions of dignity and fairness during assistance delivery.
• The DREF successfully prioritized vulnerable groups during beneficiary selection. Approximately 17% of assisted households included at least one older person and/or person living with a disability, exceeding the initial target of 15%. Specific accessibility and inclusion measures, including priority queues, adapted assistance arrangements and community validation mechanisms, supported the inclusion of vulnerable individuals in the response.

Lessons Learnt

1) Effectiveness of voucher assistance in urban settings : the operation demonstrated that voucher assistance was an effective modality in the flood-affected urban and peri-urban areas where local markets remained functional and adequately supplied. Beneficiaries were able to access priority household items according to their specific needs, which contributed to high levels of satisfaction and reduced the logistical burden associated with in-kind distributions. The flexibility offered by vouchers also enabled households to address diverse needs while supporting local traders and market recovery.

Future operations in urban contexts should prioritize voucher assistance whenever market assessments confirm sufficient availability of goods and stable market conditions, as this approach can improve efficiency, beneficiary choice, and overall response effectiveness.

2) Importance of early community engagement in cash assistance: during the initial phases of the response, questions and concerns were raised regarding beneficiary selection and eligibility criteria for voucher assistance. Continuous community engagement, including community meetings, sensitization sessions, helpdesks, and feedback mechanisms, helped improve understanding of the targeting process, reduce complaints, and strengthen community acceptance of the intervention.

Future cash interventions should invest in early and proactive community engagement before distributions begin, ensuring that targeting criteria, selection processes, assistance modalities, and complaint mechanisms are clearly communicated to communities to minimize misunderstandings, tensions, and perceptions of exclusion.

Challenges

• High humanitarian needs exceeded the operational capacity of the response, resulting in frustration among some non-selected households.
• Flooded roads and difficult access conditions delayed some distribution and monitoring activities.

Health

Budget: CHF 37,309
Targeted Persons: 10,000
Assisted Persons: 23,000
Targeted Male: 10,580
Targeted Female: 12,420

Indicators

Title	Target	Actual
# of households that received insecticide-treated mosquito nets and a demonstration session: 3,000 households (6,000 LLINs), with at least 80% correct use observed.	2,500	2,500
# of people reached by health promotion messages (water/hygiene, malaria, cholera, warning signs).	10,000	23,000
% of Community-Based Surveillance (CBS) alerts reported and relayed to health authorities within 24 hours.	90	90
# of prioritised alerts investigated and closed with feedback to the community.	-	92
% of households reporting that they know at least three diarrhoea prevention measures (treated water, handwashing, sanitation).	80	85
# of people who received first-level psychosocial support (PFA) or listening sessions.	2,500	2,056
# of clean-up/desilting campaigns carried out in the targeted neighbourhoods (one per week × 10 localities × a minimum of 2 months, adjusted according to access).	40	40

Narrative description of achievements

•The operation deployed 150 volunteers trained in First Aid and Epidemic Control for Volunteers (EpiC) across Brazzaville and Pointe-Noire to support first aid, health promotion, epidemic surveillance and referrals to health facilities. Volunteers were equipped with 80 first aid kits that enabled rapid response and continuity of community-based activities in flood-affected neighborhoods.
• To reduce malaria risks associated with stagnant water and flooding, the operation distributed 5,000 insecticide-treated mosquito nets (LLINs) to 2,500 households. Demonstration sessions on proper installation, use and maintenance were conducted during distributions and household visits, and post-distribution monitoring confirmed that more than 80% of beneficiary households were correctly using the mosquito nets.

• Health promotion and epidemic prevention activities reached more than 23,000 people through community sensitization sessions, door-to-door awareness campaigns, radio messaging and public discussions. Key messages focused on malaria prevention, safe water treatment and storage, handwashing practices, sanitation and early recognition of cholera and diarrheal disease warning signs. Post-intervention monitoring findings showed that 85% of households were able to identify at least three diarrhea prevention measures, exceeding the planned target.

• A community-based surveillance (CBS) and early warning system was established through the mobilization of 75 sentinel volunteers

trained to identify and report epidemic-prone diseases including acute watery diarrhea, suspected cholera, malaria and acute respiratory infections. 90% of alerts identified by volunteers were relayed to health authorities within 24 hours, while the majority of prioritized alerts were investigated and closed with feedback provided to affected communities through local awareness sessions and coordination meetings.
Through this community-based surveillance (CBS/EpiC) system established during the operation, trained volunteers identified and referred suspected epidemic-prone disease alerts to health authorities. A total of 92 prioritized alerts were investigated and closed with feedback provided to communities through sensitization sessions, local coordination meetings and follow-up awareness activities.

• Mental Health and Psychosocial Support (MHPSS) activities were integrated into the response through the provision of Psychological First Aid (PFA) during community outreach activities and distribution events. The number of people reached was lower than initially planned, as not all flood-affected individuals required or sought psychosocial support services. In addition, operational priorities during the response focused on individuals identified as experiencing significant distress, trauma, loss, or other psychosocial challenges. Consequently, the intervention adopted a needs-based approach, targeting those most in need of psychosocial assistance rather than providing support indiscriminately to all affected individuals.
As a result, a total of 2,056 people received first-line psychosocial support or participated in listening and support sessions facilitated by trained volunteers. This approach ensured that available resources were directed toward the most vulnerable and affected individuals requiring psychosocial assistance.

• Environmental sanitation and epidemic prevention were reinforced through regular community clean-up and desilting campaigns conducted in targeted flood-affected neighborhoods. A total of 40 sanitation and drain-cleaning campaigns were organized with community participation, contributing to reducing stagnant water, improving environmental hygiene and limiting vector-borne disease risks.•

Lessons Learnt

1) Community-based approaches strengthen epidemic prevention and early detection: the integration of health promotion, community-based surveillance, and WASH activities contributed to strengthening disease prevention and early warning capacities in flood-affected communities. Community volunteers served as a critical link between affected populations and health services, facilitating awareness raising, identification of health risks, and timely reporting of alerts. Their presence within the communities enhanced trust and improved the acceptance and effectiveness of health interventions.

Future operations should prioritize the early training, deployment, and supervision of community volunteers to strengthen community trust, improve outreach to vulnerable populations, and enhance the timely detection and reporting of public health risks and disease outbreaks.

2) Integration of psychosocial support improves the quality of emergency health responses: the integration of Psychological First Aid (PFA) and psychosocial support into health activities helped address emotional distress and trauma experienced by flood-affected populations. The presence of trained volunteers providing listening and support services contributed to improved community acceptance of health interventions and helped identify individuals requiring additional support.

Psychosocial support should be systematically integrated into emergency health responses, with strengthened referral pathways, coordination with specialized service providers, and clear follow-up mechanisms to ensure that individuals with more complex mental health and psychosocial needs receive appropriate care and support.

Challenges

• Limited specialized psychosocial and referral services constrained follow-up support for some vulnerable individuals.

Water, Sanitation And Hygiene

Budget: CHF 58,444
Targeted Persons: 12,500
Assisted Persons: 23,000
Targeted Male: 10,580
Targeted Female: 12,420

Indicators

Title	Target	Actual
# of households receiving Aquatabs, two jerrycans and hygiene messages.	2,500	2,500
# of Aquatabs distributed for 30 days.	250,000	250,000
% of households correctly demonstrating water treatment and storage during spot-check visits.	80	82
# of clean-up/desilting campaigns carried out in the targeted neighborhoods.	24	24
# of water points tested	50	50
# of HHs tested	2,500	2,500
# of volunteers trained and operational for residual chlorine monitoring	50	150
# of organized PDM	1	1

Narrative description of achievements

• The operation successfully provided emergency WASH assistance to 2,500 vulnerable households, reaching the planned target. Each household received two jerrycans, Aquatabs and hygiene promotion messages on safe water treatment, storage and handwashing practices. In total, 250,000 Aquatabs were distributed, fully achieving the planned target for 30 days of household water treatment support. These activities contributed significantly to reducing the risk of waterborne diseases in flood-affected communities.

• Hygiene promotion activities were conducted through door-to-door sensitization, public awareness sessions and practical demonstrations in French, Lingala and Kituba/Monokutuba. Post-distribution spot-checks visits showed that 82% of households correctly demonstrated safe water treatment and storage practices, slightly exceeding the target of 80%. This positive achievement was mainly linked to repeated practical demonstrations by volunteers and continuous follow-up activities conducted at community level.

• To improve environmental sanitation and reduce vector-borne disease risks, the Congolese Red Cross organized 24 clean-up and desilting campaigns in targeted flood-affected neighborhoods, fully achieving the planned target. The campaigns focused on drain clearance, waste removal and elimination of stagnant water and mosquito breeding sites, with strong participation from local committees and municipal authorities.

• Water quality monitoring activities were implemented throughout the operation. A total of 50 communal water points and 2,500 households were tested and monitored for residual chlorine levels and safe water practices, fully meeting the operational targets. These activities helped identify contamination risks early and reinforced community confidence in water treatment practices promoted during the response

• The operation exceeded its initial target for residual chlorine monitoring capacity. While the original target was to train and deploy 50 volunteers, a total of 150 volunteers received broader WASH-related training, including chlorine dosing, infection prevention and control (IPC), chemical safety and hygiene promotion. This overachievement resulted from the operational need to integrate WASH prevention activities across all sectors and localities during the response.

• One Post-Distribution Monitoring (PDM) exercise was conducted as planned at the end of the operation to assess beneficiary satisfaction, use of distributed items and adoption of promoted hygiene practices. Findings showed that more than 82% of households correctly demonstrated safe water treatment and storage practices, while the majority of respondents confirmed regular use of Aquatabs and jerrycans distributed through the operation. The PDM also highlighted improved awareness of key hygiene behaviors, with most households able to identify at least three diarrhea prevention measures, including handwashing at critical times, treatment of drinking water and safe sanitation practices. In addition, beneficiaries generally expressed satisfaction with the relevance and usefulness of the WASH assistance provided during the response.

Lessons Learnt

1) Lesson Learned 1: Practical demonstrations and follow-up visits are essential for behaviour change : the operation demonstrated that repeated practical demonstrations on water treatment, safe water storage, handwashing, and household hygiene practices were more effective than one-off awareness sessions. Follow-up visits conducted by volunteers helped reinforce key messages, address misconceptions, and monitor the correct use of distributed WASH items. These repeated interactions contributed to improved adoption of safe hygiene behaviours and increased community confidence in water treatment practices.

Future WASH interventions should systematically incorporate repeated practical demonstrations and household follow-up visits to reinforce behaviour change and ensure the sustained adoption of safe water treatment, storage, and hygiene practices.

2) Community-led sanitation activities strengthen ownership and sustainability : Community clean-up and sanitation campaigns played an important role in mobilizing affected populations and improving environmental hygiene in flood-affected areas. The active participation of community members increased ownership of sanitation activities, strengthened collective responsibility for maintaining a clean environment, and contributed to reducing public health risks associated with stagnant water and waste accumulation.

Future responses should integrate community-led sanitation campaigns as a core component of WASH programming to strengthen local ownership, encourage participation, and promote the sustainability of environmental hygiene improvements beyond the emergency phase.

3) Investing in volunteer capacity strengthens integrated epidemic preparedness and response : the expansion of volunteer training beyond the initially planned levels increased operational flexibility and enhanced the ability of teams to deliver integrated WASH, health promotion, community-based surveillance, and epidemic prevention activities. The availability of trained volunteers across different sectors facilitated coordinated implementation and improved outreach to affected communities.

Future operations should invest early in building and maintaining a sufficiently trained volunteer workforce capable of supporting multi-sectoral emergency interventions, particularly in contexts where epidemic risks and public health concerns are closely linked to WASH conditions.

Challenges

• Difficult access conditions and recurrent flooding in some neighborhoods delayed certain household follow-up visits and sanitation activities.
• Persistent drainage and sanitation infrastructure problems continued to expose communities to contamination risks after the operation.

Protection, Gender And Inclusion

Budget: CHF 45,269
Targeted Persons: 10,000
Assisted Persons: 5,893
Targeted Male: 2,475
Targeted Female: 3,418

Indicators

Title	Target	Actual
# of volunteers and staff members trained in GBV/PSEA/safeguarding	160	150
% of activity sites compliant with accessibility and safety standards (priority lines, ramps/seating, lighting, separate/lockable latrines)	90	85
% of distributions with at least one female volunteer per distribution line and mixed teams	90	100

# of accessibility adaptations implemented (ramps, accessible signage, separate spaces)	10	17
% of sensitive cases (GBV/PSEA/child protection) referred within 24 hours according to SOPs	100	100
# of women and adolescent girls who received a dignity kit and MHM messages	1,000	1,000
% of households reporting that assistance is delivered in a safe, dignified and non-discriminatory manner	85	93

Narrative description of achievements

• Protection, Gender and Inclusion (PGI) considerations were integrated throughout the DREF operation to ensure that assistance was delivered in a safe, inclusive and dignified manner for all affected populations. The Congolese Red Cross (CRC), with IFRC support, strengthened safeguarding and protection measures during the response through volunteer training, community awareness activities and the establishment of safer and more accessible operational approaches. Overall, PGI-related activities directly reached 5,893 people, including 3,418 women and 2,475 men, through awareness sessions, safeguarding interventions, referral mechanisms, accessibility measures and community engagement activities implemented throughout the operation.

• A total of 150 volunteers and staff members received orientation and refresher sessions on PGI minimum standards in emergencies, Prevention of Sexual Exploitation and Abuse (PSEA), safeguarding, confidentiality, ethical management of sensitive disclosures and safe referral pathways for GBV and child protection cases. PGI focal points were designated to support monitoring and follow-up activities in Brazzaville and Pointe-Noire throughout the implementation period. The target of 160 was entered in error. The correct target is 150 which was achieved.

• The operation also promoted safer and more inclusive access to humanitarian assistance through practical measures such as priority queues for vulnerable individuals, mixed-gender distribution teams and adapted access arrangements for persons with reduced mobility. Community sensitization sessions on GBV prevention, child protection, safeguarding and available support services were conducted through focus group discussions, community meetings, theatre sessions and radio broadcasts.

• Menstrual hygiene management was integrated into the response through the distribution of dignity kits to vulnerable women and adolescent girls in coordination with WASH activities. A total of 1,000 women and adolescent girls received dignity kits together with menstrual hygiene management (MHM) messages, fully achieving the planned target. Confidential feedback and complaint mechanisms, including the toll-free hotline “8080”, were also promoted to facilitate safe reporting and referral of sensitive protection concerns.

• The operation successfully integrated Protection, Gender and Inclusion (PGI) principles across all sectors of the response and achieved most of the planned PGI indicators. All distribution activities (100%) were conducted with mixed-gender teams and included at least one female volunteer per distribution line, which contributed to improving communication with women beneficiaries, strengthening safeguarding measures and promoting safer access to assistance for vulnerable groups. In addition, all volunteers and operational staff involved in the response received orientation on PGI minimum standards, PSEA, confidentiality and safe referral mechanisms before deployment.

•The operation also achieved strong results in terms of community perception of safety and dignity during assistance delivery. Post-Distribution Monitoring (PDM) findings showed that 93.9% of households reported that assistance was delivered in a safe, dignified and non-discriminatory manner, exceeding the initial target of 85%. This positive result was largely linked to the use of community engagement approaches, priority queues for vulnerable individuals, transparent communication and the activation of complaint and feedback mechanisms throughout the intervention.

• Significant efforts were also made to improve accessibility and inclusion during operational activities. Accessibility adaptations such as priority access arrangements, adapted waiting spaces and safer spaces for vulnerable groups were implemented at most activity sites. The operation exceeded its initial target by implementing 17 accessibility adaptations against 10 originally planned, reflecting the strong emphasis placed on inclusion and safer access during the response. Similarly, most distribution and activity sites integrated basic accessibility and safety measures, including priority queues, mixed-gender teams and adapted access arrangements for vulnerable groups. However, full compliance with all planned safety standards particularly lighting and separate lockable sanitation facilities could not be achieved at every site due to infrastructure limitations and the emergency context in certain flood-affected neighborhoods.

Lessons Learnt

1) Early integration of PGI and safeguarding measures strengthens protection outcomes: the operation demonstrated that integrating PGI and safeguarding considerations from the earliest stages of response planning contributed to safer and more inclusive assistance delivery. Early training of volunteers on PSEA, safeguarding, confidentiality, sensitive feedback management, and referral procedures improved their capacity to identify and respond appropriately to protection concerns. The deployment of mixed-gender teams, implementation of accessibility measures, and continuous community engagement further strengthened community trust and facilitated equitable access to assistance for women, children, older persons, and persons with disabilities.

Future operations should systematically integrate PGI and safeguarding measures during the design phase, including early training on PSEA, safeguarding, confidentiality, and referral pathways, to effectively identify, prevent, and mitigate protection risks throughout implementation.

2) Strong referral partnerships are essential for effective protection responses : while community awareness activities and volunteer training contributed to the identification and referral of protection concerns, the operation highlighted the importance of having well-established partnerships with specialized protection actors. Access to specialized services remains critical for survivors of GBV, children at risk, and other individuals with specific protection needs requiring professional follow-up and support.

Future operations should establish and formalize partnerships with specialized GBV, child protection, mental health, and protection service providers before emergencies occur in order to ensure effective referral pathways, timely case management, and access to appropriate support services for vulnerable individuals.

3) Accessibility and inclusion require continuous attention throughout implementation : the operation demonstrated that targeted accessibility measures, such as adapted distribution arrangements, priority assistance mechanisms, and support for persons with reduced mobility, significantly improved access to assistance for vulnerable groups. However, some accessibility challenges remained at certain operational sites due to infrastructure constraints.

Future responses should allocate sufficient resources and planning efforts to accessibility adaptations from the outset of the operation and regularly monitor compliance with accessibility standards to ensure that persons with disabilities, older persons, pregnant women, and other vulnerable groups can safely and equitably access humanitarian assistance.

Challenges

Despite the progress achieved, several challenges affected the implementation of PGI activities. Limited availability of specialized GBV and psychosocial support services in some flood-affected areas constrained referral capacities for sensitive cases. Overcrowded living conditions, poor lighting and inadequate sanitation infrastructure in some communities also continued to expose vulnerable groups to protection risks beyond the duration of the operation.

In addition, some beneficiaries demonstrated limited awareness and utilization of formal complaint and referral mechanisms, while accessibility challenges persisted for older persons and persons living with disabilities in certain difficult-to-access neighborhoods.

Community Engagement And Accountability

Budget: CHF 17,939
Targeted Persons: 10,000
Assisted Persons: 23,000
Targeted Male: 10,580
Targeted Female: 12,420

Indicators

Title	Target	Actual
% of households reporting that they know the targeting criteria, the voucher value and the schedule.	90	92

# of people reached (disaggregated by age, sex and disability) by messages.	10,000	23,000
% of sites with visible and up-to-date displays (criteria, schedules, contacts).	90	100
# of interactions handled through CEA mechanisms (helpdesks, hotline, suggestion boxes, meetings).	1,500	5,893
% of non-sensitive complaints resolved within 72 hours.	80	84
% of feedback recorded with sex/age/disability disaggregation.	90	95
# of volunteers trained/briefed on CEA (disaggregated by age, sex and disability).	150	150
# of radio programmes broadcast	36	36
# of local complaints management committees trained for the collection of feedback.	20	24
# of community meetings organized to validate the lists.	20	49

Narrative description of achievements

• The operation established a comprehensive Community Engagement and Accountability (CEA) system across all targeted localities through the activation of helpdesks at distribution sites, community feedback mechanisms, local complaints management committees, and the toll-free hotline “8080”. Information and listening points remained operational throughout the response, enabling affected populations to access information, ask questions, raise concerns, and seek clarification regarding targeting, distributions, and available services.

• Feedback collected through these mechanisms directly informed operational adjustments during implementation. For example, concerns raised by community members regarding beneficiary selection and limited understanding of targeting criteria prompted the organization of additional community meetings and sensitization sessions beyond those initially planned. Similarly, feedback received through helpdesks, community consultations, and the hotline highlighted the need for more accessible information, leading to reinforced communication efforts through local languages, radio broadcasts, visual materials, and direct engagement by volunteers and community leaders. These adjustments contributed to improved transparency, community acceptance, and trust in the response.

• Clear and multilingual communication materials were produced and disseminated in French, Lingala, and Kituba/Monokutuba using approaches adapted to low-literacy contexts, including audio messaging, radio broadcasts, visual materials, and community sensitization sessions. Through these activities, more than 23,000 people were reached with information related to distributions, hygiene promotion, protection, and available complaint mechanisms, significantly exceeding the initial target of 10,000 people. This overachievement resulted from the integration of CEA messaging across all sectors and the extensive use of community radio and mass awareness activities during the response.

• A total of 49 community meetings and focus group discussions were conducted, exceeding the target of 20 planned meetings. The increased number of meetings reflected both the operational need to strengthen transparency and the response to community feedback requesting additional information and clarification regarding targeting and assistance modalities. These consultations contributed to improved community acceptance, strengthened trust in the response, and enhanced accountability throughout implementation.

• Post-Distribution Monitoring (PDM) findings showed that 92% of households reported knowing the targeting criteria, voucher value, and distribution schedules, slightly exceeding the target of 90%. This positive result was linked to continuous sensitization efforts, public posting of beneficiary lists and schedules, regular community meetings, and direct communication through volunteers and community

leaders.

• The operation also strengthened transparency and access to information at all operational sites. Monitoring data showed that 100% of distribution and activity sites maintained visible and up-to-date information displays, including targeting criteria, distribution schedules, beneficiary information, and complaint mechanisms, exceeding the target of 90%. This achievement was made possible through regular monitoring by volunteers and continuous efforts to ensure that communities had access to clear and timely information throughout the response. A total of 5,893 interactions were recorded and handled through CEA mechanisms, including helpdesks, hotline calls, community meetings, local complaints committees, and direct feedback collection, significantly surpassing the initial target of 1,500 interactions. This high level of engagement demonstrated strong community utilization of feedback mechanisms and reflected the importance of accountability and communication during the response.

• Complaint management mechanisms were operationalized through standardized categorization, referral, and follow-up procedures for both sensitive and non-sensitive complaints. Monitoring data showed that 84% of non-sensitive complaints were resolved within 72 hours, exceeding the target of 80%. Sensitive complaints and protection-related concerns were prioritized and referred through confidential channels in accordance with safeguarding and protection protocols.

• The operation also performed strongly in data management and inclusion. A total of 95% of recorded feedback interactions included sex-, age-, and disability-disaggregated information, exceeding the target of 90%. This contributed to a better understanding of community concerns and supported more inclusive operational decision-making and adaptation throughout implementation.

• In terms of capacity strengthening, 150 volunteers were trained and briefed on CEA approaches, accountability principles, community feedback management, and complaint handling mechanisms, fully achieving the operational target. In addition, 36 radio programmes were broadcast as planned to support mass communication, rumor management, and community awareness in targeted communities.

• The operation also exceeded the target related to local complaints management structures. A total of 24 local complaints management committees were established and trained, surpassing the initial target of 20 committees. These committees played an important role in collecting, documenting, and escalating community feedback related to targeting, distributions, and service delivery, while strengthening local participation, ownership, and accountability throughout the response.

Lessons Learnt

1) Early and continuous community engagement strengthens acceptance and accountability : the operation demonstrated that strong community engagement and transparent communication played a critical role in building trust, improving acceptance of the response, and reducing tensions related to beneficiary targeting and assistance delivery. The use of community meetings, helpdesks, local complaints committees, and feedback mechanisms enabled affected populations to better understand targeting criteria, distribution processes, and available services. Feedback received through these channels also informed operational adjustments and helped address concerns before they escalated.

Future operations should implement CEA activities from the earliest stages of the response and maintain them throughout implementation. Clear communication on targeting criteria, assistance modalities, and complaint mechanisms should be systematically provided to communities to strengthen transparency, reduce misunderstandings, and mitigate tensions.

2) Multilingual and inclusive communication improves access to information : the use of multilingual communication materials and approaches adapted to low-literacy contexts significantly improved community understanding and participation during the operation. Information delivered through local languages, visual materials, community radio, audio messages, and face-to-face sensitization helped ensure that diverse groups, including vulnerable and marginalized populations, were able to access critical information and engage with the response.

Future responses should systematically apply multilingual and low-literacy communication approaches, taking into account local languages, literacy levels, and communication preferences, to ensure equitable access to information and meaningful participation of all community members.

3) Integrating CEA across sectors improves operational adaptability : the integration of CEA activities across all sectors strengthened accountability, rumor management, and responsiveness throughout the operation. Community feedback collected through multiple channels provided valuable insights into community concerns, information gaps, and operational challenges, enabling timely adjustments to communication strategies, community outreach activities, and beneficiary engagement approaches.

Future operations should mainstream CEA across all sectors and establish regular feedback analysis and decision-making processes to ensure that community perspectives are systematically used to inform operational planning, implementation, and adaptation.

Challenges

• Persistent rumors and frustrations related to limited assistance coverage continued to generate tensions in some communities.
• Flooded and hard-to-reach neighborhoods complicated regular communication and feedback collection activities.
• Some vulnerable groups initially had limited awareness or utilization of formal complaint mechanisms despite extensive sensitization efforts

Secretariat Services

Budget: CHF 35,889
Targeted Persons: 500
Assisted Persons: 500
Targeted Male: 320
Targeted Female: 180

Indicators

Title	Target	Actual
# of volunteers insured	500	500
# of lunch meeting organized	1	1
# of joint monitoring missions organized in the field	4	4
# of DREF monitoring calls organized during implementation	4	4

Narrative description of achievements

• The IFRC delegation in Kinshasa provided continuous technical and operational support to the Congolese Red Cross throughout the implementation of the DREF operation, particularly in coordination, PMER, operational follow-up and technical guidance. Regular joint monitoring and supervision missions were organized by IFRC and CRC headquarters staff to monitor implementation progress, strengthen operational accountability and support field teams in resolving operational challenges.

• Volunteer safety and duty of care measures were strengthened during the operation. A total of 500 volunteers benefited from group insurance coverage, exceeding the number of directly mobilized volunteers in order to reinforce preparedness capacities and ensure broader institutional coverage during emergency activities.

• Coordination meetings and engagement sessions were held with the Ministry of Social Affairs, local authorities and humanitarian partners to strengthen information sharing, operational alignment and complementarity of interventions during the flood response. In addition, a lunch meeting was organized with government representatives, humanitarian partners and Red Cross leadership to discuss the evolving humanitarian situation, strengthen coordination, share response priorities and promote greater complementarity among stakeholders involved in the flood response.

• A total of four (4) joint monitoring missions were organized in the field by IFRC and CRC technical teams to assess implementation progress, monitor accountability mechanisms and support operational problem-solving. These missions contributed to improving operational quality and facilitating timely adjustments during implementation.

• During the implementation period, four (4) DREF operational monitoring calls were organized between the IFRC delegation, CRC headquarters and branch teams to review progress, discuss operational challenges and support decision-making and reporting processes. These regular follow-up meetings strengthened coordination and operational oversight throughout the response.

Lessons Learnt

1) Continuous technical support strengthens operational quality and compliance: regular technical guidance and follow-up provided by the IFRC throughout the operation contributed to improved planning, implementation, monitoring, and reporting. Continuous engagement with the National Society helped address operational challenges in a timely manner, strengthen compliance with DREF requirements, and improve the overall quality of implementation across sectors.

Future operations should maintain regular technical support and follow-up mechanisms between the IFRC and National Society teams throughout the implementation cycle to strengthen operational quality, compliance, problem-solving, and timely decision-making.

2) Joint monitoring missions improve accountability and adaptive management: joint field monitoring missions conducted by the National Society and IFRC teams facilitated better information sharing, strengthened accountability, and provided opportunities to identify implementation challenges and emerging needs directly with communities and volunteers. These missions supported evidence-based operational adjustments and contributed to more effective response management.

Future operations should systematically plan and budget joint monitoring visits involving technical, operational, and PMER teams to strengthen oversight, improve learning, and support timely corrective actions when needed.

3) Early coordination with authorities and partners enhances complementarity and efficiency: early engagement with government authorities, humanitarian partners, and local stakeholders facilitated better coordination of response activities, reduced the risk of duplication, and improved complementarity between interventions. This coordination also supported information sharing, beneficiary targeting, referral pathways, and alignment with broader response efforts.

Future emergency operations should establish structured coordination mechanisms with authorities and partners from the outset of the response, including regular coordination meetings, information-sharing arrangements, and joint planning processes to maximize efficiency, coverage, and collective impact.•

Challenges

• Communication and logistical constraints occasionally delayed field monitoring and coordination activities.

• The evolving flood situation required continuous operational adjustments and close coordination between headquarters, branches and partners.

National Society Strengthening

Budget: CHF 70,753
Targeted Persons: 150
Assisted Persons: 150
Targeted Male: 87
Targeted Female: 63

Indicators

Title	Target	Actual
# of lessons learned workshops organized	1	1
# of preparatory meetings organized	2	2
# of field missions organized by headquarters staff	6	6

Narrative description of achievements

• The operation strengthened the emergency response and coordination capacities of the Congolese Red Cross (CRC) through the mobilization and supervision of 150 volunteers and supervisors involved in health, WASH, PGI, CEA and cash assistance activities across Brazzaville and Pointe-Noire.
• To support operational preparedness and coordination, two (2) preparatory and operational planning meetings were organized with branch managers, headquarters staff and operational focal points prior to and during implementation. These meetings facilitated activity planning, role clarification and coordination between headquarters and branches
• Volunteers benefited from technical orientations, operational briefings and supervision support throughout the intervention, reinforcing local capacities in epidemic preparedness, community engagement, accountability and protection mainstreaming.
• Volunteer safety and duty of care measures were reinforced through the provision of personal protective equipment (PPE), regular security briefings and group insurance coverage for volunteers involved in field activities.
• CRC headquarters conducted six (6) field monitoring missions during the implementation period to supervise operational activities, support branches and strengthen reporting, accountability and problem-solving in targeted communities. These missions contributed to improving operational follow-up and coordination between field teams and headquarters.
• At the end of the operation, one lessons learned workshop was organized with participation from CRC headquarters staff, branch representatives, volunteers and operational partners. The workshop identified several key lessons, including the importance of early community engagement, stronger accountability mechanisms, integrated WASH-health approaches, improved volunteer preparedness and the need to strengthen accessibility and PGI measures in emergency responses. The workshop also highlighted the effectiveness of voucher assistance in urban flood contexts where markets remain functional.

Lessons Learnt

1) Structured volunteer supervision improves implementation quality and accountability : the operation demonstrated that continuous supervision, mentoring, and operational support provided to volunteers contributed significantly to the quality and consistency of implementation. Regular field monitoring, coaching, and follow-up by branch and headquarters staff helped ensure compliance with operational procedures, improve data quality, strengthen accountability, and facilitate timely identification and resolution of implementation challenges.

Future operations should establish structured supervision and support mechanisms for volunteers, including regular field visits, coaching sessions, performance monitoring, and feedback processes, to ensure consistent implementation quality, accountability, and adherence to operational standards.

2) Early planning and branch-level coordination strengthen operational effectiveness : early planning and close coordination between headquarters, branches, local authorities, and operational teams contributed to more efficient implementation and greater adaptability throughout the response. Regular coordination meetings facilitated timely decision-making, improved resource allocation, and enabled operational adjustments in response to evolving needs and field realities.

Future operations should establish regular and structured coordination mechanisms involving National Society branches, local authorities, and key partners from the outset of the response. Formalized coordination platforms can improve information sharing, operational alignment, resource optimization, and help prevent duplication of efforts.

3) Investment in volunteer preparedness and branch capacities enhances emergency readiness: the operation highlighted the value of investing in volunteer preparedness, training, and branch capacities before emergencies occur. Branches with trained volunteers and stronger operational capacities were able to mobilize more rapidly, support multiple sectors simultaneously, and adapt more effectively to changing operational demands.

National Societies should continue investing in preparedness measures, including volunteer training, branch development, emergency planning, simulation exercises, and pre-positioning of operational resources, to strengthen readiness and response capacity for future emergencies.

Challenges

• Difficult access conditions and transportation constraints complicated supervision and coordination activities in certain flood-affected neighborhoods.
• The scale of humanitarian needs placed additional pressure on volunteer management and operational capacities during peak implementation periods.

Financial Report

DREF Operation
Final Report (CHF)

Date from: 25 Nov 2025 to 31 Jul 2026

MDRCG026 - Congo - Floods

Operating timeframe: *Start date: 25-Nov-2025 End date: 31-Mar-2026*

Appeal launch date: *02-Dec-2025*

I. Summary

	Actual (CHF)
Opening Balance	**0**
Funds & Other Income	**499,267**
DREF Response Pillar	499,267
DREF Anticipatory Pillar	
Expenditure	-490,343
Closing Balance	**8,924**

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			
PO02 - Livelihoods			
PO03 - Multi-purpose Cash			
PO04 - Health			
PO05 - Water, Sanitation & Hygiene			
PO06 - Protection, Gender and Inclusion			
PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	499,267	486,956	12,311
PO10 - Community Engagement and Accountability			
PO11 - Environmental Sustainability			
Planned Operations Total	**499,267**	**486,956**	**12,311**
EA01 - Coordination and Partnerships			
EA02 - Secretariat Services		3,387	-3,387
EA03 - National Society Strengthening			
Planned Operations Total		**3,387**	**-3,387**
Total	**499,267**	**490,343**	**8,924**

III. Expenditure by budget category & group

Prepared on 25-Aug-2026

Page 1 of 2

[Click here for the complete financial report]

Please explain variances (if any)

Overall, the operation recorded expenditure of CHF 490,343 against a total approved budget of CHF 499,267, representing approximately 98% budget utilization and an unspent balance of CHF 8,923. The financial implementation remained broadly aligned with the approved budget, with variations across individual budget lines reflecting differences between initial forecasts and actual implementation requirements and costs.

At planned operation level, expenditure under PO09 – Risk Reduction, Climate Adaptation and Recovery amounted to CHF 486,956 against CHF 499,267 budgeted. However, PO09 was not part of the approved operational strategy and no activities were planned under this sector.

At budget-category level, higher expenditure was mainly recorded for transport and vehicle costs and personnel, reflecting additional operational requirements and associated staffing costs during implementation. These additional costs were offset by savings under several other categories, notably workshops and training, travel, logistics services and National Society expenditure, where activities were implemented at lower-than-anticipated costs or with greater efficiency.

Savings generated across several budget lines helped absorb higher costs incurred in other areas, allowing the operation to remain within the approved total allocation. At closure, an unspent balance of CHF 8,923 remained. In accordance with DREF financial procedures, this balance will be returned to the DREF pot.

Contact Information

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

National Society contact: GOMA MAHINGA GABRIEL, Secrétaire Général, gomagabriel2@gmail.com

IFRC Appeal Manager: Ariel KESTENS, Head of Delegation, Ariel.KESTENS@ifrc.org

IFRC Project Manager: Irene MUMONAYI DJAMBA, Senior Officer, Disaster & crisis Response, irene.mumonayi@ifrc.org, 0819838346

IFRC focal point for the emergency:
Irene MUMONAYI DJAMBA, Senior Officer, Disaster & crisis Response, irene.mumonayi@ifrc.org, 0819838346

Media Contact: Susan Nzisa Mbalu, Communication Manager, susan.mbalu@ifrc.org, +254733827654

National Societies' Integrity Focal Point: Kitsoro theo, Assistant developpement Organisationelle, dimitrykitsoro@gmail.com

National Society Hotline: 8080

Click here for reference

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PO04 - Health			
PO05 - Water, Sanitation & Hygiene			
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PO07 - Education			
PO08 - Migration			
PO09 - Risk Reduction, Climate Adaptation and Recovery	499,267	486,956	12,311
PO10 - Community Engagement and Accountability			
PO11 - Environmental Sustainability			
Planned Operations Total	**499,267**	**486,956**	**12,311**
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Planned Operations Total		**3,387**	**-3,387**
Total	**499,267**	**490,343**	**8,924**

III. Expenditure by budget category & group

DREF Operation
Final Report (CHF)

Date from: 25 Nov 2025 to 31 Jul 2026

Description	Budget	Expenditure	Variance
Operational Forecasting		0	0
Transport & Vehicles Costs	914	9,647	-8,733
Logistics Services	3,262		3,262
Logistics, Transport & Storage	**4,176**	**9,647**	**-5,471**
International Staff	710		710
National Staff	12,382	26,394	-14,012
Volunteers		750	-750
Personnel	**13,092**	**27,144**	**-14,052**
Workshops & Training	15,300	7,890	7,410
Workshops & Training	**15,300**	**7,890**	**7,410**
Travel	9,060	4,745	4,315
Communications		104	-104
Financial Charges	2	8	-6
General Expenditure	**9,062**	**4,856**	**4,205**
National Society Expenditure	427,165	410,879	16,286
Contributions & Transfers	**427,165**	**410,879**	**16,286**
Programme & Services Support Recovery	30,472	29,927	545
Indirect Costs	**30,472**	**29,927**	**545**
Total	**499,267**	**490,343**	**8,923**