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## Emergency Plan of Action (EPoA)

### Republic of Congo: Floods

 International Federation  
of Red Cross and Red Crescent Societies

<b>DREF Operation</b>	MDRCG018	<b>Glide No.</b>	<a href="#">FF-2021-000198-COG</a>
<b>Date of issue:</b>	11 December 2021	<b>Expected timeframe:</b>	4 months
<b>Operation start date</b>	09 December 2021	<b>Expected end date:</b>	30 April 2022
<b>Category allocated to the disaster or crisis: Yellow</b>			
<b>DREF allocated:</b> CHF 275,492			
<b>Total number of people affected:</b>	46,652 (9,330 households)	<b>Number of people to be assisted:</b>	8,605 persons (1,721 households)
<b>Affected provinces:</b>	Likouala, Sangha, Cuvette and Plateaux. Several districts in the cities of Pointe-Noire and Brazzaville	<b>Targeted provinces:</b>	Cuvette and Plateaux
<b>Presence of the host National Society(s) (number of volunteers, staff, branches):</b> The Congolese Red Cross (CRC) is present in all 12 departments of the country. It has a network of 13,000 volunteers, about ten RDRTs and about fifteen NDRTs available, with 250 mobilizable volunteers in the Cuvette and 300 in the Plateaux.			
<b>Partners of the Red Cross and Red Crescent Movement who are actively participating in the operation:</b> The International Federation of Red Cross and Red Crescent Societies (IFRC), ICRC and French Red Cross.			
<b>Other partner organisations participating in the operation:</b> Departmental authorities, Ministry of Humanitarian Action, Ministry of Transport, United Nations agencies (WFP, UNDP, FAO, UNICEF)			

## A. Situation analysis

### Description of the disaster

In the northern part of the Republic of Congo, heavy rainfall has been observed since September 2021, when the rainy season had just begun. According to the Government's satellite data, the rains of 29 November 2021 caused a significant rise of the water level of the river by 2.4m above the riverbed and led to the total or partial flooding of several villages, neighbourhoods and districts. The departments most affected were Likouala (Bétou, Epéna and Dongou districts), Sangha, Cuvette and Plateaux.

In addition to these affected localities in the countryside, several neighbourhoods in the cities of Pointe-Noire and Brazzaville were affected, where several thousand people were forced to leave their homes and lost their livelihoods. In response to this disaster, the Congolese government declared a state of emergency by letter No. 210844/PM/CAB of 29 November 2021.

According to preliminary reports from the Government coordination meetings, it is estimated that more than 46,652 people have been affected by the floods in the departments along the main rivers including Likouala, Sangha, Cuvette and the Plateaux. The department of Likouala has approximately 34,543 people affected (Bétou, Epéna and Dongou districts). According to Red Cross reports, people are missing in the two target departments: 15 people drowned by surprise with the sudden rise in water, 06 bodies were taken to Tchikapika and buried with the assistance of CRC volunteers while 9 people have been declared missing. To date, the data collected from the government and CRC agents show that 1,721 houses have been damaged or destroyed in the Cuvette and the



*Image of a neighbourhood in Makotimpoko in the Plateaux. Photo by Alexis PF CRC of the locality. Photo from 28 November 2021.*

Plateaux; and equipment and people reported missing in all localities. Fifteen (15) villages were flooded in the district of Pikounda in the department of Sangha. The Cuvette department has around 4,909 people affected, including 1,341 displaced people and 933 homeless people. The district of Bokoma in the Cuvette has 2,635 people affected. The district of Oyo, in Tchikapika and Loboko, bordering respectively the large rivers Alima and Kouyou, are the most affected.



*Mossaka primary school, image of 22 November 2021 taken by PF-CRC Mossaka.*

The Plateaux department has around 7,200 people affected, including 3,890 homeless people in the localities of Moyi forêt, Moyi fleuve and Mopongo. These homeless people are the ones who were the most affected because they were completely flooded by the waters that washed away their belongings and the surrounding crops. The affected population is exposed to bad weather, poor hygiene and waterborne diseases due to the lack of clean water. Heavy flooding has destroyed fields and livestock, drastically reducing livelihoods. Disaster-affected families are being accommodated in a few host families living on farmland, schools and religious sites on high ground. According to the Government, for the two affected departments, about 6,552 people have been relocated (source: Government). The Red Cross has mobilised in the four affected departments to provide first aid support.

Given the above, the current situation requires a thorough multi-sectoral assessment that will enable the Congolese Red Cross to organise effective assistance in the targeted areas, with the support of Red Cross Movement partners. The affected areas are landlocked and difficult to access, in addition to the weak presence of the Red Cross.

## Summary of the current response

### Overview of the Host National Society's response

From the beginning of the disaster, the two CRC departmental branches deployed 300 volunteers in all affected areas to carry out emergency relief activities and 100 in the affected localities of the Cuvette and Plateaux. In coordination with CRC headquarters, the following activities were undertaken:

- First aid and evacuation of the injured, with 78 people rescued and transported to the almost non-existent health centres in Makotimpoko and the transport of 54 seriously injured people from Loboko to the health centres in Tchikapika and Oyo, which were themselves overwhelmed and affected.
- The search of missing persons and management of mortal remains in Cuvette and Plateaux – indeed, 15 people drowned by surprise with the sudden rise in water levels, 06 bodies were taken to Tchikapika and buried with the assistance of CRC volunteers and 9 people reported missing.
- A team of 7 volunteers in the Cuvette department and 5 volunteers in the Plateaux department trained in basic knowledge of Restoring Family Links (RFL) as part of the RFL/CRC-ICR programme. They oversee RFL issues, particularly in the search for missing persons and the psychosocial care of abandoned elderly people. These 2 RFL teams work under the supervision of the NS RFL Coordinator;
- A group of 20 volunteers in each department has been deployed to search for cases of diarrhoeal diseases in the communities.
- Participation in the various crisis committee meetings organised by the local authorities in the 2 target departments.

In some localities, CRC volunteers contributed to the distribution of some donations (rice, oil, tins of food, spaghetti, salt, bars of soap, etc.) offered to the affected by some public officials or local notables, such as in Oyo and Tchikapika in the Cuvette.

As part of the implementation of the [Population Movement DREF operation in Yumbi](#) (2019), volunteers in the departments of Cuvette and Plateaux acquired basic experience in the concepts of psychosocial support for victims of sexual and gender-based violence (SGBV). The CRC branches in the targeted departments have also gained capacity building as part of the [2020 EVD Preparedness DREF Operation](#), which could be put to good use in responding to this emergency.

However, taking the above into account, the CRC branches in the affected departments do not have sufficient capacities to respond to the needs identified in Tchikapika, Oyo, Loboko, Bokoma in the Cuvette and Makotimpoko, Mopongo, Moyi forêt and Moyi fleuve in the Plateaux following the floods. Volunteers in the Cuvette and Plateaux departments have very limited experience in carrying out initial assessment activities, assistance to disaster-affected communities, CASH (cash transfer) activities and post-operation monitoring.

## Overview of Red Cross Red Crescent Movement activities in the country

At the national level, CRC is involved in various meetings organised by both the Ministry of Humanitarian Action and the Humanitarian Coordination (with UN agencies).

CRC benefits from the technical support of the IFRC Country Cluster Delegation in Kinshasa, which is supporting the planning and implementation of the operation aimed at assisting the affected populations.

A delegation of the French Red Cross is present in the country, but the CRC has not yet received any support in the context of these recent floods. CRC plans to strengthen communication to partners during Movement meetings.

IFRC is coordinating with ICRC and sharing information.

## Overview of other actors actions in the country

Regarding the situation in the Plateaux and Cuvette, contacts have been established with other humanitarian actors on the ground, such as UN agencies (UNHCR, WHO, UNICEF, WFP). CRC will maintain these contacts and play an active role in initiatives to assist vulnerable people.

At the local level, the leaders of the affected branches take part in the crisis committee meetings initiated by the public authorities since the declaration of humanitarian emergency.

Organisations	Actions
UNDP	Has positioned itself during coordination meetings with the Minister of Humanitarian Action for the construction of solid shelters according to the Government's response plan and is working on mobilising resources to provide this assistance in the 4 departments affected (Likouala, Sanga, Cuvette and Plateaux).
UNHCR	Is present mainly in Likouala. It does not intervene directly in the targeted localities, but the camps in place there take some of the displaced people seeking refuge following the floods.
WHO	Focuses on providing medical assistance to all affected localities.
UNICEF	Information not available but participating in coordination meetings to plan a response in the coming days.
WFP	Information not available but participating in coordination meetings to plan a response in the coming days. WFP is present in Cuvette and Plateaux.

## Coordination

This operation will be implemented by the departmental branches of CRC in the Plateaux and Cuvette with the support of the National Headquarters and the Movement's partners. An inter-Movement coordination mechanism will be put in place to ensure that CRC receives all the necessary support. The implementation of this operation is part of a Movement Intervention.

Regarding coordination with non-Movement partners, CRC participates in the coordination set up by the Ministry of Humanitarian Action in Brazzaville and the affected departments. The Ministry has strategic plans for response and recovery, which should be used as a basis for all the actions of the partners involved in this response, as well as the actions of the Congolese Red Cross. To this end, CRC took part in the Humanitarian Coordination meeting organised by the Minister of Humanitarian Action on 3 December 2021 in Brazzaville. This meeting brought together UN agencies, Ambassadors and invited NGOs. During this coordination meeting, WHO announced the provision of anti-diarrhoeal medicine kits. The Embassy of the United States of America, for its part, announced the establishment of a fund dedicated to assisting the populations affected by the floods.

In this context, the actions implemented in this operation will be better coordinated with other humanitarian and government partners, to ensure that all sectors of needs are covered without gaps or duplications. In this regard, under the coordination of the Ministry of Humanitarian Action, shelter needs in this disaster will be covered by sustainable assistance according to the Ministry's plans. The houses will be made of durable materials and UNDP has positioned itself to potentially take over this assistance.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

Based on the results of the preliminary assessment conducted from 25 to 28 November 2021 by the Government, immediate needs include first aid, emergency shelter, non-food items (blankets, kitchen sets, mats, mosquito nets), soap, hygiene kits (for women of childbearing age), environmental sanitation, hygiene promotion and personal protective equipment Covid-19. The report of the above-mentioned assessment, which is currently being finalised by the Ministry of Humanitarian Action, will be made available as soon as possible.

The needs identified during the assessment can be summarised as follows:

### 1. Shelter and essential household items

According to preliminary estimates received from CRC teams in the field, more than 1,721 houses have been damaged or destroyed, including 943 in the Cuvette department and 778 in the Plateaux as a result of the floods, as shown in the table below:

**Table: Statistics of households that lost either their entire roof or part of their house**

Department	Neighbourhoods/Villages	Houses totally destroyed	Houses partially destroyed	Total
Department of Plateaux	Moyi forêt	150	37	187
	Moyé fleuve	410	75	485
	Mopongo	80	26	106
<b>Total =</b>		<b>640</b>	<b>138</b>	<b>778</b>
Department of Cuvette	Bokoma	500	100	600
	Tchikapika	60	18	78
	Loboko	120	30	150
	Oyo village	90	25	115
<b>Total =</b>		<b>770</b>	<b>173</b>	<b>943</b>
<b>GRAND TOTAL =</b>		<b>1,410</b>	<b>311</b>	<b>1,721</b>

CRC volunteer teams on the ground came up with very similar estimates. According to local authorities, some families share the same house, so more information is still being gathered on their needs.

Shelter needs will not be covered in this DREF response as the National Society through this operation cannot provide beneficiaries with assistance in the construction of durable and semi-durable shelters that fit into the Ministry of Humanitarian Action's desired response plan. Indeed, a long-term project has been initiated since 2020 to ensure this. Agencies currently present in the localities such as UNDP have positioned themselves to potentially take over this assistance. In the meantime, the majority of those affected have found refuge in religious and school spaces, in host households and others have built makeshift shelters.

In addition to the need for shelter, most households have lost their Essential Household Items (EHI). Indeed, affected households have not had time to salvage anything, including their food stocks. According to the Government's preliminary needs assessment report dated 28 November 2021, approximately 98% of affected households have reported losing essential household items and food stocks. People have access to nearby markets, which are weekly riverside markets mainly rich in food and necessities.

### 2. Water, Sanitation and Hygiene (WASH)

- a. **Hygiene and sanitation promotion:** There are acute hygiene and sanitation needs. At least 350 latrines were damaged by the floods in the departments of Cuvette and Plateaux, leading to the pollution of water sources by excreta. It should be noted that, in the affected areas, only about 5% of households have usable latrines and the water causes waste to stagnate and spill into community spaces. As such, there is a clear risk of water-borne diseases. In addition, the affected departments are endemic for cholera. There could therefore be a high risk of a cholera epidemic. To prevent waterborne diseases, widespread awareness campaigns on hygiene promotion would be necessary. This operation will address hygiene and sanitation needs, but the National Society will work with other partners to address the need for the distribution of long-lasting insecticidal nets (LLINs).
- b. **Handwashing stations:** In large host families and public places, the installation of handwashing stations is necessary, particularly concerning COVID 19. In addition, the disinfection/spraying of host families' houses and public places would also be actions to be implemented to contribute to the prevention of the spread of COVID-19 in the Republic of Congo.
- c. **Drinking water needs:** As these affected areas are not supplied by the country's drinking water network, the population relies on water from rivers and developed water points such as wells and boreholes which are extremely rare. As a result, the population uses water from the Congo River and other rivers, which exposes them to major risks. This water can be more harmful as it does not follow its normal course. Indeed, the effects of flooding mean that water, that has not followed its normal course, has washed overland with human waste, cattle defecation and flooding. They carry with them waste and dead animals as well. This leads to a high level of contamination of these watercourses as well as of the water points created within the communities. There is therefore a strong need both to clean up the environment and to ensure chlorination at the level of the drawing points and the supply of drinking water. Thus, 25 water points have been identified by CRC volunteers that should be disinfected with chlorine to contribute to the efforts to provide safe water to the communities.

Volunteers should be trained in water testing as well as community leadership groups to ensure continuous monitoring during this period.

### 3. Food Security

Information gathered from local authorities indicate that several dozen hectares of food crops were destroyed, particularly in the villages of Bokoma, Tchikapika and Oyo districts in the Cuvette and the districts/villages of Makotimpoko (Moyi forêt, Mopongo, Moyi fleuve) in the Plateaux. In the villages where livestock is raised, the flooding harmed both plantations and livestock, obstructing access to pastures and taking away the livestock and pirogues that serve as a source of income for these populations.

Based on the seasonal calendar, it is very likely that the growing and fishing season will be disrupted and crops reduced for most of the affected communities. This will lead to a very difficult period. Without humanitarian assistance, communities will struggle to survive the lean season, and the impact on affected land could result in low planting and therefore low yields for the next season.

### 4. Psychosocial support and first aid

This traumatic experience for these populations has created psychosocial vulnerabilities. Psychosocial needs are compounded by the unsanitary and overcrowded conditions of the host families and all the protection problems they generate. In the Government's assessment of 28 November 2021, it is estimated that 15% of the displaced population with special needs are likely to require psychological support. These include chronically ill people, people with disabilities, the elderly, female-headed households, child-headed households, pregnant and lactating women, etc.

### 5. Health needs

Injured people were referred to the nearest health facilities by CRC relief teams. The latter being themselves affected by the disaster, making it difficult to care for these people, hence the need for support for these health centres in terms of care kits in the health facilities, and sanitation kits to enable them to raise the level of sanitation in these centres.

Affected households that have lost their belongings in the floods do not have any protective equipment against bad weather or malaria vectors. They must be able to obtain blankets and mosquito nets to limit the negative effects on their health. In addition, it is essential to sensitise the communities to the management of cases of waterborne diseases, community surveillance for the monitoring of cases of disease and first aid. Although not covered in this operation, the first evaluations show that the health centres in the Cuvette and the Plateaux need to be reinforced with necessities for the care of the sick and injured.

### Targeting

In total, this DREF operation will target 1,721 of the most affected households, distributed as follows: 943 households in the Cuvette department and 778 households in the Plateaux. The target is established by considering that the people most affected by this disaster are mainly those who were inundated and lost everything in the flood.

CRC will not focus on shelter needs in this operation as this response cannot provide the durable and semi-durable shelter required in the Government's response and recovery plan for this disaster. The operation will therefore focus on WASH, health and protection interventions with a targeted breakdown as follows:

<i>Table of target distribution by locality</i>					
Department	Districts/villages	Total households (Rounding)	Number of persons	Number of men (50.1%)	Number of women (49.9%)
<b>Department of Plateaux</b>	Moyi forêt	187	935	468	467
	Moyé fleuve	485	2,425	1,215	1,210
	Mopongo	106	530	266	264
<b>Total =</b>		<b>778</b>	<b>3,890</b>	<b>1,949</b>	<b>1,941</b>
<b>Department of Cuvette</b>	Bokoma	600	3,000	1,503	1,497
	Tchikapika	78	390	195	195
	Loboko	150	750	376	374
	Oyo village	115	575	288	287
<b>Total =</b>		<b>943</b>	<b>4,715</b>	<b>2,362</b>	<b>2,353</b>
<b>GRAND TOTAL =</b>		<b>1,721</b>	<b>8,605</b>	<b>4,311</b>	<b>4,294</b>

Targeted households will be identified through a thorough needs and vulnerability assessment by joint teams of senior relief workers, community leaders and CRC teams with technical support from the IFRC.

In targeting, a set of vulnerability criteria will be taken into account in the selection of beneficiaries. These include:

- Orphans and vulnerable children
- Female-headed households
- Pregnant women
- Elderly people
- People with disabilities
- People with chronic diseases
- Child-headed households.

Category	Estimation in % of targeted group <sup>1</sup>
Young children (under 5 years)	Unknown
Children (0-14 years)	41.57%
Adults (15-24 years)	17.14%
Adults (25-54 years)	33.5%
Elderly people (>54 years)	7.79%
People with disabilities	Unknown

The needs identified will also be based on and adjusted according to the assessment reports. Discussions with community leaders (traditional chiefs, etc) will be undertaken. Lists of beneficiaries will be made and validated with these opinion leaders. Vulnerability and selection criteria will be shared with the community to ensure also their inclusion and acceptance during implementation.

In addition, close coordination will be sought with other humanitarian actors working in the areas to ensure complementarity and coherence of the response and to avoid duplication.

### Planning scenario

Scenario	Humanitarian Consequences	Potential Response
<b>Scenario 1:</b> The intensity of the rainfall is decreasing, and no further overflow is affecting the Cuvette and Plateaux departments. No cases of waterborne disease (cholera) were reported. Humanitarian actors will be able to access the affected areas and assist.	<b>MEDIUM</b>	The response will be limited to this DREF operation as described and foreseen in this EPoA. The partners will be informed regularly about CRC action.
<b>Scenario 2:</b> According to weather forecasts, heavy rains and flooding continue in the 2 targeted departments with a significant rise of river and stream water. Water levels increase and cause further displacement of people. This will create a challenge in accessing affected communities. Several cases of waterborne diseases will be reported in these departments.	<b>HIGH</b>	CRC will pursue the response outlined in this action plan and will continue to monitor the situation and provide updates as appropriate. If necessary, CRC will expand its activities. Partners will be regularly informed of CRC's work.
<b>Scenario 3:</b> The rains and flooding worsen and affect other villages/neighbourhoods in the Plateaux and Cuvette localities, particularly those most vulnerable to flooding. Heavy rains and flooding affect all areas of the Plateaux along the Nkémé, Alima River and Congo Rivers. The situation is causing increased population displacement and the emergence of epidemics and water-borne diseases. Affected populations are massively migrating to other localities, raising the problem of displaced persons.	<b>VERY HIGH</b>	CRC will consult with Movement partners on an ongoing basis to identify the best way to respond to increased humanitarian needs and to raise additional funding through an emergency appeal or among local actors.

### Risk assessment of the operation

By level of risk from most likely to least likely, the following risks are included in this operation:

#### **Risk of intensification of the crisis, with wide scale of the flooded areas**

As the rainy season is underway, the water level may rise again and extend to additional localities.

The rivers will not be cleared and the flooding will spread to all the localities at risk in the two target departments. In line to conduct a more detailed needs assessment and identify gaps, this DREF operation can be extended to other localities in the target departments if necessary.

#### **Health risks:**

**Waterborne diseases (cholera, malaria, yellow fever)**

<sup>1</sup> Source : [Congo, Republic of the - The World Factbook \(cia.gov\)](http://cia.gov)

Given the context, there is a very high risk of the spread of water-borne diseases, which are composed of faecal-oral diseases, water-related diseases, and aquatic diseases.

Destroyed or flooded water points and latrines increase the lack of access to drinking water in the targeted departments. This exposes the affected population to epidemics and oral-buccal diseases, notably cholera, which has spread in recent years in different districts of the two departments.

Given the size of the population in these two departments, it is essential to take measures to ensure their access to a safe/drinking water supply (e.g. through the distribution of potabilization products for water treatment and storage containers), as well as to manage outbreaks (e.g. the distribution of ORS sachets). The current stagnant water situation is highly conducive to the cultivation of malaria vectors.

### COVID-19

This disaster, coupled with COVID-19, has put the population in psychosis related to the death of a teacher recorded in Oyo and Makotimpoko from COVID-19. The rules of social distancing, limiting gatherings and hand washing will be scrupulously applied. These rules are essential aspects in the choice of a cash intervention approach or a distribution of goods.

Thus, this DREF operation is aligned with the overall strategy of the regional contingency plan for COVID-19 developed by the IFRC Africa Regional Office, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crises should adapt to this crisis and provide the necessary guidance to its members in this regard. CRC will continue to monitor the situation closely, focusing on health risks, and will revise accordingly if necessary taking into consideration the evolving situation of COVID-19 and operational risks that may develop, including operational challenges related to access to the affected population, availability of relief items and supply issues, and the movement of Congolese Red Cross volunteers and staff, as well as international staff. For more information, the national SITREP on epidemiological surveillance will serve as a guide.

The table below shows the potential impact of the pandemic on the operation and how CRC will respond to the situation if COVID-19 mitigation measures are implemented in the Plateaux and Cuvette departments.

Measures related to COVID-19	Standard measures to control epidemics	Temporary lockdown of society (schools, businesses, public services)	Long-term lockdown and movement restriction during the implementation period
<b>Probability</b>	<b>High</b> All operations in this DREF are feasible under COVID-19 prevention measures.	<b>Medium</b> CRC is exempted from any lockdown by the Government.	<b>Low</b> CRC is exempt from any containment decision by government decision, but other necessary partners will be severely constrained.
<b>Impact on operations</b>	None	Delayed implementation	Implementation delayed beyond the DREF schedule
<b>Mitigation measures</b>	None. This DREF has been designed taking into account COVID prevention measures.	The implementation of the treasury component of the operation will take longer than expected due to delays. The timetable will be revised, but the overall implementation period will remain the same.	An extension of this operation will be requested following the Procedure if this case arises.

### Risks and difficulties of access

Access difficulties also remain a very important risk, especially in the Sanga and Likouala departments. Access is only possible by river transport, the cost of which is extremely high, with the risk for staff who must provide continuous support.

### Security risk:

For security, the Plateaux and Cuvette departments, known as risk areas, are relatively stable. CRC operates locally in the departments concerned and has very good local acceptance. Similarly, all operations in this DREF will be implemented using safety principles (Safer Access). CRC volunteers have been trained in this regard and are applying the Movement's Code of Conduct and 7 core principles.

In general, there is no security risk but global monitoring of the security situation is to be taken into account with the context of displacement of populations, the end of the year period which often leads to an increase of insecurity.

IFRC security plans will apply to all IFRC staff throughout. Area-specific Security Risk Assessment will be conducted for any operational area should any IFRC personnel deploy there; risk mitigation measures will be identified and implemented. All IFRC must, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. All deployments must be coordinated with the RSU.

At the time of drafting this DREF, limited filed data is available about the target locations and territorial risks of the planned operation. Therefore, the Regional Security Unit /Global Security Unit recommends activating Security SURGE from the very onset of the operation to securely clear all defined operational areas foreseen by this operation. This security assessment mission will define access, controls and operational support mechanisms, including communications needs.

## B. Strategy of cooperation

### Overall operational objective:

The objective of this DREF operation is to provide life-saving assistance to 1,721 households (8,605 people) affected by flooding in the Plateaux (3,890 people) and Cuvette (4,715 people) through the provision of food, basic household items and WASH services.

### Lessons learned from previous operations:

To enable a better response, CRC will consider the challenges from previous DREF operations that contributed to delays in implementation:

- Slow mobilisation of volunteers and high turnover of volunteers in the implementation areas, which will be further exacerbated by the duplication of movements of people in times of disaster and the year-end festivities.
- The difficulty of access in rainy weather is due to the state of the roads and means of transport.
- Difficulties in identifying beneficiaries due to the lack of identity documents, which is a problem throughout the country and not only in the targeted localities. This is particularly serious in this type of crisis where households lose their belongings in the water or in the rush to escape. The same constraints also apply to volunteers.
- Human resource issues in terms of capacity and number of people mobilised in the volunteer and NS staff teams.

In line with the above challenges and as lessons learned from previous operations, CRC is planning a four-month implementation period to cover the observed delays and ensure the implementation of activities is completed. This includes:

- Establishing a beneficiary identification system,
- Travel days will be extended for activities including CRC and IFRC support staff, considering travel time,
- The mobilisation of volunteers will be based on the ongoing volunteer remobilisation strategy, which has updated the CRC's list of volunteers throughout the country. Thus, additional volunteers will be mobilised as mitigation to potential resignations in the middle of the implementation and all of them will receive training;
- In terms of capacity, the National Society will receive continuous technical support from IFRC Delegation in Kinshasa, as the proximity between both countries facilitates support and exchanges.

### Proposed Strategy

CRC's intervention will focus on the following areas:

- **Livelihoods and provision of Essential Household Items(EHI):** Through an unconditional multi-purpose cash transfer, to cover the most urgent needs of the 1,721 households (food, sanitation, household items per specific household needs, etc.). The preferred mechanism in this operation is Mobile Money transfers through the services of a financial service provider, in this case, MTN or Airtel, with whom a process of signing framework contracts is about to be initiated.
- **Health:** Psychosocial support, first aid and awareness on COVID 19.
- **WASH:** Hygiene promotion and community engagement.

As part of its strategy, CRC will carry out a detailed needs assessment at the outset of the implementation of this operation. Indeed, the first rapid field assessment provided information on which this DREF application is based. The situation continues to evolve and to get a clear picture of the most vulnerable households and their needs, a more in-depth multi-sectoral needs assessment is required. This detailed needs and gap assessment, conducted in consultation with partners and target communities, will focus on all flood-affected districts for which information on the extent of flooding is not yet available. This assessment will be done in conjunction with the census of affected communities, using a survey application such as ODK which will be installed on the phones of the supervisors in charge of centralising the data collected. The results of the assessment will be used to identify target communities/people based on the criteria pre-defined in the targeting above. This assessment will also serve as the basis for any revision of this emergency action plan.



CRC volunteer teams will undergo refresher training to ensure that all volunteers have up-to-date information on vulnerability and needs assessments. These trainings will also include elements of CEA and PGI to ensure that volunteers understand how to engage and communicate with communities during the assessment and planning stages.

CRC will not focus on shelter needs in this operation as this response cannot provide the sustainable and semi-sustainable homes required in the Government's response and recovery plan for this disaster. The operation will therefore focus on a cash response that can cover livelihoods and EHI needs, WASH awareness and health with a supply of clean water treatment kits.

### **Specific objectives:**

#### **1. Livelihoods and basic needs (target: 1,721 households)**

Considering the existence and accessibility of functional markets and reliable and functional payment systems in the affected localities, as well as the existence of a reliable beneficiary identification system and favourable security conditions, CRC has opted for an unconditional multi-purpose electronic money transfer (via mobile transfer) to cover the most urgent needs of the 1,721 households. The objective of this multi-purpose transfer is to provide the highest possible degree of flexibility, dignity and efficiency to the beneficiaries to meet their various needs (food, health, education, shelter, WASH, etc.); to empower the most vulnerable beneficiaries; to support local markets and to foster economic recovery, preparedness and resilience of these communities.

These will be electronic transfers made through the services of a financial service provider (MTN or AIRTEL) with whom the process of signing a framework contract is underway. In fact, as part of the preparation for cash transfers, CRC has undertaken to sign a framework contract with these service providers identified as best meeting the criteria defined (coverage of intervention localities, capacity for pre-funding if necessary, available technical equipment and level of technology guaranteeing quality service and offering facilities for monitoring and reconciliation, previous experience, implementation times, service costs, security measures, risks, etc.). This contract will be accompanied by a specification setting out the commitments and operational responsibilities of each party. All aspects related to beneficiary identification, SIM card provisioning, applicable tariffs, account opening, data protection and cash-out provisioning will be defined in the contract and the terms of reference.

Mobile money (MoMo) transfers require a subscription to a mobile wallet account. This account will store funds at a certain value and is associated with a particular SIM card or hosted on a technology platform that creates a link (via USSD or SMS) to the mobile phone, based on the phone number. This type of transfer offers beneficiaries the widest range of transaction options, in addition to extensive access to essential financial services such as deposit, withdrawal, person-to-person transfers and electronic money transactions through registered merchants and service providers. As part of this operation, phones will not be distributed to beneficiaries. As for the SIM cards, the financial service provider will provide SIM cards of the same series to facilitate control and reduce the risk of fraud. 1,721 SIM cards will be given to each head of household who has been previously registered and identified.

Although CRC has no experience in cash transfers, it does have the expertise (CVA focal point) in cash transfers. CRC CVA focal point regularly participates in capacity building workshops in this expertise and is part of a regional platform of practitioners (CVA Community of Practice for Central Africa). In addition to this in-house expertise, CRC will be supported by an IFRC cash technical team based in Yaoundé and Kinshasa delegations, who will provide continuous support through missions and the deployment of a Cash Surge.

To improve the quality of the implementation of this cash component, all the people (volunteers, staff) involved in the operation will be trained on specific topics related to the CVA, in particular:

- Contracting an FSP.
- Organise and manage a distribution site, especially during COVID.
- Purpose of multiple-use cash transfers.
- Data management in cash transfer projects/programmes.
- How to ensure effective monitoring of post-distribution
- Risk management in cash transfer programmes/projects.

These trainings will be conducted online and face-to-face from the start of the operation with regular refresher courses.

In the terms of reference to be signed with the financial service provider, it will be retained to train key CRC staff on:

- The use of the online interface to access the disbursement account.
- The resolution of technical complaints (identification, creation of MoMo accounts, renewal of SIM cards).

Given the profile of the beneficiaries to be assisted, there is a risk of having beneficiaries who do not master the use of telephones. These beneficiaries will be identified and trained on topics such as:

- Handling of telephones (functional literacy).
- Securing MoMo accounts.

To confirm and complete the data from the needs assessments conducted by the government and other humanitarian partners, a rapid market assessment will be conducted in the various localities. The objective of this assessment will be to determine the extent to which the disaster has compromised people's access to essential commodities that they usually buy in markets and to identify market-based ways of helping people access these commodities when and where they are needed. This accurate information on the market system will also allow confirming the most appropriate transfer mechanism.

The amount of cash assistance will be FCFA 50,000 per household and the distribution will be done in a single transfer. The option of a single transfer is part of the cost-effectiveness analysis. This amount was estimated based on the estimated costs of food and essential goods, or the minimum expenditure basket used by different agencies in the Plateaux and Cuvette departments.

This will help to avoid discrepancies between beneficiaries and non-beneficiaries of this DREF operation, thus reducing the risk of conflict within the community. In addition, during the implementation of this operation, the Congolese Red Cross will explore the possibilities of providing longer-term assistance to the affected population. The need for such assistance and the form it should take will depend on the response of other humanitarian actors, the response of public authorities and the evolution of the situation on the ground, including the possible impact of COVID 19.

The methodology of this CVA component will follow the following steps:

- Signing the framework contract and terms of reference with the FSP.
- Training of CRC staff and volunteers on the technical and operational aspects of cash transfers.
- Introduction to the administrative and traditional authorities.
- Multi-sectoral evaluation (including Rapid Market Assessment);
- Raising awareness of beneficiaries about the project's objectives.
- Establishment of beneficiary targeting committees.
- Sensitisation, identification and registration of beneficiaries.
- Establishment of complaints management committees and feedback mechanisms.
- Verification/processing of lists.
- Sharing of lists with FSP.
- Training of staff by FSP on the management of the disbursement platform and the resolution of technical complaints (identification, renewal, account opening, etc.).
- Creation of a WhatsApp group (FSP focal point, CRC staff, CRC volunteers) dedicated to the management of technical complaints. Indeed, all cases of complaints recorded in the field will be instantly shared in the group for FSP technical officers.
- Opening of MOMO accounts.
- Transfer of funds to beneficiaries (cash in).
- Supervision of cash out operations.
- Post-distribution monitoring.
- The organisation of the lessons learned workshop.

The identification problems already observed in previous operations and specific to this context, where the majority of households do not have official identification documents, will be taken into account and anticipated. As a strategy to limit this problem, the best identification remains physical, but identification criteria can be developed with community leaders, the FSP and volunteers.

## **2. Health: First aid and psychosocial support**

In response to the needs in the health sector, CRC plans to :

- Purchase and provision to the affected committees of 40 first aid kits for volunteers to use during this response operation. This will enable them to easily provide first aid services to the affected population. Since the Plateaux and Cuvette departments have first aid volunteers, the first aid kits will be provided to the affected committees.
- Mobilisation of 40 volunteers and 4 supervisors who will receive training in psychosocial support and a briefing on waterborne diseases.
- Design and distribution of IEC materials: 1,000 posters, 20 picture boxes.
- Deployment of these 40 volunteers, 2 days per week for 8 weeks, to provide psychosocial support to affected households and cover the already initiated first aid deployments and community sensitizations on waterborne

diseases. The sensitizations will focus on information messages on cholera, malaria and community surveillance, measures to protect households against communicable diseases, including Covid-19.

- Development of community awareness materials and tools that will also be used for WASH.

### 3. Water, Sanitation and Hygiene

WASH assistance will start with a three-day training for 40 volunteers in Cuvette, 60 volunteers in Plateaux and 10 supervisors. The training will focus on:

- Hygiene promotion,
- Water quality analysis and/or water treatment,
- Use of IEC equipment,
- Briefing on CEA to better engage communities inclusively in the process of identifying their needs and involving them in the actions to be taken. In addition, the assessment questionnaires will aim to collect the information needs of the affected communities, as well as their usual sources of communication, in addition to other areas. These assessment results will inform what CEA tools to be deployed in support of the sectors that have been identified as priorities in the ongoing emergency response.
- Volunteer briefing on Prevention of Sexual Exploitation and Abuse (PSEA)

After the training, volunteers and supervisors will be mobilised for :

- Health and hygiene awareness-raising by 40 volunteers, 3 days a week for 8 weeks (depending on other planned activities, such as distributions). Volunteers will be equipped with IEC/Behaviour Change Communication (BCC) kits, turbidimeters and pool tests to monitor the quality of water to be chlorinated.
- Support communities in sanitation with the provision of 20 sanitation kits (brushes, bleach, chlorine, detergent, hoes, mixing containers, rakes, soap, sprayers and wheelbarrows) and 100 protective kits (boots, gloves, helmets, mufflers and COVID protective equipment such as masks) to committees. CRC sanitation teams will work with community sanitation committees to clean drains and gutters in their communities to reduce the risk of water-borne diseases.
- Use of awareness-raising tools purchased as part of the WASH activities that consider the COVID-19 context through more communication taking into account barrier measures. To do this, the following tools and IEC will be purchased and made available to volunteers for awareness-raising: 40 megaphones with USB for messages, 2,000 posters and 60 picture boxes.

For the beneficiaries, it is planned to

- Distribute 4 aqua tabs per household per day for 45 days. Taking into consideration that a person consumes about 4L on average per day and 1 tablet treats 20L, the total is 30,978 tablets and 01 for demonstrations (at least 3 demonstrations per locality).
- Organise demonstration sessions for the communities on the use of Aquatabs
- Ensure post-distribution monitoring of the water purification tablets in the communities.

**Protection, Gender and Inclusion (PGI):** Mainstreamed in all intervention sectors, CRC will ensure that the DREF operation is in line with the IFRC's commitment to gender equality and diversity by adapting the beneficiary selection criteria to the targeted people (female-headed households, people with disabilities). Other aspects examined include the prevention of sexual and gender-based violence and the protection of children.

CRC has a high level of acceptance within the local communities. PGI-related messages will be introduced in the content of messages at different outreach events. Also, volunteers and staff members receive a briefing on PSEA.

### Operational support services

#### Human resources:

A national coordination unit will be set up at CRC headquarters for the proper management of the operation. 40 in the Cuvette and 60 in the Plateaux at a ratio of 1 supervisor for every 10 volunteers (i.e. 10 planned).

Two 3-day refresher workshops will be organised for 100 selected first aiders, 40 for the Cuvette/60 for the Plateaux: 20 for cash, 40 for health and 40 for the wash; and on the Code of Conduct and the Principles and Rules for Humanitarian Assistance. These relief workers will be scheduled to work in teams of 5, every day for 8 weeks, rotating among the volunteers.

IFRC human resources will be used to support the NS in this operation. Indeed, a CVA Surge will be deployed while technical coordination support will be provided by the Kinshasa delegation. IFRC delegation in DRC will deploy a resource person for the duration of the activities. The same applies to logistical and financial support.

**Logistics:** The operation will budget for the costs of fuel for 2 vehicles and rental of watercraft (dugout canoes or speedboats) to cover the transport needs in the intervention areas. This requires largely river transport. Local procurement will be carried out per IFRC procedures. Some NFIs can be made available from Brazzaville in case they cannot be found in local branches.

**Planning, monitoring, evaluation and reporting (PMER):** The IFRC cluster PMER team will provide support to monitoring this operation. A one-day lessons learned workshop will be held at the end of the operation. This workshop will bring together aid beneficiaries, local authorities, partners, volunteers, the management team, CRC officials and an IFRC cluster team based in DRC. It will allow the national society to evaluate the operation and gather information for future operations.

**Communication:** To support the volunteers in their mission as well as the visibility of the Red Cross actions in the field, CRC, through this DREF operation, will procure protective and visibility items for the volunteers, including bibs, mackintoshes and boots.

**Finance and administration:** The Plateaux and Cuvette departmental branches have a financial department that has been strengthened by the Movement's various partners, particularly IFRC. For the implementation of this operation, it will benefit from the IFRC's support in various areas, particularly in CVA, WASH and overall management of the operation. CRC headquarters in Brazzaville and IFRC in Kinshasa will provide all the necessary support to ensure that administrative and financial monitoring and reporting are carried out correctly and on time.

### **Security:**

Security risks in Plateaux and Cuvette are moderate, given that these are the most attractive and commercially oriented departments with banks, mobile phone agencies and cooperatives. The risk will be mitigated by the reduced visibility of individual transactions from cash points in towns/districts/villages provided by mobile money agents (as opposed to large in-kind distributions).

Petty theft and armed crime are common in the main cities of Brazzaville and Pointe Noire but remain low by regional standards. Violent crime, particularly road banditry, is a diminishing but credible threat in the Pool department, where ex-rebels are engaged in criminal activity. To reduce the risk of RCRC staff becoming victims of crime, violence or road hazards, active risk mitigation measures should be adopted. This includes monitoring the situation, field travel procedures, establishing special security clearance procedures for travel in high-risk areas (orange and red phases) and implementing minimum security and safety standards. Security plans should be in place/updated before any deployment. All Red Cross Red Crescent staff actively involved in operations must have completed IFRC online security courses (personal security, security management or volunteer security).

IFRC security phases:

- Yellow phase areas: Brazzaville and the rest of the country.
- Orange phase areas: Eastern part of the DRC
- Red phase areas - Likouala area (buffer zone 50km from the border with the Central African Republic).

## C. Detailed Operational Plan



### Livelihoods and basic needs

**Targeted people: 8,605**

Male: 4311

Female: 4294

**Requirement (CHF): 156,761**

**Needs analysis:** Families had to leave their homes in a hurry and lost essential household items, food stocks, etc. Houses have also been destroyed by the floods. To help some families return to their homes, they will have to carry out repairs and cleaning of homes. Rapid assessments confirm that these items are readily available on the local market. Each household will receive CFAF 50,000 in a one-off distribution. This amount has been calculated based on various minimum expenditure baskets used in the 2 departments and taking into account the plans of other humanitarian agencies, to ensure consistency.

**Population to be assisted:** 1,721 affected and vulnerable households in the 2 affected departments.

**Programme standards/benchmarks:** IFRC cash standards will be applied

P&B Output Code	Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods	% of assisted households surveyed who report that the cash assistance is enough to cover their basic needs (Target: at least 80% or 1377 HH)															
	Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs	<ul style="list-style-type: none"> <li># of households receiving cash grants (Target: 1721 households)</li> <li># of assessments conducted (Target: 2)</li> <li># of MDPs conducted (Target: 1)</li> </ul>															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP081	Vulnerability/multisectoral needs assessment																
AP081	Market assessment to ensure that the market is functioning normally																
AP081	Identification of target households for cash transfer (including briefing of volunteers on cash process and community engagement)																
AP081	Introduction to communities, community leaders, volunteers and selection committees of the cash assistance process																
AP081	Distribution of Sim cards and unconditional cash																
AP081	Post-distribution monitoring and market tracking with satisfaction assessment																
AP035	PGI-related messages are introduced in the content of evaluations and for community briefings.																
AP035	Volunteers and staff receive a briefing on PSEA.																



## Health

People targeted: 8,605

Male: 4311

Female: 4294

Requirement (CHF): 17,613

**Needs analysis:** People in both departments need first aid and WSP services, as well as information on diarrhoeal diseases and epidemics that may occur in this context.

**Population to be assisted:** 8,605 people in the 2 departments

**Programme standards/benchmarks:** CBHFA first aid as provided by CRC, PSS approach

P&B Output Code	Health Outcome 1: The immediate risks to the health of affected populations are reduced	% of people reached with health activities (target: 100% or 8,605 people)															
	Health Output 1.1: The health situation and immediate risks are assessed using agreed guidelines	<ul style="list-style-type: none"> <li># of health outreach visits conducted (Target: 640)</li> <li># of IEC materials distributed (target posters: 2000)</li> <li># of disease awareness visits conducted (Target: 320)</li> </ul>															
	Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP021	Production and use of IEC materials for community sensitisation: 20 image boxes and 1000 posters																
AP021	Community awareness/information on the risks of waterborne diseases and epidemics (number days/weeks/months).																
P&B Output Code	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	# of households reached by the health intervention (Target: 1721 households)															
	Health Output 2.3: Target population is reached with Search and Rescue activities	<ul style="list-style-type: none"> <li># of volunteers providing first aid (Target: 40 volunteers)</li> <li># of first aid interventions carried out (50)</li> <li># of CEA briefings (02)</li> <li># of PSEA/PGI briefings (02)</li> </ul>															
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP022	First aid search, rescue and transport services to health facilities																
AP022	Provision of first aid services throughout the implementation																
AP022	Develop a standard document for assessment teams that provides communities with general information about the assessment process, objectives and the Red Cross mission, while ensuring that key concerns shared by vulnerable people and groups are addressed																

AP084	Brief/train the assessment teams on the CEA approach and its specific tools for the initial assessment, with an emphasis on communication skills, participation, feedback and the PEAS/ Protection Gender Inclusion modules to ensure good engagement and involvement of the target groups																		
AP035	Integrate the briefing of volunteers in PSEA, GBV and Protection Gender Inclusion to ensure good engagement and involvement of target groups																		
AP084	Organise consultations with community members or their representatives to identify their needs, including information on the organisation, power dynamics and trusted communication channels within the affected and at-risk areas																		
P&B Output Code	<b>Health Outcome 6: The psychosocial impacts of the emergency are lessened</b>	<b># of households reached by PSS services (Target: 1721 households)</b>																	
	<b>Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff</b>	<b># of volunteers trained in PSS (Target: 100 volunteers and 9 supervisors)</b>																	
	Activities planned Week / Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AP023	Identification and training of psychosocial support volunteers (PSS)																		
AP023	Assessing the needs and resources available in the community for PSS																		
AP023	Provide PSS to people affected by the crisis or disaster																		
AP023	Provide PSS to staff and volunteers																		



## Water, sanitation, and hygiene

**People targeted: 8,605**

Male: 4,311

Female: 4,294

**Requirement (CHF): 30,961**

**Needs analysis:** Affected populations have needs resulting from weathered water conditions and access to safe drinking water, sanitation, hygiene and sanitation promotion and people's drinking water needs.

**Population to be assisted:** 8,605 people in the 2 affected departments

**Programme standards/benchmarks:** IFRC CEA standards

P&B Output	<b>WASH Outcome1: Immediate reduction in risk of waterborne and water-related diseases in targeted communities</b>	<b># of people reached with WASH activities (Target: 8,605 people)</b>
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Code	WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality are provided to the target population	<ul style="list-style-type: none"> <li># of households that received aqua tabs (Target: 1721 households)</li> <li># of demonstrations on the use of aqua tabs (Target: 28)</li> <li># of water quality test kits purchased (Target: 40)</li> <li># of post-distribution reports produced (Target: 7)</li> </ul>															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP026	Purchase and distribution of aqua tab to 1721 families																
AP026	Purchase of water quality testing kits (40)																
AP026	Conduct water quality tests																
AP026	Organise demonstrations on the use of Aquatabs for the community. (minimum 03 per locality*7 localities)																
AP026	Post-distribution monitoring of the use of water purification tablets in the 7 localities																
P&B Output Code	WASH Outcome 2.4: Hygiene promotion activities are provided to the entire affected population.	# of people reached with WASH services (Target: 8,605 people)															
		Activities planned Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP030	Conduct a baseline survey to define the hygiene problems and assess the capacity to solve the problem.																
AP030	Select target groups,																
AP030	Develop a hygiene communication plan. Train volunteers to implement the activities in the communication plan.																
AP030	Design/print IEC materials																
AP030	Assess progress and evaluate results.																
AP084	Engage the community on the design and acceptability of water and sanitation facilities.																
AP030	Raise awareness on hygiene promotion in targeted communities.																
AP030	Voluntary and community mobilisation for sanitation activities																
AP035	Include prevention messages in awareness-raising, including messages against gender-based violence in all targeted communities and host populations.																

## Strategies for Implementation Requirements (CHF): 70,167

P&B Output	S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and	% of volunteers participating in the operation who understand their rights and responsibilities (Target: 100%)
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Code	financial foundations, systems and structures, competencies and capacities to plan and perform																
	Output S1.1.4: National Societies have effective and motivated volunteers who are protected	# of volunteers insured (Target: 100 volunteers)															
	Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
AP040	Ensure volunteers are insured																
AP040	Provide comprehensive briefings on volunteer roles and risks																
AP040	Provide psychosocial support to volunteers																
AP040	Ensure volunteers are aware of their rights and responsibilities																
AP040	Ensure the safety and well-being of volunteers by integrating safety briefings into training																
AP040	Ensure that volunteers are properly trained																
AP040	Ensure the involvement of volunteers in the decision-making processes of the respective projects they implement																
P&B Output Code	Output S1.1.6: National Societies have the necessary infrastructure and institutional systems	<ul style="list-style-type: none"> <li>• # of articles disseminated on the operation (Target: 3 articles)</li> <li>• # of dissemination channels used (Target: 4)</li> <li>• # of lessons learned workshops (Target: 01)</li> </ul>															
		Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP042	Communication works to ensure the necessary media coverage of the volunteer operation																
AP042	Logistical support from the NS is provided for the implementation																
AP042	Monitoring of the operation is ensured at the operational and support level																
AP042	Lessons learned workshop																
P&B Sortie Code	Outcome S2.1.3: Improved National Society compliance with the Principles and Rules of Humanitarian Assistance	% of community feedback collected (target: 90%)															
		Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP049	Ensure that DREF principles and rules are well understood and applied.																
AP049	Advocate for engagement with national society partners and managers on the promotion and use of the principles and rules																
P&B Sortie Code	Outcome S3.1.2: IFRC produces high-quality research and evaluations that inform advocacy, resource mobilisation and programming.	<ul style="list-style-type: none"> <li>- # of LLWs carried out (Target: 1)</li> <li>- # of translations produced (Target: 2)</li> </ul>															
		Planned activities Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
AP064	Organise a workshop on lessons learned																

AP065	Ensure translation of working documents for NS																							
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## Budget

The allocation approved for implementation of this EPoA is CHF 275,492 as detailed in the below budget.

International Federation of Red Cross and Red Crescent Societies

all amounts in Swiss Francs  
(CHF)

## DREF OPERATION

MDRCG018 – CONGO - FLOODS

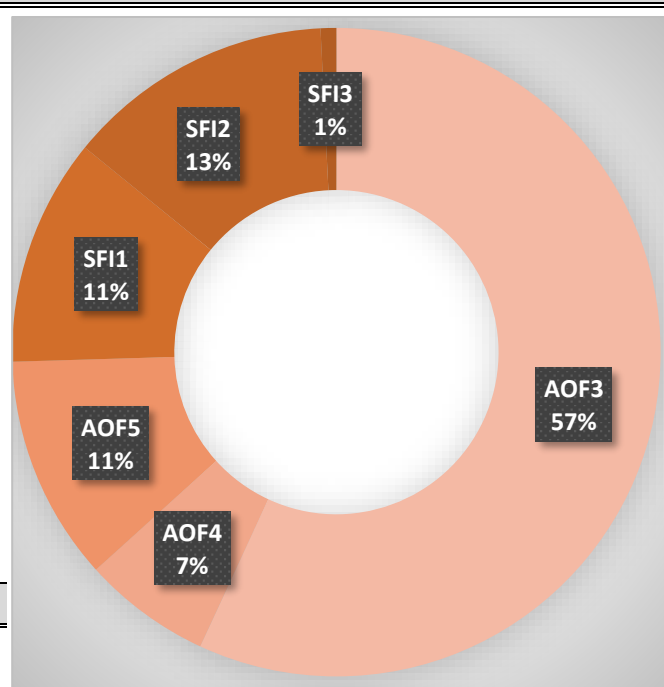
08/12/2021

### Budget by Resource

Budget Group	Budget
Water, Sanitation & Hygiene	11,722
Medical & First Aid	3,652
Teaching Materials	9,496
Cash Disbursement	144,375
<b>Relief items, Construction, Supplies</b>	<b>169,246</b>
Transport & Vehicles Costs	2,826
<b>Logistics, Transport &amp; Storage</b>	<b>2,826</b>
International Staff	19,826
National Society Staff	3,176
Volunteers	32,195
<b>Personnel</b>	<b>55,196</b>
Professional Fees	794
<b>Consultants &amp; Professional Fees</b>	<b>794</b>
Workshops & Training	10,020
<b>Workshops &amp; Training</b>	<b>10,020</b>
Travel	10,000
Information & Public Relations	2,223
Communications	953
Financial Charges	1,905
Other General Expenses	5,515
<b>General Expenditure</b>	<b>20,596</b>
DIRECT COSTS	258,678
INDIRECT COSTS	16,814
<b>TOTAL BUDGET</b>	<b>275,492</b>

### Budget by Area of Intervention

AOF3	Livelihoods and Basic Needs	156,761
AOF4	Health	17,613
AOF5	Water, Sanitation and Hygiene	30,951
SFI1	Strengthen National Societies	31,241
SFI2	Effective International Disaster Management	36,770
SFI3	Influence others as leading strategic partners	2,156
<b>TOTAL</b>		<b>275,492</b>





# Republic of Congo : Inondation

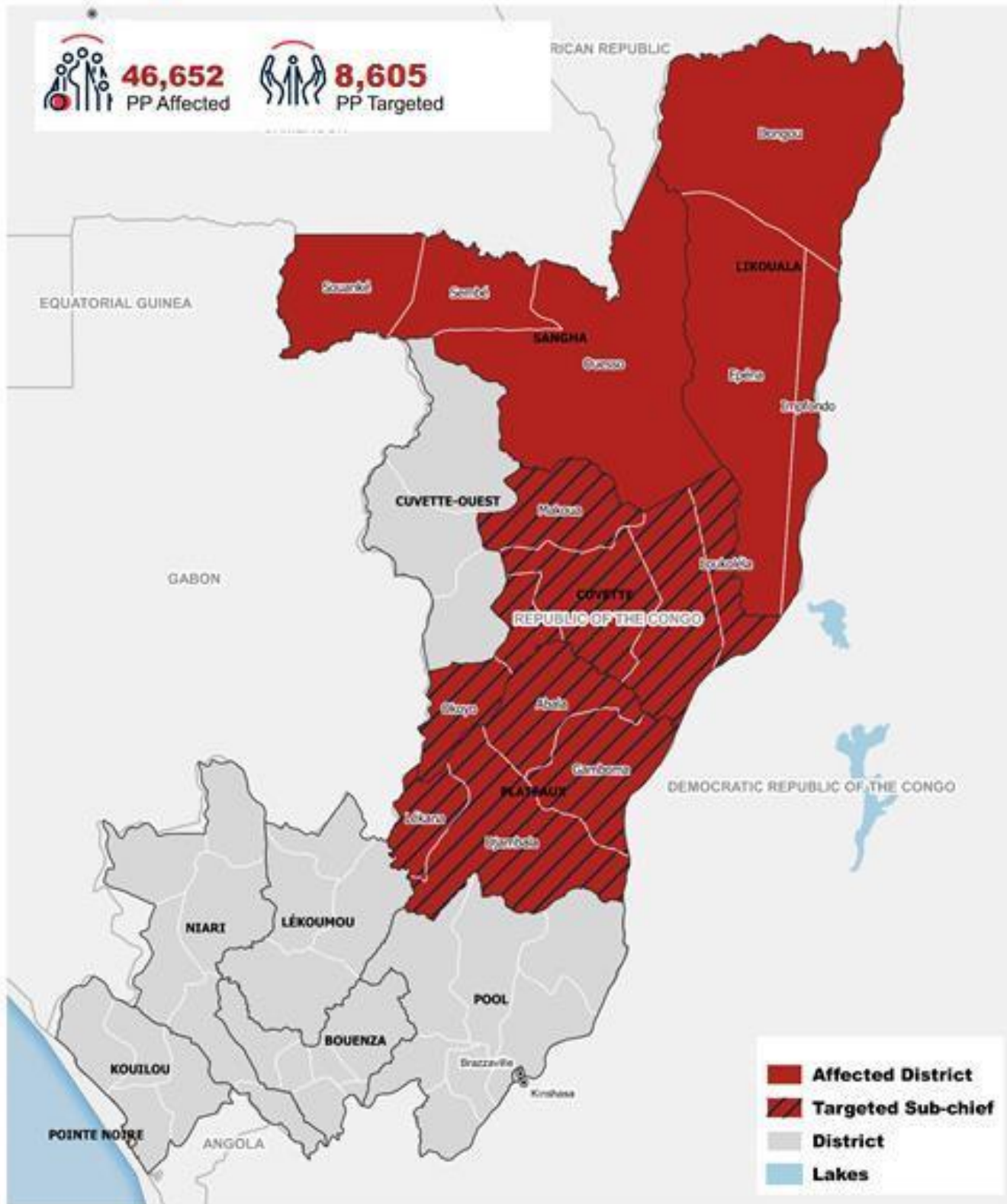
7 December 2021 • FF-2021-000198-COG



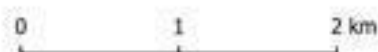
**46,652**  
PP Affected



**8,605**  
PP Targeted



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.  
Map data sources: GADM, Congo RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



## Contact

Reference documents



Click here for:

- Operation Update
- Emergency Plan of Action

**For more information, particularly on this operation, please contact**

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## How we work

All IFRC assistance aims to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and non-governmental organizations (NGOs) in disaster relief, as well as the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in providing assistance to the most vulnerable. 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 thus contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



**Save lives.**  
protect livelihoods,  
and strengthen recovery  
from disaster and crises.



Enable **healthy**  
and **safe** living.



Promote **social inclusion**  
and a culture of  
**non-violence** and **peace**.