



Flooded house in Kinshasa

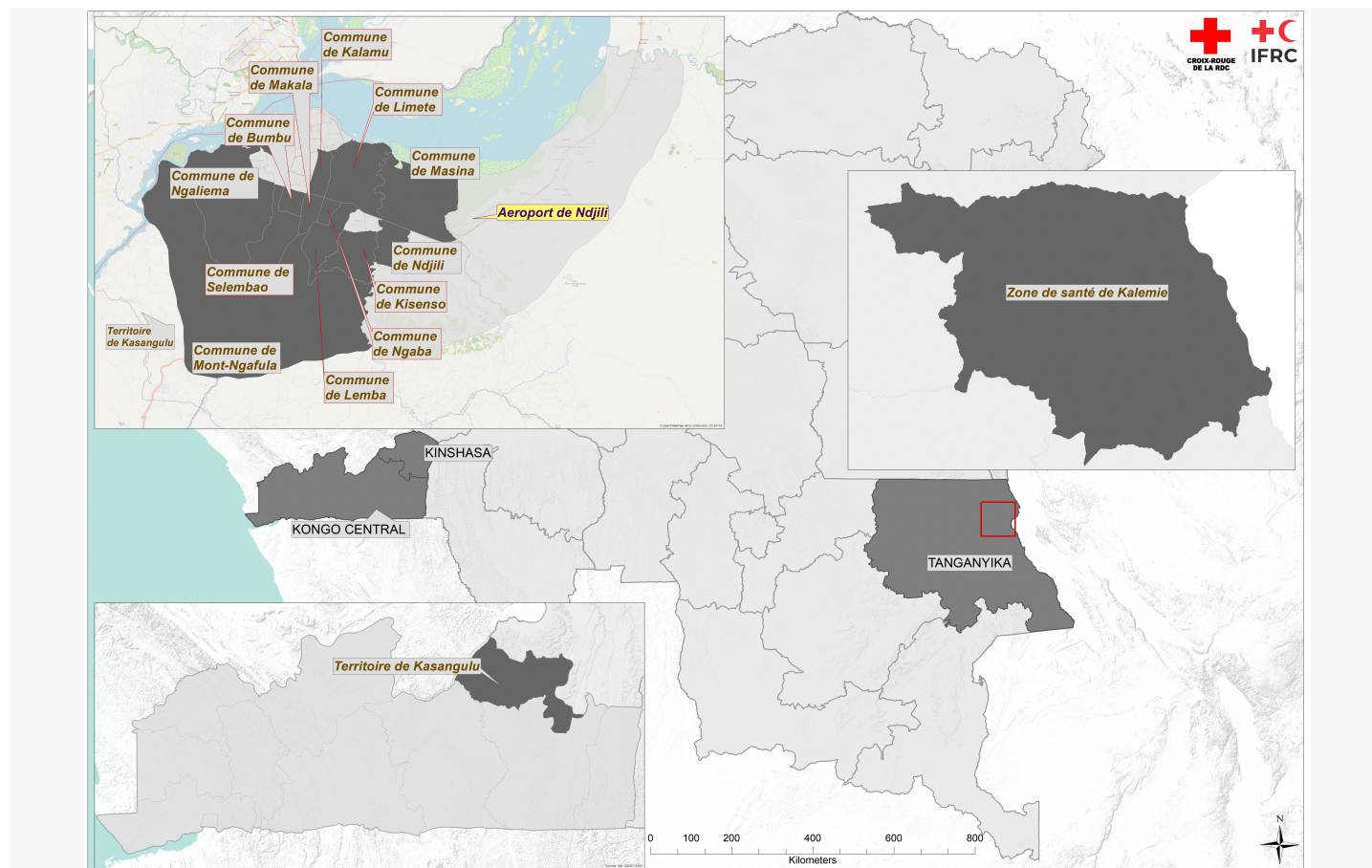
Appeal: MDRCD046	Country: Democratic Republic of Congo	Hazard: Flood	Type of DREF: Response
Crisis Category: Orange	Event Onset: Sudden	DREF Allocation: CHF 607,966	
Glide Number: -	People Affected: 82,696 people	People Targeted: 15,000 people	
Operation Start Date: 28-04-2025	Operation Timeframe: 4 months	Operation End Date: 31-08-2025	DREF Published: 02-05-2025
Targeted Regions: Kinshasa, Kongo Central, Tanganyika			

Description of the Event

[Crisis Category Supporting Document](#)

Date of event

04-11-2025



Affected Areas

What happened, where and when?

Following heavy rainfall between April 4 and 11, the Democratic Republic of Congo experienced major flooding, particularly due to the overflow of the Ndjili River in Kinshasa and the Rugumba River in Tanganyika. These events caused extensive damage across several parts of the country. According to national authorities, the most affected provinces were Kinshasa and Tanganyika, with approximately 80,000 people (or 30,911 households) impacted.

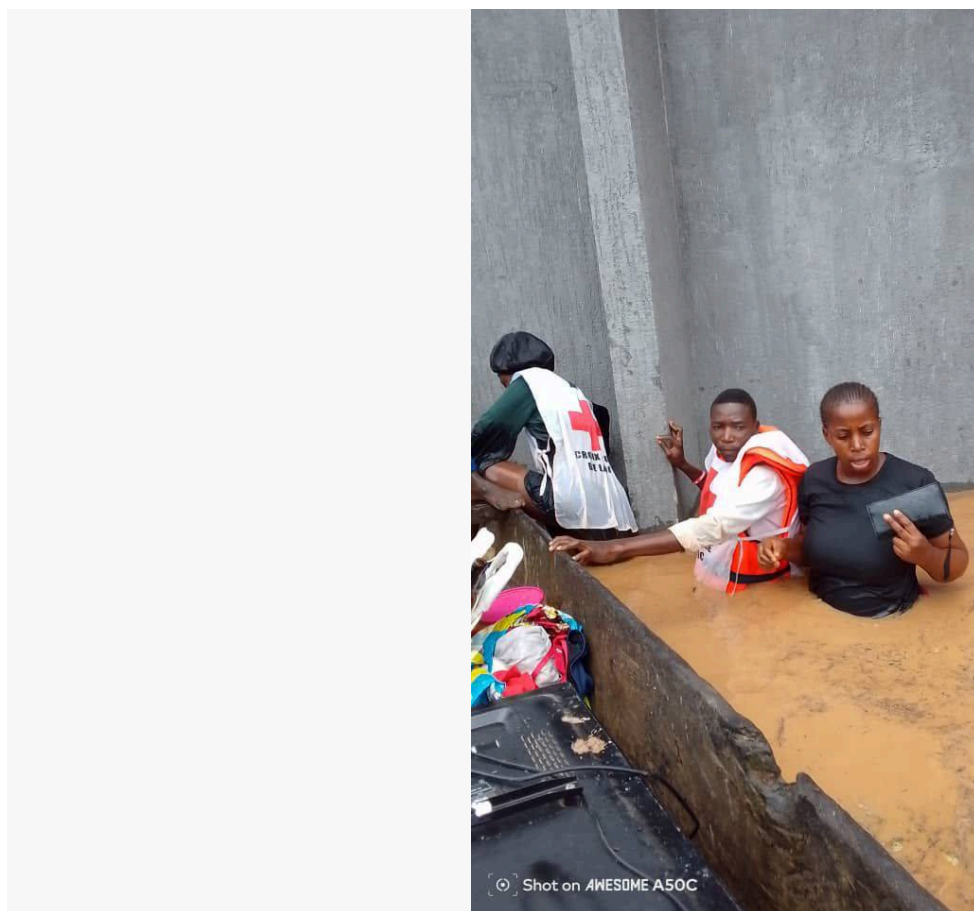
In Kinshasa, torrential rains fell during the night of Friday, April 4 to Saturday, April 5, resulting in severe material and human damage. As water levels rose on Saturday morning, the floods devastated several outlying and underserved districts of this megacity of over 17 million inhabitants. Dozens of cars were swept away, water levels reached up to 1.5 meters, and many residents were forced to abandon their homes. Thirteen of the city's 24 municipalities were severely affected, with a reported toll of 165 deaths, 28 injuries, more than 7,000 displaced persons (some of whom have relocated to four temporary relief sites), and substantial material losses.

In Tanganyika province, particularly in the territories of Kalemie and Nyunzu, another major rainstorm occurred on Friday, April 11. The overflow of the Rugumba River destroyed homes, schools, and farmland. According to the Provincial Division of Humanitarian Action and Solidarity, the provisional toll includes 8,815 affected individuals (1,763 households), 15 injuries, 2 deaths, 1,046 homes destroyed, and damage to 8 schools. The total number of people affected in the region is estimated at over 20,000.

The Red Cross has also reported widespread destruction or damage to homes across the affected areas. In addition, media sources report power outages and disruptions to the water supply.

These events align with the broader climatic trend anticipated by METTELSAT (the National Meteorology and Satellite Remote Sensing Agency), whose seasonal forecast issued six weeks prior predicted above-normal rainfall with a high risk of flooding — especially in Kinshasa, Kasangulu, Kongo-Central, and the northeastern regions of the country.

UNOSAT (the United Nations Satellite Centre) was activated on April 11, and the International Charter on Space and Major Disasters was triggered on April 10 to support damage assessment efforts.



Evacuation of injured people in Kinshasa

Scope and Scale

Between April 4 and 11, the Democratic Republic of Congo (DRC) experienced widespread flooding, river overflows, and landslides, resulting in significant destruction across the provinces of Kinshasa and Tanganyika. The Ndjili River in Kinshasa and the Rugumba River in Tanganyika overflowed, creating floods and landslides that affected 13 of Kinshasa's 24 municipalities, as well as the territories of Kalemie and Nyunzu in Tanganyika.

According to the Ministry of Humanitarian Affairs, approximately 80,000 people were affected in total. In Kinshasa, over 60,000 people including 30,911 affected households suffered significant losses. The reported toll includes 165 deaths, 28 injuries, and over 7,000 people displaced, with many seeking shelter in temporary sites. In Tanganyika, more than 20,000 people were affected, including 2 deaths, 15 injuries, 1,046 homes destroyed, and 8 schools damaged. The Red Cross further reported widespread destruction and damage to housing in both provinces.

Flooding caused by recent torrential rains has displaced nearly 10,000 people in Tanganyika and over 7,000 in Kinshasa, worsening an already fragile humanitarian situation. This emergency reflects a dual crisis in the DRC, where extreme climatic shocks such as flooding are compounding the effects of ongoing conflict and large-scale population displacement. In addition to homes and schools, vital agricultural land has been destroyed, leaving thousands without shelter or means of subsistence. Stagnant and contaminated floodwaters have heightened the risk of disease outbreaks. Alarming, cholera cases in Kalemie have surged to six times the level recorded during the same period last year.

The disaster has further impacted already vulnerable populations. Since January, Tanganyika has hosted nearly 50,000 internally displaced persons (IDPs) fleeing violence in South Kivu. Many had sought refuge in local homes, churches, and schools — now damaged or destroyed by the floods. The destruction of staple crops such as cassava, maize, and groundnuts has exacerbated food insecurity in the region.

The outlook remains alarming. According to METTELSAT (the National Meteorology and Satellite Remote Sensing Agency), further heavy rainfall was expected over the following days in Kinshasa. Seasonal forecasts for March to May indicate excessive rainfall trends across Kinshasa, Kongo Central, Équateur, Haut-Uele, Bas-Uele, Ituri, and both North and South Kivu with ongoing risk of flooding and rising water levels.

Immediate and coordinated action is essential to save lives and support the recovery of communities already facing multiple, compounding shocks.

Source Information

Source Name	Source Link
1. ECHO	https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-floods-update-ifrc-media-noaa-cpc-echo-daily-flash-08-april-2025
2. UNHCR	https://reliefweb.int/report/democratic-republic-congo/floods-and-conflict-fuel-alarming-humanitarian-emergency-dr-congo

Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	No
Did the National Society respond?	-
Did the National Society request funding form DREF for that event(s)	-
If yes, please specify which operation	-

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

-

Lessons learned:

- The active involvement of all stakeholders — including partners, the Ministry of Health, Social Affairs, Planning, the Town Hall, DPS, and the Red Cross — positively contributed to the smooth implementation of activities. Key factors in this success included support for training and deployment teams, coordinated efforts to ensure the availability of resources and tools, timely procurement, and effective joint supervision. This collaborative approach stands out as a good practice to be replicated in this and future operations.
- The absence of finance officers in the implementation process led to delays in submitting the final reports. To address this, the National Society (NS) will be supported by a finance officer from the IFRC delegation, who will assist in preparing the financial reports specific to this DREF. The finance officer will also participate in follow-up missions to support the branch in completing the reports.
- In terms of narrative reporting, the NS has a PMER focal point based at headquarters specifically assigned to this DREF. Budget has been allocated for IFRC monitoring visits to ensure continued oversight and support.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	No
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Current National Society Actions

Start date of National Society actions

15-04-2025

Health	- DRC RC volunteers evacuated flood victims to sites set up by the Kinshasa Provincial Government. - First aid for injured people, a total of 578 people assisted, including 375 men and 203 women. - Distribution of mosquito nets to 2,000 households, including 1,000 in Kinshasa and 1,000 in Kalemie.
Water, Sanitation And Hygiene	The volunteers took part in sanitation work organized by the Ministry to improve the Lumumba site, home to a number of disaster victims.
Coordination	The DRC RC took part in coordination meetings organized by the Central Government, chaired respectively by the Deputy Prime Minister, Minister of the Interior, and the Minister of Social Affairs, Humanitarian Action and National Solidarity.
Assessment	Rapid assessments were carried out in the city of Kinshasa and in the town of Kalemie in Tanganyika. 180 volunteers were mobilized for this activity, including 130 in Kinshasa and 50 in Tanganyika.

IFRC Network Actions Related To The Current Event

Secretariat	The IFRC has a delegation in Kinshasa (which also covers Rwanda, Burundi and the Republic of Congo). It provides technical support for the planning, drafting and implementation of this operation.
Participating National Societies	The DRC RC works in close collaboration and maintains constant coordination with all the Movement's partners in the country, notably the Belgian RC (Flanders and Wallonia), the French RC, the Swedish RC and the Luxemburg RC. To date, the Belgian Red Cross Flanders is proposing to get involved after sharing the Red Cross response plan, through the Crisis Modifier, which could be active in order to assist flood victims in Kinshasa while considering sectors not covered by the present DREF.

ICRC Actions Related To The Current Event

The ICRC has an office in the country and maintains constant coordination with the DRC RC in the country, including in connection with the launch of this DREF. To date, no action has been taken by the ICRC regarding this disaster.

Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The central government has already convened two crisis meetings with humanitarian organizations, the first chaired by the Minister of the Interior and the second by the Minister of Humanitarian Action, to solicit humanitarian support for disaster relief.



UN or other actors

- The United Nations organizations have not published a response plan.
- UNICEF distributed tents at the Lumumba site.
- Some politicians donated food and sweets to the displaced.

Are there major coordination mechanism in place?

- Multi-sector and inter-agency meetings.
- Disaster Coordination meetings organized by the Ministry the Interior and the Ministry of Humanitarian Action.

Needs (Gaps) Identified



Shelter Housing And Settlements

According to preliminary data from the Kinshasa branch, some 9,497 houses were flooded and 1,046 destroyed in the areas already assessed in the city of Kinshasa, and 1,763 houses flooded according to the National Division of the Humanitarian Actions and Solidarity Tanganyika Province. These households have also lost their essential household items. Displaced families are being housed in host families or disaster sites set up by the government and broken down as follows:

- I.T LUMUMBA site: 523
- STADE TATA RAPHAEL: 1,518
- STADE DE MARTYR: 1,220



Livelihoods And Basic Needs

According to the preliminary flood report, 30,911 households were affected in the Kinshasa region. Many households lost all their means of subsistence, as the rain washed everything away. In Tanganyika, for example, flooding has also wiped out essential crops such as cassava, maize and groundnuts, exacerbating an already serious food insecurity situation in the country.



Health

The floods left many individuals injured, some of whom were referred to government health facilities by first-aid volunteers from the DRC Red Cross. However, providing effective care proved challenging due to a critical shortage of first aid equipment, highlighting the need for better emergency preparedness and supply availability.

Many displaced families, particularly in Kinshasa, are currently being housed in temporary shelters such as schools, churches, and stadiums. These structures offer limited protection from the elements, leaving people exposed to adverse weather conditions. In addition, the absence of mosquito protection significantly increases the risk of malaria, particularly among vulnerable groups like children and the elderly.

The destruction of water, hygiene, and sanitation infrastructure has dramatically increased the risk of disease transmission. Affected populations are forced to wash clothes and cooking utensils in contaminated floodwaters, making them highly susceptible to waterborne diseases. In Tanganyika province, stagnant and polluted floodwaters are raising serious public health concerns. Cholera cases have already been reported at six times the rate observed during the same period last year, underscoring the urgent need for preventive action.

A significant portion of the displaced population is in need of psychological support, having endured traumatic experiences including the loss of loved ones, homes, and livelihoods. The abrupt shift to highly precarious living conditions is exacerbating emotional distress and requires targeted psychosocial interventions.

To mitigate the health risks faced by affected communities, the distribution of essential items such as blankets and mosquito nets is urgently needed. These distributions should be complemented by awareness campaigns focused on the prevention and management of waterborne diseases, particularly cholera and malaria.



Water, Sanitation And Hygiene

The flooding severely compromised the quality of water in surrounding wells and boreholes, creating significant public health risks. In Kinshasa, the disruption of the public water supply left much of the city without access to water from REGIDESO for five consecutive days. In both urban communes of Kinshasa and the rural and peri-urban areas of Kalemie, access to safe water remains a persistent challenge,



as most local water sources are dependent on the lake, which has also been affected by the flooding.

The floods caused widespread damage to sanitation infrastructure, including the destruction, weakening, or overflow of latrines. Many households that rely on family latrines have seen these facilities inundated, leading to direct discharge into the N'djili River and Lake Tanganyika. This has resulted in a serious breach of the sanitary barrier between waste and the living environment, significantly increasing the risk of outbreaks of fecal-oral diseases such as cholera and typhoid.

One of the primary causes of recurrent flooding is the clogging of drainage systems. Blocked gutters prevent proper water flow, leading to rising floodwaters that infiltrate homes and public spaces. Without functional drainage infrastructure, this cycle of flooding continues unabated. Immediate interventions are needed to carry out drainage work and unblock gutters to prevent further damage and reduce health hazards.



Protection, Gender And Inclusion

Flooding in Tanganyika province has increased the vulnerability of communities already suffering from the impact of conflict in the eastern region. According to data published by UNHCR, since January, Tanganyika province has welcomed some 50,000 internally displaced persons (IDPs) fleeing the violence in South Kivu. Many had taken refuge in local homes, churches and schools, now damaged or destroyed. This situation increases exposure of displaced and host communities to protection risks such as sexual and gender-based violence, forced and child marriage, and psychosocial distress. Indeed, with the floods having wiped out agricultural production, this situation is helping to increase the risks of sexual violence and economic exploitation of children linked to food insecurity, to which women, girls and boys have already been exposed since the start of the crisis. As far as children are concerned, the destruction of schools caused by the floods has exacerbated the protection problems to which children were exposed, in particular exploitation and de-schooling. Furthermore, in terms of protection response capacity, the city of Kalemie, and especially the affected neighborhoods, have no specialized protection services to respond to the increased protection risks posed by flooding coupled with the high pressure caused by the arrival of displaced people fleeing the violence in South Kivu.



Community Engagement And Accountability

During this period of high water, is also a risk of increased epidemiological risk and the spread of water-borne diseases, further increasing the vulnerability of children and affected communities. It is therefore crucial to raise community awareness of the risks and prevention of water-borne diseases.

Any identified gaps/limitations in the assessment

The DRC RC carried out a rapid assessment in Kinshasa, which did not cover all flood zones and did not provide all the necessary information. Gaps in information persist and can be filled by carrying detailed assessments in all affected areas.

A detailed multi-sectoral needs assessment will be carried out at the start of the operation, and will complement the shared information.

Operational Strategy

Overall objective of the operation

This four-month DREF operation aims to assist 15,000 people (3,000 households) affected by severe flooding in Kinshasa and Kalemie. It will provide integrated support across key sector including: water, sanitation, health, shelter, and livelihoods, including unconditional cash transfers to help families meet their most pressing needs. Community engagement will be central to the response, ensuring that affected populations play an active role in shaping and implementing the intervention.

Operation strategy rationale

To meet the needs of the target population, the DRCRC's strategy will focus in particular on the following areas:

1. Unconditional Multi-Purpose Cash Assistance.

To support the recovery of the most vulnerable households affected by the floods, the DRC Red Cross (DRCRC) will provide unconditional cash transfers to 3,000 households—2,000 in Kinshasa and 1,000 in Kalemie. Each household will receive USD 100; an amount harmonized with national standards and designed to meet essential needs while restoring livelihoods. Cash will be transferred through Vodacom's Mobile Money service, with SIM cards distributed where necessary to ensure access.

Building on its previous experience with Cash and Voucher Assistance (CVA), the DRCRC will assign a national focal point to oversee the intervention and implement lessons learned from past operations. An active agreement with Vodacom will be leveraged to facilitate



secure and efficient disbursements. Anticipated risks, such as lack of identification documents among some beneficiaries, will be addressed through alternative, officially recognized forms of identification. A rapid market assessment will be conducted to confirm that local markets can support the intervention effectively.

2. Health

To strengthen the emergency health response, the DRCRC will supply 54 first aid kits to volunteers working on the front lines, enabling them to provide timely assistance and ensure referral of injured individuals to health facilities. In an effort to prevent the spread of vector-borne diseases such as malaria, two long-lasting insecticide-treated mosquito nets will be distributed to each of the 3,000 targeted households. Additionally, psychosocial support will be offered to affected individuals, with trained volunteers leading awareness and support activities over a three-month period.

3. Water, Sanitation and Hygiene (WASH)

The WASH response will focus on improving sanitation, promoting hygiene, and ensuring safe access to clean water. Weekly sanitation campaigns will be organized in affected communities, targeting the cleaning of gutters and public spaces. To support these efforts, 18 sanitation kits containing items such as bleach, chlorine, detergent, soap, sprayers, and cleaning tools will be provided to Red Cross committees, along with 100 protection kits for volunteers.

To improve household water safety, all 3,000 households will receive Aquatabs for water purification, accompanied by hygiene promotion sessions and practical demonstrations on correct usage and storage. Jerrycans will also be distributed to facilitate water handling. These activities will be complemented by public awareness campaigns promoting the consumption of treated water and handwashing with soap. Once floodwaters recede, disinfection of water sources will be carried out in collaboration with local water service providers. Post-distribution monitoring will assess the satisfaction of beneficiaries and ensure the proper use of water treatment supplies.

4. Shelter

To support households that have lost their homes and belongings, the DRCRC will distribute Essential Household Item (EHI) kits to 2,000 families—1,000 in Kinshasa and 1,000 in Kalemie. Beneficiaries will be identified based on pre-defined vulnerability criteria. The kits will help restore minimum living conditions and will include sleeping mats, blankets, and basic kitchen utensils.

5. Community Engagement and Accountability (CEA)

The DRCRC will ensure that affected communities are fully engaged throughout the response by establishing a feedback mechanism to monitor perceptions, address rumors, and gather community input. Social mobilization efforts will focus on promoting good hygiene practices and raising awareness about waterborne and vector-borne disease prevention through community meetings and focus groups. To ensure transparency and trust, beneficiary lists will be publicly displayed in community centers, and community representatives will be involved in overseeing aid distributions.

Local knowledge will be actively incorporated into the response, helping to identify safe relocation areas, water points, and early warning signs. Feedback will be collected and analyzed weekly, allowing for continuous adaptation of interventions. At the conclusion of the operation, a lessons-learned workshop will bring together beneficiaries, community members, and key stakeholders to evaluate the response and inform future programming.

6. Protection, Gender, and Inclusion (PGI)

In all aspects of the response, the DRCRC will ensure that activities are inclusive, protective, and gender sensitive. The design of the DREF operation is guided by a commitment to equity, safety, and meaningful participation for all members of the affected population, regardless of gender or background. To this end, all staff and volunteers will receive a briefing on minimum standards for Protection, Gender and Inclusion, ensuring these principles are integrated into day-to-day implementation.

Planning processes will be reviewed regularly to ensure they reflect the needs and preferences of different groups in a transparent and inclusive manner. At the onset of the operation, a detailed assessment will be carried out jointly with partners and communities to identify gaps and guide the response. Volunteer teams will also collect community feedback to continuously improve the relevance and quality of the intervention.

- At the start of the operation, a detailed needs and gap analysis will be conducted in collaboration with partners and communities, with volunteer responders collecting feedback to continuously inform and refine the response strategy.
- At the end of the operation, a lessons-learned workshop will be conducted with beneficiaries, communities, and key stakeholders to reflect on and improve future interventions.
- Post-distribution monitoring will assess beneficiary satisfaction and usage of distributed material.



Targeting Strategy

Who will be targeted through this operation?

This operation will target the populations of the city of Kinshasa and the province of Kalemie, taking into account the areas most affected and/or closest to and most accessible from the city of Kinshasa and the province of Tanganyika. The target groups will be distributed as follows:

- Kinshasa: 10,000 people or 2,000 households.
- Kalemie: 5,000 people or 1,000 households.

Explain the selection criteria for the targeted population

This assistance will target the most vulnerable people, taking into account social vulnerability criteria. Beneficiaries will be selected on the basis of the following criteria:

- Households with at least one death.
- Households that have lost their homes.
- Female heads of household.
- Pregnant and breast-feeding women.
- Households with disabled people.
- Households with children under 5.

Total Targeted Population

Women	7,650	Rural	40%
Girls (under 18)	-	Urban	60%
Men	7,350	People with disabilities (estimated)	5%
Boys (under 18)	-		
Total targeted population	15,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?

Yes

Does your National Society have prevention of sexual exploitation and abuse policy?

Yes

Does your National Society have child protection/child safeguarding policy?

Yes

Does your National Society have whistleblower protection policy?

Yes



Does your National Society have anti-sexual harassment policy?

Yes

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

Risk	Mitigation action
The results of the multi-sectoral needs assessment show that mention other huge needs in other sectors.	The CRRDC will revisit its action by expanding the areas intervention, while calling for a new allocation.
Flooding is worsening, the numbers of displaced people are increasing, with the risk of sexual abuse.	The DRCRC , in collaboration with the movement's other partners, has identified the best way meet the increased humanitarian needs and to find other sources of funding through an emergency appeal or among local players. The NS could also revise the DREF by extending the implementation period.
PEAS risk and safeguards (the operating environment in which the project will be implemented has a PEAS risk).	DRCRC will set up a complaint escalation mechanism accessible to all. All program staff and volunteers will be trained on PEAS/Safeguarding and sign the code of conduct; volunteers will always work in pairs staff or volunteers will never be left alone with a child; communities will be made aware of EAS and the reporting mechanism.

Please indicate any security and safety concerns for this operation

The security situation in the city of Kinshasa and Tanganyika remains stable, Tanganyika province is in the east of the country, where two large parts of the provinces are facing armed aggression. A team from the national headquarters just strengthened the capacity of the Tanganyika province with the concept of information on air safety for managers and volunteers in the town of Kalemie.

Visibility equipment will be made available to volunteers, as will protective gear. Has a child protection risk analysis been carried out. A global risk assessment was carried out during capacity-building in Tanganyika Province, specifically in the town of Kalemie.

Has the child safeguarding risk analysis assessment been completed?

No

Planned Intervention



Shelter Housing And Settlements

Budget: CHF 107,761

Targeted Persons: 10,000

Indicators

Title	Target
# of HHs reached with AME	2,000
% of people declaring they are satisfied with the items provided	95

% of people listing AME among their top 3 needs	80
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Priority Actions

- Purchase of 2000 AME kits
- Distribution of AME kits
- Post-distribution follow-up



Multi Purpose Cash

Budget: CHF 275,181

Targeted Persons: 3,000

Indicators

Title	Target
# of cash transfer volunteers	180
# of households receiving cash assistance	3,000
% of households reporting satisfaction with assistance	90

Priority Actions

- A rapid assessment of the market in the communities and villages and mainly in the areas around the relocation sites will be carried out in the two towns.
- 2-day training session for 180 volunteers on Monetaire transfer.
- Training for 20 CRRDC staff on Monitoring/Evaluation, Livelihood Assessment in Emergencies and Recovery.
- Detailed assessment of needs in disaster-stricken towns.
- Selection of beneficiaries in 6 days with criteria validated by the communities.
- Ongoing evaluation and follow-up.
- Cash transfer /Assistance to 3,000 target households.
- And post-distribution monitoring of cash assistance



Health

Budget: CHF 97,154

Targeted Persons: 3,000

Indicators

Title	Target
# of volunteers trained in PSS and First Aid	180
#of people reached by outreach and other health services	3,000
#of people who received first aid treatment	50
# of households receiving Mosquito nets	3,000

Priority Actions

- 2-day refresher courses for 180 volunteers and 18 supervisors/staff on psychosocial care and EPIC, hygiene promotion/CREC.
- Deployment of 180 volunteers and awareness focal points 2 days/week for 3 months.
- Purchase of first aid kits.
- Distribution of mosquito nets.
- PDM.



Water, Sanitation And Hygiene

Budget: CHF 26,497

Targeted Persons: 3,000

Indicators

Title	Target
# of households having received the aquatabs	3,000
% of the population benefiting from health promotion activities	80
% of people reached who confirmed that they had integrated and put into practice hygiene messages	79
% of people who have implemented treatment systems	80

Priority Actions

- Providing drinking water to households through the distribution of aqua-tabs tablets.
- Design/printing of IEC WASH/SANTE materials for volunteers.
- 50 sanitation kits (fathoms, Jave! water, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers and wheelbarrows) made available to communities through volunteers.
- Distribution of 180 protection kits (boots, gloves, helmets, mufflers and protective equipment).
- Promoting hygiene and environmental sanitation.
- Deployment of volunteers for sanitation campaigns in affected neighborhoods.
- WASH awareness/ including water treatment awareness, wastewater management, demonstrations on the use of water treatment tablets.



Protection, Gender And Inclusion

Budget: CHF 11,485

Targeted Persons: 3,000

Indicators

Title	Target
# of volunteers and supervisors trained to PGI's minimum standards	180
# of volunteers and supervisors (disaggregated by sex and age) in line with PG's minimum standards	180
# of volunteers and supervisors (disaggregated by sex and age) in line with PG's minimum standards	3,000

# of people (disaggregated by gender, age and disability) with access to (temporary) safe spaces established or managed by the National Society for learning, psychosocial support or leisure purposes.	300
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Priority Actions

- Child safeguarding and PEAS risk analysis for the program and implementation an action.
- Provision of personal protection assistance to reduce protection risks for the most vulnerable groups (transport cash for access to services, clothing kits for children to them from the cold and ensure their access to school, school kits for children from the most vulnerable households who lost their school supplies in the floods).
- Awareness-raising through various channels on GBV, violence against children, PEAS, etc.
- Training of volunteers, including those from other sectors, on PSEA, PG! minimum standards, GBV, child protection, case referral and the survivor-centered approach.
- Help WASH, Shelter, Cash and Health teams include measures to address vulnerabilities specific to the factors of and diversity, including people with disabilities, in their planning.
- Help WASH, Shelter, Cash and Health teams collect and analyze data disaggregated by gender, age and disability, and selection criteria for beneficiaries in other sectors.
- Ensure that minimum ERP standards are taken into account in the work of other sectors.
- Mapping of services and establishment of secure referral pathways to appropriate care services, including psychosocial support services for GBV survivors and child protection cases.
- Setting up a mobile EAE schools to provide psychosocial support and encourage return to school.
- Setting up listening to psychosocial support for protection cases through referrals, access to available services (medical) for survivors of GBV and child protection cases.
- Ensure that all volunteers have signed the code of conduct and have been trained in AMSP Design and duplicate awareness-raising tools.



Community Engagement And Accountability

Budget: CHF 3,440

Targeted Persons: 2,998

Indicators

Title	Target
# of feedback systems in place	1
# of FGDs involving beneficiaries and organized local communitieslocale organisées	12

Priority Actions

- Establishment of a community feedback system and support for the community system (including rumor tracking).
- Social mobilization to promote best practices through discussion groups.
- Workshop on lessons learned and capitalization of best practices.
- FGD for social mobilization - awareness-raising and feedback.
- Work with local committees to design flood mitigation measures together. (1 time per week for 3 months).



Secretariat Services

Budget: CHF 29,058

Targeted Persons: -

Indicators

Title	Target
# of follow-up missions organized	3

Priority Actions

- Organize a DREF launch meeting with the authorities.
- Support for activity monitoring missions.



National Society Strengthening

Budget: CHF 57,390

Targeted Persons: -

Indicators

Title	Target
# of monitoring missions organized	3
# of organized planning meetings	2

Priority Actions

- Organize an operations planning meeting with branches and the IFRC in Kinshasa and Kalemie.
- Purchase and distribution of vests and bibs for the volunteers.
- Support for activity monitoring missions for head office staff.
- Logistical support for transporting goods and handling/warehousing and monitoring activities.

About Support Services

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

This DREF Operation will mobilize :

- 180 volunteers and 18 supervisors, including 130 volunteers and 13 supervisors in Kinshasa and 50 volunteers and 5 supervisors in Kalemie.
- Two provincial coordinators will be mobilized for monitoring, coordination and information.
- 1 national project manager.
- A national PMER
- National communications
- National budget and follow-up

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?

Yes, the volunteer team is inclusive and takes in account the gender, age and cultural diversity of the beneficiaries. As new volunteers adhere to the DRC RC, there is need to continuously brief, equip and train them on different thematic related to the operation to enable



them to provide an efficient service to the people.

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

The NS has a logistics team that will carry out all purchases under CHF 50,000 for the operation, in with Federation procedures. The delegation will support, if required, for the purchasing and distribution, as well as risk assessment.

How will this operation be monitored?

IFRC PMER, in collaboration with the Societe Nationale PMER team, will support the monitoring this operation. On a weekly basis, the monitoring and evaluation department will provide an update on the progress of activities in the field, as well as on the progress of the project and will mention any difficulties to find solutions.

Joint IFRC and SN monitoring missions will also be organized.

Please briefly explain the National Societies communication strategy for this operation

The DRC Red Cross will participate in regular coordination meetings with all partners and stakeholders. SN actions will be presented to avoid overlap in implementation.

Budget Overview



DREF OPERATION

MDRCD046 - Democratic Republic of the Congo Floods 2025

Operating Budget

Planned Operations	521 519
Shelter and Basic Household Items	107 761
Livelihoods	0
Multi-purpose Cash	275 181
Health	97 154
Water, Sanitation & Hygiene	26 497
Protection, Gender and Inclusion	11 485
Education	0
Migration	0
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	3 440
Environmental Sustainability	0
Enabling Approaches	86 447
Coordination and Partnerships	0
Secretariat Services	29 058
National Society Strengthening	57 390
TOTAL BUDGET	607 966

all amounts in Swiss Francs (CHF)



Contact Information

For further information, specifically related to this operation please contact:

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