

OPERATION UPDATE

DRC | Population Movement

<p>Emergency appeal №: MDRCD043 Emergency appeal launched: 20/02/2024 Operational Strategy published: 15/04/2024</p>	<p>Glide №: OT-2024-000029-COD</p>
<p>Operation update #5 Date of issue: 12/11/2025</p>	<p>Timeframe covered by this update: From 20/02/2024 to 30/10/2025</p>
<p>Operation timeframe: 25 months 20/02/2024 – 31/03/2026</p>	<p>Number of people being assisted: 500,179</p>
<p>Funding requirements (CHF): CHF 30 million through the IFRC Emergency Appeal CHF 50 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 750,000</p>



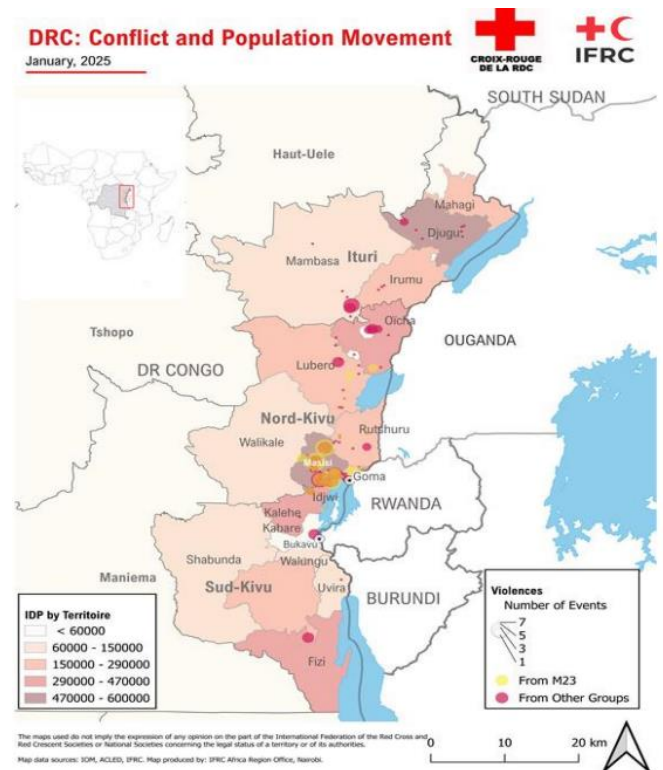
Group discussions with girls and boys following by sensitization on forms of GBV in North Kivu

A. SITUATION ANALYSIS

Description of the crisis

Eastern Democratic Republic of Congo (DRC) continues to face one of the world's most complex and protracted humanitarian crises, driven by conflict, displacement, and recurrent natural hazards. More than 5.2 million internally displaced people are concentrated in North Kivu, South Kivu, and Ituri, with 96% displaced due to armed violence. These provinces, historically marked by weak governance, chronic poverty, and limited access to services, are also rich in minerals, making them hotspots for contestation and insecurity.

Since 2024, conflict between FARDC/Wazalendo forces and the M23 armed group has sharply intensified. The situation deteriorated further from August 2024, particularly following M23's advance through Lubero and towards southern North Kivu. Major urban centers including Goma, Butembo, and Minova have experienced repeated waves of violence and mass population movements. The fall of Goma in January 2025 triggered an exodus of hundreds of thousands, the closure of displacement sites, and premature, unsafe returns in surrounding territories



The crisis is now characterized by simultaneous mass displacement and forced or premature returns, particularly in Masisi, Rutshuru, Kalehe, and Uvira. Many families return to destroyed homes, looted villages, or contested land, with over 60% living in damaged shelters and more than one-third facing land access challenges (IFRC, Oct. 2025). Communities returning to insecure environments face heightened risks of gender-based violence, forced recruitment, extortion, and exploitation. Women-headed households, representing nearly half of returnees, are disproportionately affected due to limited access to land, credit, and livelihood opportunities.

These trends are straining host communities already challenged by poverty, food insecurity, and limited infrastructure. Rising tensions over land, water points, and aid further threaten social cohesion

Recent Escalation and Key Events

- **August - October 2024:** Ceasefire agreements between DRC and Rwanda (Luanda, July 2024) fail to hold as clashes continue.
- **January 2025:** Fighting escalates in Goma's outskirts, culminating in a full-scale assault on the city.
- **January 25, 2025:** M23 seizes large parts of Goma, including the airport, triggering mass displacement.
- **January 29, 2025:** Goma falls completely under M23 control, marking the beginning of their advance towards South Kivu.
- **February 2025:** WHO reports 3,082 injured civilians, with 843 deaths in medical facilities since late February. The total casualty count since March 2024 stands at 6,151.
- **By June 2025,** over 1.03 million IDPs and 2.01 million returnees were recorded in North Kivu. Fighting in Rutshuru, Masisi, Lubero and Walikale caused repeated new displacements, with 61 civilians killed and more than 766 houses burned in Bwito alone. Attacks by ADF in Lubero killed 35 civilians in June, while Goma and Nyiragongo reported over 6,300 cases of Mpox (OCHA, June 2025).

- **In August**, North Kivu and South Kivu provinces continue to face a series of major challenges hindering their stability and development. Repeated attacks by the Allied Democratic Forces (ADF) in parts of North Kivu, combined with the war waged by the Congo River Alliance/Movement of March 23 (AFC/M23) in both provinces, continue to undermine the security of the population. Nearly 138,000 people were newly displaced in Masisi. This resulted in 1,335 identified cases of violations and abuses (Protection Cluster, Sept. 2025).
- In Ituri, violence surged in July–August 2025, displacing over 122,000 people in Djugu and 50,000 in Irumu. By end of August, Djugu hosted 623,000 IDPs and Irumu nearly 191,000 (OCHA, Aug 2025).

Since early 2025, hostilities have reached unprecedented levels, directly impacting urban centres such as Goma, Sake, and Minova, where thousands of families have fled multiple times. The fall of Goma in January 2025 resulted not only in new displacements but also in premature and unsafe returns as communities sought refuge in partially secured zones. Assessments conducted by the DRC Red Cross and the IFRC in May–June 2025 confirm that more than 40% of returnees had no access to basic shelter, while 28% were living in schools or public buildings. These findings highlight a growing overlap between displacement and return, where humanitarian actors must simultaneously address emergency needs and support early recovery.

RDC – Key humanitarian and political highlights (March – September 2025)

- **March 2025:** The fall of Goma confirmed, leading to massive displacement towards South Kivu.
- **April 2025:** Fighting intensified in Masisi and Rutshuru; displacement camps around Goma emptied.
- **May 2025:** Floods and landslides in Kalehe worsened the humanitarian crisis.
- **June 2025:** More than one million IDPs registered and a surge of Mpox (>6,300 cases) reported in Goma/Nyiragongo.
- **July 2025:** Massive displacements in Ituri and severe human rights violations in North Kivu.
- **August 2025:** Nearly 138,000 new displacements in Ituri; 1,335 protection violations reported in Masisi.
- **September 2025:** Prolonged displacement saturating South Kivu; humanitarian funding remains insufficient.
- **A partir de septembre 2025** AF/M23 refuse de reconnaître les documents officiels de voyage délivrés par Kinshasa en réponse aux restrictions imposées par le gouvernement de Kinshasa.

In parallel to these events, localized peace initiatives and humanitarian access negotiations have been attempted but remain fragile. The insecurity persists along key transport corridors, disrupting supply chains and access to humanitarian assistance. Despite sporadic returns, most families lack the means to rebuild livelihoods or restore their assets, leading to cyclical displacement and heightened dependency on aid.

Furthermore, it is noted that there is a steady deterioration of living conditions in both displacement and return areas. Market disruptions, inflation, and the depreciation and appreciation of the Congolese franc have drastically reduced purchasing power. The average price of staple foods such as cassava and beans has increased by over 40% since the beginning of 2025, aggravating food insecurity among both returnees and host communities. The combination of economic decline, insecurity, and climatic shocks continues to undermine local coping capacities and impede durable solutions.

Summary of response

Overview of the host National Society and ongoing response

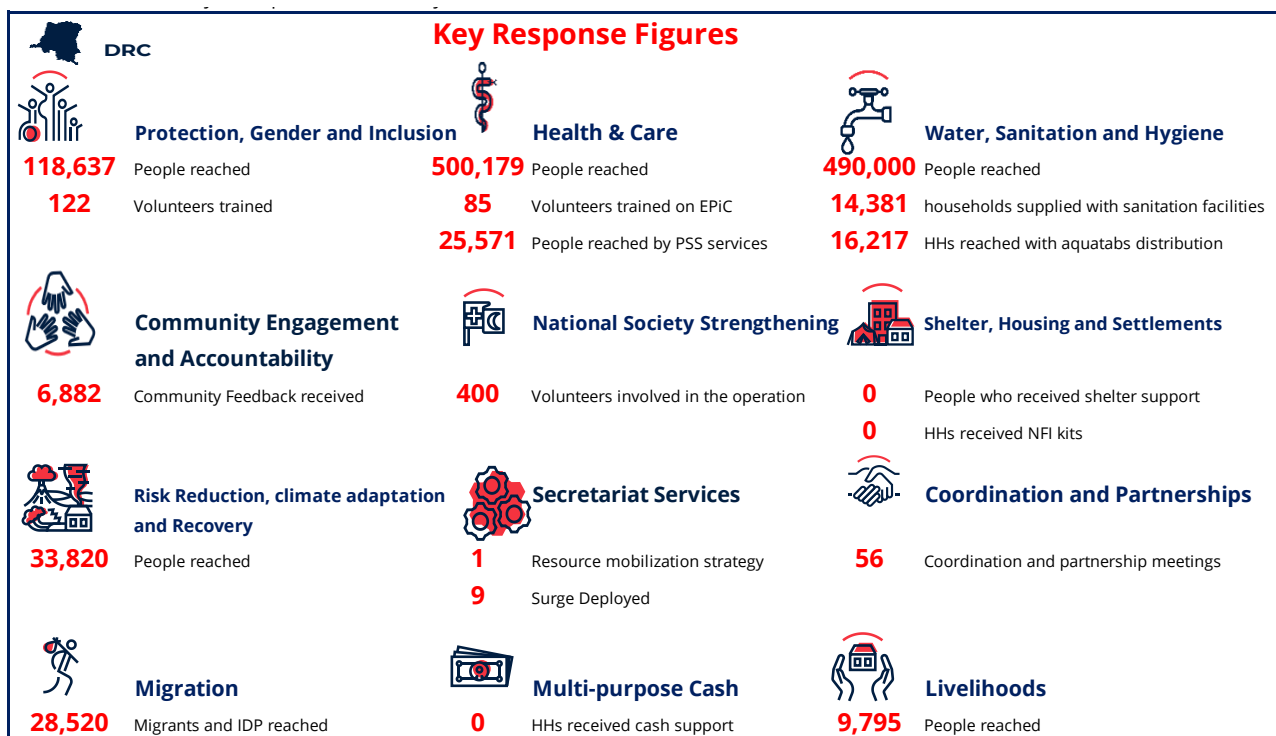
The Democratic Republic of the Congo Red Cross (DRC RC) has been at the forefront of responding to the escalating humanitarian crisis in North and South Kivu, working in close collaboration with and support from the ICRC and IFRC. Despite the volatile security situation, DRC RC has continued delivering critical humanitarian services, including first aid, psychological support, safe and dignified burials, food and economic assistance, water and sanitation interventions, and the protection of family ties.

The DRC RC actions are focused on the population movement, targeting food assistance, water, sanitation, and psychosocial support. As of July, 2025, the DRC RC has provided food assistance to over 116,097 displaced persons and host families in North Kivu. The IFRC-supported Emergency Appeal has also enabled DRC RC to reach 500,179 people with health and hygiene promotion activities, while over 25 571 individuals have received psychosocial support and 118,637 were reached through gender protection and inclusion (PGI) services.

In addition to these achievements, the DRC RC has increasingly engaged in early recovery and stabilization efforts in areas of return, particularly in North and South Kivu. Community volunteers continue to play a critical role in supporting safe and dignified returns by conducting rapid needs assessments, facilitating access to essential services, and linking humanitarian assistance with early recovery initiatives. Branches in Masisi, Kalehe, and Uvira have launched pilot activities targeting returnee households, including the distribution of household items and hygiene kits, as well as support for basic livelihood restoration through seed provision and the establishment of community-based savings groups (AVEC). These initiatives aim not only to meet immediate needs but also to strengthen social cohesion and reduce tensions between returnees, internally displaced persons, and host families, thereby contributing to recovery and community resilience in fragile return contexts.

Through its network of local committees and community volunteers, the National Society has also been instrumental in disseminating information on protection risks and facilitating community dialogues to mitigate land disputes in return areas. The approach focuses on complementarity between humanitarian relief and resilience programming, emphasizing the importance of supporting both displaced and returning populations to prevent new waves of displacement.

Meanwhile, the Burundi Red Cross (BRC) and Congo Republic Red Cross (CRC) are responding to significant population movements. In Burundi, over 120,000 displaced persons have arrived since February 2025, mainly through Gatumba border post and Rumonge port, prompting BRC to revise contingency plans and provide relief services, transit registration, and essential supplies. In Congo Brazzaville, 8,779 refugees have crossed the Congo River due to ethnic conflicts in Mai-Ndombé, DRC, with many sheltering in churches, classrooms, and host families. The CRC has mobilized 150 volunteers to support registration, water distribution, hygiene promotion, and relief assistance, while the government coordinates emergency aid efforts. These cross-border humanitarian responses remain critical in addressing the growing needs of displaced populations across the region, in addition to the new procedures introduced by the Burundian government, which are creating increased administrative difficulties for people moving between the two countries.



Movement coordination and partnerships

The IFRC, ICRC, and DRC RC continue to coordinate under the Movement Coordination Agreement to ensure complementarity, avoid duplication, and strengthen local capacities. Regular meetings between Movement partners at national and provincial levels facilitate joint planning, security updates, and harmonization of operational priorities.

External coordination and engagement with authorities

The DRC RC actively participates in national and provincial humanitarian coordination platforms, including the Protection Cluster, Shelter/NFI Cluster, and the Food Security Cluster. It maintains strong collaboration with the Ministry of Humanitarian Affairs, the Cile Protection Direction, and the provincial authorities of North and South Kivu.

DRC RC continues to play a key role in strengthening accountability to affected populations by collecting feedback through community volunteers and feedback boxes in displacement and return sites. This system has helped identify urgent protection issues, such as gender-based violence, threats, and access to water, and channel them to relevant actors for timely response.

Needs analysis

The crisis in North Kivu, South Kivu, and Ituri is driven by a combination of armed conflict, economic instability, and environmental degradation. The resurgence of the M23 rebellion has been a major driver of displacement. The ADF's attacks in Ituri and North Kivu have also contributed to the displacement crisis. Overall, the humanitarian crisis in the region has resulted in over 4 million internally displaced people in the eastern provinces of South Kivu, North Kivu, and Ituri. The damage and losses are extensive. Schools, health facilities, and water systems have been destroyed or rendered non-functional. Over 8 million people in these provinces face acute food insecurity, and half a million children are at risk of severe acute malnutrition. The disruption of agricultural systems due to displacement and violence has further exacerbated food shortages. In Ituri, intercommunal violence between the Hema and Lendu communities has surged since 2022, leading to widespread destruction of villages and livelihoods. Geographically, North Kivu remains the epicenter of the crisis, with Goma serving as a hub for displaced populations. South Kivu and Ituri also face significant challenges, with Ituri experiencing a surge in intercommunal violence and displacement. The crisis has created a ripple effect, with neighbouring provinces and countries receiving over 700,000 people.

Humanitarian needs are now multidimensional, combining emergency assistance for new displacements with early recovery support for returnees. Most returnee households (over 70%) report unmet essential needs in food, shelter, and livelihoods. While humanitarian aid has significantly diminished, many communities remain largely underserved and lack access to basic services and protection. The absence of livelihood opportunities in return areas continues to fuel cyclical displacement and prolonged dependence on humanitarian assistance.

FOOD SECURITY AND LIVELIHOODS

During the M23's occupation of Goma, many warehouses and shops were ransacked and looted. The main roads that facilitate access to food have been cut off. The airport is not yet operational and cannot facilitate the delivery of food to those in need. Before the occupation of Goma, the acute food insecurity IPC revealed that all territories of North Kivu were in phase 3 and all camps and sites in phase 4. This highlighted the significance of food insecurity in this area. The increasing number of attacks, acts of violence, and resulting displacements are significantly impacting the population's capacity to cultivate land and engage in income-generating activities. Additionally, inflation has been further aggravated by the depreciation of the Congolese franc since the beginning of the year, leading to substantial price increases for key food items like beans and cassava.

Prices for staple foods continue to rise unusually in markets across the DRC. The depreciation of the local currency, coupled with the persistent increase in the cost of essential goods such as fuel and the inadequate network of agricultural feeder roads, is contributing to the upward trend in food prices.

Food insecurity is particularly acute among returnee households: 80% have a poor or borderline Food Consumption Score (FCS), and 75% suffer from severe hunger according to the Household Hunger Scale (HHS) (IFRC 2025). The main causes include loss of agricultural tools and seeds, destruction of productive land, and insecurity preventing access to farms. In some areas such as Kalehe and Masisi, recurrent flooding and erosion have further degraded arable land.

Women-headed households and elderly persons are disproportionately affected, often resorting to negative coping strategies such as borrowing food or reducing meals.

HEALTH

The emergence and spread of disease is particularly affecting displaced populations, due to their living conditions, density and limited access to health and hygiene facilities and services. The number of cholera cases is particularly worrying, due to the continuous waves of displaced people arriving on the outskirts of host camps and communities, and their limited access to latrines and other hygiene facilities (such as chlorination). In December 2024 (Week 49), the province of North Kivu (17,452 cases) recorded the most cases, i.e. 58.0% of the country's total, followed by Haut-Katanga (4,502 cases), Sud-Kivu (3,525 cases) and Haut-Lomami (1,930 cases). Together, these provinces account for almost 95.1% (27,409 cases) of the cases recorded in the country between week 1 and week 49 of 2024.

Since the beginning of 2024, the country has been experiencing an outbreak of Mpox. The epidemic affects all 26 of the country's provinces. In 2024, the M-POX situation in the country worsened. Between the beginning of 2024 and January 20, 2025, a total of 69,158 suspected cases and 1,392 deaths were reported, with a case-fatality rate of 2.0% (Source MoH). Until January 2025, the most 3 affected provinces were Bas-Uele, Equateur, Haut-Katanga, Haut-Lomami and Haut-Uele.

In return areas, access to health care remains extremely limited. More than 45% of health facilities in the territories surveyed are non-functional or severely under-equipped. Returnees face major barriers to care, including distance, insecurity, and the cost of medical services. The lack of reproductive health services particularly affects women and adolescent girls, while psychological trauma among displaced and returned populations remains largely untreated.

WATER, SANITATION AND HYGIENE (WASH)

Cases of cholera are concentrated in IDP sites. These cases are particularly concentrated in areas of the sites where there are new arrivals, most of whom are forced to live on the outskirts of the sites, where they have limited access to latrines and water. Hygiene and sanitation practices are also a problem and contribute significantly to the rapid spread of the disease. The reports indicate major gaps in access, especially for newly displaced populations:

- The lack of latrines in the new blocks - some created for new arrivals, but many still under construction - encourages open defecation.
- Many new arrivals have not received any kits, including tarpaulins resulting in poorly constructed shelters and domestic sanitation (including stagnant water contaminated by fecal matter).
- New arrivals are forced to set up shelters on the outskirts, where existing WASH facilities are limited.
- The highest-risk areas are concentrated in the health zones of Goma, Nyiragongo, Kirotshe, and Muweso and in the IDP sites of Bulengo, Rusayo, Lushagala, Kizimba and Zaina.
- The WASH situation is equally critical in return areas, where many water points and latrines have been destroyed or left non-functional due to years of conflict. Only 32% of returnee households surveyed have access to safe drinking water, and 21% have access to improved sanitation. In the absence of adequate infrastructure, waterborne diseases such as cholera and diarrhea are recurrent, particularly among children under five. The study recommends integrating WASH rehabilitation into early recovery plans, combining community water point repairs with hygiene promotion through local volunteers.

PROTECTION, GENDER AND INCLUSION (PGI)

As a result of the resurgence of violence, crime and attacks on civilians, there has been a sharp increase in deaths and injuries. There is also gender-based violence, the recruitment and use of children in armed groups, forced displacement and restrictions on freedom of movement, and mental and psychosocial distress among those affected. The majority of IDPs in North and South Kivu are women and children under the age of 5.

IFRC study underscores the growing protection concerns faced by returnees, especially women, children, and people with disabilities. About 31% of households surveyed reported at least one incident of violence or extortion since their return. Gender-based violence remains widespread, aggravated by poverty and lack of justice mechanisms in rural areas. Many women-headed households face multiple risks, including domestic violence, forced evictions, and denial

of access to property. The report calls for stronger integration of PGI measures, including psychosocial support, legal referral systems, and community awareness sessions on women's rights and inclusion

MIGRATION

Given the growing number of displaced people in North and South Kivu province, the needs of the displaced continue to multiply, making it all the more urgent to step up activities in specific sectors. Humanitarian service points (HSPs) are essential along migration and displacement routes. In this way, these people can safely access services such as healthcare and first aid, food, water, psychosocial support services (PSS), information and guidance, regardless of their status.

Displacement patterns in eastern DRC are increasingly protracted and cyclical, with frequent pendular movements between areas of origin and displacement sites driven by volatile security conditions and limited access to essential services. This cyclical mobility highlights the need for sustained humanitarian presence along key transit routes and in potential return zones.

The collection and analysis of data on humanitarian needs in the DRC, and in North/South Kivu in particular, benefits from the presence of key partners with significant mobilization and staff capacities, interlocutors (such as key informants or community leaders) and established, standardized methods. However, the frequency of data collection is rarely constant, and changes according to the prioritization of each crisis.

Operational risk assessment

The following risks are regularly monitored and discussed with the DRC Red Cross coordination team:

- Insufficient funding for the project. To date, only 3.5% of the financing needs have been covered. A resource mobilization strategy has been drawn up and is currently being implemented. The armed crisis in eastern DRC is one of the forgotten crises, and humanitarian funding is currently limited. The priority needs observed on the ground in terms of access to drinking water, food, shelter and basic healthcare are pressing. However, given the current lack of funding, the operation will not be able to make an effective contribution to the humanitarian response in these areas.
- The security situation in the east of the DRC remains volatile. Insecurity persists in the provinces of North and South Kivu. This situation could lead to regional conflict, taking into account the interests of each country.
- After a few months of calm, clashes between the Armed Forces of the DRC (FARDC), their allies and elements of the March 23 Movement (M23) resumed in early January 2025, with a new escalation of fighting, plunging the provinces of North and South Kivu into a sudden crisis that exacerbates the humanitarian problems of the 4.6 million IDPs already registered in the east of the Democratic Republic of Congo (DRC).
- National demonstrations in response to the M23 offensive were called for January 29. Demonstrations took place across the country, including undisciplined demonstrations in the capital Kinshasa. Peaceful demonstrations took place in Bukavu (South Kivu province), Kananga (Kasaï-Centre province), Kisangani (Tshopo province) and Lubumbashi (Haut-Katanga province).
- Despite new clashes in North Kivu and heavy fighting in South Kivu late 8 and early 9 February, a lull in the conflict was observed late 9 and early 10 February. A situation that comes the day after a call by regional leaders for the establishment of a ceasefire within five days in the east of the DRC. Leaders of nations in East and Southern Africa, including DR Congo and Rwanda, meet in Tanzania on 8 February and issued a joint declaration calling for ceasefire and resumption of talks to end DR Congo's eastern-region war; defence ministers to meet within five days to make plans for security, resumption of humanitarian aid deliveries and reopening Goma airport.
- Fearing a regional conflagration, leaders in Southern and East Africa called for an "immediate and unconditional ceasefire", the implementation of which within five days has been entrusted to the chiefs of staff of the East African Community (EAC) and the Southern African Development Community (SADC). The joint summit of these two organizations, which was held in Tanzania with the participation of Congolese

President Felix Tshisekedi (via video link) and Rwandan President Paul Kagame, also "reaffirmed its solidarity with the DRC and its unwavering commitment to support it in its quest to preserve its independence, sovereignty and territorial integrity."

- In North Kivu clashes between the M23 and Coalition for movements of change (CMC) militant group were reported on 9 February in several localities, including Lubwe-Sud (Tongo grouping) and Mashigha (Bukombo grouping) located in Rutshuru Territory. On 8 February, the M23 had occupied the locality of Bambo, taking advantage of the withdrawal of the CMC in other localities.
- Local authorities have implemented a curfew in Uvira, South Kivu, as of 8 February, citing the security situation. The measure published in a communique on 7 February applies until further notice and also prohibits the movement of vehicles to and from the city from 6:00 Pm. Only ambulances and security vehicles are allowed to transit. The measure may also aim to prevent public disorder and monitor the movement of the population to and from the city. Authorities will likely maintain an increased security presence to ensure adherence to the curfew. Additional security patrols and checkpoints will likely prompt localized transport disruptions, notably at the entry points. Locals opposed to the measure may stage protests. There is a threat of confrontations at all related gatherings, particularly during the curfew.

B. OPERATIONAL STRATEGY

Update on the strategy

Through this emergency appeal, the IFRC continues to support the Democratic Republic of the Congo Red Cross (DRCRC) in addressing growing humanitarian needs caused by the ongoing armed conflict in the eastern part of the country and the resulting mass population movements. The IFRC's intervention strategy will continue to focus on assisting 500,000 of the most vulnerable people, prioritizing the following key areas: integrated assistance (shelter, food security, and livelihoods including multipurpose cash transfers), health and WASH services, and protection and prevention.

A scenario analysis was conducted in February 2025, aimed to assess potential developments in the operational environment and adapt response modalities. This approach ensured that current and future humanitarian response operations remained adaptable and resilient to changes in the crisis. The methodology focused on exploring a broad range of possible future scenarios, each with distinct characteristics, rather than solely identifying probable risks (risk analysis) or predicting the most likely outcome (forecasting). This comprehensive analysis helped refine preparedness actions and response strategies to effectively address evolving humanitarian challenge.

This Emergency Appeal continues to be grounded on the overall Movement Response Plan that was developed by the DRC Red Cross, in collaboration with the ICRC and IFRC. The activities within this emergency appeal align with the priorities of this Plan and the associated crisis scenarios. The IFRC appeal integrates operational support, national coordination within DRC, and cross-border coordination ensuring preparedness for continued displacement of populations from DRC into Rwanda, Burundi, and Uganda.

Transition to Integrated Programming in Eastern DRC

The recently concluded study on the reintegration of returning populations in North and South Kivu offers the DRC Red Cross (DRC RC) a solid analytical foundation to transition from an emergency appeal into an integrated, longer-term programming framework. The study moves beyond immediate humanitarian needs to identify systemic and interconnected drivers of vulnerability, including food insecurity, land disputes, limited access to services, and weak social cohesion. The study explicitly calls for an integrated Nexus approach, bridging humanitarian response, community recovery, and peacebuilding. It identifies opportunities for convergence:

- Humanitarian layer: continued support to meet urgent food and protection needs.
- Development layer: rehabilitation of infrastructure, access to land, vocational training, and microcredit.


- Peace layer: mediation over land conflicts and strengthening of community dialogue structures (peace committees, solidarity groups).

This approach provides a roadmap for DRC RC to align its operations with longer-term stability and resilience frameworks, including government and donor recovery strategies for eastern DRC. This enables the development of multi-year programmes that combine livelihood recovery, land tenure support, and social protection rather than focusing only on emergency food or shelter assistance

As DRC RC continues to implement humanitarian assistance, the focus will be put on the development of their programme framework positioning DRC RC as a strategic bridge between communities, local authorities, and international donors, enhancing its credibility for funding multi-year, multi-sector programmes (EU, World Bank, UNDP, etc.) once the appeal phase concludes. For this reason, this operations update extends the appeal until 31 March 2026, allowing for integration and roll-over of the humanitarian assistance into the long-term integrated programme.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

 Shelter, Housing and Settlements		Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people who received shelter support</i>	0	155,000
<p>N/A</p> <p>In the shelter sector, the DRC Red Cross has not yet assisted communities through this emergency appeal for population movements due to lack of fund.</p> <p>The main activities planned initially are</p> <ul style="list-style-type: none"> • Purchase and distribution of emergency shelter kits (tarpaulins, wood, nails, etc.) and other essential household items. • Training volunteers to carry out needs assessments and shelter assistance. • Technical support from trained volunteers to enable households to build their own shelters 			
 Livelihoods		Female > 18: 2038	Female < 18: 2,018
		Male > 18: 2,884	Male < 18: 2,855
Objective:	<i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i>		

	Indicator	Actual	Target
Key indicators:	<i># of people who have received livelihood support (essential inputs/materials/tools for farm or livestock production, etc)</i>	9,795	155,000
	<i># of people who have received training in improved production practices and production risk management</i>	1,500	1,000
	<i># of households that received in-kind support (food) to meet their basic needs after being identified and processed for transfer</i>	0	31,000

During the reporting period, the food security interventions implemented by the DRC Red Cross contributed to strengthening the resilience of displaced and returned households in North Kivu and South Kivu, reaching a total of 1,500 households (9,795 people). In addition, the 1500 head of household received training in improved production practices and production risk management.

Activities were carried out in close coordination with local authorities and community leaders, ensuring smooth implementation, strong community engagement, and local ownership of the intervention.

In North Kivu, 900 households (approximately 6,195 people) received improved seeds and agricultural tools, along with training on good agricultural practices and risk-management techniques. This integrated approach aims to support agricultural recovery and improve the food security and livelihoods of vulnerable households over the long term.



Distribution of seeds and tillage tools in the BUGUSA health area, Rwanguba health zone, Rutshuru territory



Photo illustrating the use of hoes in the village of Ndjimba, in the Rutshuru territory

In South Kivu, 600 households (approximately 3600 people) across Minova and Idjwi were supported through the distribution of agricultural inputs including 100 banana plants, 100 pineapple plants, 100 kg of peanuts, 100 kg of beans, and 100 kg of soybeans as well as 300 hoes and 300 watering cans to relaunch agricultural activities at community level.

Community feedback was very positive, confirming the relevance of the intervention in the context of growing needs and limited livelihood opportunities, and highlighting the importance of continued support to strengthen local production capacities.



Distribution of seeds and agricultural tools in Idjwi and Minova



Multi-purpose Cash

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

Objective:

Households are provided with unconditional/multipurpose cash grants to address their basic needs

Key indicators:

Indicator

of households who have successfully received cash or voucher support for their basic needs and who meet the agreed minimum expenditure basket after being identified and processed for transfer

Actual

0

Target

31,000

Due to the limited funding available, Cash assistant has not yet been done through the emergency appeal. The main activities planned initially are:

- Organization of training for volunteers in agricultural data collection and project monitoring in Kobo Collection using smartphones.
- Carrying out a market assessment and analysis.
- Distribution of cash transfers to vulnerable households in South Kivu.
- Carried out post-distribution follow-up surveys.



Health & Care

(Mental Health and psychosocial support / Community Health / Medical Services)

Female > 18:
159,628

Female < 18:
112,947

Male > 18:
101,078

Male < 18:
126,526

Objective:

Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening

Key indicators:

Indicator

of people benefiting from contextually appropriate health services

Actual

500,179

Target

500,000

# of children < 5 years of age who have been enrolled on a supplementary feeding programme from another agency following assessment by the National Society	17,326	100,000
# of home visits carried out to raise awareness of health promotion and water, hygiene and sanitation	23,169	100,000
# of people reached by messages on nutritional choices and/or food preparation	17,326	250,000
# of people reached by community volunteers as part of health and hygiene promotion in response to an emergency situation	489,321	500,000
# of people in the target population who have benefited from psychosocial support services	25,571	25,000
# of DRC Red Cross volunteers and staff who received psychosocial support services	351	1,100

Community Health

Red Cross volunteers continued to implement risk communication and community engagement (RCCE) activities. A total of 500,179 people were reached through health and hygiene promotion initiatives. Door-to-door awareness sessions 23,169 visits were conducted on the prevention of Mpox, cholera, COVID-19, and other diseases by the DRC Red Cross with technical and financial support from the IFRC. At least 23,169 households were visited during these awareness activities. In view of the high risk of epidemics, 9 cholera surveillance teams have been set up in Goma by the Red Cross.



Volunteer briefing within the framework of the EPIC thematic area



Door-to-door awareness raising on the One Health approach

Mental Health and Psychosocial Support (MHPSS)

Red Cross teams continued providing psychosocial support to survivors of sexual violence through listening centers. At least 25,571 individuals and 351 volunteers received psychosocial support.

Medical Services

In January 2025, technical and logistical support in terms of body bags and personal protective equipment was provided by the ICRC and the International Federation to DRCRC teams to collect remains from the streets of Goma, and then to ensure dignified treatment of these dead in accordance with good forensic practice.



Water, Sanitation and Hygiene

Female > 18:
129,600

Female < 18:
140,400

Male > 18:
105,600

Male < 18:
114,400

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:

Indicator	Actual	Target
# clean water points and water sources built/rehabilitated	0	10
# of households supplied by DRCRC with an improved protected drinking water source (according to WHO and Sphere standards)	23,761	25,000
# of households reached with water treatment chemicals and water storage equipment	16,217	25,000
# of households supplied by the DRCRC with an improved sanitation facility within 50 meters of their home	14,381	25,000
# of households that received cash assistance for water, sanitation and hygiene after being identified and processed for transfer	0	31,000

Red Cross volunteers assisted at least 54,357 people, helping to reduce urgent water, hygiene, and sanitation needs. They supported 23,761 households with access to improved and protected drinking water sources, including 16,217 households that received water purification tablets.

In addition, the DRC Red Cross constructed three 4-door latrines in three internally displaced persons (IDP) sites in Idjwi Nord, South Kivu, in response to urgent sanitation needs. In total, 14,381 households now benefit from an improved sanitation facility located within 50 meters of their homes. WASH/hygiene promotion activities reached approximately 490,000 people.



Sensibilisation des élèves et enseignants sur les bonnes pratiques d'hygiènes



Protection, Gender and Inclusion

Female > 18:
30,710

Female < 18:
30,592

Male > 18:
26,446

Male < 18:
30,889

Objective:

Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs

Key indicators:

Indicator

Actual

Target

% of vulnerable members (children, women, older persons, persons with disabilities, pregnant and breastfeeding women, and child- or female-headed households – criteria selected by the National Society) in the target communities who report that the most vulnerable and poorest population is receiving assistance

76%

80%

of people trained to implement minimum PGI standards

122

1100

of people reached by protection, gender and inclusion services

118,637

155000

During the reporting period, implementation focused on enhancing protection systems, empowering communities, and ensuring inclusive access to services in North and South Kivu. Through structured awareness campaigns, referrals, psychosocial support, and dignity-focused interventions, PGI actions contributed to safer, more inclusive environments for crisis-affected populations. A total of 118,637 individuals were reached, including women, men, children, older people, and 3,432 persons with disabilities. Field volunteers and staff strengthened their technical capacity through PGI-specific training, increasing their ability to safely identify, refer, and support survivors of GBV and vulnerable individuals facing protection risks.

❖ North Kivu

The PGI activities in North Kivu combined volunteer capacity strengthening with community mobilization for the prevention and response to Gender-Based Violence (GBV).

- **Capacity Strengthening and Community Mobilization**

In terms of capacity building, a total of 84 staff and volunteers (59 men and 25 women) were trained on key PGI themes, including the prevention of sexual exploitation and abuse (PSEA), child protection, psychosocial support, gender equality, and community-based referral mechanisms.

Building on these enhanced skills, volunteers carried out community outreach activities aimed at referring women survivors to listening houses, informing communities about available protection services, and reducing stigma associated with GBV. The awareness campaigns reached 70,459 people, including 15,557 women, 11,299 men,

22,796 girls, and 20,807 boys, reflecting strong community ownership and balanced participation between women and men.

In Lubero, for example, interventions conducted in 2024 resulted in the identification and referral of three rape cases, the distribution of 40 dignity kits to adolescent girls, and the organization of a participatory workshop on early marriage and child protection, gathering 20 girls and 15 boys. These actions illustrate growing community engagement and improve local ownership of protection and gender equality principles.

- ***Support and Assistance to GBV Survivors***

The listening houses remained a central component of the PGI support mechanism. During the reporting period, 44 cases of sexual violence were recorded, including 29 rape cases reported within 72 hours. All survivors were referred to medical services for comprehensive care, including the provision of post-rape kits to prevent unwanted pregnancies, HIV, and sexually transmitted infections (STIs). In parallel, 24 survivors received individual psychosocial support.

Despite these achievements, several challenges persist. Fear of stigma, insecurity, and the long distances between affected areas and health facilities continue to hinder timely access to services, particularly within the critical 72-hour response window.

- ***Child Protection and Restoring Family Links (RFL)***

The RFL activities led to the identification of 142 unaccompanied children (72 girls and 70 boys), of whom 33 (14 girls and 19 boys) were reunited with their families, while 71 new tracing requests (32 girls and 39 boys), were registered. The toll-free hotline facilitated 48,433 calls, including 39,855 successful cases, contributing significantly to family reunification.

PGI's activities in North Kivu combined capacity building for volunteers and community mobilization for the prevention and management of GBV.

❖ **South Kivu**

In South Kivu, PGI interventions contributed to strengthening local capacities, enhancing community awareness, and ensuring effective and compassionate support for survivors of Gender-Based Violence (GBV).

- ***Capacity Strengthening and Community Mobilization***

A total of 38 volunteers were trained on key themes such as PSEA, gender equality, social inclusion, and psychosocial support, enabling them to effectively conduct community awareness and mobilization activities. The awareness campaigns primarily focused on referring women survivors to listening houses for effective, confidential, and community-based psychosocial support, with the following objectives:

- Inform communities about the services available for GBV prevention and response.
- Encourage reporting and prompt referral of cases to the appropriate service providers.
- Reduce stigma and strengthen community resilience through dialogue, education, and collective mobilization.

These efforts reached 48,178 people and demonstrated strong local ownership and significant community engagement. The gender and age breakdown reflects balanced participation: 15,153 adult women, 15,147 adult men, 7,796 girls, and 10,082 boys were sensitized. This balanced representation highlights an inclusive and intergenerational approach, further reinforced by the active participation of people with disabilities and older people, who were also integrated into the community sessions.

These results confirm the relevance and impact of the PGI actions in South Kivu, which place dignity, resilience, and community solidarity at the heart of the PGI response.

- ***Support and Assistance to GBV Survivors***

During the reporting period, 102 cases of GBV (22 girls, 75 women and 05 men), (including 7 girls, 18 women and 5 men with disabilities) were recorded in the counselling center. It is also including 35 rape cases reported within

72 hours. 50 survivors (11 girls and 39 women including 7 women and 3 girls with disabilities) were referred to medical services for comprehensive care, including the provision of post-rape kits to prevent unwanted pregnancies, HIV, and sexually transmitted infections (STIs). In addition, 30 GBV survivor (07 girls and 23 women including 3 girls and 6 women with disabilities) have benefited from individual protection assistance to facilitating access to medical care services in remote areas. Also, 17 GBV survivors (5 girls and 12 women including 2 girls and 2 women with disabilities) benefited from assistance in safe accommodation to address the safety concerns caused by the GBV suffered.

Despite these achievements, several challenges persist. Fear of stigma, insecurity, and the long distances between affected areas and health facilities continue to hinder timely access to services, particularly within the critical 72-hour response.

- **Child Protection and Restoring Family Links (RFL)**

During the implementation period, 19 unaccompanied children were identified, the family tracing process is ongoing. However, with the conflict recorded in Bukavu, telephone booths have been damaged, thus limiting the possibility of establishing contact between the identified unaccompanied children and their families.



Raising awareness about child protection in South Kivu



Migration

Female > 18:
9,404

Female < 18:
6,123

Male > 18: 7,333

Male < 18: 5,660

Objective:

Specific vulnerabilities of displaced populations and people on the move are analysed, and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.

Key indicators:

Indicator

Actual

Target

of migrants and displaced persons reached with humanitarian assistance and protection services

28,520

155,000

of HSPs providing humanitarian assistance and protection to migrants and displaced people

1

6

The Red Cross team established a HSP providing humanitarian assistance and protection to 28,520 migrants and displaced people. As part of the ECHO PPP project, activities are still ongoing through 5 HSPs in Uvira in South Kivu including:

- Psychosocial care for people affected by natural disasters, cases of GBV and other people who come for psychosocial support.
- Referring cases to the SOSAME psychiatric centre for comprehensive support to help them regain a stable emotional state
- Follow-up of cases referred to the SOSAME psychiatric centre, to measure the severity of the mental health of referred cases.
- Supervision of volunteer HSP team by building their capacity to deal with various issues and difficult cases during clinical interviews.
- Raising awareness during antenatal and postnatal consultations in various health areas in the town of Uvira.
- Adopting an ongoing approach to improving the Humanitarian Service Points (HSPs) and the therapeutic framework.



Community Engagement and Accountability

Objective:	<i>People and vulnerable communities affected by crisis are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.</i>		
Key indicators:	Indicator	Actual	Target
	<i>% of respondents who feel that their views are taken into account in programme planning and decision-making</i>	65%	80%
	<i>% of respondents who report receiving useful, usable, and reliable information through the various trusted channels</i>	80.1%	80%
	<i># of complaints/feedback received through feedback mechanisms.</i>	6,882	N/A
	<i>% of complaints/feedback on the operation that are responded to through established community communication</i>	68%	70%

In the implementation of the operation, Community Engagement and Accountability (CEA) represents a cross-cutting approach allowing for greater community support for actions/interventions. It enables and encourages the participation of communities in all their diversity, with the Red Cross providing assistance to vulnerable communities while respecting gender, beliefs and cultural values. It encourages the involvement of assisted communities through the deployment of a set of tools contributing to the establishment of a reciprocal communication mechanism guaranteeing constructive dialogue and a better quality of services delivered by the Red Cross in response to or in preparation for crises.

A total of **85 volunteers** were trained in Community Engagement and Accountability (CEA). They helped set up a community feedback mechanism. However, based on the recommendations of the PGI staff team, the DRC Red Cross has committed to reassessing the current context of population movements and strengthening the existing mechanism to make it safer and more accessible. This process takes into account factors such as literacy levels, purchasing power, availability of mobile phone network, responsiveness to feedback and complaints, and the needs of vulnerable groups, including persons with disabilities, trauma survivors and children. A total of **6,882 comments from the community** were reported and processed by the Red Cross teams. A total of 12 interactive radio programmes were organized and broadcast by the Red Cross.

During a needs assessment conducted by the DRC Red Cross, it was found that:

- 68% of respondents said that their views are taken into account in programme planning and decision-making.
- 80% of respondents reported receiving useful, usable, and reliable information through the various trusted channels.

❖ **North Kivu**

Within the displaced communities, there are Congolese Red Cross first aiders who are integrated into the teams working on the sites to respond to movements in the east of the country. A total of **5,232** community returns were reported and processed by the teams in North Kivu.

❖ **South Kivu**

A total of **1,650 community feedback reports** were received and processed by the South Kivu teams. Primary data collection took place in the Minova Health Zone, covering 5 health zones and 7 IDP sites. These data represent a sample of volunteering activities using CEA approaches through the different communication channels. Overall, these activities were carried out by volunteers through home visits, focus group discussions, key informant interviews, distribution interventions, interactive radio programs, etc.

The comments collected were distributed as follows: 42 rumours-beliefs _observations, i.e. 25%; 31 requests for suggestions, or 18%; 63 questions, or 37%; 34 thanks _encouragements, or 20%.

The achievements of the CEA's activities in South Kivu are summarized below:

- Training of 10 volunteers on the CEA and communication and community mobilization techniques, including: 3 women and 7 men.
- Briefing of 2 volunteer encoders on the feedback management mechanism.
- The organization of 5 community meetings in 5 IDP sites (Kitalaga, Bugeri, Mutshibwe, Bulenga and Katasomwa) in the Minova and Bunyakiri health zones in Kalehe territory. This affected 100 people, including 80 men and 20 women.
- The organization of 4 public radio broadcasts in the IDP sites of Bugeri, Kitalaga, Mutshibwe and Bulenga in the Minova health zone. A total of **591 internally displaced persons** attended the radio broadcasts, including 370 men and 221 women. Topics covered included the components of the movement and the Red Cross' missions or mandates, the activities carried out by the Red Cross in Minova during the crisis in the East and the activities to be carried out, as well as the collection and response to community feedback.
- An information and exchange meeting on the Red Cross' response to the crisis in the East with the 3 community radios of Minova, including: Top Buzi FM, Bubandana and Minova Community Radio.
- 8 radio broadcasts recorded in IDP sites in Minova, Kalehe territory.

	Risk Reduction, climate adaptation and Recovery	Female > 18: 10,085	Female < 18: 3,677
		Male > 18: 15,530	Male < 18: 4,528
Objective: <i>Communities adopt climate-smart farming practices.</i>			
Key indicators:	Indicator	Actual	Target
	<i># of community members targeted by the DRCRC who participate in risk reduction initiatives</i>	33,820	155,000

A total of 33,820 community members targeted by the Red Cross participated in risk reduction initiatives of tree planting in South Kivu. As part of the emergency appeal, no harm reduction activities are being deployed in North

Kivu. This is due to the low level of funding for this operation. In South Kivu, however, activities are underway with the support of Red Cross partners in Uvira territory (Fizi, Baraka, Kalehe Centre and Nundu).

Enabling approaches



National Society Strengthening

Objective: *The National Society is empowered to lead its own development during emergencies with the coordinated support of partners, bearing in mind a longer-term perspective.*

	Indicator	Actual	Target
Key indicators:	<i>The National Society has improved its preparedness, contingency and response plans following recommendations and evidence from the operation</i>	Yes	Yes
	<i>The National Society is part of the government-led emergency coordination platforms.</i>	Yes	Yes
	<i>The National Society is part of the official emergency response coordination platforms of the DRCRC, the interagency and the international community.</i>	Yes	Yes
	<i># of volunteers involved in the response operation who have increased their response and operations management skills</i>	400	1,100
	<i>% of volunteers mobilized covered by sickness, accident and death benefits</i>	100%	100%

In view of the low level of funding for the DRC Red Cross response plan, discussions are underway to revise the budget downwards. During this reporting period, Red Cross headquarters appointed the members of the operation's coordination team and officially notified the North and South Kivu branches. The coordination team then briefed the members of the North and South Kivu operation teams on the mechanism for implementing the activities. The operational teams were then set up and deployed in the field in North and South Kivu to implement the activities. They were thus able to put in place an intervention strategy on the ground in IDP sites.

As part of the humanitarian response to the M23 crisis, the DRC Red Cross mobilized 400 volunteers to help implement its operational strategy. However, given the lack of funding, only 400 volunteers are currently active and have been insured. In addition, ongoing support for the acquisition of visibility and Personal Protective Equipment (PPE). In terms of human resources, the PGI activities have received support from the staff (PGI, logistics, driver, etc.) of the DRC Red Cross and the IFRC. The mobilization of staff and logistical support is low due to insufficient funding for the operation.



Coordination and Partnerships

Objective:	<i>National Societies are members of relevant national donor platforms and forums and participate regularly.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of coordination and partnership meetings on the operation held with partners and stakeholders.</i>	56	64
	<i># of joint monitoring missions carried out (DRCRC-IFRC, PNS, ICRC)</i>	4	2
	<i># assessments carried out (initial need/Study on the reinsertion of returnees /final assessment) (DRCRC-IFRC, PNS, ICRC)</i>	2	2
	<i># surveys carried out (KAP, PDM/Satisfaction) (DRCRC-IFRC, PNS, ICRC)</i>	1	2
	<i># lessons learned workshops/ Great Lakes multi-country contingency planning</i>	1	2

The DRC RC continue to coordinate the implementation of its cooperation strategy for the execution of its plan. It kept its partners regularly informed of the activities planned and/or carried out, in order to ensure the coherence and coordination of the actions.

The staff of the NS regularly participated in the meetings of the clusters (Wash, health, food security, nutrition, shelter) at the national and provincial levels.

Red Cross continued to participate regularly in the coordination meetings of the health directorates with its partners and in the meetings of the Expanded Programme on Immunization at the national level. This has been particularly visible in the context of the response to MPOX outbreaks in the DRC and during polio vaccination campaigns.

As part of the Emergency Appeal for Population Movement, weekly coordination meetings were held between the IFRC, the Red Cross DRC, Congo and Burundi. A multi-country workshop on emergency planning in the Great Lakes region was held in Nairobi. During the workshop, the need to obtain from:

- Endorse the conclusions of the Nairobi workshop and the collective vision.
- Appoint a high-level focal point for regional coordination.
- Continue to strengthen the Movement's national contingency plans, which will be aligned with the regional coordination framework.
- Engage technical teams to actively participate in the co-creation of tools and processes for regional collaboration
- Supporting cross-border collaboration and sharing of situational analysis.

On 28 March 2025, the IFRC Regional Director visited the DRC (Goma and Kinshasa). In Goma, he had fruitful discussions with the Red Cross provincial security officer, highlighting crucial interventions during the conflict. DRC Red Cross carried out essential activities, such as dignified burials, psychosocial support for survivors of sexual and gender-based violence, and food distribution to IDPs and host families. He visited food warehouses in Goma. This visit highlighted the significant impact of the National Red Cross Society in the region, building the resilience of communities and providing vital support in times of crisis.



IFRC Regional Director visits Goma

From 24 to 27 June 2025, the IFRC Secretary-General undertook an important mission to the Democratic Republic of the Congo (DRC), reaffirming the IFRC's commitment to solidarity, sustainability and strategic partnerships in one of the world's most complex humanitarian contexts.

In Kinshasa, the Secretary-General met with the leaders of the DRC Red Cross, stressing that capacity building must be a co-responsibility (NS and its Partners).

At the domestic level, the search for financial resources continues through statutory contributions and then training institutions and health centers.

The DRC Red Cross, the IFRC's Kinshasa cluster delegation and the ICRC organized events and appealed for funds. In the DRC, the Red Cross continued to call for emergency funding to meet the country's growing humanitarian needs. To this end, the IFRC has published a [Press release](#).

[Joint Statement](#) of the ICRC, the International Federation and the DRC Red Cross: one humanitarian crisis too many in the two Kivus

- [25 million people are food insecure in the DRC](#)
- [The DRC is facing a persistent food insecurity crisis affecting more than 25 million people \(Red Cross press release\)](#).
- [DRC needs urgent and sustained assistance to address the ongoing food insecurity crisis \(Red Cross press release\)_KinPressActu.cd](#)



Secretariat Services

Objective:

The IFRC Secretariat and National Societies use their unique position to influence decisions at local, national, and international levels that affect the most vulnerable people.

Indicator

Actual

Target

Key indicators:	<i>The resource mobilization strategy has been completed and implemented</i>	1	1
	<i>A risk matrix is established and regularly updated.</i>	1	1
	<i># financial audits carried out</i>	0	1

The support of the staff of the IFRC delegation in Kinshasa continues in resource mobilization, communication, monitoring and evaluation, and security. A total of 9 surge teams were deployed by the IFRC to support the operation. The risk matrix provided in the operational strategy was reviewed and updated. The resource mobilization strategy has been completed, and the implementation is in progress.

D. FUNDING

The funding requirement of the appeal was 30M. The operating budget was funded as shown in the financial report below.

Operational Strategy

Operational Update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/2-2025/10	Operation Budget	MDRCD043
Budget Timeframe	2024/2-2025/12	Budget	APPROVED

Prepared on 14 Nov 2025

All figures are in Swiss Francs (CHF)

MDRCD043 - DR Congo - Population Movement

Operating Timeframe: 21 Feb 2024 to 31 Dec 2025; appeal launch date: 21 Feb 2024

I. Emergency Appeal Funding Requirements

Total Funding Requirements	30,000,000
Donor Response* as per 14 Nov 2025	2,413,482
Appeal Coverage	8.04%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	0	27,202	-27,202
PO02 - Livelihoods	0	-11,500	11,500
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	89,056	895,807	-806,751
PO05 - Water, Sanitation & Hygiene	18,547	44,070	-25,523
PO06 - Protection, Gender and Inclusion	887,629	263,922	623,707
PO07 - Education	0	0	0
PO08 - Migration	0	0	0
PO09 - Risk Reduction, Climate Adaptation and Recovery	1,907,214	470,434	1,436,781
PO10 - Community Engagement and Accountability	0	7,050	-7,050
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	2,902,447	1,696,985	1,205,462
EA01 - Coordination and Partnerships	71,792	106,707	-34,915
EA02 - Secretariat Services	27,260	318,898	-291,638
EA03 - National Society Strengthening	77,364	84,452	-7,088
Enabling Approaches Total	176,416	510,057	-333,641
Grand Total	3,078,863	2,207,042	871,821

III. Operating Movement & Closing Balance per 2025/10

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	3,399,146
Expenditure	-2,207,042
Closing Balance	1,192,104
Deferred Income	0
Funds Available	1,192,104

IV. DREF Loan

* not included in Donor Response	Loan :	1,050,000	Reimbursed :	150,000	Outstanding :	900,000
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Operational Strategy

Operational Update FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2024/2-2025/12	Operation Budget	MDRCD043
Budget Timeframe	2024/2-2025/12	Budget	APPROVED

Prepared on 14 Nov 2025

All figures are in Swiss Francs (CHF)

MDRCD043 - DR Congo - Population Movement

Operating Timeframe: 21 Feb 2024 to 31 Dec 2025; appeal launch date: 21 Feb 2024

V. Contributions by Donor and Other Income

Opening Balance						
					0	
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income
DREF Response Pillar				900,000	900,000	
European Commission - DG ECHO	143,830				143,830	
Japanese Red Cross Society	29,946				29,946	
Luxembourg Government	865,954				865,954	
On Line donations	779				779	
Red Cross of Monaco	19,769				19,769	
Saudi Red Crescent Authority	42,423				42,423	
Spanish Government	944,260				944,260	
Swedish Red Cross	254,615				254,615	
The Canadian Red Cross Society	159,870				159,870	
The Canadian Red Cross Society (from Canadian Gov	37,700				37,700	
Total Contributions and Other Income	2,499,146	0	0	900,000	3,399,146	0
Total Income and Deferred Income					3,399,146	0

Contact information

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

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Reference documents

Click here for:

- [Emergency Appeal](#)
- [Operations Strategy](#)
- [Operations Update 1](#)
- [Operations Update 2](#)
- [6 month Update](#)
- [12 month Update \(OU#4\)](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.