

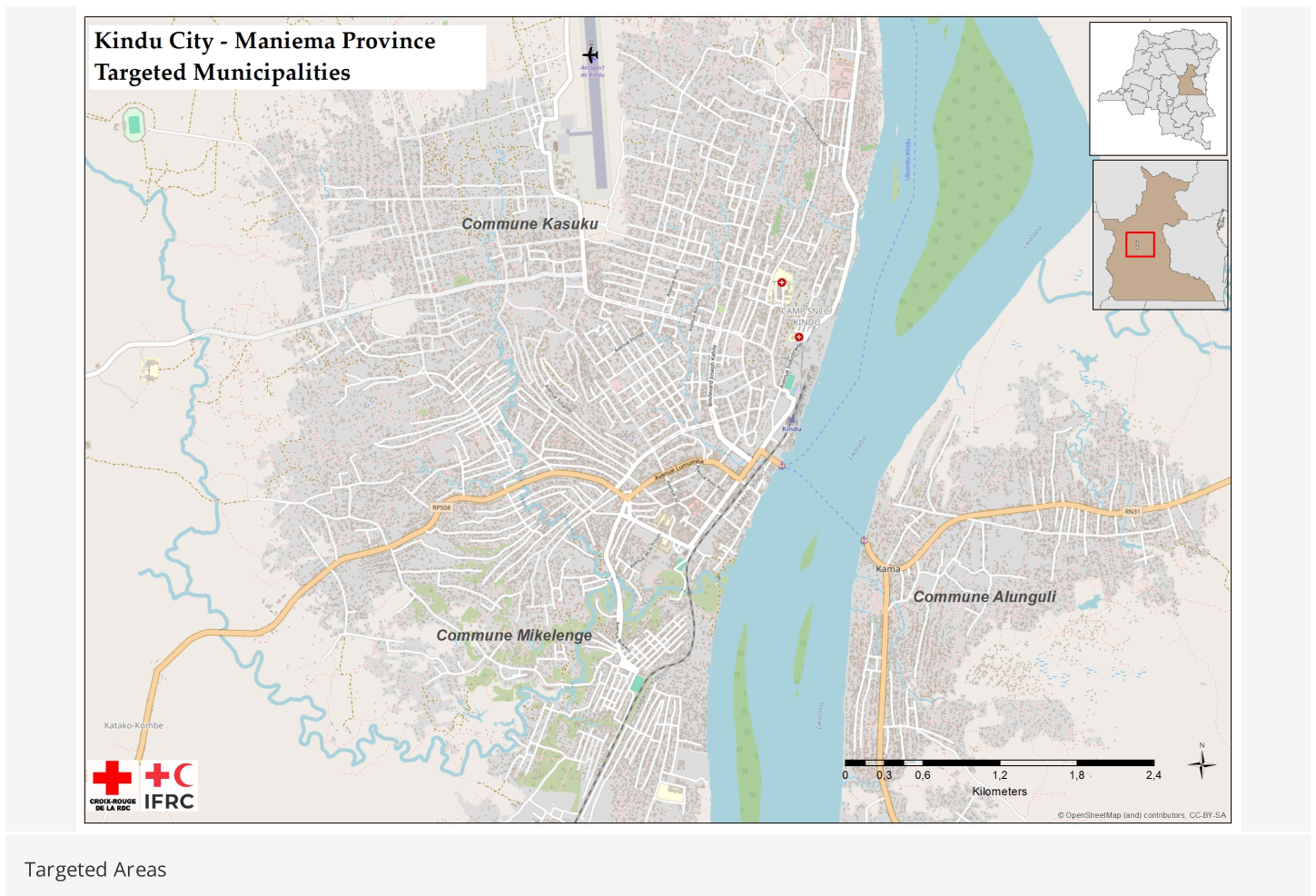


Flooded house in Kindu/ DRC Red Cross

Appeal: MDRCD050	Hazard: Flood	Country: Democratic Republic of Congo	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 375,000	
Glide Number: -	People Affected: 62,000 people	People Targeted: 8,400 people	
Operation Start Date: 20-04-2026	Operation Timeframe: 4 months	Operation End Date: 31-08-2026	DREF Published: 25-04-2026
Targeted Regions: Maniema			

Date of event

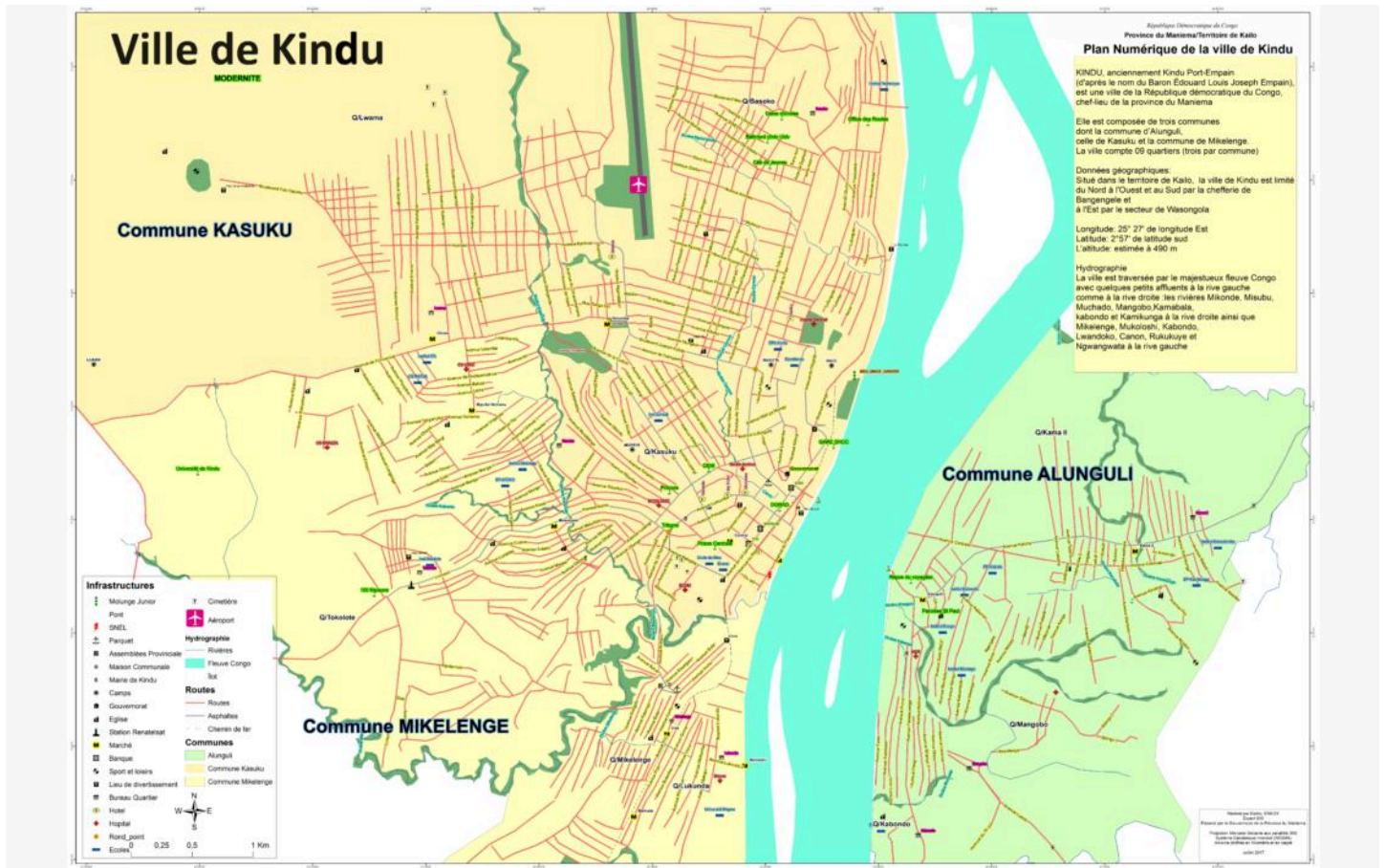
07-04-2026



What happened, where and when?

Since March 2026, the Democratic Republic of Congo has been experiencing heavy and persistent rainfall, resulting in severe flooding. The situation deteriorated significantly when the Congo River overflowed its banks on 7 April 2026, causing widespread inundation. The flooding has led to the destruction of homes and public infrastructure, as well as the disruption of livelihoods, leaving affected communities increasingly vulnerable.

The most severely affected area is Maniema Province, with Kindu City recording the highest impact. Within Kindu, the communes of Alunguli, Kasuku, and Mikelenge have been particularly affected, experiencing extensive flooding and associated damage. Currently, floodwaters remain high and continue to rise, posing an ongoing threat to already affected populations and increasing the risk of further damage. The situation remains dynamic, with communities still exposed to additional flooding if rainfall persists or river levels continue to increase.



Affected communes

Scope and Scale

The floods, caused by both intense rainfall (pluvial flooding) and the overflow of the Congo River (fluvial flooding), have led to widespread and severe impacts on lives, livelihoods, well-being, and infrastructure in Kindu city. According to the initial assessment conducted by the DRC Red Cross, approximately 62,000 people have been affected, with more than 10,000 households impacted to varying degrees. Of these, 527 houses were flooded and 464 destroyed (including both fully and partially destroyed structures). The remaining households were affected through partial damage, loss of belongings, or temporary inundation of their homes, which rendered them unsafe or uninhabitable for varying periods.

As a result, thousands of people have been displaced. The majority of affected households have sought refuge with host families, leading to overcrowded living conditions, while others remain in or near their damaged homes, often under precarious conditions and exposed to further risks. A smaller proportion of households have temporarily relocated to safer areas within the same communes.

The impact on livelihoods has been particularly significant. The majority of affected households depend on informal economic activities such as small trade, agriculture, and fishing. Flooding submerged approximately 244 hectares of agricultural land and 196 hectares of fishponds, leading to loss of crops, income, and food sources. Market access has also been disrupted due to damaged roads and infrastructure, resulting in increased prices of basic goods and reduced availability of essential commodities. This situation is further exacerbating food insecurity and economic vulnerability among affected populations.

The floods have also severely affected basic services and infrastructure. Health facilities, schools, and public buildings have been damaged or flooded, limiting access to essential services. Contamination of water sources and destruction of sanitation facilities have significantly increased the risk of waterborne diseases such as cholera, acute diarrhea, and typhoid fever. Stagnant water has also created favorable conditions for the spread of malaria. In addition, damaged roads and transport routes have made it difficult for affected populations to access healthcare and for humanitarian actors to deliver assistance.

The most affected populations are those living in low-lying areas and along the Congo River in the communes of Alunguli, Kasuku, and Mikelenge. These communities are particularly exposed due to their geographical location, poor housing structures, limited drainage systems, and high population density. Many households in these areas are constructed with fragile materials that are highly susceptible to flooding, increasing the scale of destruction.

Certain groups are disproportionately affected by the floods. Children under five, pregnant and lactating women, older persons, people living with disabilities, and female-headed households face heightened risks. Displaced households, many of whom are staying with host



families, are exposed to overcrowding, poor hygiene conditions, and protection risks, including gender-based violence and exploitation. People living with disabilities and older persons face additional barriers in accessing assistance, while children are at increased risk of illness, malnutrition, and psychosocial distress.

The affected communities have experienced similar flooding events in recent years, indicating a pattern of recurrent hazards linked to seasonal heavy rainfall and rising river levels. However, repeated shocks have eroded coping mechanisms and resilience. Limited preparedness, weak infrastructure, and insufficient early warning systems continue to exacerbate the impact of floods. As a result, communities are increasingly vulnerable, with reduced capacity to recover between successive disasters.

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	No
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:

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Lessons learned:

Lessons learned from previous flood and DREF operations in the Democratic Republic of Congo have informed the design and implementation of the current response, allowing for improved effectiveness and mitigation of recurring challenges.

One key lesson relates to the importance of early community engagement and clear communication. In previous operations, insufficient communication on targeting criteria and assistance modalities led to misunderstandings and tensions within communities. In this operation, a strong CEA approach has been integrated from the outset, including multiple communication channels, transparent beneficiary selection, and functional feedback mechanisms to manage expectations and build trust.

Another lesson concerns the need for strong community-based surveillance and early detection of diseases. Past responses highlighted delays in identifying and referring suspected cases, contributing to the spread of outbreaks. As a result, this operation places greater emphasis on training volunteers in Epidemic Control (EpiC), strengthening surveillance systems, and ensuring timely referral of cases to health facilities.

In terms of cash assistance, previous operations have shown the importance of robust targeting, verification, and monitoring systems to minimize risks of exclusion, fraud, and misuse of funds. In addition, delays in cash delivery were observed in past responses due to administrative procedures, validation processes, and coordination with financial service providers, which affected the timeliness of assistance to beneficiaries. These lessons have informed the current approach, which includes early planning of cash interventions, streamlined validation processes, community-based targeting, the use of reliable financial service providers, and strengthened post-distribution monitoring to ensure both timeliness and accountability.

Another important lesson relates to logistics and access constraints. Flooded roads and limited transport capacity have previously delayed implementation. To address this, the current operation relies more heavily on locally based volunteers, decentralized implementation, and flexible planning to ensure continuity of activities in hard-to-reach areas.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	The risk was high. To mitigate this risk, a module on child safeguarding has been



introduced in the training of volunteers. Emphasis was placed on child's participation through the CFS. However, there is still a need to produce child-friendly communication materials with child-friendly feedback mechanisms. The DRCRC with the support of the GTPP will develop a child safeguarding policy. In addition to screening, PSEA briefings, and mandatory Code of Conduct signature, the operation will integrate additional safeguarding measures to further reduce risks and strengthen accountability.

Current National Society Actions

Start date of National Society actions

07-04-2026

<p>Health</p>	<p>The DRC Red Cross rapidly deployed 62 volunteers following the floods to support the evacuation of affected populations and provide first aid to the injured. During the initial response phase, a total of 25 individuals received first aid assistance.</p> <p>To date, these interventions have reached 6,535 people, primarily through community outreach activities conducted by volunteers in the affected areas.</p>
<p>Water, Sanitation And Hygiene</p>	<p>DRC Red Cross volunteers conducted hygiene promotion and disease prevention activities, while also supporting community-level response efforts and initial rapid assessments.</p>
<p>Coordination</p>	<p>The National Society is actively engaged with local authorities and partners at provincial and community levels to ensure alignment of the response and avoid duplication. Resource mobilization efforts are ongoing, including this DREF request, to scale up assistance and address the needs of the affected population more comprehensively.</p>

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The IFRC supports several ongoing operations in the country, including responses to the cholera outbreak in Kinshasa, population displacements in the eastern part of the country, and the polio vaccination campaign in Maniema. These operations provide valuable operational experience, technical expertise, and well-established coordination mechanisms that directly inform and strengthen the current DREF.</p> <p>This DREF operation is closely linked to these existing interventions, particularly in terms of technical approaches (health, WASH, PGI, and CEA), operational tools, and coordination structures, ensuring consistency and efficiency across responses. Lessons learned and best practices from previous operations have been integrated into the design of this intervention.</p> <p>The IFRC Country Cluster Delegation provides technical, operational, and strategic support to the DRC Red Cross in the implementation of this DREF. This includes support in the design, planning, and implementation of the operation, ensuring alignment with IFRC standards and procedures.</p> <p>In terms of Secretariat services, the IFRC supports Planning, Monitoring, Evaluation</p>
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	<p>and Reporting (PMER), information management, logistics and supply chain, as well as finance and administration to ensure compliance and accountability. Additional support is also provided in security management and human resources.</p> <p>Regarding coordination with Movement partners, the IFRC plays a key role in facilitating collaboration between the National Society, Participating National Societies (PNS), and the ICRC. Regular coordination exchanges are maintained to ensure complementarity of actions, avoid duplication, and maximize the impact of available resources. The National Society remains at the center of implementation, while the IFRC provides technical guidance and coordination support.</p> <p>This coordinated approach ensures that the response in Kindu is aligned with ongoing operations in the country and benefits from the broader Movement's expertise and resources.</p>
Participating National Societies	<p>Although several national partner societies are present in the DRC—including the Belgian Red Cross, the French Red Cross, the Spanish Red Cross, and the Swedish Red Cross—none of them are currently directly involved in the field response to the flooding in KINDU.</p>

ICRC Actions Related To The Current Event

<p>The ICRC is present in the Democratic Republic of Congo and maintains regular coordination with the DRC Red Cross. In the context of previous flooding events, the ICRC provided support for water chlorination activities, contributing to the reduction of waterborne disease risks in affected communities. This support included the provision of chlorine supplies and technical guidance to ensure safe water treatment and distribution.</p> <p>While the ICRC is not directly leading the current flood response in Kindu, it remains an important Movement partner, ensuring coordination and complementarity of actions. Its previous engagement in WASH interventions, particularly in water quality management, has contributed to strengthening the National Society's capacity to respond to similar public health risks in emergency contexts.</p>
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Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>The Government of the Democratic Republic of Congo, through provincial and local authorities in Maniema, has officially requested international assistance in response to the flooding in Kindu. Government structures, including the Ministry of Social Affairs and the Ministry of Health, are actively coordinating the response at both provincial and local levels.</p> <p>The authorities are leading overall coordination efforts, facilitating access to affected areas, and supporting the identification of priority needs. They are also working closely with humanitarian partners, including the DRC Red Cross, to ensure alignment of interventions, avoid duplication, and promote an effective and coherent response.</p> <p>At the operational level, local authorities and health zones are engaged in surveillance, information sharing, and response planning, particularly in relation to public health risks. Coordination meetings and information exchanges are being organized to monitor the situation and guide response priorities, while efforts are ongoing to mobilize additional resources to address the scale of needs.</p>



UN or other actors

At this time, no United Nations agencies or major international humanitarian actors have been directly engaged in the response to the flooding in Kindu. However, coordination mechanisms are in place, and UN agencies including Who and OCHA, are closely monitoring the situation in collaboration with national authorities and humanitarian partners.

Given the scale of the impact and the Government's request for international assistance, there is a likelihood of future engagement from UN agencies, particularly in sectors such as WASH, health, food security, and protection. Initial information sharing and coordination discussions are ongoing to assess potential areas of support and avoid duplication of efforts.

Other humanitarian actors present in the country are also following the situation and may mobilize resources depending on the evolution of needs and funding availability.

Are there major coordination mechanism in place?

Coordination mechanisms are established at both national and local levels to ensure an organized and effective response to the floods.

Coordination mechanisms are being established at both the national and local levels to ensure an organized and effective response to the floods.

At the national level, coordination is led by the DRC government through the relevant ministries, notably the Ministry of Social Affairs and the Ministry of Health, with the support of provincial authorities. Information sharing and strategic guidance are facilitated by existing humanitarian coordination frameworks.

At the provincial and local levels (Maniema/Kindu), coordination is managed by provincial authorities in collaboration with health zones and local administrative structures. Regular coordination meetings are held to share the latest information, identify priority needs, and align response activities among the various stakeholders.

The DRC Red Cross is actively involved in these coordination mechanisms and participates in coordination meetings at both the local and provincial levels. The National Society plays a key operational role in the response, particularly in community-based interventions such as health, water, sanitation, and hygiene (WASH). Although the National Society does not officially lead any cluster or sector, it is recognized as a key implementing partner due to its strong presence within communities and its supporting role alongside public authorities.

At this stage, coordination remains limited due to the low presence of international actors, resulting in gaps in several sectors, including shelter, livelihoods, and protection services.

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods have caused extensive damage to housing, with 527 houses flooded and 464 houses destroyed, including both fully and partially destroyed structures. As a result, thousands of people have been displaced or are living in unsafe and damaged shelters. At least 2,784 people are currently without adequate shelter and are exposed to harsh weather conditions and protection risks.

Many affected households have sought refuge with host families, leading to overcrowded living conditions and increased pressure on already limited resources. This situation raises concerns related to health, hygiene, and protection, particularly for vulnerable individuals such as women, children, older persons, and persons with disabilities, who are disproportionately affected and face additional barriers in accessing assistance and safe shelter.

There is an urgent need for emergency shelter support and essential household items to restore minimum living conditions. Affected households require basic items such as sleeping materials, blankets, cooking utensils, and containers, as well as temporary shelter solutions to protect them from further exposure and to reduce reliance on host families.





Livelihoods And Basic Needs

The floods of 7 April 2026 have had a severe impact on livelihoods in the three affected communes of Kindu, particularly in the informal sector, which represents the main source of income for nearly 70% of affected households. Approximately 2,000 households have lost their daily sources of income following the destruction of small businesses, tools, goods, and productive assets.

Available assessments indicate that households in the affected areas are generally composed of large family units, often including extended family members. A significant proportion of households are headed by women, particularly in urban and peri-urban areas, where women are heavily engaged in small-scale trade. In addition, some child-headed households and households hosting displaced relatives have been identified, further increasing dependency ratios and vulnerability.

Agricultural and fishing activities have also been significantly affected, with an estimated 244 hectares of farmland and 196 hectares of fishponds submerged. These losses have reduced both food production and household income, directly affecting food consumption and increasing vulnerability.

Market systems and supply chains have been disrupted due to damaged infrastructure, limiting access to essential goods. As a result, some products are now being sourced from Kinshasa, leading to increased prices and reduced affordability for vulnerable households. In addition, the loss of food stocks has affected up to 1,000 households, further compounding food insecurity.

Certain groups are disproportionately affected by these impacts, including female-headed households, households with children under five, older persons, persons with disabilities, and displaced households. These groups face additional challenges in accessing income opportunities, markets, and assistance, and are at higher risk of adopting negative coping strategies.



Health

The floods have significantly increased health risks among the affected population of approximately 62,000 people in Kindu. The flooding of homes, contamination of water sources, and destruction of sanitation facilities have created conditions conducive to the spread of waterborne diseases such as cholera, acute diarrhea, typhoid fever, and hepatitis. At the same time, stagnant water has increased the risk of malaria transmission. Among the affected population, 10,416 people are currently displaced and living in precarious conditions, further increasing their exposure to disease. Vulnerable groups, including children under five, pregnant and lactating women, and older persons, are particularly at risk.

Access to health services has been severely disrupted due to flooded roads, damaged infrastructure, and limited transportation, resulting in delays in accessing care and interruptions to essential health services. Several health facilities have been affected or are difficult to access, reducing the capacity of the health system to respond to increased needs, particularly for vulnerable groups and individuals requiring continuous medical care.

The situation also highlights the urgent need to strengthen community-based surveillance systems. The increased risk of outbreaks, combined with limited access to health facilities, makes early detection and case reporting essential. Communities need functional and accessible surveillance mechanisms to identify suspected cases of diseases with high epidemic potential and ensure rapid referral to health facilities, particularly in a context where outbreaks can escalate rapidly.

In addition to physical health risks, the floods have had a significant psychosocial impact on affected populations. Many households have lost their homes, livelihoods, and personal belongings, leading to increased levels of stress, anxiety, and trauma. Displaced populations, particularly those living in overcrowded conditions, face additional psychological strain. There is therefore a clear need to integrate psychosocial support (PSS) into the response, including psychological first aid and referral pathways for more specialized care.

Overall, the situation requires a combination of preventive, promotive, and referral-based health interventions to reduce morbidity and prevent potential outbreaks among affected communities.



Water, Sanitation And Hygiene

The flooding has severely affected water, sanitation, and hygiene conditions in Kindu. Water sources have been widely contaminated due to the overflow of the Congo River and the submersion of latrines, exposing communities to unsafe water. Among the affected population of approximately 62,000 people, many households are currently relying on contaminated water for drinking, cooking, and washing. A significant proportion of households are living in flooded conditions or have been temporarily displaced, increasing their exposure to waterborne diseases.

The destruction and flooding of sanitation infrastructure have further worsened the situation, with many latrines rendered unusable,



leading to open defecation and increased environmental contamination. Displaced populations, particularly the estimated 10,416 people living in precarious conditions, face serious challenges in accessing adequate sanitation facilities, further heightening public health risks.

In addition, poor hygiene conditions, overcrowding, and limited access to hygiene materials contribute to the increased risk of disease transmission. Without immediate intervention, the likelihood of outbreaks such as cholera and acute diarrhea remains high.

There is therefore an urgent need to restore access to safe drinking water through household water treatment solutions and safe water storage, alongside sustained hygiene promotion activities. Key messages should focus on handwashing at critical times, safe water handling, and improved sanitation practices.



Protection, Gender And Inclusion

The floods have increased the protection risks for affected populations, especially among vulnerable groups. Displacement, overcrowding in host families and the deterioration of social structures have increased the risk of gender-based violence, exploitation, including economic and sexual exploitation, abuse, limited access to services including health and education, discrimination and exclusion. Women, girls, boys, the elderly and people living with disabilities are particularly at risk of these risks.

The floods have increased protection risks for affected populations, especially among vulnerable groups. Displacement, overcrowding in host families, and the weakening of social structures have heightened the risks of gender-based violence (GBV), exploitation; including economic and sexual exploitation, abuse, limited access to essential services, discrimination, and exclusion. Women, girls, boys, older persons, and persons with disabilities are particularly exposed to these risks.

The approximately 10,416 displaced persons are living in conditions lacking privacy, safety, and adequate protection measures, which further increases their vulnerability. The loss of livelihoods and shelter has also increased the likelihood of negative coping mechanisms, including child labour and survival sex, exposing women, girls, and boys to heightened risks of sexual violence and exploitation.

There is currently no updated referral pathway in Kindu, and existing services are limited. While some medical services are available (e.g., PEP kits and fistula care), access remains constrained, and some services require payment. Psychosocial and protection services are available in surrounding areas but remain difficult to access due to distance. In addition, there are no child-friendly spaces currently available, limiting safe environments for children.

Persons with disabilities face additional barriers, including stigma, as well as physical and communication challenges in accessing services that are not adapted to their needs. This highlights the need for inclusive and accessible humanitarian assistance.

In this context, there is a critical need to assess protection risks in a continuous and systematic manner, including risks related to GBV, child protection, and PSEA, and to integrate mitigation measures throughout the response. This includes the establishment of safe and confidential feedback and referral mechanisms, strengthening referral pathways where possible, and ensuring a survivor-centred approach.

Targeted actions will also be required, including the provision of dignity kits, awareness-raising on protection risks and available services, and the integration of safeguarding measures across all sectors. Strengthening community-based protection systems, promoting safe access to assistance, and ensuring that all interventions are inclusive and accessible will be key priorities to reduce risks and protect affected populations.



Community Engagement And Accountability

The scale of the flooding and the complexity of needs require strong community engagement and accountability mechanisms. Affected populations need clear, timely, and accessible information regarding the response, including available assistance, targeting criteria, and distribution processes.

In the absence of effective communication, there is a high risk of misinformation and rumors spreading within communities, particularly regarding aid distribution and beneficiary selection. This can lead to tensions, exclusion, and reduced trust in humanitarian actors.

Communities also require accessible and functional feedback and complaint mechanisms to express their concerns, ask questions, and report issues safely. Given the scale of the response, these mechanisms must be able to handle a significant volume of feedback and ensure timely responses.

There is a need to establish multi-channel communication systems, including community meetings, radio messaging, helpdesks, and feedback platforms, to ensure two-way communication. Strengthening community participation and ensuring that feedback informs decision-making will be critical to improving the quality, relevance, and accountability of the response.



Any identified gaps/limitations in the assessment

Despite the rapid assessment conducted, several gaps and limitations have been identified that affect the overall understanding of needs and the scope of the response.

Significant unmet needs remain across multiple sectors, particularly in shelter, WASH, and livelihoods. While the assessment identified widespread destruction of housing and contamination of water sources, the scale of needs exceeds the current response capacity. Only a portion of the estimated 62,000 affected people will be targeted through this operation, leaving a substantial number of households without immediate assistance, especially in areas related to shelter reconstruction and livelihood recovery.

There are also resource constraints that limit the ability to fully respond to identified needs. Available funding and operational capacity restrict the scale of assistance to 1,400 households, despite the much larger number of affected families. In addition, there are limitations in terms of available materials, logistics capacity, and trained personnel to cover all affected areas comprehensively.

Several operational challenges were encountered during the assessment. Flooded roads and damaged infrastructure limited access to certain areas, which may have resulted in incomplete data collection in some locations. Time constraints associated with the rapid nature of the assessment also limited the depth of data collected, particularly for sector-specific needs such as protection and mental health.

In terms of coordination, the relatively low presence of international humanitarian actors at the time of the assessment limited the availability of consolidated data and sectoral analysis. The absence of fully established cluster coordination mechanisms at the local level may lead to gaps in information sharing and sector coverage, particularly in specialized areas such as protection and livelihoods.

Operational Strategy

Overall objective of the operation

To provide timely and integrated humanitarian assistance to 8,400 people (1,400 households) affected by floods in Kindu city (Alunguli, Kasuku, and Mikelenge communes), through a combination of shelter and essential household items (AME), multipurpose cash assistance (MPC), health promotion, hygiene awareness, and community engagement, in order to restore minimum living conditions, reduce health risks, and support early recovery.

Priority will be given to the 991 most severely affected households whose homes have been destroyed or flooded, while also addressing the needs of additional vulnerable households, including host families and indirectly affected populations.

Operation strategy rationale

The overall objective of this operation is to save lives, reduce health risks, and restore minimum living conditions for approximately 8,400 people (1,400 households) affected by flooding in Kindu, Maniema Province, over a period of four months. This represents a prioritized response within the estimated 62,000 people affected, with a focus on the most vulnerable households.

The operation will deliver a timely, integrated, and community-centered response addressing urgent needs in health, WASH, shelter and essential household items (AME), multipurpose cash assistance (MPC), protection, and community engagement.

Priority will be given to the 991 most severely affected households, whose homes have been destroyed or flooded, through targeted shelter and AME support. In addition, the operation will adopt a broader vulnerability-based approach to reach up to 1,400 households, including host families and indirectly affected households facing increased socio-economic pressure.

The strategy is based on a multi-sectoral and vulnerability-driven approach, combining severity of impact and limited coping capacity. Implementation will rely on a strong community-based approach, leveraging trained Red Cross volunteers and ensuring close coordination with local authorities, community structures, and health services.

1) Health

A total of 100 volunteers will be trained on the Epidemic Control for Volunteers (EpiC) package and deployed to reduce morbidity and prevent disease outbreaks among the affected population. These volunteers will operate in coordinated teams across the three communes of Alunguli, Kasuku, and Mikelenge, ensuring wide geographic coverage and regular presence within communities.

Their activities will include the provision of first aid services, with a particular focus on assisting injured individuals and stabilizing patients before referral to health facilities. Volunteers will also play a key role in epidemic prevention and community-based surveillance, conducting regular household visits to identify early signs of priority diseases such as acute watery diarrhea, suspected cholera, malaria, and other epidemic-prone illnesses. Suspected cases will be promptly referred to the nearest health facilities, and alerts will be reported through established community surveillance systems in coordination with health authorities.



In addition, volunteers will lead health promotion activities targeting a large portion of the affected population. These will include door-to-door sensitization, group discussions including in the Child friendly space, and community sessions focusing on disease prevention, early care-seeking behavior, malaria prevention, and key hygiene practices. Messaging will be adapted to the local context and to the children and delivered in accessible languages to ensure understanding and behavior change. To support these activities, 75 first aid kits will be procured and distributed to volunteer teams to ensure adequate response capacity at community level. Furthermore, 1,400 households will receive long-lasting insecticide-treated mosquito nets (2per HH), accompanied by demonstrations on proper use and maintenance to reduce malaria transmission.

Psychosocial support will be integrated into the intervention through trained volunteers who will provide psychological first aid (PFA) during community outreach activities and in the CFS. They will identify individuals in distress, provide basic emotional support, and refer complex cases to appropriate services where available.

2) WASH (Water, Sanitation and Hygiene)

DRC Red Cross volunteers will implement WASH interventions aimed at improving access to safe water and reducing the risk of waterborne diseases among affected populations. A total of 100 volunteers will be mobilized to conduct community-based activities across the three most affected communes of Alunguli, Kasuku, and Mikelenge. A total of 1,400 households will receive water treatment tablets (Aqua-tabs) for one month, along with jerrycans (two per household) to ensure safe water collection, storage, and treatment at the household level. These distributions will be complemented by practical demonstrations on correct dosage, safe storage, and handling of treated water to ensure effective and sustained use.

Volunteers will carry out regular hygiene promotion activities, including door-to-door visits, group discussions including in the CFS, and community sessions. Key messages will focus on water treatment, safe storage, handwashing at critical times, food hygiene, and prevention of waterborne diseases such as cholera and acute diarrhea. Messaging will be adapted to local languages, children and contexts to ensure understanding and behavior change.

In parallel, weekly community sanitation campaigns will be organized in affected neighborhoods. These activities will include drainage clearing, waste collection, cleaning of public spaces, and environmental sanitation to reduce contamination and stagnant water. Volunteers will also support the disinfection of contaminated areas, including water points and sanitation facilities where accessible. Sanitation kits will be provided to community groups to facilitate cleaning and disinfection efforts.

In addition, 100 personal protective equipment (PPE) kits will be distributed to volunteers to ensure their safety while operating in contaminated environments, reducing exposure to health risks such as polluted water and waste.

3) Shelter and Essential Household Items (NFI)

NFI assistance will be provided to restore minimum living conditions for households affected by the floods, particularly those whose homes have been destroyed or severely damaged. The intervention will be implemented with the support of trained volunteers, who will be equipped with basic shelter knowledge and trained on distribution procedures, crowd management, and protection, gender and inclusion principles.

A total of 1,400 households will receive standardized essential household kits, aligned with the package agreed within the DRC Shelter Cluster. Each household kit will include:

- 2 blankets per household
- 2 sleeping mats per household
- 1 kitchen set per household (including basic cooking utensils and plates)
- 2 buckets (20L) per household

These items are intended to replace critical belongings lost during the floods and enable affected families to meet their immediate household needs in a safe and dignified manner.

The assistance will particularly benefit displaced households and those currently living in overcrowded conditions with host families, helping to reduce pressure on host communities and improve overall living conditions. The targeting process will be conducted in close collaboration with community leaders, including representatives of women and persons with disabilities, as well as local authorities. Selection will be based on vulnerability criteria such as level of housing damage, displacement status, and specific needs (female-headed households, older persons, persons with disabilities, and families with young children). Beneficiary lists will be validated and publicly shared to ensure transparency and accountability.

Distributions will be carried out in a phased and organized manner by commune to avoid overcrowding and ensure safe access. Measures will be put in place to guarantee dignity, safety, and inclusion during distributions, including clear communication, priority access for vulnerable individuals, and appropriate site arrangements.

Post-distribution monitoring (PDM) will be conducted to assess the use, adequacy, and satisfaction of the assistance provided, as well as to identify any gaps or additional needs. This will help inform adjustments and improve the effectiveness of the response.

4) Cash and Voucher Assistance (Multipurpose Cash)

To address urgent basic needs and support early recovery, unconditional multipurpose cash transfers will be provided to 1,400 households most affected by the floods. The assistance will enable households to meet their priority needs, including food, basic



household items, healthcare, shelter repair, and other essential expenditures, while restoring dignity and choice.

Each targeted household will receive a one-off cash grant of USD 100, aligned with national standards and informed by the Minimum Expenditure Basket (MEB) adapted to the local context. The intervention will prioritize households whose homes have been destroyed or severely damaged, as well as those with limited coping capacity, including female-headed households, households with persons with disabilities, older persons, and families with young children.

To address the specific needs of vulnerable individuals, households with members who have been injured, hospitalized due to flood-related incidents, or who have lost mobility equipment (e.g. persons with disabilities)

A rapid market assessment will be conducted prior to implementation to confirm the functionality and accessibility of local markets and ensure that they can absorb increased demand without causing inflation or supply shortages. The assessment will also inform the choice of transfer modalities and delivery mechanisms.

Cash transfers will be delivered through secure and reliable Financial Service Providers (FSPs), including mobile network operators such as Vodacom and Orange, accessed through an aggregator (One Africa) to facilitate interoperability and streamline payment delivery, as well as Soficom for alternative cash-out modalities, building on existing partnerships where possible. The selection of the FSP will be based on accessibility, network coverage, cost-efficiency, and user familiarity, ensuring that beneficiaries—particularly vulnerable groups—can safely, timely, and easily access the assistance, including in areas with limited connectivity and for individuals with low digital literacy. Alternative delivery mechanisms will be considered for beneficiaries without access to mobile phones or SIM cards, ensuring inclusive and equitable access to assistance.

Risk mitigation measures will be integrated throughout the intervention, including verification of beneficiary lists, use of secure payment systems, and monitoring of potential risks such as exclusion, fraud, or misuse of funds. Particular attention will be given to safeguarding risks, ensuring safe and equitable access to cash for vulnerable individuals, including women and persons with specific needs.

Post-Distribution Monitoring (PDM) will be conducted to assess the use of cash, measure beneficiary satisfaction, ensure compliance with Protection, Gender and Inclusion (PGI) principles, and evaluate its contribution to household recovery. Feedback and complaint mechanisms will be established to capture community concerns and inform adjustments where necessary.

5) Protection, Gender and Inclusion

PGI strategy proposed for this DREF include 02 PGI approach: PGI mainstreaming and specialized activities.

PGI and safeguarding will be mainstreamed across all sectors to ensure that the response is safe, inclusive, and responsive to the specific needs of affected populations. Specific measures will be taken to ensure safe and equitable access to assistance for all groups, particularly the most vulnerable, including women, children, older persons, people living with disabilities, and displaced households. Distribution sites and service delivery points will be adapted to ensure accessibility, including priority queues, clear information, and support for individuals with specific needs. The intervention will be supported by three PGI focal points (one per commune), under the supervision of a provincial PGI focal point, ensuring consistent oversight and integration of PGI principles throughout implementation. IFRC PGI officer of Kalemi will provide technical support to this operation including monitoring visit. All volunteers involved in the operation will receive training on PGI minimum standards, including prevention of sexual exploitation and abuse (PSEA), child safeguarding, child protection, gender-based violence (GBV), survivor-centered approach, safe identification and referral of protection cases. This will ensure that volunteers are equipped to recognize risks, respond appropriately to disclosures, and uphold a survivor-centered approach based on confidentiality, respect, and non-discrimination. In addition to survivor centered approach, a particular accent will be given to child participation and community approach. The operation will also support awareness-raising activities on protection risks, including GBV, child protection, and PSEA, through community sessions, household visits, and communication materials. Communities will be informed about available services and safe reporting mechanisms. Dignity kits will be distributed to women and girls to address their specific hygiene and protection needs. In parallel, referral pathways will be strengthened to ensure that individuals at risk or survivors of violence can access appropriate medical, psychosocial, and protection services. Coordination with existing service providers will be prioritized to ensure timely and safe referrals.

6) Community Engagement and Accountability (CEA)

Community Engagement and Accountability will be at the core of the operation to ensure that affected populations are informed, consulted, and actively involved throughout the response. A total of 24 dedicated CEA volunteers will be deployed across the three communes to facilitate continuous two-way communication between communities and response teams. These volunteers will conduct door-to-door visits, community meetings, and group discussions to share key information on the response, including targeting criteria, types of assistance, distribution schedules, and health, protection and hygiene messages. Information will be delivered in local languages and adapted to the children and the context to ensure accessibility and understanding. CEA activities will also include mass communication approaches, such as radio messaging and community announcements, to reach a broader audience and ensure consistent dissemination of key messages. Particular attention will be given to addressing rumors and misinformation, especially related to aid distribution and public health risks.

A multi-channel feedback and complaint mechanism will be established, including helpdesks at distribution sites, community focal points, and where feasible, hotlines or phone-based systems. These mechanisms will allow community members to ask questions, provide feedback, and safely report concerns, including sensitive issues. All feedback will be systematically collected, recorded, and analyzed, with clear procedures in place to ensure timely response and resolution. Sensitive complaints, particularly those related to protection or PSEA, will be handled through confidential channels and referred appropriately. Regular analysis of community feedback will inform program adjustments, improve the relevance and quality of the response, and strengthen transparency and trust. By placing communities at the center of the response, the operation will enhance accountability, reduce tensions, and ensure that assistance is better aligned with the needs and expectations of affected populations.

This operation will be supported by strong coordination and monitoring mechanisms. The DRC Red Cross will work closely with government authorities, IFRC, and Movement partners to ensure alignment and complementarity. Continuous monitoring, including



post-distribution monitoring and community feedback analysis, will inform adjustments and ensure that the response remains relevant, effective, and accountable.

Targeting Strategy

Who will be targeted through this operation?

This operation will target approximately 8,400 people (1,400 households) in Kindu city, across the three most affected communes of Alunguli, Kasuku, and Mikelenge. The selection of beneficiaries is based on the severity of impact and level of vulnerability identified during the rapid assessment.

Out of the targeted caseload, 991 households have been identified as the most severely affected, with 527 houses flooded and 464 destroyed. These households represent those directly impacted by the disaster and will be prioritized for assistance, particularly for shelter and essential household items support.

The remaining households within the 1,400 target reflect a broader vulnerability-based approach, including host families and indirectly affected households, who are supporting displaced populations or facing increased strain on already limited resources.

The targeting prioritizes households whose homes have been destroyed or severely damaged, as well as those who have lost essential household items, sources of income, and access to basic services. Particular attention will be given to households living in flood-prone and low-lying areas, which have been most affected by the rising waters of the Congo River.

The operation will specifically focus on vulnerable groups, including female-headed households, older persons, people living with disabilities, pregnant and lactating women, and families with young children. Displaced households currently living in overcrowded conditions with host families will also be prioritized due to increased exposure to health and protection risks.

The targeting approach will follow a community-based selection process, involving community leaders, organizations of persons with disabilities, women-led organizations, local authorities, and Red Cross volunteers to ensure transparency, accountability, and acceptance. Beneficiary lists will be validated at community level and publicly shared to minimize exclusion and inclusion errors.

Efforts will be made to ensure that no vulnerable group is left behind. Accessibility measures will be integrated into all activities, including adapted distribution sites, priority access for individuals with specific needs, and tailored communication approaches. Volunteers will be trained to identify and support individuals at risk, and referral mechanisms will be in place to connect vulnerable individuals to appropriate services.

Although the primary focus is on affected residents, marginalized or hard-to-reach groups, including displaced populations or individuals without formal identification, will also be considered through flexible and inclusive approaches, ensuring equitable access to assistance.

Explain the selection criteria for the targeted population

The selection of the targeted population is based on the severity of impact and vulnerability of affected households. Priority will be given to the 991 most severely affected households, whose homes have been destroyed or flooded (527 flooded and 464 destroyed), and who have lost essential household items, livelihoods, and access to basic services. These households represent those in urgent need of immediate humanitarian assistance.

The operation will also adopt a broader vulnerability-based approach to reach up to 1,400 households, including host families and indirectly affected households facing increased socio-economic pressure due to displacement and resource sharing.

Targeting is guided by a combination of exposure to the disaster and limited coping capacity. Households located in low-lying and flood-prone areas of Alunguli, Kasuku, and Mikelenge communes are prioritized. Displaced households living in overcrowded conditions with host families are also targeted due to increased health, protection, and socio-economic risks.

Special consideration will be given to vulnerable groups, including female-headed households, older persons, persons with disabilities, pregnant and lactating women, and households with young children.

A community-based targeting approach will be applied, involving community leaders, representatives of persons with disabilities and women's groups, local authorities, and Red Cross volunteers. Beneficiary lists will be validated at community level and publicly displayed to ensure transparency and minimize inclusion and exclusion errors.

Measures will be taken to ensure inclusion of marginalized and hard-to-reach groups, including flexible identification mechanisms and adapted distribution modalities. Priority access will be ensured for individuals with specific needs.



Total Targeted Population

Women	2,436	Rural	10%
Girls (under 18)	1,932	Urban	90%
Men	2,184	People with disabilities (estimated)	15%
Boys (under 18)	1,848		
Total targeted population	8,400		

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Public health and epidemic outbreaks, particularly cholera and malaria, due to contaminated water, poor sanitation, and overcrowded living conditions. This risk has been observed in past flood responses in the DRC, where delayed interventions contributed to increased morbidity.	Strong integration of health and WASH interventions, community-based surveillance systems, rapid referral mechanisms, and continuous hygiene promotion.
A financial and accountability risk is related to the implementation of multipurpose cash assistance. Risks include fraud, diversion, or inclusion/exclusion errors in beneficiary targeting. Previous operations have shown that weak verification processes can lead to such issues.	The operation will apply strict beneficiary verification procedures, community validation, secure payment systems through a vetted Financial Service Provider, and post-distribution monitoring.
Safeguarding risk: At the structural level, the context in which the activity is implemented is marked by the problem of sexual violence, child labour, limited access to basic services, etc. the flood has caused losses of livelihoods, housing and other essential goods, and displaced people; exposing the most vulnerable population to the adoption of negative protection	Establishment of a SEA reporting mechanism for reporting, training of staff and volunteers on PSEA and child safeguarding, signing of the code of conduct, strengthening of community awareness on PSEA, community risk assessment of SEA, risk analysis to safeguard the child, implementation of a risk



<p>strategies, including sex for survival, which increases the risk of sexual exploitation. Also, the modality of the assistance offered (cash assistance and door-to-door awareness increase the risk of PSEA and safeguarding the child)</p> <p>In addition, the DRCRC has not yet sufficiently popularized its PSEA policy in the locality, volunteers are not trained and the referencing circuit is not up to date</p>	<p>mitigation action plan and strengthening referral pathways for protection cases.</p>
<p>A security risk may arise from crowd control issues during distributions or petty crime in urban settings. Although the area is not an active conflict zone, tensions may occur due to high needs.</p>	<p>Mitigation measures include proper planning of distributions, involvement of local authorities, trained staff for crowd management, and adherence to IFRC security protocols.</p>
<p>Limited access to affected areas due to damaged infrastructure, poor road conditions, and residual flooding. In previous operations in similar contexts, such constraints have delayed distributions and monitoring activities. The root cause is the impact of floods on transport networks and limited logistical capacity at local level.</p>	<p>The operation will rely on decentralized planning, pre-positioning of items where possible, and strong use of local volunteers to ensure continuity of activities even in hard-to-reach areas.</p>
<p>Market functionality may deteriorate due to flood impacts, including limited availability of essential goods, price inflation, and reduced physical access to markets. This could affect households' ability to use cash assistance effectively.</p>	<ul style="list-style-type: none"> • Conduct continuous market monitoring (availability, prices, trader capacity) throughout the operation. • Maintain flexibility to adapt transfer modalities (e.g., shift to in-kind support if markets become non-functional). • Adjust transfer values if significant price inflation is observed, subject to budget availability. • Prioritize areas where markets remain accessible for MPCA implementation. • Engage with local traders to understand supply constraints and support market functionality where feasible.

Please indicate any security and safety concerns for this operation:

The operational context in Kindu, Maniema Province, is generally stable from a security perspective, with no active armed conflict reported in the targeted areas. However, certain security and safety concerns may affect the implementation of the operation and the safety of staff, volunteers, and affected communities.

From a security standpoint, risks may arise from crowd management during distributions, particularly given the high level of needs among affected populations. Tensions may occur if expectations are not properly managed or if there are perceptions of exclusion from assistance. In addition, petty crime and opportunistic theft may occur in urban and densely populated areas, especially during cash distributions or movement of goods.

Safety risks are also linked to the physical environment following the floods. Volunteers and staff may be exposed to hazardous conditions such as flooded areas, unstable structures, debris, and poor road access. Contaminated water and unsanitary conditions pose significant public health risks, including exposure to waterborne diseases (such as cholera and diarrhea) and vector-borne diseases (such as malaria). These risks also affect beneficiaries, particularly those living in overcrowded or precarious conditions. Operational risks also include limited access to certain areas due to damaged infrastructure, which may affect the timely delivery of assistance and supervision of activities.

To mitigate these risks, the operation will follow established IFRC security and safety protocols. This includes regular security briefings for staff and volunteers, adherence to movement procedures, and close coordination with local authorities. Distribution activities will be carefully planned and organized to ensure crowd control, including clear communication, staggered distributions, and the presence of trained personnel.

All volunteers will be equipped with appropriate personal protective equipment (PPE), particularly for WASH and health activities, to reduce exposure to contaminated environments. Safety measures will also include basic health precautions, access to first aid, and referral mechanisms where needed.

In addition, strong community engagement and communication will be maintained to manage expectations, reduce tensions, and ensure acceptance of the operation. Continuous monitoring of the security context will be conducted, and contingency measures will be adapted as needed to ensure the safety of all involved.

<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>No</p>
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Planned Intervention



Shelter Housing And Settlements

Budget: CHF 36,344

Targeted Persons: 8,400

Indicators

Title	Target
# of households receiving NFI kits	991
% of targeted households receiving assistance	100
% of households reporting improved living conditions	80
# of PDM assessments conducted	1

Priority Actions

- Distribution of essential household items (AME kits)
- Targeting and registration of beneficiaries
- Post-distribution monitoring (PDM)



Multi Purpose Cash

Budget: CHF 128,348

Targeted Persons: 8,400

Indicators

Title	Target
# of households reached with timely and relevant CVA to sustain consumption	1,400
% of households reporting that cash met their basic needs	80
% of households meeting their essential food and other basic needs	80
# of PDM surveys conducted	1
% of households employing no negative food based coping strategies	85

Priority Actions

- Market assessment
- Beneficiary targeting and registration
- Identification and selection of Financial Service Providers (FSPs)



- Cash distribution (USD 100 per household) to 1,400 households
- Post-Distribution Monitoring (PDM)



Budget: CHF 24,670
Targeted Persons: 8,400

Indicators

Title	Target
# of volunteers trained in Epidemic Control (EpiC) and First Aid	100
# of volunteers deployed for community-based health activities	99
# of people reached through health promotion and awareness activities	8,400
# of households visited through community outreach activities	1,400
# of people receiving first aid services	1,500
# of first aid kits procured and distributed	100
# of households receiving mosquito nets (LLINs)	1,400
% of suspected cases identified at community level and referred to health facilities	100
% of suspected cases reported within 24 hours of identification	90
% of suspected cases referred to health facilities	100
% of alerts verified by health authorities within 48 hours	80

Priority Actions

- Training of volunteers on Epidemic Control (EpiC) and First Aid
- Deployment of volunteers for community-based health activities (4 months)
- Community-based health promotion and awareness sessions (door-to-door and group sessions)
- Community-based surveillance and early detection of epidemic-prone diseases
- First aid service provision at community level
- Procurement and distribution of first aid kits
- Distribution of mosquito nets (LLINs)
- Psychosocial support (PSS) through trained volunteers
- Referral of suspected cases to health facilities



Budget: CHF 17,266
Targeted Persons: 8,400



Indicators

Title	Target
# of households receiving water treatment tablets (Aqua-tabs)	1,400
# of households receiving jerrycans	1,400
# of people reached with hygiene promotion activities	8,400
% of households demonstrating correct use of water treatment methods	80
# of community sanitation campaigns conducted	48
# of volunteers provided with PPE kits	100

Priority Actions

- Distribution of Aqua-tabs and jerrycans to households
- Hygiene promotion (door-to-door, group sessions)
- Community clean-up and sanitation campaigns
- Disinfection of contaminated areas
- Distribution of sanitation kits and PPE to volunteers



Protection, Gender And Inclusion

Budget: CHF 49,226

Targeted Persons: 8,400

Indicators

Title	Target
# of volunteers trained on PGI minimum standards	100
# of people reached with PGI awareness activities	8,400
% of protection cases identified and referred	100
# of dignity kits distributed	1,000
% of distribution sites applying inclusion measures	100
# of children with access to temporary CFS established or operated by the National Society for the purpose of learning, psychosocial support or recreation.	300

Priority Actions

PGI mainstreaming :

- Use PGI checklist to Monitor of PGI principle before and during cash assistance and distribution
- Integrate Inclusion measures during distributions
- produce sensitization tool on health and Wash adapted to the children
- Integrate PGI principle and safeguarding in the PDM of cash



- Training the volunteer of Cash, Wash and health on PGI principle

2- Child protection and Gender Base violence prevention and response

- Distribution of dignity kits to 500 vulnerable women and girls
- Training protection volunteer on Child protection, SGBV, survivor centered approach and referral
- Update referral pathways in coordination with UNFPA
- Identify and refer individuals with protection risk
- Ensure access of protection case to specialized services (medical, psychosocial)
- Establish child friendly space to provide psycho-social support to children, promote best Wash practice, etc among children
- Training the volunteer of CFS on management of CFS, psychosocial activities, identification and referral protection case
- Awareness sessions on SGBV, child protection and referral of case

3 Safeguarding :

- Child safeguarding risk analysis and development action plan
- SEA community risk assessment
- training of staff and volunteers on PSEA and child safeguarding
- Signature of the code of conduct
- Establish complaint mechanism for SEA and child safeguarding case
- Community sensitisation: integrate key message on SEA, Free assistance and reporting mechanism in all awareness-raising activities
- Update referral pathways in coordination with UNFPA



Community Engagement And Accountability

Budget: CHF 8,612

Targeted Persons: 8,400

Indicators

Title	Target
# of people reached with CEA messaging	8,400
# of feedback mechanisms established (helpdesks, hotline, focal points)	3
% of feedback responded to within agreed timeframe	80
% of community members aware of assistance criteria and services	80
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation.	100
% of community members who feel the aid provided by the operation currently covers their most important needs.	80
% of community members who report receiving and understanding key operational information (including selection criteria)	80

Priority Actions

- Community meetings and sensitization sessions will be conducted in each targeted area, not only to share information but also to engage communities in identifying priorities, validating targeting criteria, and co-designing response modalities.
- Door-to-door communication will complement group sessions, allowing for more inclusive engagement, particularly for individuals who may not be able to attend public meetings.
- 6 community committees (including representation of women and vulnerable groups) will be established to support beneficiary identification, complaint management, and continuous dialogue with the community.
- Feedback mechanisms (helpdesks at distribution sites, hotline, and community focal points) will be established to ensure that communities can safely raise concerns, ask questions, and provide feedback.
- Feedback collection and analysis will be conducted on a regular basis, and findings will be systematically used to adapt programming,



including adjustments to targeting, distribution modalities, and communication approaches. .

- Rumor tracking and response will be integrated into CEA activities, ensuring that misinformation is identified early and addressed through appropriate communication channels.
- Communication materials will be translated into Swahili to ensure accessibility and understanding across all affected communities.
- 12 radio broadcasts will be produced to disseminate key messages, provide updates on the response, and reinforce transparency and accountability.



Secretariat Services

Budget: CHF 39,286

Targeted Persons: 10

Indicators

Title	Target
# of technical support missions provided by IFRC	4
% of financial reports submitted on time and compliant with IFRC standards	100
# of coordination meetings supported by IFRC	8

Priority Actions

- Technical support for planning, implementation, and reporting
- PMER support (data collection tools, monitoring, reporting, dashboards)
- Financial management and compliance support
- Logistics and procurement support
- Security risk analysis and guidance
- Coordination with Movement partners and authorities



National Society Strengthening

Budget: CHF 71,248

Targeted Persons: 120

Indicators

Title	Target
# of volunteers trained across sectors (Health, WASH, PGI, CEA)	100
# of supervision and monitoring visits conducted	12
# of volunteers provided with visibility materials and basic equipment	100
# of lessons learned / capacity strengthening workshops conducted	1

Priority Actions

- Strengthening volunteer capacities through training (EpiC, WASH, PGI, CEA, First Aid).
- organize a lunch meeting with authorities.



- Supervision of volunteers and branch staff.
- Support to branch coordination and operational planning.
- Provision of visibility materials (vests, bibs) and working tools.
- Organization of lessons learned and capacity strengthening workshops.

About Support Services

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

A total of approximately 120 volunteers and staff will be mobilized to support the implementation of this operation in Kindu across the three targeted communes.

The operation will rely primarily on 100 Red Cross volunteers, who will be at the forefront of implementation. These volunteers will be responsible for carrying out community-based activities across sectors, including health promotion, epidemic control (EpiC), community-based surveillance, WASH interventions, hygiene promotion, shelter distributions, cash assistance support, and community engagement activities. They will also support beneficiary identification, registration, and post-distribution monitoring.

In addition, a team of around 20 staff and supervisors will provide overall coordination, technical oversight, and operational support. This includes branch-level coordinators, technical focal points (health, WASH, PGI, CEA, and cash), as well as support staff in logistics, finance, and administration.

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?

DRC redcross volunteer team largely reflects the gender, age, and cultural diversity of the affected population in Kindu. Volunteers are recruited from the local communities across the three communes of Alunguli, Kasuku, and Mikelenge, which facilitates communication in local languages, strengthens community trust, and ensures culturally appropriate engagement.

Efforts have been made to ensure a balanced representation of men and women within the volunteer workforce. Female volunteers are actively involved in community outreach, particularly in activities related to household visits, hygiene promotion, PGI, and psychosocial support. Their presence is essential to ensure safe and comfortable interaction with women and girls, especially when addressing sensitive issues such as gender-based violence, menstrual hygiene, and protection concerns.

However, some gaps remain. In particular, the number of female volunteers may still be lower than desired in certain technical or leadership roles. There may also be limited representation of persons with disabilities among volunteers. Additionally, younger volunteers are more represented than older age groups, which may limit engagement with older community members.

To address these gaps, the National Society is actively promoting inclusive volunteer recruitment, encouraging the participation of women, persons with disabilities, and individuals from different age groups. Measures are also being taken to ensure that women are represented in supervisory and decision-making roles. Training on PGI and inclusive approaches will further strengthen volunteers' capacity to engage effectively with diverse groups.

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

Procurement for this operation will be primarily carried out by the DRC Red Cross (National Society), with technical guidance and oversight from the IFRC to ensure compliance with IFRC procurement procedures and standards. The National Society has the operational capacity and local presence to conduct timely procurement while ensuring cost-effectiveness and quality.

Most procurement will be conducted locally, given the availability of essential items in local markets and the need for rapid response. This includes items such as mosquito nets, jerrycans, hygiene materials, dignity kits, and other relief items. Local procurement will also support the local economy and reduce lead times.

The procurement will mainly be for distribution purposes, targeting 1,400 households with various forms of assistance across sectors (WASH, shelter/NFI, health, and PGI). In addition, some procurement will support operational needs, such as personal protective



equipment (PPE), first aid kits, and visibility materials for volunteers.

For locally procured goods, the tendering process is expected to take approximately 2 to 4 weeks, depending on the type and volume of items. Simplified or emergency procurement procedures may be applied where necessary to ensure timely delivery, in line with IFRC guidelines.

For Cash and Voucher Assistance (CVA), the National Society will work with an existing and reliable Financial Service Provider (FSP) with experience in cash delivery in the DRC. The FSP has already been identified and will be validated prior to implementation through due diligence and risk assessment processes. Cash transfers will be delivered through secure and accessible mechanisms, ensuring efficiency, transparency, and safety for beneficiaries.

The IFRC delegation will provide technical support throughout the procurement process, including validation of procurement plans, support to tendering where required, and monitoring of compliance with procurement standards.

How will this operation be monitored?

The operation will be monitored through a combination of field-level supervision, routine data collection, and regular reporting to ensure effective tracking of progress, quality of implementation, and achievement of results.

At the operational level, Red Cross volunteers and supervisors will collect data on a daily and weekly basis using standardized tools across all sectors (health, WASH, shelter, cash, PGI, and CEA). This will include activity tracking (e.g., number of households reached, items distributed), as well as community feedback and observations from the field. Data will be compiled at branch level and consolidated into regular operational updates.

Monitoring responsibilities will be led by the National Society's PMER focal point, in close coordination with sectoral focal points (health, WASH, PGI, CEA, and cash). Supervisors at commune level will ensure data quality, verify implementation, and provide continuous coaching to volunteers. Regular field visits will be conducted by National Society staff to monitor progress, identify challenges, and ensure adherence to standards.

Key indicators used to assess progress will include, among others: number of households reached with assistance, number of people reached with health and hygiene promotion, number of households receiving cash assistance, and percentage of community members aware of assistance criteria. Outcome-level monitoring will also be conducted through Post-Distribution Monitoring (PDM) to assess the use, relevance, and effectiveness of assistance, as well as beneficiary satisfaction.

Community feedback mechanisms established under CEA will also play a critical role in monitoring, allowing real-time identification of issues, complaints, and gaps, and enabling timely adjustments to the response.

The IFRC Country Cluster Delegation will provide technical support and oversight throughout the operation. IFRC staff will conduct regular monitoring missions, including field visits to Kindu, to assess implementation progress, verify data, and provide technical guidance. These visits will be complemented by remote monitoring and regular coordination meetings with the National Society.

Please briefly explain the National Societies communication strategy for this operation

The DRC Red Cross will implement a communication strategy that ensures effective internal coordination, external visibility, and transparent engagement with affected communities throughout the operation.

Internally, communication will be facilitated through regular coordination meetings at branch and provincial levels, involving staff, supervisors, and volunteers. Operational updates, activity reports, and key decisions will be shared through established channels such as email, phone communication, and messaging platforms (e.g., WhatsApp groups) to ensure timely information flow and coordination across teams. Standardized reporting tools will support consistency in information sharing.

Externally, the National Society will communicate with stakeholders, including government authorities, humanitarian partners, and the public, through regular updates, situation reports, and participation in coordination meetings. Information on the response will be shared to ensure transparency, visibility, and alignment with other actors.

Communication with affected communities will be closely linked to Community Engagement and Accountability (CEA) activities. Multiple channels will be used, including community meetings, door-to-door visits, radio messaging, and helpdesks at distribution sites. Clear and accessible information will be provided on available assistance, targeting criteria, distribution schedules, and key health and hygiene messages. Feedback mechanisms will allow communities to ask questions, raise concerns, and receive timely responses, ensuring two-way communication and transparency.

A media and visibility approach will be implemented to highlight the response, including the use of social media platforms, photos, and



human-interest stories to document the impact of the operation. Where appropriate, press releases and public communication materials will be developed in coordination with the National Society's communication team.

The IFRC will support communication efforts by providing technical guidance, visibility tools, and support for content development, including situation updates, operational highlights, and donor visibility requirements. IFRC communication teams may also support the production of communication materials and ensure alignment with global standards.



Budget Overview

International Federation of Red Cross and Red Crescent Societies

V2025.01.2

DREF budget tool for National Societies

National Society	Operation	Appeal Code	Currency (LC)	Exchange Rate	Date
DRC Red Cross	Floods KINDU	DRCDX	USD	0,79864	07/04/2026

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Output Code	Description	Block [select]	Implemented by [select]	Budget Group	Quantity	Unit	Unit Cost LC	Total Cost LC	Total Cost CHF	Review / Comments
AP005	Enregistrement des beneficiaires (30volx5 jours)	Response	ational Societ	667	150,00	Jour	10,00	1 500,00	1 197,96	
AP005	Transport des materiels de kinshasa à maniéma	Response	National Soci	500	1,00	Lumpsum	4 000,00	4 000,00	3 194,56	
AP005	Impression du jeton de distribution	Response	ational Societ	500	1 400,00	Jeton	2,50	3 500,00	2 795,24	
AP005	Transport locale et Manutention des AME	Response	National Soci	593	1,00	Forfait	4 000,00	4 000,00	3 194,56	
AP005	Achat des kits AME	Response	ational Societ	500	991,00	Kit	30,00	29 730,00	23 743,57	
TOT_AF Shelter assistance to households								42 730,00	34 125,89	
PO01 Shelter and Basic Household Items								42 730,00	34 125,89	
TOT_AF Improvement of income sources								0,00	0,00	
PO02 Livelihoods								0,00	0,00	
AP081	Assistance cash (multi-purpose)	Response	ational Societ	578	1 400,00	Person	100,00	140 000,00	111 809,60	
AP081	Commission de FSP pour le cash	Response	ational Societ	578	1 400,00	Forfait	1,00	1 400,00	1 118,10	
AP081	Market assment	Response	National Soci	667	1,00	Forfait	3 500,00	3 500,00	2 795,24	
AP081	Post distribution monitoring	Response	National Soci	667	1,00	Forfait	6 000,00	6 000,00	4 791,84	
TOT_AF Multi-purpose cash grants								150 900,00	120 514,78	
PO03 Multi-purpose Cash								150 900,00	120 514,78	
TOT_AF NS health capacity								0,00	0,00	
TOT_AF Health services								0,00	0,00	
AP109	Achats moustiquaires	Response	ational Societ	510	2 800,00	Piece	5,00	14 000,00	11 180,96	
AP109	Recyclage de volontaires 2 jour en PS5 60Vol (60vx4jrsx10 usd)	Response	National Soci	667	120,00	Lumpsum	5,00	600,00	479,18	
AP109	Récyclage de 4 jours pour 60Vol personnels sur les soins psychosociaux, cash, cobo collecte et EPIC (60vx4jrsx5usd)	Response	National Soci	667	240,00	Lumpsum	5,00	1 200,00	958,37	remboursement de transport
AP109	Kit de premiers secours	Response	National Soci	540	50,00	Pce	100,00	5 000,00	3 993,20	
AP109	Pause café (60 vol 3 Sup 4Facil X 6 JOURS)	Response	National Soci	680	268,00	day	5,00	1 340,00	1 070,18	
AP109	Déjeuner (60 vol3 Sup 4 Facil X 2 JOURS)	Response	National Soci	680	268,00	day	10,00	2 680,00	2 140,36	
AP109	Perdiem des facilitateurs (3 Facilitateurs animateurs x 3 USD)of the facilitators (2 facil x 20usdx2jrs)	Response	National Soci	667	18,00	day	20,00	360,00	287,51	
AP109	Matériel pour la formation des participants (Economat)	Response	ational Societ	680	1,00	Lumpsum	500,00	500,00	399,32	
AP109	Frais de location de la salle (x4 jours*1 salle) ICT - téléphone portable/tablette et carte SIM	Response	National Soci	680	4,00	salle	100,00	400,00	319,46	
AP109	pour le monitoring des standard minimum dans les secteurs	Response	National Soci	667	15,00	Pce	150,00	2 250,00	1 796,94	
AP109	Megas pour l'utilisation de de cobo collecte	Early Actions	National Soci	667	15,00		5,00	75,00	59,90	
AP109	Impression dossier	Early Actions	National Soci	710	120,00		5,00	600,00	479,18	



Contact Information

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

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