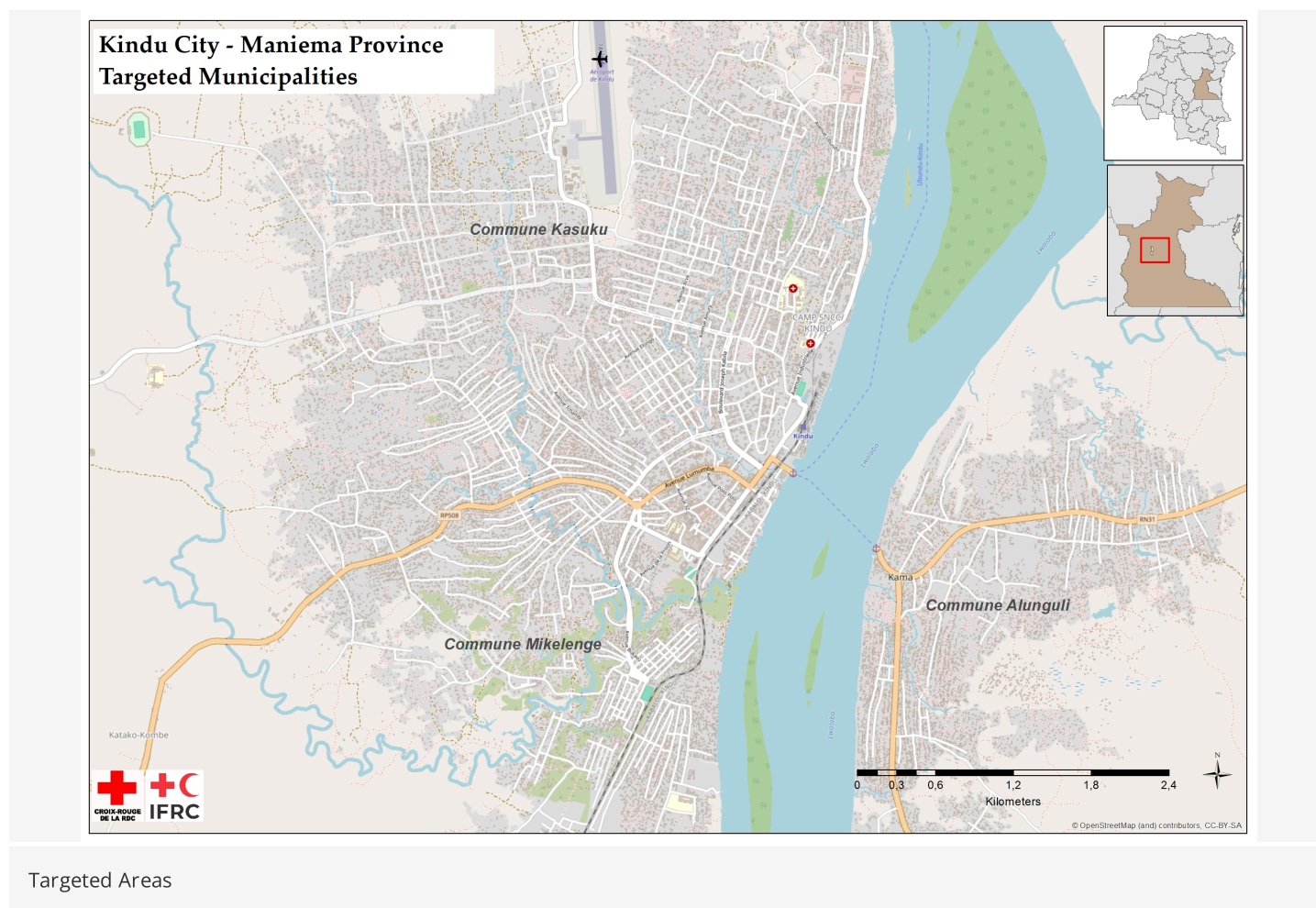




AME distribution in Uvira _DRCRC

Appeal: MDRCD050	Total DREF Allocation: CHF 767,376	Crisis Category: Orange	Hazard: Flood
Glide Number: -	People Affected: 96,000 people	People Targeted: 15,600 people	
Event Onset: Sudden	Operation Start Date: 20-04-2026	New Operational End Date: 31-01-2027	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: -		Reporting Timeframe End Date: 31-01-2027	
Additional Allocation Requested: -		Targeted Regions: Maniema, Sud-Kivu	

Description of the Event



Date of event

01-05-2026

What happened, where and when?

On 7 April 2026, persistent heavy rainfall caused the Congo River to overflow its banks, resulting in severe flooding in Kindu City, Maniema Province. The communes of Alunguli, Kasuku and Mikelenge were among the most affected. The floods damaged and destroyed houses, contaminated water sources and sanitation facilities, disrupted livelihoods and displaced thousands of people. Approximately 62,000 people were affected, with more than 10,000 households impacted and over 10,416 people displaced, mainly seeking refuge with host families. The floods also affected agricultural fields, fishponds, local businesses, roads, schools and health infrastructure, increasing public health, protection and livelihood risks.

A few weeks later, on 1 May 2026, the city of Uvira in South Kivu Province was severely affected by heavy and persistent rainfall and the overflow of the Kalimabenge River, particularly in the densely populated and flood-prone neighbourhoods of Namianda and Kilibula in Kalundu commune. Rapid multisectoral assessments conducted between 1 and 5 May identified approximately 7,776 affected people (1,555 households). A total of 544 houses were damaged, including 13 completely destroyed and 172 partially destroyed, while at least 1,110 people were displaced and hosted by relatives or neighbouring families. Six deaths were also reported. The floods damaged or affected water and sanitation facilities, health structures, schools, roads, bridges, agricultural gardens and small businesses.

The two successive flooding events generated significant humanitarian needs across Maniema and South Kivu, particularly in shelter and household items, safe water and sanitation, health, protection and livelihoods. In response, the initial DREF operation launched following the Kindu floods was subsequently scaled up to include Uvira and other affected areas of South Kivu. The operation now targets 15,600 people (2,250 households), including 1,400 households in Kindu and 850 households in Uvira and other affected areas of South Kivu,

through integrated interventions covering Health, WASH, Shelter/AME, Multipurpose Cash Assistance, PGI and CEA.

Following the floods that affected Kindu, Maniema, and Uvira, South Kivu, the DREF response has progressed from the initial emergency phase towards the delivery of essential assistance to affected households. In Uvira, the distribution of essential household items (AME) to the 850 targeted households has been completed. In Kindu, due to access challenges caused by poor road conditions, the Red Cross is currently receiving the essential household items (EHI), with distribution to the targeted households planned for the week of 28 September.

At present, affected households in both locations continue to face challenges related to damaged or destroyed Houses, access to safe water and sanitation, and displacement, including families staying with host households or living in precarious conditions. The remaining response activities therefore focus on finalizing the pending assistance in Kindu and completing the planned activities.



"EHI items being packaged for distribution in Kindu



Volunteer briefing on the distribution process

Scope and Scale

The floods caused by intense rainfall and the overflow of rivers had significant humanitarian consequences on lives, livelihoods, shelter conditions and basic infrastructure in Maniema and South Kivu provinces. In Kindu, Maniema Province, flooding following the overflow of the Congo River on 7 April 2026 affected approximately 62,000 people, with more than 10,000 households impacted to varying degrees. A significant number of houses were flooded or destroyed, while many households experienced damage to their homes and loss of essential household belongings. More than 10,416 people were displaced, mainly hosted by relatives or other households, resulting in overcrowded living conditions and increased health, hygiene and protection risks.

The impact on livelihoods in Kindu has been particularly significant, affecting households relying on informal trade, agriculture and fishing. Flooding damaged agricultural fields, fishponds, household assets and local infrastructure, while damage to water and sanitation facilities increased public health risks, including exposure to waterborne and vector-borne diseases. The most affected areas include Alunguli, Kasuku and Mikelenge, which are particularly exposed due to their low-lying locations and limited drainage infrastructure. Access constraints, particularly the poor condition of roads, continue to affect the timely delivery of assistance, including the reception and distribution of essential household items.

In Uvira, South Kivu Province, the situation deteriorated following heavy rainfall and the overflow of the Kalimabenge River on 1 May 2026, particularly in Kalundu commune and the neighborhoods of Namianda and Kilibula. Rapid multisectoral assessments identified approximately 7,776 affected people (1,555 households), with 544 houses damaged, including 13 completely destroyed and 172 partially destroyed. At least six deaths were reported, while more than 1,110 people were displaced and sought refuge with relatives or neighboring households. Flooding also affected water and sanitation infrastructure, schools, health facilities, bridges, agricultural areas and small businesses, further increasing the vulnerability of affected communities.

Despite progress in the humanitarian response, affected households in both locations continue to face challenges related to damaged shelters, loss of household assets and livelihoods, access to safe water and sanitation, displacement and overcrowded living conditions. These conditions continue to increase health and protection risks, particularly for children, pregnant and lactating women, older persons, persons with disabilities and displaced households. In both operational areas, the response therefore continues to prioritize essential household assistance, WASH and health interventions, while addressing remaining gaps and operational constraints.

Source Information

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

Summary of Changes

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

Please explain the summary of changes and justification:

The operation requires an extension to allow sufficient time for the implementation of the Cash and Voucher Assistance (CVA) component.

The implementation of the CVA has been delayed following the withdrawal of the initially identified Financial Service Provider (FSP), which decided not to proceed due to the deteriorating security situation in eastern DRC. As a result, the National Society had to restart the process of identifying and selecting another suitable FSP.

This additional process requires more time than initially anticipated, including the assessment and selection of a new provider, completion of the necessary arrangements, and subsequent preparation and implementation of the cash transfers.

Beyond the cash assistance component, which remains pending due to the withdrawal of the initially selected Financial Service Provider (FSP) and the ongoing process of finalising arrangements with an alternative provider, significant progress has been achieved across the other components of the operation.

The distribution of essential household items (AME/NFI) has been completed for 2,250 households in Kindu and Uvira, while health activities have reached 38,674 people with health promotion messages, and 2,250 households have received mosquito nets. Under WASH, 2,250 households received Aquatabs and jerrycans, hygiene promotion activities reached 29,150 people, and 80 community sanitation campaigns were conducted.

Protection, Gender and Inclusion activities reached 16,186 people through awareness sessions, 1,850 dignity kits were distributed, and 779 children benefited from child-friendly spaces and psychosocial support. Community engagement and accountability mechanisms have also been established to facilitate information sharing, feedback and complaints.

However, several activities remain to be completed, including , conducting post-distribution monitoring (PDM) for both AME/NFI and cash assistance, completing outstanding PGI and safeguarding actions, and organising the lessons learned workshop.

The implementation of these remaining activities will depend on the finalisation of the FSP arrangements, operational feasibility and the prevailing security situation, particularly in Uvira. The requested three-month no-cost extension will provide additional time to complete the outstanding activities and strengthen accountability and learning.



IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Country Cluster Delegation continues to provide technical, operational and strategic support to the DRC Red Cross in the implementation of the DREF operation in Kindu and Uvira. This includes support in health, WASH, Shelter/NFI, MPCA, PGI and CEA, as well as planning, monitoring, information management, logistics, finance and reporting. The IFRC also supports the DRC Red Cross in ensuring coordination, quality implementation and compliance with IFRC standards and procedures, while facilitating access to technical expertise and operational guidance throughout the implementation of the response.
Participating National Societies	Several Partner National Societies are present in the Democratic Republic of Congo, including the Belgian, French, Spanish and Swedish Red Cross. However, they are not currently directly involved in the field response to the floods in Kindu and Uvira. The DRC Red Cross remains the main implementing National Society, through this DRF operation, while regular coordination and information sharing are maintained with Movement partners.

ICRC Actions Related To The Current Event

The ICRC has also supported field access by facilitating the participation of DRC Red Cross and IFRC teams in its field movements and convoys, where appropriate. This has contributed to improving the security of field movements and facilitating access to areas where operational activities are being implemented, particularly in the context of the evolving security situation in eastern DRC.

The ICRC has also supported field movements by facilitating the participation of DRC Red Cross and IFRC teams in its convoys, where appropriate. This support has contributed to safer field access and enabled teams to reach areas where operational activities are being implemented, particularly in the context of the evolving security situation in eastern DRC.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Government of the Democratic Republic of Congo, through provincial and local authorities in Maniema and South Kivu, continues to coordinate the response to the floods in Kindu and Uvira. Relevant government structures, including health authorities, Civil Protection and local administrations, remain engaged in coordination, information sharing and monitoring of the situation. The authorities continue to facilitate access to affected areas and coordinate with humanitarian partners, including the DRC Red Cross, to monitor needs and support the implementation of response activities. Health zones and technical services also

	continue to monitor public health risks and share information to inform ongoing response efforts.
UN or other actors	United Nations agencies and other humanitarian actors continue to monitor the humanitarian situation in Maniema and South Kivu and remain engaged through existing humanitarian coordination and information-sharing mechanisms. In Kindu and Uvira, coordination with local authorities, health structures and humanitarian partners supports the monitoring of humanitarian needs, operational constraints and public health risks, as well as the identification of response gaps. In Uvira, the DRC Red Cross has been actively engaged in coordination with health authorities and other actors, including through regular coordination meetings and community-based epidemiological surveillance. The The National Society also participated in six inter-agency coordination meetings during the reporting period, supporting information sharing and coordination with relevant actors. Humanitarian coordination remains particularly important for monitoring public health risks associated with the floods, including cholera, acute watery diarrhoea and malaria, as well as risks linked to damaged water and sanitation infrastructure. Coordination and information sharing among authorities, the DRC Red Cross, IFRC and other humanitarian partners continue to support the alignment of interventions, identification of gaps and adaptation of the response to the evolving situation
Are there major coordination mechanism in place? Coordination mechanisms are in place at national, provincial and local levels to support a coherent response to the floods in Maniema and South Kivu. Government authorities, health zones, Civil Protection and local administrations coordinate with humanitarian partners to monitor needs, share information and align response activities. The DRC Red Cross actively participates in coordination meetings in Kindu and Uvira. A total of six inter-agency coordination meetings were held during the reporting period, supporting information sharing and coordination with relevant actors.	

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods have caused significant damage to houses and household assets in Maniema and South Kivu, leaving affected households displaced or living in damaged and precarious conditions. The DREF response has started addressing these needs through the distribution of NFI assistance. In Uvira, 850 targeted households had received NFI kits by the end of the reporting period, while the distribution in Kindu had not yet started due to delays in the arrival of the remaining supplies.

Despite the progress made, significant gaps remain in access to essential household items and shelter-related assistance. The remaining households in Uvira and the targeted households in Kindu still require NFI support to restore minimum living conditions and reduce exposure to further risks. The operation also needs to complete the planned distributions and subsequently conduct post-distribution monitoring to assess whether the assistance has effectively addressed priority household needs.



Livelihoods And Basic Needs

The floods have significantly affected household livelihoods and purchasing power in both Maniema and South Kivu, particularly among households dependent on informal economic activities and daily income. Loss of productive assets, food stocks and income-generating activities has reduced households' ability to meet their essential needs and recover from the shock.

The DREF has identified multipurpose cash assistance as a key response to support affected households in meeting their priority needs

and restoring purchasing power. However, at the end of the reporting period, the cash component had not yet been implemented. In Uvira, the planned assistance for 850 households was still pending, while in Kindu the cash component also remained pending, with no paying agency yet identified.

This leaves a significant gap in assistance, particularly for households that have lost income and productive assets and are facing increased costs for food and other essential goods. The continued disruption of markets and fluctuations in prices further constrain household purchasing power. Timely implementation of the planned cash assistance remains therefore necessary to help affected households meet their priority needs, avoid negative coping strategies and support early recovery.

Health

The floods have increased the risk of communicable and epidemic-prone diseases among affected populations in Maniema and South Kivu. In response, the DREF operation has already strengthened community health activities through the training and deployment of 100 volunteers in Kindu and 60 in Uvira, health promotion and household visits, first-aid services in Uvira, and community-based epidemic surveillance. In Uvira, 99 alerts of suspected epidemic-prone diseases were detected and referred, including 66 suspected cholera cases and 25 suspected Mpox cases.

Despite these efforts, continued needs remain, particularly for community-based surveillance and early detection of suspected cases, health promotion, referral of cases to health facilities, and access to essential health services. The ongoing risk of cholera, Mpox and other epidemic-prone diseases, combined with disrupted access to health facilities in the affected areas, requires continued vigilance and community-level prevention and surveillance to reduce the risk of outbreaks and ensure timely access to care. The distribution of 850 LLINs in Uvira was also still ongoing at the end of the reporting period, indicating remaining needs for vector-borne disease prevention.

Water, Sanitation And Hygiene

The floods have severely affected access to safe water, sanitation and hygiene services in Maniema and South Kivu. Flooding and damage to water and sanitation infrastructure have increased the risk of waterborne diseases, particularly in communities hosting displaced and affected households.

The DREF response has already addressed part of these needs through household water treatment, hygiene promotion and sanitation activities. In Uvira, 850 households received Aqua-tabs, 850 households received 20-litre jerrycans, 7,600 people were reached with hygiene promotion, 48 community sanitation campaigns were conducted, and 1,200 water points were monitored for residual chlorine.

Despite these interventions, continued needs remain, particularly in Kindu where the distribution of 20-litre jerrycans had not yet started at the end of the reporting period, while ongoing exposure to unsafe water, poor sanitation conditions and stagnant water continues to increase the risk of disease transmission. Continued access to household water treatment, safe water storage, sanitation support and hygiene promotion therefore remains necessary, particularly for displaced and vulnerable households.

Protection, Gender And Inclusion

The floods have increased protection risks among affected populations in Maniema and South Kivu, particularly for displaced households and other vulnerable groups. Displacement, overcrowding, loss of shelter and livelihoods, and reduced privacy have increased exposure to GBV, child protection concerns, exploitation, abuse and exclusion, with women, children, older persons and persons with disabilities facing particular risks.

The DREF response has already strengthened PGI through volunteer training, community awareness on GBV, protection and child protection, referral of identified protection cases, and the establishment of temporary child-friendly spaces providing psychosocial support. In Uvira, 7,200 people were reached through PGI awareness activities and all identified protection cases were referred to specialized services, while 458 children benefited from psychosocial support through the child-friendly space.

However, significant gaps remain in Uvira. Several planned PGI activities, including PGI risk analysis, training of volunteers on PSEA, child safeguarding and GBV, strengthening of referral pathways, support to PGI focal points, and establishment of an equipped listening centre, could not be fully implemented. The activity plan identifies limited PGI capacity at territorial level and insufficient resources for technical support as key constraints.

Continued efforts are therefore needed to strengthen community-based protection, safe and confidential referral mechanisms, PSEA and GBV awareness, child protection and psychosocial support, while ensuring that assistance and distribution sites are accessible, safe and inclusive for women, children, older persons and persons with disabilities. The remaining distribution of dignity kits and the strengthening of PGI capacity and referral systems are also important priorities.



Community Engagement And Accountability

The scale of the flooding and the complexity of needs in Maniema and South Kivu require continued Community Engagement and Accountability (CEA) to ensure that affected populations receive timely and accurate information and can safely provide feedback and raise concerns. This is particularly important in a context of displacement, high expectations around assistance, and potential tensions related to targeting, distributions and access to services.

The DREF response has already established community engagement and feedback mechanisms in both operational areas. In Kindu, 10,775 people were reached with information on eligibility criteria and the free provision of assistance, while feedback mechanisms were established and 80% of received feedback was addressed within the required timeframe. Vulnerable groups were also informed of how to provide feedback or complaints. In Uvira, community engagement activities reached 7,600 people, and a feedback mechanism was operational.

Despite these efforts, continued needs remain to ensure that information and feedback mechanisms are accessible to all groups, particularly displaced households, women, older persons and persons with disabilities. Community engagement should continue to support understanding of targeting criteria, distribution and cash processes, available services, health and protection risks, while ensuring that feedback, complaints and sensitive concerns are systematically followed up and used to inform operational decisions. The final assessment of community satisfaction was still pending at the end of the reporting period and was expected to be consolidated through the final PDM.

Any identified gaps/limitations in the assessment

Despite the rapid and multisectoral assessments conducted in Maniema and South Kivu, important gaps remain in the understanding and coverage of humanitarian needs. The assessments identified significant needs across health, WASH, shelter/NFI, livelihoods, protection and early recovery; however, the current DREF response covers only part of the affected population. The operation targets 2,600 households (15,600 people), while the overall number of affected people was estimated at approximately 96,000, leaving a substantial gap in assistance, particularly for shelter, livelihood recovery and longer-term support.

The implementation of the response has also been affected by operational and logistical constraints. Poor road conditions, damaged infrastructure, delays in the transportation of supplies, limited availability of operational resources and financial constraints have slowed the delivery of some planned assistance. These challenges have been particularly significant for material distributions and cash assistance, including delays in the movement of NFI stocks to Kindu and the identification of a suitable paying agency for cash assistance.

The rapid nature of the assessments and the evolving situation also limited the depth of analysis in some specialized areas, including protection, psychosocial needs, disability inclusion and longer-term livelihood impacts. Population movements and access constraints may also have affected the completeness of available data. In addition, the report highlights the need to strengthen coordination and referral mechanisms and to link the remaining gaps with other humanitarian actors and available programmes.

Finally, the situation remains dynamic, particularly in areas exposed to recurrent flooding. Continued monitoring of affected populations, changes in displacement patterns and emerging needs will therefore be important to ensure that operational priorities remain relevant and that remaining gaps are identified and addressed as the response progresses.

Operational Strategy

Overall objective of the operation

The objective of this operation is to provide integrated and appropriate humanitarian assistance to populations affected by floods in Maniema and South Kivu provinces, particularly in Kindu and Uvira and other newly affected locations, through interventions in cash



assistance, water, sanitation and hygiene (WASH), community health, emergency shelter and NFI, Protection, Gender and Inclusion (PGI), and Community Engagement and Accountability (CEA), in order to reduce public health and protection risks, address immediate household needs, protect livelihoods and support early recovery.

Since the beginning of the operation, the National Society has made significant progress in addressing the immediate needs of flood-affected communities in both Maniema and South Kivu. The response has combined health, WASH, protection, PGI, community engagement and essential household assistance, supported by the mobilisation and deployment of trained Red Cross volunteers.

In Kindu, 100 volunteers were trained and deployed to support community-based health, hygiene promotion, protection and community engagement activities. The response reached 31,374 people through health promotion, 21,550 people through hygiene promotion.

In Uvira, 50 volunteers were trained in epidemic preparedness and first aid, while 40 volunteers were deployed for community health activities. Health promotion activities reached 7,300 people, while 1,250 households were reached through household visits. The community-based surveillance system identified and referred 99 suspected epidemic-prone disease cases, including 66 suspected cholera cases and 25 suspected Mpox cases. Of these alerts, 98% were reported within 24 hours and 87% were verified by the health authorities within 48 hours.

Significant progress was also achieved in WASH. In Uvira, 850 households received Aqua-tabs and received 20-litre jerrycans while 48 community sanitation campaigns were conducted. Monitoring of residual chlorine was carried out at 1,200 water points.

The operation also strengthened protection, gender and inclusion and psychosocial support. A total of 779 children benefited from child-friendly spaces and related psychosocial and recreational activities across Uvira and Kindu. 1,850 dignity kits were distributed to women and girls of reproductive age, while all identified protection cases were referred to appropriate specialized services.

The distribution of essential household items (NFI/AME) to 2,225 HH has been completed in both Uvira and Kindu, enabling the operation to address an important component of the immediate household needs identified through the assessments. This represents a significant step towards completing the material assistance component of the response.

The remaining priority is therefore to complete the planned cash assistance, particularly in Uvira, while taking into account the prevailing security constraints and ensuring that the selected delivery modality remains safe, feasible and appropriate. The operation will subsequently focus on post-distribution monitoring and the documentation of lessons learned to support accountability, learning and future flood preparedness and response.

Operation strategy rationale

The overall objective of this operation is to save lives, reduce health risks, and restore minimum living conditions for 2,250 households affected by flooding in Maniema and South Kivu provinces, over a period of six months. This represents a prioritized response within the estimated affected population, with a focus on the most vulnerable households.

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

Priority was given to the most severely affected households whose homes were destroyed or flooded, through targeted shelter and AME support. The operation also adopted a broader vulnerability-based approach to reach up to 2,250 households, including host families and indirectly affected households facing increased socio-economic pressure. The strategy was based on a multisectoral and vulnerability-driven approach, combining the severity of impact with limited coping capacity. Implementation relied on a strong community-based approach, leveraging trained Red Cross volunteers and ensuring close coordination with local authorities, community structures, and health services in Maniema and South Kivu provinces.

1) Health

A total of 150 volunteers were trained on the Epidemic Control for Volunteers (EpiC) package and deployed to reduce morbidity and prevent disease outbreaks among the affected population. These volunteers operated in coordinated teams across the targeted areas in Maniema and South Kivu provinces, ensuring broad geographical coverage and regular presence within communities.

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

In addition, volunteers conducted health promotion activities targeting the affected population. These included door-to-door sensitisation, group discussions, including in Child-Friendly Spaces (CFS), and community sessions focusing on disease prevention, early care-seeking behaviour, malaria prevention, and key hygiene practices. Messages were adapted to the local context and delivered in accessible languages to promote understanding and behaviour change. First aid kits were procured and distributed to volunteer teams to strengthen their response capacity at community level. Furthermore, 2,600 households received long-lasting insecticide-treated mosquito nets (two per household), accompanied by demonstrations on their proper use and maintenance to reduce malaria transmission.



Psychosocial support was integrated into the intervention through trained volunteers who provided psychological first aid (PFA) during community outreach activities and in Child-Friendly Spaces. They identified individuals experiencing distress, provided basic emotional support, and referred complex cases to appropriate services where available.

2) WASH (Water, Sanitation and Hygiene)

DRC Red Cross volunteers implemented WASH interventions aimed at improving access to safe water and reducing the risk of waterborne diseases among affected populations. A total of 150 volunteers were mobilised to conduct community-based activities across the targeted areas in Maniema and South Kivu provinces. A total of 2,250 households received water treatment tablets (Aquatabs) for one month, along with two jerrycans per household to support safe water collection, storage, and treatment. These distributions were complemented by practical demonstrations on correct dosage, safe storage, and handling of treated water to encourage effective and sustained use.

Volunteers conducted hygiene promotion activities, including door-to-door visits, group discussions, including in Child-Friendly Spaces, and community sessions. Key messages focused on water treatment, safe storage, handwashing at critical times, food hygiene, and the prevention of waterborne diseases such as cholera and acute diarrhoea. Messaging was adapted to local languages, children, and the context to promote understanding and behaviour change.

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

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

Weekly community sanitation campaigns were also organised in affected neighbourhoods. These activities included drainage clearing, waste collection, cleaning of public spaces, and environmental sanitation to reduce contamination and stagnant water. Volunteers supported the disinfection of contaminated areas, including water points and sanitation facilities where accessible. Sanitation kits were provided to community groups to facilitate cleaning and disinfection efforts.

Personal protective equipment (PPE) kits were also distributed to volunteers to ensure their safety while operating in potentially contaminated environments and reduce exposure to health risks associated with polluted water and waste.

3) Shelter and Essential Household Items (NFI)

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

A total of 2,250 households received standardised essential household kits, aligned with the package agreed within the DRC Shelter Cluster. Each household kit included:

- Two blankets per household.
- Two sleeping mats per household.
- One kitchen set per household, including basic cooking utensils and plates.
- Two 20-litre buckets per household.

These items helped replace essential belongings lost during the floods and enabled affected families to meet their immediate household needs in a safe and dignified manner.

The assistance particularly benefited displaced households and those living in overcrowded conditions with host families, helping reduce pressure on host communities and improve living conditions. The targeting process was conducted in close collaboration with community leaders, including representatives of women and persons with disabilities, as well as local authorities. Selection was based on vulnerability criteria such as the level of housing damage, displacement status, and specific needs, including female-headed households, older persons, persons with disabilities, and families with young children.

Beneficiary lists were validated and shared to support transparency and accountability. Distributions were carried out in a phased and organised manner by commune to avoid overcrowding and ensure safe access. Measures were implemented to promote dignity, safety, and inclusion during distributions, including clear communication, priority access for vulnerable individuals, and appropriate site arrangements.

Post-distribution monitoring (PDM) for the NFI assistance remains to be conducted to assess the use and adequacy of the assistance provided, beneficiary satisfaction, and any remaining needs. The findings will help inform future response adjustments and improve the effectiveness of the assistance.

4) Cash and Voucher Assistance (Multipurpose Cash)

To address urgent basic needs and support early recovery, unconditional multipurpose cash transfers are planned for 2,250 households most affected by the floods. The assistance will enable households to meet their priority needs, including food, basic household items, healthcare, shelter repairs, and other essential expenditures, while restoring dignity and choice. Each targeted household will receive a one-off cash grant of USD 100, aligned with national standards and informed by the Minimum Expenditure Basket (MEB) adapted to the local context.



The intervention prioritises households whose homes were destroyed or severely damaged, as well as those with limited coping capacity, including female-headed households, households with persons with disabilities, older persons, and families with young children. Particular attention is also given to vulnerable individuals in households with members who were injured or hospitalised due to flood-related incidents, or who lost mobility equipment, including persons with disabilities.

A rapid market assessment was planned to confirm the functionality and accessibility of local markets and ensure that they could absorb increased demand without causing inflation or supply shortages. The assessment also informed the choice of transfer modalities and delivery mechanisms.

The selection of the FSP is based on accessibility, network coverage, cost-efficiency, and user familiarity, to ensure that beneficiaries, particularly vulnerable groups, can access assistance safely and in a timely manner, including in areas with limited connectivity and among individuals with low digital literacy.

Alternative delivery mechanisms will be considered for beneficiaries without access to mobile phones or SIM cards to ensure inclusive and equitable access. Risk mitigation measures will include beneficiary-list verification, secure payment systems, and monitoring of potential risks such as exclusion, fraud, or misuse of funds. Particular attention will be given to safeguarding risks and ensuring safe and equitable access to cash for vulnerable individuals, including women and persons with specific needs.

The cash assistance remains outstanding. The delay was primarily caused by the internal procedures of the initially selected FSP, followed by its withdrawal, despite the funds having been transferred to the provider in June. The National Society has identified an alternative FSP and is following up on the remaining arrangements required to complete the transfers.

The feasibility of implementation within the requested extension period will depend on the finalisation of these arrangements and on the security situation not deteriorating further, particularly in Uvira.

Post-Distribution Monitoring (PDM) for the cash assistance will be conducted at least two weeks after the transfers are completed. It will assess how the assistance was used, beneficiary satisfaction, compliance with Protection, Gender and Inclusion (PGI) principles, and its contribution to household recovery. Feedback and complaint mechanisms will be used to capture community concerns and inform any necessary adjustments.

5) Protection, Gender and Inclusion (PGI)

The PGI strategy for this DREF includes two complementary approaches: PGI mainstreaming and specialised activities.

PGI and safeguarding were mainstreamed across all sectors to ensure that the response was safe, inclusive, and responsive to the specific needs of affected populations. Measures were implemented to promote safe and equitable access to assistance for all groups, particularly vulnerable populations, including women, children, older persons, persons with disabilities, and displaced households. Distribution sites and service delivery points were adapted to improve accessibility, including through priority queues, clear information, and support for individuals with specific needs.

The intervention was supported by PGI focal points in the targeted areas, under the supervision of provincial PGI focal points, to promote consistent oversight and integration of PGI principles. IFRC PGI officers provided technical support to the operation, including through monitoring visits.

Volunteers involved in the operation received guidance on PGI minimum standards, including prevention of sexual exploitation and abuse (PSEA), child safeguarding, child protection, gender-based violence (GBV), survivor-centred approaches, and the safe identification and referral of protection cases. This support aimed to equip volunteers to recognise risks, respond appropriately to disclosures, and uphold confidentiality, respect, and non-discrimination. Particular attention was given to child participation and community-based approaches.

The operation also included awareness-raising activities on protection risks, including GBV, child protection, and PSEA, through community sessions, household visits, and communication materials. Communities were informed about available services and safe reporting mechanisms. Dignity kits were distributed to women and girls to address their specific hygiene and protection needs.

Referral pathways were strengthened to help individuals at risk and survivors of violence access appropriate medical, psychosocial, and protection services. Coordination with existing service providers was prioritised to support timely and safe referrals.

6) Community Engagement and Accountability (CEA)

Community Engagement and Accountability was integrated into the operation to ensure that affected populations were informed, consulted, and actively involved throughout the response. Dedicated CEA volunteers were deployed across the targeted areas in Maniema and South Kivu provinces to facilitate two-way communication between communities and response teams.

These volunteers conducted door-to-door visits, community meetings, and group discussions to share key information on the response, including targeting criteria, types of assistance, distribution schedules, and health, protection, and hygiene messages. Information was delivered in local languages and adapted to children and the local context to ensure accessibility and understanding.

CEA activities also included mass communication approaches, such as radio messaging and community announcements, to reach a broader audience and ensure consistent dissemination of key messages. Particular attention was given to addressing rumours and misinformation, especially regarding aid distributions and public health risks.

A multi-channel feedback and complaints mechanism was established, including helpdesks at distribution sites, community focal points, and, where feasible, hotlines or phone-based systems. These mechanisms enabled community members to ask questions, provide



feedback, and safely report concerns, including sensitive issues. Feedback was collected, recorded, and analysed to support timely responses and resolution.

Sensitive complaints, particularly those related to protection or PSEA, were handled through confidential channels and referred appropriately. Analysis of community feedback informed programme adjustments, supported the relevance and quality of the response, and strengthened transparency and trust. By placing communities at the centre of the response, the operation aimed to reduce tensions and ensure that assistance remained aligned with their needs and expectations.

The operation was supported by coordination and monitoring mechanisms. The DRC Red Cross worked closely with government authorities, IFRC, and Movement partners to ensure alignment and complementarity. Continuous monitoring and community feedback analysis supported operational follow-up.

The remaining activities are the completion of cash transfers, the subsequent PDM for cash assistance, and the lessons learned workshop. Once the cash transfers have been finalised, the National Society will provide a detailed schedule for the outstanding activities. The PDM will take place at least two weeks after the transfers, and the lessons learned workshop will be conducted before the end of the operation, within the requested three-month extension period and subject to the prevailing security situation.

Targeting Strategy

Who will be targeted through this operation?

This operation targets approximately 2,250 households affected by flooding in Maniema and South Kivu provinces, including 1,400 households in Kindu, Maniema Province, and 850 households in Uvira, South Kivu Province. The selection of beneficiaries is based on the severity of the impact and the level of vulnerability identified through rapid and multisectoral assessments.

Priority is given to households whose homes have been flooded or severely damaged, those who have lost essential household items or sources of income, and households experiencing difficulties accessing basic services. Particular attention is given to displaced households and host families facing increased pressure on their resources and living in overcrowded or precarious conditions.

The targeting approach prioritizes vulnerable groups, including female-headed households, older persons, persons with disabilities, pregnant and lactating women, and households with young children, as well as displaced households and other groups facing heightened protection and exclusion risks.

Beneficiary selection follows a community-based and participatory approach, involving Red Cross volunteers, local authorities, community leaders and representatives of vulnerable groups, including persons with disabilities and women. Beneficiary lists are validated using agreed vulnerability criteria and consolidated registers to reduce inclusion and exclusion errors and minimize duplication of assistance. The DREF response has already applied PGI vulnerability criteria during the targeting process and established community mechanisms to communicate eligibility criteria and the principles of free assistance.

Particular attention is given to ensuring safe, accessible and inclusive access to assistance. Distribution arrangements and communication are adapted to the needs of persons with disabilities, older persons and other people requiring specific support. Feedback and complaints mechanisms are available throughout the response to allow affected people, including vulnerable and hard-to-reach groups, to raise concerns and seek clarification regarding their eligibility and assistance received.

Explain the selection criteria for the targeted population

Targeting was based on the severity of the impact and the vulnerability of affected households in Maniema and South Kivu. Priority was given to households whose homes were flooded or destroyed, who had lost essential household items or livelihoods, and who had limited access to basic services.

The operation targeted 2,250 households, including 1,400 in Kindu and 850 in Uvira, with particular attention to displaced households and host families living in overcrowded or precarious conditions. Vulnerable groups, including female-headed households, older persons, persons with disabilities, pregnant and lactating women, and households with young children, were prioritized.

Targeting was guided by disaster exposure and coping capacity, with priority given to the most affected areas, including Alunguli, Kasuku and Mikelage in Kindu, and Namianda and Kilibula in Uvira.

A community-based targeting approach was used, involving local authorities, community leaders, Red Cross volunteers and



representatives of vulnerable groups. Beneficiary lists were validated at community level, with inclusion and accessibility measures applied to promote equitable access to assistance.

Total Targeted Population

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

Risk and Security Considerations (including "management")

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

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

Risk	Mitigation action
Limited access to affected areas due to damaged infrastructure, poor road conditions, and residual flooding. In previous operations in similar contexts, such constraints have delayed distributions and monitoring activities. The root cause is the impact of floods on transport networks and limited logistical capacity at local level.	The operation will rely on decentralized planning, pre-positioning of items where possible, and strong use of local volunteers to ensure continuity of activities even in hard-to-reach areas.
Public health and epidemic outbreaks, particularly cholera and malaria, due to contaminated water, poor sanitation, and overcrowded living conditions. This risk has been observed in	Strong integration of health and WASH interventions, community-based surveillance systems, rapid referral mechanisms, and continuous hygiene promotion.



past flood responses in the DRC, where delayed interventions contributed to increased morbidity.	
A financial and accountability risk is related to the implementation of multipurpose cash assistance. Risks include fraud, diversion, or inclusion/exclusion errors in beneficiary targeting. Previous operations have shown that weak verification processes can lead to such issues.	The operation will apply strict beneficiary verification procedures, community validation, secure payment systems through a vetted Financial Service Provider, and post-distribution monitoring.
Safeguarding risk: At the structural level, the context in which the activity is implemented is marked by the problem of sexual violence, child labour, limited access to basic services, etc. the flood has caused losses of livelihoods, housing and other essential goods, and displaced people; exposing the most vulnerable population to the adoption of negative protection strategies, including sex for survival, which increases the risk of sexual exploitation. Also, the modality of the assistance offered (cash assistance and door-to-door awareness increase the risk of PSEA and safeguarding the child) In addition, the DRCRC has not yet sufficiently popularized its PSEA policy in the locality, volunteers are not trained and the referencing circuit is not up to date	Establishment of a SEA reporting mechanism for reporting, training of staff and volunteers on PSEA and child safeguarding, signing of the code of conduct, strengthening of community awareness on PSEA, community risk assessment of SEA, risk analysis to safeguard the child, implementation of a risk mitigation action plan and strengthening referral pathways for protection cases.
Security risks may arise during distributions and field operations due to crowd control challenges, tensions linked to high humanitarian needs, petty crime, or population frustration in densely populated urban settings.	Mitigation measures will include proper planning and organization of distributions, involvement of local authorities and community leaders, trained volunteers for crowd management, application of inclusion and accountability measures, and adherence to IFRC security protocols and movement tracking procedures.
Market functionality may deteriorate due to flood impacts, including limited availability of essential goods, price inflation, and reduced physical access to markets. This could affect households' ability to use cash assistance effectively.	• Conduct continuous market monitoring (availability, prices, trader capacity) throughout the operation. • Maintain flexibility to adapt transfer modalities (e.g., shift to in-kind support if markets become non-functional). • Adjust transfer values if significant price inflation is observed, subject to budget availability. • Prioritize areas where markets remain accessible for MPCA implementation. • Engage with local traders to understand supply constraints and support market functionality where feasible.

Please indicate any security and safety concerns for this operation:

The operational context in Maniema and South Kivu provinces remains relatively stable from a security perspective in the targeted intervention areas, although the broader eastern DRC context remains volatile. No active armed conflict has been reported in the primary targeted areas of Kindu and Uvira directly affecting the implementation of activities at this stage. However, certain security, protection, and safety concerns may affect the implementation of the operation and the safety of staff, volunteers, and affected communities.

From a security standpoint, risks may arise from crowd management during distributions and community activities, particularly considering the high level of humanitarian needs among affected populations. Tensions may occur if expectations are not adequately managed or if there are perceptions of exclusion from assistance. In addition, petty crime, theft, and opportunistic incidents may occur in urban and densely populated areas, especially during cash distributions, transportation of relief items, or field movements.

Safety risks are also linked to the physical environment following the floods. Volunteers and staff may be exposed to hazardous conditions such as flooded areas, unstable structures, debris, damaged roads, and difficult access routes. Contaminated water, poor sanitation conditions, and overcrowded living environments continue to pose significant public health risks, including exposure to waterborne diseases such as cholera and acute diarrhea, as well as vector-borne diseases such as malaria. These risks also affect affected communities, particularly displaced households and vulnerable individuals living in precarious conditions.

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

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

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

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

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

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

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 164,620



Targeted Persons: 2,250

Targeted Male: 1,102

Targeted Female: 1,148

Indicators

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

Progress Towards Outcome

The Shelter and Essential Household Items (NFI/AME) component has been successfully implemented in both Kindu, Maniema Province, and Uvira, South Kivu Province, providing essential household support to flood-affected families. In total, 2,250 households received AME/NFI kits following the completion of beneficiary identification, registration and verification processes.

The targeting and registration process was carried out in coordination with community leaders and local authorities to ensure that assistance reached households most affected by the floods and those with specific vulnerabilities. Priority was given to households whose homes were destroyed or severely damaged, displaced families living with host communities, and vulnerable households, including female-headed households, older persons, persons living with disabilities and families with young children. Community-based verification helped strengthen transparency, inclusion and accountability in the selection process.

To support the safe and effective delivery of assistance, Red Cross shelter volunteers were trained on basic shelter concepts and distribution procedures, including beneficiary management and crowd control, as well as protection, gender and inclusion principles. Volunteers subsequently supported the organization and implementation of the distributions in close coordination with local authorities and community structures.

The intervention contributed to improving the immediate living conditions of flood-affected households by providing essential household items following the loss or damage of household assets caused by the floods.

The Post-Distribution Monitoring (PDM) has not yet been conducted. It will be undertaken following the completion of the CVA distribution to assess beneficiaries' satisfaction, the relevance and utilization of the items and cash received, the adequacy of the distribution process, and any remaining needs or concerns among assisted households. The PDM will also provide an opportunity to collect beneficiary feedback and identify lessons that can inform future emergency shelter and NFI interventions.



Multi Purpose Cash

Budget: CHF 191,873

Targeted Persons: 13,500

Targeted Male: 6,480

Targeted Female: 7,020

Indicators

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

Progress Towards Outcome

The Multipurpose Cash Assistance (MPCA) component has progressed from the preparatory phase towards implementation, with the main systems and processes required for the cash response established in both Kindu, Maniema, and Uvira, South Kivu.

Beneficiary targeting, registration and verification were conducted in coordination with local authorities, community leaders and Red Cross volunteers. The process focused on identifying the most vulnerable flood-affected households, including families whose shelters were damaged or destroyed, displaced households, female-headed households and households with limited coping capacities. Following the verification process, a total of 2,250 households were identified to receive multipurpose cash assistance.

Market assessments were also undertaken to assess the availability of essential goods, market functionality and accessibility, as well as the capacity of local markets to absorb the additional demand generated by the cash intervention. In parallel, the National Society engaged with and selected appropriate Financial Service Providers (FSPs) to facilitate secure, accessible and accountable cash transfers to beneficiaries.

The cash assistance is planned at USD 100 per household, with a total of 2,250 households targeted.

The intervention is intended to provide households with flexibility to prioritize their most pressing needs and support their recovery following the floods. Preparatory measures also included beneficiary sensitization, coordination with local authorities, volunteer briefings and strengthening of accountability and feedback mechanisms. These measures are intended to ensure that beneficiaries clearly understand the assistance, eligibility criteria, transfer process and available channels for submitting complaints or feedback.

The cash distribution remains to be completed following the withdrawal of the initially identified Financial Service Provider (FSP). In response, the CRRDC has identified an alternative FSP to support the implementation of the cash assistance. The process of finalizing the arrangements and transferring the funds to the newly selected FSP is currently underway. Once the transfer and related operational arrangements are completed, the CRRDC will proceed with the cash transfers to the targeted 2,250 households, while continuing to take into account the security and operational context, particularly in Uvira.

The Post-Distribution Monitoring (PDM) has not yet been conducted. It will be carried out approximately 2–3 weeks after completion of the cash transfers to assess beneficiary satisfaction, the accessibility and effectiveness of the transfer mechanism, how households used the cash to meet priority needs, and any challenges encountered during the process. The PDM will also provide an opportunity to assess whether the assistance contributed to addressing households' most urgent needs and to document lessons learned for future cash-based interventions.



Health

Budget: CHF 31,466

Targeted Persons: 15,600

Targeted Male: 7,488



Indicators

Title	Target	Actual
# of volunteers trained in Epidemic Control (EpiC) and First Aid	150	150
# of volunteers deployed for community-based health activities	40	40
# of people reached through health promotion and awareness activities	15,600	38,674
# of households visited through community outreach activities	2,250	2,568
# of people receiving first aid services	1,500	650
# of first aid kits procured and distributed	100	100
# of households receiving mosquito nets (LLINs)	2,250	2,250
% of suspected cases identified at community level and referred to health facilities	100	100
% of suspected cases reported within 24 hours of identification	90	98
% of suspected cases referred to health facilities	100	100
% of alerts verified by health authorities within 48 hours	80	87

Progress Towards Outcome

Significant progress has been achieved in strengthening community-based health capacities in both Maniema and South Kivu. In total, 150 volunteers were trained on epidemic control and first aid, including 50 in Uvira and 100 in Kindu. These trained volunteers were subsequently deployed to support community-based health interventions in the flood-affected areas, with 60 volunteers deployed in Uvira and 100 in Kindu.

The deployment of volunteers enabled the National Society to significantly expand community outreach and health promotion. In Uvira, 7,300 people were reached through health promotion activities, while in Kindu, 31,374 people were reached through health promotion activities.

These interventions provided communities with key information on epidemic prevention, hygiene, malaria prevention and timely healthcare-seeking.

The community-based surveillance system was also strengthened, where volunteers contributed to the early identification and referral of 99 suspected cases of epidemic-prone diseases, including cholera, Mpox, measles and varicella.

The system demonstrated good responsiveness, with 98% of alerts reported within 24 hours and 87% verified by the health authorities within 48 hours. All identified suspected cases were referred to health facilities for appropriate follow-up. At community level, 650 people received first aid services in total, supported by the procurement and distribution of 50 first aid kits to the volunteers. This strengthened the capacity of volunteers to provide immediate assistance to people affected or injured during the floods.

Malaria prevention was also strengthened through the completion of LLIN distribution to 2,250 HH in both Uvira and Kindu, ensuring

that targeted flood-affected households received mosquito nets as part of the health response.

Psychosocial support was integrated into the community response, with trained volunteers providing basic psychosocial support and referral where required. In addition, child-friendly spaces established in the two locations provided psychosocial, recreational and learning support to 779 children, demonstrating the importance of integrating psychosocial assistance into emergency health and protection interventions.

The response strengthened the capacity of the National Society to deliver health services at community level, improved early detection and referral of epidemic-prone diseases, expanded access to first aid and malaria prevention, and integrated psychosocial support into the emergency response in both provinces.



Water, Sanitation And Hygiene

Budget: CHF 85,240

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,112

Indicators

Title	Target	Actual
# of households receiving water treatment tablets (Aqua-tabs)	2,250	2,250
# of households receiving jerrycans	2,250	2,250
# of people reached with hygiene promotion activities	15,600	29,150
% of households demonstrating correct use of water treatment methods	80	92
# of community sanitation campaigns conducted	96	96
# of volunteers provided with PPE kits	160	160
# of Red Cross volunteers and WASH focal points trained on household and community-level water quality monitoring procedures.	40	40
# of household and communal water points monitored for residual chlorine levels following water treatment and disinfection activities.	2,250	1,200

Progress Towards Outcome

Significant progress has been achieved in addressing the WASH needs of flood-affected communities in both Maniema and South Kivu. The response has focused on improving access to safe water, promoting hygiene practices and reducing the risk of waterborne diseases through community-based interventions.

A total of 850 households in Uvira received Aqua-tabs, while in Kindu 1,400 households received water treatment tablets. The use of available emergency stocks enabled the National Society to provide timely household water treatment support during the response.

Hygiene promotion activities reached a large number of affected people through community sensitization and household-level engagement. In Uvira, 7,600 people were reached with hygiene promotion messages, while in Kindu 21,550 people were reached. The sessions focused on safe water handling and treatment, handwashing, environmental sanitation and prevention of waterborne diseases,



including cholera and acute diarrhoeal diseases.

The response also supported community-level environmental sanitation. 80 community sanitation campaigns in both Uvira and Kindu were conducted, involving volunteers and community members in the cleaning of affected areas and public spaces. These activities contributed to reducing environmental contamination and public health risks following the floods. The post-intervention assessment showed that 92% of assisted households were correctly and consistently applying household water treatment practices, exceeding the 80% target.

Support was also provided to volunteers involved in sanitation activities. 60 volunteers in Uvira were equipped with personal protective equipment (PPE), including boots, gloves, masks and other equipment required to safely conduct sanitation and environmental health activities.

In addition, 2,250 households in Uvira and Kindu received 2 jerrycans, supporting safe collection, storage and handling of household water. The operation also monitored water quality through residual free chlorine testing at 1,200 water points.

The WASH response was complemented by hygiene and environmental health activities, where the high level of community mobilisation allowed the operation to reach significantly more people than initially planned. The experience also highlighted the importance of ensuring adequate pre-positioned WASH supplies and strengthening local preparedness to facilitate faster response to future floods.



Protection, Gender And Inclusion

Budget: CHF 87,651

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,111

Indicators

Title	Target	Actual
# of volunteers trained on PGI minimum standards	100	100
# of people reached with PGI awareness activities	15,600	16,186
% of protection cases identified and referred	100	100
# of dignity kits distributed	1,850	1,850
% of distribution sites applying inclusion measures	100	100
# of children with access to temporary CFS established or operated by the National Society for the purpose of learning, psychosocial support or recreation.	300	779

Progress Towards Outcome

Implementation of Protection, Gender and Inclusion (PGI) activities has progressed significantly in both Kindu, Maniema Province, and Uvira, South Kivu Province, with PGI, protection, gender, inclusion and safeguarding principles progressively integrated into the overall flood response. The interventions focused on strengthening the capacity of Red Cross volunteers, raising awareness among affected communities, addressing protection risks, supporting children and women, and promoting safe, dignified and inclusive access to humanitarian assistance.

The operation strengthened the capacity of the National Society through the training of 100 volunteers on PGI minimum standards, including 40 volunteers in Uvira and 60 in Kindu. The training covered key protection and safeguarding principles, including gender and



inclusion, child protection, Prevention of Sexual Exploitation and Abuse (PSEA), safe identification of protection concerns, and referral mechanisms. In Kindu, additional orientation and sensitization of volunteers contributed to strengthening their understanding of protection risks, safeguarding responsibilities and appropriate engagement with affected communities.

PGI principles were also integrated into community engagement activities carried out throughout the response. In Uvira, 7,200 people were reached with awareness messages on GBV prevention and child protection, while 8,986 people in Kindu were reached through PGI awareness activities, exceeding the initial target of 8,400 people. These activities promoted awareness of protection risks, gender equality, child protection, safe access to assistance and available referral mechanisms. In Kindu, community engagement also included messages related to protection from sexual exploitation and abuse, equality in decision-making and child protection.

The response made significant progress in child protection and psychosocial support through the establishment of temporary Child-Friendly Spaces (CFS/EAE) in both locations. In Uvira, the Child-Friendly Space established at the CIREZI school complex in Kilubula provided psychosocial support, recreational activities and learning support to 458 children, including 198 boys and 260 girls. In Kindu, 321 children, including 144 boys and 177 girls, accessed similar services through three temporary Child-Friendly Spaces established in Kasuku, Mikelenge and Alunguli. Overall, 779 children benefited from child-friendly and psychosocial support activities, significantly exceeding the combined initial target of 400 children. The high level of participation demonstrates the importance of maintaining child-friendly spaces as an integral component of emergency response.

The operation also strengthened GBV prevention and response and support to women and girls through the distribution of 1,850 dignity kits, including 1,000 kits in Kindu and 850 kits in Uvira. The distributions contributed to addressing immediate dignity, hygiene and protection needs among women and girls affected by the floods. They were complemented by awareness activities on GBV prevention, child protection, available services and referral mechanisms.

Protection identification and referral mechanisms were strengthened in both provinces. In Uvira, 100% of identified protection cases were referred to specialized services, ensuring that individuals identified with protection concerns could access appropriate support. In Kindu, the PGI team also worked on the identification and referral of protection cases and on strengthening the mapping of available services and referral pathways. This included coordination with relevant health and social service providers to facilitate access to medical, psychosocial and other specialized assistance. Rapport Narratif

Safeguarding measures were progressively integrated into the response, including sensitization on PSEA, child safeguarding, the Code of Conduct and safe reporting mechanisms. In Kindu, volunteers involved in the response were sensitized on safeguarding and protection responsibilities, and the Code of Conduct was reinforced through its signature by participating volunteers. These measures helped reinforce expected standards of behaviour and the commitment to ensuring that assistance is provided safely, respectfully and without exploitation or abuse.

The response also strengthened community accountability and feedback mechanisms, particularly in Uvira, where a functional mechanism was established through a dedicated hotline (159), a complaints database and a formal procedure for managing feedback. The mechanism contributed to ensuring that community concerns and complaints were systematically captured and addressed, with 100% of feedback received reported as handled within the required timeframe. In Kindu, community-level PGI and accountability mechanisms were also promoted through sensitization and engagement activities, while further strengthening and institutionalization of the feedback mechanism remains an area for improvement.

For the remaining implementation period, PGI mainstreaming will continue through the systematic use of PGI checklists during cash assistance and other distributions, ensuring that inclusion and accessibility measures are applied at distribution sites. Particular attention will be given to women, children, older persons, persons with disabilities and other groups with specific needs. PGI and safeguarding considerations will also be integrated into the cash Post-Distribution Monitoring (PDM) to assess whether assistance was accessible, safe, dignified and responsive to the needs of different population groups.

The operation will further strengthen protection referral pathways, safeguarding and community-based protection mechanisms, including continued awareness on GBV, child protection and PSEA, identification and referral of protection concerns, and dissemination of information on available specialized services and complaint mechanisms. The remaining PDM and lessons-learned processes will also provide an opportunity to document protection and inclusion lessons and identify measures to further strengthen PGI mainstreaming in future emergency operations.

PGI interventions in Kindu and Uvira have contributed to making the flood response safer, more inclusive, protection-sensitive and accountable, while strengthening the CRRDC's capacity to identify and respond to protection concerns. The combination of volunteer capacity-building, community awareness, child-friendly spaces, psychosocial support, protection referrals, dignity kit distributions and accountability mechanisms has helped address key protection and inclusion needs of flood-affected communities.





Community Engagement And Accountability

Budget: CHF 12,079

Targeted Persons: 15,600

Targeted Male: 7,488

Targeted Female: 8,112

Indicators

Title	Target	Actual
# of people reached with CEA messaging	15,600	18,375
# of feedback mechanisms established (helpdesks, hotline, focal points)	3	3
% of feedback responded to within agreed timeframe	80	100
% of community members aware of assistance criteria and services	80	0
% of community members, including marginalized and at-risk groups, who know how to provide feedback about the operation.	100	0
% of community members who feel the aid provided by the operation currently covers their most important needs.	80	0
% of community members who report receiving and understanding key operational information (including selection criteria)	80	0

Progress Towards Outcome

Community Engagement and Accountability (CEA) has been integrated throughout the response in both Kindu, Maniema Province, and Uvira, South Kivu Province, with the objective of ensuring that affected communities are adequately informed, consulted and able to participate in decisions affecting the assistance provided to them. CEA activities have focused on transparent communication, community participation, dissemination of eligibility and assistance criteria, feedback and complaints management, and the promotion of safe and accessible communication channels.

Community meetings, group sensitization sessions and door-to-door communication were conducted in the targeted areas to provide information on the response, explain the selection and eligibility criteria, promote the free nature of humanitarian assistance and allow communities to raise questions and concerns.

In Uvira, 7,600 people were reached while 10,775 people were reached in Kindu with information on assistance criteria, eligibility and the principles of free humanitarian assistance. The use of both group and household-level communication helped extend outreach to people who may not have been able to participate in public meetings and supported more inclusive engagement with affected communities.

Community structures were also involved in the response, particularly in the identification and validation of beneficiaries. In Kindu, participatory targeting committees involving the Red Cross, local authorities, neighbourhood representatives, representatives of displaced populations and avenue leaders contributed to the validation of beneficiary lists and targeting criteria. This approach strengthened community ownership of the response and helped improve transparency around beneficiary selection. The experience also demonstrated the value of involving community structures in decision-making, particularly where the final beneficiary lists had to be adjusted based on agreed vulnerability criteria.



Feedback and complaints mechanisms were progressively established to enable affected populations to safely raise concerns, ask questions and provide feedback on the assistance received. In Uvira, a functional feedback mechanism was established through the toll-free hotline 159, a complaints database and a formal process for recording, following up and closing feedback. The mechanism was fully operational during the reporting period, with 100% of feedback received handled within the required timeframe.

In Kindu, community feedback mechanisms were also put in place through designated contact points and community engagement activities. The available results indicate that the target for timely treatment of feedback and community awareness of assistance criteria was achieved. These mechanisms provided an opportunity for communities to seek clarification on beneficiary selection, assistance modalities and the implementation process, while allowing the Red Cross teams to identify concerns emerging during implementation.

CEA was also used to support transparency and accountability during distributions. Communication with communities emphasized eligibility criteria, the type and value of assistance, the free nature of humanitarian support and the channels available for complaints and feedback. This was particularly important in the context of beneficiary-list validation and adjustments, helping reduce misunderstanding and tensions around the selection process. The experience from Uvira demonstrated that clear communication of targeting criteria and accessible feedback mechanisms can contribute significantly to maintaining community trust during emergency operations.

The operation also promoted inclusion by ensuring that communication and feedback channels were accessible to vulnerable and marginalized groups. Door-to-door sensitization and direct engagement by Red Cross volunteers complemented community meetings, enabling the teams to reach people with specific access constraints and to better understand their concerns. CEA messages were integrated into health, WASH, PGI and distribution-related activities to ensure that communities received consistent information across the different components of the response.

For the remaining implementation period, CEA will focus on strengthening feedback collection and systematically using community feedback to inform operational adjustments, particularly during the completion of cash assistance and the implementation of PDM.

The PDM will provide an opportunity to assess community satisfaction with the assistance, understanding of eligibility criteria, accessibility and safety of the assistance process, and the extent to which the assistance responded to priority needs. The results will be used to document lessons learned and inform any necessary adjustments before the closure of the operation.

Rumour tracking and response will also continue to be integrated into community engagement activities, particularly around cash assistance and other sensitive operational decisions. Communication materials and key messages will be adapted to the local context and, where appropriate, translated into Swahili to ensure that affected communities can understand the information provided and effectively use the available feedback channels



Secretariat Services

Budget: CHF 42,572

Targeted Persons: 10

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of technical support missions provided by IFRC	4	4
% of financial reports submitted on time and compliant with IFRC standards	100	0
# of coordination meetings supported by IFRC	8	6

Progress Towards Outcome

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

During the reporting period, IFRC provided technical support to the National Society in key areas, including planning, implementation follow-up, operational coordination, and reporting. A total of four technical and operational support missions have been conducted to date, providing direct support to the National Society and field teams, reviewing implementation progress, addressing operational challenges, and strengthening the quality of response activities.

PMER support has also been provided throughout the operation, including support for data collection tools, monitoring mechanisms, reporting, and operational tracking. This support has contributed to improving the availability and quality of data for monitoring progress against key indicators and informing operational decision-making.

Coordination with Movement partners and local authorities has remained active to ensure alignment, complementarity, and effective response management. To date, six coordination meetings have been organized with the support of IFRC to review operational progress, discuss implementation challenges, facilitate information sharing, and strengthen collaboration among the different stakeholders involved in the response.

Financial management and compliance support has continued to ensure adherence to IFRC procedures and donor requirements. Guidance has been provided on financial follow-up, supporting documentation, budget monitoring, and reporting requirements throughout implementation.

Logistics and procurement support has also been provided to facilitate operational readiness and timely procurement of relief items, visibility materials, and other operational resources required for the response.

In parallel, security risk analysis and guidance have continued throughout the operation to support safe access, appropriate risk mitigation measures, and secure implementation of activities in the targeted operational areas.

Overall, the technical and operational support provided by IFRC has strengthened operational oversight, coordination, monitoring, compliance, and implementation quality, while supporting the National Society and field teams in addressing challenges and maintaining the timely delivery of the response.



National Society Strengthening

Budget: CHF 105,040

Targeted Persons: 180

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of volunteers trained across sectors (Health, WASH, PGI, CEA)	160	100
# of supervision and monitoring visits conducted	12	2
# of volunteers provided with visibility materials and basic equipment	160	160
# of lessons learned / capacity strengthening workshops conducted	1	0



Progress Towards Outcome

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

A total of 160 volunteers have been trained across key operational areas, including Epidemic Control for Volunteers (EpiC), First Aid, WASH, and Community Engagement and Accountability (CEA). These trainings have strengthened the technical capacities of volunteers deployed in affected communities and contributed to improving the quality and effectiveness of humanitarian assistance provided during the response. PGI training is yet to be conducted and is planned for the next phase of implementation.

Operational supervision and monitoring activities have also commenced to support implementation quality and coordination at field level. 2 supervisions and monitorings visit has been conducted to date by the National DRCRC staff , providing an opportunity to assess progress, provide technical support to volunteers and branch teams, and identify operational challenges requiring follow-up.

To support safe and effective field deployment, the 160 trained volunteers have been provided with visibility materials and essential working equipment, including vests, bibs, and other operational tools. This has facilitated their identification within communities and supported their effective engagement in response activities.

Coordination and operational planning continue in close collaboration with local authorities, community leaders, and Red Cross branch teams. A launch meeting with local authorities was organized to strengthen coordination, clarify roles and responsibilities, and facilitate the implementation of response activities across the targeted areas.

The lessons learned and capacity strengthening workshop has not yet been conducted and is planned for the final month of the operation. The workshop will provide an opportunity to document key operational experiences, identify good practices and challenges, and agree on recommendations to strengthen future emergency preparedness and response capacities.

About Support Services

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

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

The operation will rely primarily on 160 Red Cross volunteers, who will be at the forefront of implementation. These volunteers will be responsible for carrying out community-based activities across sectors, including health promotion, epidemic control (EpiC), community-based surveillance, WASH interventions, hygiene promotion, shelter distributions, cash assistance support, and community engagement activities. They will also support beneficiary identification, registration, protection mainstreaming, feedback collection, and post-distribution monitoring activities.

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

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

The volunteer team generally reflects the diversity of the affected communities, including gender, age, and cultural backgrounds. However, some gaps in female and younger volunteer representation remain. These are being addressed through inclusive volunteer



selection and deployment, with particular attention to gender balance, local language, cultural understanding, and the specific needs of vulnerable groups.

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

Procurement for the operation has been completed by IFRC, covering the main relief and operational items required for the response. The procurement was conducted in line with applicable IFRC procedures and standards to ensure timely availability and quality of the required items.

The procured items support response activities targeting 2,250 households across WASH, shelter/NFI, health and PGI sectors, as well as operational needs such as visibility materials and equipment for volunteers.

For Cash and Voucher Assistance (CVA), the National Society will implement cash assistance using appropriate and secure delivery mechanisms, with IFRC providing technical support on financial service providers, compliance, risk management, and operational follow-up.

The National Society is responsible for the distribution and operational use of the procured items, with continued IFRC support for logistics, stock management, CVA implementation, and overall operational follow-up.

How will this operation be monitored?

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

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

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

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

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

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

Please briefly explain the National Societies communication strategy for this operation

The operation is currently ongoing and is being monitored through field-level supervision, routine data collection, and regular reporting to track progress, implementation quality, and achievement of results.

Red Cross volunteers and supervisors are collecting data on a regular basis using standardized tools across the different sectors, including health, WASH, shelter/NFI, cash, PGI, and CEA. Data on households reached, assistance provided, community feedback, and implementation progress are being compiled and consolidated through regular reporting.

Monitoring is led by the National Society's PMER focal point, in coordination with sectoral focal points and field supervisors. Regular field



monitoring is being conducted to verify implementation, assess data quality, identify challenges, and provide technical support to volunteers and branch teams.

Key indicators include households reached with assistance, people reached through health and hygiene promotion, households receiving cash assistance, and community awareness of assistance criteria. Post-Distribution Monitoring (PDM) will also be conducted as activities progress to assess the relevance, use, effectiveness, and satisfaction of the assistance provided.

CEA feedback mechanisms remain active throughout the operation, enabling communities to raise questions, provide feedback, and report complaints, allowing the response to be adjusted where necessary.

The IFRC Country Cluster Delegation continues to provide technical support and oversight through field monitoring missions, remote follow-up, and regular coordination with the National Society.



Budget Overview



DREF OPERATION

MDRCD050 - DRC Red Cross
Democratic Republic of Congo Flood 2026

Operating Budget

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

all amounts in Swiss Francs (CHF)



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[Click here for the reference](#)

