



Flooded house a Epena 10/10/2026

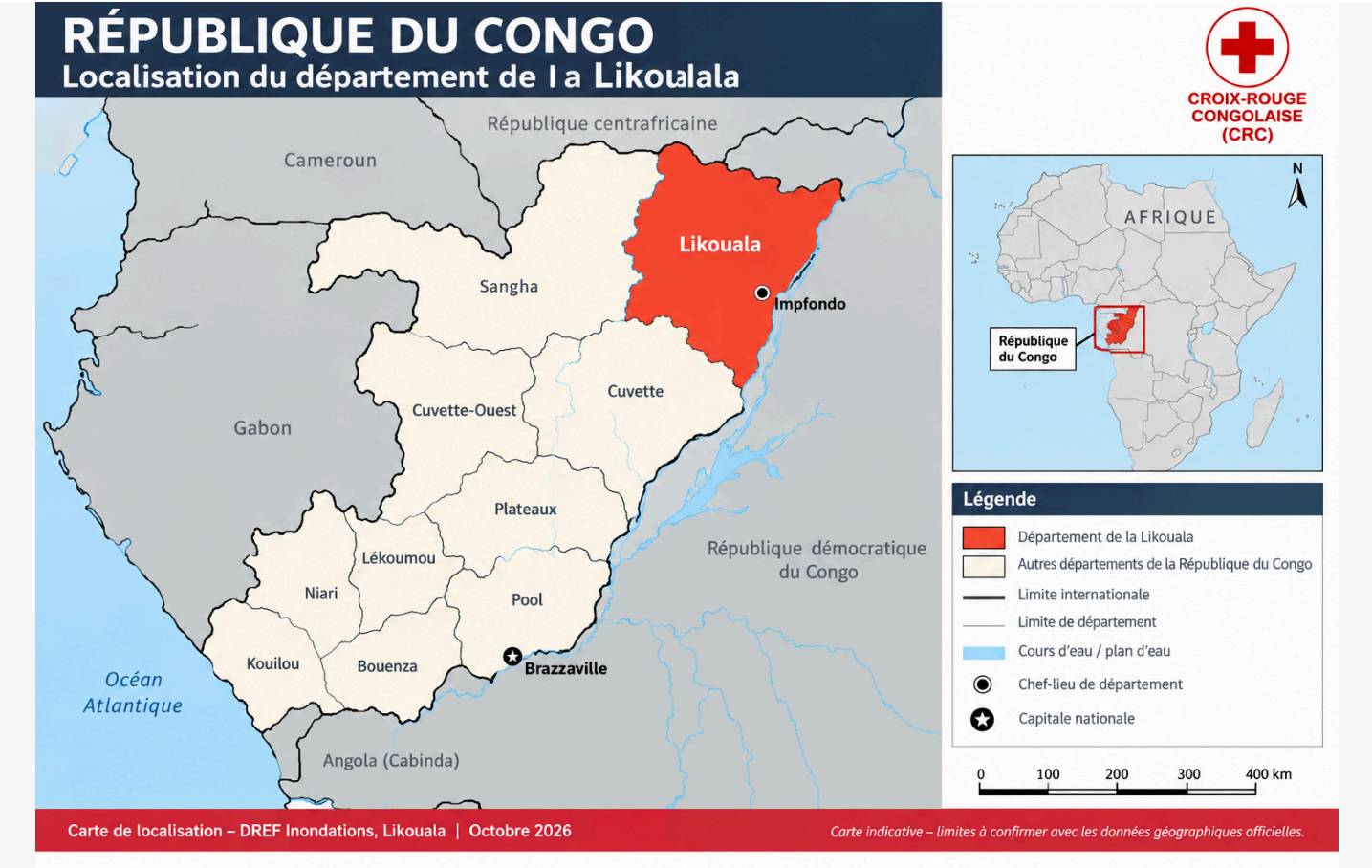
Appeal: MDRCG030	Hazard: Flood	Country: Congo	Type of DREF: Response
Crisis Category: Yellow	Event Onset: Sudden	DREF Allocation: CHF 498,599	
Glide Number: -	People Affected: 17,980 people	People Targeted: 13,500 people	
Operation Start Date: 18-10-2026	Operation Timeframe: 6 months	Operation End Date: 30-04-2027	DREF Published: 24-10-2026
Targeted Regions: Likouala			



Description of the Event

Date of event

09-10-2026



Targeted Areas

What happened, where and when?

Between 9 and 10 October 2026, heavy rainfall caused flooding in several localities of the Likouala Department, in the Republic of the Congo. Rainfall continued on 10 October, particularly between midnight and noon in the district of Impfondo and its surrounding areas, worsening the flooding and damage in several neighbourhoods and villages.

The event affected four districts in Likouala: Épéna, Impfondo, Bétou and Dongou. According to preliminary data reported by the Congolese Red Cross, the floods affected a total of 28,135 people across the four districts, including 17,980 people in Épéna and Impfondo combined. In Épéna, most of the villages reported in the initial information were reportedly affected, while in Impfondo, several neighbourhoods and villages were impacted by heavy rainfall and overflowing water. The reported consequences include the destruction of or damage to houses, damage to roads, losses of crops and food stocks, and the destruction of fishing equipment. Several families were forced to leave their homes and seek temporary shelter with relatives or neighbours. The floods also disrupted the livelihoods of affected populations and raised concerns regarding access to safe drinking water and health risks associated with water contamination.

In response to this situation, the Ministry of Social Affairs and Humanitarian Action (MASAH) convened a humanitarian coordination meeting on 9 October 2026 to review the impact of the floods and prepare a joint rapid multisectoral assessment mission. The authorities requested support from humanitarian partners to contribute to the response. The data currently available remain preliminary and will need to be updated and validated through the multisectoral assessment to confirm the extent of needs, identify the most vulnerable households and adjust the intervention targeting, if necessary.



The available figures remain preliminary and require further verification to confirm the extent of the damage and the exact number of people affected.



Déplacement des familles à Epena le 10/10/2026

Scope and Scale

The floods that occurred on 9 and 10 October 2026 in the Likouala Department of the Republic of Congo followed heavy rainfall that caused water to overflow in several localities. This event occurred in a context of seasonal exposure to rainfall and river flooding. In Impfondo, average monthly rainfall in October is estimated at approximately 305 mm, highlighting the significant levels of precipitation during this period.

According to preliminary data shared by the Congolese Red Cross, 28,135 people were affected across the four districts of Épéna, Impfondo, Bétou and Dongou. Of these, 17,980 people were recorded in the districts of Épéna and Impfondo, representing approximately 64% of the total affected population. These two districts therefore account for the majority of affected people according to the available estimates. In Épéna, 19 out of 22 villages were reportedly flooded, while in Impfondo, several neighbourhoods and villages were affected by heavy rainfall and overflowing water. These figures remain preliminary and require further validation.

The reported consequences include the destruction or damage of houses, flooding or deterioration of roads, and the loss of agricultural crops, food stocks and fishing equipment. These damages undermine household livelihoods, reduce their ability to meet food needs and risk worsening food insecurity. Households whose homes have been damaged or destroyed may also face difficulties accessing safe shelter and essential household items. Furthermore, access constraints caused by flooded or damaged roads may hinder access to basic services and delay the delivery of humanitarian assistance.

The floods may also exacerbate health risks in a context marked by the presence of cholera in Likouala Department in 2026. According to World Health Organization data cited in the available information, 316 cholera cases had been recorded in the department as of 14 June 2026, representing 20.6% of all cases reported nationally at that time. The flooding of latrines and potential contamination of water sources may increase the risk of cholera transmission and other waterborne diseases, particularly diarrhoeal diseases. These risks are particularly concerning for populations with limited access to safe drinking water, sanitation and health services.

Households living in low-lying areas or near rivers, those whose homes and livelihoods have been damaged, and those with limited capacity to cope with losses are particularly vulnerable. Special attention should be given to children, older people, persons with

disabilities, pregnant and breastfeeding women, female-headed households and affected Indigenous communities. These groups may face additional barriers to accessing food, safe drinking water, healthcare and safe shelter. The supplementary assessment should help identify their specific needs and determine their level of vulnerability.

Available weather forecasts for the period from 14 to 20 October 2026 indicated a continued possibility of showers and thunderstorms in Impfondo. Further rainfall could slow the recession of floodwaters, complicate access to affected localities and cause additional flooding in the event of heavy rainfall. Monitoring rainfall patterns and water levels therefore remains important to assess how the situation is evolving and its humanitarian consequences.

The scale of damage to houses, infrastructure and livelihoods, combined with health risks and access constraints, highlights the need to update data on the affected population, confirm the priority needs and identify the most vulnerable households, as well as unmet needs.

Source Name	Source Link
1. Impfondo, Likouala, Republic of the Congo Climate — Weather & Climate	https://weatherandclimate.com/republic-of-the-congo/likouala/impfondo
2. Direction de la Météorologie Nationale (Météo Congo)	https://dirmet.cg/nos-produits/prevision-journaliere/

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	Yes
If yes, please specify which operation	MDRCG020, 2023



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

Although flooding is a recurrent event in the Likouala Department, this DREF request aims to address the specific humanitarian needs arising from the heavy rains and flooding that have particularly affected the districts of Épéna and Impfondo.

According to preliminary data collected by the Congolese Red Cross and local authorities, 28,135 people have been affected in several districts, including 11,545 in Épéna and 6,435 in Impfondo. The floods have caused damage to homes, the loss of crops and food stocks, as well as disruptions to access routes. These consequences are undermining the food security, shelter conditions and access to essential services of the affected households.

The situation is exacerbated by health risks associated with the contamination of water sources and the submergence of sanitation facilities, in a context where cholera is already a major concern in the region. Furthermore, the isolation of certain localities, transportation difficulties and logistical constraints limit the possibilities for the rapid delivery of assistance.

Despite the mobilization of the authorities and humanitarian coordination efforts, the preliminary information available indicates that no humanitarian assistance had yet been provided to the affected populations at the time of drafting this document. The absence of operational partners capable of providing an immediate and adequate response in the targeted areas therefore constitutes a major constraint, which risks prolonging households' exposure to the consequences of the disaster. This situation will need to be confirmed and documented through the multisectoral assessment and coordination with other actors.

In this context, the DREF request does not aim to replicate a previous intervention, but rather to enable the Congolese Red Cross to respond to the urgent needs arising from this specific event, complementing existing national capacities. Through its network of volunteers, the National Society has a local presence that enables it to contribute to identifying the most vulnerable households, distributing assistance and implementing priority activities in the affected communities.

The requested funding will make it possible to address priority humanitarian needs that are not covered by existing response mechanisms, while taking into account any interventions planned by the authorities and other actors. The response will be based on an updated needs assessment, transparent targeting and strengthened coordination to minimize duplication.

Thus, although the hazard is recurrent in the region, this request is also justified by the existence of unmet humanitarian needs and limited capacity for an immediate response in the targeted areas. The DREF is an essential mechanism to enable a rapid, targeted and proportionate response to this new emergency.

Lessons learned:

Previous operations have highlighted several lessons that will be taken into account in the implementation of the current operation in the districts of Épéna and Impfondo.

Previous experiences have highlighted the importance of strengthening relationships with local authorities and other stakeholders. As part of this operation, the Congolese Red Cross (CRC) will strengthen its participation in humanitarian coordination mechanisms, organize regular consultations with local authorities and community leaders, and ensure that communities are informed about planned activities in order to facilitate access to affected areas and promote a response that complements the efforts of other actors.

The challenges encountered during previous operations, particularly the lack of valid identity documents among some beneficiaries, have demonstrated the need to adapt identification methods to the local context. For this operation, the CRC will work with local authorities and community leaders to verify beneficiary lists, minimize duplication, and ensure transparent targeting without excluding vulnerable households that lack identity documents.

Experience from previous operations confirms the importance of regular communication with affected populations. The CRC will disseminate clear information on selection criteria, planned activities, and assistance modalities, while providing accessible mechanisms for managing complaints and collecting community feedback.

Strengthening operational monitoring: Given the access difficulties and communication constraints in Likouala, the CRC will strengthen volunteer supervision, the regular reporting of information, and the documentation of activities carried out. Regular monitoring will make it possible to identify implementation challenges promptly and adapt the response to evolving needs.

These lessons aim to improve the quality, effectiveness, and accountability of the intervention while taking into account the specific constraints affecting the areas impacted by the floods.

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

Yes

Current National Society Actions

Start date of National Society actions

11-10-2026

Health	The Congolese Red Cross (CRC) provided first aid to 10 people who were injured while travelling by canoe in the areas affected by the floods. At the same time, volunteers conducted awareness-raising sessions with affected communities on the risks associated with consuming contaminated water and waterborne diseases, with a particular focus on cholera prevention and the adoption of safe hygiene practices.
Coordination	The CRC participated in the humanitarian coordination meeting organised by the Ministry of Social Affairs and Humanitarian Action (MASAH). The meeting aimed to review the ongoing flood situation, examine the initial information available on the damage and needs of affected populations, and prepare the deployment of a joint rapid multisectoral assessment mission to better inform and guide the humanitarian response.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC Kinshasa Cluster Delegation covers the Republic of Congo and provides technical and operational support to the Congolese Red Cross (CRC). In the context of this flood response, the IFRC is supporting the National Society in preparing the DREF funding request, particularly in developing the response strategy and operational planning. The IFRC also supports coordination efforts and the preparation of a response tailored to the needs of affected communities. Depending on the needs identified, additional support may be provided in project management, planning, monitoring, evaluation and reporting (PMER), finance, administration, human resources, security, logistics, National Society Development (NSD), and Protection, Gender and Inclusion (PGI) and Protection from Sexual Exploitation and Abuse (PSEA), to facilitate rapid and effective implementation.
Participating National Societies	At this stage, no specific operational or financial contributions from Participating National Societies (PNS) have been confirmed for this operation. The IFRC and the Congolese Red Cross will continue to coordinate with Movement partners and share information on the evolving situation and any potential needs for additional support.

ICRC Actions Related To The Current Event

The International Committee of the Red Cross (ICRC) does not have a permanent delegation in the Republic of the Congo. The country is covered by the ICRC delegation based in Kinshasa, Democratic Republic of the Congo. The ICRC is not directly involved in the current flood emergency response in Likouala, and no specific operational, financial, material or technical support has been confirmed for this DREF operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	On 10 October 2026, the Ministry of Social Affairs and Humanitarian Action (MASAH) convened a humanitarian coordination meeting to review the flood situation affecting several localities across the country, particularly in Likouala Department. During the meeting, the Ministry called on humanitarian partners to support assistance efforts for the affected populations. The authorities also decided to prepare the deployment of a joint rapid multisectoral assessment mission to assess the extent of the damage, identify the priority needs of affected populations, and guide the humanitarian response. Local authorities contributed by sharing the initial information available on the affected areas and populations.
UN or other actors	The response will be implemented under the overall coordination of the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH), in collaboration with local authorities and humanitarian partners, through established coordination mechanisms, particularly the Coordination Task Force. As an active member of these mechanisms, the Congolese Red Cross (CRC) will coordinate its interventions with those of other actors to identify priority needs, clarify the geographical and sectoral coverage of interventions, address gaps and prevent duplication. UNICEF has publicly announced the mobilisation of supplies to support the national flood response. The specific planned activities, sectors covered and geographical scope of its interventions in Épéna and Impfondo will be clarified through coordination mechanisms to ensure complementarity with the interventions planned by the CRC, particularly in water, sanitation and hygiene (WASH) and protection. The World Food Programme (WFP) has also been requested to provide support. The modalities of its intervention, the areas covered and the target populations will be clarified with coordination structures to avoid overlap, particularly in cash assistance. The roles and geographical coverage of other humanitarian partners will also be clarified based on coordination discussions and the findings of the ongoing multisectoral assessment. The CRC will focus its DREF intervention on the priority needs of the most vulnerable affected households, particularly through the planned provision of unrestricted multipurpose cash assistance, while complementing the sectoral interventions of other humanitarian actors.



Are there major coordination mechanism in place?

At the national level: The Ministry of Social Affairs and Humanitarian Action (MASAH) is responsible for national humanitarian coordination. On 10 October 2026, it convened an emergency meeting on the floods to review the situation and prepare a joint rapid multisectoral assessment mission. The Congolese Red Cross (CRC) participated in the meeting, shared information collected by its local teams and contributed to discussions on the needs of affected populations.

At the local and district levels: Local administrative authorities in the affected districts, particularly Épéna and Impfondo, contribute to collecting and sharing information on the damage and affected populations, in collaboration with local CRC branches and volunteers. A joint rapid multisectoral assessment mission is being prepared to clarify needs and facilitate the coordination of interventions.

The CRC participates in coordination mechanisms led by the national authorities and works with local authorities to assess needs and share information. It mobilises its volunteer network and contributes to the reporting of data from affected areas.

Needs (Gaps) Identified



Shelter Housing And Settlements

The partial or total destruction of houses has forced families to leave their homes and seek shelter with relatives, neighbours or in other localities. These displacements weaken existing protection and solidarity mechanisms, while the arrival of additional families may lead to overcrowding in available accommodation. Households that have lost their homes are exposed to the elements, insecurity, a lack of privacy and deteriorating living conditions.

The loss of or damage to household belongings also reduces families' ability to meet their basic needs. Households may find themselves without bedding, blankets, cooking utensils, water storage containers, lighting or other items necessary for daily living. These difficulties may increase health risks, particularly when families are accommodated in overcrowded spaces and have limited means to maintain proper hygiene.

Priority needs include identifying households whose homes have been destroyed or rendered uninhabitable, ensuring access to safe and dignified temporary shelter solutions, and providing essential household items tailored to families' needs. Targeting criteria should take into account the extent of damage to homes, current living conditions and the specific vulnerabilities of households. Particular attention should be given to women, children, older people, persons living with disabilities and host families with limited resources.



Livelihoods And Basic Needs

The floods have affected community livelihoods, particularly through the destruction of fields and agricultural land, the loss of food stocks and the loss of fishing equipment. These losses reduce the resources immediately available to households and risk undermining their ability to meet their food needs and generate income in the weeks following the disaster. Families who depend primarily on agriculture, fishing and informal activities are particularly vulnerable to these disruptions.

The loss of food stocks may force households to reduce the number or quality of meals, incur debt, sell their remaining assets or adopt other harmful coping strategies. Difficulties in accessing affected areas and potential disruptions to supply chains may also limit the availability of essential food commodities and complicate the delivery of assistance.

Priority needs include assessing food and productive asset losses, identifying households at greatest risk of food insecurity, and determining the most appropriate modalities of assistance. Emergency food assistance may be required for households that have lost their food stocks and sources of income. The gradual restoration of livelihoods should also be considered when conditions allow. The choice between in-kind assistance, cash or vouchers should be based on an analysis of market access, product availability, prices, logistical constraints and security.

The floods in the districts of Épéna and Impfondo have exacerbated the health risks faced by affected communities. The flooding of living areas, stagnant water and disruption of basic infrastructure increase the risk of injuries, infections and diseases associated with unsanitary environmental conditions. Travel through flooded areas, particularly by canoe, also exposes people to accidents and injuries. Furthermore, the flooding of certain health facilities and difficulties in accessing medical services may delay the treatment of sick or injured people.

The situation is particularly concerning in a context marked by the circulation of cholera in Likouala Department. The potential contamination of water sources, deteriorating hygiene conditions and difficulties in accessing safe drinking water create an environment conducive to the spread of diarrhoeal diseases. Children, older people, pregnant women, persons with disabilities and people living with chronic illnesses are particularly vulnerable when access to health services becomes difficult.

Priority needs include strengthening community-based first aid, promptly identifying and referring sick or injured people, raising awareness of cholera warning signs and other waterborne diseases, and promoting preventive behaviours. It is also necessary to assess the functionality of health facilities, their capacity to receive patients, the availability of essential medicines and the need for psychosocial support. The CRC's intervention will help strengthen community-based prevention activities and facilitate the referral of people requiring medical care.



Water, Sanitation And Hygiene

The floods are compromising water safety and sanitation conditions in the affected communities. The flooding of latrines, runoff of contaminated water and potential damage to water supply points increase the risk of contamination of water sources used by households. When families lose safe access to drinking water, they may be forced to use unprotected sources, with direct consequences for their health.

Deteriorating hygiene conditions are further exacerbated by the loss of or limited access to household equipment, overcrowding in temporary shelters and difficulties in maintaining adequate hygiene practices. These factors are particularly concerning in an area affected by cholera and may contribute to the spread of other waterborne diseases.

Priority needs include access to safe drinking water, household-level water treatment and safe storage, promotion of handwashing, availability of soap and water treatment products, and assessment of damaged or unusable sanitation facilities. Awareness-raising activities adapted to local languages and contexts are necessary to strengthen preventive practices. A technical assessment will be required to identify high-risk water sources, sanitation needs and the most appropriate supply arrangements for hard-to-reach communities.



Protection, Gender And Inclusion

The floods of 9 and 10 October 2026 occurred in a context already characterised by protection vulnerabilities. Likouala Department hosts the majority of refugees in the country, some of whom live in villages affected by the floods. These localities are also home to Indigenous communities that face unequal access to basic services. Gender-based violence (GBV) is widespread, although underreported. The loss of homes, crops, food stocks and fishing equipment, temporary accommodation in overcrowded conditions, and the distance to water points and latrines in a context of cholera may increase the risks of domestic violence, early marriage, transactional sex, child labour and family separation. The risks of sexual exploitation and abuse (SEA) remain high due to strong dependence on assistance and the isolated nature of intervention areas, where supervision is limited. Women and girls, pregnant and breastfeeding women, female-headed households, children, older people, persons with disabilities, refugees and Indigenous people are not only at greater risk of being affected but may also be less visible and consequently face additional barriers to accessing assistance or moving to safer locations. Indigenous communities and refugees in affected areas may also face barriers to accessing information, services and assistance mechanisms.

To address these protection risks, the department has some local capacities on which the response can build. These include the Departmental Directorate of Social Affairs, the health districts of Impfondo and Épéna, UNHCR and its protection partners present in Impfondo and Bétou, and civil society organisations such as the Network of Indigenous Peoples (RENAPAC) and women's associations. These are complemented by community protection committees established around refugee communities and the Congolese Red Cross volunteer network, which has experience responding to floods in Épéna. However, these capacities remain insufficient in relation to the needs. Protection and GBV response services are concentrated in Impfondo and Bétou, while Épéna and its villages, which are now

difficult to access, remain poorly covered. The availability of post-rape kits and personnel trained in the clinical management of rape cannot be guaranteed in peripheral health centres, which are already under considerable pressure due to cholera. There is no updated referral pathway for GBV and child protection in the affected areas. No inter-agency complaints mechanism or mechanism for preventing sexual exploitation and abuse is known to be in place at the local level, and some volunteers mobilised for the emergency response have limited knowledge of these issues. Finally, disability inclusion capacities are limited, women and Indigenous people remain underrepresented in community decision-making bodies, and the available data have not yet been disaggregated by sex, age, disability and status. These gaps will need to be confirmed through the multisectoral assessment and a mapping of functional protection services in the affected areas.

To address these issues, the CRC's priority actions will focus on applying minimum Protection, Gender and Inclusion (PGI) standards across all sectors. Specifically, the CRC will collect data disaggregated by sex, age, disability and status. It will consult women, Indigenous people and refugees during the assessment and apply transparent targeting criteria that explicitly include these groups. It will also ensure accessible distributions, including priority queues and home-based assistance, and provide dignity kits. Volunteers will be trained to safely refer GBV survivors and at-risk children to available health, social welfare and protection services. In addition, safeguarding measures will be integrated into all activities, and reporting mechanisms will be established and communicated to communities. Volunteers, staff and other actors involved in the response activities will also receive awareness-raising on Protection from Sexual

Exploitation, Abuse and Sexual Harassment (PSEASH) and sign the CRC Code of Conduct.

Coordination with relevant stakeholders will be essential to refer protection cases to appropriate services and prevent the risks of exploitation, abuse and violence.



Community Engagement And Accountability

In a context of displacement, material losses and uncertainty, communities need reliable, accessible and regular information on the evolving situation, health risks, available services and assistance arrangements. Difficulties in accessing affected localities and the instability of communication networks may limit the flow of information and prevent some people from expressing their needs or reporting problems.

The lack of clear information on targeting criteria, timelines and assistance modalities may also lead to misunderstandings, unrealistic expectations or tensions between communities. It is therefore essential to involve affected populations in identifying their priorities and ensure that women, older people, persons with disabilities and marginalised groups can participate in community discussions.

Priority needs include disseminating messages adapted to the local context, regularly consulting communities, communicating transparently about planned assistance, and providing accessible mechanisms for receiving questions, feedback and complaints. The CRC toll-free number mentioned in the draft could contribute to this approach, subject to verification of its functionality and accessibility in the affected areas. Feedback collected will need to be analysed and used to adjust activities and improve the quality of the response.

Any identified gaps/limitations in the assessment

The initial assessment is based on preliminary information collected by the local branches and volunteers of the Congolese Red Cross (CRC), in collaboration with local authorities. However, the extent of the damage and the needs of affected communities have not yet been comprehensively assessed. A joint rapid multisectoral assessment is being prepared to complement the available information and better guide the response.

The CRC has mobilised volunteers to support affected communities and gather information on the situation. However, the human resources, available stocks, logistical capacity and funding required to address all identified needs remain to be determined. The extent of the damage and the geographical dispersion of affected communities may exceed the National Society's current response capacity.

Flooded or damaged roads, difficulties in accessing certain localities and unstable telecommunications networks may hinder assessments, team movements and the delivery of assistance. Some areas may require river transport, which calls for appropriate logistical planning and particular attention to travel safety.

The Ministry of Social Affairs and Humanitarian Action (MASAH) has organised a humanitarian coordination meeting and is preparing a joint multisectoral assessment. The CRC participates in coordination efforts and shares information collected by its local branches. However, the allocation of sectoral responsibilities, the geographical coverage of interventions and the planned contributions of other humanitarian actors have not yet been fully clarified. This situation limits the ability to identify potential overlaps and areas where needs may remain unmet.

Preliminary information indicates that children, pregnant women, older people, persons with disabilities, sick or injured people, and households whose homes have been destroyed or rendered uninhabitable are particularly vulnerable. Indigenous communities and



refugees in the affected areas may also face additional barriers to accessing information and assistance. Further assessment is required to better understand their specific needs and ensure that assistance is accessible, inclusive and appropriate. These gaps will need to be addressed through the planned multisectoral assessment, ongoing dialogue with communities, and coordination with local authorities and humanitarian partners. The findings will help refine targeting, prioritise needs and adapt assistance modalities under the DREF operation.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

This DREF operation aims to address the essential humanitarian needs of 2,700 households (approximately 13,500 people) affected by floods in the districts of Épéna and Impfondo, in Likouala Department, Republic of the Congo, through multipurpose cash assistance and complementary interventions in health, water, sanitation and hygiene (WASH), in order to preserve the dignity of affected people, reduce health risks and strengthen their capacity to cope with the consequences of the floods over an implementation period of six (6) months.

Operation strategy rationale

The operational strategy of the Congolese Red Cross (CRC) aims to address the priority needs of 2,700 households affected by the floods that occurred between 9 and 10 October 2026 in Likouala Department, Republic of the Congo. Given the reported damage to homes, crops, food stocks and fishing equipment, the response will prioritise Multipurpose Cash Assistance (MPCA), enabling affected households to meet their essential needs according to their own priorities.

1. Multipurpose Cash Assistance (MPCA)

The floods have caused losses and damage affecting homes, agricultural crops, food stocks and fishing equipment, undermining the livelihoods of affected populations and their ability to meet their essential needs.

To address this situation, the Congolese Red Cross (CRC) plans to provide multipurpose cash assistance to 2,700 affected households, prioritising the most vulnerable households. This approach will enable beneficiaries to cover their priority needs according to their own choices, particularly food, shelter, essential household items, clothing, water, hygiene and other essential expenses related to the consequences of the floods.

The operation provides for unconditional multipurpose cash assistance (MPCA) of XAF 50,000 per household, in accordance with the amount agreed with the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH) and harmonised among humanitarian partners operating in the Republic of the Congo. The proposed target of 2,700 households, representing approximately 13,500 people, is an initial estimate based on the available information and the operation's budget envelope.

A cash feasibility assessment will be conducted to analyse households' priority needs, market conditions, the availability and prices of essential goods, beneficiary preferences, and the capacity of the financial service provider to reach the targeted communities. The findings of this assessment will help confirm the implementation modalities. Coordination with MASSAH, the World Food Programme (WFP) and other humanitarian actors will help prevent duplication and ensure complementary assistance.

This assistance will enable beneficiary households to meet their priority needs according to their own choices, particularly food, shelter, essential household items and other expenses related to the consequences of the floods. The CRC will monitor the transfer process to verify the successful receipt of funds, address any difficulties encountered by beneficiaries and ensure accountability throughout the intervention. Post-distribution monitoring will also assess households' ability to meet their priority needs and identify any necessary adjustments.

2. Water, Sanitation and Hygiene (WASH)

The floods in Likouala Department have increased the risk of contamination of water sources and the spread of waterborne diseases, while disrupting affected households' access to safe drinking water and adequate hygiene conditions. The WASH strategy will aim to reduce these risks by promoting water treatment and safe storage, strengthening hygiene practices and improving sanitation at community level.

The Congolese Red Cross will train 30 hygiene volunteers in good hygiene practices, household water treatment, the correct use of Aquatabs, safe drinking water storage and the prevention of waterborne diseases. These volunteers will subsequently conduct



awareness-raising sessions and practical demonstrations for affected households.

The strategy provides for the distribution of 113 Aquatab tablets to each targeted household. Each tablet is intended to treat 20 litres of water, with the aim of covering the drinking water needs of an average household of five people for 90 days. This quantity is calculated on the basis of a drinking water requirement of 5 litres per person per day. For the 2,700 targeted households, the total planned quantity is 305,100 tablets.

Each household will also receive two 20-litre jerrycans for storing treated water and reducing the risk of recontamination. Hygiene volunteers will conduct practical demonstrations on water treatment, the correct dosage of Aquatabs, compliance with the contact time indicated by the manufacturer, and safe water storage. Turbid water should be clarified or filtered before treatment, in accordance with technical recommendations and the product instructions. Volunteers will demonstrate the correct use of Aquatabs, including compliance with the dosage, the volume of water to be treated and the contact time indicated on the product. The sessions will also cover safe storage of treated water, cleaning of containers, handwashing at key moments and household hygiene practices to prevent diseases associated with contaminated water.

Post-distribution monitoring will be conducted following the distribution of household water treatment products to assess their proper use, safe storage and acceptance by recipient households. Monitoring will also identify any challenges or misuse and inform follow-up awareness-raising activities to reinforce key messages on correct dosage, application and safe storage, particularly to prevent accidental exposure among children.

Community campaigns will be organised in affected areas to promote a clean environment and reduce health risks associated with the floods. Volunteers and community members will be mobilised to clean communal spaces, manage waste appropriately and remove stagnant water where this can be done safely. These activities will be accompanied by awareness-raising messages on the health risks associated with unsanitary conditions. In parallel, sanitation kits will be provided to the Congolese Red Cross branches in Épéna and Impfondo involved in the operation to facilitate the organisation of community campaigns. These kits will provide volunteers with the equipment needed to carry out cleaning and waste management activities in the targeted areas.

The WASH response will include water quality assessments of sources used by affected communities, particularly boreholes and wells, as well as the disinfection of sources identified as contaminated, where technically appropriate. Relevant staff and volunteers will be trained in the use of rapid water quality testing kits, chlorine disinfection procedures and the measurement of free residual chlorine.

Regular checks will be carried out at treated water sources and at household level to verify the effectiveness of treatment and promote safe water use. In addition, post-distribution monitoring will assess the proper use and safe storage of water treatment products distributed to households, identify any difficulties encountered and reinforce awareness-raising messages. The necessary testing equipment, reagents and disinfection products will be included in the budget.

Through these interventions, the CRC will help improve water treatment and storage practices, strengthen household hygiene knowledge and reduce the risk of waterborne diseases in communities affected by the floods.

3. Health

The floods in Likouala Department have exacerbated health risks for affected populations, particularly because of deteriorating hygiene conditions, the risk of water contamination and the presence of cholera in the areas concerned. These factors reinforce the need to raise community awareness of preventive measures and facilitate access to reliable information on health risks and available health services.

As part of this response, the Congolese Red Cross will mobilise 40 community health volunteers to conduct awareness-raising activities among affected households. The volunteers will be trained on key messages for preventing cholera and waterborne diseases, recognising warning signs requiring prompt medical consultation, and referring people to the relevant health facilities.

The volunteers will conduct community-based awareness-raising sessions and discussions to strengthen knowledge of cholera transmission, preventive measures and the importance of seeking prompt medical care when symptoms are suggestive of cholera. They will immediately report any alerts identified to the relevant health facilities, in accordance with established referral mechanisms and procedures. Volunteers will not replace health professionals and will not be responsible for confirming cases. This approach will strengthen community-based prevention, improve awareness of protective behaviours and encourage timely use of health services, complementing the interventions of health authorities in the affected areas.

4. Community Engagement and Accountability (CEA)

The Congolese Red Cross (CRC) will mobilize 20 volunteers dedicated to the Community Engagement and Accountability (CEA) component. They will be trained in the principles of community communication, dissemination of reliable information about the operation, and management of feedback and complaints.

These volunteers will help inform affected populations about the operation's objectives, beneficiary selection criteria, the amount of cash assistance and the transfer arrangements through MTN. They will ensure that information is communicated clearly, accessibly and transparently to promote understanding of the process and reduce the risk of tensions, rumours or exclusion.

Volunteers will also collect and report community concerns and refer complaints to the appropriate handling mechanisms. Feedback will

be analyzed regularly to guide and adapt the response. Given the planned distribution activities, particularly cash transfers, representative community committees for registration and complaints management will be established, ensuring representation of different population groups.

5. Protection, Gender and Inclusion (PGI)

The floods exacerbate pre-existing vulnerabilities and create new protection risks, including domestic violence, early marriage, transactional sex, child labour, family separation and limited access to assistance for certain groups. These risks particularly affect women and girls, pregnant and breastfeeding women, female-headed households, children, older people, persons with disabilities, refugees and Indigenous communities. The risks are compounded by the limited availability of protection services in Épéna and isolated villages. The Congolese Red Cross (CRC) PGI strategy will therefore aim to ensure that assistance is safe, accessible, inclusive and respectful of people's dignity. It will also seek to reduce protection risks associated with the operation itself and facilitate access to existing services for at-risk people, applying IFRC minimum PGI standards across all intervention sectors.

Before deployment, the 110 volunteers mobilized for the operation will receive training on Protection from Sexual Exploitation and Abuse (PSEA) and child safeguarding and will sign the CRC Code of Conduct. In addition to these topics, volunteers will be trained on the minimum PGI standards relevant to their respective sectors, the identification of protection risks, psychological first aid and safe, confidential referral. Field teams will be mixed and will include, wherever possible, female volunteers as well as volunteers from Indigenous and refugee communities, or volunteers who speak their languages. This composition aims to facilitate dialogue with women and reduce linguistic and cultural barriers. A PGI/PSEA focal point will be designated within the operation to monitor protection issues and ensure the confidential reporting of incidents.

Needs assessments and household identification will include the collection of data disaggregated by sex, age, disability and status (resident, refugee or Indigenous). Consultations will be organized with women, adolescent girls, persons with disabilities, refugees and Indigenous communities to ensure that access to assistance does not depend solely on community intermediaries. Selection criteria, cash transfer arrangements and complaint channels will be communicated clearly and accessibly, in local languages and through appropriate formats, with reminders that assistance is free of charge. Distributions will be organized during daylight hours in safe and accessible locations, with priority queues and home-based assistance for people with reduced mobility. Volunteers will ensure that female-headed households and people without identity documents can receive cash transfers safely. Dignity kits will be distributed to women and girls of reproductive age.

To address family separation resulting from evacuations, the CRC will offer Restoring Family Links (RFL) services. Particular attention will be given to unaccompanied and separated children, who will be referred to the relevant social services. Given the limited availability of protection services in the affected areas, the CRC will conduct a mapping of functional services at the beginning of the operation. This will cover health services, including the clinical management of rape, psychosocial support, child protection, legal assistance and civil registration. This work will be carried out in collaboration with the Departmental Directorate of Social Affairs, the health districts, UNHCR and protection partners operating in the department. On this basis, a simplified referral pathway will be established and shared with volunteers. Identified gaps, particularly the absence of services in Épéna, will be reported to the authorities and coordination actors. A confidential, multi-channel feedback and complaints mechanism will be established under the Community Engagement and Accountability (CEA) component. It will be accessible to women, children, persons with disabilities and Indigenous people. Sensitive complaints, particularly those related to sexual exploitation and abuse, will be handled using a survivor-centered approach.

6. Coordination, Monitoring and Evaluation

The CRC will implement the operation in coordination with the Ministry of Social Affairs and Humanitarian Action (MASAH), local authorities and humanitarian partners operating in the affected areas. This coordination will enable information sharing, harmonization of targeting approaches, reduction of duplication and the delivery of coherent assistance to affected populations. A detailed multisectoral assessment will be conducted at the beginning of the operation to complement the available information, confirm the extent of damage and household losses, and identify priority needs in the relevant sectors. The assessment will also provide a better understanding of household vulnerabilities. The assessment findings, complemented by community consultations and market analysis, will guide the implementation of assistance and help ensure that transfer modalities respond to the priority needs of affected households. Regular operational monitoring will be conducted to verify activity progress, coverage of targeted households and the proper implementation of planned activities.

Post-distribution monitoring will assess the accessibility and safety of transfers, actual receipt of assistance, households' ability to meet their priority needs, their level of satisfaction and any difficulties encountered. Community feedback will also be taken into account to improve the quality and accountability of the intervention.



Targeting Strategy

[Targeting Strategy Supporting Document](#)

Who will be targeted through this operation?

The operation will target 2,700 households affected by the floods in the districts of Épéna and Impfondo, in Likouala Department. The selection process will take into account damage to homes, losses of food stocks and livelihoods, and households' capacity to meet their essential needs.

Each targeted household will receive multipurpose cash assistance of XAF 50,000 to meet its priority needs. Particular attention will be given to female-headed households, families with children, older people, persons with disabilities and Indigenous communities.

Targeting will be carried out in coordination with local authorities and communities, based on transparent and non-discriminatory criteria. A detailed multisectoral assessment will complement the available data and refine the selection of the most vulnerable households. Eligibility criteria and complaint mechanisms will be communicated to communities to ensure a transparent and equitable process.

Explain the selection criteria for the targeted population

Households' capacity to meet their essential needs. Priority will be given to households whose homes have been damaged or destroyed, which have lost their food stocks or sources of income, and which have limited capacity to cope with the situation.

Particular attention will be given to female-headed households, families with children, older people, persons with disabilities, households with dependent members, and affected Indigenous communities. The targeting process will take into account their specific needs and any potential barriers to accessing assistance.

Beneficiaries will be identified in coordination with local authorities and communities, based on transparent, objective and non-discriminatory criteria. The detailed multisectoral assessment will complement the available information and refine the selection process. Eligibility criteria will be communicated to communities, and a complaints mechanism will allow errors of inclusion or exclusion to be reported, thereby strengthening the fairness of the process.

Total Targeted Population

Women	3,780	Rural	80%
Girls (under 18)	3,510	Urban	20%
Men	3,240	People with disabilities (estimated)	15%
Boys (under 18)	2,970		
Total targeted population	13,500		



Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	No
Does your National Society have prevention of sexual exploitation and abuse policy?	No
Does your National Society have child protection/child safeguarding policy?	No
Does your National Society have whistleblower protection policy?	No
Does your National Society have anti-sexual harassment policy?	No
Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.	
Risk	Mitigation action
Persistent rainfall and access difficulties to affected communities.	Adapt the activity schedule to weather conditions and coordinate movements with local authorities.
Unavailability of the MTN network, difficulties accessing financial services, or payment delays.	Coordinate closely with MTN, verify payments and establish a mechanism for resolving failed transfers.
Incomplete initial data, inclusion or exclusion errors, and perceptions of unfairness.	Conduct a multisectoral assessment, apply transparent criteria and establish an accessible complaints mechanism.
Sexual exploitation and abuse (SEA): The risk is considered high due to existing vulnerabilities, dependence on assistance, the intervention package including cash assistance, and the CRC's still-weak internal protection systems	- Briefing staff and volunteers on PSEAH and signing the Code of Conduct. - Raising awareness among financial service providers on PSEA. - Conducting community awareness-raising on PSEA and disseminating key messages on the fact that assistance is free of charge, as well as on reporting mechanisms. - Conducting a community-based SEA risk assessment and developing an action plan. - Developing and implementing operation-specific Standard Operating Procedures (SOPs) for the management of PSEA allegations.

Please indicate any security and safety concerns for this operation:

The main risks include travel on damaged or flooded roads, difficulties accessing certain communities, and exposure to cholera and waterborne diseases. These conditions may affect the safety of volunteers, staff and beneficiaries.

The CRC will ensure that movements are planned according to weather conditions and road accessibility, in coordination with local authorities. Volunteers will receive safety instructions and guidance on health prevention measures, particularly hygiene and first aid. Activities will be adapted or suspended if conditions pose a risk to teams or communities.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Multi Purpose Cash

Budget: CHF 240,217

Targeted Persons: 2,700

Indicators

Title	Target
# of households identified and registered.	2,700
# of households that receive assistance.	2,700
# of PDM surveys conducted.	1
% of beneficiary households satisfied with the cash assistance received.	80
% of surveyed households reporting that the assistance enabled them to meet at least some of their priority needs.	80

Priority Actions

- Identify and register eligible households based on transparent vulnerability criteria.
- Deliver cash transfers through MTN, the financial service provider (FSP) contractually engaged by the CRC.
- Provide multipurpose cash assistance of XAF 50,000 per household.
- Conduct post-distribution monitoring (PDM).



Health

Budget: CHF 34,736

Targeted Persons: 13,500



Indicators

Title	Target
# of volunteers trained in first aid	40
# of volunteers equipped with the necessary first aid materials.	40
# of volunteers trained in cholera and waterborne disease prevention.	40
# of people reached with awareness-raising on cholera prevention and warning signs.	13,500

Priority Actions

- Train 40 volunteers in first aid and essential emergency response procedures.
- Equip the mobilised volunteers with first aid materials appropriate to the planned activities.
- Train volunteers on cholera prevention, waterborne diseases and key community health messages.
- Conduct community awareness-raising sessions on cholera prevention, warning signs and the importance of promptly seeking health services.
- Refer people presenting warning signs to the appropriate health facilities.



Water, Sanitation And Hygiene

Budget: CHF 66,564

Targeted Persons: 13,500

Indicators

Title	Target
# of volunteers trained in WASH.	30
# of households that received Aquatabs.	2,700
# of jerrycans distributed	5,400
# of demonstrations conducted per household	1
# of sanitation campaigns conducted.	12
# of sanitation kits distributed to CRC branches.	4
# of volunteers and staff trained in the use of rapid water quality testing kits.	35
% of treated water sources tested for free residual chlorine after treatment.	100
# of households reached with awareness-raising; proportion of surveyed households able to identify the main instructions for safe use and storage.	2,700

Priority Actions

- Train 30 hygiene volunteers on water treatment, the use of Aquatabs and good hygiene practices.
- Distribute Aquatabs for three months, according to the dosage of the selected product.
- Distribute 20-litre jerrycans for the safe storage of treated water.
- Conduct practical demonstrations on Aquatabs dosage, contact time and safe water storage.
- Organise community sanitation campaigns in affected areas.
- Provide sanitation kits to CRC branches mobilised for community activities.
- Conduct post-distribution monitoring (PDM) to assess the proper use and safe storage of household water treatment products, identify any difficulties encountered by households, and reinforce awareness-raising messages on their correct use and safety precautions.
- Train relevant volunteers and staff on the use of rapid water quality testing kits, such as Aquagenx or equivalent equipment selected by the CRC.
- Assess the quality of water sources, particularly boreholes and wells, in affected areas.
- Disinfect contaminated water sources, where technically appropriate, and verify the effectiveness of the treatment.
- Conduct regular monitoring of free residual chlorine levels at treated water sources and in the households concerned.
- Strengthen household awareness of the correct dosage, proper use and safe storage of water treatment products.



Protection, Gender And Inclusion

Budget: CHF 33,691

Targeted Persons: 13,500

Indicators

Title	Target
# of volunteers trained in PGI	110
# of volunteers trained in the prevention of sexual exploitation and abuse, protection, and safe referral mechanisms.	110
% of awareness-raising sessions incorporating key messages on PSEA and reporting mechanisms.	100
# of people referred to the appropriate services	100
% of people surveyed who are aware of reporting mechanisms.	95
# of people reached by the PGI programme, disaggregated by sex, age and disability.	13,500
# of women and adolescent girls who received dignity kits.	200

Priority Actions

- Train volunteers on the minimum PSEA standards relevant to their respective sectors.
- Integrate vulnerability criteria and inclusion considerations into household identification and targeting.
- Monitor the integration of PGI measures across sectors and propose corrective actions where necessary.
- Integrate PGI-related questions into the multisectoral assessment.
- Map functional protection services in Impfondo and Épéna and develop a simplified referral pathway.
- Distribute dignity kits to women and girls of reproductive age from targeted households.
- Safely and confidentially identify and refer protection cases, including GBV survivors, unaccompanied or separated children, and at-risk individuals, to appropriate services, with their consent.
- Provide Restoring Family Links (RFL) services to families separated during evacuations.



- Conduct community awareness-raising on the risks of GBV, early marriage and child labour during crises, as well as available services, with the involvement of volunteers and Indigenous Peoples' associations.

Protection from Sexual Exploitation and Abuse (PSEA), Sexual Harassment (SH) and Child Safeguarding

- Train all 110 volunteers and personnel involved in the operation on the prevention of sexual exploitation and abuse, child safeguarding, the survivor-centred approach and safe reporting mechanisms.
- Ensure that all volunteers, staff and service providers involved in the operation sign the CRC Code of Conduct.
- Raise beneficiaries' awareness of PSEA, the free provision of assistance and available reporting mechanisms.
- Refer individuals with specific protection needs to appropriate services, with their consent and in accordance with confidentiality principles.
- Include a dedicated PSEA session in the lessons-learned workshop to strengthen organisational learning.
- Establish complaints mechanisms in collaboration with the CEA team.
- Integrate the Community-Based Sexual Exploitation and Abuse Risk Analysis Form into the multisectoral assessment and post-distribution monitoring (PDM).
- Distribute dignity kits to 200 women and adolescent girls of reproductive age. • •



Community Engagement And Accountability

Budget: CHF 13,227

Targeted Persons: 13,500

Indicators

Title	Target
# of volunteers trained in CEA.	30
# of community meetings or information sessions conducted.	6
# of households informed about the payment modalities.	2,700
# of operational feedback mechanisms established.	1
# of community feedback summaries produced.	6
% of complaints received that were handled in accordance with established procedures.	100
% of respondents who report having received clear information about the operation and targeting criteria.	95

Priority Actions

- Train volunteers on CEA principles, community communication and feedback management.
- Inform communities about the objectives of the operation, targeting criteria and cash transfer modalities.
- Inform targeted households about the procedures for receiving cash transfers through MTN.
- Establish or strengthen an accessible feedback and complaints mechanism.
- Collect, process and analyse feedback and rumours related to cholera, Aquatabs and cash assistance, in coordination with the Health, Cash and WASH sectors, and make the necessary adjustments.
- Disseminate information through various channels and in local languages on the operation, the risk of further flooding and available services.
- Establish inclusive community committees for beneficiary targeting and complaints management, ensuring the representation of women, young people, persons with disabilities, Indigenous Peoples and refugees.



- Organise community meetings at the beginning of the operation to inform communities about planned activities and at the end to share the results of the intervention and communicate the closure of the operation.



Secretariat Services

Budget: CHF 29,811

Targeted Persons: 0

Indicators

Title	Target
# of monitoring missions conducted.	3
# of insured volunteers.	110
# of operations receiving technical support.	1
# of assessment reports reviewed with Secretariat support.	1

Priority Actions

- Provide technical and operational support to the CRC throughout DREF implementation.
- Ensure financial monitoring and compliance checks on operational expenditures.
- Ensure volunteers are insured.
- Provide technical support to the CRC for the planning and implementation of the operation.
- Support the conduct and analysis of the multisectoral assessment.



National Society Strengthening

Budget: CHF 80,353

Targeted Persons: 110

Indicators

Title	Target
# of briefing sessions conducted	1
# of volunteers trained and mobilized.	110
# of lessons-learned and knowledge-sharing workshops conducted.	1
# of launch workshops organized.	1
# of field monitoring missions conducted.	6



Priority Actions

- Organize an operation launch workshop with all stakeholders.
- Conduct an operational briefing for the volunteers and teams involved in the operation.
- Ensure administrative and operational monitoring of implementation by the branches concerned.
- Ensure the management of volunteers, including their mobilization and training.
- Organize a lessons-learned and experience-sharing workshop at the end of the operation.

About Support Services

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

The operation will mobilise 110 volunteers, with support from the Congolese Red Cross (CRC) staff and the IFRC Secretariat. The volunteers will contribute to beneficiary identification and registration, the delivery of multipurpose cash assistance, hygiene promotion and cholera prevention, first aid and community health awareness, as well as Community Engagement and Accountability (CEA) and Protection, Gender and Inclusion (PGI) activities. All 110 volunteers will receive training on PGI to ensure that the operation is implemented safely, inclusively and with respect for the dignity of affected communities.

CRC staff will be responsible for the day-to-day coordination of the operation, volunteer supervision, liaison with local authorities and humanitarian partners, as well as activity monitoring and reporting. The IFRC Secretariat will provide technical and operational support, particularly for cash assistance, financial and budget monitoring, compliance with procedures, and reporting.

Overall coordination will be ensured by the CRC operation management team, with designated focal points for the main intervention sectors and support from the IFRC Secretariat.

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

The Congolese Red Cross (CRC) will ensure that the team of volunteers reflects, as far as possible, the diversity of the affected communities, particularly in terms of gender, age and cultural background. Particular attention will be paid to the participation of women and young people, as well as the mobilization of volunteers who speak local languages and understand the sociocultural realities of the populations targeted in Épéna and Impfondo.

Any gaps in representation will be identified during volunteer mobilization and taken into account when assigning volunteers to activities. Female volunteers will, in particular, be involved in engaging with female-headed households and people with specific needs. All volunteers will also receive training in Protection, Gender and Inclusion (PGI) to ensure that assistance is accessible, respectful and tailored to individual needs, without discrimination.

The Congolese Red Cross will work with community focal points and local authorities to facilitate communication with different communities, build trust and promote inclusive and culturally appropriate assistance.

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

Procurement required for the operation will be carried out by the Congolese Red Cross (CRC), with technical support from the IFRC delegation, in accordance with applicable procurement procedures. Local suppliers will be prioritised where availability, quality, pricing and delivery timelines allow. International suppliers may be considered where necessary.

Procurement will mainly cover items for distribution to affected households, including WASH supplies such as Aquatabs and jerrycans, as well as supplies required for health and first aid activities, in line with the approved budget.



For multipurpose cash assistance (MPCA), MTN has been identified as the financial service provider (FSP) under the existing agreement with the CRC. Cash transfers of XAF 50,000 per household will be made through MTN.

How will this operation be monitored?

Monitoring will be jointly conducted by the Congolese Red Cross (CRC) and the IFRC delegation through activity reports, data collection tools and monitoring visits.

Key indicators will include the 2,700 households receiving cash assistance, the distribution of WASH supplies, volunteer training, complaints handling and beneficiary satisfaction, assessed through post-distribution monitoring (PDM).

The IFRC will provide technical support and conduct monitoring visits as required and subject to available resources. The findings will inform adjustments to activities and contribute to the final DREF report.

Please briefly explain the National Societies communication strategy for this operation

The Congolese Red Cross (CRC) will ensure internal communication through coordination meetings, telephone exchanges and regular reports. External communication will be conducted in coordination with local authorities and partners, particularly through press releases and social media publications, as needed.

Affected communities will be informed about selection criteria, assistance modalities and complaints mechanisms through volunteers, awareness-raising sessions and community discussions, using appropriate local languages.

The IFRC Secretariat will provide technical support to the CRC on operation visibility, the preparation of key messages and information dissemination, in accordance with IFRC communication and visibility guidelines.



Budget Overview



DREF OPERATION

- Congo Red Cross
Congo Floods Likouala
(Epena & Impfondo)
2026 _2027

	388,435
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	240,217
Health	34,736
Water, Sanitation & Hygiene	66,564
Protection, Gender and Inclusion	33,691
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	13,227
Environmental Sustainability	0
	110,164
Coordination and Partnerships	0
Secretariat Services	29,811
National Society Strengthening	80,353
TOTAL BUDGET	498,599



Contact Information

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[Click here for the reference](#)

