



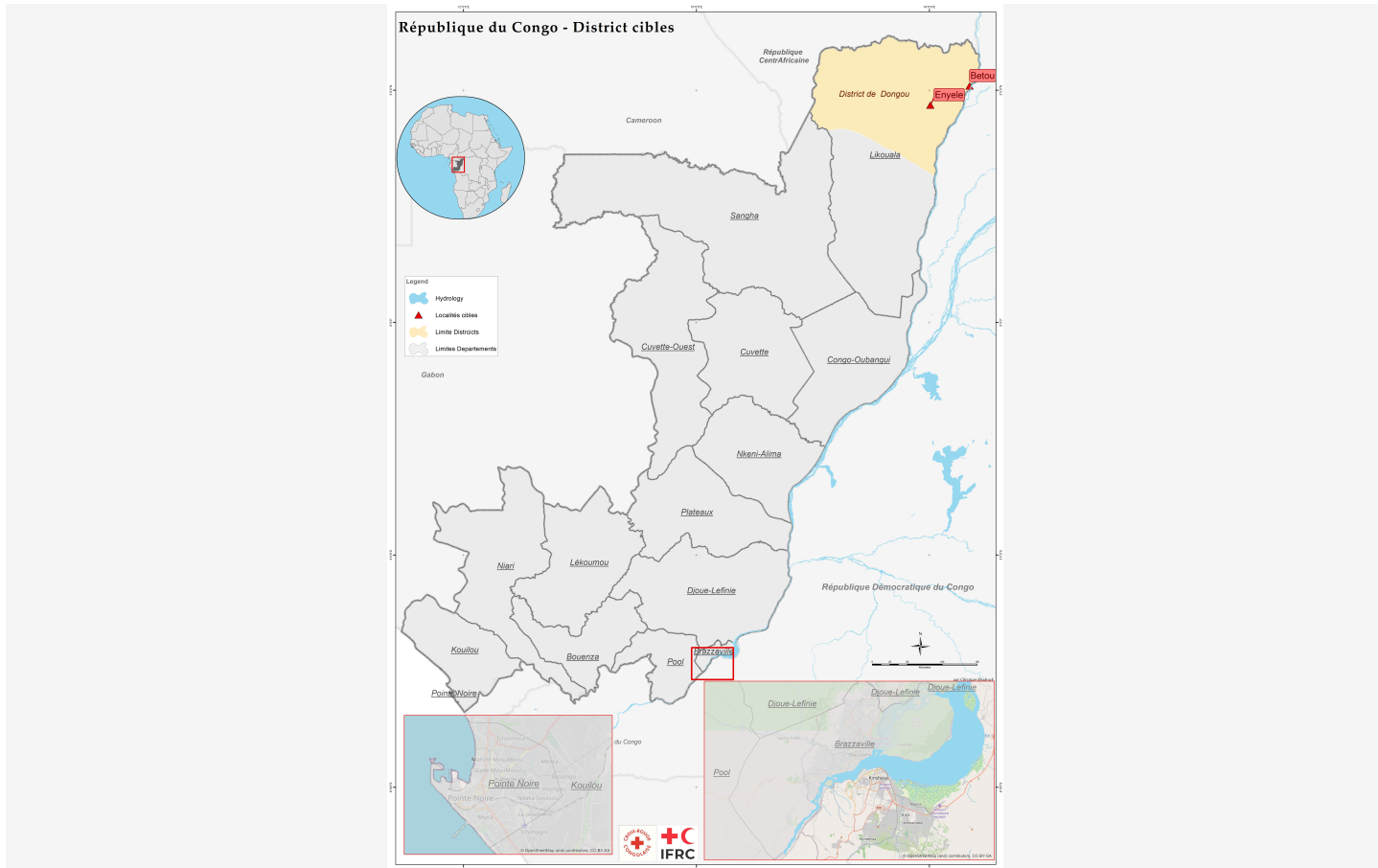
Focus group with refugee women in Enyellé during the Assessment conducted by CRC

Appeal: MDRCG029	Hazard: Population Movement	Country: Congo	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Slow	DREF Allocation: CHF 499,825	
Glide Number: -	People Affected: 15,043 people	People Targeted: 12,500 people	
Operation Start Date: 25-06-2026	Operation Timeframe: 6 months	Operation End Date: 31-12-2026	DREF Published: 02-07-2026
Targeted Regions: -			

Description of the Event

Date when the trigger was met

15-06-2026



Affected Areas

What happened, where and when?

Cross-border population movements from the Democratic Republic of the Congo (DRC) into the Republic of the Congo began in December 2025, following the deterioration of the security situation in the north-western provinces of the DRC. Recurrent intercommunal violence, armed clashes, and attacks against civilian populations forced thousands of people to flee their homes and seek safety across the border in the districts of Bétou and Enyellé, in the Likouala Department of the Republic of Congo.

Since December 2025, several waves of displaced people have crossed the border. While the initial arrivals were gradually absorbed by host communities with the support of local authorities and humanitarian partners, a significant new influx recorded from 14 June 2026, following a further deterioration of the security situation in the DRC, considerably worsened the humanitarian situation. Thousands of people arrived within a few days, many after experiencing multiple displacements, bringing very few personal belongings and requiring immediate humanitarian assistance. This sudden influx rapidly exceeded the absorption capacity of host communities and placed additional pressure on health services, water sources, sanitation infrastructure, and community support systems.

In response to this escalation, the Congolese Red Cross conducted a Rapid Multi-Sector Needs Assessment from 15 to 19 June 2026 through its branch network in Bétou and Enyellé to assess the humanitarian impact of the latest influx and identify priority needs for an emergency response. The assessment identified 3,005 newly displaced households, representing 15,043 people, who constitute the target population of this DREF operation. These figures are based on data collected by the Congolese Red Cross branches during the rapid assessment.



The operation covers the border districts of Bétou and Enyellé in the Likouala Department, where the most affected localities include Ikpembélé, Boyélé, Sa Mètre, Romain, Mondzombo and Quartier 15 Avril in Bétou District, and Goma, Quartiers 1–5, Ibénga, Moualé and Mougounui in Enyellé District.

Although cross-border movements have continued since December 2025, this DREF specifically responds to the humanitarian consequences of the significant new influx recorded from 15 June 2026, which substantially increased humanitarian needs and triggered the rapid needs assessment conducted by the Congolese Red Cross. Population movements remain ongoing, and humanitarian partners continue to closely monitor the situation, as further arrivals may increase humanitarian needs in the affected districts.



Joint UNHCR–WFP registration of newly arrived in Enyellé. Photo: CRC,06/2026

Scope and Scale

The recent influx of displaced populations into the districts of Bétou and Enyellé has significantly increased humanitarian needs in the Likouala Department, Republic of the Congo. Following the latest influx recorded from 15 June 2026, the Congolese Red Cross conducted a Rapid Multi-Sector Needs Assessment (MSNA) through its branch network from 15 to 19 June 2026. The assessment identified 3,005 newly displaced households, representing 15,043 people, across the affected localities. The affected population comprises 5,558 boys and 4,828 girls under the age of 18 (10,386 children, representing approximately 69% of the affected population), 2,036 adult men and 2,405 adult women, including 126 pregnant women and 90 children identified with acute malnutrition. The continuous arrival of displaced families has placed considerable pressure on already vulnerable host communities, many of whom have generously accommodated displaced households despite their own limited resources.

The displacement crisis has had severe consequences on the lives, livelihoods, and well-being of both displaced populations and host communities. Most displaced households fled their areas of origin with few or no belongings, leaving behind their homes, agricultural land, livestock, productive assets, and sources of income. As a result, they are unable to meet their basic needs and remain highly dependent on humanitarian assistance and community solidarity. The assessment revealed that most displaced families are living with host families in overcrowded conditions, while others occupy abandoned houses or temporary shelters made from locally available materials.

The prolonged hosting of displaced families has significantly reduced the coping capacity of host households. Many host families are accommodating one or more displaced households, resulting in overcrowding, increased consumption of food and water, depletion of

household resources, and additional pressure on livelihoods. Several host households reported difficulties meeting their own basic needs while continuing to support newly arrived families. The operation therefore targets both the most vulnerable displaced households and the most affected host families to help reduce pressure on community resources and promote social cohesion.

The crisis has also negatively affected food security and livelihoods. Most displaced households have lost access to their farms and other income-generating activities due to insecurity in their areas of origin, while host communities have experienced declining food stocks and reduced purchasing power as they continue sharing their limited resources. The assessment found that both displaced and host households are increasingly adopting negative coping strategies, including reducing the number and size of daily meals, borrowing food, and relying on community support.

Access to basic services has deteriorated considerably. Health facilities in Bétou and Enyellé face recurrent shortages of essential medicines, limited medical equipment, and insufficient capacity to respond to the increased demand for healthcare. Water and sanitation conditions remain inadequate in several localities, with many households relying on untreated water sources, increasing the risk of waterborne diseases. Protection concerns were also reported, including incidents of sexual violence, physical assault, extortion, family separation, and other forms of abuse affecting vulnerable populations.

The groups most affected by the crisis include displaced households, vulnerable host families, women and girls, children, older persons, persons with disabilities, female-headed households, pregnant and lactating women, and survivors of violence. Children face heightened risks of school dropout, exploitation, neglect, and recruitment by armed groups, while women and girls are exposed to increased protection risks, including gender-based violence. Older persons and persons with disabilities often face additional barriers in accessing humanitarian assistance and essential services.

The affected populations are primarily located in the districts of Bétou and Enyellé, particularly in the localities of Ikpembélé, Boyélé, Sa Mètre, Romain, Mondzombo, Quartier 15 Avril, Goma, Quartiers 1–5, Ibénga, Moualé, and Mougounui. These remote areas have limited infrastructure and basic services, making it increasingly difficult for communities to absorb large numbers of displaced people without external support.

The Likouala Department has historically experienced population movements linked to insecurity and instability in neighbouring areas of the Democratic Republic of the Congo. Since December 2025, successive waves of displaced people have sought refuge in the Republic of the Congo. However, the significant increase in arrivals recorded in June 2026 has substantially exacerbated existing vulnerabilities and humanitarian needs, requiring immediate humanitarian assistance to both displaced populations and the host communities supporting them.

The humanitarian situation is further exacerbated by the heightened risk of waterborne disease outbreaks, particularly cholera. The concentration of displaced populations in overcrowded host communities, combined with inadequate access to safe drinking water, poor sanitation conditions, and limited hygiene facilities, creates favourable conditions for the transmission of epidemic-prone diseases. During the assessment, several communities reported relying on untreated surface water sources, while health facilities were already facing shortages of essential medicines and limited operational capacity.

The Likouala Department remains vulnerable to recurrent cholera outbreaks due to its geographical location, limited WASH infrastructure, population mobility, and cross-border movements along the Congo and Oubangui river corridors. The recent influx has further increased public health risks, particularly among children under five years of age, pregnant and lactating women, older persons, persons with disabilities, and people living in overcrowded shelters. Without timely interventions to improve access to safe water, hygiene promotion, disease prevention, community surveillance, and essential healthcare services, the risk of disease outbreaks could increase significantly and further aggravate the humanitarian situation.

Source Name	Source Link
1. CRC Needs assessment Betou/ internal source	https://ifrcorg.sharepoint.com/:b:/r/sites/KinshasaCluster/Shared%20Documents/General/Everyone/Programs/DREF/CRC/Dref_Betou/Rapport%20Evaluation%20des%20Besoins@Rapide_B%C3%A9tou.ok.pdf?csf=1&web=1&e=jaGjL7

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	No
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Did it affect the same population group?	-
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-
If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:	
-	
Lessons learned:	
<p>The Congolese Red Cross and IFRC have incorporated lessons learned from previous DREF operations, including population movement responses, flood emergencies, and public health operations implemented in the Republic of Congo. These experiences highlighted the importance of conducting rapid needs assessments immediately after population movements to ensure that assistance is targeted to the most vulnerable households and reflects evolving humanitarian needs.</p> <p>Previous operations also demonstrated that early community engagement and strong coordination with local authorities, UN agencies, and community leaders are critical to facilitate access, avoid duplication of assistance, and ensure community acceptance of humanitarian interventions. Consequently, this operation will be implemented in close coordination with local authorities, UNHCR, community representatives, and other humanitarian actors operating in the Likouala Department.</p> <p>Lessons learned further emphasized the need to integrate Protection, Gender and Inclusion (PGI) considerations from the outset of the response. In this operation, special attention will be given to women-headed households, unaccompanied and separated children, older persons, persons with disabilities, and survivors of violence through vulnerability-based targeting, safe referral pathways, and community awareness activities.</p> <p>Experience from previous emergency responses also highlighted the effectiveness of combining humanitarian assistance with Community Engagement and Accountability (CEA) approaches. Therefore, feedback and complaint mechanisms will be established and maintained throughout the operation to ensure that affected populations can actively participate in decision-making and provide feedback on the assistance received.</p> <p>In addition, previous operations showed that delays in procurement and distribution can affect the timeliness of assistance. To mitigate this risk, procurement planning, of essential relief items, and regular monitoring of implementation progress will be prioritized throughout the operation.</p>	
Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes

Current National Society Actions

Start date of National Society actions

15-06-2026

Health	As part of its immediate response, the Congolese Red Cross has mobilized 20 volunteers to provide first aid services to newly arrived displaced populations in the districts of Bétou and Enyellé. Volunteers have been deployed at key arrival points to identify individuals requiring urgent assistance and facilitate referrals to available
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	<p>health services.</p> <p>To date, 23 individuals have received first aid assistance and were subsequently referred to health facilities or other appropriate services for further care and follow-up. This intervention has contributed to addressing immediate health needs, strengthening community trust, and ensuring timely access to essential services for vulnerable individuals affected by the displacement crisis.</p>
Assessment	<p>Following the significant new influx of displaced populations recorded from 15 June 2026, the Congolese Red Cross, in collaboration with the Departmental Directorate for Humanitarian Action (Direction Départementale de l'Action Humanitaire), conducted a Rapid Multi-Sector Needs Assessment (MSNA) from 15 to 19 June 2026 in the districts of Bétou and Enyellé. The joint assessment aimed to determine the scale of humanitarian needs, identify the most vulnerable households, and inform the priorities of the emergency response.</p>

IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) is present in the Republic of the Congo through the Kinshasa Delegation, which provides technical, operational and strategic support to the Congolese Red Cross (CRC). The IFRC Country Delegation maintains regular engagement with the National Society and relevant authorities to support emergency response, and institutional development.</p> <p>The IFRC will provide Secretariat services through its technical and support departments, including:</p> <ul style="list-style-type: none"> - Program Management and PMER (Planning, Monitoring, Evaluation and Reporting). - financial management guidance, budget monitoring, compliance with IFRC financial procedures, and financial reporting support. - Technical advice on procurement planning, sourcing, warehousing, transportation, and distribution of relief items in accordance with IFRC procurement standards. - security monitoring, contextual analysis, and guidance to ensure safe access and implementation in the operational areas. <p>The IFRC will also facilitate coordination with Ministry, external stakeholders as required and will provide additional technical support through regional sectoral specialists in Health, WASH, Protection, Gender and Inclusion (PGI), Community Engagement and Accountability (CEA), and Cash and Voucher Assistance (CVA) whenever necessary. No surge deployment is currently planned; however, surge support may be mobilized if operational needs increase during implementation.</p>
Participating National Societies	<p>Currently , there are no Partner National Societies (PNS) with an operational presence in the Republic of the Congo supporting this specific emergency response.</p> <p>The operation will therefore be implemented by the Congolese Red Cross with technical, operational and coordination support from the IFRC Kinshasa Cluster Delegation. Coordination with Movement partners will be ensured through existing IFRC coordination mechanisms to facilitate information sharing and mobilize additional support if required during the implementation period.</p> <p>Should any Partner National Society express interest in supporting the response during implementation, appropriate coordination mechanisms will be established to ensure complementarity and adherence to Movement principles.</p>



ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) does not have a permanent presence or delegation in the Republic of the Congo. The nearest ICRC delegation is based in Kinshasa, Democratic Republic of the Congo, where it implements its humanitarian mandate, including protection activities and assistance related to situations of armed conflict and population movements.

At the time of this operation, the ICRC is not directly involved in the emergency response to the recent influx of displaced populations into the districts of Bétou and Enyellé. No operational, financial, material, or technical support is being provided by the ICRC for this DREF operation.

The operation will therefore be implemented by the Congolese Red Cross with technical and operational support from the IFRC Kinshasa Cluster Delegation. The Congolese Red Cross will continue to exchange information and coordinate with the ICRC, through the Kinshasa delegation and existing Movement coordination mechanisms, as appropriate to ensure complementarity and uphold the Fundamental Principles of the International Red Cross and Red Crescent Movement.

Other Actors Actions Related To The Current Event

Government has requested international assistance	No
National authorities	<p>National and local authorities have been actively engaged in monitoring cross-border population movements and coordinating the initial response to the displacement situation in the Likouala Department. Local administrative authorities in Bétou and Enyellé have facilitated the reception and temporary settlement of displaced populations within host communities and have supported the identification and registration of affected households in collaboration with community leaders and humanitarian partners.</p> <p>The Departmental Directorate for Humanitarian Action (Direction Départementale de l'Action Humanitaire) actively participated in the Rapid Multi-Sector Needs Assessment led by the Congolese Red Cross from 15 to 19 June 2026, alongside local authorities. Their participation contributed to the joint assessment of humanitarian needs, facilitated access to affected communities, and strengthened the validation of priority needs and response planning.</p> <p>The authorities have also contributed to maintaining security in the affected areas through the deployment of the National Police, the Gendarmerie, and the Armed Forces, while continuing to monitor cross-border population movements and facilitate humanitarian access.</p> <p>Despite these efforts, the scale of the recent influx and the growing humanitarian needs continue to exceed the capacities and resources available at the local level. Additional humanitarian assistance is therefore required to address urgent needs in Essential Household Items (EHIs), Health, WASH, Protection, Migration, Community Engagement and Accountability (CEA), and support to vulnerable host communities hosting newly arrived displaced populations.</p>
UN or other actors	United Nations agencies and other humanitarian actors are present in the Likouala Department and continue to coordinate efforts to respond to the humanitarian consequences of cross-border population movements from the Democratic Republic of the Congo.



Since the first influx of displaced populations in December 2025, UNHCR, in collaboration with the Government of the Republic of the Congo and humanitarian partners, has led the registration and protection response for the initial caseload of refugees and asylum seekers. The first wave of arrivals has largely benefited from protection assistance and other humanitarian support coordinated by UNHCR and its partners. However, the significant new influx recorded from 15 June 2026 has generated additional humanitarian needs that exceed the current response capacity and has not yet received comprehensive humanitarian assistance across all sectors.

The World Food Programme (WFP) is providing food assistance to newly arrived displaced and refugee households through the distribution of food rations. While this intervention contributes to addressing immediate food security needs, important gaps remain in other sectors, particularly Essential Household Items (EHIs), Health, WASH, Protection, Community Engagement and Accountability (CEA), and support to vulnerable host communities that continue to accommodate newly arrived families.

Coordination among humanitarian actors, including UN agencies, the Congolese Red Cross, local authorities, and other partners, remains ongoing to ensure complementarity of interventions, facilitate information sharing, and avoid duplication of efforts. However, the remoteness of the affected areas, the continued arrival of displaced populations, and the limited availability of humanitarian resources continue to challenge the delivery of a comprehensive response to both newly displaced populations and the vulnerable host communities supporting them.

Are there major coordination mechanism in place?

At the local level, coordination of the displacement response is led by the departmental and district authorities of Likouala, including the Prefecture, district administrators, local government representatives, security services, and community leaders. Regular information sharing takes place between local authorities, community representatives, UNHCR, and the Congolese Red Cross to monitor population movements, assess humanitarian needs, and facilitate access to affected communities.

At the national level, humanitarian coordination is led by the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), which serves as the Government's focal institution for humanitarian affairs and disaster response. MASSAH works in collaboration with relevant line ministries, local authorities, UN agencies, and humanitarian partners to monitor displacement trends and coordinate humanitarian interventions across the country.

UNHCR supports coordination efforts related to displacement monitoring, protection concerns, and population data management. The Congolese Red Cross actively participates in coordination meetings and information-sharing mechanisms at both local and national levels through its auxiliary role to the public authorities in humanitarian matters.

The National Society does not currently hold a formal lead or co-lead role within any sectoral coordination platform. However, it is recognized as a key operational partner due to its extensive volunteer network, community presence, and ability to access vulnerable populations in remote areas. The Congolese Red Cross played a leading role in conducting the rapid multi-sector needs assessment and continues to support humanitarian coordination, community engagement, and response planning.

Several coordination gaps have been identified. While displacement monitoring mechanisms exist, humanitarian operational presence in the affected localities remains limited. Significant unmet needs persist in shelter and household items, health, WASH, protection, and basic assistance for displaced populations and vulnerable host communities. In addition, there is currently no fully operational sector-based coordination mechanism at district level, which may limit coordinated response efforts should population movements continue to increase.



Needs (Gaps) Identified



Shelter Housing And Settlements

The Rapid Multi-Sector Needs Assessment, conducted between 15 and 19 June 2026 among 3,005 newly displaced households (15,043 people), identified the loss of essential household assets as one of the most critical humanitarian needs following displacement. Most families fled abruptly with few or no personal belongings, leaving them without the basic items required for cooking, sleeping, water storage, and maintaining minimum hygiene standards. Restoring these essential household assets was consistently identified by affected communities and local authorities as an immediate priority to preserve dignity, reduce public health risks, and enable households to meet their basic daily needs.

The assessment confirmed that the vast majority of displaced households are currently accommodated by host families, while a smaller number occupy abandoned houses or makeshift shelters constructed from locally available materials. The arrival of 3,005 displaced households has considerably increased pressure on host communities, with many families hosting several displaced households simultaneously. This has resulted in overcrowded living conditions, reduced privacy, increased pressure on limited household resources, and heightened protection risks, particularly for women, children, older persons, and persons with disabilities.

Given the temporary nature of the displacement and the absence of land available for settlement, emergency shelter construction was not identified as a feasible or appropriate response option. Instead, the assessment concluded that the most immediate priority is to improve living conditions within existing accommodation by restoring access to essential household items.

The assessment further highlighted that no significant distribution of essential household items had taken place following the recent influx, leaving the majority of newly displaced households without the minimum items required for safe and dignified daily living. This gap affects all aspects of household well-being, including food preparation, safe water storage, sleeping conditions, personal hygiene, and protection against malaria.

Based on vulnerability-based targeting, the operation will provide standardized Essential Household Item (NFI) kits to 2,500 of the most vulnerable displaced and host community households. Each household will receive cooking utensils, blankets, sleeping mats, long-lasting insecticide-treated mosquito nets (LLINs), jerry cans, plastic buckets with lids, laundry basins, and soap. These items will enable households to restore minimum living conditions, safely prepare food, store drinking water, improve hygiene practices, and reduce exposure to vector-borne diseases while displacement continues.

The prioritization of NFIs reflects the findings of the rapid assessment, which identified the restoration of basic household assets as one of the most urgent humanitarian needs among the 15,043 newly displaced people, while complementing Health, WASH, Migration, PGI, and CEA interventions aimed at reducing public health risks and strengthening community resilience.



Livelihoods And Basic Needs

The Rapid Multi-Sector Needs Assessment conducted among 3,005 newly displaced households (15,043 people) confirmed that the displacement has severely disrupted household livelihoods and significantly reduced families' ability to meet their basic needs. Most displaced households fled their areas of origin abruptly, abandoning agricultural land, fishing equipment, livestock, small businesses, and other productive assets that constituted their primary sources of income. As a result, the vast majority of assessed households are currently dependent on humanitarian assistance and the support of host communities to meet their immediate needs.

Upon arrival in Bétou and Enyellé, livelihood opportunities remain extremely limited. Access to employment is largely restricted to occasional casual labour, which generates insufficient income to cover essential household expenditures. At the same time, host communities continue to accommodate newly displaced families despite their own limited resources, increasing pressure on household economies and reducing the coping capacity of both displaced and host populations.

The assessment further indicated that the loss of income has directly affected household food consumption and purchasing power. Many households reported reducing the number and size of daily meals, relying on community solidarity, borrowing food, or postponing the purchase of essential non-food items. The inability to replace basic household assets has further undermined their capacity to prepare food safely, store drinking water, maintain adequate hygiene, and live in dignified conditions.

Although local markets remain functional and basic commodities are generally available, consultations with the national authorities



confirmed that in-kind assistance is the preferred response modality in the current context. Consequently, the operation will not implement cash assistance but will prioritize the provision of essential relief items to address the most immediate humanitarian needs.

Based on the vulnerability assessment, the DREF operation will provide standardized Essential Household Item (NFI) kits to 2,500 of the most vulnerable displaced and host community households. The kits will include cooking utensils, blankets, sleeping mats, long-lasting insecticide-treated mosquito nets (LLINs), jerry cans, buckets with lids, laundry basins, and soap. This assistance will enable households to restore minimum living conditions, reduce negative coping strategies, and mitigate the health, protection, and dignity risks associated with the loss of essential household assets.

The prioritization of in-kind assistance reflects the findings of the rapid assessment, which identified the restoration of basic household assets and the ability to meet immediate essential needs as among the most urgent priorities for the 15,043 newly displaced people. This intervention will be complemented by Health, WASH, Migration, PGI, and Community Engagement activities to provide a comprehensive, integrated, and protection-sensitive humanitarian response.

Health

The recent influx of displaced populations has significantly increased public health risks in the districts of Bétou and Enyellé, where health services were already operating with limited resources. The sudden increase in population has placed additional pressure on health facilities, reducing their capacity to respond to growing healthcare needs and increasing the risk of excess morbidity among both displaced and host communities.

Access to healthcare remains constrained by the limited availability of essential medicines, shortages of medical supplies, long distances to health facilities, and the financial barriers faced by displaced households. These constraints are particularly concerning for children under five, pregnant and lactating women, older persons, persons living with chronic illnesses, and other individuals with specific health needs, who are at greater risk of developing severe complications if timely care is not available.

In addition to physical health needs, the displacement has exposed many affected people to stressful and potentially traumatic experiences, including forced displacement, loss of livelihoods and property, family separation, and uncertainty regarding their future. The assessment identified psychosocial distress among displaced populations, while access to Mental Health and Psychosocial Support (MHPSS) services remains extremely limited. At present, no dedicated MHPSS partner is providing structured psychosocial support in the affected localities, and referral options for individuals requiring specialized mental health care remain limited.

The current context also presents a heightened risk of communicable disease outbreaks. Overcrowded living conditions, continued cross-border population movements, inadequate water and sanitation conditions, and the ongoing cholera situation in the affected areas create favourable conditions for the transmission of waterborne and vector-borne diseases, including cholera and malaria. In addition, incidents of sexual violence have been reported, while local health facilities have limited capacity to provide comprehensive clinical management, including the availability of Post-Exposure Prophylaxis (PEP) kits and specialized referral services.

Given these risks, disease prevention and early community-level intervention have been identified as priority actions. The operation will therefore focus on strengthening community-based health services through Social and Behaviour Change (SBC) activities, health promotion, first aid, community-based disease surveillance, early detection and referral of suspected cases, the integration of basic Mental Health and Psychosocial Support (MHPSS), and the distribution of long-lasting insecticide-treated mosquito nets (LLINs). One hundred volunteers and ten supervisors will be trained and deployed to deliver community health activities, including Psychological First Aid (PFA), community awareness on psychosocial well-being, identification of individuals experiencing emotional distress, and referral of people requiring specialized mental health or protection services where available.

This approach aims to reduce preventable morbidity, limit the risk of disease outbreaks, strengthen psychosocial well-being, improve access to life-saving health information and basic psychosocial support, and complement the capacity of local health services to respond to the increased needs generated by the recent displacement.

Water, Sanitation And Hygiene

The sudden arrival of large numbers of displaced people has significantly increased pressure on already limited water, sanitation, and hygiene services in the districts of Bétou and Enyellé. Host communities, which were already facing inadequate WASH infrastructure, are now sharing the same water sources and sanitation facilities with newly displaced households, increasing the risk of public health deterioration.

Access to safe drinking water remains insufficient in several affected localities, with many households relying on untreated surface water or other unsafe water sources for domestic use. Sanitation facilities are inadequate to meet the needs of the increased population, while overcrowded living conditions and limited availability of hygiene materials further compromise safe hygiene practices.

The operational context is of particular concern given the ongoing cholera situation in the Republic of the Congo and the heightened vulnerability of border communities experiencing continuous population movements. The combination of unsafe water, inadequate sanitation, poor hygiene practices, and increased population density creates favourable conditions for the transmission of cholera and other waterborne diseases. Without timely preventive interventions, the risk of localized outbreaks remains high among both displaced populations and host communities.

To reduce these public health risks, the operation will prioritize preventive community-based WASH interventions. Activities will focus on Social and Behaviour Change for hygiene promotion, cholera prevention awareness, household water treatment, and the distribution of hygiene kits to vulnerable households. Community volunteers will also conduct demonstrations on safe water treatment, safe water storage, handwashing, and environmental hygiene while promoting early reporting of suspected cholera cases through community-based surveillance.

By strengthening community knowledge and access to essential hygiene materials, the operation aims to reduce exposure to waterborne diseases, improve household hygiene practices, and complement the health response to prevent the spread of cholera and other epidemic-prone diseases among displaced and host communities



Protection, Gender And Inclusion

The recent population movements have significantly increased protection risks for both displaced populations and vulnerable host communities. Displacement has disrupted family and community support systems, exposing affected populations to heightened risks of violence, exploitation, discrimination, neglect, and exclusion. These risks are particularly acute for women and girls, unaccompanied and separated children, older persons, persons with disabilities, female-headed households, and survivors of violence, who often face additional barriers in accessing humanitarian assistance and essential services.

The limited availability of specialized protection and health services further increases the vulnerability of affected populations. Local service providers have limited capacity to respond to gender-based violence (GBV) cases or provide comprehensive support to survivors, while displacement has increased psychosocial stress and protection concerns among children and other individuals with specific needs. Ensuring that humanitarian assistance is delivered safely, equitably, and without creating additional risks is therefore a key operational priority.

Rather than implementing stand-alone protection activities, the operation will mainstream Protection, Gender and Inclusion (PGI) across all sectors of the response. Vulnerability criteria will guide beneficiary selection to ensure that households with specific needs are prioritized. Health, WASH, NFI distributions, Migration, and Community Engagement activities will all incorporate protection-sensitive approaches to ensure safe, dignified, and equitable access to assistance.

Volunteers will be trained to identify individuals with specific needs, apply safe referral procedures, and promote inclusive participation throughout the operation. Community awareness sessions will include key protection messages, while referral pathways established with health and protection actors will facilitate access to specialized services where available. Particular attention will be given to ensuring the meaningful participation of women, persons with disabilities, older persons, and other at-risk groups in community consultations, decision-making processes, and feedback mechanisms.

By integrating PGI across all operational sectors, the response aims to reduce protection risks, strengthen inclusion and accountability, and ensure that humanitarian assistance is delivered in a manner that upholds the dignity, safety, and rights of all affected populations.



Migration And Displacement

The recent influx of displaced populations into Bétou and Enyellé has generated significant humanitarian and protection challenges that extend beyond the immediate need for relief assistance. Newly displaced families have experienced repeated displacement, loss of livelihoods, family separation, and exposure to violence, leaving many in need of timely information, protection support, and access to essential services upon arrival.

Particular protection concerns have been identified among unaccompanied and separated children, older persons, persons with disabilities, pregnant and lactating women, female-headed households, and survivors of violence, who face additional barriers in



accessing humanitarian assistance and basic services. The displacement has disrupted traditional family and community support networks, increasing the vulnerability of individuals with specific needs and heightening the risks of neglect, exploitation, abuse, and social exclusion.

The rapid influx has also highlighted important information and service-access gaps. Many newly arrived households are unfamiliar with the humanitarian assistance available in the Republic of the Congo, existing referral mechanisms, registration procedures, and the location of essential health and protection services. Without accessible and reliable information, vulnerable individuals may remain excluded from life-saving assistance or experience delays in accessing specialized services.

To address these priorities, the operation will strengthen community-based migration support by improving access to information and referral services. Two Humanitarian Service Points (HSPs) will be established in Bétou and Enyellé to serve as accessible entry points where displaced populations can receive information on available humanitarian assistance, registration procedures, health and protection services, and referral pathways. The HSPs will also support the identification and referral of individuals with specific needs, including unaccompanied and separated children and other vulnerable persons requiring specialized assistance.

These activities will be complemented by community outreach conducted by trained Red Cross volunteers to ensure that displaced populations receive timely, accurate, and accessible information, while strengthening referral mechanisms and promoting safe and equitable access to humanitarian services. This approach aims to reduce protection risks, improve access to essential services, and strengthen the dignity and resilience of displaced populations throughout the response.



Community Engagement And Accountability

Effective community engagement is a critical component of the response given the scale of the recent population influx and the coexistence of displaced and host communities. In this context, timely, accurate, and accessible information is essential to ensure that affected populations understand the assistance available, the beneficiary selection process, and the services to which they can be referred.

The sudden increase in humanitarian needs and the limited availability of resources may create uncertainty and tensions if communities are not adequately informed or involved in the response. Transparent communication and meaningful community participation are therefore essential to strengthen trust, reduce the risk of misinformation, and ensure that assistance reaches those most in need in a fair and accountable manner.

The operation will establish community-based feedback and accountability mechanisms that enable displaced populations and host communities to actively participate in the response. Community consultations, information sessions, focus group discussions, and awareness activities will be conducted regularly to explain targeting criteria, planned assistance, referral pathways, and available services. These activities will be implemented in coordination with local leaders and community representatives to ensure that information reaches all population groups, including women, older persons, persons with disabilities, and other individuals with specific needs.

Multiple feedback and complaints channels will be established to allow communities to raise concerns, provide suggestions, and report issues related to the response. Feedback received will be systematically documented, analysed, and used to inform operational decision-making and adapt interventions where necessary. This continuous dialogue with affected communities will strengthen accountability, improve the quality and relevance of assistance, and ensure that the response remains responsive to evolving humanitarian needs throughout the operation.

Any identified gaps/limitations in the assessment

The rapid multi-sector needs assessment provided a comprehensive overview of the humanitarian situation affecting displaced populations and host communities in the districts of Bétou and Enyellé. However, several gaps and limitations were identified during the assessment process.

Despite the assessment confirming significant humanitarian needs across multiple sectors, many needs remain unmet due to the limited presence of humanitarian actors in the affected areas. Critical gaps were identified in shelter and household items, health services, water, sanitation and hygiene (WASH), protection services, and support for vulnerable displaced households. The assessment also highlighted limited access to basic services and insufficient humanitarian assistance to address the increasing needs resulting from the recent influx of displaced populations.

Resource constraints represented another limitation. The assessment identified shortages of essential medicines and medical supplies within local health facilities, inadequate WASH infrastructure, limited availability of shelter materials, and insufficient resources to



support the growing number of displaced households. Local authorities and host communities have limited capacity to respond to the increasing humanitarian needs without external support.

Operational challenges also affected the assessment process. Some affected localities are located in remote areas with limited transport infrastructure, making access difficult and increasing the time required for data collection and verification. The dynamic nature of population movements means that displacement figures and humanitarian needs may continue to evolve after the assessment period, particularly if additional arrivals occur.

Coordination mechanisms are in place through local authorities, UNHCR, the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), and the Congolese Red Cross. However, the limited operational presence of humanitarian organizations in the affected districts has resulted in significant response gaps and reduced service coverage in several sectors. No dedicated sectoral coordination mechanisms are currently operational at district level to comprehensively address the increasing humanitarian needs.

The assessment also identified vulnerable groups whose needs may require further analysis during implementation. These include unaccompanied and separated children, older persons, persons with disabilities, pregnant and lactating women, female-headed households, survivors of violence, and individuals with chronic health conditions. While these groups were identified during the assessment, additional targeted assessments and continuous community engagement will be required to ensure that their specific needs are adequately addressed throughout the operation. Despite these limitations, the assessment generated sufficient evidence to confirm the severity of humanitarian needs and to inform the design of an appropriate emergency response targeting the most vulnerable displaced and host community households.

Coordination among humanitarian actors, including UN agencies, the Congolese Red Cross, local authorities, and other partners, remains ongoing to ensure complementarity of interventions, facilitate information sharing, and avoid duplication of efforts. While UNHCR and partners have established registration and assistance mechanisms for the initial influx of refugees recorded since December 2025, comprehensive data on the newly arrived population following the June 2026 influx remain limited. To address this information gap, the Congolese Red Cross will continue to share the findings of the Rapid Multi-Sector Needs Assessment conducted in June 2026 through the existing coordination mechanisms. In addition, the operation will support a more comprehensive Multi-Sector Needs Assessment (MSNA) at the beginning of implementation to further refine the understanding of humanitarian needs and inform response planning. The National Society will also participate in, and where appropriate facilitate, joint assessment and monitoring missions with the Ministry in charge of Humanitarian Action, UN agencies, and other humanitarian partners to strengthen coordinated decision-making, harmonize targeting, and minimize the risk of duplication of assistance.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

This DREF operation aims to address the immediate humanitarian needs arising from the recent influx of displaced populations in the districts of Bétou and Enyellé, in order to reduce vulnerability and protect the health, safety, and well-being of 12,500 vulnerable displaced and host community members (2,500 households) affected by population movements from the Democratic Republic of the Congo, by providing shelter and essential household items, health, water, sanitation and hygiene (WASH), migration support, protection, gender and inclusion (PGI), and community engagement and accountability (CEA) services, while ensuring dignity, protection, access to information, and strengthened community resilience over a period of six months.

Operation strategy rationale

The operation is designed to address the immediate humanitarian needs resulting from the recent influx of displaced populations into the districts of Bétou and Enyellé in the Likouala Department. The strategy is based on the findings of the Rapid Multi-Sector Needs Assessment conducted by the Congolese Red Cross from 15 to 19 June 2026, which identified significant humanitarian needs among displaced populations and vulnerable host communities. The operation will target 2,500 vulnerable households (approximately 12,500 people) through an integrated approach combining health, WASH, shelter and household items, migration, protection, gender and inclusion (PGI), and community engagement and accountability (CEA). The intervention will be implemented through the Congolese Red Cross volunteer network in close coordination with local authorities, UNHCR, community leaders, and other relevant stakeholders.

The operation will be implemented through a network of 100 trained Red Cross volunteers supported by 10 field supervisors, branch staff, and headquarters technical support distributed across the two operational districts as follows:



- Bétou District: 55 volunteers and 6 supervisors
- Enyellé District: 45 volunteers and 4 supervisors

1) Health

The health component aims to reduce morbidity, prevent disease outbreaks, and improve access to essential health information and services among displaced populations and vulnerable host communities affected by the recent population influx. The assessment identified significant public health risks associated with overcrowded living conditions, population movements, limited access to healthcare services, shortages of essential medicines, and inadequate preventive health measures. These risks are further compounded by the heightened threat of cholera and other epidemic-prone diseases in the operational area. In addition, the displacement has exposed many affected people to stressful and traumatic experiences, highlighting the need to integrate basic mental health and psychosocial support (MHPSS) into community-based health interventions.

The operation will adopt a community-based health approach centred on prevention, risk reduction, early detection, referral of priority health conditions, and the integration of basic MHPSS support. Through its network of trained volunteers, the Congolese Red Cross will strengthen community awareness on key public health risks, including cholera, malaria, acute diarrhoeal diseases, respiratory infections, and other communicable diseases. Particular emphasis will be placed on promoting healthy behaviours and encouraging timely healthcare-seeking practices through Social and Behaviour Change (SBC) approaches adapted to the local context. Community outreach activities will also promote psychosocial well-being, strengthen community solidarity, and encourage individuals experiencing emotional distress to seek appropriate support.

To support implementation, Red Cross volunteers from the targeted districts will receive refresher training on epidemic prevention and control, community-based health and first aid, risk communication, referral pathways, and Psychological First Aid (PFA). This will enable volunteers to provide basic psychosocial support to individuals experiencing distress, promote positive coping mechanisms, and identify people requiring referral to specialized mental health or protection services where available. Volunteers will conduct regular community outreach sessions, household visits, and awareness activities to disseminate key health messages, identify vulnerable individuals, and facilitate referrals to health facilities and other available support services.

Given the high prevalence of malaria and the increased exposure of displaced households to mosquito-borne diseases due to inadequate shelter conditions, the operation will support malaria prevention through the distribution of long-lasting insecticide-treated mosquito nets (LLINs) to vulnerable households (two LLINs per household). Health promotion activities will also focus on the proper use of mosquito nets.

Community-based surveillance mechanisms will be strengthened to facilitate the early detection and reporting of suspected disease outbreaks, particularly cholera and other epidemic-prone diseases. Volunteers will work closely with local health authorities and health facilities to support community alert systems and referral mechanisms, ensuring that suspected cases are promptly identified and referred for appropriate care. Referral pathways will also be used to facilitate access to specialized health and mental health services for individuals presenting severe psychological distress or other specific needs.

Special attention will be given to groups facing increased health vulnerabilities, including children under five years of age, pregnant and lactating women, older persons, persons with disabilities, individuals living with chronic illnesses, survivors of violence, and people experiencing psychosocial distress. Through targeted health promotion, basic psychosocial support, and referral activities, the operation will contribute to improving access to essential health information and services while reducing preventable health and psychosocial risks among the most vulnerable populations.

The health intervention will be implemented in close coordination with local health authorities and community structures to ensure complementarity with existing services and to strengthen community resilience against current and future public health threats. Measures to promote the well-being of Red Cross volunteers, including peer support and regular debriefing sessions, will also be incorporated throughout the operation to help volunteers cope with operational stress and maintain their capacity to support affected communities.

2) Water, Sanitation and Hygiene (WASH)

The WASH component aims to reduce the risk of waterborne and hygiene-related diseases among displaced populations and vulnerable host communities affected by the recent influx of displaced persons.

The assessment highlighted significant gaps in access to safe drinking water, sanitation facilities, and hygiene services, with many households relying on untreated water sources and living in overcrowded conditions that increase the risk of disease transmission. The situation is further aggravated by the ongoing cholera risk in the operational area, population mobility, and the limited capacity of local services to respond to growing humanitarian needs.

The intervention will focus on preventing disease outbreaks through integrated community-based WASH activities that combine hygiene promotion, Social and Behaviour Change (SBC), household water treatment, and the provision of essential hygiene materials. Particular



attention will be given to cholera prevention and response preparedness, considering the increased vulnerability of affected communities and the public health risks associated with population movements.

To support implementation, 100 Red Cross volunteers will receive refresher training on epidemic prevention and control, community-based WASH interventions, hygiene promotion methodologies, community engagement techniques, household water treatment, and cholera prevention measures. Trained volunteers will conduct regular household visits, community awareness sessions, and group discussions to promote safe hygiene behaviours and strengthen community ownership of disease prevention practices.

Through community-based outreach activities, volunteers will disseminate key messages on handwashing with soap at critical times, safe water collection and storage, household water treatment, food hygiene, environmental sanitation, and the prevention of cholera and other diarrhoeal diseases. Special attention will be given to households with children under five years of age, pregnant and lactating women, older persons, and persons with disabilities who may face additional barriers in accessing WASH services.

The operation will support household water treatment through the distribution of Aquatabs to targeted households, accompanied by practical demonstrations on their correct dosage and use, safe water collection and storage, and other essential hygiene practices. The distribution of Aquatabs will enable households to treat drinking water at the point of use, reducing the risk of cholera and other waterborne diseases. Soap for handwashing and personal hygiene, included in the standardized Essential Household Item (NFI) kits, will complement hygiene promotion activities and encourage the adoption of key hygiene behaviours at household level. To further strengthen infection prevention and control in areas with large concentrations of displaced populations, the operation will install 50 handwashing stations in strategic high-density public locations across the districts of Bétou and Enyellé, promoting regular handwashing and reducing the risk of disease transmission. The WASH intervention will be closely coordinated with health activities to ensure a comprehensive public health approach that addresses both disease prevention and community resilience. By combining hygiene promotion, access to essential WASH materials, household water treatment, strategically placed handwashing stations, community engagement, and cholera preparedness measures, the operation will contribute to reducing public health risks and improving the health and well-being of displaced populations and vulnerable host communities.

3) Shelter and Household Items

The Household Items and Basic Household Support component aims to improve the living conditions, dignity, and well-being of displaced populations and vulnerable host communities affected by the recent influx of displaced households. The assessment revealed that many displaced families fled their areas of origin with few or no personal belongings and are currently relying on the support of host families who are themselves facing increasing economic and social pressures.

The continuous arrival of displaced populations has significantly stretched the coping capacities of host communities, resulting in overcrowded living arrangements and limited access to essential household items. Many displaced households lack basic items required for daily living, including cooking utensils, bedding materials, mosquito nets, water storage containers, and other essential household goods. The absence of these items negatively affects living conditions, health, dignity, and the ability of families to meet their basic needs. The operation will prioritize the provision of essential household items (EHA) to the most vulnerable displaced and host community households. Priority will be given to female-headed households, households hosting multiple displaced families, older persons, persons with disabilities, pregnant and lactating women, unaccompanied and separated children, and other households identified through vulnerability-based targeting. 60 Red Cross volunteers will be mobilized and trained to support beneficiary identification, community engagement, distribution activities, accountability mechanisms, and post-distribution monitoring. Volunteers will work closely with local authorities and community leaders to ensure transparent targeting and equitable access to assistance.

The operation will provide standardized Essential Household Item (EHI) kits to 2,500 households, comprising 2,250 newly displaced households and an estimated 250 highly vulnerable host community households. The operation primarily focuses on addressing the urgent needs of newly displaced households while providing targeted support to the most vulnerable host families whose coping capacities have been significantly affected by the continued accommodation of displaced people. The estimated 250 host community households is based on observations from the Rapid Multi-Sector Needs Assessment, which confirmed the increasing pressure placed on host families but did not quantify the exact number of vulnerable host households requiring assistance. This estimate has therefore been adopted to ensure that assistance remains focused on those with the greatest humanitarian needs while supporting social cohesion between displaced and host communities. The final number of host households to be assisted will be confirmed through detailed vulnerability-based targeting during the initial phase of implementation, in coordination with local authorities, community leaders, and humanitarian partners.

For the 2,250 newly displaced households, EHI kits will help restore essential household assets lost during displacement, enabling families to safely prepare food, store drinking water, sleep in dignified conditions, and protect themselves against mosquito-borne diseases while living with host families or in temporary accommodation. The estimated 250 highly vulnerable host community households, assistance will target families hosting one or more displaced households whose resources have been significantly depleted through prolonged sharing of shelter space and essential household items. This support will help reduce pressure on limited household resources, strengthen household resilience, and promote peaceful coexistence between displaced and host communities.

4) Migration



The migration component will address the specific vulnerabilities associated with displacement and population movements. The intervention will facilitate access to information, strengthen referral pathways, and support vulnerable individuals with specific protection concerns. Particular attention will be given to unaccompanied and separated children, persons with disabilities, older persons, pregnant and lactating women, and other individuals requiring specialized support. The migration response will integrate basic Mental Health and Psychosocial Support (MHPSS) by ensuring that people experiencing emotional distress receive Psychological First Aid (PFA), basic emotional support where appropriate, and referral to specialized mental health or protection services when needed.

To improve access to information and available assistance, the operation will establish two Humanitarian Service Points (HSPs) in Bétou and Enyellé. These community-based service points will serve as accessible hubs where displaced populations and vulnerable host community members can receive information on available humanitarian assistance, health and protection services, referral mechanisms, and other essential support services. The HSPs will also facilitate the identification and referral of individuals with specific needs and protection concerns. The two Humanitarian Service Points (HSPs) will operate as community-based one-stop service hubs managed by trained Red Cross volunteers. In addition to providing information and referrals, the HSPs will support registration and identification of vulnerable individuals, provision of drinking water and high-energy biscuits for newly arrived refugees, basic Psychological First Aid (PFA), Restoring Family Links (RFL) services, charging facilities for mobile phones where feasible, and connectivity support to enable separated family members to contact relatives. The HSPs will also facilitate safe referrals to health, protection, child protection, GBV, disability inclusion, and MHPSS services through established referral pathways

The operation will ensure that affected populations receive timely, accurate, and accessible information regarding available humanitarian services, assistance mechanisms, beneficiary selection criteria, and referral pathways. Through community outreach and the Humanitarian Service Points, the Congolese Red Cross will strengthen communication with affected populations, improve access to services, and promote the protection and dignity of displaced persons and vulnerable host communities.

5) Community Engagement and Accountability (CEA)

Community Engagement and Accountability (CEA) will be integrated throughout the operation to ensure that affected populations remain at the centre of the response. The operation will establish accessible, inclusive, and context-appropriate communication, feedback, and complaints mechanisms to promote transparency, participation, accountability, and community trust.

At the onset of the operation, the Congolese Red Cross will conduct a rapid community perception assessment to identify preferred communication channels, trusted sources of information, existing community networks, and community preferences for feedback and complaints mechanisms. The findings will be used to adapt communication approaches and ensure that engagement activities are responsive to the local context rather than based on assumptions. The operation will establish a range of two-way communication channels adapted to the dispersed geographical context of Bétou and Enyellé, including community meetings, the Red Cross hotline (8080), feedback and complaints desks, suggestion boxes where appropriate, and direct engagement through volunteers. The National Society will regularly review the accessibility and geographical coverage of these mechanisms to ensure that both displaced populations and host communities can safely and equitably provide feedback throughout the operation.

Community engagement activities will actively involve existing community structures and trusted networks, including women's groups, youth groups, faith leaders, community leaders, representatives of displaced communities, local volunteers, and local authorities. These actors will support the dissemination of timely and accurate information, strengthen community participation, promote trust in the response, and facilitate dialogue between displaced populations and host communities. The CEA approach will also contribute to social cohesion by promoting inclusive dialogue and addressing concerns that may arise between displaced and host communities. Community feedback will be systematically analysed and used to adapt operational activities, strengthen accountability, and reduce the risk of misunderstandings or tensions related to the humanitarian response. Community engagement activities will further promote psychosocial well-being by strengthening community solidarity, encouraging peer support, and disseminating messages on positive coping strategies, stress management, and available mental health and psychosocial support (MHPSS) services.

6) Protection, Gender and Inclusion (PGI)

Protection, Gender and Inclusion (PGI) considerations will be mainstreamed throughout all sectors of the response to ensure that humanitarian assistance is delivered in a safe, equitable, inclusive, and dignified manner. The operation recognizes that displacement has increased protection risks and exacerbated existing vulnerabilities among affected populations. Women, children, unaccompanied and separated children, persons with disabilities, older persons, pregnant and lactating women, female-headed households, and survivors of violence will receive particular attention throughout the implementation of the operation.

A vulnerability-based targeting approach will be applied to ensure that individuals and households with specific needs are identified and prioritized for assistance. Volunteers will be trained to recognize protection concerns, identify individuals at risk, apply safe referral procedures, and promote inclusive service delivery during community outreach, assessments, and distributions. Distribution sites and community activities will be organized to ensure safe access, minimize protection risks, and facilitate the participation of persons with reduced mobility and other vulnerable groups.



To address the specific needs of women and adolescent girls, the operation will distribute 500 dignity kits to the most vulnerable women and girls of reproductive age identified through vulnerability-based targeting. The distribution will be accompanied by awareness sessions on menstrual hygiene management, dignity, and available health and protection services, ensuring that recipients can access assistance safely and confidentially.

At the onset of the operation, the Congolese Red Cross will map available protection, gender-based violence (GBV), child protection, health, and mental health and psychosocial support (MHPSS) services in the operational areas to establish functional referral pathways. This mapping will be conducted in coordination with local authorities, health facilities, UNHCR, and other protection actors operating in Bétou and Enyellé, where available. Volunteers will be oriented on these referral pathways to ensure that survivors of violence, unaccompanied and separated children, persons with disabilities, and other individuals with specific protection needs are safely, confidentially, and promptly referred to appropriate specialized services, in line with the survivor-centered approach and the "Do No Harm" principle.

The operation will also integrate basic Mental Health and Psychosocial Support (MHPSS) as part of the PGI approach. Volunteers trained in Psychological First Aid (PFA) will provide basic emotional support to individuals experiencing distress, promote positive coping mechanisms, and facilitate referrals to available health, protection, or specialized mental health services where required. Particular attention will be given to individuals affected by violence, family separation, displacement-related trauma, and other psychosocial stressors.

Community awareness activities will promote key protection messages, including prevention of gender-based violence, child safeguarding, protection from sexual exploitation and abuse (PSEA), inclusion of persons with disabilities, respect for diversity, and the availability of referral services. Strong referral mechanisms will be maintained with health facilities, protection actors, and local authorities to ensure that individuals requiring specialized support can access appropriate services in a timely manner.

Throughout the operation, affected communities will be encouraged to participate actively in planning, implementation, and feedback processes to ensure that assistance remains responsive to their needs and that the dignity, safety, and rights of all population groups are respected.

7) Coordination

Effective coordination will be critical to ensure a timely, efficient, and accountable response to the humanitarian needs arising from the recent influx of displaced populations in the districts of Bétou and Enyellé. The operation will be implemented by the Congolese Red Cross (CRC) in close collaboration with government authorities, humanitarian partners, local communities, and the IFRC Kinshasa Cluster Delegation.

The operation will also maintain close coordination with UNHCR, which continues to monitor population movements and support the refugee response in the affected areas. The Congolese Red Cross will actively share and harmonize information generated through the Rapid Multi-Sector Needs Assessment (MSNA) and the comprehensive MSNA planned at the beginning of the operation with humanitarian partners and government authorities through existing coordination mechanisms. This will contribute to a common understanding of humanitarian needs, harmonized targeting, strengthened referral pathways, and the prevention of duplication of assistance. Where appropriate, the National Society will also participate in joint assessment and monitoring missions with the Ministry, UN agencies, and other humanitarian actors to promote coordinated decision-making and complementarity of interventions.

Within the Red Cross Red Crescent Movement, the operation will be implemented by the Congolese Red Cross with technical and operational support from the IFRC Kinshasa Cluster Delegation. The IFRC will provide guidance in program management, PMER, logistics, finance, procurement, community engagement and accountability, migration, protection, health, and WASH programming. Regular coordination meetings between the National Society and the IFRC will be conducted throughout the implementation period to monitor progress, address challenges, and ensure compliance with DREF standards and procedures. The National Society will also coordinate with relevant national and local MHPSS actors, including national MHPSS coordination mechanisms where available, to ensure complementarity of interventions, harmonized referral pathways, and adherence to the Red Cross Red Crescent Movement MHPSS Policy and international standards.

Community participation will remain central to the coordination approach. Continuous consultations with displaced populations, host communities, community leaders, women's groups, youth representatives, persons with disabilities, and other people with specific needs will help ensure that the operation remains relevant, inclusive, and responsive to the evolving priorities of affected populations.



Targeting Strategy

Who will be targeted through this operation?

The operation will target 2,500 vulnerable households (approximately 12,500 people) affected by the recent population influx in the districts of Bétou and Enyellé, Likouala Department. According to data provided by CRC branches, a total of 3,005 displaced households representing 15,043 people have been identified in the affected localities. Given the scale of humanitarian needs and the resources available through the DREF, the operation will prioritize the most vulnerable households through a vulnerability-based targeting approach.

The operation will target 2,500 displaced households and 250 vulnerable host households (20%). The inclusion of host communities reflects their critical role in accommodating displaced families and recognizes the significant pressure placed on their resources, livelihoods, and basic services. Supporting both displaced and host populations is expected to contribute to social cohesion, reduce potential tensions, and strengthen community resilience.

Priority will be given to households facing the highest levels of vulnerability, including female-headed households, households hosting displaced families, households with pregnant and lactating women, households with children under five years of age, unaccompanied and separated children, older persons living alone, persons with disabilities, survivors of violence, and households with limited access to livelihoods and basic services.

Particular attention will be given to displaced persons, vulnerable host families, unaccompanied and separated children, persons with specific needs, and other vulnerable individuals facing increased protection risks due to displacement, loss of livelihoods, family separation, and limited access to essential services. Community-based targeting and validation processes will be conducted in consultation with local authorities, community leaders, and affected populations to ensure transparency, accountability, and equitable access to assistance.

By supporting both displaced populations and vulnerable host communities, the operation seeks to address urgent humanitarian needs while promoting protection, dignity, inclusion, and peaceful coexistence within the affected communities.

Explain the selection criteria for the targeted population

The selection of beneficiaries is based on the findings of the Rapid Multi-Sector Needs Assessment conducted by the Congolese Red Cross in June 2026, which identified significant humanitarian needs among displaced populations and vulnerable host communities in the districts of Bétou and Enyellé. Given that available resources are insufficient to support all affected households, the operation will prioritize those facing the highest levels of vulnerability and humanitarian need.

The operation will target approximately 2,500 households (12,500 people), including 2,250 displaced households and 250 vulnerable host households. The inclusion of host communities recognizes their critical role in accommodating displaced populations and the increasing pressure on their resources, livelihoods, and access to basic services.

Beneficiary selection will be based on vulnerability criteria agreed with local authorities, community leaders, affected communities, and humanitarian partners. Priority will be given to households meeting one or more of the following criteria:

- Households recently displaced as a result of insecurity and violence in the Democratic Republic of the Congo;
- Households hosting displaced families and experiencing increased socio-economic pressure;
- Female-headed households;
- Households with pregnant or lactating women;
- Households with children under five years of age;
- Households caring for unaccompanied and separated children;
- Older persons living alone or without adequate family support;
- Persons with disabilities and households caring for persons with disabilities;
- Households with members suffering from chronic illnesses or serious medical conditions;
- Survivors of violence and individuals with specific protection needs;
- Households with limited access to livelihoods, food, safe water, healthcare, or essential household items;
- Households living in overcrowded conditions or lacking basic household items necessary for daily living.

Special attention will be given to vulnerable groups who face heightened risks as a result of displacement, including displaced persons,



unaccompanied and separated children, women and girls, older persons, persons with disabilities, pregnant and lactating women, and other individuals with specific needs. The operation will ensure that these groups have equitable access to assistance, information, referral services, and participation in decision-making processes.

Beneficiary identification and validation will be conducted through a transparent and participatory process involving community consultations, household-level verification, and collaboration with local authorities and community leaders. Community feedback and complaints mechanisms will be established to promote accountability, minimize exclusion errors, and ensure that assistance reaches those most in need.

To promote harmonized targeting and prevent duplication of assistance, the Congolese Red Cross will coordinate closely with UNHCR and other humanitarian actors throughout the operation. Where available, UNHCR registration data for refugees and asylum seekers will be used as a reference to verify the eligibility of potential beneficiaries and complement the vulnerability-based targeting conducted by the National Society. Beneficiary lists generated through the Rapid Multi-Sector Needs Assessment (MSNA) and subsequent household verification will be cross-checked with available registration data and discussed through coordination mechanisms to minimize duplication and ensure that assistance reaches the most vulnerable households. Regular information sharing, joint verification where appropriate, and participation in coordination meetings will further strengthen harmonized targeting and complementarity among humanitarian actors.

Total Targeted Population

Women	2,450	Rural	70%
Girls (under 18)	3,675	Urban	30%
Men	2,550	People with disabilities (estimated)	15%
Boys (under 18)	3,825		
Total targeted population	12,500		

Risk and Security Considerations (including "management")

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

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



Risk	Mitigation action
<p>Some affected localities in Bétou and Enyellé are remote, with limited road infrastructure and difficult access, especially during rainy periods. This may delay the deployment of volunteers, distribution of assistance, and monitoring activities.</p>	<ul style="list-style-type: none"> - Pre-positioning of relief items at branch level where feasible. - Use of locally recruited volunteers from affected communities. - Flexible micro-planning and phased distribution approach. - Close coordination with local authorities for transport facilitation. - Adjust implementation timelines based on weather conditions.
<p>Ongoing influx of displaced populations may increase beyond current estimates (2,500 households targeted), leading to inclusion/exclusion challenges and overstressing available resources.</p>	<ul style="list-style-type: none"> - Regular updating of beneficiary lists through continuous assessment. - Strong community engagement and transparent selection criteria. - Coordination with UNHCR and local authorities for updated figures. - Establishment of complaint and feedback mechanisms to manage exclusion concerns. - Prioritization based on vulnerability criteria rather than displacement status alone.
<p>High risk of cholera and other waterborne diseases due to overcrowding, poor sanitation, and limited access to safe drinking water.</p>	<ul style="list-style-type: none"> - Strong integration of WASH and health activities Hygiene promotion and Social Behaviour Change (SBC) campaigns. - Distribution of hygiene kits and water treatment products. - Community-based surveillance and early warning systems. - Coordination with health authorities for rapid referral of suspected cases.
<p>Delays in procurement and delivery of essential household items, hygiene kits, and other relief supplies.</p>	<ul style="list-style-type: none"> - Early procurement planning and framework agreements where possible. - Use of local procurement sources when feasible. - Coordination with IFRC logistics support and regional supply chain systems. - Continuous monitoring of stock levels and distribution planning. - Buffer timelines included in operational plan.
<p>Sexual exploitation and abuse during distributions, Fraud or diversion of humanitarian assistance, Child safeguarding risks.</p>	<p>All volunteers sign the Code of Conduct, receive PSEA briefing, complaints mechanisms displayed, confidential reporting channels available. Beneficiary verification, segregation of duties, supervision during distributions, reconciliation of stock, post-distribution monitoring, financial controls. Child safeguarding orientation, identification and referral of unaccompanied/separated children, activities conducted in safe environments, referral mechanisms with protection actors.</p>



Please indicate any security and safety concerns for this operation:

The implementation of this operation in the districts of Bétou and Enyellé presents several security and safety considerations that may affect the safety of staff, volunteers, and affected populations. While the area is not classified as an active conflict zone within the Republic of the Congo, the proximity to the border with the Democratic Republic of the Congo and the continuous cross-border population movements create a dynamic context that requires close monitoring of security and protection risks.

The operational area is characterized by remote and hard-to-reach localities with limited infrastructure and basic services. Although the security situation in Likouala is generally stable, occasional tensions may arise due to pressure on scarce resources, high population density in host communities, and competition over basic services between displaced and host populations. In addition, cross-border movements may occasionally involve individuals with unknown backgrounds, which requires careful community engagement and risk awareness.

Several safety risks have been identified that may affect the implementation of the operation:

- Difficult terrain and poor road conditions, particularly during the rainy season, which may expose volunteers and staff to transportation risks and delays.
- Limited access to health facilities in case of accidents or medical emergencies in remote areas.
- Increased exposure of volunteers to communicable diseases, including cholera, malaria, and other waterborne and vector-borne diseases due to field activities in affected communities.
- Potential tensions within host communities resulting from resource constraints linked to the presence of displaced populations.
- Risks faced by vulnerable groups, including women, children, and persons with disabilities, particularly in overcrowded living conditions and during distributions.

To ensure the safety and security of staff, volunteers, and beneficiaries, the operation will implement the following measures:

- Coordination with local authorities, including administrative authorities, police, and community leaders, prior to field activities.
- Security briefings for all staff and volunteers before deployment, including context awareness and code of conduct.
- Use of locally recruited volunteers who are familiar with the operational environment and community dynamics.
- Implementation of movement tracking and communication protocols for field teams.
- Limitation of field activities during adverse weather conditions or identified security risks.
- Integration of safety and protection considerations into all operational planning, including distributions and community engagement activities.
- Ensuring availability of basic first aid kits and referral pathways for emergencies during field missions.

The Congolese Red Cross, supported by the IFRC Kinshasa Cluster Delegation, will continuously monitor the security situation and adapt operational modalities as required to ensure the safety of all personnel and the affected population throughout the implementation period.

Has the child safeguarding risk analysis assessment been completed?

Yes

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 216,858

Targeted Persons: 2,500

Indicators

Title	Target
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# of households receiving household item kits	2,500
% of beneficiaries reporting improved living condition	80
# of PDM conducted	1
# of households reached through PDM	500

Priority Actions

- Conduct vulnerability-based household selection and verification.
- Distribute essential household items kits (kitchen sets, blankets, mats, jerry cans, buckets, mosquito nets where applicable).
- Conduct post-distribution monitoring (PDM).
- Provide support to households in overcrowded or inadequate living conditions.



Budget: CHF 30,667

Targeted Persons: 12,500

Indicators

Title	Target
# of people reached through community-based health promotion and Social and Behaviour Change (SBC) activities on priority public health risks	12,500
# of Red Cross volunteers and supervisors receiving refresher training on Community-Based Health and First Aid , epidemic prevention and control, Psychological First Aid (PFA), community-based disease surveillance, and referral pathways	110
# of households receiving LLINs	2,500
# of community surveillance alerts reported and referred	500
% alerts investigated within 24 hrs	80
# of first aid kit provided	100
#of volunteers equipped with First Aid kits	100

Priority Actions

- Conduct community-based health promotion and Social and Behaviour Change (SBC) sessions on priority public health risks, including cholera, malaria, diarrhoeal diseases, respiratory infections, and psychosocial well-being.
- Provide refresher training to 100 Red Cross volunteers and 10 supervisors on Community-Based Health and First Aid (CBHFA), epidemic prevention and control, community-based disease surveillance, Psychological First Aid (PFA), and referral pathways.
- Conduct household visits, community outreach campaigns, and group awareness sessions to promote healthy behaviours, early healthcare seeking, and basic psychosocial support.
- Distribute 10,000 long-lasting insecticide-treated mosquito nets (LLINs) to 2,500 vulnerable households (2 LLINs per household) to reduce the risk of malaria.



- Distribute Aquatabs to targeted households and conduct practical demonstrations on household water treatment, safe water storage, and cholera prevention.
- Establish and strengthen community-based disease surveillance, alert, and referral mechanisms in collaboration with local health authorities, including referral of individuals requiring specialized health, mental health, or protection services.
- Equip volunteers with First Aid kits to support the provision of immediate first aid during community outreach and response activities.



Water, Sanitation And Hygiene

Budget: CHF 55,064

Targeted Persons: 12,500

Indicators

Title	Target
# of volunteers trained in WASH and hygiene promotion	100
# of people reached with WASH messaging	12,500
# of households receiving hygiene kits	2,500
# of households receiving Aquatabs for household water treatment	2,500
# of volunteers and supervisors receiving refresher training on community-based WASH and cholera prevention	110
# of handwashing stations installed in high-density public locations	50
# of households reached with demonstrations on household water treatment and safe water storage	2,500

Priority Actions

- Conduct community-based hygiene promotion and Social and Behaviour Change sessions on cholera prevention, safe hygiene practices, and disease prevention.
- Conduct household visits, community sensitization campaigns, and group awareness sessions on handwashing with soap at critical times, safe water collection and storage, household water treatment, food hygiene, and environmental sanitation.
- Provide refresher training to 100 Red Cross volunteers and 10 supervisors on community-based WASH, and hygiene promotion methodologies, household water treatment, and cholera prevention.
- Distribute Aquatabs to 2,500 vulnerable households and conduct practical demonstrations on their correct use, safe water storage, and household water treatment.
- Install 50 handwashing stations in strategic high-density public locations across Bétou and Enyellé to promote hand hygiene and reduce the transmission of communicable diseases.
- Conduct demonstrations on the correct use of jerry cans, buckets with lids, and other household water storage containers to encourage safe water handling and reduce the risk of contamination.



Protection, Gender And Inclusion

Budget: CHF 38,014

Targeted Persons: 12,500



Indicators

Title	Target
# of people reached with protection messaging	12,500
# of vulnerable individuals identified and supported	500
# of volunteers trained on PGI	100

Priority Actions

- Conduct awareness sessions on protection risks (GBV, child protection, disability inclusion).
- Identify and support persons with specific needs.
- Integrate protection messaging in all community outreach activities.
- Strengthen safe referral pathways for survivors of violence.



Migration And Displacement

Budget: CHF 12,577

Targeted Persons: 12,500

Indicators

Title	Target
# of people reached with information on services	12,500
# of vulnerable individuals referred to services	300
# of unaccompanied/separated children identified and supported	500
# of Humanitarian Service Points (HSPs) established and operational	2
# of volunteers trained on HSP management, Migration, RFL, PFA and referral pathways	30
# of functional referral pathways established with health, protection, child protection, GBV, and MHPSS service providers	1
# of newly arrived displaced persons receiving drinking water and high-energy biscuits at the Humanitarian Service Points	500
# of people supported through Restoring Family Links (RFL) services	100

Priority Actions

- Establish and operate two Humanitarian Service Points (HSPs) in Bétou and Enyellé.
- Train volunteers on Humanitarian Service Point (HSP) management, Migration, Protection, Restoring Family Links (RFL), Psychological First Aid (PFA), and safe referral pathways.
- Register and identify vulnerable refugees, asylum seekers, and host community members with specific needs.



- Conduct service mapping and establish referral pathways with health, protection, GBV, child protection, disability inclusion, MHPSS, and other humanitarian service providers.
- Provide information on available humanitarian services, registration procedures, and referral mechanisms.
- Provide immediate assistance (safe drinking water and high-energy biscuits) to newly arrived refugees at the HSPs.
- Deliver Restoring Family Links (RFL) services, including phone calls, charging facilities where feasible, Red Cross Messages, and tracing requests when required.
- Identify and safely refer unaccompanied and separated children, survivors of violence, persons with disabilities, older persons, and other vulnerable individuals to appropriate services.
- Conduct community outreach sessions on protection risks, available services, and safe migration.



Community Engagement And Accountability

Budget: CHF 14,050

Targeted Persons: 13,120

Indicators

Title	Target
# of people reached with information on assistance	12,500
# of community consultations conducted	12
# of community perception assessments conducted	1
# of people participating in community consultations (disaggregated by sex, age, and displacement status)	12,500
# of feedback and complaints mechanisms established and operational	6
% of feedback and complaints received and addressed	100
# of community feedback reports produced and used to adapt the response	6

Priority Actions

- Conduct a rapid community perception assessment at the onset of the operation to identify trusted information sources, preferred communication channels, community priorities, and preferred feedback mechanisms.
- Establish and maintain inclusive and accessible two-way communication and feedback mechanisms across the targeted localities, ensuring equitable access for both displaced and host communities.
- Conduct regular community consultations with women, youth, community leaders, faith leaders, representatives of displaced communities, and other community networks to inform operational decision-making and strengthen social cohesion.
- Collect, analyze, and respond to community feedback and complaints, and use findings to adapt the response throughout implementation.
- Disseminate timely and accurate information on available services, targeting criteria, referral pathways, and humanitarian assistance through community-preferred communication channels.



Secretariat Services

Budget: CHF 38,204

Targeted Persons: 500



Indicators

Title	Target
# of monitoring missions conducted (IFRC/CRC)	6
# of Launch meeting conducted with stakeholders	1
#of volunteers insured	500

Priority Actions

- Provide PMER support, including monitoring frameworks, indicator tracking, and reporting quality assurance.
- Conduct financial oversight, budget monitoring, and compliance checks in line with DREF procedures.
- Provide logistics and procurement technical support to ensure timely delivery of relief items.
- Support technical implementation across sectors including Health, WASH, Shelter/NFI, PGI, CEA, and Migration.
- Conduct regular monitoring missions jointly with the Congolese Red Cross to assess progress, quality of implementation, and challenges in the field.
- Organize and participate in joint field missions (IFRC, CRC headquarters, and branch teams) to ensure operational alignment and problem-solving.
- Support the organization of a response launch meeting with key stakeholders, including local authorities, UNHCR, and community representatives.
- support the volunteers insurance.



National Society Strengthening

Budget: CHF 64,815

Targeted Persons: 111

Indicators

Title	Target
# of volunteers trained and actively engaged	100
# of supervisors trained and deployed	10
# of branch strengthening sessions conducted	4
# of joint monitoring missions with branches	6
# of lessons learned workshop conducted	1
# of volunteers applying standard procedures in the field	100

Priority Actions

- Strengthen branch coordination structures and operational leadership in Bétou and Enyellé.
- Support volunteer recruitment, deployment, supervision, and retention systems.
- Conduct training and refresher sessions for volunteers and supervisors on operational standards, safeguarding, and accountability.
- Strengthen field-level coordination through branch engagement in planning, implementation, and monitoring.
- Conduct joint monitoring missions involving branch staff, headquarters, and IFRC to reinforce learning and operational quality.



- Organize an end-of-operation lessons learned workshop at branch and national level to document operational experience and improve future response capacity.
- Reinforce safeguarding, volunteer safety, and duty of care mechanisms.
- Strengthen community-based coordination and feedback systems through branch structures.

About Support Services

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

The operation will be implemented through a combination of Congolese Red Cross staff, branch-level personnel, and a trained volunteer network, supported by the IFRC Kinshasa Cluster Delegation.

A total of 110 volunteers and supervisor will be directly engaged in the implementation of the operation, including both staff and volunteers.

A total of 100 trained Red Cross volunteers will be mobilized across the districts of Bétou and Enyellé. These volunteers will be the backbone of community-level implementation and will be responsible for:

- Community-based health promotion and Social Behaviour Change (SBC) activities.
- WASH and hygiene promotion campaigns, including cholera prevention messaging.
- Distribution of essential household items and participation in beneficiary verification.
- Community engagement and accountability (CEA) activities, including feedback collection.
- Identification and referral of vulnerable individuals (PGI and migration support).
- Community-based surveillance and early warning activities.
- Post-distribution monitoring and household-level follow-up.

The volunteers will be organized into sectoral teams and deployed based on geographical coverage and population density.

A total of 10 field supervisors (1 per 10 volunteers) will oversee field implementation. They will ensure:

- Daily supervision and quality control of volunteer activities.
- Data collection and verification.
- Reporting and coordination with branch leadership.
- Support during distributions and community outreach activities.
- Liaison with local authorities and community leaders.

The Congolese Red Cross will deploy key operational staff from headquarters and branch levels, including:

- 1 Operation Coordinator, responsible for overall implementation, coordination, and reporting.
- 1 PMER Officer, responsible for monitoring, evaluation, accountability, and reporting quality.
- 1 Finance and Administration Officer, responsible for budget control and financial compliance.
- 1 Logistics Officer, responsible for procurement, supply chain, and distribution planning.
- Branch focal points in Bétou and Enyellé, responsible for field coordination and local engagement.

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

The Congolese Red Cross volunteer team has been deliberately structured to reflect the gender, age, and cultural diversity of the affected populations in the districts of Bétou and Enyellé. This is essential to ensure trust, accessibility, cultural appropriateness, and effective communication with both displaced populations and host communities.

The volunteer composition takes into account the social context of the Likouala Department, where communities are diverse and include both host populations and displaced persons originating from the Democratic Republic of the Congo. Language and cultural familiarity are key considerations, particularly given the presence of cross-border populations with shared ethnic and linguistic backgrounds.



The operation will ensure a balanced gender representation within the volunteer network. Female volunteers will be actively engaged in all sectors of the response, particularly in activities related to health, WASH, PGI, and community engagement. This is critical to ensure safe access to women and girls, especially in contexts involving sensitive issues such as protection concerns, hygiene practices, and household-level discussions.

The volunteer team includes both youth and experienced adult volunteers. Young volunteers will be actively engaged in community outreach, Social Behaviour Change (SBC) activities, and awareness campaigns, leveraging their energy, mobility, and acceptance within communities. Older and more experienced volunteers will provide leadership, supervision, and technical support, ensuring quality and consistency of implementation.

The volunteer team is composed primarily of members originating from or familiar with the Likouala context, including communities in Bétou and Enyellé. This ensures strong cultural understanding and trust-building with affected populations. Volunteers are fluent in local languages and dialects spoken by both host communities and displaced populations from the Democratic Republic of Congo, facilitating effective communication and community engagement.

While the volunteer structure is generally representative, certain gaps remain, particularly in the representation of persons with disabilities and very young female volunteers in leadership roles. To address these gaps, the operation will:

- Prioritize the inclusion of women in volunteer recruitment and leadership positions
- Encourage participation of youth, especially young women, in community-based activities
- Strengthen disability inclusion awareness among volunteers to ensure accessible communication and participation of persons with disabilities
- Conduct targeted sensitization during recruitment to ensure diversity and inclusiveness

Through these measures, the operation ensures that the volunteer network is inclusive, representative, and culturally appropriate, enabling effective engagement with affected populations and strengthening trust between communities and the Congolese Red Cross.

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

Procurement under this operation will be carried out in accordance with IFRC procurement procedures and the Congolese Red Cross (CRC) procurement policies, ensuring transparency, value for money, and compliance with DREF requirements.

Procurement activities will be a shared responsibility between the Congolese Red Cross and the IFRC Kinshasa Cluster Delegation, depending on the value, nature, and source of funding of the items:

The Congolese Red Cross will be responsible for local procurement of standard relief items, including essential household items, hygiene kits, and locally available materials, in line with IFRC procurement thresholds and procedures.

The IFRC Kinshasa Cluster Delegation will provide technical oversight and support for procurement processes, including tendering, evaluation, contract management, and quality assurance.

For high-value procurement or items requiring international sourcing, IFRC procedures may be applied directly to ensure compliance and efficiency.

The procurement under this operation will primarily be for distribution purposes, including:

- Household essential kits (kitchen sets, blankets, sleeping mats, jerry cans, buckets)
- Hygiene kits and water treatment products
- Insecticide-treated mosquito nets (LLINs)

Procurement will mainly involve local suppliers within the Republic of Congo, particularly in Brazzaville and regional commercial hubs where feasible. This approach is intended to:

- Reduce delivery time and logistical constraints in remote areas such as Likouala
- Support local markets and ensure timely availability of relief items
- Minimize transport costs and operational delays

Where specific items are not available locally, regional or international procurement may be considered through IFRC systems.

For distribution-related procurement, the estimated tendering and contracting period is 2 to 4 weeks, depending on market availability, supplier responsiveness, and logistical constraints. Framework agreements will be used where possible to reduce procurement delays.



This arrangement ensures timely delivery of assistance while maintaining accountability, transparency, and value for money throughout the operation.

How will this operation be monitored?

The monitoring of this operation will be conducted through a structured and multi-level system to ensure effective tracking of progress, accountability, and timely achievement of planned results. The monitoring framework will combine field-level supervision, routine reporting, beneficiary feedback, and technical oversight from the Congolese Red Cross and the IFRC Kinshasa Cluster Delegation.

Regular data collection will be carried out by trained volunteers and supervisors during field activities, including household visits, community outreach sessions, distributions, and awareness campaigns. Data will be consolidated at branch level (Bétou and Enyellé) and transmitted to the national headquarters for analysis and reporting.

Roles and responsibilities for monitoring:

Monitoring responsibilities will be shared as follows:

- Volunteers (100): Collection of field data, beneficiary feedback, activity reporting, and community-based surveillance information.
- Supervisors (10): Verification of data quality, oversight of field activities, daily reporting, and support to volunteers.
- Branch teams (Bétou and Enyellé): Consolidation of field reports, operational monitoring, and coordination with local authorities.
- National Society Headquarters: Overall monitoring coordination, data analysis, reporting to IFRC, and compliance with DREF requirements.

The operation will be monitored using key output and outcome indicators aligned with each sector, including:

- Number of households reached with essential assistance (target: 2,500 households).
- Number of people reached with health and WASH messaging (target: 12,500).
- Number of volunteers trained and actively engaged (target: 100).
- Number of households receiving hygiene kits and household items (target: 2,500).
- Number of feedback and complaints received and addressed (target: 100%).
- Number of referrals conducted for vulnerable individuals (target: to be defined during implementation).

Milestones will include:

- Completion of volunteer training and deployment
- Completion of household targeting and verification
- Completion of distribution activities per district
- Mid-term monitoring review
- End-of-operation evaluation and lessons learned workshop

The IFRC Kinshasa Cluster Delegation will conduct regular monitoring visits to the field, including joint missions with the Congolese Red Cross headquarters and branch teams. At least 6 monitoring missions are planned throughout the implementation period, covering both Bétou and Enyellé districts.

These visits will focus on:

- Verification of activity implementation and quality
- Compliance with DREF procedures and standards
- Beneficiary feedback and accountability mechanisms
- Identification of operational challenges and corrective actions
- Support to adaptive management and decision-making

Remote monitoring will also be conducted through regular virtual meetings, reporting reviews, and analysis of field data submitted through IFRC reporting systems.

Monitoring will be complemented by community feedback mechanisms, including hotlines, community meetings, and feedback boxes, ensuring that affected populations can report concerns, provide feedback, and influence the implementation of activities in real time.

Please briefly explain the National Societies communication strategy for this operation

The Congolese Red Cross (CRC) will implement a structured communication strategy throughout the operation to ensure effective information sharing, transparency, accountability, and visibility of the response, both internally and externally.



Internal communication will be ensured through regular coordination between the CRC headquarters in Brazzaville, the Likouala branch, and field teams in Bétou and Enyellé. Information will be shared through:

- Regular operational coordination meetings (weekly at branch level and bi-weekly at national level)
- Field mission reports from volunteers and supervisors.
- Internal reporting tools and IFRC GO platform updates.
- Direct communication channels (phone, WhatsApp groups, and email) for real-time operational updates.

This system will ensure timely decision-making, coordination between teams, and effective monitoring of field activities.

External communication will be managed through close coordination with the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), local authorities, UNHCR, and other humanitarian partners. Regular updates will be shared with stakeholders through coordination meetings, situation reports, and official briefings.

The National Society will also ensure transparency and accountability towards affected communities through continuous dissemination of information on:

- Available assistance and targeting criteria.
- Distribution timelines and processes.
- Rights and entitlements of beneficiaries.
- Feedback and complaints mechanisms.

Information will be shared using appropriate community-based channels, including community meetings, door-to-door sensitization, local leaders, and volunteers trained in community engagement and Social Behaviour Change (SBC).

The CRC will ensure two-way communication with affected populations through established Community Engagement and Accountability (CEA) mechanisms. These will include feedback and complaints channels, community consultations, and regular dialogue sessions with displaced populations and host communities. This approach will ensure that community voices are integrated into decision-making and operational adjustments.

Special attention will be given to ensuring that communication is accessible, inclusive, and adapted to vulnerable groups, including women, older persons, persons with disabilities, and persons with low literacy levels.

A basic media and visibility strategy will be implemented to enhance transparency and visibility of the operation. This will include:

- Press releases in coordination with CRC headquarters.
- Media briefings at key milestones such as the launch of the operation and major distributions.
- Social media updates highlighting key activities and humanitarian impact.
- Field visibility materials (banners, vests, and branding in line with IFRC guidelines).

All external communication will be coordinated with IFRC to ensure consistency with Movement principles and visibility guidelines.

The IFRC Kinshasa Cluster Delegation will provide technical support to the CRC communication team, including guidance on media engagement, visibility standards, and key messaging. IFRC will also support the development of communication materials, press releases, and social media content where required.

Communication focal points from both CRC and IFRC will coordinate closely to ensure consistent messaging, accurate information sharing, and alignment with operational updates throughout the response.



Budget Overview



DREF OPERATION

MDRCG029 -
Congolesse Red
Cross
POPULATION
MOUVEMENT

Operating Budget

Planned Operations	390,110
Shelter and Basic Household Items	230,954
Livelihoods	0
Multi-purpose Cash	0
Health	32,661
Water, Sanitation & Hygiene	58,643
Protection, Gender and Inclusion	40,484
Education	0
Migration	13,395
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,973
Environmental Sustainability	0
Enabling Approaches	109,715
Coordination and Partnerships	0
Secretariat Services	40,687
National Society Strengthening	69,028
TOTAL BUDGET	499,825

Public

[Click here to download the budget file](#)



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[Click here for the reference](#)

