

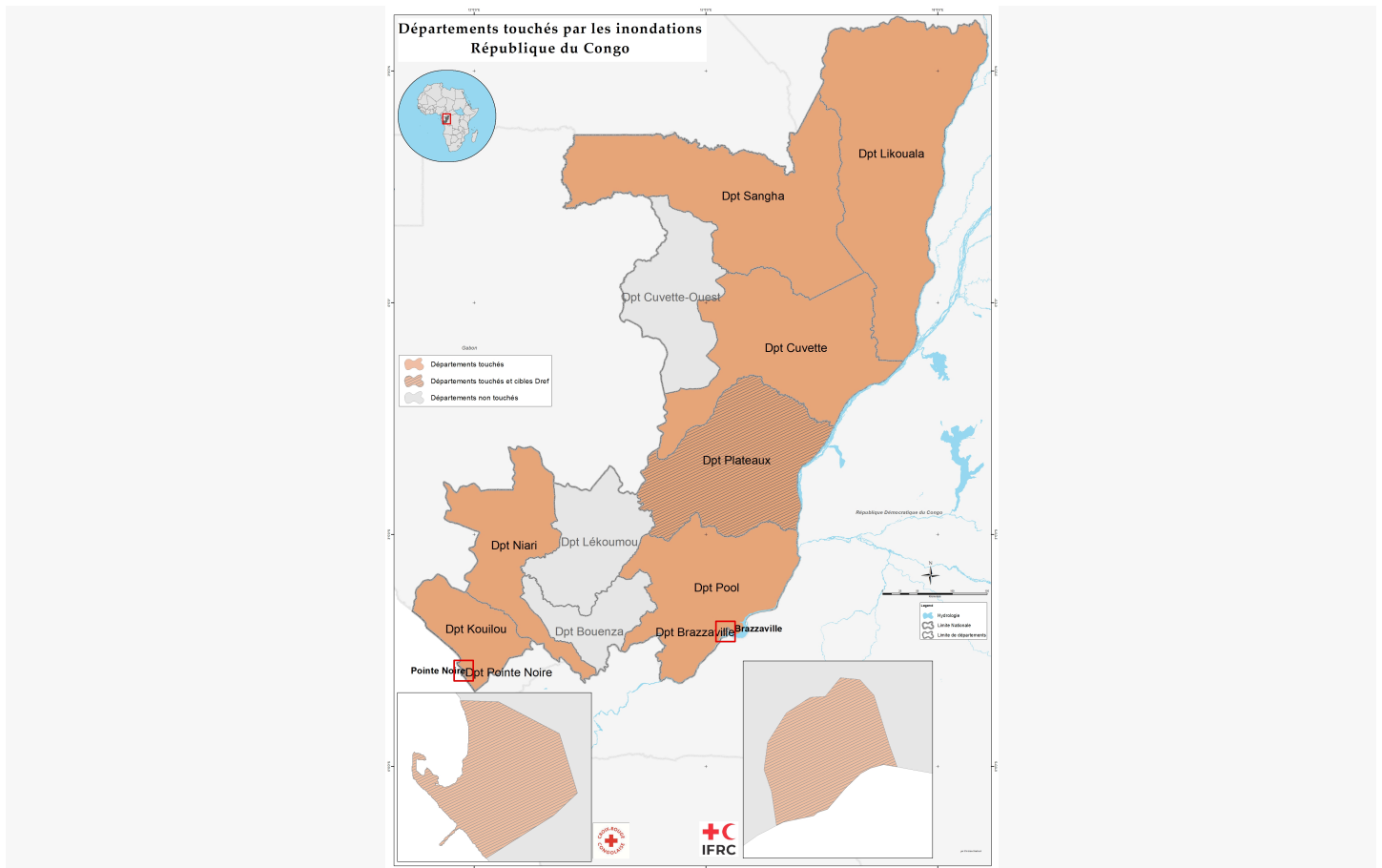


Psychosocial support for a woman affected by the floods_Brazzaville

Appeal: MDRCG022	Total DREF Allocation: CHF 490,335	Crisis Category: Yellow	Hazard: Flood
Glide Number: FL-2023-000259-COG	People Affected: 1,800,000 people	People Targeted: 16,000 people	People Assisted: 18,769 people
Event Onset: Sudden	Operation Start Date: 08-01-2024	Operational End Date: 31-05-2024	Total Operating Timeframe: 4 months
Targeted Regions: Brazzaville, Plateaux, Pointe-Noire			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Map with affected and targeted region by CRC

Date of event

29-12-2023

What happened, where and when?

In October 2023, The Republic of Congo was affected by torrential rains leading to severe flooding in the departments of Likouala, Sangha, Cuvette, Plateaux, Brazzaville and Pointe-Noire. The effect on the people was serious with 320,891 people directly affected suffering displacement and severe material losses as a result. In all, more than 2,292 hectares of farmland were flooded. The floods equally caused 17 deaths in the Likouala, Plateaux, Brazzaville and Pointe-Noire departments. 6 people were missing in Likouala and Cuvette departments.

The worst-affected departments were Likouala, Sangha, Cuvette, Plateaux, Niari, Brazzaville and Pointe-Noire, with 361 villages and 36 neighborhoods submerged by the exceptionally high water levels of the Congo River and its tributaries. The impact of the rains on the population exceeded the number of people affected by the floods in 2021 (164,679 people) and 2022 (222,000 people).

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According to experts, this rainfall was twice as heavy as the usual average. The meteorological services reported that the flooding was accompanied by heavy rain and a sharp rise in the water level of the Congo river and its tributaries (5.94 m above its normal level).

Following this situation, the Congolese Red Cross (CRC) launched an operation to contribute to assist 3,200 households affected by the flooding in the departments of Brazzaville, Pointe-Noire and Plateau. The operation was carried out with the support of the International Federation of Red Cross and Red Crescent Societies (IFRC) through the DREF (Disaster Response Emergency Fund).



Preparation for shelter assistance in
Brazzaville



Distribution of NFIs in Brazzaville



Registration of a household affected by
floods in Mpouya

Scope and Scale

At the end of December 2023, the Congo River reached a flood level of 5.94 meters, surpassing the previous record set in 1961 by 30 centimeters. When the government declared a state of emergency, the scale of the flooding, caused by both rain and river overflow, became apparent. According to a Ministry report from December 7, 2023, 189,675 people were affected, with the number increasing to over 320,891 by December 29. By then, 17 fatalities had been reported in the departments of Likouala, Plateaux, Brazzaville, and Pointe-Noire, with six others missing in Likouala and Cuvette. Additionally, more than 5,000 hectares of farmland were submerged. By January 2024, the situation had worsened.

Heavy rainfall and the overflowing Congo River displaced thousands, with many of the affected people sheltering with host families or in makeshift accommodations in town halls. Nine out of the country's 12 departments were affected, including Likouala, Sangha, Cuvette, Plateaux, Pool, Niari, Kouilou, Brazzaville, and Pointe-Noire. The hardest-hit regions were Likouala, Cuvette, Plateaux, Pool, Pointe-Noire, and Brazzaville. By January 2024, the official death toll had risen to 27, and authorities began warning of potential health risks, such as outbreaks of cholera and malaria. The World Health Organization (WHO) also raised concerns about the threat of waterborne and vector-borne diseases following the weeks of widespread flooding.

The disaster caused significant damage to essential infrastructure, including schools, health centers, and public facilities, while also devastating livelihoods. At least 26 health districts were impacted, and 120 school buildings sustained damage. In January, the Ministry of Humanitarian Action and National Crisis Coordination announced that the number of affected individuals had risen to over 567,993, a sharp increase compared to 164,679 in 2021 and 222,000 in 2022. The majority of those in need of humanitarian aid were in Likouala.

It became evident that the populations most vulnerable to climate risks were those living along the river corridor, which is prone to recurrent heavy rainfall. Hundreds of hectares of arable land were submerged, exacerbating the issue of stagnant water, which fosters mosquito breeding and increases the risk of malaria. Overall, 513,000 hectares were affected by flooding, with 300 hectares of cultivated land (2% of the total) potentially impacted, according to FAO estimates.

On January 11, 2024, the Congolese government reported that the Congo River had begun to recede. By then, the water levels visible from Brazzaville had dropped, providing relief to thousands of flood victims, many of whom had been temporarily rehoused by neighbors or authorities. As the floodwaters receded, some displaced residents returned to their homes, only to discover widespread damage: collapsed walls, uprooted trees, sand and mud covering plots of land, and in some cases, sand blocking doors and windows. Even as late as March 2024, the scars of the disaster were still visible, with many homes showing signs of damage, and the arable land remaining too muddy for cultivation.

Source Information

Source Name	Source Link
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1. United Nations_Congo (January 2024)	https://congo.un.org/fr/263668-situation-humanitaire-sans-pr%C3%A9sentation
2. Climat Change Knowledge Portal, (Congo, Rep)	https://climateknowledgeportal.worldbank.org/country/congo-rep
3. RFI (February 2024)	https://www.rfi.fr/fr/afrique/20240211-congo-brazzaville-apr%C3%A8s-les-inondations-la-crainte-des-maladies
4. VoA_Republic of Congo (January 2024)	https://www.voaafrique.com/a/inondations-au-congo-350-000-personnes-ont-besoin-d-une-aide-humanitaire-selon-l-onu/7447136.html
5. FAO (January 2024)	https://www.voaafrique.com/a/inondations-au-congo-350-000-personnes-ont-besoin-d-une-aide-humanitaire-selon-l-onu/7447136.html
6. WHO (February 2024)	https://www.afro.who.int/sites/default/files/2024-07/RAPPORT%20SYNTHESE%20DE%20LA%20MISSION-%20Equipe%20SURGE-INONDATIONS-%20VF.pdf
7. Gongo Media Time (January 2024)	https://congomediatime.com/la-republique-du-congo-est-aux-prises-avec-les-pires-inondations-depuis-60-ans/
8. Unicef (February 2024)	https://www.unicef.org/congo/communiqu%C3%A9s-de-presse/inondations-en-r%C3%A9publique-du-congo-le-japon-apporte-son-assistance-%C3%A0-lunicef
9. Unicef (April 2024)	https://reliefweb.int/report/congo/unicef-republic-congo-floods-emergency-situation-report-12-april-2024

National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	At the beginning of the disaster in December 2023, the Congolese Red Cross (CRC) carried out a needs assessment in order to organise its response in the areas affected by the disaster. As a result, 80 CRC volunteers were mobilised and put to work by departmental and local councils to provide emergency first aid and psychosocial support. As part of the humanitarian response, the target localities were Brazzaville-Pointe-Noire and Plateaux (Mpouya). The CRC mobilized 150 volunteers, including 60 in Point Noire, 50 in Brazzaville and 40 in the Plateaux. A total of 15,970 people were reached by at least one CRC intervention in the cash transfer/livelihoods, health and WaSH sectors. As part of this DREF, the Congolese Red Cross trained and set up teams of volunteers in community epidemiological surveillance with a health early warning system (SAPS) in all the target areas. In Brazzaville, 10 CRC volunteers from the Brazzaville Departmental Council and 5 health workers from the Brazzaville health area. In Pointe-Noire and Mpouya, 10 volunteers and 5 health workers were briefed on post-flood epidemiological surveillance. In Mpouya, the volunteers and health workers together carried out surveillance activities which led to the alerting of suspected cases of monkeypox. These alerts were raised at the Mpouya Integrated Health Centre and then passed on to the departmental health office in Djambala.

IFRC Network Actions Related To The Current Event

Secretariat	The Congolese Red Cross (CRC) received technical support from the IFRC cluster representation based in Kinshasa for the planning, implementation and monitoring of activities. Weekly coordination meetings were organized between the delegation and the
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	<p>CRC project team to monitor the progress of activities and find solutions to any difficulties encountered.</p> <p>The IFRC's Logistics department also provided support to the CRC in the procurement process for the NFIs distributed to disaster victims.</p>
Participating National Societies	<p>There are no Red Cross Participating National Societies (PNS) present in the country. The CRC did not receive direct support from a PNS within the framework of this DREF.</p>

ICRC Actions Related To The Current Event

ICRC is not present in the country, but directly supported the CRC in this emergency operation through the PLF (Protection of family links) programme via its office in Kinshasa.

Although based in Kinshasa, the ICRC mission closely monitored developments in the situation and advised the CRC on the measures to be taken in accordance with its mandate to alleviate the suffering of the affected population. Regular information was shared with the ICRC as part of this operation.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	<p>A three-month response plan was developed by the Government, identifying six priority areas of intervention following a rapid assessment of humanitarian needs carried out in January 2024 with the support of UN agencies.</p> <p>The political and administrative authorities, in particular deputies and senators, provided food and non-food aid to the affected populations in Likouala, Sangha, Cuvette, Brazzaville and Pointe-Noire departments.</p> <p>The Ministry of humanitarian affairs and social action distributed NFIs to households in all affected departments, taking into account the actions of other stakeholders. Only households that were not selected by the other participants were taken into account by this distribution.</p>
UN or other actors	<p>At the meeting organized by the Prime Minister at the Palais des Congrès, the United Nations system decided to support the Congolese government in this crisis by mobilizing additional financial resources to support the populations in distress.</p> <p>These include:</p> <ul style="list-style-type: none"> - The UNHCR, in Likouala and Plateaux, supported the setting up of temporary shelters for disaster victims in these areas. - WHO focused on medical assistance in all affected areas. - UNICEF provided educational support for children in affected areas. - The WFP provided food assistance to disaster victims (Owando, Brazzaville and Pointe-Noire).

Are there major coordination mechanism in place?

Internal coordination was set up by the CRC National President and the entire National General Secretariat with the Departmental Councils affected by the disaster. Regular data updates were organized to update the analysis and enable harmonized external sharing.

- Coordination at the Ministry of Humanitarian Action in Brazzaville took place at departmental and national level, with all players meeting regularly to share information, align response plans and coordinate resources. The CRC also participated in these meetings, including the December 29 crisis meeting.
- Depending on the coordination platforms in place, the actions of partners in the field, such as the UN, were considered through regular information sharing and clear allocation of areas of intervention and priorities.

Needs (Gaps) Identified



Shelter Housing And Settlements

The floods caused the displacement of people whose homes were destroyed. Thousands of homes were destroyed in areas targeted by the operation. Hundreds of displaced families were housed with host families and in town halls. In the departments of Brazzaville, Pointe-Noire and Plateaux, around 25,530 people were displaced and homeless.



Livelihoods And Basic Needs

Despite the support provided by the government and partners (WFP, CRC, etc), several thousand people were still in need in the three departments (Brazzaville, Plateaux and Pointe-Noire). More than 5,000 hectares of farmland were flooded. A large proportion of the population is involved in agriculture. The floods therefore had a negative impact on plantations and livestock, blocking access to pastures and washing away cattle and canoes, which are one of the main sources of income for these populations.

The following needs were evident:

- Livelihood support (NFI, purchase of fishing equipment, crop improvement).
- Food aid for affected households, particularly children under 5 and pregnant women.

The disaster created food insecurity in thousands of households. particularly those who were very vulnerable and whose income came from fishing, farming and livestock.



Health

The disaster caused many victims, and according to the CRC's assessment, the health and care staff themselves were affected. Treating the victims was difficult because of the shortage of staff, medicines and health products.

In some of the affected areas, patients were evacuated to towns in neighboring countries, such as Youmbi, Mbolobo and Ngombé, all in DR Congo. CRC volunteers used canoes to transport patients to health facilities on land. There was a lack of wastewater treatment kits. In the departments of Brazzaville and Pointe-Noire, town halls had reported that many children were already suffering from skin diseases and diarrhea. This represented a major risk, given that the Republic of Congo had recently suffered a cholera epidemic concentrated in Dolisie and Pointe-Noire.

Other water-borne diseases include shigellosis, salmonellosis and typhoid, which had spread to the flood-prone departments of Dolisie, Pointe-Noire, Bouenza, Kouilou and Brazzaville. All these diseases caused several cases and deaths. The households affected (displaced persons/refugees in host families) had no protective equipment against the elements and were exposed to malaria. The distribution of blankets and mosquito nets was necessary to limit the negative effects on their health and there was a need for community awareness-raising on the management of cases of water-borne diseases. A large proportion of the displaced population needed psychological care (49%). The situation of these people was made worse by the insalubrity and overcrowding of the hostels and all the protection problems. The chronically ill, the disabled, the elderly, female-headed households, child-headed households, pregnant and breastfeeding women and widows all felt a strong need for psychosocial support.



Water, Sanitation And Hygiene

The floods have had a negative impact on water, sanitation and hygiene infrastructures in the 9 departments affected.

This represented a major health risk. Access to water was a problem in all the districts, particularly in the flooded rural and peri-urban areas, where water sources was mainly linked to the river. Water wells or boreholes equipped with human-powered pumps exist in most of the villages visited, but they were submerged or non-functional long before the floods. Damage observed included the state of latrines and WASH structures in general. Assessments in some districts indicated that several latrines had been destroyed or weakened. Almost 5,789 latrines were damaged by flooding and torrential rain in the departments/districts of Brazzaville, Pointe-Noire and Mpouya, causing excreta pollution of water sources. In Mpouya, barely 15% of households had usable latrines, and the water caused waste to stagnate and spill into community spaces (most of the population defecate in the Congo River). As such, there was a clear risk of water-borne and faecal-buccal diseases.

In terms of sanitation infrastructure, most disaster victims had family latrines, but these were flooded, forcing them to defecate in the river. This situation meant that the contamination barrier between sanitation and people's living environments had been broken. The non-flooded areas affected had increased proximity, favoring the spread of hygiene-related diseases such as skin and respiratory



infections, diarrhea and malaria. With water withdrawals in several villages, particularly in the Likouala department, a response was urgently needed to avoid the risk of water-borne diseases and a cholera epidemic.

Operational Strategy

Overall objective of the operation

The aim of this DREF allocation was to support 16,000 people (3,200 households) affected by the floods in the Pointe Noire and Plateaux departments of Brazzaville for 4 months, by providing them with support in the areas of water, hygiene and sanitation, shelter, health (prioritizing the prevention of epidemics linked to water-borne diseases and other rapidly contagious diseases). The objective was reached with a direct target of 3200 households i.e. 15,970 people (9,055 women and 6,917 men) reached with NFIs. In total, 18,769 people were reached through awareness-raising.

Operation strategy rationale

Red Cross interventions complemented those of the government and UN agencies. Red Cross areas of intervention were harmonized with previous interventions by the Ministry of Social Affairs, Solidarity and Humanitarian Action (MASSAH).

However, there was a change in the initial strategy. In fact, the Minister of Social Affairs convened a coordination meeting with all its humanitarian partners on January 24, 2024, advising them to exclude cash distributio from their interventions and replace it with the distribution of non-food items, the list of which was also communicated by the Ministry on February 27. Following this, the Congolese Red Cross, as auxiliary of the public authorities, converted the cash transfer provided for in its initial strategy into NFI.

Interventions were planned to focus on the most affected and vulnerable departments, with a selection process harmonized with all humanitarian actors and cross-referenced vulnerability criteria. Congolese Red Cross focused on the following areas:

1. Shelter assistance through the distribution of essential household items (EHI) to displaced families identified according to predefined selection criteria. The kit distributed to each family consisted of: 1 large aluminum pot, 1 medium aluminum pot, 6 aluminum plates, 6 aluminum cups, 1 frying pan, 1 kitchen knife, 6 spoons, 6 forks, 2 buckets without lids, 1 bucket with lid and 2 mats.

2. Health:

The aim was to provide psychosocial support to those affected, followed by first aid and emergency care. These actions were coordinated with other stakeholders and health centers. The promotion of a referral system for all cases of diarrhea or other suspected cases linked to water, following the training received by the branches. With the help of volunteers, referrals to health centers and community surveillance of high-risk water-borne diseases and cases of diarrhea reported in the villages were planned and carried out. Priority was given to high-risk groups such as pregnant and breastfeeding women, babies, young children, the elderly and the sick. Sessions were planned to incorporate prevention messages and media campaigns to raise awareness of water-borne diseases and potential epidemics. Communication approaches that have been recognized as the most effective in previous interventions were also put in place. These included direct communication, the involvement and commitment of local village chiefs, awareness-raising in public places with appropriate entertainment, radio messages and group discussions to include certain sensitive messages or specific groups.

2. WASH:

- Vector control for individuals and families through cleaning actions: The DREF supported communities in the area of sanitation by providing committees with 75 sanitation kits (brushes, bleach, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers and wheelbarrows).

The clean-up teams were adequately protected, including protective kits for themselves and other volunteers. The 150 protection kits contain boots, gloves, helmets and other protective equipment.

- Hygiene promotion and environmental sanitation: Mothers' groups, youth and community leaders were involved in important hygiene and sanitation messages and actions to ensure wide dissemination and community buy-in to sanitation messages and activities.

- The necessary materials and demonstrations were provided to improve access to drinking water: The treatment identified in previous interventions readily used water tablets, and these were purchased and distributed to 3,200 households. The distribution of Aqua tabs was accompanied by hygiene messages and demonstrations on the correct dosage of water treatment products and the correct storage of chemicals to avoid any risk to children.

- Distribution of jerrycans to households for water storage and to ensure correct dosage when treating drinking water.

- Post-distribution monitoring to determine the level of beneficiary satisfaction and actual use of treatment products.

3. CEA:

- Implementation of community feedback systems and support for community feedback systems (including monitoring of rumors and/or perceptions).

- Broadcast radio messages in local languages on flooding.



- Strengthen social mobilization to promote best practices in family hygiene, environmental sanitation and sustainable living conditions through group discussions as well as public messages in clustered public areas: evacuation sites, temporary sites, schools, markets and others.

4. Protection, gender equality and inclusion

Inclusive, protective and gender-sensitive programs and activities have been provided to ensure more equitable and secure assistance and benefits for all groups represented in the targeted communities. The planning and design of the operation aimed to assess and reduce the risk of discrimination and violence, and promote the meaningful participation of all people, regardless of gender, age, disability and background. Another priority of this intervention was to ensure that the team involved understood the minimum PGI standards to be applied in the various activities, which was achieved through a briefing session for both volunteers and staff.

The red cross team sensitized decision-makers, community and religious leaders, and local representatives in general to the impacts of inequality, discrimination, violence, cultural stigma/taboo and the law on environmental protection and social security.

CRC volunteers were taught essential skills in the different sectors: water, hygiene and sanitation (WASH), disease prevention, psychological support and protection. The training program included a refresher on needs and vulnerability assessments, as well as data collection.

The operation also served as a basis for developing an exit strategy in coordination with partners and communities. The recurrence of flooding in the affected departments means that response actions are less and less sustainable solutions for communities.

Limited funding: the complexity of the situation, the cumulative impact of the rains on sources of agricultural income and the increase in needs are all factors that evolve negatively with each passing season.

Targeting Strategy

Who was targeted by this operation?

This operation targeted populations in the departments of: Brazzaville, Pointe Noire and Plateaux, taking into account the most affected districts and/or areas and populations not receiving assistance from other partners.

The target groups were distributed as follows:

- Brazzaville: 5000 people or 1000 households
- Pointe Noire: 6000 people or 1200 Households
- Plateaux : 5000 people or 1000 households

The strategy was based on the identification and registration of these populations (via the Kobo collect application) made possible by the decentralized services of the Ministry in charge of humanitarian action, which is operational in every department of the country. The action was also based on lists and surveys carried out by the CRC team during the evaluation mission.

Explain the selection criteria for the targeted population

The target took into account the unmet needs by sector and the food and non-food aid already provided as part of the humanitarian situation.

The ECHO PPP project is ongoing and was also planned for this period. It is being implemented in Brazzaville, Likouala, and Cuvette, and this DREF operation also considered the people targeted by the ECHO PPP project. The operational teams conducting the detailed assessment and beneficiary identification ensured there was no overlap in Brazzaville. Additionally, coordination was established with all stakeholders to facilitate the final selection of beneficiaries by department.

The planned kit distributions, targeted the most vulnerable people, taking account of their needs:

- Social vulnerability criteria: Beneficiaries were selected on the basis of the following criteria:
 - Households having lost their habitat
 - Female heads of household
 - Pregnant and nursing women
 - Households with disabled persons
 - Households with children under 5.
- The economic impact on income, with a particular focus on people who had lost their homes, cultivated land or crops, and who had been made particularly vulnerable by the disaster.
- Displaced households who had lost their homes.



Total Assisted Population

Assisted Women	11,037	Rural	70%
Assisted Girls (under 18)	-	Urban	30%
Assisted Men	7,732	People with disabilities (estimated)	3%
Assisted Boys (under 18)	-		
Total Assisted Population	18,769		
Total Targeted Population	16,000		

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
According to weather forecasts, the rains were likely to intensify, causing a significant rise in the waters of the rivers and the Congo. Rising water levels will lead to further population displacements and access difficulties for affected communities, followed by overcrowding in the reception areas. Several cases of water-borne diseases will be reported in these departments.	CRC continued the response detailed in its emergency action plan, monitoring the situation and providing updates.
The rains and flooding worsened and affected other villages/localities in the targeted departments. This situation was likely to lead to an increase and emergence of epidemics and water-borne diseases. The affected populations migrated en masse to other localities or countries	The Congolese Red Cross was in constant discussion with Movement partners to identify the best way to respond to the increased humanitarian needs. During implementation, volunteers were provided with rain protection equipment (boots, mackintoshes).

Please indicate any security and safety concerns for this operation:

Safety risks in the Mpouya locality were moderate.

Brazzaville and Pointe-Noire are very attractive places, with large commercial centers where there are banks, cell phone agencies and cooperatives, so the risk was mitigated by the reduced visibility of individual transactions by opting for mobile transfer.

To reduce the risk of CRC staff becoming victims of crime, violence or road hazards, active risk mitigation measures were adopted. These include situation monitoring, field travel procedures, the implementation of special security clearance procedures for travel in high-risk areas (orange and red phases), and the implementation of minimum security and safety standards.



Security plans were available at CRC and were updated prior to deployment. All Red Cross and Red Crescent personnel actively involved in operations had completed the IFRC online security courses (personal security, security management or volunteer security).

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 278,232

Targeted Persons: 16,000

Assisted Persons: 15,970

Targeted Male: 6,915

Targeted Female: 9,055

Indicators

Title	Target	Actual
#of volunteers trained in distribution techniques	50	50
# of detailed assessments carried out	1	1
#of HH having received NFI assistance	3,200	3,200

Narrative description of achievements

At the beginning of the disaster, a rapid assessment was carried out in collaboration with the Ministry of Social Affairs (CAS) to identify the most affected families. This assessment identified vulnerable households across various districts: 13 districts in the Likouala department, 7 in the Sangha department, 4 in the Cuvette department, and 1 in the Plateaux department. On December 26, the Red Cross mobilized volunteers for a further rapid assessment in Pointe-Noire, Brazzaville, and Mpouya, responding to reports of river overflows and additional flooding. Local Red Cross branches raised the alarm via appeals and communication platforms, prompting this follow-up.

Following the launch of the operation, a comprehensive needs assessment was conducted in the three affected departments. This assessment focused on critical sectors such as food security, livelihoods, health, WASH (water, sanitation, and hygiene), Protection, Gender, and Inclusion (PGI), and education. It also included community-level assessments that confirmed these sectors as the key areas of need.

In parallel, households to be assisted were selected based on predefined criteria, validated through consultations with community leaders. Vulnerable individuals were issued tokens to access Non-Food Items (NFIs). A total of 50 volunteers were trained in distribution techniques, and distribution in the Plateau department took place over four days, with a European Union delegate attending. The distribution in Plateau concluded on March 12, and similar distributions in Pointe-Noire and Brazzaville were scheduled for March 14 and 15.

Through this operation, 3,200 households, equating to 15,970 people (9,055 women and 6,917 men), received essential NFIs including saucepans, plates, cups, frying pans, kitchen knives, spoons, forks, buckets, and mats. A post-distribution survey revealed that the majority of households were using the items provided, and the heads of households expressed satisfaction with the Red Cross's support. A total of 381 people who had received NFI Kits were surveyed, including 167 in Point Noire, 143 in Brazzaville and 71 in Mpouya (Plateaux).

- Analysis of the data on the facility of assisted people to use the distribution mechanism shows that 88% of them declared that they had easily taken the NFI assistance from the distribution site. However, 12% of those surveyed said they needed support to collect their kits, particularly because of their vulnerability (67%), distance from the distribution site (14%), to avoid waiting in line (14%) or for health reasons (5%).

- In terms of decision-making on the use of the kit received, it was the male head of household (36%), the female head of household (28%),



both (men/women) (21%), all members of the household (14%). This distribution of household decision-making reflects the reality of the local socio-cultural context. It is mainly the head of household who makes the major decisions concerning the family. Moreover, these decisions are not contested within the household, as over 98% declared that there was no disagreement within the household over the use of the household kit received.

- Following the assistance provided by the Red Cross Movement to the vulnerable in Pointe-Noire, Brazzaville and Mpouya, 47% of those surveyed said that the assistance received had met a large proportion of their household needs, while over half (53%) said that only half of their household needs were covered.

- In addition, more than half of those surveyed (55%) said they felt safer as a result of this assistance. For those who said they did not feel safe, the reason given for their feeling of insecurity was the fact that their households are located in the river corridor, in areas where living conditions are very precarious.

- Overall, 97% of respondents were satisfied with the humanitarian assistance they received.

Lessons Learnt

- The use of the community-based approach helped to reduce community reticence about actions from the NS the political-administrative authorities and the partners involved in the operation. Despite some misgivings, it should be noted that overall there was good acceptance on the part of the community.

- The existence of local Red Cross councils in the target localities had an impact on local care and optimal real-time monitoring of vulnerable populations. The key factors here were the availability of operational teams, followed by the availability of trained and experienced first-aid staff and volunteers. It is therefore useful that these provisions exist in order to successfully implement future assistance activities.

Challenges

- It was found that the equipment needed to prepare the distribution sites was insufficient, as well as the transport of items that had not been budgeted for. Adjustments to the available funds were therefore necessary for operational reasons.



Budget: CHF 43,581

Targeted Persons: 16,000

Assisted Persons: 15,970

Targeted Male: 6,915

Targeted Female: 9,055

Indicators

Title	Target	Actual
# of volunteers retrained in psychosocial care and EPIC, hygiene promotion/RCCE	150	150
# of first aid kits purchased	40	40
# of people receiving the first aid	500	485
# of people reached by outreach and other health services	16,000	15,970
% of people aware of the epidemic who have confirmed that they have understood and put into practice the epidemic prevention messages	50	51

Narrative description of achievements

A total of 150 volunteers were trained/recycled in psychosocial care, first aid and epidemic management (EpiC) over 2 days. The training was organized jointly with the Ministry of Health.



In addition to volunteers trained in first aid and psychosocial support in the three target localities, the CRC's health department set up community epidemiological surveillance teams made up of 10 volunteers and 5 health workers from integrated health centers in all the target localities. These volunteers were responsible for reporting any suspected cases of post-flood illness and passing on the information to the health authorities. All the teams in place were part of the Ministry of Health's early warning system (SAPS). 40 first aid kits were purchased and made available to the volunteers. Their 1st aid interventions reached 485 people including 60 in Mpouya, 175 in Brazzaville and 250 in Point Noire.

The volunteers also conducted awareness-raising campaigns on the prevention of water-borne diseases and other post-flood pathologies. These activities reached at least 15,970 people, including 6,915 male and 9,055 female women.

The breakdown by locality is as follows:

- Plateau/ Mpouya: 2,654 people, including 1,451 female and 1,203 male.
- Brazzaville: 6,576 people, including 3,618 female and 2,958 male.
- Pointe-Noire: 6,740 people, including 3,986 female and 2,754 male.

During community engagement and accountability activities (CEA), at least 51% of the people reached about epidemic prevention confirmed that they had understood and put into practice the messages delivered by the volunteers.

Lessons Learnt

- The existence of local Red Cross councils in the target localities had an impact on local care and optimal real-time monitoring of vulnerable populations. The most important factors here were the availability of operational teams, followed by the availability of trained and experienced first-aid staff and volunteers. It is therefore useful that these provisions exist in order to successfully implement future assistance activities .
- It would be good to have image boxes in local language to ease understanding from beneficiaries and volunteers.

Challenges

Image box messages were not translated into the local language. This made the sensitizers' work more difficult, as they had to translate the messages at the same time as raising awareness.



Water, Sanitation And Hygiene

Budget: CHF 62,999

Targeted Persons: 16,000

Assisted Persons: 18,769

Targeted Male: 7,732

Targeted Female: 11,037

Indicators

Title	Target	Actual
# of households receiving aquatabs	2,000	3,200
#of sanitation kits distributed	75	75
#of protection kits distributed	150	150
% of population benefiting from hygiene promotion activities	90	94
% of people aware of the issue who confirmed that they had integrated and put into practice the hygiene messages	50	41
% of people aware of and using CRC water treatment systems	100	100

Narrative description of achievements

Volunteer Deployment and Activities

Out of 150 volunteers, 55 were retrained and deployed to carry out WASH activities, which included: disinfection and environmental sanitation, raising awareness on the use of Aquatabs for water purification and hygiene promotion.

Distribution of Aquatabs

A total of 20,000 Aquatabs tablets were distributed across target localities to 3,200 households as follows:

Plateau (Mpouya): 3,600 tablets for 600 households (6 per household)

Brazzaville: 7,200 tablets for 1,200 households (6 per household)

Pointe-Noire: 8,400 tablets for 1,400 households (6 per household)

Health Centers: 600 tablets were distributed to integrated health centers on the outskirts of Mpouya, Pointe-Noire, and Brazzaville.

Demonstration Use: 200 tablets were used for awareness campaigns.

To facilitate safe water storage and measurement, each household also received jerrycans.

Sanitation Kits and Protective Equipment

75 sanitation kits (containing brushes, bleach, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers, and wheelbarrows) were provided to communities through volunteers for sanitation work.

150 personal protection kits (boots, gloves, helmets, raincoats, and masks) were distributed to volunteers to ensure safety during community sanitation activities, particularly in the rainy season.

Disinfection Activities

Volunteers conducted extensive disinfection efforts across three key locations:

- Plateau (Mpouya): 1,199 homes disinfected, 6 schools (primary, secondary, and high schools), 988 latrines, 2 markets, 55 traditional showers; Public services: Sub-prefecture, police, gendarmerie, integrated health center
- Brazzaville: 342 homes disinfected, 593 latrines, 1 market, 3 schools (primary, secondary, and high schools), 675 traditional showers
- Pointe-Noire: 1,502 homes disinfected, 891 latrines, 7 markets, 21 schools (primary, secondary, and high schools), 1,507 traditional showers

Community Awareness and Impact

Awareness activities reached a total of 18,769 people (7,732 male and 11,037 female):

- Plateau/Mpouya: 4,912 people (2,998 female, 1,914 male)
- Brazzaville: 5,899 people (3,198 female, 2,701 male)
- Pointe-Noire: 7,958 people (4,841 female, 3,117 male)

41% of those reached confirmed that they had integrated and practiced the hygiene messages.

Community feedback during Community Engagement and Accountability (CEA) activities highlighted the need for more hygiene kits in households to reinforce awareness efforts.

Post-Distribution Monitoring (PDM) revealed that 100% of households that received Aquatabs used them for water treatment.

Lessons Learnt

- The CRC flood contingency plan needs to be disseminated to local branches and sub-branches of the Red Cross in order to prepare a proper response.
- Volunteers noted that continued sensitization over a longer period is necessary to achieve lasting behavioral change.

Challenges

- Apart from the Ministry of Social Affairs and the Ministry of Health, other administrative entities had limited involvement in the implementation of the response. There was a need for more intersectoral interaction.



Protection, Gender And Inclusion

Budget: CHF 1,206

Targeted Persons: 156

Assisted Persons: 159

Targeted Male: 110

Targeted Female: 46



Indicators

Title	Target	Actual
Number of volunteers and supervisors trained in minimum PGI standards	156	156

Narrative description of achievements

- A total of 150 volunteers, 6 supervisors, and 3 CRC staff members were briefed on minimum Protection, Gender, and Inclusion (PGI) standards for emergency situations. During the training, they gained knowledge on critical topics such as the prevention of sexual and gender-based violence, child protection, gender mainstreaming, and the importance of including target groups and host populations in activity implementation. The training was helpful to carry out the following activities:

- PGI Awareness and Discussion Groups: As part of the awareness-raising efforts, PGI themes were incorporated into discussion groups, with 12 groups organized, each consisting of 15 members. These groups included 30% women, 10% children, and 2% people with reduced mobility.

- Inclusive Selection of Beneficiaries: The selection of the 3,200 households that received Non-Food Items (NFIs) and Aquatabs followed an inclusive process. Of the selected households, 71% were headed by women, while 29% were headed by men. The majority of beneficiaries, 89%, were Congolese nationals, with 11% coming from neighboring countries, including Cameroon, the DRC, and the Central African Republic. The average household size was 5.6, with 12.9% reporting that they had disabled members. Beneficiaries were chosen based on previously established criteria, which included orphans, vulnerable children, female-headed households, pregnant women, the elderly, people with disabilities, those suffering from chronic illnesses, and child-headed households. This selection process was done in consultation with community committees and the Ministry of Social Affairs and Humanitarian Action.

The selection of beneficiaries followed a clear methodology. First, the community was made aware of the operation's objectives, selection criteria, and the establishment of community committees. Special attention was paid to households affected by flooding; for example, in Mpouya-Centre, 9% of households were not flooded, while 91% of those along the Congo River (both upstream and downstream of Mpouya-Centre) had experienced severe flooding and were therefore deemed vulnerable. Community committees were formed to aid in the selection of beneficiaries. Two types of committees were established: targeting committees and complaints management and accountability committees. These committees played a crucial role in selecting vulnerable individuals and ensuring that the most deserving households were included.

- Inclusive Monitoring: The community committees, composed of local leaders endorsed by the entire community, ensured the monitoring and sustainability of the activities, with significant support from local authorities—both administrative and traditional—who were also key players in the operation.

Lessons Learnt

- Integrating the PGI theme into this emergency flood operation is a success factor, as it has fostered trust between volunteers and members of the affected communities.

Challenges

- No major challenges were reported at this level.



Community Engagement And Accountability

Budget: CHF 17,416

Targeted Persons: 16,000

Assisted Persons: 15,784

Targeted Male: 7,747

Targeted Female: 8,037



Indicators

Title	Target	Actual
# of feedback systems implemented	1	1
# of interactive radio programs produced	36	24
# of lesson workshops organized	1	1

Narrative description of achievements

- Volunteer Training and Feedback Mechanism: 59 volunteers were trained across localities on using community feedback tools (Kobo, printed forms, and SOPs).

- Feedback Collection : The mechanism for managing community feedback was based on electronic and physical/printed forms for collecting comments, perceptions, fears, questions and other concerns shared by members of the community with volunteers, and on reporting registers made available to the committees. A range of communication tools were developed, including the creation and regular updating of a question-and-answer sheet to provide solutions to the information needs expressed.

Community Feedback Committees were formed in all localities and were made up of community representatives (community leaders) and administrative and traditional authorities. All the members of these committees were approved by the communities during the participatory community consultations held when the activities were launched.

- Community Meetings & Focus Group Discussions (FGDs) were held in various regions.

- Home Visits: The average number of households visited by each pair of volunteers was 10 per visit. Volunteers adapted visiting hours to engage heads of households more effectively.

- Help Desks were set up at NFI distribution points, staffed by a community committee member and a volunteer. They were equipped with a question-and-answer sheet and were responsible for the follow-up and treatment on a spontaneous basis.

- Hotlines: National CRC and SG telephone numbers were shared with communities.

Feed-backs were registered during 10 community meetings, 35 face-to-face interviews and 15 group discussions on flooding events, with the participation of 5402 affected people, including 1658 men, 3332 women, 114 boys and 298 girls. A total of 196 community feedback were collected and analyzed, including 65.3% questions, 12.3% suggestions/requests, 10.7% Observations/Perceptions/Beliefs and 11.7% Encouragements/Thanks.

The following recommendations from the CEA team have been achieved by volunteers in the humanitarian response:

- Increased awareness of the causes of the floods

- Increased awareness of the causes of epidemics and means of prevention before, during and after the floods

- Capitalization on community meetings with district chiefs, religious leaders and contacts with CEA focal points.

In addition, through radio broadcasts, communication for behavior change and social practices was effective.

The impact of behavior change was not yet very visible, but there are testimonies showing that it is underway. Here's an account from a woman in Mongolo: "I have a family of 4 children. Last time, I learned from the volunteers how water-borne diseases spread and how to prevent them. For example, washing utensils, cleaning food before preparing it and washing hands properly. I have also learned about the dangers of open defecation, so I have changed my behavior based on what I have learned.

Community engagement played an integral role throughout the operation, from needs analysis to response implementation and monitoring. The community was actively consulted through group discussions and individual interviews, which allowed them to share their most pressing needs across various sectors. During these discussions, the community also gave their input on the distribution methods to be used. As a result, 75% of the population favored the method set up for the distribution of NFIs, 10% preferred live distributions, and 15% wanted a combination of both.

- Community Outreach and Media

- 24 of the planned 36 radio programs were broadcasted. In areas without community radio (e.g., Mpouya), programs were replaced by community debates and discussions.

- 15,784 people (7,747 men, 8,037 women) were reached overall through CEA activities.

- Lessons Learned Workshop: A two-day workshop was held at the Congolese Red Cross headquarters at the end of the operation (January–May 2024). Participants included local authorities, CRC staff, volunteers, community members, and IFRC representatives from Kinshasa. The workshop reviewed achievements, challenges, and best practices, which were documented in a report.

The following recommendations were given to the CRC team:

- Reinforce or intensify dissemination sessions on the Red Cross and humanitarian principles and values, both internally and externally. Internally, the aim will be to raise awareness among volunteers of the need to respect the principle of volunteerism, in order to increase their involvement in emergency operations and community resilience activities.

- Disseminate the CRC's flood contingency plan to the branches and sub-branches of the SN in order to support their preparedness to intervene in the event of a disaster. This was also seen as a way of strengthening communication between the CRC's head office and operational branches.



- Ensure a more equitable or efficient distribution of material and mobility resources on a permanent basis in the operational zones, to guarantee the effectiveness of interventions at all levels when responding to emergencies.
- Continue to promote hygiene through awareness-raising and environmental sanitation activities, especially during the rainy season, in collaboration with community members. This should be part of the minimum package of activities for local branches, to ensure the sustainability of interventions.
- Readjust the household kit's intervention strategy by adding other items. That will ensure that sectoral objectives are met. In this sense, the Congolese Red Cross needs to strengthen its advocacy with other sectors to improve coordination and define intervention packages. That will enable a complete and more effective assistance package to be put in place, comprising, for example: Shelter/NFI/Hygiene/Food security/Wash Kits.
- Improve communication with recipients on the objectives of the project by setting up information/awareness kiosks facilitated by Red Cross volunteers and community members benefiting from this distribution of Household Kits;
- Support the authorities in finding solutions to the problems of distribution sites for grouped distributions in remote areas.
- Although the mechanism for collecting and managing complaints was set up on the day of distribution, few complaints were recorded. Consideration should be given to setting up a hotline system to be communicated to beneficiaries throughout the operation cycle.

Lessons Learnt

- The approach to collecting and managing community feedback developed by CRC/IFRC also enabled to address the relevant concerns of community members through regular community dialogue sessions. This form of collaboration is a success factor in this operation and could be duplicated in future assistance operations for vulnerable populations.
- Community acceptance of the activities ensured that they ran smoothly. No serious incidents were recorded. The factors that contributed to this were: the teams' regular dialogue with the community, training, the assignment of team members to their usual environments and, in particular, the staff of the various social action districts. This is therefore good practice that could be applied to future post-disaster operations.

Challenges

- Volunteers were slow to adopt the tools for collecting and managing feedback, and then to transmit this data to the central level;



Secretariat Services

Budget: CHF 14,232

Targeted Persons: 160

Assisted Persons: 160

Targeted Male: 111

Targeted Female: 49

Indicators

Title	Target	Actual
# of follow-up missions organized	2	2
# of volunteers insured	156	156

Narrative description of achievements

A total of 160 people contributed directly to the operation with the support of the IFRC. Staff (Programmes, PMER, Logistics, Finance, etc.) based in Kinshasa and Brazzaville provided ongoing support to the Congolese Red Cross teams in implementing the activities. They were able to take part in two (2) missions to monitor the activities with the CRC teams. During coordination meetings, they were able to analyze the progress of activities and make any necessary adjustments. At the end of the operation, the IFRC's Senior Disaster & Crisis Response Officer took part in a lessons-learned workshop and gave an overall positive assessment of the operation's achievements. A total of 156 volunteers were covered by an insurance.

Thanks to the timely technical, financial and logistical support from the Secretariat, Congolese Red Cross has strengthened its capacity to plan and carry out its activities. This DREF operation was carried out without Surge staff as the NS was able to capitalize on the surge support during previous operations. Now the NS has basic systems, structures, processes and resources to implement activities on the



field in a context similar to this operation. Also, it is worth noting that the CRC currently has a large number of volunteers many of which were involved in this operation. They all have a better understanding of their rights and responsibilities in emergency and operational context thanks to the support and continuous training they benefitted from.

Lessons Learnt

- Close collaboration with the Secretariat has helped strengthening NS capacities for the long term.

Challenges

Unforeseen transportation costs in the three localities delayed the implementation of certain activities.



National Society Strengthening

Budget: CHF 54,583

Targeted Persons: 156

Assisted Persons: 156

Targeted Male: 109

Targeted Female: 47

Indicators

Title	Target	Actual
# of pre-planning and planning meetings held	1	3
# of missions to monitor activities organized by head office staff	6	6

Narrative description of achievements

- At the beginning of the humanitarian response, a meeting was organized in the target departmental branches of the Red Cross in order to carry out detailed planning of activities and set up a system for monitoring and evaluating the operation. Those in charge of the operation at central level led these meetings.
- At the same time, personal protective equipment, waistcoats and bibs were made available to volunteers and supervisors.
- The Red Cross also deployed 3 part-time staff (logistics, finance, programme) to support activities in the 3 targeted departmental branches to support the teams in place. In the same vein, there have been regular missions to monitor and evaluate activities.
- The Congolese Red Cross is part of the government's crisis and disaster coordination platform. During the implementation of the DREF, it had time to explain the planned activities to the Ministry in charge of humanitarian action, partners and other humanitarian coordination stakeholders. To ensure that activities were well coordinated, Red Cross teams worked closely not only with the Ministry at national level, but also with the Departmental and local councils. Local authorities (administrative and traditional) played a key role in the operation. They were identified as resource persons during the assessments and are part of the various community committees set up. The Ministry of Social Affairs and Humanitarian Action, through the decentralized services of the social affairs districts (CAS), also played a leading role in selecting the people to be assisted directly through the distribution of NFIs.

Lessons Learnt

- The availability of funds in the SN account in a single instalment and on time has had a positive impact on the implementation of activities and, above all, on the activity schedule.
- It is therefore important to budget for sufficient number of lifejackets for future similar operations.

Challenges

- It was noted that the number of lifejackets was insufficient for missions involving river crossings.
- The increase in the cost of fuel at the filling station and at the retailer, and the poor state of the roads, have had a negative impact on the ability of Red Cross teams to travel for activities and monitoring.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRCG022 - Congo - Floods

Operating Timeframe: 08 Jan 2024 to 31 May 2024

Selected Parameters			
Reporting Timeframe	2024/1-2025/6	Operation	MDRCG022
Budget Timeframe	2024/1-2024/5	Budget	APPROVED

Prepared on 24/Jul/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	490,335
DREF Response Pillar	490,335
Expenditure	-485,760
Closing Balance	4,575

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	296,318	-11,512	307,829
PO04 - Health	43,581	463,356	-419,775
PO05 - Water, Sanitation & Hygiene	62,999	15,017	47,983
PO06 - Protection, Gender and Inclusion	1,206		1,206
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		11,670	-11,670
PO10 - Community Engagement and Accountability	17,416	9,815	7,602
PO11 - Environmental Sustainability			0
Planned Operations Total	421,520	488,346	-66,826
EA01 - Coordination and Partnerships			0
EA02 - Secretariat Services	14,232	610	13,622
EA03 - National Society Strengthening	54,583	-3,195	57,778
Enabling Approaches Total	68,815	-2,585	71,400
Grand Total	490,335	485,760	4,575

[Click here for the complete financial report](#)

Please explain variances (if any)

- Underspent on Multi-purpose Cash (104%): During the operation, cash transfers were replaced by the distribution of NFI kits, in line with the recommendations of the administrative authorities.
- Overspent on Health (1152%): Operational needs led to higher-than-expected health expenditures, particularly with the change from cash to NFI kits and CEA activities.
- Underspent on Water, Sanitation & Hygiene (188%): The activities related to Wash were done under the approach of the health function, since the health needs were more.
- Underspent on Community Engagement and Accountability (109%): The budget was reallocated to health, CEA did happen but in



Health.

5. Overspent on National Society Strengthening (221%): There was an increased need for NSD activities, which was covered by part of the IFRC Secretariat's budget for support costs.

By the end of the operation, a remaining balance of 4,575 CHF will be returned to the DREF pot.



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DREF Operation

FINAL FINANCIAL REPORT

MDRCG022 - Congo - Floods

Operating Timeframe: 08 Jan 2024 to 31 May 2024

Selected Parameters			
Reporting Timeframe	2024/1-2025/6	Operation	MDRCG022
Budget Timeframe	2024/1-2024/5	Budget	APPROVED

Prepared on 24/Jul/2025
All figures are in Swiss Francs (CHF)

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PO04 - Health	43,581	463,356	-419,775
PO05 - Water, Sanitation & Hygiene	62,999	15,017	47,983
PO06 - Protection, Gender and Inclusion	1,206		1,206
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery		11,670	-11,670
PO10 - Community Engagement and Accountability	17,416	9,815	7,602
PO11 - Environmental Sustainability			0
Planned Operations Total	421,520	488,346	-66,826
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DREF Operation

FINAL FINANCIAL REPORT

MDRCG022 - Congo - Floods

Operating Timeframe: 08 Jan 2024 to 31 May 2024

Selected Parameters			
Reporting Timeframe	2024/1-2025/6	Operation	MDRCG022
Budget Timeframe	2024/1-2024/5	Budget	APPROVED

Prepared on 24/Jul/2025

All figures are in Swiss Francs (CHF)

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	321,690		321,690
Water, Sanitation & Hygiene	48,169		48,169
Medical & First Aid	2,718		2,718
Teaching Materials	15,410		15,410
Other Supplies & Services	3,888		3,888
Cash Disbursement	251,506		251,506
Logistics, Transport & Storage	3,398		3,398
Transport & Vehicles Costs	3,398		3,398
Personnel	24,243	0	24,243
International Staff		0	0
National Society Staff	2,718		2,718
Volunteers	21,525	0	21,525
Consultants & Professional Fees	906	281	625
Professional Fees	906	281	625
Workshops & Training	42,054	8,432	33,622
Workshops & Training	42,054	8,432	33,622
General Expenditure	68,118	513	67,605
Travel	34,730	513	34,217
Office Costs	906		906
Communications	453		453
Financial Charges	2,794		2,794
Other General Expenses	29,236		29,236
Contributions & Transfers		446,887	-446,887
National Society Expenses		446,887	-446,887
Operational Provisions		0	0
Operational Provisions		0	0
Indirect Costs	29,927	29,647	279
Programme & Services Support Recover	29,927	29,647	279
Grand Total	490,335	485,760	4,575