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Final Report

Republic of Congo: Floods

 International Federation
of Red Cross and Red Crescent Societies

DREF operation	Operation n° MDRCG018
Date of Issue: 04 August 2022	Glide number: FF-2021-000198-COG
Operation start date: 09 December 2021	Operation end date: 30 April 2022
Host National Society(ies): Congo Red Cross (CRC)	Operation budget: CHF 275,492
Number of people affected: 46,652 (9,330 households)	Number of people assisted: 10,878 people (1,813 households) of which 10,326 people (1,721 households) ¹ reached directly with cash grants.
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Federation of the Red Cross and Red Crescent (IFRC), ICRC, French Red Cross	
Other partner organizations actively involved in the operation: Departmental authorities, Ministry of Humanitarian Action, Ministry of Transport, United Nations agencies (WFP, UNHCR)	

The major donors and partners of the Disaster Relief Emergency Fund (DREF) include the Red Cross Societies and governments of Belgium, Britain, Canada, Denmark, Germany, Ireland, Italy, Japan, Luxembourg, New Zealand, Norway, Republic of Korea, Spain, Sweden and Switzerland, as well as DG ECHO and Blizzard Entertainment, Mondelez International Foundation, Fortive Corporation and other corporate and private donors. The Government of Canada replenished the DREF of the occasion of this allocation. On behalf of the Republic of Congo Red Cross Society (CRC), the IFRC would like to extend gratitude to all for their generous contributions.

A. SITUATION ANALYSIS

Description of the disaster

On 29 November 2021, the Congolese government reported that 71,690 people were affected by flooding, mainly in the departments of Likouala, Cuvette, Plateaux and Sangha. According to UNOSAT (United Nations Satellite Centre), a total of about 3,500 km² of land was to be affected by the flood waters. 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.



Volunteers support a family during the floods in Moyi fleuve © CRC

Based on the assessments conducted by the local authorities with humanitarian partners, the rains had a negative impact on agricultural crops, thereby worsening the precariousness and poverty of the local population, especially as the rainy season had started and lasted since September of the same year.

Humanitarian actors on the ground reported in January 2022 that the water had almost completely receded from plantations, leaving behind damage to agricultural production ([OCHA](#), January 2022). The districts of Mossaka, Loukolela, Owando, Oyo, Makoua and Ntokou had 7,526 people living in flooded areas and 0.01 km² of flooded agricultural land, while Makotimpoko, Mpouya, and Gamboma districts had 2,826 people living in flooded areas. To note, most refugees (from the Central African Republic) and asylum seekers (from the Democratic Republic of Congo) present on Congolese territory are settled in the departments of Likouala and Plateaux, which further exposed them to flooding, exacerbating their vulnerability due to their poor livelihoods.

¹ Considering an average of 6 people per household found during the assessment.

However, in March 2022, another series of heavy rains caused flooding in the capital Brazzaville, with three deaths reported in the Manianga district where the rubbles of a wall collapsed during the rain. Similar damages were registered across the city. Community discussions in the Makotimpoko districts revealed that flooding is a regular occurrence and happens every year between October and March. These communities have developed coping strategies that vary between households; some move to neighbouring localities, set up small areas on high ground and others live in large dugouts.

Summary of response

Overview of Host National Society

From the start of the disaster, the two departmental branches of the CRC deployed 300 volunteers in all the affected areas to carry out emergency relief actions and 100 volunteers were deployed in the affected localities of the Cuvette and Plateaux. In coordination with CRC headquarters, the activities undertaken were: first aid and evacuation of the injured (78 people), management of mortal remains in the two target departments with a total of 15 people buried with the assistance of CRC volunteers; and a series of training sessions, particularly on basic knowledge of Restoring Family Links (RFL).



Volunteer training session ©CRC

After the official launch of [DREF Operation](#), a range of activities were carried out by the CRC including:

- Preliminary studies (multi-sectoral rapid assessment, market survey, price monitoring),
- Setting up of community committees
- Training of 100 volunteers and 9 supervisors to ensure appropriate capacity strengthening and knowledge on CVA assistance, assessment tools and methodology, health and WASH risk and disease prevention. Introductory sessions on CEA and PGI as cross-cutting operational elements were also included to the training package.
- Mobilisation of 100 volunteers three days a week for five months to cover the response plan in the localities of Moyi forêt, Moyé fleuve, Mopongo in the Plateaux Department and the localities of Bokoma, Tchikapika, Loboko, Oyo village in the Cuvette Department.
- A multi-sectoral needs assessment was carried out from 20 January and 5 February 2022 in the seven neighbourhoods/villages targeted by the operation.
- A market survey was conducted using the RMS (Rapid Market Survey) approach during the assessment.
- Training of 100 volunteers (43 women and 57 men) on the basics of cash transfers, CEA, Wash, PSS and data collection with the Kobo collect application.
- A total of 1,721 heads of households received an unconditional cash grant of XAF 50,000 per family to cover their needs, with additional XAF 1750 as FSP fee.
- First aid services were provided to 97 people while 54 evacuations of injured persons from Loboko to the health centres in Tchikapika and Oyo and the health centres in Makotimpoko, which were themselves overwhelmed and affected but better functioning.
- Community feedback channels were set up, with 2,431 of feedback collected and analysed of which 84% were resolved to satisfaction. Most of them were related to solution of technical complaints related to SIM cards.
- Distribution of 30,978 tablets and conduct of demonstration and teaching sessions during the distribution to the communities on the use of aquatabs.
- Social mobilisation activities were carried out mainly during home visits and 47 group educational talks were also held. Awareness-raising activities reached a total of 10,878 people (1,813 households) covering several key thematic/messages including:
 - Hand washing.
 - Personal, environmental and food hygiene
 - Composition of a balanced meal (5 stars)
 - Use and maintenance of latrines
 - Potabilization and conservation of water
 - Covid-19 barrier measures
 - Use of mosquito nets
 - GBV (Gender Based Violence)



Volunteer training session ©CRC

To facilitate and guide the work of the volunteers involved in these activities, question and answer sheets were designed for each of the themes mentioned above. They contained anticipated questions and answers and were updated regularly based on feedback from the volunteers. Megaphones and communication other tools (posters, flyers, picture boxes) were also made available.

Overview of Red Cross Red Crescent Movement in country

The IFRC has provided close technical support to the National Society as well as supported operational monitoring during the implementation through Kinshasa Cluster Delegation staff.

- The CEA, PMER and Finance technicians from Kinshasa Delegation office were engaged from the planification stage and each ensured permanent communication with their counterpart at NS level
- Beyond the Delegation, the Surge mechanism were activated from the Regional Office to reinforce the capacity of CRC in cash and voucher assistance, which was the main part of this response. Indeed, IFRC deployed a CVA Officer from Yaounde Delegation for 3 months.
- A task force composed of IFRC, and CRC staff was set up and met weekly to discuss any challenges and best ways to support the National Society.

With the other Movement partners (CRC/CRF/CICR, IFRC), coordination meetings were held at the strategic level for information sharing on operations/projects/programmes.

Overview of other actors in country

Other humanitarian actors present in the field included the Government as well as UN agencies. Coordination with the Congolese government services was effective and permanent. In each of the target localities, the administrative and traditional authorities and the government's decentralised services were consulted and associated with the project.

Coordination with the Ministry of Social Affairs and Humanitarian Action was useful, especially in contextualising the targeting criteria and reviewing the lists of beneficiaries selected to ensure that there was no duplication of assistance with other projects. Regular meetings were held with the sub-prefects, mayors, traditional chiefs, and the heads of social action districts.

The Ministry of Social and Humanitarian Action also distributed food (oil, rice, sardines, dirty fish, salt) and non-food items (soap, sponge, mosquito net, sheet, school kit, spikes, sheet metal, waterproofing, iron) to 1,221 households in Makotimpoko centre.

The main shortcoming observed was the lack of coordination at national level between the CRC and the Ministry of Social Affairs and Humanitarian Action.

With regards to UN agencies, WFP delivered immediate food aid (rice, vegetable oil, peas and salt) to 29,610 vulnerable people (at risk of food insecurity due to the early consumption of their food reserves in the coming months) in Likouala, in the districts of Bétou, Epena, Impfondo, Dongou and Enyelle. These people include 1,743 refugees from the Central African Republic also living in flooded areas. UNHCR with its office in the Plateaux controls the refugees of the Yumbi operation present on Congolese soil, notably in Makotimpoko.

Needs analysis and scenario planning

The floods started on 29 November 2021 and impacted several localities in multiple departments. The worst affected Departments included Likouala, Sangha, Cuvette, and Plateaux in the central-north as well as Kouilou and the capital Brazzaville in the south. By the end of the flooding period, the affected population per departments based on Government and National Society information was 34,543 in Likouala, 4,909 in Cuvette, 7,200 in Plateau. Total affected population at the end of the flooding season was 46,652 people with around 6,552 people displaced. This information was provided by the Government and a detailed assessment conducted in the department of Cuvette and Plateaux confirmed that the initial figure was the same.



CRC team en route to the affected areas ©CRC

The CRC conducted a rapid multi-sectoral assessment² in Moyi forêt, Moyé fleuve, Mopongo in the Plateaux department and the localities of Bokoma, Tchikapika, Loboko, Oyo village in the Cuvette department. The sectors covered by the assessment were WASH, Health, Protection, Shelter, Food security and Livelihoods. CEA /PGI aspects were also integrated as well as other's themes not identified in the plan of action: nutrition and protection.

The methodology for this assessment covered the analysis carried out through individual and group interviews and direct observations. Data collection for the situation analysis and the assessment report was based on a questionnaire, administered to a sample of 420 people among the affected communities and key informants in the localities mentioned above. The assessment was then supplemented by 21 focus groups discussions: 9 in the Plateaux Department and 12 in the Cuvettes Department. It mobilised a team of 17 volunteers and 06 CRC staff including a CVA surge deployed by the IFRC. Below table summarizes the findings of CRC during the detailed assessment.

² The sectors concerned were Shelter, Essential Household Items (EHI), Protection, Food Security, Livelihoods, Wash

Identified needs (in order of priority)	Specific urgent gaps for immediate and medium-term response.	Target groups	Active humanitarian actors
<p>Shelter and needs and EHIs:</p> <p>The targeted communities lived in precarious housing that exposed them to several health and safety risks and to natural weather conditions, especially during the rainy season. These difficult housing conditions were aggravated by the floods as the following figures indicate</p> <ul style="list-style-type: none"> ▪ 53% of the houses were damages while 42% were destroyed by the floods. ▪ 19% of the homes were made of straw, 16% of metal sheeting, 9% of wood; 8% of concrete and 48% of clay. 	<ul style="list-style-type: none"> ○ Supply of standard household kits or equivalent cash grant (blanket, kitchen utensils, clothing, mosquito net, soap, storage container) ○ Provision of emergency shelter (tents, emergency shelter kits) ○ Rental support for particularly vulnerable displaced persons ○ Construction of sustainable and semi-sustainable shelters adapted to the local context ○ The transfer of competencies (in terms of shelter construction and maintenance techniques) to beneficiaries and local authorities. 	<p>IDPs</p> <p>Returnees</p> <p>Host population</p>	<p>The Government of Congo distributed the MEAs to localities on the river axis. In these localities, about 13% of those affected were assisted.</p> <p>In some localities, CRC volunteers contributed to the distribution of some donations (rice, oil, cans, spaghetti, salt, soap bars, etc.) offered to the affected by some public officials or local notables, such as Oyo and Tchikapika in the Cuvette.</p> <p>No actors for the Shelter.</p>
<p>Food security and livelihood needs:</p> <p>A total of 84% of households surveyed indicated that the floods had affected their livelihoods, mainly the farms, businesses, and livestock. As a result, access to and availability of food became difficult. The number of meals dropped from 3 per day to 2 per day for 72% of households, and most of them no longer have enough cereal stocks.</p>	<ul style="list-style-type: none"> ○ Advocacy with traditional and administrative authorities for the implementation of a strategy to grant access to arable land to the most vulnerable populations. ○ Training on technical production routes. ○ Cash for work for the development of market gardening sites for poor households. ○ Allocation of production equipment (fishing kit, market gardening kits or off-season cultivation, etc.) to groups and associations. ○ Provision of emergency food assistance (food distribution) ○ Support to households in the restoration of their livelihoods through the distribution of small ruminants. ○ Assessment of the socio-economic environment to identify promising income-generating activities. ○ Cash support to households in developing small income-generating activities 	<p>IDPs.</p> <p>Returnees</p> <p>Host population.</p>	<p>WFP</p>
<p>Water, hygiene and sanitation needs:</p> <p>In general, populations have difficulties in accessing drinking water with up to 80% of households obtaining water from undeveloped rivers, streams, and wells and up to 92% of households not mastering or practicing any water purification technique. None less. Of the 12 then sampled, 09 wells had a PH between (7.2 and 7.8) and the other 03 wells had a PH between (8.2 and 9.2). Ultimately, the population of Makotimpoko uses drinking water from wells identified and treated by volunteers whose PH is between (7.2 and 7.8) and water from the other 03 water wells is used for housework.</p> <ul style="list-style-type: none"> ▪ 52% of households in the areas covered defecate in the open air either in the bush or in the rivers. ▪ Lack of waste management systems in all localities except Oyo Centre. 	<ul style="list-style-type: none"> ○ Distribution of water treatment products to households which consume water from rivers, streams, and wells. The distribution of these products must be preceded by awareness and training on the use of these products. ○ Construction of family latrines in the 07 villages, based on estimated number of populations. ○ Raising public awareness of good hygiene and sanitation practices (with particular emphasis on the water chain, the use of latrines and hand washing. ○ Construction of boreholes equipped with human-powered pumps. ○ Distribution of Dignity Kits to women and girls. ○ Training of communities on waste self-management. 	<p>IDPs.</p> <p>Returnees</p> <p>Host population</p>	<p>Congolese Red Cross through this DREF</p> <p>Management of mortal remains and missing persons in the 2 target departments: 15 people drowned by surprise with the sudden rise of the waters, 06 bodies taken to Tchikapika and buried with the assistance of CRC volunteers and 9 missing persons, awareness on water treatment, personal, environmental and food hygiene, distribution of Aquatabs etc.</p> <p>Volunteers from the Makotimpoko CRC treated water wells for home consumption and others for housework.</p>
<p>Health/Nutrition Needs:</p> <p>The floods amplified the diseases already present in the communities (malaria, diarrhoea, acute respiratory infections, skin</p>	<ul style="list-style-type: none"> ○ Distribute nutritional supplements to households with children under 5 years of age and women and girls of childbearing age. ○ Create mobile nutrition screening units in villages. 	<p>IDPs.</p> <p>Returnees</p>	<p>Congolese Red Cross through this DREF</p> <p>The Congolese Red Cross provided first aid and evacuation of the injured, with 78 people</p>

<p>diseases..., fever, swelling of the feet, cough). Some 88% of households surveyed indicated they have at least one case of these diseases in their household. There is also a high risk of epidemic (cholera or other waterborne disease) according to the literature and 91% of respondents.</p> <p>The available literature ranks the departments of the Basin and Plateaux among the highest malnutrition rates in Congo. Overall, 17% of households have malnourished children and 44% do not know the status of their own. There was also a lack of facilities and in some localities, the absence of centres for care of malnourished persons.</p>	<ul style="list-style-type: none"> o Establish a nutritional care system for children and pregnant and lactating women. o Provision of essential medicines/pharmaceuticals/consumables to health centres (04). o Distribution of impregnated mosquito nets. o Raise awareness in communities about waterborne disease case management, community monitoring for disease surveillance and first aid. 	Host population	<p>rescued and transported to the almost non-existent health centres of Makotimpoko and the transport of 54 seriously wounded from Loboko to the health centre of Tchikapika and Oyo themselves overwhelmed and stricken.</p> <p>Raising awareness on disease prevention.</p>
<p>Protection Needs:</p> <ul style="list-style-type: none"> ▪ 68% of the population in communities visited do not have a Valid National Identity Card. ▪ 5% of respondents reported the existence of cases of abuse in their surroundings (torture, early marriage, domestic violence, etc.). ▪ 17% of respondents said they had lost contact with a loved one since the floods. 	<ul style="list-style-type: none"> o Advocacy with the administrative authorities to facilitate the procedure for obtaining legal identification documents and national identity cards for the population of the 7 villages. o Training of community leaders on protection issues including children's rights, early/forced marriage, gender-based violence etc. o Make available to the villages visited various kits related to violence against girls and women while ensuring psychosocial care, counselling, and awareness-raising. o Creation of "safe spaces" for girls (which should be spaces where girls can freely express themselves and exchange with each other). 	IDPs. Returnees Host population	None
<p>Cash and Voucher Assistance (CVA):</p> <p>Overall, 72% of the population were in favour of the cash modality, while 11% opted for in-kind distributions and 17% requested both modalities.³</p> <p>Although markets were affected by flooding in some localities, they remained functional.</p> <p>In terms of physical accessibility, markets in all localities were accessible although 79% of beneficiaries either had to navigate the river or cross the forest. The security risks were minimal, with only 13% of people often feeling insecure on the way to the market.</p> <p>Economic access, however, was less favourable with 54% of people believing that prices were high on the market. It should be noted, however, that this was a general trend in the context of the Congo and even beyond.</p>	<ul style="list-style-type: none"> o Make an analysis of the markets to assess the capacity of these markets. o Based on the results/conclusions of the market study, the engagement team recommended a multi-purpose cash transfer. o With the coverage of the MTN network, the financial service provider (FSP) with which the CRC has a contract, it is possible to use the mobile transfer mechanism. o Anticipate palliative measures in the face of the very small percentage of beneficiaries with valid national identification documents. 	IDPs. Returnees Host population	<p>Congolese Red Cross through this DREF</p> <p>Government of Congo through the Ministry of Social Affairs.</p>
<p>Need for CEA:</p> <ul style="list-style-type: none"> ▪ 84% of respondents opted for the telephone as a preferred information feedback channel, but the CRC does not have a toll-free number. ▪ In all targeted localities, women and people living with disabilities were not involved in the decision-making process. ▪ 36% of respondents were never made aware of any topic since the floods. ▪ 70% of respondents could not read and 74% could not write. 	<ul style="list-style-type: none"> o Make a plea to MTN (partner in the implementation of this operation) for the provision of a toll-free number to the Congolese Red Cross. o Design awareness-raising messages to be broadcast in community radios stations. o Design awareness messages on the various themes of interest to the communities and set up an awareness strategy in conducting home visits. o Establishment of community committees. o Establishment of community discussion and exchange sessions. 	IDPs. Returned Host population.	<p>Congolese Red Cross through this DREF</p> <p>The Congolese Red Cross set up community committees in these localities. Awareness-raising was done with various themes and adjusted according to the priority information needs indicated by the population during the assessment.</p>

³ Many who have chosen food distributions say they have a bad memory of a cash transfer project implemented by the government in which there were several irregularities. They indicated to be ready to prioritize cash if the conditions of transparency and accountability are met.

A market survey was conducted using the RMS (Rapid Market Survey) approach in the project target localities to determine the capacity of the markets, the stability of prices and supplies of products on these various markets, the acceptance of cash transfers, the protection of beneficiaries and the capacities and challenges of the traders, the implementing partners of the present operation. A total of 18 markets in the target localities were covered. At the end of this survey, it was noted that although the floods limited access⁴ to certain markets, it had no impact on their functionality.

Main observations included:

- Shops were regularly open in the various markets. A total of 34% of the shops were open every 7 days of the week; 41% were open 6 days a week; 21% were open 4 days a week.
- Cross-border and temporary markets opening 2 days a week in the localities of Moyi forêt, Loboko and Bokoma. Only 3% of shops opened for 2 days a week were in the localities of Bokoma, Loboko and some of Moyi Forêt. These are the 'foreign' markets, which are cross-border markets between CAR, DRC, and Congo Brazzaville.
- The mission team was also able to observe that necessity items were available, even if for some of them there was a tendency for prices to rise.
- Regarding the distance households had to cover to get to the market, the team noted that 38% of households interviewed lived more than 3 km from the market, 5% between 1 and 2 km, 12% between 2 and 3 km and 35% less than 1 km, although there are disparities with longer distances in Moye fleuve and Mopongo. In terms of economic access, only 46% of households surveyed had access. Overall, 54% of respondents felt that the prices of products on the market were very high and that only the wealthy were able to obtain them without great difficulty. According to the "National Harmonized Index of Household Consumer Prices (NHIC base 100: 2018)" report, the National Harmonised Index of Consumer Prices for November 2021 reached 103.9 points. It increased by 0.2% between October and November 2021 and by 1.9% year-on-year.
- Some concerns about the protection and safety of beneficiaries were noted. Indeed, 14% of respondents said that they had often been victims of aggression on their way to the market. The further away the market is, the higher the risk of aggression, with a 9% risk of aggression for distances of more than 3 km, and 5% for distances between 2 and 3 km. No respondent living less than 2 km from the market reported having been a victim of assault on the way to the market. Most of them were elderly women and young people (girls and boys).

As a solution to the market evaluation results, awareness-raising campaigns were carried out to prohibit children (girls/boys) from going to the market alone. For the elderly, volunteers or family members made themselves available to accompany them.

Moreover, these assessments led to some modifications to the strategy that had been selected as follow:

- Some themes which were not identified when the EPoA was drafted were later considered, such as nutrition and protection. These themes were added to the awareness messages and some related IEC materials were produced.
- Production of badges to allow identification of beneficiaries, since after analysis it was found that only 31% of heads of household had valid national identity cards.

Risk Analysis

At the beginning of the operation, a risk matrix was developed with mitigation solutions. This matrix was updated regularly as the context evolved. Several tools helped the CRC team in this task, including the "To do CVA risk analysis", the "CVA Risk Register Guide". During the implementation, the risks initially identified were monitored and new risk identified was linked to the Cash and Voucher. As most risks and planned mitigation measures had already been highlighted in the EPoA, this report only focuses on risks which were not considered during the planning stage and how they were managed during this intervention:

- **Risk of inflation:** In cases of the cash assistance where market systems are precarious (lack of integrated markets, limited quantity of goods or services), an influx of cash can lead to price inflation, price distortion or shortages of essential items. To prevent these inflationary effects, the CRC set up a price collection and monitoring system. This collection tool collected the prices of the main commodities on the local markets every week. Particular attention was paid to prices one week before and one week after the transfers. This collection was done with the collaboration of the Ministry of Trade.
- **Risk of low coverage of official identification ID card in the country:** Difficulties in identifying beneficiaries due to lack of identification documents was a global risk anticipated as a means of influencing the CASH strategy. During the identification of beneficiaries, only 31% of the heads of household had valid national ID cards. Considering that this is an endemic issue in most of the flood prone areas, preliminary consultation with the competent authorities was conducted to set a reliable identification mechanism that suit procedures.

⁴ Apart from flooding, 21% of households surveyed have no natural obstacles between their homes and the local market. This is largely the case in the villages of Oyo center and Tchikapika. 79%, on the other hand, have natural obstacles to cross before going to the market.

- **Risk of increased withdrawal costs:** In remote areas where the payment system is unreliable, there is a risk that the managers of the cash outlets will increase withdrawal fees, knowing that the beneficiaries will be obliged to carry out the transactions at home. The CRC analysed the mapping of cash outlets with the FSP to ensure that all localities were covered. The FSP also took steps to call to order its agents who were caught in flagrante delicto.

B. OPERATIONAL STRATEGY

Proposed strategy

The overall objective of this DREF operation was to provide relief assistance for immediate access to food, WASH and health services to 8,605 people (1721 households). The Operational strategy in the [EPoA](#) was followed throughout the operation with a swift continuity despite some administrative delays, managed by National Society to fit within the implementation timeframe of four months. There were not many changes on the initial strategy, although the detailed needs assessment results served to confirm the initial plan and adapt the implementation. Key elements in the implementation were as follows:



Simcard distribution session ©CRC

- **Cash assistance to cover livelihood assistance:** The CRC confirmed the cash modality for this DREF response. An unconditional, multi-purpose electronic cash transfer was provided to cover the most urgent needs of the 1,721 households targeted. The objective of this approach was to provide the highest possible degree of flexibility, dignity, and efficiency to beneficiaries to meet their various needs (EHI and WASH etc.); to empower the most vulnerable beneficiaries; to support local markets; and to foster economic recovery, preparedness and resilience of these communities. All the contract terms, roles, and responsibilities between National Society and the FSP were documented during the contract amendment with MTN, the FSP. IFRC provided technical guidance before the signature of this contract.
- **Awareness-raising activities focus on WASH, health, nutrition and PGI:** It should be noted that topics on Protection, Gender, Inclusion (PGI) and Nutrition were added to the pre-identified messages of hygiene and health prevention. This consideration came after the multi-sectoral needs assessment result carried out at the beginning of the operation. Indeed, the multi-sectoral assessment made it possible to identify the key themes/messages that should be the subject of awareness-raising. The key messages selected were hand washing, personal, environmental and food hygiene, composition of a balanced meal (5 stars), use and maintenance of latrines, water purification and conservation, COVID-19 preventive measures, use of mosquito nets, PGI, referral of ill persons to the health centres, existence of feedback channels as well as process for resolution of technical complaints related to SIM cards.
- **Ensure community and local government involvement through Community Engagement:** The communities were involved in this operation from the need analysis, response formulation and monitoring of activities. For the needs analysis, they were consulted through focus group discussions and individual interviews to present their priority needs in various sectors. During these exchanges, they also gave their opinion on the response to be provided. According to these consultations, 72% of the populations were in favour of the cash modality, 11% for in-kind distributions and 17% requested both modalities.

Community committees, made up of community leaders approved by the whole community were also set up in each locality. These committees played a major role in the monitoring and sustainability of activities implemented.

Local authorities (administrative and traditional) also played a major role in this operation. They were identified as resource persons during the preliminary assessments and were part of the various community committees set up. The Ministry of Social Affairs and Humanitarian Action also played a leading role in the selection of beneficiaries. The various activity reports produced were shared with these authorities to gather their input and above all, to involve them and guarantee sustainability of the actions undertaken, especially after the official end of the DREF operation timeframe.



Focus groups with male (right) and female (left) non-beneficiaries of cash transfers during the PDM in Moyi Fleuve © CRC

- **Setting Feedback mechanism and sharing information system:** With the technical support of the CEA Delegate based in Kinshasa Delegation, CRC set up a community feedback management mechanism aligned with IFRC standard operational procedures. Volunteers were trained on how this mechanism works and how to use the different tools:
 - Question and answer sheets.
 - SOPs for the community feedback management mechanism.
 - Data collection tools (Kobo and printed).

The community feedback management mechanism is based on electronic and physical/printed forms for collecting comments, perceptions, fears, questions, and other concerns shared by community members with volunteers and on reporting registers made available to the committees. A range of communication materials were developed including the development and regular updating of a question-and-answer sheet to address information needs. The main channels for feedback were:

- **Volunteers:** 100 volunteers were deployed in the different localities and in charge of collecting feedback from the communities during the weekly activities and send the forms to the team leaders for compilation in Kobo and submission to the CVA surge for treatment with the support of CEA delegate.
 - **Complaints management and accountability committees:** Seven (7) of such committees were set up to cover all localities. They were composed of community representatives (community leaders), administrative and traditional authorities. All the members of these committees were approved by the communities during the participatory community consultations carried out at the launch of activities.
 - **Community meetings:** These were held in the form of focus group discussions.
 - **Home visits (HVs):** This also supported collection of community feedback.
 - **CRC telephone number:** This was popularised in the communities, to ease way for direct feedback to the National Society.
 - **Help Desks:** These information points were set up at the various SIM card distribution points, where a member of a community committee and a volunteer were positioned to respond to the various concerns of beneficiaries. They were equipped with a question-and-answer sheet.
 - **MTN customer service:** A telephone number provided by MTN and specially dedicated to technical complaints related to the operation was made available for recipients to access direct technical support from the FSP.
- **Processing feedback:** All sensitivity degree was considered and managed in the feedback management. In total, 2,431 community feedbacks were recorded. Of these, 1% were rumours/beliefs, 10% were questions, 54% were suggestions/requests and 35% were encouragement/thanks. About 84% of the feedback received from the community was treated a resolved while 95% of technical feedback related to the assistance itself were resolved. Technical feedbacks (such as access to the money, withdrawal, sim card, etc) were processed with support from MTN, the FSP. Once registered, beneficiaries affected by these problems were taken to the MTN points closest to their homes. For beneficiaries living in very remote localities (Loboko, Bokoma and other localities in Makotimpoko), volunteers were trained on the information to collect and send to MTN (PUK code, SIM card serial number, scan of the identification badge). The number of technical complaints exploded following the arrival of the transfers. Despite awareness-raising, there was a lack of understanding of how to handle the phones among several beneficiaries, which caused PIN codes to be blocked.

In addition to involving local communities in the identification of needs, the CRC made use of local know-how in the implementation of activities. This was the case for the construction of individual latrines. The CRC's role through the volunteers was limited to awareness raising and advice; the material, know-how and labour came from the beneficiaries. This was also the case in the planning of the cash-out operations. The beneficiaries helped with mapping of MTN points by indicating priority areas for the opening of temporary points (i.e., points opened in localities where permanent points are insufficient or irregular in their operation).

C. DETAILED OPERATIONAL PLAN



Livelihoods and basic needs

People reached: 1,721 heads of households

Male: 476

Female: 1,245

Outcome 1: Communities, especially in disaster- or crisis-affected areas, are restoring and strengthening their livelihoods

Indicators:	Target	Actual
% of assisted households surveyed who say that cash assistance is sufficient to cover their basic needs	80	90
Output 1.5: Households receive unconditional/multiple cash subsidies to meet their basic needs.		
# of households receiving cash grants	1,721	1,721
# of evaluations carried out	2	3
# of PDM (Post Distribution Monitoring) carried out	1	1

Narrative description of achievements

Multi-sectoral rapid assessment and Market Survey: Please refer to the needs assessment section for details.

Targeting: Beneficiaries targeting was done according to the following steps:

- Sensitization of the communities on the objectives of the project, the selection criteria, procedure for setting up the community committees.
- Setting up of community committees. These committees were of two types, namely the targeting committees and the complaints and accountability committees.
- Enrolment of potential beneficiaries.

Selection of beneficiaries was done based on vulnerability criteria contextualized with the consultation of community committees and the Ministry of Social Affairs and Humanitarian Action. Selection criteria applied included orphans and vulnerable children; female-headed households; pregnant women; elderly; people with disabilities; people suffering from chronic diseases; child-headed households; impact of floods on livelihoods.

In addition to the above criteria, households that had lost their livelihoods because of the floods were prioritised in the selection of beneficiary households. The CRC identified 1,721 households, 72% of which were headed by females, who are often isolated and more vulnerable than men. Given that only 31% of these heads of household had a valid national identity card, advocacy was conducted with the FSP (MTN Congo) and ARPCE (state market regulator of the post and electronic communications in the Republic of the Congo) to obtain authorisation to produce identification badges. Each head of household received an identification badge, which allowed the SIM cards to be identified, mobile money accounts to be opened and the SIM cards to be distributed. The average household size was 6.5, thus the cash support reached about 10,326 people, considering a ratio of 6 persons per family. A total of 13.8% of respondents said they had people with disabilities in their households.

Training of 100 volunteers: The trainings took place on two sites, including at the Oyo site from 04 to 06 March 2022 in the conference room of the Oyo hospital and at the Makotimpoko site from 8 to 10 March 2022. A total of 100 volunteers, 43% women and 57% men, were trained on the following topics:

- Fundamentals of cash transfers.
- Community Engagement and Accountability.
- WASH.
- Community-based Mental Health and Psychosocial Support (PSS).
- Data collection and reporting.

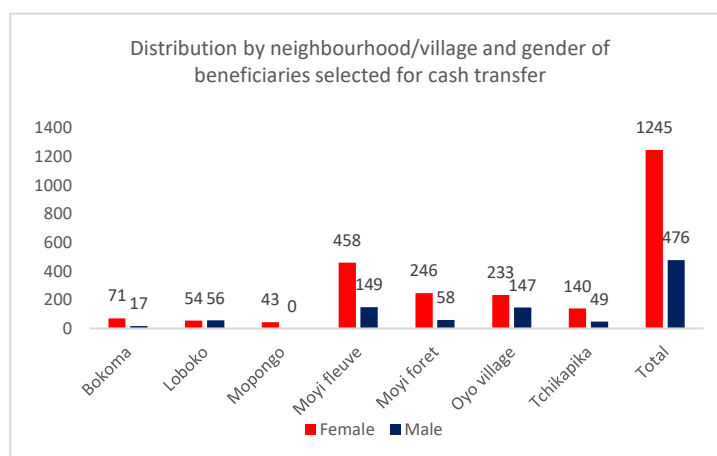
At the end of the training, the volunteers were given a set of equipment and working materials. This material consisted of protective kits (boots, gangs, masks, overalls); hygiene kits (wheelbarrows, sweepers, etc.); water treatment equipment (Aquatabs, etc.). The volunteers were also structured into working groups, one for hygiene work, the second for psychosocial support activities and the third for awareness raising on key issues/messages.

• **Distribution of SIM cards**

The distributions took place from 7 to 11 March 2022. It was preceded by a community mobilisation. The aim was to inform people about the practical arrangements for identification procedures, the distribution location, as well as details of the timetable and the order of distribution. It was carried out by volunteers through home visits and town criers, who are a form of griot in local communities.

The main results of this activity were as follows:

- 98% of the beneficiaries (heads of households) were mobilised and attended the distribution sites and 2% of the heads of households identified were represented.
- 97.3% of identifications and opening of Mobile Money accounts were successful. 45 SIM cards, i.e., about 2.7%, needed to be reissued. The anomalies on the 45 SIMs were identified by MTN during the audit and were resolved.
- 100% SIM cards were distributed.



Challenges / Risks	Solutions
Only 31% of heads of household had valid IDs	Production of badges for sim card identification and account opening.
Unavailability of some heads of household (2%) of the 1721s.	Family members could retrieve the SIM card after validation of the filiation by the members of the community committee and signature of a commitment.
Forgetting Mobile Money codes mainly by the elderly.	It was proposed to the beneficiaries to put default codes in this case the years of birth marked on the badges. If a beneficiary wished, the default code had to be changed.
Many beneficiaries do not have a telephone.	Raising awareness among beneficiaries of the need to properly store SIM cards and avoid any risky manipulation.
Risk of SIM card crashing because of mishandling or after three erroneous attempts at the code.	

- **Coordination with MTN:** Six coordination meetings were held with MTN, which is the FSP for this operation. These meetings enabled solutions to be found to the problem of identifying beneficiaries (with the production of badges) and updating of the mapping of cash outlets.
- **Price monitoring:** The first price collection campaign within the framework of price monitoring took place in the week of 28 March 2022. The results of the analysis revealed a satisfactory level of supply and availability of necessities. Prices had also not changed significantly since the collection carried out during the preliminary assessments.
- **Post distribution monitoring (PDM):** Data collection for the post-distribution monitoring took place between 15 and 19 April 2022. The objectives of this activity were to:
 - Assess beneficiaries' access to the assistance provided by the CRC.
 - Understand how beneficiaries use the assistance; and
 - Assess the level of satisfaction of households *with regards to cash grants*.
 - To assess and measure changes (if any) on the beneficiaries during the implementation period.

The main results of the PDM include:

- 64.92% of respondents were women and 35.08% were men.
- 100% of the heads of households interviewed claimed to have received monetary assistance of CFAF 50,000 from the CRC. 1.1% of them had simultaneously received monetary assistance from the Government of Congo.
- 53.31% had spent 100% of the amount received, 19.61% had spent 75%, 13.54% had spent 25%, 11.33 had spent 50% and 2.21% had not spent any money at the time of the survey.
- The 06 (six) main pockets of expenditure are: food, health, education, AME, shelter and debt repayment.
- 91.44% of the respondents said they were able to obtain supplies on the local market, compared to 8.56% who said they had moved to other markets. The main products not sufficiently available on local markets are shelter items and other manufactured products.
- The average amount for transporting purchases to the house was XAF 2,200 CFA.
- 44.2% took less than one hour to get to a mobile money withdrawal point, 31.77% took between 1 and 3 hours and 16.85% took more than three hours.

- 97% of the beneficiaries felt safe during all the operations against 3% who said they felt unsafe.
- 98% of the beneficiaries said they were satisfied with the distribution process against 2% who thought the opposite due to the distance of the withdrawal points and the long wait for transfers.
- Regarding knowledge of the targeting criteria, 19% of households said they knew nothing about them, compared to 81% who were able to name at least one selection criteria.
- 100% of beneficiaries said they received all project services free of charge without any compensation.
- 100% of beneficiaries said they preferred cash to NFI and food distributions.
- 89% said that the amount received covered priority basic needs. 12% felt that the amount received was very insufficient due to the large size of the households and the scale of the needs.
- 83% of the respondents had no conflicts related to the use of the money, compared to 17% where the use of the money received was a problem.
- 67.18% of respondents knew of at least one feedback channel compared to 32.8% who did not know of any channel.
- 96.41% of the heads of assisted households had a more positive opinion of the Red Cross.

Five (05) focus group discussions were held with men and women in the communities of Oyo and Moyi River. This confirmed the results obtained during the household survey. Indeed, most participants confirmed their access to the assistance provided by the CRC and their satisfaction.

Challenges

- The duration of the fund transfer procedures between the IFRC and the CRC was quite long due to bank issues which are not related to either IFRC or CRC, or this despite regular follow up by both parties with the NSs bank. This led to a delay of the cash disbursement activity of about 30 days. Thanks to the flexibility of the CRC, which pre-funded the cash disbursement to the beneficiaries, the delays in providing this assistance could be made up for.
- The payment systems (payment agents) of the selected FSP were unreliable in few locations of Makotimpoko and Loboko. MTN agents were not always operational at planned dates to make payments. This caused delays in payment and some impatient beneficiaries went to get their money from traders for an FSP fee of average of 5000 FCFA instead of 1750 FCFA, as planned.
- Physical access to local markets was problematic in several localities, specifically, the distance to be covered, the presence of natural obstacles and security.
- The poor handling of telephones and the securing of Mobile Money accounts led to many SIM and PUK code blockages.

Lessons Learned

- Conducting preliminary assessments to determine the best formulation and type of transfer to be carried out considering the context was essential.
- Pre-funding some key activities helps to maintain the credibility of the National Society with communities and its government. By pre-funding the cash disbursements, the CRC ensured it remains a key actor to be reckoned with in disaster response in Republic of Congo.
- Collaboration with other partners and actors in the field to define selection criteria adapted to the context and to target priority beneficiaries according to these criteria.
- Setting up of a community feedback mechanism makes it possible to collect post-transfer technical complaints in a short time and to deal with them in a short time. Indeed, one week after the transfers, 95% of the technical complaints related to the loss of SIM cards, etc., had been collected and processed.
- During the next money transfer operations, training, and awareness campaigns on the use of telephones and the security of SIM cards must be reinforced.
- Conduct awareness campaigns on the importance of the national IDs with the help of the various stakeholders (Ministry of Social Affairs, local authorities, and Ministry of the Interior) to facilitate the identification of heads of household.



Health

People reached: 10,878

Male: 5,450

Female: 5,428

Outcome 1: Immediate health risks to affected populations are reduced

Indicators:	Target	Actual
# of people reached by health activities	8 605	10,878

Output 1.1: The immediate health situation and risks are assessed using agreed guidelines/CRC volunteers participate in awareness raising activities		
# of awareness-raising visits on health-related issues carried out	640	1623
# of information, education, and communication (IEC) materials with health-related messages distributed	2,000	2,000
# of disease awareness visits conducted	320	288
Outcome 2: The immediate health risks of affected populations are reduced through improved access to medical treatment.		
Indicators	Target	Actual
# of households reached by the health intervention	1721	1813
Output 2.3. Target population reached through search and rescue activities		
Indicators	Target	Actual
# of volunteers providing first aid	40	100
# of first aid interventions carried out	50	132
# of information sessions on CEA	02	01
# of information sessions on PSEA/PGI	02	02
Outcome 6: Psychosocial impacts of the emergency are reduced		
Indicators	Target	Actual
# of households reached by PSS services	1721	1721
Output 6.1: Psychosocial support provided to the target population and CRC volunteers and staff		
Indicators	Target	Actual
# of volunteers and supervisors trained in PSS	109	109
Narrative description of achievements		
<p>Community-based Health and First Aid (CBHFA): The floods amplified the diseases already present in the communities (malaria, diarrhoea, acute respiratory infections, skin diseases, fever, swollen feet, cough). Indeed, 88% of households surveyed indicated they had at least one case of these diseases in their household. According to the literature and 91% of respondents, there is also a high risk of health outbreaks (cholera or other waterborne diseases).</p> <p>CRC volunteers were trained in waterborne disease prevention. Water treatment, personal, environmental and food hygiene. They were also taught about the composition of balanced meals. Indeed, whether it is for underweight, chronic malnutrition or acute malnutrition, the departments of the Plateau and the Cuvette are at yellow alert level, except for acute malnutrition for which the Cuvette department is at green.</p> <p>Volunteers were provided with working equipment (megaphones, awareness posters, picture boxes, Aquatabs, tools for disinfecting busy public places). A total of 1,813 households were reached, and 47 group educational talks were conducted. Overall, 10,878 people were reached by the health promotion activities (35% boys, 38% girls, 15% men and 12% women).</p> <p>A total of 819 households were sensitised and trained on water treatment through chlorination, boiling and the use of Aquatabs. At the same time, 6,789 Aquatabs were distributed.</p> <p>Community feedback shows that people are very enthusiastic about the lessons and techniques taught to them. Households are increasingly treating the water they consume and better maintaining their latrines. About 21 households in the localities of Moyi-forêt (16) and Moyi-Fleuve (05), which used to defecate in waterways and the bush, have installed individual toilets following awareness-raising sessions. Activities implemented to achieve this include:</p> <ul style="list-style-type: none"> - Identification of volunteers to be trained - Training of 100 volunteers on disease prevention (malaria, waterborne diseases, malnutrition) - Handing over of work equipment to volunteers (image boxes, Aquatabs for water treatment, key messages for awareness raising against waterborne diseases, malnutrition, and malaria) - Household sensitisation (through group talks and home visits) on disease prevention - Distribution of Aquatabs for water treatment. 		



Home visit session © CRC

CEA/ PGI/PSEA

A series of training sessions were held on the various topics including CEA, first aid and RFL as part of the RFL/CRC-ICR programme. A total of 100 volunteers were trained, helping to provide relief to the flood affected population.

Activities implemented included:

- First aid and evacuation with 97 people rescued. Transportation of 54 seriously injured people from Loboko to the health centres in Tchikapika and Oyo.
- Management of mortal remains in the two target departments with a total of 15 people buried with the assistance of CRC volunteers.
- Within the framework of RFL, volunteers are involved in the search for missing persons and the psychosocial care of abandoned elderly people. They work under the supervision of the National Society RFL Coordinator
- Setting up of the feedback management mechanism with several tools developed and feedback channels identified after consultation with beneficiaries (see annexes for more details on the SOPs of the feedback management mechanism set up).
- Integration of key messages on protection, gender and inclusion in awareness raising and focus group facilitation. In total, 07 focus groups of 15 members each were conducted on these themes.

Psychosocial support: The floods were a traumatic experience for these populations and created psychosocial vulnerabilities. These vulnerabilities are compounded by the unsanitary conditions and overcrowding of host families and the protection problems they generate. The Government's assessment of 28 November 2021 estimates that 15% of the displaced population needs psychological support, including the chronically ill, the disabled, the elderly, female-headed households, child-headed households, pregnant women, and lactating mothers. During the multi-sectoral assessment conducted by the Congolese Red Cross, it was established that all people whose homes were completely or partially destroyed needed psychosocial support.

The main activities carried out included:

- Identification and training of 100 volunteers on psychosocial support.
- Psychosocial support for 1,813 households.
- Provision of PSS to the 100 volunteers deployed as part of the DREF operations.

Challenges

- ✓ The service provided, although meeting the needs of the population in terms of information and awareness, did not meet the needs in terms of equipment for both the beneficiaries (medication, mosquito nets etc.) and the health centres.
- ✓ Lack of continuous training and capacity building for the volunteers deployed in the technical aspects of health. This significantly reduced the visible impact in the communities.

Lessons Learned

- ✓ Ongoing capacity building of volunteers through formative supervision is necessary for more effective social mobilisation activities. This should be done in collaboration with the agents of the Ministry of Health and Social Affairs.

**Water, sanitation, and hygiene**

People reached: 10,878

Male: 5,450

Female: 5,428

Outcome 1: Immediate reduction in the risk of waterborne and water-related diseases in the targeted communities.


Indicators:	Target	Actual
# of people reached with WASH activities	8,605	10,878
Output 1.1: The target population has daily access to safe water that meets Sphere and WHO standards for quantity and quality.		
Indicators:	Target	Actual
# of households that received Aquatabs	1,721	819
# of demonstrations on the use of Aquatabs	28	28
# of water quality test kits purchased	40	40
# post-distribution reports produced	07	07

Outcome 2: Hygiene promotion activities are offered to the entire affected population.		
Indicators:	Target	Actual
# of households sensitised on personal and environmental hygiene, use and maintenance of latrines	1721	1813
Narrative description of achievements		
<p>After the floods, the water supply to 88% of households was disrupted. According to the comments of the population, the wells were contaminated by the floods water, there were frequent cuts in the water supply network, and difficult access to rivers due to the rains. Some rivers were also contaminated by dead animals carried in the flood water. During interviews with heads of households, 92% of them said that they did not practice or master any water purification technique, while 8% said that they purified the water before consumption. The technique most often described was the use of chlorine.</p> <p>Overall, 48% of households surveyed had a family toilet. Some 52% defecate in the open (33% in the bush and 19% in the water). These figures are consistent with those in the article 'Congo: Congolese urged by UNICEF to end open defecation', according to which in the cuvette department, the rate of open defecation is over 30% according to a MICS study conducted in 2014-2015. The situation worsened after the floods. Indeed, 28% of households with latrines reported that their latrines were destroyed after the floods pushing the household to defecate in public latrines, with bushes and rivers increasing the open defecation rate.</p> <p>In this humanitarian response:</p> <ul style="list-style-type: none"> - 42 volunteers were engaged in sanitation activities - 819 households were sensitised and trained on water treatment through chlorination, boiling and use of Aquatabs. At the same time, 6789 aquatabs were distributed. - 32 public spaces were cleaned and disinfected. 14 in the localities of Makotimpoko, 03 in Loboko, 02 in Bokoma, 10 in Oyo village and 03 in Tchikapika. The public places disinfected were public latrines in markets, latrines in schools and other public services. - 613 homes were cleaned and disinfected after the passage of water. - 12 km of gullies were built or cleaned. 07 km in the localities of Makotimpoko (Moyi forêt, Moyi fleuve and Mopongo) and 05 km in Oyo village. - 21 individual latrines were built following awareness-raising activities. - Water quality tests were conducted in 12 wells in Makotimpoko with a PH of (7.2 and 7.8) for drinking water and 3 wells with a PH after analysis of between (8.2 and 9.2) for household use <p>Community feedback shows that people are very enthusiastic about the lessons and techniques taught to them on water treatment. Households are increasingly treating the water they consume and maintaining their latrines better. In all, 21 households in the localities of Moyi-forêt (16) and Moyi-Fleuve (05), which used to defecate in waterways and the bush, have installed individual toilets following the sensitisation sessions.</p> <p>Household heads (both male and female) were very rarely present during the visits. They were mostly in camps for fishing or engaged in their daily activities. As a solution, the CRC adjusted the times of the visits to have a better chance of meeting these people. The average number of households visited by each pair of volunteers is 10 to reach 1813 HHs. Protection, Gender, and Inclusion are among the themes of awareness raising and focus group facilitation. In total, 12 focus groups of 15 members each were conducted on this theme.</p>		
Challenges		
<ul style="list-style-type: none"> - Unsustainability of some activities such as the distribution of Aquatabs. - Insufficient number of hygiene volunteers (42). - Insufficient number of Aquatabs. There is a confusion on the number of Aquatabs packages and tablets at the time of purchase (6789 tablets instead of 6789 packs of Aquatabs). 		
Lessons Learned		
<ul style="list-style-type: none"> - Demonstrations on home water treatment were necessary for proper use of aquatabs after distribution to beneficiaries - Disinfection of public offices and households in collaboration with community members is a good approach to overcome the lack of volunteers and for more effective action. 		

Strategies for Implementation

S1.1: National Society capacity building and organisational development objectives are facilitated to ensure that National Societies have the legal, ethical, and financial foundations, systems and structures, skills and capacities to plan and implement activities

Indicators:	Target	Actual
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% of volunteers participating in the operation who understand their rights and responsibilities	100%	100%
Output S1.1.4: National Societies have effective and motivated volunteers who are protected.		
Indicators:	Target	Actual
# Number of volunteers insured	100%	100%
Output S1.1.6: National Societies have the necessary infrastructure and institutional systems in place.		
Indicators:	Target	Actual
# of articles disseminated on the operation	03	03
# of distribution channels used	04	03
Outcome S2.1.3: Improved National Society compliance with the Principles and Rules for Humanitarian Assistance.		
Indicators:	Target	Actual
#of lessons learned workshops (LLWs) conducted	01	01
# of translations produced	02	02
Narrative description of achievements		
<p>The operation allowed the National Society to progressively fill some self-assessed gaps. The missions of the IFRC teams were carried out in this regard and the National Society was supported in improving its leadership development (through mentoring, training, support to planning activities). Support was provided to staff and volunteers involved in the operation, including psychosocial support and personal protective equipment, as well as training in the different pillars. Material support was also provided during the operation (vehicle, IT tools, telephone, internet, picture boxes, leaflets, bibs etc.).</p> <p>As far as human resources support is concerned, one (1) surge was deployed in the field by the IFRC. The operation benefited from strong coordination with the CRC and the IFRC. The organisation of coordination meetings at the strategic level (CRC/CRF/IFRC, IFRC) also served as an information sharing map on the operation.</p> <p>The managers of the National Secretariat of the CRC and those of the Branches acquired knowledge on Cash Transfer, on the distribution circuit, identification, and delivery of Sim cards and on the multisectoral evaluation with adapted tools and documents. They also acquired and prepositioned relief and sanitation materials in identified sites.</p> <p>The other main activities/initiatives taken to strengthen the CRC include:</p> <ul style="list-style-type: none"> - The training of 09 staff and 100 volunteers of the Congolese Red Cross on the basics of cash transfers and on mobile data collection using Kobo collect. - The signing of a 2-year framework contract with MTN Congo. - Production of a documentary film on the DREF process and its impact on the lives of assisted communities. 		
		
Participants in the lessons learned workshop © CRC		
Challenges		
<ul style="list-style-type: none"> - Lack of knowledge by some communities of the role, purpose, action of the CRC and the Red Cross Movement. Some volunteers were stigmatised and confused with a religious organisation in Oyo. This made their actions difficult at the beginning of the humanitarian response. Awareness-raising and dissemination activities on the Red Cross movement helped to restore trust with the community. - The delivery of materials and pre-positioning in the localities of Bokoma and Boleko was difficult at the beginning of the response due to the insufficient budget allocated to this action. Some of the equipment was transported at first and this was later finalised thanks to a waiver from the CRC management. - The lack of working tools such as smartphones (10) for the registration of beneficiaries and post-distribution monitoring with the kobo collect application. - Basic data on the disaster was provided by the Government/Ministry at the beginning of the disaster, however in the implementation of the response, CRC did not participate in the coordination with the national level (Ministry of Social Affairs and Humanitarian Affairs/Ministry of Environment). This situation was discussed with the agents of 		

these ministries present at the lessons learned workshop for better coordination in future humanitarian and health emergency interventions
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Lessons Learned

- | |
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| <ul style="list-style-type: none"> - Organising training on how to conduct needs assessments is necessary for capacity building in local CRC branches for more effectiveness in possible disasters - Good coordination within the movement contributes to the effectiveness of humanitarian assistance - Good coordination between humanitarian actors at national and local level contributes to better planning of humanitarian assistance. |
|--|

D. Financial Report

The total allocation for this DREF operation was CHF 275,492 to be implemented in 5 months (from 09 December 2021 to 30 April 2022). The total expenditure reported in this operation is CHF 273,359 with a closing balance of CHF 2,133 i.e., a budget implementation rate of 99.2%.

- The major operational changes which impacted this final financial report are related to the production of badges with the funds initially intended for the purchase of SIM cards. Indeed, the SIM cards were given free of charge by the FSP (MTN Congo). At the same time, the need for identification badges arose in response to the absence of valid national identity cards.
- The MoU between the IFRC and the CRC was revised so that the funds to be transferred to the beneficiaries of the cash transfer were charged to the National Society's budget. This revision took place on 21 March 2022.
- The CVA Surge mission was extended by 10 days for operational needs.

Overall, the variances on Water, Sanitation & Hygiene as well as Teaching Materials budget lines are due to additional needs on sensitization activities carried out by the National Society.

DREF Operation

Selected Parameters			
Reporting Timeframe	2021-2022/6	Operation	MDRCG018
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 19/Jul/2022

All figures are in Swiss Francs (CHF)

MDRCG018 - Republic of Congo - Floods

Operating Timeframe: 09 Dec 2021 to 30 Apr 2022

I. Summary

Opening Balance	0
Funds & Other Income	275,492
DREF Allocations	275,492
Expenditure	-273,359
Closing Balance	2,133

II. Expenditure by planned operations / enabling approaches

Description	Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items			0
PO02 - Livelihoods			0
PO03 - Multi-purpose Cash	156,761	149,959	6,802
PO04 - Health	17,902	11,255	6,646
PO05 - Water, Sanitation & Hygiene	30,951	33,351	-2,399
PO06 - Protection, Gender and Inclusion			0
PO07 - Education			0
PO08 - Migration			0
PO09 - Risk Reduction, Climate Adaptation and Recovery			0
PO10 - Community Engagement and Accountability			0
PO11 - Environmental Sustainability			0
Planned Operations Total	205,614	194,564	11,049
EA01 - Coordination and Partnerships	17,457	20,528	-3,072
EA02 - Secretariat Services	21,181	20,663	518
EA03 - National Society Strengthening	31,241	37,604	-6,363
Enabling Approaches Total	69,879	78,795	-8,916
Grand Total	275,492	273,359	2,133

DREF Operation

Selected Parameters			
Reporting Timeframe	2021-2022/6	Operation	MDRCG018
Budget Timeframe	*	Budget	APPROVED

FINAL FINANCIAL REPORT

Prepared on 19/Jul/2022

All figures are in Swiss Francs (CHF)

MDRCG018 - Republic of Congo - Floods

Operating Timeframe: 09 Dec 2021 to 30 Apr 2022

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	169,246	172,705	-3,459
Water, Sanitation & Hygiene	11,723	17,198	-5,475
Medical & First Aid	3,652	2,065	1,587
Teaching Materials	9,496	11,594	-2,099
Cash Disbursement	144,375	141,848	2,528
Logistics, Transport & Storage	2,826	2,786	41
Transport & Vehicles Costs	2,826	2,786	41
Personnel	55,196	52,282	2,914
International Staff	19,826	17,693	2,133
National Society Staff	3,176	2,908	268
Volunteers	32,195	31,681	514
Consultants & Professional Fees	794		794
Professional Fees	794		794
Workshops & Training	10,020	9,807	213
Workshops & Training	10,020	9,807	213
General Expenditure	20,596	19,096	1,500
Travel	9,997	10,359	-361
Information & Public Relations	2,223	474	1,750
Communications	953	975	-23
Financial Charges	1,908	1,666	241
Other General Expenses	5,515	5,622	-106
Operational Provisions	0		0
Operational Provisions	0		0
Indirect Costs	16,814	16,684	130
Programme & Services Support Recover	16,814	16,684	130
Grand Total	275,492	273,359	2,133

Contact information

Reference documents



Click [here](#) for:

- [Emergency Plan of Action](#)

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering 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 thereby contributing to the maintenance and promotion of human dignity and peace in the world.

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