



Flash Flood Affected Areas

Appeal: MDRRW025	Hazard: Pluvial/Flash Flood	Country: Rwanda	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 274,467	
Glide Number: -	People Affected: 3,360 people	People Targeted: 3,360 people	
Operation Start Date: 13-02-2026	Operation Timeframe: 4 months	Operation End Date: 30-06-2026	DREF Published: 13-02-2026

Targeted Regions: **East Province, Kigali City, South Province, West Province**

Description of the Event

Date of event

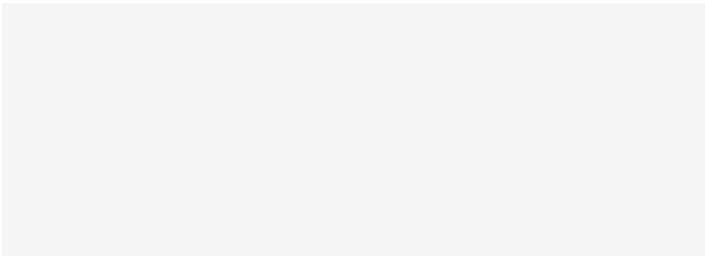
31-01-2026

What happened, where and when?

On January 31, 2026, Rwanda was hit by flash floods caused by heavy rains, strong winds, and hailstorms. The speed and intensity of the rains caused flooding and rapid runoff, causing considerable damage to homes, farmland, and health infrastructure. The disaster severely disrupted living conditions and livelihoods, particularly for households whose homes and crops were washed away or rendered unusable.

The effects of the flooding were felt in several regions of the country. The South Province was among the most affected, particularly the districts of Gisagara, Nyaruguru, and Kamonyi, where significant destruction of crops, homes, and latrines was reported. In the Western Province, the Rusizi district recorded damage to many homes, while in the city of Kigali, the Nyarugenge and Gasabo districts also suffered significant damage to homes. In the Eastern Province, the Rwamagana district reported the destruction of several homes linked to the same weather event. Although the flash floods occurred on January 31, 2026, their consequences are still being felt.

Those affected are temporarily sheltering with neighbors or host families, without sufficient means to repair or rebuild their homes. Urgent humanitarian needs persist in terms of emergency shelter, essential household items, and sanitation, underscoring the need for a rapid and coordinated response to support the most affected populations.



Destroyed plantations



Destroyed plantations

Scope and Scale

The flash floods and rainstorms of 31 January 2026 had a broad geographic scope and a high level of severity, affecting several provinces across Rwanda, including the Southern, Western and Eastern Provinces as well as Kigali City. The hazard combined heavy rains, strong winds and hailstorms, which triggered rapid flooding and caused extensive damage to housing, agriculture and sanitation infrastructure. Overall, an estimated 3,360 people have been affected, including 234–236 households directly impacted in the most affected sectors, 218 houses damaged or destroyed, 295 hectares of crops affected nationwide (including at least 89 hectares of maize and banana plantations

flooded), and 144 latrines destroyed. Sector-level data from Gisagara District (Ndora, Mukindo, Mugombwa, Mamba, Muganza, Musha, Gikonko, Gishubi and Save) alone indicate 236 affected households, 189 damaged houses and 133 toilets destroyed or damaged (48 destroyed and 85 damaged), illustrating the intensity of the event even at a localized administrative level. These figures confirm that the hazard was not localized but rather a multi-regional emergency, disrupting both rural and urban communities and damaging essential systems that sustain daily life and livelihoods.

The negative impacts on lives, livelihoods, well-being and infrastructure are substantial. The destruction and flooding of staple crops such as maize, rice and bananas have directly undermined household food security and income, particularly for smallholder and subsistence farmers who depend on rain-fed agriculture and have limited savings. Damage to and destruction of houses have left many families without safe or adequate shelter, forcing them to rely on temporary arrangements with neighbors or host families and increasing protection risks, especially in overcrowded conditions. The loss and damage of latrines and other sanitation facilities have significantly increased public health and hygiene risks, heightening the likelihood of waterborne diseases and further degrading living conditions, particularly in densely populated or low-lying areas.

The people most likely to experience the impacts of this hazard are low-income households, smallholder farmers and residents of flood-prone or poorly serviced areas, especially in districts such as Gisagara (including the sectors of Ndora, Mukindo, Mugombwa, Mamba, Muganza, Musha, Gikonko, Gishubi and Save), Nyaruguru, Kamonyi, Rusizi, Rwamagana and parts of Kigali City (Nyarugenge and Gasabo). Their vulnerability is strongly linked to their reliance on rain-fed agriculture, limited financial and social safety nets, and housing that is often constructed with weak or poor-quality materials. Preliminary analysis of contributing factors indicates that around 7% of the impact is associated with weak and poor construction materials, about 90% with the nature and severity of the hazard itself (heavy rains with strong winds and hail), and approximately 13% with exposure-related factors such as the lack of tree planting around houses, which reduces natural windbreaks and soil stability. Many affected households live in low-lying zones, near rivers or on steep slopes, all of which are highly exposed to rapid runoff and flash flooding during intense rainfall events.

Within these exposed communities, specific population groups face heightened risks. Children, older persons, people with disabilities and female-headed households are particularly vulnerable due to reduced mobility, higher dependence on caregivers, barriers in accessing information and services, and fewer resources to cope with and recover from shocks. The destruction and damage of sanitation facilities disproportionately affect women and girls, who face increased protection and health risks when accessing alternative or makeshift latrines, particularly at night or in isolated areas. Households hosting displaced or severely affected families are also under significant strain, sharing already limited food, water, space and income, which can push both hosting and hosted households deeper into vulnerability.

Historically, Rwanda has experienced recurrent flooding and landslides during periods of heavy rainfall, especially in the Southern and Western Provinces. Past events have repeatedly resulted in the loss of shelter, destruction of crops and disruption of sanitation and basic infrastructure, often necessitating humanitarian assistance for emergency relief and early recovery. These recurrent hydro-meteorological shocks show that communities in the affected districts are chronically exposed to such hazards. Each new event, such as the 31 January 2026 rainstorms and flash floods, further erodes their coping capacity, making it increasingly difficult for households to rebuild assets, restore livelihoods and invest in more resilient housing and environmental measures (such as tree planting and slope stabilization) without timely and sustained external support.

Source Name	Source Link
1. National Television of Rwanda and Radio	https://youtu.be/FleDIGWT5Xs?si=nCMpfEXCd4S846up

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

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



Lessons learned:

The 2023 flash floods highlighted the importance of early warning and preparedness at community level. Communities that received timely alerts and preparedness messages were better able to protect lives and assets, underscoring the need to strengthen community-based early warning systems and improve dissemination of alerts in local languages.

The response demonstrated the critical role of trained and pre-positioned volunteers. Branches with trained volunteers and pre-positioned stocks were able to respond faster and more effectively. This emphasized the need for continuous volunteer training, refresher sessions, and strategic pre-positioning of relief items in high-risk districts.

Coordination and information sharing with local authorities, humanitarian partners, and community leaders proved essential. Where coordination mechanisms were strong, duplication was minimized and assistance reached affected households more efficiently. This reinforced the value of regular coordination platforms and clear roles and responsibilities during emergencies.

The floods also revealed gaps in shelter, WASH, and sanitation preparedness, particularly in flood-prone areas. The destruction of latrines and houses increased public health risks, highlighting the importance of integrating WASH and shelter interventions early in the response and promoting resilient construction techniques.

Community engagement and Accountability to Affected Populations (AAP) were key to building trust and improving response quality. Feedback mechanisms helped identify unmet needs and adjust interventions accordingly, demonstrating the importance of maintaining two-way communication with affected communities throughout the response.

Finally, the 2023 flash floods underscored the need to strengthen anticipatory action and Early Action Protocols (EAPs). Acting earlier based on forecasts and triggers could have reduced losses to livelihoods and infrastructure, reinforcing the importance of scaling up forecast-based action for floods and other climate-related hazards.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?

No

What was the risk level for Child Safeguarding Risk Analysis?:

No Child Safeguarding Risk Analysis was conducted in previous operations; therefore, no formal risk level was established at that time. For the current operation, the Rwanda Red Cross Society will prioritize conducting a comprehensive Child Safeguarding Risk Analysis. This analysis will identify potential risks to children across all areas of intervention and inform the development of concrete mitigation measures, ensuring that children's safety and protection are systematically integrated throughout the operation.

Current National Society Actions

Start date of National Society actions

31-01-2026

Health

The National Society mobilized 135 volunteers and provided first aid services to people injured and affected by the disaster through trained volunteers. To date, 689 people have been reached (234 males and 455) females by these activities. This has made it possible to treat minor injuries sustained during the floods and avoid complications during the immediate emergency phase.

Psychosocial support (PSS) activities were carried out to help those affected regain their mental and emotional balance. These services targeted households that had lost their homes or livelihoods, in order to help them reduce the stress, trauma, and anxiety caused by the disaster.

The National Society carried out hygiene promotion and health awareness activities, particularly in areas where latrines had been destroyed or damaged. Communities were educated on safe hygiene practices to reduce the risk of waterborne and



	<p>sanitation-related diseases after the floods.</p> <p>Through its evacuation assistance, the National Society helped reduce health risks by helping households leave their unsafe or damaged homes and move to safer temporary shelters, thereby limiting their exposure to injury, environmental hazards, and health complications.</p>
<p>Water, Sanitation And Hygiene</p>	<p>The National Society conducted rapid damage and needs assessments with a strong WASH component to assess damage to sanitation facilities, particularly latrines, and to identify priority WASH needs in affected communities. These assessments helped determine areas at highest risk of sanitation-related public health concerns.</p> <p>Hygiene promotion and sensitization activities were carried out to raise community awareness on safe hygiene practices, including handwashing, safe use of available sanitation facilities, and measures to prevent waterborne diseases, especially in locations where latrines were damaged or destroyed.</p> <p>Through evacuation and temporary shelter support, the National Society contributed to improved sanitation and hygiene conditions by reducing exposure to contaminated environments and unsafe sanitation facilities, particularly for households displaced by the floods.</p> <p>The National Society also integrated public health risk reduction messaging into community outreach activities, focusing on preventing disease outbreaks linked to poor sanitation, stagnant water, and overcrowded living conditions following the floods.</p> <p>Overall, these WASH and sanitation activities aimed to reduce health risks, prevent disease transmission, and promote safe hygiene practices among flood-affected populations while informing future sanitation support and recovery interventions.</p>
<p>Assessment</p>	<p>The National Society, in collaboration with local authorities and the ministry responsible for emergency management (MINEMA), conducted a Rapid Damage and Needs Assessment (RDNA) in the affected areas to determine the extent of damage caused by flash floods. The assessments focused primarily on damage to housing, crops, and sanitation facilities, including latrines, in order to quantify losses and understand the scale of the impact on affected communities.</p> <p>The assessment teams also identified the priority humanitarian needs of affected households, particularly in relation to shelter, health, water, sanitation and hygiene, and basic household items. This process enabled the establishment of immediate response priorities and supported timely decision-making for the implementation of appropriate interventions.</p> <p>Through these assessments, the National Society gathered information on the number of households affected and displaced, their temporary shelter conditions, and their level of vulnerability, particularly among households hosting displaced families.</p> <p>The findings from these assessments are being used to inform planning, coordination, and resource mobilization, ensuring that assistance is evidence-based and tailored to the most urgent needs on the ground. Overall, these assessment activities enabled the National Society to develop a clear picture of the situation and guide an effective humanitarian response to the flash floods.</p>
<p>Resource Mobilization</p>	<p>Based on the situation, the National Society (NS) is in discussions with various RCRC Movement partners, including the ICRC and Austrian Red Cross. These partners are coordinating with their respective headquarters, and the NS is exploring the possibility of activating the crisis modifier. In addition, the NS has contacted the IFRC to initiate the DREF.</p>
<p>Activation Of Contingency Plans</p>	<p>The National Society has developed a contingency plan to guide its preparedness and response to the ongoing crisis. The plan outlines anticipated scenarios, priority needs, and corresponding operational strategies. It defines clear roles and responsibilities for branches and volunteers, pre positions essential relief items (such as shelter, health supplies, and cash distributions), and establishes mechanisms for rapid deployment and coordination with government authorities and humanitarian partners.</p> <p>The contingency plan also includes activation triggers, communication and information management procedures, and measures to ensure the protection, inclusion, and safety</p>



of the most vulnerable groups, including children, women, older persons, people with disabilities, and displaced individuals temporarily hosted in the homes of neighbors.

IFRC Network Actions Related To The Current Event

Secretariat	The National Society held a meeting with the Kinshasa Cluster DREF team, where we discussed the disaster and crisis in detail. They are supporting the development of this DREF, and we are having a coordination meeting with Kinshasa Cluster colleagues.
Participating National Societies	The Spanish Red Cross, Austrian Red Cross, and Japanese Red Cross maintain active offices in the country. A coordination meeting was held with the National Society to brief them on the evolving situation and immediate needs. In parallel, the National Society plans to engage with other Partner National Societies to explore the activation of the Crisis Modifier to further support the response.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) is present in Rwanda and supports the National Society on RFL preparedness and capacity building at national level. However, for this specific flood emergency, ICRC is not directly operational in the affected locations and is not leading or co-implementing field activities. The emergency response is being led by Rwanda Red Cross with the support of IFRC under this DREF operation.

Coordination between IFRC and ICRC regarding this response takes place primarily at national level, through regular information-sharing with Rwanda Red Cross on the evolving situation, potential RFL needs, and any cases that may require specialized ICRC follow-up (for example, if separated persons have links across borders or in other countries). If RFL needs increase beyond the capacity of the National Society, IFRC and Rwanda Red Cross will liaise with ICRC to ensure complementarity and avoid duplication, while keeping the current emergency shelter/WASH/cash response clearly under IFRC's lead and within the scope of the DREF.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	The Ministry of Local Authorities and the Ministry in Charge of Emergency Management (MINEMA), together with other national authorities, are conducting daily coordination meetings to manage the response and coordinate all stakeholders involved. District authorities have requested operational support from the Rwanda Red Cross Society to work closely in providing essential assistance, including food and non-food items. Despite these efforts and ongoing coordination, significant gaps remain in adequately meeting the basic needs of the affected population.
UN or other actors	The government has approached them for support, and they are currently considering how to provide assistance.

Are there major coordination mechanism in place?



Needs (Gaps) Identified



Shelter Housing And Settlements

Households that lost their houses or whose homes were severely damaged, families whose latrines were destroyed and are therefore exposed to increased public health risks. Many of these families are temporarily sheltering with neighbors or relatives, which places additional strain on already limited household resources.

The shelter situation for households affected by flash floods remains critical, with temporary solutions proving insufficient and inadequate. Many affected families are exposed to the elements, increasing their vulnerability and protection risks.

To date, only a few emergency shelters have been set up, which is far from enough to meet the needs of households whose homes have been damaged or destroyed. There is an urgent need to mobilize additional tents or other shelters to ensure adequate accommodation for newly displaced households and to maintain a sufficient level of preparedness should the situation deteriorate.

These households have lost their belongings and essential items such as blankets, sleeping mats, and cooking utensils, which is worsening their living conditions and well-being.

The lack of blankets and mats exposes many affected households to the cold, increasing the risk of illness and discomfort. The lack of cooking utensils limits families' ability to prepare adequate meals, further compromising their food security and health.

Given the extent of the damage caused by flash floods and the growing number of households displaced or temporarily sheltering with relatives or neighbors, the shortage of shelter and IHL is considerable and continues to worsen. An immediate scaling up of shelter and essential items distribution interventions is essential to improve the protection, dignity, and living conditions of all affected populations.



Livelihoods And Basic Needs

Flash floods caused significant damage to agricultural land and crops, particularly corn, rice, and banana plantations, severely affecting the livelihoods of affected families. This crisis has washed away thousands of acres of farmland and threatened the food security of thousands of households, as evidenced by the increase in torrential rains. Many households have lost their main sources of income and food, making food aid and livelihood support through cash distributions urgently needed. Immediate interventions are needed to provide affected populations with basic food items, agricultural inputs such as seeds and tools, and cash or voucher assistance to help them restore their livelihoods. In addition, households need assistance to recover essential household items and other basic non-food items in order to restore normal living conditions and reduce the impact of the disaster on their daily lives. Vulnerable groups, such as female-headed households, older persons, and displaced households, must be prioritized to ensure equitable access to assistance and prevent further deterioration of their livelihoods.



Health

Flash floods have significantly increased health risks for affected populations, particularly in shelters where access to safe drinking water, sanitation, and basic health services is limited. Stagnant water, damaged latrines, and contaminated wells increase the risk of waterborne and vector-borne diseases such as acute watery diarrhea, cholera, typhoid fever, skin infections, and malaria. Children under five, pregnant and lactating women, the elderly, and people with chronic diseases or disabilities are particularly vulnerable to these outbreaks.

Many health facilities in the affected areas have been partially damaged, flooded, or deprived of adequate supplies, medicines, or staff, limiting their ability to provide essential services, including wound care, treatment of acute and chronic diseases, maternal and neonatal care, and psychosocial and mental health support. Difficulties in accessing health centers due to damaged roads and bridges further delay the search for care and increase the risk of preventable complications and deaths.

The immediate priorities are to restore and strengthen access to primary health care through fixed facilities and, where necessary, mobile clinics to reach isolated communities and temporary shelters. Ensuring the availability of essential medicines, basic medical equipment, reproductive health kits, emergency obstetric care, vaccines, and cold chain capacity is critical to avoid interruptions in routine immunization and reduce the risk of outbreaks of vaccine-preventable diseases.

Surveillance and early warning systems for epidemic diseases must be strengthened, including community surveillance and rapid detection and reporting of suspected cases.





Protection, Gender And Inclusion

Flash floods have disproportionately affected the most vulnerable groups, including women, children (who represent more than 60% of those affected in several villages), older persons, persons with disabilities, pregnant and breastfeeding women, and female-headed households. Many people have lost relatives, personal belongings, and their sources of livelihood abruptly, leading to high levels of psychosocial distress and significant needs for psychological and social support.

Hosted by families who are often already living in precarious conditions, these groups face heightened risks of various forms of violence, including gender-based violence, as well as abuse, exploitation, and neglect. Overcrowding and lack of privacy in host households, combined with fear, shame, stigma, and limited awareness of available services, discourage survivors of violence and people in psychological distress from seeking help, increasing the risk of silent suffering and unmet protection needs. Risks of discrimination and exclusion also arise within the affected population itself and between affected households and host communities, particularly in relation to access to water, food, and humanitarian assistance. These dynamics require sensitive management and continuous monitoring to prevent tensions, the marginalization of specific groups, and secondary violence.



Risk Reduction, Climate Adaptation And Recovery

The flash floods highlight the urgent need for risk reduction and climate adaptation measures to reduce the impact of future disasters. Affected areas require interventions such as the reinforcement of housing structures, promotion of flood-resilient agricultural practices, and rehabilitation of damaged infrastructure to enhance community resilience. Early warning systems and community-based disaster preparedness programs need to be strengthened to ensure timely alerts and effective response to extreme weather events. Recovery efforts should focus on restoring livelihoods, rebuilding destroyed homes, and repairing sanitation facilities, while integrating climate adaptation strategies to reduce vulnerability to similar hazards in the future. Training and support for local authorities, communities, and volunteers on disaster risk management and climate-smart practices are also critical to ensure sustainable recovery and long-term resilience.



Community Engagement And Accountability

Effective and inclusive community mobilization is essential to ensure that the flood response is relevant, accepted, and accountable to affected populations. Information on available services, eligibility criteria, and complaint mechanisms should be disseminated equally, particularly among women, older persons, persons with disabilities, and isolated households. This contributes to misinformation, rumors, frustration, and perceptions of inequality in aid distribution.

Affected communities report that they are only partially involved in identifying needs and priorities, and that feedback shared with local authorities or humanitarian actors is not always taken into account or followed up on. Language barriers, low literacy levels, gender norms, and power dynamics within communities further limit the participation of certain groups, particularly women, adolescent girls, persons with disabilities, and marginalized households.

There is a need to strengthen two-way communication through accessible and reliable channels (community meetings, local leaders, radio, posters, hotlines or help services where possible), ensuring that information is provided in local languages and in formats suitable for different profiles (including persons with disabilities and low-literacy populations). Communities should be regularly informed about the type of assistance available, targeting criteria, distribution schedules and locations, and how to provide feedback or file complaints. Establishing or strengthening secure, confidential, and accessible feedback and complaint mechanisms is a priority.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The IFRC-DREF operation aims to provide emergency, life-saving and early recovery assistance in order to stabilize living conditions and strengthen resilience for 3,360 people (672 households) affected by the 31 January 2026 flash floods in Rwanda, by providing shelter support, essential household items, WASH, basic health and livelihood assistance, and ensuring inclusive, accountable, and protective programming over a four-month period.



Operation strategy rationale

This operation aims to provide rapid, targeted, and coordinated assistance to populations affected by flash floods on January 31, 2026, in Rwanda. The strategy focuses on the most urgent humanitarian needs while laying the foundations for early recovery and resilience building. It adopts a multisectoral approach covering shelter and essential household items, water, sanitation, and hygiene (WASH), livelihoods, community engagement and accountability (CEA), and protection, gender, and inclusion (PGI), with a particular focus on children, older people, people with disabilities, female-headed households, and displaced families. PGI and CEA approaches are integrated across the board in the design, implementation, and monitoring of all activities.

70 volunteers from the Rwandan Red Cross from the targeted districts will be trained and deployed. Initially, local branches, with support from the national level, will mobilize and select volunteers, giving priority to those already trained in disaster management, PGI, CEA, WASH, and first aid. A briefing/training session will be organized to harmonize understanding of the action plan, targeting criteria, key messages to be conveyed to communities, accountability procedures (complaints and feedback mechanisms), and principles of protection from sexual exploitation and abuse (PSEA). The 70 volunteers will then be organized into multisectoral teams by district, each supervised by a branch supervisor, in order to effectively cover the targeted areas. Training will also be provided to volunteers beyond the directly affected districts to strengthen nationwide preparedness, in anticipation of further episodes of heavy rainfall forecast for Rwanda, so that branches are better equipped to conduct early warning, rapid assessments and immediate response in future flood events.

1) Shelter/HH items:

The Shelter and Essential Household Items Sector aims to restore safe and dignified housing conditions for households whose homes have been destroyed or damaged, particularly those who have lost all or part of their roofs. Based on assessments carried out by teams of volunteers with local authorities, the most affected households will be identified and registered. The operation provides for the supply of repair materials (sheet metal, nails, galvanized wire, etc.) and basic technical support to enable rapid, safe, and context-appropriate repairs. The purchase of sheet metal is intended exclusively for the repair of homes whose roofs have been completely or partially destroyed, and not for the construction of new permanent buildings.

Volunteers, supported by local technicians (masons/roofers identified at the community level), will organize awareness-raising sessions on safer repairs (location of houses, simple reinforcement of roof structures, fixing of sheet metal) before and during the distribution of materials. They will also carry out follow-up visits to verify the correct use of materials and identify any additional needs.

At the same time, the distribution of essential household items (bedding, sleeping mats, blankets, kitchen utensils, buckets, jerry cans and, where possible, some basic small furniture) will enable families to cook, sleep, and organize their living space in conditions of minimum dignity and safety. The 70 volunteers will be mobilized to prepare the final lists of beneficiaries, organize distribution sites in a safe and inclusive manner (separating flows, waiting areas for people with reduced mobility, taking into account pregnant women and the elderly), clearly explain the contents of the kits and the targeting criteria, and record feedback from households after distribution. The most vulnerable people (e.g., elderly people living alone, people with disabilities) will receive specific support to transport the items to their homes and, if necessary, to install them.

2) Water Hygiene and Sanitation (WaSH):

Based on these assessments, the WASH strategy will be rolled out in the following complementary phases.

- Rehabilitation and/or construction of latrines-

- Volunteers, supported by local technicians (masons, craftsmen) identified with community committees, will assist in the selection of sites for family or shared latrines, ensuring compliance with PGI criteria (sufficient distance from homes and water points, safety for women and girls, access for people with reduced mobility). The materials (boards, slabs, sheet metal for superstructures where necessary) will be pre-positioned by the SN in storage points at the sector or cell level.

- The volunteers will then organize, together with the beneficiaries, community work-days for the rehabilitation or construction of priority latrines, giving priority to households without any latrines, families hosting several affected households, and the most vulnerable households (elderly people living alone, people with disabilities, female-headed households). They will regularly monitor the construction sites to check progress, the minimum quality of the structures (depth of pits, stability, ventilation), and compliance with safety principles (lighting, privacy).

- Distribution of Aquatabs to 250 households, targeting primarily the most vulnerable households and/or those hosting other affected families. and will ensure that routine water quality testing is carried out at both household and communal water-point levels, with dedicated budget provision for testing tools where these are not already available within the National Society.

- Organization, prior to any distribution, of community training sessions on the correct use of water treatment products at the household level (dosage, contact time, storage of treated water, precautions for children, etc.). These training sessions will be provided by volunteers, in the local language, and adapted to different groups (women, men, young people).

- Volunteers will conduct post-distribution follow-ups to verify understanding, identify difficulties in use, and adapt messages and information materials as needed.

- Hygiene promotion and kit distribution

- At the same time, WASH volunteer teams will conduct awareness-raising sessions in villages, churches, schools, and distribution points. These sessions will focus on handwashing at critical times, safe water management and storage at the household level, latrine use and maintenance, and waste management. The messages will be adapted to the local language and different groups (children, adolescents, adults) and will incorporate WASH considerations (safety of women and girls when using latrines, specific needs of older people and people with disabilities).

- The same volunteers will participate in the distribution of soap and hygiene kits (soap, bucket, sanitary Kits), prioritizing households already identified as the most vulnerable. They will explain the contents of the kits and best practices for use and will record feedback from households after distribution (satisfaction, additional needs, difficulties in use) in order to adjust the contents or distribution methods if necessary. Particular attention will be paid to households hosting other affected families, where pressure on water and



sanitation facilities is greater.

3) Multipurpose cash assistance:

In this sector, support will mainly take the form of multipurpose cash assistance, enabling affected households to meet their own essential priorities (food, minor repairs, health, transport, basic agricultural inputs, etc.). The loss of 295 hectares of crops (including at least 89 hectares of maize and bananas) has severely weakened food security and the incomes of smallholder farmers, in a context where dependence on rain-fed agriculture and low levels of savings severely limit their capacity to adapt.

The 20 volunteers, who have been trained in cash principles, targeting, PGI/CEA and abuse prevention, will be deployed in teams to the targeted districts to support each stage of the cash assistance cycle. Initially, they will participate in updating the rapid economic needs assessment: identifying households that have lost a significant portion of their crops or income, analyzing local markets (availability of foodstuffs, price stability, accessibility of points of sale) in coordination with local authorities and technical services (agriculture, local administration). This analysis will confirm that markets are functional and capable of absorbing an injection of cash without creating shortages.

Based on clearly defined vulnerability criteria (significant crop loss, low income, female-headed households, presence of elderly or disabled persons, families hosting other affected households), volunteers will assist in the identification and registration of beneficiaries. They will organize community information sessions to explain the purpose of multipurpose cash, the selection criteria, the amount, frequency, and transfer methods (mobile money, payment agents, or other mechanisms adapted to the local context), as well as complaint and feedback procedures. Particular attention will be paid to the inclusion of people with limited access to technology or identity documents (specific support, use of guardians, adaptation of payment points).

Once the lists have been validated with local authorities and community committees, cash assistance will be paid in one installment via mobile money. The Rwandan Red Cross has an ongoing contract with MTN which will be the service provider for this sector.

4) Health and psychosocial support (MHPSS):

Although the operation does not set up a full medical response, it aims to contribute to health protection through:

- Integrating prevention messages (waterborne diseases, malaria, hygiene practices) into community activities, in coordination with health services.
- Referring cases to existing health facilities and supporting basic psychosocial first aid and community-level psychosocial support activities, notably through trained volunteers. This approach takes into account the injuries and trauma suffered, the psychosocial distress linked to the loss of relatives, homes and livelihoods, as well as the increased risk of disease following the floods.
- Identification and reporting of suspected epidemic-prone diseases.

The 70 volunteers will be trained in Epic and will be able to identify suspected cases, report them and refer them to Ministry of Health facilities for investigation and case management.

5) Protection, Genre and Inclusion:

The PGI strategy aims to ensure that assistance is accessible, safe, and equitable for all groups, particularly the most vulnerable. It includes:

- Proactive identification of people with specific needs (children, isolated older persons, people with disabilities, pregnant and breastfeeding women, female-headed households).
- Systematic integration of vulnerability criteria into the targeting and distribution of aid, to ensure that these groups are not excluded.
- Prevention and reduction of the risks of violence, abuse, exploitation, and neglect, including gender-based violence, through the safe design of distribution points, consideration of the specific needs of women and girls (sanitation, privacy, adapted distribution hours), and the establishment of safe and confidential referral pathways to relevant services.

In addition, volunteers and staff involved in the operation will receive specific training on safeguarding (including Protection from Sexual Exploitation and Abuse – PSEA), to ensure that all interactions with affected communities are safe, respectful and in line with the “do no harm” principle, and that any concern or incident can be reported and addressed appropriately.

6) Community Engagement and Accountability (CEA) Sector:

CEA is integrated into all sectors in order to strengthen the quality, relevance, and acceptability of the intervention. The CEA strategy includes:

- Disseminating clear and regular information on targeting criteria, types of assistance available, distribution schedules and locations, through accessible channels (community meetings, posters, local leaders, local radio stations where possible).
- Establishing or strengthening secure, confidential, and accessible feedback and complaint mechanisms (suggestion boxes, listening points, contact numbers, community relays) that allow women, men, girls, and boys, including the most marginalized, to express their concerns and receive responses.
- The active involvement of community structures (local committees, women's and youth groups, representatives of persons with disabilities, religious and traditional leaders) in the evaluation, planning, implementation, and monitoring of activities.

This sector has been selected as a cross-cutting pillar in order to improve accountability to affected populations, limit tensions, and promote trust between communities, authorities, and stakeholders.

7) Coordination, management, and key design factors:

The operational strategy takes into account several structural factors:

- The geographical dispersion of impacts (Southern, Western, and Eastern Provinces and the City of Kigali), which requires appropriate logistical planning and good local coordination.
- The severity of damage to homes, crops, and sanitation infrastructure, combined with households' limited capacity for self-recovery.
- The large number of households temporarily staying with neighbors or host families, which increases the risk of protection issues and social tensions.



- The need for close coordination with local authorities, Movement partners, and other humanitarian actors to ensure complementarity of interventions, optimize the use of resources, and avoid duplication.

Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

Direct assistance will be provided to:

- 250 households through cash assistance,
- 250 households for shelter support and essential household items,
- 500 households through WASH distribution (water, hygiene, and sanitation).

Besides, all 3,360 affected people with WASH, health, CEA and PGI awareness-raising.

The operation will target households that were directly affected by the flash floods of 31 January 2026, particularly those whose homes, sanitation facilities, and livelihoods were damaged or destroyed. The focus will be on affected populations in the Southern, Western, and Eastern Provinces, as well as Kigali City, where the impact on shelter, sanitation, and food security was most severe. These households are currently facing unsafe living conditions and are in urgent need of humanitarian assistance.

Within the affected population, the operation will prioritize the most vulnerable groups, including female-headed households, children, elderly persons, persons with disabilities, households with chronically ill members, and very poor households that rely mainly on subsistence farming. These groups are targeted because they have reduced coping capacities and are less able to recover without external support.

Targeting will be carried out in coordination with local authorities, community leaders, and Rwanda Red Cross volunteers to ensure a transparent and inclusive process. Although no significant numbers of migrants or refugees have been specifically identified among the affected population, any migrants, displaced persons, or marginalized individuals found within the affected areas will be included based on their level of need, in line with humanitarian principles of neutrality, impartiality, and humanity.

Explain the selection criteria for the targeted population

Households that have experienced a significant loss of crops or other livelihood assets will be prioritized because this disruption undermines both immediate and medium-term food security and income. These families are at greater risk of resorting to negative coping strategies, such as reducing meals, selling productive assets or withdrawing children from school. Families who have lost their own homes and are currently sheltering with neighbor's or relatives will also be prioritized, since overcrowding and resource strain increase social tensions, health risks and vulnerability for both host and hosted households, who often share already limited food, water and space.

Particular attention will be given to households facing additional barriers to recovery. Female-headed households are often targeted because they generally have fewer economic opportunities and may face social discrimination, making it harder to rebuild homes and livelihoods without external support. Children and child-headed households are also especially vulnerable, as they are more exposed to protection risks, malnutrition and disruption of schooling and have extremely limited coping capacity.

Older persons frequently have reduced mobility, chronic health conditions and limited income, which makes them heavily dependent on external assistance for shelter repair, WASH access and basic needs. Persons with disabilities may face physical, sensory or communication barriers in accessing information, distributions and services, and may require adapted support, for example accessible latrines or home delivery of assistance. Households with chronically ill members are also prioritized because long-term illness drains financial resources and limits adults' ability to work or rebuild, increasing the risk of deepening poverty and negative coping strategies. Finally, the poorest households that depend on subsistence agriculture and lack savings or alternative sources of income are quickly pushed into severe food insecurity and indebtedness when crops are lost.

By prioritizing these groups, the operation deliberately focuses on people who are both heavily affected and least able to recover on their own.

Targeting will be conducted through a community-based verification process, in close coordination with local authorities, community leaders and Rwanda Red Cross volunteers. Community meetings and household visits will be used to explain the criteria, identify and validate the most affected and vulnerable households, and cross-check beneficiary lists to reduce errors, exclusion and potential bias. This participatory approach is intended to strengthen transparency, fairness and community acceptance.

All assistance will be provided in line with the principles of impartiality and neutrality, strictly on the basis of need and without



discrimination on the grounds of ethnicity, gender, religion, political affiliation or legal status. Migrants, displaced persons and other marginalized individuals present in the affected areas will be included if they meet the agreed criteria, regardless of their documentation or social status.

Total Targeted Population

Women	1,050	Rural	69%
Girls (under 18)	780	Urban	25%
Men	850	People with disabilities (estimated)	15%
Boys (under 18)	680		
Total targeted population	3,360		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	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?	Yes

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

Risk	Mitigation action
Heavy rains and further flash floods or landslides may damage roads and bridges, limiting access to affected areas and delaying distributions, WASH activities and shelter repairs. In previous rural operations in Rwanda, access constraints have led to implementation delays and higher transport costs.	<p>Develop flexible implementation plans with alternative access routes and use of local transport solutions (motorbikes, bicycles, boats where applicable).</p> <p>Coordinate closely with local authorities and other actors on access conditions and security updates.</p> <p>Sequence activities to start in the most accessible areas while planning for gradual expansion as access improves.</p>
Rapid-onset emergencies and high caseloads can lead to targeting challenges, complaints or exclusion of particularly vulnerable groups (people with disabilities, elderly living alone, female-headed households, households hosting several affected families). Past responses have shown that weak community engagement can undermine acceptance and trust.	<p>Use clear, transparent targeting criteria agreed with community committees and local authorities, with a strong focus on vulnerability.</p> <p>Apply the IFRC Community Engagement and Accountability (CEA) approach, including information sessions on selection criteria and entitlements.</p>



	<p>Establish and publicize feedback and complaint mechanisms (hotline, feedback boxes, focal volunteers). Monitor beneficiary lists with disaggregated data (sex, age, disability) and adjust where gaps are identified.</p>
<p>Volunteers and staff may be exposed to hazards such as moving floodwaters, unstable ground, damaged structures and disease risks when conducting assessments, distributions or construction activities. Past flood responses have shown that even minor incidents can disrupt operations and affect morale.</p>	<p>Conduct a brief security and safety orientation for all volunteers and staff involved in field activities, including “no-go” areas and safe behaviours (e.g. not crossing flooded rivers, use of PPE). Provide basic personal protective equipment (boots, gloves, reflective vests, raincoats) and first aid kits. Apply “do no harm” principles in all field activities and ensure that volunteers work in teams. Monitor weather and hazard alerts, and temporarily suspend field activities when conditions are unsafe.</p>
<p>Protection risks for women, girls and other vulnerable groups</p>	<p>Integrate Protection, Gender and Inclusion (PGI) considerations in all WASH and shelter activities (latrine location, lighting, privacy, locks, separate facilities when possible). Train volunteers on PGI, child protection and prevention of sexual exploitation and abuse (PSEA), and establish confidential referral pathways. Involve women, youth and persons with disabilities in decision-making on site planning and design of facilities. Use CEA mechanisms to collect and act on protection-related feedback, with safe and confidential channels.</p>
<p>Flooding and damaged WASH infrastructure increase the risk of waterborne and vector-borne diseases (e.g. diarrhoeal diseases, cholera, malaria). In similar contexts, outbreaks have rapidly escalated needs and diverted resources.</p>	<p>Integrate strong hygiene promotion, household water treatment (including Aquatabs for 250 households) and safe storage messaging from the start of the operation.</p>

Please indicate any security and safety concerns for this operation:

Overall, Rwanda is considered relatively stable from a security perspective, and no major conflict-related threats are expected in the targeted areas. However, several contextual, operational, and environmental risks could affect the safety of staff, volunteers, and affected communities during the four-month implementation period.

The operation will take place in areas affected by flash floods, which may be located in peri-urban or rural settings where petty crime (theft of materials, cash, or personal belongings) can occur, particularly around distribution points or crowded gathering sites. While no active conflict is reported in the targeted locations, there is a residual risk of tensions or disputes within communities, for example related to targeting, perceived exclusion, or dissatisfaction with assistance levels, which could lead to verbal or physical incidents if not well managed.

Night movements pose an increased risk for staff and volunteers (road accidents, theft), especially in areas with limited lighting.

Floods may have damaged roads, bridges, and paths, increasing the risk of road traffic accidents and making some areas only accessible by foot or motorbike. Unstable slopes, mud, and debris can pose risks of falls, injuries, or secondary landslides.

Cash, shelter, and WASH distributions may attract large crowds and create tensions if communication is not clear or if supplies are perceived as insufficient, which can pose safety risks for personnel and beneficiaries.

To mitigate these risks, the following measures will be put in place and strictly followed

Adherence to the Rwanda Red Cross and IFRC security frameworks, including security briefings for all staff and volunteers before deployment.

Pre-deployment and routine security assessments of targeted areas, including access routes and distribution sites, in coordination with local authorities and community leaders.

Clear movement protocols (no unnecessary night travel, compulsory check-in/check-out procedures, use of safe and known routes, vehicle safety standards, and speed limits).

Early and continuous engagement with community leaders and local authorities to explain the objectives, targeting criteria, and assistance modalities.

Use of CEA mechanisms (information sharing, feedback and complaints channels) to reduce tensions, rumours, and perceptions of bias, and to enable rapid resolution of grievances.

Clear crowd-management plans for distribution sites (secure layout, entry/exit points, waiting areas, and sufficient staff/volunteers).



Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 89,947

Targeted Persons: 2,500

Indicators

Title	Target
# of HHs reached with shelter tools	250
% of surveyed households satisfied with shelter/NFI assistance	90
% of surveyed households whose critical shelter and NFI needs have been fully met	90

Priority Actions

- Beneficiary identification and targeting.
- Procurement of Iron sheets.
- Procurement of ordinary nails, roofing nails and plastic sheeting.
- Distribution of kitchen kits, blankets and sleeping mats.
- Monitoring of shelter needs and coordination with authorities and humanitarian actors.
- Post-distribution monitoring (PDM) of shelter/NFI assistance.



Multi Purpose Cash

Budget: CHF 38,988

Targeted Persons: 1,250

Indicators

Title	Target
# of registered HHds reached with cash assistance	250
% of people expressing satisfaction with the cash received	90
% of surveyed households satisfied with cash assistance	90

Priority Actions

- Identification of beneficiaries.
- Registration of the identified beneficiaries.

- Cash distribution to 250 households affected by the disaster.
- Conduct a Post distribution Monitoring for cash assistance.



Budget: CHF 13,116
Targeted Persons: 3,360

Indicators

Title	Target
# of volunteers trained on epidemic-prone disease surveillance (EpiC) and basic psychosocial first aid (PFA)	70
# of people reached with health and hygiene promotion messages, disaggregated by sex and age (children, adults, older persons).	3,360
# of affected individuals who receive basic psychosocial first aid from trained volunteers.	500
# of individuals with severe distress referred to specialized psychosocial/mental health services.	50

Priority Actions

- Conduct a 2-day training session for all 70 volunteers on recognizing symptoms of epidemic-prone diseases (acute watery diarrhea, cholera, malaria) common after floods. Include modules on safe reporting procedures, referral pathways to Ministry of Health facilities, and PFA techniques to address psychosocial distress from loss of homes, livelihoods, or loved ones.
- Deploy volunteer teams to conduct 20-30 community meetings (village groups, schools, churches) reaching at least 3,360 people, integrating prevention messages on waterborne diseases (cholera, typhoid), malaria (mosquito breeding post-floods), and hygiene practices (handwashing, safe water storage).
- Volunteers perform door-to-door visits in targeted households (3,360 people), identifying and documenting suspected cases of epidemic-prone diseases.



Budget: CHF 24,340
Targeted Persons: 3,360

Indicators

Title	Target
# of household or shared latrines rehabilitated or constructed with support from the operation.	100
# of people benefiting from improved access to basic sanitation facilities through these latrines.	2,500
% of supported latrines that meet minimum standards for safety, privacy, and accessibility, as verified by volunteers	100



# of people reached with hygiene promotion messages, disaggregated by sex and, where possible, by age group	3,360
% of surveyed people who can mention at least three critical moments for handwashing or three key hygiene messages	70
% of surveyed households reporting that the quantity and type of hygiene items received helped them maintain basic hygiene practices.	75

Priority Actions

- Conduct a verification/update of data on the 144 destroyed or severely damaged latrines, affected water sources and high health-risk areas
- Identify and rank priority households and sites (households without any latrine, families hosting several affected households, people with reduced mobility, etc.) in coordination with local authorities and village committees. Volunteers conduct hygiene promotion sessions on handwashing at critical times, safe household water storage, proper use and maintenance of latrines
- Distribute soap and, where possible, small hygiene kits (e.g. soap, bucket/jerrycan, sanitary pads, etc.) to the most vulnerable households identified.
- Distribution of Aquatabs to 250 households, targeting primarily the most vulnerable households and/or those hosting other affected families.
- Organization, prior to any distribution, of community training sessions on the correct use of water treatment products at the household level (dosage, contact time, storage of treated water, precautions for children, etc.). These training sessions will be provided by volunteers, in the local language, and adapted to different groups (women, men, young people).
- Conduct a post distribution monitoring.



Protection, Gender And Inclusion

Budget: CHF 36,253

Targeted Persons: 3,360

Indicators

Title	Target
# of volunteers and staff trained/oriented on PGI and safeguarding (including PSEA)	70
% of trained volunteers who demonstrate improved knowledge on PGI and safeguarding (pre/post-test or quick knowledge check).	80
% of registered households meeting vulnerability criteria for specific needs and prioritized for assistance	100
# of people with specific needs older persons, persons with disabilities, pregnant/breastfeeding women, female-headed households) who receive at least one type of targeted support (e.g. adapted distribution, home delivery, additional assistance).	400
# of distribution or activity sites where basic PGI measures are in place (separate queues/fast-track, adapted timing, accessibility measures).	100
% of surveyed women and men who report that they felt safe accessing assistance (from a small post-distribution survey or focus groups)	80



Priority Actions

- Provide a short, practical training/orientation for the 70 volunteers (and key branch staff) on:
 - basic PGI principles (non-discrimination, inclusion, “do no harm”);
 - identification of people with specific needs (children, older persons, persons with disabilities, pregnant and - breastfeeding women, female-headed households);
 - safeguarding and Protection from Sexual Exploitation and Abuse (PSEA);
 - safe and confidential handling of sensitive complaints and referrals.
 - Integrate PGI/PSEA messages into the overall operation briefing and sectoral trainings (shelter, WASH, cash, health).
 - Establish and use safe and confidential referral pathways for:
 - GBV survivors;
 - children at risk or separated;
 - severe protection concerns (violence, exploitation, neglect).
 - Rapid Gender analysis in coordination with other actors
- Support to shelter, CVA and WASH with GBV risk mitigation analysis and mitigation actions
- training/refresher on SGBV, child protection and disability inclusion ,safe guarding



Community Engagement And Accountability

Budget: CHF 12,851

Targeted Persons: 3,360

Indicators

Title	Target
# of volunteers oriented/trained on CEA (including feedback mechanisms and basic safeguarding principles).	70
# of people reached with information on the operation (criteria, services, rights and feedback channels), disaggregated by sex where possible.	3,360
% of feedback and complaints responded to/resolved within an agreed time frame (e.g. 7-14 days, depending on category)	80
% of community members (women and men) who report that they know how to provide feedback or complaints about the operation (from a small sample survey or focus groups).	70
% of respondents (women and men) who report that the information received about the operation (eligibility, assistance type, timing) was clear and useful.	75

Priority Actions

- Organize community meetings in each targeted area before and during distributions.
- Set up at least two or three simple, safe and accessible channels for feedback and complaints.
- Designate CEA focal persons in each targeted district/branch (among the 70 volunteers).
- Development of flood education messages in local languages.
- Dissemination of floods awareness messages on social media, community radio stations, posters and megaphone hailers.



Secretariat Services

Budget: CHF 9,459

Targeted Persons: 5



Indicators

Title	Target
# of operational coordination meetings held	1
# of IFRC CCD monitoring visits conducted and field	3
% of volunteers Insured	100

Priority Actions

- Kick off meeting held within 7 days of DREF approval.
- Ensure overall operational coordination in line with IFRC DREF standards and policies.
- Convene a kick-off meeting within one week of approval and conduct monthly operational coordination meetings thereafter.
- Deploy surge support, as requested, to address identified operational gaps.
- Provide technical and coordination support through the IFRC Country Cluster Delegation (CCD), including PMER, finance, and logistics, in compliance with DREF and IFRC policies.
- Ensure effective Membership coordination throughout the operation.
- Conduct regular IFRC CCD monitoring and oversight visits, including field monitoring.
- Ensure timely operational updates and final reporting in accordance with the Project Agreement and IFRC standards.
- Cover salary costs for essential strategic positions required for effective operation delivery.
- Ensure compliance with minimum security regulations, where applicable.
- Volunteers Insurance.



National Society Strengthening

Budget: CHF 49,514

Targeted Persons: 100

Indicators

Title	Target
# of coordination meetings held with operational teams	10
# of schools covered under flash flood education	20
# of channels used to diffuse flood awareness messages	6
# of lessons learnt workshops conducted	1

Priority Actions

- Support National Society operational coordination through monitoring, evaluation, and follow-up of activities.
- Lesson Learnt Workshop.
- Kick -off meeting.
- Safeguarding and response mechanisms.
- Flash flood education.
- Flood awareness messages dissemination.



About Support Services

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

The operation will be implemented by Rwanda Red Cross through a combination of national headquarters staff and branch staff, supported by 70 trained volunteers deployed in the targeted districts, ensuring strong local presence and effective community engagement.

At national level, a National Operation Coordinator will provide overall strategic and operational leadership for the DREF. This person will be responsible for overall planning, coordination, security oversight, approval of workplans and budgets, consolidation of monitoring data, and final reporting to IFRC and partners. The National Operation Coordinator will work closely with national sectoral focal points (Shelter, WASH, Health/MHPSS, Cash/Livelihoods, PGI/CEA, Disaster Management/DRR and MEAL), who will provide technical guidance, tools and standards, and will support quality assurance and troubleshooting throughout implementation.

At district/branch level, 7 District/Branch Coordinators (one in each targeted district/branch) will act as the main operational leads. They will adapt the national plan of action to the local context; supervise and support the volunteer teams; coordinate day-to-day implementation with local authorities and partners; ensure proper use of resources, adherence to PGI and CEA commitments, and timely reporting to the National Operation Coordinator. Under each Branch Coordinator, sector supervisors or team leaders (e.g. for Shelter/HH items, WASH, Health/MHPSS, Cash, PGI/CEA) will oversee the practical organization of activities, including:

Allocation and scheduling of volunteers by sector; supervision of distributions, community sessions and field follow-up; first-line review of data collection tools and feedback received from communities.

The 70 volunteers will be mobilized from the targeted branches and organized into multi-sector field teams.

Within these teams, specific focal points will be designated, including:

- PGI/ Safeguarding & CEA focal points: responsible for information sharing, operation of feedback and complaints mechanisms, and safe referrals for sensitive cases (including PSEA).
- Health/EpiC focal points: supporting community-based disease surveillance, health education and referral of suspected cases.
- WASH focal points: supporting latrine rehabilitation, hygiene promotion and monitoring of sanitation risks.
- Cash focal points: supporting beneficiary registration, cash distribution processes and post-distribution monitoring.

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

Yes, the National Society volunteer team is carefully selected to reflect the gender, age, and cultural diversity of the communities being supported. We intentionally include both male and female volunteers across different age groups to ensure that all community members feel comfortable accessing services. For example, in interventions targeting female-headed households, female volunteers are prioritized to facilitate open communication and provide culturally appropriate and respectful support.

In terms of cultural and linguistic diversity, efforts are made to recruit volunteers who speak local languages and have a strong understanding of the local cultural context. This approach helps build trust within communities, strengthens engagement, and ensures that assistance is delivered in a manner that is sensitive to local norms, values, and practices.

However, some gaps remain, particularly in achieving full representation of minority cultural groups and younger volunteers. To address these gaps, the National Society actively works with community leaders and partner organizations to identify and recruit volunteers from underrepresented groups. In addition, all volunteers receive training on inclusion, cultural sensitivity, safeguarding, and gender equality, ensuring that the support provided is inclusive, appropriate, and responsive to the needs of all affected populations.

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

Procurement activities for this operation will be shared between the Rwanda Red Cross Society (National Society) and the IFRC, in line with procurement thresholds and operational requirements. The National Society will be responsible for procuring most of the Non-Food Items (NFIs), including WASH items, shelter materials, and health-related items such as first aid kits. The IFRC will take responsibility for procuring high-value items, such as inflatable tents, whose cost exceeds CHF 50,000 and therefore requires international procurement procedures.

Procurement undertaken by the National Society will mainly involve local suppliers who already have experience in supplying NFIs for previous responses, including support to approximately 300 households. These suppliers are able to provide items both for direct distribution to affected households and for replenishment of National Society contingency stocks. Procurement managed by IFRC will



involve international suppliers, as reflected in the operation budget, to ensure quality standards and compliance with IFRC procurement policies.

The items procured by the National Society will serve a dual purpose: distribution to the remaining affected households and replenishment of National Society stocks used during the initial response. For items procured for distribution, the tendering process is expected to take approximately two weeks, with the first week dedicated to issuing invitations to suppliers and the second week focused on bid evaluation and contracting. Distribution to beneficiaries is planned to start in the third week following procurement.

How will this operation be monitored?

The operation will be monitored through a comprehensive Planning, Monitoring, Evaluation, and Reporting (PMER) system led by the Rwanda Red Cross Society (RRCS). This system will guide activity planning, track implementation progress, and ensure that the operation remains aligned with its objectives. Monitoring mechanisms will include Post-Distribution Monitoring (PDM), regular coordination meetings, and lessons-learned workshops, all of which will contribute to assessing both progress and effectiveness.

To monitor activities and outcomes, RRCS will use the PMER framework, sector-level monitoring tools, and community feedback mechanisms. PDM exercises will be conducted following the distribution of Non-Food Items and other assistance to assess coverage, quality, timeliness, and beneficiary satisfaction, and to identify gaps for corrective action. Lessons-learned workshops will be organized at key stages of the operation to evaluate outcomes, document best practices, and integrate learning into ongoing and future responses.

Progress will be tracked by the PMER Officer in close collaboration with the operational team. Sector coordinators (WASH, Health, Shelter, and PGI) will be responsible for monitoring performance within their respective technical areas, while volunteers engaged in field activities will provide regular feedback and reporting from the community level. This multi-layered approach ensures timely information flow from the field to coordination and decision-making levels.

Key indicators and milestones will include the number of beneficiaries reached with shelter, WASH, health, and NFI support; the number of volunteers trained and deployed; the timeliness and completeness of distributions; the percentage of community feedback received and addressed through accountability mechanisms; and findings from PDMs and lessons-learned workshops. These indicators will be used to measure progress, effectiveness, and accountability.

The IFRC will also conduct monitoring visits to field locations and operational sites to provide oversight and technical guidance. These visits will be coordinated with RRCS staff and sector coordinators and will focus on reviewing progress, validating reports, and ensuring compliance with IFRC standards. IFRC monitoring will complement RRCS's internal PMER system and contribute to overall quality assurance and reporting for the operation.

Please briefly explain the National Societies communication strategy for this operation

The Rwanda Red Cross Society (RRCS) has a comprehensive communication strategy in place for this operation to ensure effective coordination, transparency, and information sharing. Internally, communication among teams will be maintained through coordination meetings, emails, and direct reporting channels, ensuring smooth implementation and timely flow of information between staff, sector coordinators, and volunteers in the field.

Externally, RRCS will disseminate information to stakeholders, partners, and the public using multiple channels, including community radio stations, television broadcasts, social media platforms (such as Facebook and Instagram), and other relevant communication outlets. To ensure transparent and effective communication with affected communities, messages will be culturally appropriate, accessible, and delivered in local languages, with engagement of community leaders to provide timely updates about services, distributions, and available assistance.

A media strategy is in place for external communication, including press releases, social media updates, and public awareness campaigns, to keep all stakeholders informed about the operation and its progress. The IFRC will support RRCS by providing technical guidance, assisting with media engagement, and helping to develop content for both internal and external communication channels. Key roles involved in communication activities will include communication officers, sector coordinators, and field volunteers, all of whom will ensure that messaging is accurate, consistent, and reaches the intended audiences throughout the operation.



Budget Overview



DREF OPERATION

- Rwanda Red Cross
Flash Floods

Operating Budget

Planned Operations	215 494
Shelter and Basic Household Items	89 947
Livelihoods	0
Multi-purpose Cash	38 988
Health	13 116
Water, Sanitation & Hygiene	24 340
Protection, Gender and Inclusion	36 253
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	12 851
Environmental Sustainability	0
Enabling Approaches	58 973
Coordination and Partnerships	0
Secretariat Services	9 459
National Society Strengthening	49 514
TOTAL BUDGET	274 467

all amounts in Swiss Francs (CHF)



Contact Information

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

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[Click here for the reference](#)

