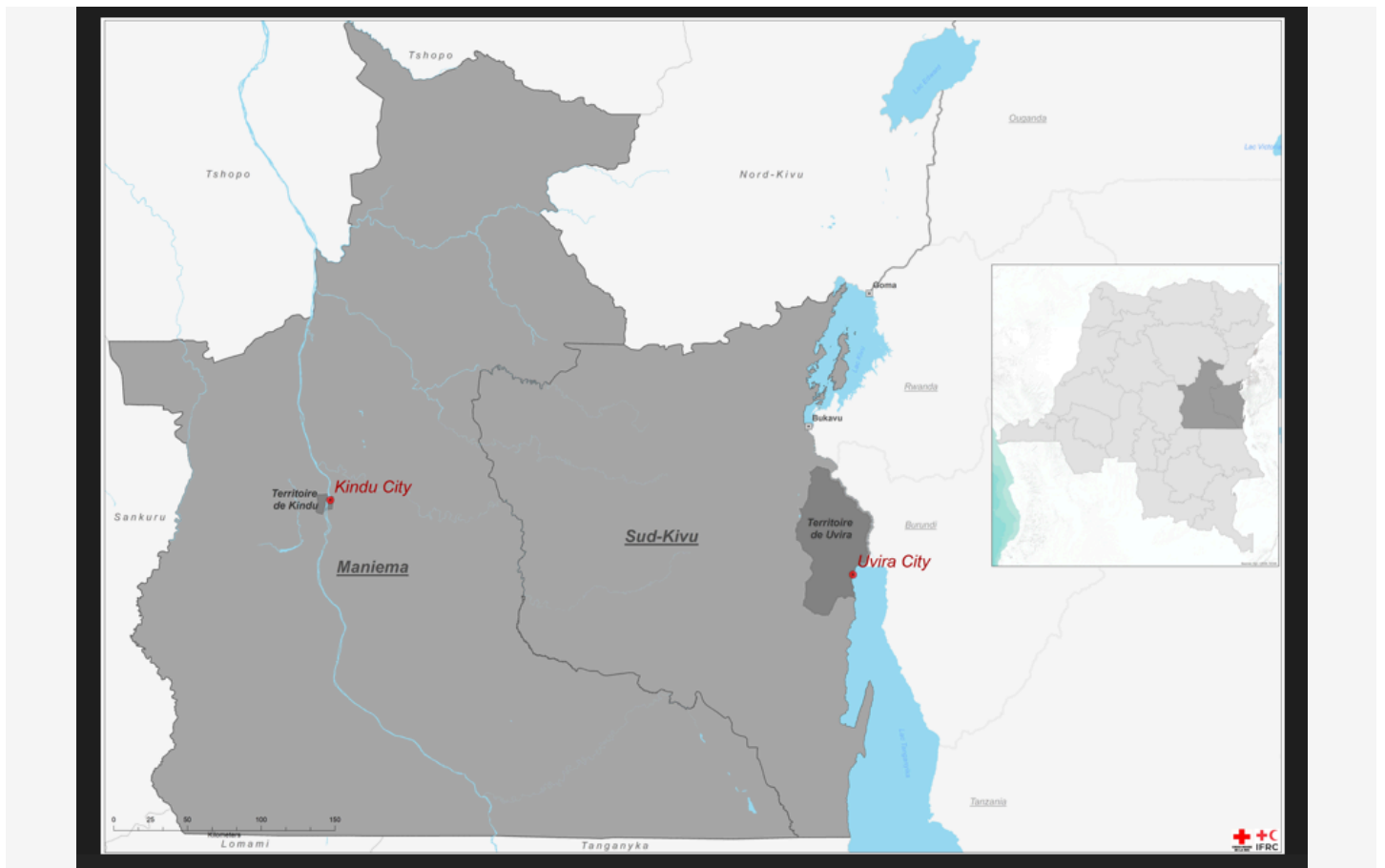




Flooded house in uvira/ DRC Red Cross

Appeal: MDRCD050	Total DREF Allocation: CHF 767,376	Crisis Category: Orange	Hazard: Flood
Glide Number: -	People Affected: 96,000 people	People Targeted: 15,600 people	
Event Onset: Sudden	Operation Start Date: 20-04-2026	New Operational End Date: 31-10-2026	Total Operating Timeframe: 6 months
Reporting Timeframe Start Date: 20-04-2026		Reporting Timeframe End Date: 31-10-2026	
Additional Allocation Requested: 392,376		Targeted Regions: Maniema, Sud-Kivu	

Description of the Event



Targeted Areas

Date of event

01-05-2026

What happened, where and when?

Since 1 May 2026, the city of Uvira in South Kivu Province, eastern Democratic Republic of the Congo (DRC), has been severely affected by heavy and persistent rainfall that triggered significant flooding following the overflow of the Kalimabenge River. The disaster mainly affected the densely populated and flood-prone neighborhoods of Namianda and Kilibula in Kalundu commune, where floodwaters inundated homes, roads and community infrastructure.

The floods caused widespread humanitarian impacts, including destruction of shelters, contamination of water sources, damage to sanitation infrastructure and disruption of livelihoods. According to rapid multisectoral assessments conducted between 1 and 5 May 2026, approximately 7,776 people (1,555 households) were affected. A total of 544 houses were damaged, including 13 completely destroyed and 172 partially destroyed, while at least 1,110 people were displaced and forced to seek refuge with host families. Six deaths were also reported following the disaster.

The floods also severely affected access to essential services and increased public health risks. At least 555 latrines were flooded or damaged, water sources were contaminated and stagnant water accumulated in residential areas, creating favorable conditions for outbreaks of cholera, acute watery diarrhoea, typhoid and malaria. Health facilities, schools, bridges, agricultural gardens and small businesses were also damaged, further increasing the vulnerability of affected populations already living in precarious conditions.

The situation remains critical and dynamic as continued heavy rainfall and rising water levels in Lake Tanganyika continue to expose communities in Uvira to additional flooding, displacement and further humanitarian deterioration. Operational access to some affected areas also remains challenging due to damaged roads, poor drainage systems and difficult weather conditions.

Prior to the flooding in South Kivu, Maniema Province, particularly Kindu City, had already experienced severe flooding after the Congo River overflowed its banks on 7 April 2026 following continuous heavy rainfall. The communes of Alunguli, Kasuku and Mikelenge were among the most affected areas, with widespread destruction of homes, contamination of water sources, disruption of livelihoods and displacement of affected populations. These initial floods and the resulting humanitarian needs led to the launch of the initial DREF operation in Maniema Province.



HH visit in Alunguli comun

Scope and Scale

The floods caused by intense rainfall and the overflow of rivers have had severe humanitarian consequences on lives, livelihoods, shelter conditions and basic infrastructure in both Maniema and South Kivu provinces. In Kindu city, Maniema Province, the floods resulting from persistent rainfall and the overflow of the Congo River affected approximately 62,000 people, with more than 10,000 households impacted to varying degrees. Hundreds of houses were flooded or destroyed, while many additional households experienced partial damage, loss of household belongings and temporary displacement. Thousands of affected people sought refuge with host families, creating overcrowded living conditions and increasing protection and public health risks.

The impact on livelihoods in Kindu has been particularly significant, as most affected households rely on informal trade, agriculture and fishing activities. Floodwaters damaged agricultural fields, fishponds, household assets and local infrastructure, limiting access to markets and reducing income-generating opportunities. Damage to water systems, sanitation facilities, roads, schools and health infrastructure further increased humanitarian needs and exposure to waterborne diseases such as cholera, acute diarrhea and malaria. The communes of Alunguli, Kasuku and Mikelenge remain the most affected areas due to their location in flood-prone and low-lying zones with weak drainage systems and fragile housing structures.

In South Kivu Province, the city of Uvira was severely affected on 1 May 2026 following heavy rainfall and the overflow of the Kalimabenge River, particularly in Kalundu commune and the neighborhoods of Namianda and Kilibula. According to rapid multisectoral assessments, approximately 7,776 people (1,555 households) were affected by the floods, while 544 houses were damaged, including 13 completely destroyed and 172 partially destroyed. At least six deaths were reported and more than 1,110 people were displaced and hosted by relatives or neighboring families in overcrowded conditions.

The floods in Uvira also caused extensive damage to community infrastructure, including schools, health facilities, bridges, latrines and agricultural gardens. More than 555 latrines were flooded or damaged, while contaminated water sources and stagnant water significantly increased the risks of cholera, acute watery diarrhea, typhoid and malaria outbreaks. Livelihoods were heavily affected, particularly among households depending on petty trade, casual labor and small-scale commerce. Many families lost food stocks,

productive assets, household items and income sources, further reducing their coping capacities.

The most vulnerable groups in both operational areas include children under five, pregnant and lactating women, older persons, people living with disabilities, women-headed households and displaced populations hosted by relatives or communities. These groups face heightened risks related to overcrowding, poor sanitation, limited access to healthcare, psychosocial distress, gender-based violence and exclusion from assistance.

The affected communities in both Kindu and Uvira have experienced recurrent flooding in recent years due to seasonal heavy rainfall, environmental degradation, poor urban planning and inadequate drainage infrastructure.

Repeated shocks have progressively weakened household resilience, reduced coping capacities and increased dependency on humanitarian assistance. Continued rainfall and rising water levels remain a major concern, as they may lead to additional flooding, displacement and further deterioration of humanitarian conditions in the affected areas.

Source Information

Source Name	Source Link
1. OCHA DRC	https://www.unocha.org/democratic-republic-congo?utm

Summary of Changes

Are you changing the timeframe of the operation	Yes
Are you changing the operational strategy	No
Are you changing the target population of the operation	Yes
Are you changing the geographical location	Yes
Are you making changes to the budget	Yes
Are you requesting an additional allocation?	Yes



Please explain the summary of changes and justification:

The operation has been revised following updated field assessments and the continued deterioration of the humanitarian situation caused by flooding in Maniema and South Kivu provinces. The scale-up is intended to address increasing humanitarian needs identified beyond the initial operational planning figures and geographical scope.

The main changes introduced through this Operations Update include the expansion of the geographical coverage from Maniema Province only to both Maniema and South Kivu provinces, including affected areas in Kindu and Uvira. The operational timeframe has also been extended from four months to six months to allow sufficient time for implementation of additional activities, procurement processes, and completion of assistance in newly targeted areas.

The operation target has increased from 1,400 households (8,400 people) to 2,600 households (15,600 people), representing an increase of 1,200 households in the overall target, including 850 additional households targeted through the DREF top-up. The revised targeting reflects the growing number of affected and vulnerable households identified through rapid assessments conducted by the DRC Red Cross in collaboration with local authorities and community structures.

While the overall operational strategy remains unchanged, the scale-up will support the continuation and expansion of multisectoral interventions in Health, WASH, Shelter/NFI, Multipurpose Cash Assistance (MPCA), Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA).

The top-up is justified by the increasing humanitarian needs resulting from the floods, including destruction of shelters, loss of household belongings and livelihoods, increased public health risks, displacement of populations, and deterioration of living conditions in affected communities. Additional support is required to ensure timely and adequate assistance to newly identified vulnerable households and maintain the quality and continuity of the response across both provinces.

The revised operational plan also takes into account logistical challenges, procurement lead times, and operational constraints linked to accessibility and the expansion of activities into additional flood-affected areas.

IFRC Network Actions Related To The Current Event

Secretariat

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.

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.

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.

In terms of Secretariat services, the IFRC supports Planning, Monitoring, Evaluation 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.

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.

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.
Participating National Societies	<p>Although several National Partner Societies are present in the Democratic Republic of Congo 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 and Uvira. However, Movement partners remain informed of the evolving humanitarian situation in Maniema and South Kivu provinces through regular coordination and information-sharing mechanisms with the DRC Red Cross and IFRC.</p> <p>At this stage, the flood response operation in both provinces is being primarily implemented by the DRC Red Cross with technical and operational support from the IFRC. Depending on the evolution of humanitarian needs, operational priorities, and funding availability, there may be opportunities for further engagement or complementary support from Partner National Societies during later phases of the response or recovery interventions.</p>

ICRC Actions Related To The Current Event

The ICRC is present in the Democratic Republic of Congo and maintains regular coordination with the DRC Red Cross and Movement partners across the country, including in Maniema and South Kivu provinces. In the context of previous flooding and public health emergencies, the ICRC has supported WASH-related interventions, including water chlorination activities and technical support aimed at reducing risks of waterborne diseases in affected communities.

This support has included the provision of chlorine supplies, technical guidance on safe water treatment, and coordination on emergency public health measures to strengthen safe water access and disease prevention efforts. Such interventions have contributed to reinforcing the National Society's operational capacity to respond to flooding-related public health risks and WASH emergencies.

While the ICRC is not directly leading the current flood response operation in Kindu and Uvira, it remains an important Movement partner ensuring coordination, information sharing, and complementarity of actions with the DRC Red Cross and IFRC. Continued Movement coordination helps strengthen operational coherence and supports preparedness for potential public health and humanitarian risks linked to the evolving flood situation in both provinces.

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 and South Kivu provinces, has officially requested and coordinated humanitarian assistance in response to the severe flooding affecting Kindu and Uvira. Government structures, including the Ministry of Social Affairs, provincial authorities, local administrations, and the Ministry of Health through the respective health zones, are actively coordinating response efforts at provincial and local levels.</p> <p>In Maniema Province, authorities in Kindu continue to coordinate interventions in the affected communes of Alunguli, Kasuku, and Mikelenge following the overflow of the Congo River and the resulting humanitarian impacts. In South Kivu Province, local authorities and technical services in Uvira are also leading coordination efforts following the flooding caused by heavy rainfall and river overflow, particularly in Kalundu commune and the affected neighborhoods of Namianda and Kilibula.</p> <p>The authorities are facilitating access to affected areas, supporting rapid assessments,</p>



validating beneficiary targeting processes, and coordinating with humanitarian partners, including the DRC Red Cross, to ensure complementarity of interventions, avoid duplication, and promote an effective and coherent response across both provinces.

At the operational level, local authorities, health zones, and technical services are actively engaged in disease surveillance, information sharing, risk monitoring, and response planning, particularly in relation to public health risks such as cholera, malaria, and acute watery diarrhea. Regular coordination meetings and information exchanges are being organized to monitor the evolving situation, identify priority humanitarian needs, and guide operational response activities.

Efforts are also ongoing at provincial and local levels to mobilize additional resources and strengthen multisectoral response capacities in order to address the growing humanitarian needs resulting from the floods and continued heavy rainfall in affected areas.

UN or other actors

At this stage, no large-scale United Nations emergency response operation has been formally deployed specifically for the flooding response in Kindu and Uvira. However, United Nations agencies and humanitarian coordination structures, including WHO and OCHA, are actively monitoring and supporting coordination efforts related to the flooding situation in both Maniema and South Kivu provinces in collaboration with national authorities, the DRC Red Cross, and humanitarian partners.

In Maniema Province, humanitarian coordination efforts continue to focus on the flooding situation in Kindu, particularly in the communes of Alunguli, Kasuku, and Mikelenge, where authorities and partners are monitoring humanitarian needs, displacement, public health risks, and operational access constraints.

In South Kivu Province, humanitarian actors and UN agencies are also engaged in coordination efforts following the severe flooding that affected Uvira, particularly Kalundu commune and the neighborhoods of Namianda and Kilibula. OCHA and humanitarian coordination mechanisms are supporting information management, situation monitoring, and coordination discussions with local authorities and operational partners to assess priority humanitarian needs and identify response gaps.

WHO and health partners are closely monitoring the public health situation in Uvira due to increased risks of cholera, malaria, acute watery diarrhea, and other epidemic-prone diseases linked to contaminated water sources, damaged sanitation infrastructure, overcrowding, and stagnant water following the floods. Health surveillance and information-sharing mechanisms remain active to support early detection and rapid response to potential outbreaks.

Given the scale of the humanitarian impact in both Kindu and Uvira, there is a likelihood of increased engagement from UN agencies and humanitarian organizations, particularly in sectors such as WASH, health, shelter, food security, protection, and emergency coordination. Initial coordination discussions and humanitarian information exchanges are ongoing to support resource mobilization, strengthen operational complementarity, and avoid duplication of interventions.

Other humanitarian actors present in the Democratic Republic of Congo are also closely following the evolving situation in both provinces and may further scale up support depending on humanitarian needs, access conditions, and funding availability.



Are there major coordination mechanism in place?

Coordination mechanisms are established at both national and local levels to ensure an organized, coherent, and effective response to the floods affecting Maniema and South Kivu provinces.

At the national level, coordination is led by the Government of the Democratic Republic of Congo through the relevant ministries, notably the Ministry of Social Affairs, the Ministry of Health, Civil Protection authorities, and provincial administrations. Information sharing, operational coordination, and strategic guidance are facilitated through existing humanitarian coordination frameworks and regular exchanges with humanitarian partners.

At the provincial and local levels, coordination in Maniema Province is managed by provincial authorities in collaboration with health zones, local administrative structures, and community leaders in Kindu, particularly within the communes of Alunguli, Kasuku, and Mikelenge. In South Kivu Province, coordination efforts are also ongoing in Uvira through provincial authorities, Civil Protection services, local administrations, and health authorities, particularly in Kalundu commune and the affected neighborhoods of Namianda and Kilibula.

Regular coordination meetings and information-sharing sessions are being organized in both provinces to monitor the evolution of the floods, identify priority humanitarian needs, strengthen disease surveillance, coordinate operational activities, and align interventions among humanitarian stakeholders. These coordination mechanisms also support the identification of operational gaps and resource mobilization efforts.

The DRC Red Cross is actively involved in these coordination mechanisms and participates in coordination meetings at both provincial and local levels in Maniema and South Kivu. The National Society plays a key operational role in the response, particularly through community-based interventions in health, WASH, shelter/NFI, cash assistance, PGI, and community engagement activities. Although the National Society does not officially lead any humanitarian cluster or sector, it is widely recognized as a key implementing partner due to its strong community presence, volunteer network, and operational support to public authorities.

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods have caused extensive damage to shelters and household assets in both Maniema and South Kivu provinces. In Kindu, Maniema Province, 527 houses were flooded and 464 houses were destroyed, including fully and partially destroyed structures, following the overflow of the Congo River. In Uvira, South Kivu Province, rapid assessments identified 544 affected houses, including 172 partially destroyed and 13 completely destroyed shelters in the neighborhoods of Namianda and Kilibula.

As a result, thousands of people have been displaced or are currently living in damaged and unsafe shelters exposed to rain, flooding, overcrowding, and protection risks. In Kindu, more than 10,416 displaced people are estimated to be living in precarious conditions, mainly with host families, while in Uvira many affected households have also sought refuge with neighboring families and communities following the destruction and flooding of their homes.

The displacement of affected populations has significantly increased pressure on already limited household and community resources. Overcrowded living conditions are raising concerns related to health, hygiene, dignity, privacy, and protection, particularly for vulnerable groups such as women, children, older persons, pregnant and lactating women, and people living with disabilities, who face additional barriers in accessing safe shelter and humanitarian assistance.

Many affected households lost essential household belongings during the floods, including bedding, mattresses, blankets, cooking utensils, clothing, water containers, and other basic domestic items necessary for daily living. Families whose homes were partially damaged are also facing urgent needs for shelter rehabilitation materials and temporary protection against further weather exposure. In Uvira, assessments also reported significant damage to community infrastructure and household assets, including destruction of latrines and damage to household living environments, further aggravating humanitarian vulnerabilities among flood-affected populations.

There is therefore an urgent need for emergency shelter assistance and essential household items (NFI support) to restore minimum living conditions and reduce exposure to further risks. Priority needs include sleeping materials, blankets, kitchen sets, jerrycans, mosquito nets, dignity items, and temporary shelter solutions for the most vulnerable households, as well as support for rehabilitation of damaged shelters where feasible.





Livelihoods And Basic Needs

The floods in Maniema and South Kivu provinces have had a severe impact on livelihoods, household income, and access to essential goods and services, particularly among vulnerable urban and peri-urban populations that largely depend on informal economic activities for survival.

In Kindu, Maniema Province, the floods of 7 April 2026 significantly affected the informal sector, which represents the main source of income for a large proportion of households. Approximately 2,000 households lost their daily sources of income following the destruction of small businesses, market goods, tools, productive assets, and household food stocks. Agricultural and fishing activities were also heavily impacted, with an estimated 244 hectares of farmland and 196 hectares of fishponds submerged, resulting in substantial losses in food production and household income.

In Uvira, South Kivu Province, rapid multisectoral assessments also identified significant livelihood losses following the floods of 1 May 2026. The flooding caused destruction of food stocks, interruption of local economic activities, and loss of productive household assets among affected families. Many households depending on petty trade, daily labor, small businesses, and informal commerce lost merchandise, equipment, and income-generating opportunities.

Available assessments indicate that households in the affected areas are generally composed of large family units, often including extended family members and displaced relatives. 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 and informal economic activities. Child-headed households, displaced families, and households hosting affected relatives have also been identified in both operational areas, further increasing dependency ratios and economic vulnerability.

Market systems and supply chains have been disrupted in both provinces due to damaged infrastructure, poor road conditions, and flooding of transportation routes, limiting access to food and essential commodities. In Kindu, some products are now being sourced from other provinces, including Kinshasa, resulting in increased prices and reduced affordability for vulnerable households. In Uvira, market disruptions and reduced purchasing power have further limited access to essential goods among flood-affected populations.

Loss of food stocks, reduced income opportunities, and rising prices have significantly increased food insecurity and reduced households' coping capacities. Many families are struggling to meet their basic needs, including food, healthcare, shelter rehabilitation, education costs, and essential household expenditures.

Certain groups are disproportionately affected by these livelihood impacts, including female-headed households, households with young children, older persons, persons living with disabilities, displaced populations, and families already living in poverty prior to the floods. These groups face additional barriers in accessing income opportunities, markets, and humanitarian assistance, and are at heightened risk of adopting negative coping strategies.

Affected households require urgent livelihood support and multipurpose cash assistance to help restore purchasing power, address immediate essential needs, support recovery of basic economic activities, and reduce further deterioration of household living conditions and resilience capacities.



Health

The floods have significantly increased public health risks among affected populations in Maniema and South Kivu provinces. In Kindu, approximately 62,000 people have been affected by flooding caused by heavy rainfall and the overflow of the Congo River, while in Uvira an additional 7,775 people were affected following the flooding of 1 May 2026. Flooding of homes, contamination of water sources, destruction of sanitation facilities, and prolonged exposure to stagnant water have created conditions highly conducive to the spread of waterborne and vector-borne diseases.

The main health risks identified include cholera, acute watery diarrhea, typhoid fever, malaria, and other epidemic-prone diseases. In Uvira, rapid assessments confirmed that water sources used by affected communities had been contaminated and that hundreds of latrines were submerged or damaged by floodwaters, significantly increasing the risk of disease outbreaks. Stagnant water and deteriorating environmental sanitation conditions continue to increase malaria transmission risks in both operational areas.

Displacement and overcrowded living conditions are further aggravating public health vulnerabilities. In Kindu, more than 10,000 displaced people are living in precarious conditions, mainly with host families, while in Uvira many flood-affected households have also sought refuge in neighboring communities and overcrowded shelters. These conditions increase exposure to communicable diseases, particularly among vulnerable groups such as children under five, pregnant and lactating women, older persons, and people living with disabilities.

Access to health services has been severely disrupted in both provinces due to flooded roads, damaged infrastructure, limited transportation, and reduced functionality of health facilities. In Uvira, health structures were directly affected by the floods, while damaged roads and bridges continue limiting access to healthcare and referral services. This has reduced the ability of the health system to respond effectively to increasing health needs and delayed access to essential medical care for affected populations.

The situation also highlights the urgent need to strengthen community-based surveillance and epidemic preparedness systems. The



increased risk of outbreaks, combined with limited access to healthcare services, makes early detection, community alert mechanisms, and rapid referral systems essential. Communities require functional surveillance systems to identify and report suspected cases of epidemic-prone diseases in a timely manner in order to prevent large-scale outbreaks.

In addition to physical health risks, the floods have had a significant psychosocial impact on affected populations. Many households have lost relatives, homes, livelihoods, and personal belongings, resulting in increased levels of stress, anxiety, trauma, and emotional distress. Displaced populations and families living in overcrowded conditions are particularly exposed to psychosocial strain and mental health challenges. There is therefore a clear need to integrate psychosocial support (PSS), including psychological first aid, community-based emotional support, and referral pathways for specialized care within the health response.

This situation requires a combination of preventive, promotive, curative, surveillance, and referral-based health interventions to reduce morbidity, prevent disease outbreaks, strengthen community resilience, and support the wellbeing of flood-affected populations in Maniema and South Kivu provinces.



Water, Sanitation And Hygiene

The floods have severely affected water, sanitation, and hygiene (WASH) conditions in Maniema and South Kivu provinces. In KINDU, flooding caused by the overflow of the Congo River contaminated water sources and submerged sanitation facilities, while in Uvira heavy rainfall and river overflow also resulted in widespread damage to water and sanitation infrastructure. In both operational areas, many affected households are currently relying on unsafe and contaminated water sources for drinking, cooking, and domestic use, significantly increasing exposure to waterborne diseases.

Among the affected population of approximately 62,000 people in KINDU and 7,775 people in Uvira, a large proportion of households are either living in flooded environments, staying with host families, or displaced in precarious conditions with limited access to safe water and sanitation services. In Uvira, rapid multisectoral assessments confirmed that community water sources had been contaminated and that more than 555 latrines were damaged or submerged by floodwaters.

The destruction and flooding of sanitation infrastructure have significantly worsened hygiene conditions in both provinces. Many latrines have become unusable, increasing the practice of open defecation and environmental contamination, particularly in overcrowded areas hosting displaced families. Floodwaters and stagnant water continue to expose communities to elevated risks of cholera, acute watery diarrhea, typhoid fever, and other waterborne diseases.

Displaced households and vulnerable populations, including children under five, pregnant and lactating women, older persons, and people living with disabilities, face additional challenges in accessing adequate sanitation and hygiene facilities. Overcrowding in host families and temporary shelters, combined with limited availability of hygiene materials and safe water storage containers, further increases public health risks.

Poor hygiene conditions and limited access to WASH supplies also continue to contribute to disease transmission risks. In both KINDU and Uvira, communities urgently require household water treatment products, safe water storage containers, hygiene kits, sanitation support, and community-based hygiene promotion activities to reduce exposure to disease outbreaks. In Uvira, identified priority needs include emergency access to safe water, establishment of chlorination points, household WASH kits, family latrine support, and community hygiene awareness campaigns.

There is therefore an urgent need to restore access to safe drinking water through household water treatment solutions, distribution of jerrycans and water purification products, rehabilitation of sanitation conditions, and sustained hygiene promotion activities. Hygiene messaging should focus on handwashing at critical times, safe water handling and storage, environmental sanitation, vector control, and improved sanitation practices in order to prevent outbreaks and reduce morbidity among affected communities.



Protection, Gender And Inclusion

The floods have significantly increased protection risks for affected populations in Maniema and South Kivu provinces, particularly among vulnerable and displaced groups. Displacement, overcrowding within host families, destruction of shelters, and the weakening of community support systems have heightened exposure to gender-based violence (GBV), exploitation, abuse, neglect, discrimination, and exclusion. Women, girls, boys, older persons, and people living with disabilities are particularly exposed to these protection risks. In Kindu, more than 10,416 displaced people are living in precarious conditions, often in overcrowded households with limited privacy and inadequate protection measures. In Uvira, many affected families are also displaced and hosted by relatives or neighboring households following the destruction and flooding of homes. Rapid multisectoral assessments conducted in Uvira identified heightened protection risks linked to acute overcrowding in host families, makeshift shelters, abandoned houses, and unfinished construction sites.

The loss of shelter, livelihoods, and household resources has increased the likelihood of negative coping mechanisms, including child labor, transactional sex, exploitation, family separation, and increased exposure to sexual violence and abuse. Women and girls remain particularly vulnerable to GBV risks due to insecure living conditions, reduced privacy, economic dependency, and limited access to protection services. Children are also exposed to psychosocial distress, neglect, and protection concerns linked to displacement and



disruption of normal social environments.

Persons living with disabilities and older persons face additional barriers in accessing humanitarian assistance, healthcare, safe shelter, and information. Limited accessibility of distribution points, damaged infrastructure, and reduced mobility further increase exclusion risks among these vulnerable groups.

Protection service capacity remains limited in both operational areas. In Kindu, referral pathways remain weak and access to specialized protection and psychosocial services is constrained by distance, limited service availability, and financial barriers. While some medical services such as post-exposure prophylaxis (PEP) kits and fistula care exist, access remains difficult for many affected households. In Uvira, assessments also identified the need to strengthen referral mechanisms for GBV survivors, psychosocial support services, child protection measures, and community awareness activities.

The floods have also had a significant psychosocial impact on affected communities. Many households have experienced trauma related to the loss of relatives, homes, livelihoods, and personal belongings. Displaced populations living in unstable and overcrowded environments continue to experience stress, anxiety, and emotional distress.

There is therefore an urgent need to strengthen Protection, Gender and Inclusion (PGI) interventions through community-based protection awareness, psychosocial support, safe referral mechanisms, PSEA sensitization, dignity kit distribution, child protection activities, and inclusive approaches that ensure safe and equitable access to assistance for vulnerable and at-risk populations. Particular attention should be given to women, children, older persons, persons living with disabilities, and displaced households throughout the response.

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-centered 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 humanitarian needs in Maniema and South Kivu provinces require strong Community Engagement and Accountability (CEA) mechanisms to ensure an effective, inclusive, and trusted response. Affected populations in Kindu and Uvira require clear, timely, accurate, and accessible information regarding available assistance, targeting criteria, distribution processes, health risks, referral services, and complaint mechanisms.

In both operational areas, displacement, overcrowding, and heightened humanitarian needs have increased the importance of transparent communication and regular community engagement. Without effective communication systems, there is a high risk of misinformation, rumors, misunderstandings, and tensions within communities, particularly concerning beneficiary selection, cash assistance, and relief distribution processes. These risks may contribute to frustration, exclusion, reduced community trust, and potential protection concerns.

The humanitarian context also requires accessible and functional feedback and complaint mechanisms that allow affected populations to safely express concerns, ask questions, provide feedback, and report complaints or sensitive issues, including protection and safeguarding concerns. Given the scale of the response and the number of affected households in both provinces, these mechanisms must be adapted to manage significant volumes of feedback while ensuring confidentiality, accessibility, and timely follow-up.

In Kindu and Uvira, communities include vulnerable groups such as displaced households, women-headed households, older persons, people living with disabilities, and populations with limited access to information channels. This creates an additional need for inclusive communication approaches adapted to different literacy levels, languages, mobility limitations, and cultural contexts.

There is therefore a need to establish and strengthen multi-channel communication and community engagement systems, including community meetings, household outreach, radio messaging, helpdesks at distribution sites, suggestion boxes, hotline mechanisms where feasible, and community feedback platforms. These mechanisms should support two-way communication and ensure that community concerns and feedback are systematically analyzed and integrated into operational decision-making.

Community engagement activities will also play a critical role in strengthening awareness on health risks, hygiene promotion, epidemic prevention, protection issues, cash assistance processes, and available referral services. Strengthening community participation and



accountability throughout the operation will be essential to improve the quality, relevance, acceptance, and effectiveness of the humanitarian response across Maniema and South Kivu provinces.

Any identified gaps/limitations in the assessment

Despite the rapid assessments conducted in Maniema and South Kivu provinces, several gaps and limitations remain and continue to affect the overall understanding of humanitarian needs and the scope of the response.

Significant unmet needs persist across multiple sectors, particularly in health, WASH, shelter/NFI, livelihoods, protection, and early recovery. While assessments identified widespread destruction of shelters, contamination of water sources, displacement of populations, and major livelihood losses in both Kindu and Uvira, the scale of humanitarian needs remains far greater than the current operational response capacity. Although the operation has been expanded to target 15,600 people (2,600 households), a substantial proportion of affected households across the estimated 96,000 affected population will remain without immediate humanitarian assistance, particularly regarding shelter rehabilitation, livelihood recovery, and longer-term recovery support.

Resource and operational constraints also continue to limit the ability to fully respond to identified needs. Available funding, procurement timelines, logistical capacity, and human resources remain insufficient to comprehensively address the magnitude of needs across all affected communities in Maniema and South Kivu provinces. In addition, limitations in available relief stocks, transportation means, and operational equipment continue to affect the speed and scale of interventions, particularly in difficult-to-access areas.

Several operational challenges were encountered during assessments and initial response activities. Flooded roads, damaged bridges, poor drainage conditions, and degraded infrastructure limited access to some affected areas in both Kindu and Uvira, which may have resulted in incomplete data collection and underestimation of needs in certain locations. In Uvira, the rapid multisectoral assessment also highlighted ongoing risks in additional neighborhoods exposed to future flooding and landslides, suggesting that humanitarian needs may continue to evolve.

The rapid nature of the assessments and evolving humanitarian context also limited the depth of sector-specific analysis, particularly in specialized areas such as mental health and psychosocial support, protection risks, disability inclusion, and long-term livelihood impacts. Population movements and temporary displacement patterns further complicated verification and targeting processes in some communities.

In terms of coordination, although local coordination mechanisms are functioning, the relatively limited presence of large-scale international humanitarian actors in some operational areas continues to constrain sectoral coverage, resource mobilization, and consolidated humanitarian analysis. Coordination gaps remain in sectors such as shelter, livelihoods recovery, protection services, and early recovery interventions. Limited availability of updated disaggregated data and harmonized sectoral assessments also affects comprehensive planning and prioritization across affected areas.

In addition, the humanitarian situation remains dynamic due to continued rainfall, rising water levels, and the risk of additional flooding in vulnerable low-lying areas. This may lead to further displacement, additional humanitarian needs, and changing operational priorities throughout the implementation period.

Operational Strategy

Overall objective of the operation

The objective of this operation is to provide integrated and appropriate humanitarian assistance to populations affected by floods in the provinces of Maniema and South Kivu, particularly in the areas of KINDU and Uvira as well as newly affected locations, through interventions in cash assistance, water, sanitation and hygiene (WASH), community health, emergency shelter, and community engagement activities, in order to reduce public health risks, protect livelihoods, and support the early recovery of affected households.

Following recent field assessments conducted by the Red Cross Society of the Democratic Republic of Congo, the number of affected households identified has significantly increased beyond the initial planning figures. In response to the growing humanitarian needs and the extension of affected areas, the operation seeks to scale up its geographical coverage and assistance through a DREF top-up targeting a total of 2,250 households across Maniema and South Kivu provinces.

The operation will contribute to strengthening community resilience through health and hygiene awareness activities, community engagement, and capacity strengthening of Red Cross volunteers in the targeted provinces.



Operation strategy rationale

The overall objective of this operation is to save lives, reduce health risks, and restore minimum living conditions for approximately 15,600 people (2,600 households) affected by flooding in Maniema and South Kivu provinces, over a period of six months. This represents a prioritized response within the estimated affected population, 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 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 2,600 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 in Maniema and South Kivu provinces.

1) Health

A total of 150 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 targeted areas in Maniema and South Kivu provinces, 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, first aid kits will be procured and distributed to volunteer teams to ensure adequate response capacity at community level. Furthermore, 2,600 households will receive long-lasting insecticide-treated mosquito nets (2 per HHs), 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 150 volunteers will be mobilized to conduct community-based activities across the targeted areas in Maniema and South Kivu provinces. A total of 2,600 households will receive water treatment tablets (Aquatabs) 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.

The operation will support regular monitoring of water quality in targeted communities, particularly following water point disinfection activities and household water treatment interventions, in order to strengthen prevention of waterborne diseases and ensure safe water consumption practices.

In addition, the National Society will assess the availability of the required water quality monitoring tools and related reagents, including pool testers, residual chlorine testing kits, and other basic water quality monitoring equipment, to support regular testing and operational follow-up throughout implementation.

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, 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 2,600 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 2,600 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 PGI focal points in the targeted areas, under the supervision of provincial PGI focal points, ensuring consistent oversight and integration of PGI principles throughout implementation. IFRC PGI officers will provide technical support to this operation including monitoring visits. 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. Dedicated CEA volunteers will be deployed across the targeted areas in Maniema and South Kivu provinces 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 15,600 people (2,600 households) affected by flooding in Maniema and South Kivu provinces, including 1,400 households in Kindu, Maniema Province, and 1,200 households in Uvira and other affected areas of South Kivu Province. The selection of beneficiaries is based on the severity of impact and level of vulnerability identified during rapid assessments.

Out of the targeted caseload, the operation will prioritize households identified as the most severely affected, including those whose houses have been flooded or 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 2,600 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 floods and rising water levels.

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 in Maniema and South Kivu provinces. Priority will be given to the most severely affected households whose homes have been destroyed or flooded, 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 adopt a broader vulnerability-based approach to reach up to 2,600 households, including 1,400 households in Kindu, Maniema Province, and 1,200 households in Uvira and other affected areas of South Kivu Province. The operation will also include 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 in Kindu, as well as the neighborhoods of Namianda and Kilibula in Kalundu commune in Uvira, are prioritized due to the severe impact of floods and river overflow.

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	4,524	Rural	10%
Girls (under 18)	3,588	Urban	90%
Men	4,056	People with disabilities (estimated)	15%
Boys (under 18)	3,432		
Total targeted population	15,600		

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 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) 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	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 mitigation action plan and strengthening referral pathways for protection cases.
Security risks may arise during distributions and field operations due to crowd control challenges, tensions linked to high humanitarian needs, petty crime, or population frustration in densely populated urban settings.	Mitigation measures will include proper planning and organization of distributions, involvement of local authorities and community leaders, trained volunteers for crowd management, application of inclusion and accountability measures, and adherence to IFRC security protocols and movement tracking procedures.
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.	<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.
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	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.



impact of floods on transport networks and limited logistical capacity at local level.

Please indicate any security and safety concerns for this operation:

The operational context in Maniema and South Kivu provinces remains relatively stable from a security perspective in the targeted intervention areas, although the broader eastern DRC context remains volatile. No active armed conflict has been reported in the primary targeted areas of Kindu and Uvira directly affecting the implementation of activities at this stage. However, certain security, protection, 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 and community activities, particularly considering the high level of humanitarian needs among affected populations. Tensions may occur if expectations are not adequately managed or if there are perceptions of exclusion from assistance. In addition, petty crime, theft, and opportunistic incidents may occur in urban and densely populated areas, especially during cash distributions, transportation of relief items, or field movements.

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, damaged roads, and difficult access routes. Contaminated water, poor sanitation conditions, and overcrowded living environments continue to pose significant public health risks, including exposure to waterborne diseases such as cholera and acute diarrhea, as well as vector-borne diseases such as malaria. These risks also affect affected communities, particularly displaced households and vulnerable individuals living in precarious conditions.

Operational risks also include limited access to certain affected areas due to damaged infrastructure, heavy rains, poor road conditions, and logistical constraints, which may affect the timely delivery of humanitarian assistance, monitoring activities, and operational supervision in both provinces.

Safeguarding and protection risks remain important considerations throughout the operation. The humanitarian context created by the floods may increase exposure of vulnerable populations, particularly women, girls, and children, to risks related to gender-based violence (GBV), sexual exploitation and abuse (SEA), child protection concerns, and negative coping mechanisms linked to displacement and loss of livelihoods.

To mitigate these risks, the operation will follow established IFRC security and safety protocols, including regular security briefings for staff and volunteers, adherence to movement tracking procedures, and close coordination with local authorities and Movement partners. Distribution activities will be carefully planned and organized to ensure crowd control through clear communication, staggered distributions, involvement of community leaders, and deployment of trained volunteers and staff.

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

Protection, Gender and Inclusion (PGI) and safeguarding measures will be integrated across all operational sectors. This includes training of volunteers on PSEA, child safeguarding, and safe referral mechanisms, establishment of confidential feedback and complaint channels, strengthening of community awareness activities, and reinforcement of referral pathways for protection-related cases.

In addition, strong community engagement and communication mechanisms will be maintained throughout the operation to manage expectations, reduce tensions, strengthen transparency, and ensure community acceptance of the response. Continuous monitoring of the operational and security context will be conducted, and contingency measures will be adapted as necessary to ensure the safety and continuity of operations across Maniema and South Kivu provinces.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 164,620

Targeted Persons: 2,250

Targeted Male: 1,102



Targeted Female: 1,148

Indicators

Title	Target	Actual
# of households receiving NFI kits	2,250	0
% of targeted households receiving assistance	100	0
% of households reporting improved living conditions	80	0
# of PDM assessments conducted	1	0
# of volunteers trained on basic shelter knowledge and distribution procedures,	40	0

Progress Towards Outcome

Implementation of the Shelter and Essential Household Items (NFI) component is currently focused on the finalization of beneficiary targeting, registration, procurement, and logistical preparations in the flood-affected areas of Maniema and South Kivu provinces. Red Cross teams, supported by community leaders and local authorities, continued household identification and verification exercises to ensure that assistance reaches the most vulnerable households affected by the floods.

The targeting process prioritizes households whose homes were destroyed or severely damaged, displaced families living with host communities, and households with specific vulnerabilities, including female-headed households, older persons, people living with disabilities, and families with young children.

The beneficiary registration and community-based verification mechanisms continued across the targeted areas to strengthen transparency, accountability, and inclusion throughout the response. In parallel, procurement processes for NFI kits and operational logistical arrangements for distributions were initiated and remained ongoing at the time of reporting.

At the time of reporting, procurement of NFI kits and preparation of distribution modalities were ongoing, including identification of distribution sites, volunteer mobilization, and coordination with local authorities. NFI distributions had not yet started during this reporting period; however, distributions are expected to begin during the first half of July 2026 once procurement and logistical arrangements are finalized.

Consequently, indicators related to households receiving NFI kits, targeted households receiving assistance, and households reporting improved living conditions remain at zero for this reporting period.

Preparatory activities for the distribution process are progressing to ensure safe, organized, and dignified assistance delivery, including crowd management planning, sensitization of beneficiaries, and strengthening accountability and feedback mechanisms at community level.

Post-Distribution Monitoring (PDM) activities have not yet started since distributions have not yet taken place. The PDM exercise will be conducted immediately following the completion of distributions to assess beneficiary satisfaction, utilization of assistance, and the overall effectiveness of the intervention. The PDM is planned to take place approximately 2 to 3 weeks after completion of distributions, and whenever operationally feasible, the PDM exercises will be conducted jointly to improve efficiency and reduce assessment fatigue among affected communities.



Multi Purpose Cash

Budget: CHF 191,873

Targeted Persons: 13,500

Targeted Male: 6,480

Targeted Female: 7,020



Indicators

Title	Target	Actual
# of households reached with timely and relevant CVA to sustain consumption	2,250	0
% of households reporting that cash met their basic needs	80	0
% of households meeting their essential food and other basic needs	80	0
# of PDM surveys conducted	1	0
% of households employing no negative food based coping strategies	85	0

Progress Towards Outcome

Implementation of the Multipurpose Cash Assistance (MPCA) component is currently at the advanced preparatory stage to ensure an effective, accountable, and timely cash response for flood-affected households in Maniema and South Kivu provinces.

Beneficiary targeting, registration, and verification activities continued in close coordination with local authorities, community leaders, and Red Cross volunteers. Validation of beneficiary lists is ongoing to ensure that assistance reaches the most vulnerable households affected by the floods, particularly households with destroyed or damaged shelters, displaced families, female-headed households, and households with limited coping capacities.

In parallel, rapid market assessment activities were initiated to assess the functionality and accessibility of local markets, the availability of essential commodities, and the operational capacity of Financial Service Providers (FSPs) to support cash transfers in the targeted areas. Discussions and coordination with the selected FSP also continued to finalize operational arrangements for secure and efficient cash delivery mechanisms.

To date, beneficiary registration and verification activities were largely completed in the targeted areas, while market assessments and operational validation with the FSP remained ongoing. Cash distributions had not yet started during this reporting period; however, the first round of cash transfers is expected to take place during the second half of June 2026, following completion of operational and financial validation processes.

Preparatory activities, including beneficiary sensitization sessions, operational planning, volunteer briefing, and establishment of accountability and feedback mechanisms, are progressing to support the timely rollout of cash assistance.

Consequently, indicators related to households reached with cash assistance, households reporting that cash met their basic needs, and households meeting their essential food and other priority needs remain at zero during this reporting period.

Post-Distribution Monitoring (PDM) activities will be conducted immediately following completion of cash distributions to assess beneficiary satisfaction, utilization of cash assistance, market impacts, and the contribution of cash support to household recovery and coverage of essential needs. The PDM is planned to take place approximately 2 to 3 weeks after completion of distributions, and whenever operationally feasible, the PDM exercises will be conducted jointly to improve efficiency and reduce assessment fatigue among affected communities.



Budget: CHF 31,466
Targeted Persons: 15,600
Targeted Male: 7,488
Targeted Female: 8,112



Indicators

Title	Target	Actual
# of volunteers trained in Epidemic Control (EpiC) and First Aid	150	100
# of volunteers deployed for community-based health activities	40	40
# of people reached through health promotion and awareness activities	15,600	4,405
# of households visited through community outreach activities	2,600	881
# of people receiving first aid services	1,500	510
# of first aid kits procured and distributed	100	100
# of households receiving mosquito nets (LLINs)	2,250	0
% of suspected cases identified at community level and referred to health facilities	100	0
% of suspected cases reported within 24 hours of identification	90	0
% of suspected cases referred to health facilities	100	0
% of alerts verified by health authorities within 48 hours	80	0

Progress Towards Outcome

Significant progress has been made toward the implementation of community-based health activities in Maniema Province under the DREF flood response operation. A total of 100 volunteers have been trained on Epidemic Control for Volunteers (EpiC) and First Aid, representing substantial progress toward the revised target of 150 volunteers. In addition, 40 volunteers have already been deployed to support community-based health interventions across the targeted areas.

Community-based health promotion and awareness activities are ongoing through door-to-door sensitization and group sessions conducted within affected communities. To date, 4,405 people have been reached with key health and hygiene messages focusing on epidemic prevention, safe hygiene practices, malaria prevention, and early healthcare-seeking behaviors.

Volunteers are also conducting community-based surveillance activities to support the early detection and referral of epidemic-prone diseases, particularly acute watery diarrhea, cholera, malaria, and other public health risks commonly associated with flooding. Referral mechanisms to nearby health facilities remain functional and continue to support suspected cases identified during community outreach activities.

A total of 881 households have been visited through community outreach activities, allowing volunteers to provide direct sensitization, identify vulnerable individuals, and strengthen community engagement within flood-affected areas.

First aid services continue to be provided at community level, with 510 people having received first aid support so far. In support of these activities, 100 first aid kits have already been procured and distributed to volunteer teams to strengthen emergency response capacity within the targeted communities.

The procurement and distribution process for long-lasting insecticide-treated mosquito nets is still ongoing and no households have yet received mosquito nets at the time of reporting. Distribution activities are expected to begin during the next implementation phase.



Psychosocial support (PSS) activities are being integrated into community outreach interventions through trained volunteers who provide basic emotional support and referral of vulnerable individuals when needed.



Water, Sanitation And Hygiene

Budget: CHF 85,240

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,112

Indicators

Title	Target	Actual
# of households receiving water treatment tablets (Aqua-tabs)	2,250	1,400
# of households receiving jerrycans	2,250	0
# of people reached with hygiene promotion activities	15,600	4,405
% of households demonstrating correct use of water treatment methods	80	0
# of community sanitation campaigns conducted	96	16
# of volunteers provided with PPE kits	160	100
# of Red Cross volunteers and WASH focal points trained on household and community-level water quality monitoring procedures.	40	0
# of household and communal water points monitored for residual chlorine levels following water treatment and disinfection activities.	2,600	0

Progress Towards Outcome

The WASH response activities are progressing satisfactorily in the targeted flood-affected areas of Maniema Province, contributing to the reduction of public health risks associated with flooding and poor sanitation conditions.

A total of 1,400 households have already received water treatment tablets (Aqua-tabs) to support access to safe drinking water at household level. The distributions were made possible through the use of prepositioned emergency stocks made available by the National Society to ensure rapid response during the initial phase of the operation.

Hygiene promotion activities are ongoing through door-to-door sensitization and community group sessions conducted by Red Cross volunteers. To date, 4,405 people have been reached with hygiene promotion and awareness messages focusing on safe water treatment, handwashing practices, environmental sanitation, and prevention of waterborne diseases such as cholera and acute diarrhea.

Community clean-up and sanitation campaigns have also been initiated within affected neighborhoods to reduce contamination risks and improve environmental hygiene conditions. So far, 16 community sanitation campaigns have been conducted in flood-affected areas with the participation of volunteers and community members.

The operation also continues supporting volunteers engaged in sanitation and hygiene activities through the provision of personal protective equipment (PPE). A total of 100 volunteers have already received PPE kits to facilitate safe implementation of community sanitation and disinfection activities. The PPE distributed during this reporting period was also partially supported through available National Society contingency stocks to allow immediate deployment of volunteers.



The procurement and distribution process for jerrycans is still ongoing, and no households have yet received jerrycans. Similarly, monitoring on the correct use of water treatment products at household level has not yet been conducted, therefore the indicator on households demonstrating correct use of water treatment remains at zero for the reporting period.

Disinfection activities in contaminated areas continue to be integrated into sanitation interventions, particularly in highly affected neighborhoods exposed to stagnant water and poor environmental conditions.



Protection, Gender And Inclusion

Budget: CHF 87,651

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,111

Indicators

Title	Target	Actual
# of volunteers trained on PGI minimum standards	100	0
# of people reached with PGI awareness activities	15,600	0
% of protection cases identified and referred	100	0
# of dignity kits distributed	2,600	0
% of distribution sites applying inclusion measures	100	0
# of children with access to temporary CFS established or operated by the National Society for the purpose of learning, psychosocial support or recreation.	300	0

Progress Towards Outcome

Implementation of Protection, Gender and Inclusion (PGI) activities is currently focused on preparatory actions aimed at ensuring that the overall flood response remains safe, inclusive, accessible, and accountable for affected populations in Maniema and South Kivu provinces.

Coordination and planning activities were conducted to support the integration of PGI minimum standards across all operational sectors. Initial sensitization and orientation efforts with operational teams and volunteers focused on the importance of inclusion, protection mainstreaming, safeguarding, and community-based approaches during humanitarian interventions.

Community engagement activities conducted through health and hygiene promotion sessions continued to integrate key protection and inclusion messages targeting vulnerable populations, including women, children, older persons, persons living with disabilities, and displaced households exposed to increased protection risks following the floods.

Preparatory activities for volunteer training on PGI minimum standards, Prevention of Sexual Exploitation and Abuse (PSEA), child safeguarding, safe identification, and referral mechanisms are ongoing. Coordination with community leaders and local stakeholders also continued to support the identification of vulnerable individuals and strengthen community-based protection mechanisms.

To date, formal PGI trainings, dignity kit distributions, child-friendly space (CFS) activities, and structured protection referral activities have not yet started. Consequently, indicators related to volunteers trained on PGI standards, people reached through PGI awareness activities, protection cases identified and referred, dignity kits distributed, inclusion measures applied at distribution sites, and children accessing temporary Child Friendly Spaces remain at zero during this reporting period.

The operation continues preparing the implementation of PGI activities through coordination, planning, procurement processes, and



integration of inclusion and protection measures into upcoming sectoral interventions to ensure safe and equitable access to assistance for all affected groups.



Community Engagement And Accountability

Budget: CHF 12,079

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,112

Indicators

Title	Target	Actual
# of people reached with CEA messaging	15,600	4,405
# of feedback mechanisms established (helpdesks, hotline, focal points)	3	3
% of feedback responded to within agreed timeframe	80	0
% of community members aware of assistance criteria and services	80	0
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation.	100	0
% of community members who feel the aid provided by the operation currently covers their most important needs.	80	0
% of community members who report receiving and understanding key operational information (including selection criteria)	80	0

Progress Towards Outcome

Community Engagement and Accountability (CEA) activities are being implemented across the targeted flood-affected areas in Maniema Province to ensure that affected populations are informed, consulted, and actively engaged throughout the response.

To date, Red Cross volunteers conducted community outreach and awareness activities through door-to-door sensitization, community discussions, and group sessions. To date, 4,405 people have been reached with key CEA messaging related to available assistance, hygiene promotion, health risks, targeting criteria, and community feedback channels.

To strengthen accountability and two-way communication with communities, three feedback mechanisms have already been established within the targeted intervention areas. These mechanisms include community helpdesks and direct engagement channels managed by volunteers to facilitate collection of questions, concerns, complaints, and feedback from affected populations. CEA messaging activities continue to promote transparency regarding beneficiary selection processes, planned assistance modalities, and the rights of affected populations to provide feedback or raise concerns. Particular attention is being given to ensuring inclusion of vulnerable and marginalized groups during community outreach activities.

Systematic monitoring and analysis of community feedback indicators are still under development. Consequently, indicators related to response timelines for feedback, community awareness of assistance criteria, community participation in decision-making, satisfaction with aid provided, and perception of safe and respectful assistance remain at zero during this reporting period.





Secretariat Services

Budget: CHF 42,572
Targeted Persons: 10
Targeted Male: -
Targeted Female: -

Indicators

Title	Target	Actual
# of technical support missions provided by IFRC	4	0
% of financial reports submitted on time and compliant with IFRC standards	100	0
# of coordination meetings supported by IFRC	8	2

Progress Towards Outcome

Technical and operational support provided by IFRC continues to support the implementation and coordination of the flood response operation in Maniema and South Kivu provinces. Ongoing support has focused on strengthening planning, operational coordination, reporting, and overall implementation quality throughout the response.

During the reporting period, IFRC continued providing remote technical guidance and operational follow-up to the National Society in key areas including operational planning, reporting processes, PMER support, and compliance requirements. Support was also provided to strengthen monitoring and reporting tools, including data collection and operational tracking mechanisms to facilitate timely monitoring of activities and indicator reporting.

Coordination efforts between the National Society, IFRC, Movement partners, and local authorities remain ongoing to ensure alignment, complementarity, and effective response management. To date, two coordination meetings supported by IFRC have been conducted to review operational progress, discuss implementation challenges, and strengthen collaboration among operational stakeholders.

Financial management and compliance support activities are ongoing to ensure adherence to IFRC procedures and donor requirements. Guidance continues to be provided on financial follow-up, documentation, and reporting processes throughout the implementation period.

Support for logistics and procurement processes also continued during the reporting period to facilitate operational readiness and timely procurement of relief items and operational materials required for the response.

In parallel, security risk analysis and contextual monitoring continue to be carried out to support safe access and secure implementation of activities within the targeted operational areas.

At the time of reporting, no formal technical support mission by IFRC has yet been conducted in the field, and financial reporting indicators remain pending as implementation is still ongoing and reporting deadlines have not yet been reached.

Overall, coordination and technical support mechanisms remain functional and continue to contribute to strengthening operational oversight, accountability, and effective implementation of the flood response operation.



National Society Strengthening

Budget: CHF 105,040
Targeted Persons: 180
Targeted Male: -
Targeted Female: -



Indicators

Title	Target	Actual
# of volunteers trained across sectors (Health, WASH, PGI, CEA)	160	100
# of supervision and monitoring visits conducted	12	1
# of volunteers provided with visibility materials and basic equipment	160	100
# of lessons learned / capacity strengthening workshops conducted	1	0

Progress Towards Outcome

Operational support and capacity strengthening activities are progressing satisfactorily in support of the flood response operation in Maniema and South Kivu provinces. Efforts during the reporting period focused on strengthening the operational readiness of volunteers and branch teams to ensure effective implementation of multisectoral response activities.

A total of 100 volunteers have already been trained across key operational sectors, including Epidemic Control for Volunteers (EpiC), First Aid, WASH, and Community Engagement and Accountability (CEA). The PGI training has not yet been conducted and is planned for the next phase of implementation. These trainings have contributed to strengthening the technical capacities of volunteers deployed within affected communities and improving the quality of humanitarian assistance delivered during the response.

Supervision and operational monitoring activities have also started to support implementation quality and coordination at field level. To date, one supervision and monitoring visit has been conducted to assess operational progress, provide technical support to volunteers and branch teams, and identify operational challenges requiring follow-up.

In addition, 100 volunteers have already been provided with visibility materials and working equipment, including vests, bibs, and other operational tools to facilitate safe identification and effective field deployment during response activities.

Coordination and operational planning activities continue in collaboration with local authorities, community leaders, and Red Cross branch teams to strengthen response management and ensure effective implementation across the targeted areas. A launch meeting with local authorities was also organized to support operational coordination and reinforce engagement with key stakeholders involved in the response.

The lessons learned and capacity strengthening workshop has not yet been organized and is planned for the final month of the operation in order to capture operational experiences, document best practices, identify challenges encountered during implementation, and strengthen future emergency response capacities.

About Support Services

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

A total of approximately 180 volunteers and staff will be mobilized to support the implementation of this operation in Maniema and South Kivu provinces, including the targeted areas of Kindu and Uvira.

The operation will rely primarily on 160 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, protection mainstreaming, feedback collection, and post-distribution monitoring activities.

In addition, a team of around 30 staff and supervisors will provide overall coordination, technical oversight, and operational support. This includes branch-level coordinators, technical focal points (health, WASH, PGI, CEA, shelter, and cash), as well as support staff in logistics, finance, PMER, security, and administration to ensure effective implementation and coordination of activities across both provinces.



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 Red Cross volunteer teams largely reflect the gender, age, and cultural diversity of the affected populations in Maniema and South Kivu provinces. Volunteers are recruited from local communities in the targeted areas of Kindu and Uvira, including the communes of Alunguli, Kasuku, Mikelenge, and other affected neighborhoods, 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 activities, particularly household visits, hygiene promotion, PGI, psychosocial support, community engagement, and beneficiary registration. Their participation is essential to ensure safe and comfortable interaction with women and girls, especially when addressing sensitive issues such as gender-based violence, menstrual hygiene, protection concerns, and safeguarding risks.

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

To address these gaps, the National Society continues promoting inclusive volunteer recruitment and encouraging the participation of women, persons with disabilities, and individuals from different age groups. Measures are also being taken to strengthen the representation of women in supervisory and decision-making roles. Planned PGI and inclusive programming trainings will further reinforce volunteers' capacities to engage effectively and safely with diverse and vulnerable groups across the targeted communities.

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, accountability, and quality across Maniema and South Kivu provinces.

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, shelter and NFI items, and other relief materials required for the response. Local procurement will also support the local economy and reduce procurement lead times.

The procurement will mainly support distribution activities targeting 2,600 households across the different operational sectors (WASH, shelter/NFI, health, PGI, and multipurpose cash assistance). In addition, some procurement will support operational and implementation needs, including personal protective equipment (PPE), first aid kits, visibility materials, and operational tools for volunteers and staff.

To facilitate rapid emergency response during the initial phase of the operation, the National Society has already utilized part of its prepositioned contingency stocks for the distribution of selected relief items, including Aqua-tabs and PPE for volunteers. Additional procurement processes are ongoing to replenish stocks and support the scale-up of activities following the DREF top-up and expansion of the operation into South Kivu Province.

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

For Cash and Voucher Assistance (CVA), the National Society will continue working with reliable Financial Service Providers (FSPs) with experience in cash delivery in the DRC. The selected FSPs will be validated prior to implementation through due diligence and risk assessment processes. Cash transfers will be delivered through secure and accessible mechanisms, including mobile money solutions and alternative cash-out modalities where necessary, ensuring efficiency, transparency, and safety for beneficiaries.

The IFRC delegation will continue providing technical support throughout the procurement and logistics process, including validation of procurement plans, support to tendering processes where required, monitoring of compliance with procurement standards, and operational follow-up to facilitate timely implementation of the response.

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 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 across Maniema and South Kivu provinces.

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 and reporting products.

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

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 activities, number of households receiving cash assistance, number of households reached with WASH support, and percentage of community members aware of assistance criteria and feedback mechanisms. Outcome-level monitoring will also be conducted through Post-Distribution Monitoring (PDM) exercises to assess the use, relevance, effectiveness, and quality of assistance, as well as beneficiary satisfaction across operational sectors.

Community feedback mechanisms established under the CEA component will continue playing a critical role in monitoring and accountability, allowing real-time identification of issues, complaints, operational gaps, and community concerns, while enabling timely adjustments to the response.

The IFRC Country Cluster Delegation will continue providing technical support and operational oversight throughout the implementation period. IFRC staff will support monitoring through regular coordination meetings, remote technical follow-up, review of operational reports, and field monitoring missions where feasible to assess implementation progress, verify data quality, and provide technical guidance to the National Society teams.

Monitoring and reporting activities will also support the documentation of lessons learned and operational best practices, which will be consolidated during the final month of the operation through a lessons learned workshop involving operational teams and key stakeholders.



Budget Overview



DREF OPERATION

MDRCD050 - DRC Red Cross Democratic Republic of Congo Flood 2026

Operating Budget

Planned Operations	610 170
Shelter and Basic Household Items	175 320
Livelihoods	0
Multi-purpose Cash	204 345
Health	33 512
Water, Sanitation & Hygiene	90 780
Protection, Gender and Inclusion	93 348
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	12 865
Environmental Sustainability	0
Enabling Approaches	157 206
Coordination and Partnerships	0
Secretariat Services	45 339
National Society Strengthening	111 867
TOTAL BUDGET	767 376

all amounts in Swiss Francs (CHF)



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[Click here for the reference](#)

