

6-MONTHS UPDATE

Democratic Republic of Congo, Africa | Population Movement

Emergency appeal №: MDRCD043 Emergency appeal launched: 20/02/2024. Operational Strategy published: 15/04/2024	Glide №: OT-2024-000029-COD
Operation update #3: 6-Months Update Date of issue: 30/10/2024	Timeframe covered by this update: From 20/02/2024 to 20/08/2024
Operation timeframe: 16 months (20/02/2024 - 30/06/2025)	Number of people being assisted: 500,000
Funding requirements (CHF): CHF 30 million through the IFRC Emergency Appeal CHF 50 million Federation-wide	DREF amount initially allocated: CHF 750,000



The President of the DRC Red Cross at the Briefing on the humanitarian situation in Eastern DRC to advocate increased international attention for vulnerable people and communities affected by the current crisis @ IFRC

A. SITUATION ANALYSIS

Description of the crisis

For more than ten years, the eastern part of the Democratic Republic of Congo (DRC) has been faced with an escalating and growing armed conflict between the forces of law and order and the M23 rebel group in North Kivu. Since early February 2024, the security situation in the east of the country has become more unstable, unpredictable and complex.

The province of North Kivu is the hardest hit by this crisis, which is spreading to all the territories not previously affected. In August 2024, the conflict reached the territory of Lubero, which until then had been spared. This crisis is characterised by the presence of numerous armed actors in conflict, massive population displacement and growing humanitarian needs that are destabilising the sub-region. The regional force of the Southern African Development Community (SADC) has been deployed in the conflict zone.

This conflict continues to claim hundreds of victims and thousands of displaced persons. The humanitarian consequences are being felt in the towns of Goma and Butembo in North Kivu and in Minova and surrounding villages in South Kivu province. There were more than 1.5 million internally displaced people in South Kivu in August 2024 (Source: [CMP](#) South-Kivu). In North Kivu, 2.53 million people were internally displaced in May 2024 (Source: [CMP](#) North-Kivu, June 2024).

In July 2024, a humanitarian truce was adopted to guarantee a humanitarian corridor. In North Kivu province, although this humanitarian truce was agreed between 5 and 19 July, then extended by 15 days, clashes were observed during the period under consideration, resulting in several casualties in the Masisi and Rutshuru territories.

In South Kivu province, violence continued between the Twirwaneho and Mai-Mai groups in the Hauts Plateaux of Uvira, Fizi and Mwenga. This has been caused by various rumours of a new infiltration of the M23 group into the Moyens Plateaux.

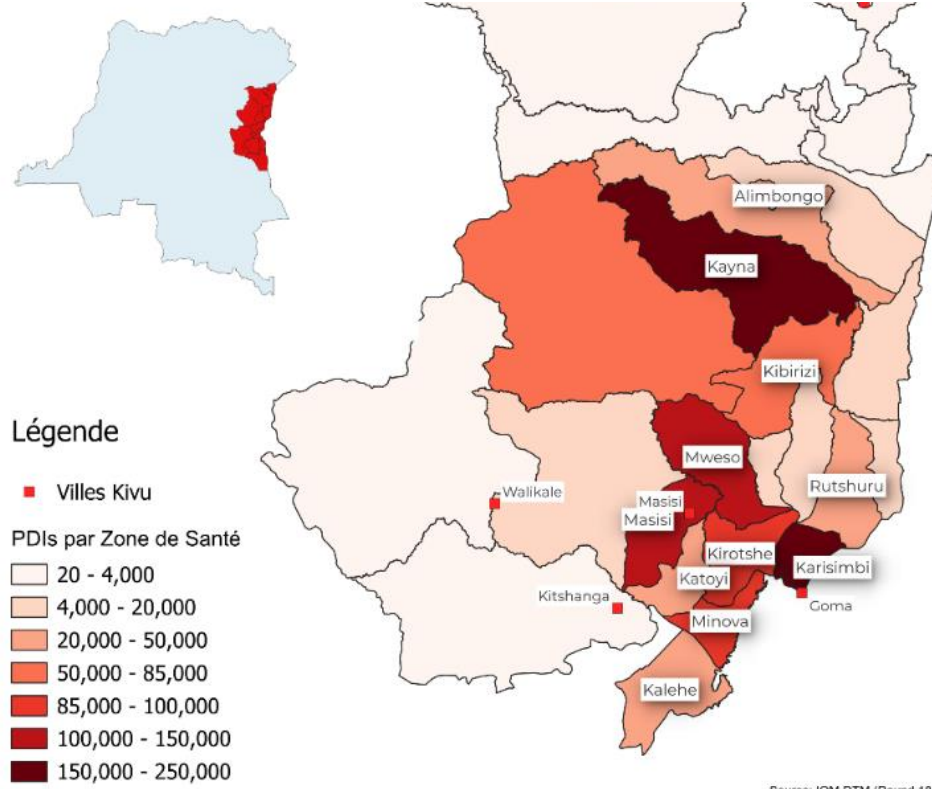
The proximity of the front lines and the presence of weapons in and around the sites of displaced persons in the vicinity of Goma considerably compromise security in the town and have a negative impact on the socio-economic situation. Several cases of burglary, abuse and harassment have been reported. Several incidents (16) in IDP sites have resulted in more than 40 deaths and more than 50 injuries. The increase in gender-based violence (GBV), particularly sexual violence and exploitation targeting women and girls, is equally alarming.

In addition, the immediate challenges posed by displacement and conflict, widespread poverty and vulnerability continue to exacerbate the humanitarian situation.

On 20 February 2024, the IFRC launched an emergency appeal for CHF 30 million to support 500,000 people in North and South Kivu with interventions by the DRC Red Cross in its response to the population movement following the M23 crisis. This action complements the contributions of the ICRC and the Participating National Societies (PNS) in the country.

This report has been drawn up to inform stakeholders, donors and the public about the progress of the operation after 6 months of the appeal implementation.

Map: Internally displaced persons by health zone in North and South Kivu (May 2024)



Source: IOM DTM (Round 18 - Mai 2024)



Summary of response

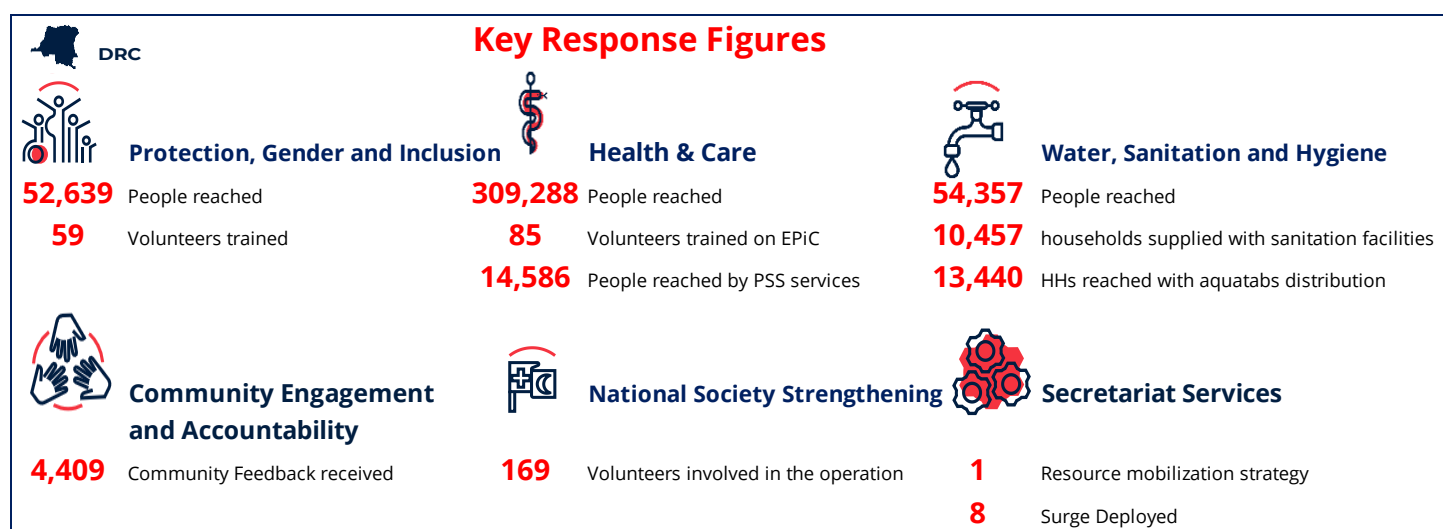
Overview of the host National Society and ongoing response

At this time of crisis, the DRC Red Cross is focusing its support on approaches which, in its experience, will make the greatest difference to the lives and livelihoods of those affected.

As an auxiliary to the public authorities in the humanitarian field, it is present in the provinces of North and South Kivu and continues to work in collaboration with the administrative authorities and humanitarian actors.

It continues to provide humanitarian aid to displaced people and host families in North and South Kivu, through its response plan to the M23 crisis.

Depending on the financial resources available, the implementation of the activities set out in the operational strategy of the emergency appeal for population movements enabled the following to be achieved between 20 February and 20 August.



In addition, DRC Red Cross interventions include other activities financed from its own funds and those supported by its partners in the Red Cross Movement and then by external partners in connection with the response to the M23 crisis in North and South Kivu.

Other Red Cross interventions in North and South Kivu during the reporting period are summarised below.

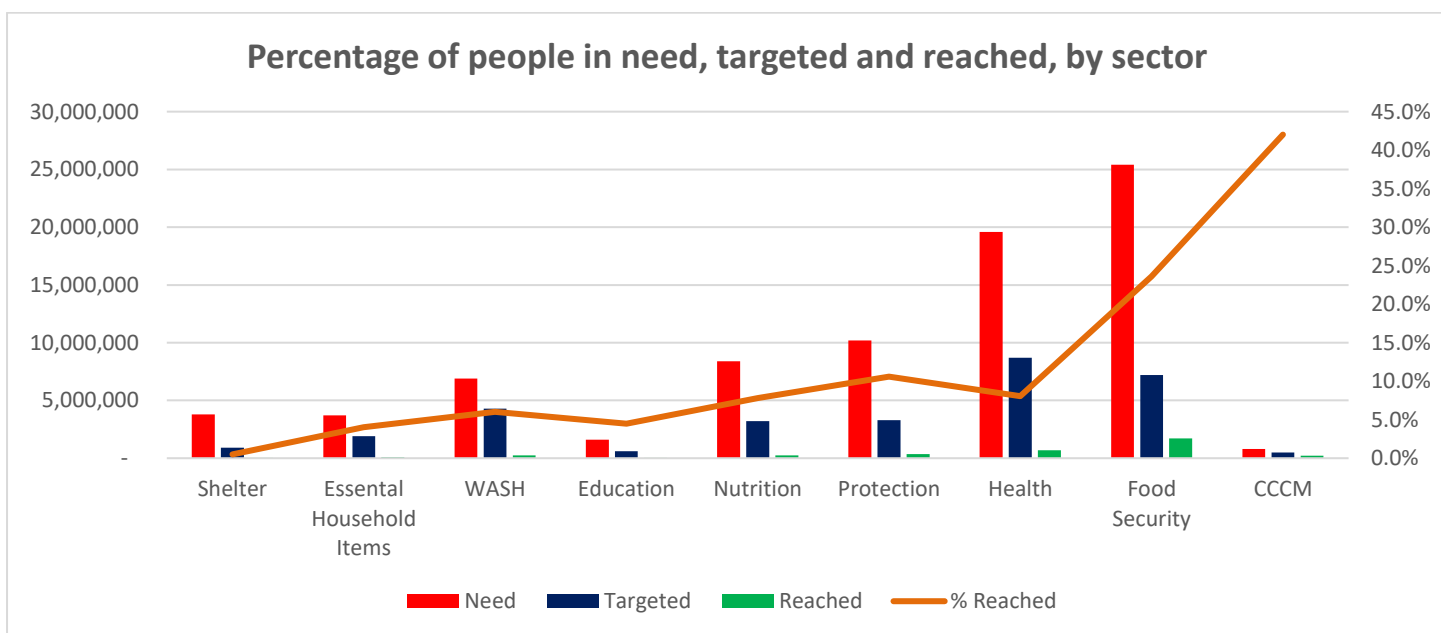
- The DRC Red Cross continues to implement the food security project entitled 'Towards Zero Hunger: Vital food security interventions for crisis-affected communities in North Kivu and Tanganyika provinces of DR Congo', which aims to provide humanitarian assistance to displaced and host households affected by violence and other crisis situations in North Kivu and Tanganyika provinces. Through this project, funded by USAID and implemented with the technical support of the IFRC, the DRC Red Cross distributed food to **180,699 people (140,058 IDPs, 40,641 host families)** in North Kivu during the reporting period. A total of **89,884 females and 90,815 males** benefited from this humanitarian assistance. This project is an additional component of the Red Cross-UNICEF rapid response mechanism and as part of the UniRR project in North Kivu, the DRC Red Cross is continuing to distribute essential household items and washing kits to displaced households with the support of UNICEF.
- Since May 2022, the DRC Red Cross has also been implementing DG ECHO's Pilot Programme Partnership (PPP) in South Kivu (Uvira) with the support of the French Red Cross, the Spanish Red Cross, the Luxembourg Red Cross and the IFRC. Assistance to displaced people in the camps is included in this framework. Until June 2024, a total of:

- **17,523 people** (7,938 men and 9,585 women) have been reached by risk reduction activities.
- **149,220 people** (61,136 men and 88,084 women) have been reached by activities to prepare for and respond to epidemics and pandemics
- **34,764 people** (16,014 men, 18,750 women) were reached by humanitarian assistance and protection activities. In addition, 5,300 people were sensitised by the DRC Red Cross in South Kivu with the collaboration of the French Cross on gender-based violence, family planning and prenatal consultations (Uvira and Nundu health zones), with 109 sessions organised.
- **21,196 displaced people** (9,360 men, 11,836 women), migrants and members of host communities in vulnerable situations benefited from assistance and protection services.
- **26,522 people** (6,614 men, 19,908 women) received cash transfer assistance.
- **293,820 people** (123,778 men, 170,042 women) were reached by risk communication and community involvement activities.
- As part of the integration of vaccination against COVID -19 into routine immunization programmes and primary health care, the DRC Red Cross has implemented actions in support of the Ministries of Health until June 2024 in North Kivu, Kongo Central and Kinshasa. These actions were carried out with the support of the IFRC through funding from USAID. They aimed to strengthen Risk Communication and Community Engagement (RCC) in order to improve the inclusive use of the Covid-19 vaccine, while supporting routine immunisation through active research into zero-dose and under-vaccinated children. During the reporting period, the Red Cross, in collaboration with the EPI, carried out activities to vaccinate children who had not received any doses and under-vaccinated children in North Kivu.
A total of **60,382 (26,313 males, 3,469 females)** were made aware of routine vaccination and Covid-19, and 819 pregnant women were vaccinated against Covid-19; 973 pregnant women were vaccinated against other antigens (VAT, etc). In addition, 2,962 zero-dose children were vaccinated, and 6,359 under-vaccinated children were recovered with the help of Red Cross volunteers.
- With the support of the **ICRC** during the period under review:
 - At least 40,180 free calls were made to re-establish contact between separated family members. These calls were made from the 6 telephone booths set up on the outskirts of Goma in North Kivu.
 - Water was supplied to the Lusha gala camp for displaced people (300 m3 per day) to at least **77,400 people**, i.e. 12,900 households. In addition, 8 water points are being built in the province of South Kivu (5 in Minova and 3 in Kalehe centre).
 - 13 latrine blocks were also built on the Lusha gala site.
 - At least **155,904 people** have been informed about the PLF (Protection of Family Links) services available.
 - **100 volunteers** were trained on emergency first aid, including 70 in North Kivu and 30 in South Kivu, followed by **PSS** training for **75 volunteers** in North Kivu and 25 volunteers in South Kivu.
 - **25 volunteers** were trained on GDM (Management of Mortal Remains) in the territory of Kalehe in South Kivu.
 - A training on operational security was organized with the support of the ICRC for staff and volunteers in North Kivu and South Kivu.
 - The DRC Red Cross has continued to implement Management of Mortal Remains activities and first aid activities and given its acceptability in the area occupied by armed groups, it has continued to help organise logistics to support the Mweso, Kitshanga and Rushuru health centres.
 - The DRC Red Cross distributed 2,856 kg of **NFIs** (clothes, shoes, soap, etc) to men, women and children from **1,260 households** in the Lushagala site. The donations were collected from volunteers, Red Cross members and other benefactors. Touched by the precarious living conditions of the displaced people, the Committee for Laic Coordination (CLC), women employees of VODACOM, mothers from Logos Rhema, families and individuals of good faith brought a large quantity of basic necessities.

Needs analysis.

Needs analysis

As part of this operation, an ongoing assessment of the situation is being carried out by Red Cross teams. With the support of a humanitarian information analyst, an analysis of the humanitarian situation was carried out in May 2024. This analysis was based on a review of secondary data and consultations with IFRC teams in Kinshasa. It explains the challenges facing the provinces of North and South Kivu.



SHELTER

Population movements in North and South Kivu continue to worsen the already disastrous humanitarian situation. Overcrowded sites are facing extremely critical conditions in terms of shelter and essential household items.

According to DTM data (July 2024), the number of IDPs linked to the M23 crisis is 1.7 million. Women represent 60% of the total displaced population, including people living in host communities, in CCCM camps and in camps outside the CCCM mechanism. Children under the age of 5 account for 18% of this population. (IOM). According to the DTM in its report n°21, the month of July 2024 was marked by a decrease in the number of IDPs, which fell from 1,855,116 to 1,713,817 on 25 July 2024. The majority of IDPs live in host communities (56%), often close to IDP camps. This is particularly the case in North Kivu.

Types of installation	Household	Individual	Male	Female
Host Community	181,396	880,896	352,408	528,488
Sites outside the management mechanism	34,303	146,968	57,927	89,041

Sites under CCCM mechanism	182,577	685,953	275,573	410,380
Grand Total	398,276	1,713,817	685,908	1,027,909

FOOD SECURITY AND LIVELIHOODS

The increasing number of attacks, acts of violence, and resulting displacements are significantly impacting the population's capacity to cultivate land and engage in income-generating activities. Additionally, inflation has been further aggravated by the depreciation of the Congolese franc since the beginning of the year, leading to substantial price increases for key food items like beans and cassava.

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

The arrival of the rainy season, marked by heavy rainfall and flooding in several provinces, is also disrupting agricultural activities.

HEALTH

In addition to the direct consequences of the increased violence, the emergence and spread of disease is particularly affecting displaced populations, due to their living conditions, density and limited access to health and hygiene facilities and services.

In particular, the WHO is reporting an explosion in the number of cases of cholera, the worst since 2017, as well as measles.

Since the beginning of 2024, the country has been experiencing an outbreak of Mpox. The epidemic affects all 26 of the country's provinces. In 2024, the M-POX situation in the country worsened. Between weeks 1 and 32 of the year, a total of 16,706 suspected cases and 575 deaths were reported, with a case-fatality rate of 3.4% ([Ocha/](#) Nutrition Cluster). Until August 2024, the provinces most affected were Equateur, followed by Sud-Kivu, Sankuru, Sud-Ubangi and Tshopo.

The number of cholera cases is particularly worrying, due to the continuous waves of displaced people arriving on the outskirts of host camps and communities, and their limited access to latrines and other hygiene facilities (such as chlorination). In March, the province of North Kivu (7,298 cases) recorded the most cases, i.e. 58.0% of the country's total, followed by Haut-Katanga (2,196 cases), Sud-Kivu (1,282 cases) and Haut-Lomami (1,183 cases). Together, these provinces account for almost 95.1% (11,959 cases) of the cases recorded in the country between week 1 and week 14 of 2024.

Moreover, with the onset of the rainy season, malaria-related cases and deaths are on the increase. The number of new cases per week is approximately 30,000 in North Kivu and 9,500 in South Kivu. These figures are likely to rise in the coming weeks.

WATER, SANITATION AND HYGIENE (WASH)

The highest number of households in need of drinking water was reported in the provinces of Kasai (38%), Sud-Kivu (24%) and Nord-Kivu (23%).

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

A report by the WASH Cluster (led by UNICEF) highlights a higher risk among men, which is thought to contribute significantly to the lack of prevention and the adoption of risky behaviours, such as open defecation, the use of poorly washed utensils, frequenting places (e.g. bars and places selling alcohol) on a daily basis that encourage contact, particularly with vectors of the disease (flies), and as a general rule a more common absence on the part of men during awareness-raising activities.

The greater presence of women in the fields at this time of year is also thought to contribute to a lesser application by men and children of precautionary health and hygiene habits, leading to an even greater spread of cases.

The reports indicate major gaps in access, especially for newly displaced populations:

- The lack of latrines in the new blocks - some created for new arrivals, but many still under construction - encourages open defecation.
- Many new arrivals have not received any kits, including tarpaulins - poorly constructed shelters and domestic sanitation (including stagnant water contaminated by faecal matter).
- New arrivals are forced to set up shelters on the outskirts, where existing WASH facilities are limited.
- The highest-risk areas are concentrated in the health zones of Goma, Nyiragongo, Kirotshe, and Muweso and in the IDP sites of Bulengo, Rusayo, Lushagala, Kizimba and Zaina.

PROTECTION, GENDER AND INCLUSION (PGI)

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

The DRC is a source, transit and destination country for human trafficking. The armed groups that control certain areas, particularly in the east of the country, are the main perpetrators of this practice. Common forms of exploitation include forced labour, forced prostitution, forced marriage of women and girls and domestic servitude. Children are employed in agriculture, mining, smuggling and begging. Although data on women and children exploited in the DRC is not available, estimates suggest that Congolese women account for around 68% of trafficking victims, while children account for 61% (Source: [IHD](#)). (Ref: [Report from a new study on Brothels in North Kivu in DRC](#)).

MIGRATION

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

Source	Subject	Report
IOM DTM	Displacement	Emergency Tracking
WFP	Food security	Situation Report
Health Cluster	Health, WASH	Minutes
FAO	Food security	Data in Emergencies
WHO	Health, WASH	Situation Report
Cluster Protection	Protection	Highlights
Cluster SECAL	Food security	Guidelines

The collection and analysis of data on humanitarian needs in the DRC, and in North/South Kivu in particular, benefits from the presence of key partners with significant mobilization and staff capacities, interlocutors (such as key informants or community leaders) and established, standardized methods.

However, the frequency of data collection is rarely constant, and changes according to the prioritization of each crisis. As the DRC has been experiencing crises for a long time, the resources are not permanently available to guarantee solid data collection and the production of consistently reliable analysis products. An illustration of this limitation is the random frequency and periodicity of the production of reports by several key players, particularly those who have the resources to cover large areas and make the link between several geographical zones.

Data is often collected at a macro level, from which certain estimates can be made. The methods used can often vary and are frequently based on interviews with key informants, or biometric data collection. However, the latter, while giving more reliable figures for very specific geographical areas (for example, a camp for displaced persons) and making it possible to avoid too many duplications, does not make it possible to give reliable estimates for larger areas, or to give a view of medium- and long-term trends at a regional level.

Key informants are a useful source of data, although their quality can vary drastically, and they do not provide accurate estimates of the number of people affected, or their precise route. This method may lack quality in terms of micro-trends, particularly in the case of displacement analysis, and does not allow a clear and accurate census of diseases and their spread.

Screening and monitoring activities can provide accurate information that is sufficiently useful for detecting disease and analyzing trends in order to prevent or contain epidemics, as well as initiating treatment or identifying areas where the need is greatest (particularly in terms of information activities).

The lack of consistency in the frequency and periodicity of data collection and analysis, as well as the geographical coverage and variability of the methods used, means that there is a major need to verify and validate this information. Regular collection and analysis of this secondary data can help to formulate proposals for thematic focuses, such as those presented here (protection, WASH, health, food security). This analysis must, however, be offset by primary thematic surveys, in order to identify the thematic and geographical areas where operational efforts should be concentrated, also depending on the resources and capacities of the National Society and its partners. As the DRC Red Cross has a vast network of volunteers and a strong presence at community level, as well as clinical health capacities, it would be useful to draw on these resources to conduct such surveys and then revise the operation's strategy based on these differential capacities.

Operational risk assessment

At this stage of the operation, the operational risks identified at the beginning in the [Operational Strategy](#) remain the same. The following risks are regularly monitored and discussed with the DRC RC coordination team:

- Insufficient funding for the project. To date, only 3,4% of the financing needs have been covered. A resource mobilization strategy has been drawn up and is currently being implemented. The armed crisis in eastern DRC is one of the forgotten crises, and humanitarian funding is currently limited. The priority needs observed on the ground in terms of access to drinking water, food, shelter and basic healthcare are pressing. However, given the current lack of funding, the operation will not be able to make an effective contribution to the humanitarian response in these areas.
- The security situation in the east of the DRC remains volatile. Insecurity persists in the provinces of North and South Kivu. Several security incidents were reported during this reporting period. An ICRC staff member (driver) was killed on the evening of 31 March by armed men who accused him of causing the traffic jam before shooting him. Heavy artillery fire towards and near the camps is making humanitarian aid very difficult, particularly with the latest shells falling in the Lushagala camp, which has forced several humanitarian organizations to cease their activities. The coordinator of Radio Maria, broadcasting from the town of Goma, and the head of the antenna of Caritas Bukavu, based in Kalonge¹, were killed by unknown assailants. In addition, because of the fighting around the town of Kanyabayonga and the bombs that continue to fall on the town, the ICRC decided to temporarily halt its distribution activities and to evacuate its staff. In North Kivu province, although a humanitarian truce was observed for 15 days between 5 and 19 July and then extended for a further 15 days, a few armed clashes were nevertheless reported during the period under review.
- Delays in the transfer of funds, in implementation, in reporting (narrative and financial) and data have been continuously discussed for the application of the defined mitigation measures.
- In addition, there are ongoing epidemics (Mpox, Cholera, Measles, Polio, etc.) and risks of Ebola and Marburg virus epidemics in the DRC which could have a significant impact on the ongoing operation. The DRC Red Cross continues to implement interventions in response to epidemics of Mpox, Cholera, Polio and other vaccine-preventable diseases. The person and volunteers in the operation are regularly informed of the respect of epidemic prevention measures.

B. OPERATIONAL STRATEGY

Update on the strategy.

At this stage, there has been no major change in the published [Operational Strategy](#).

In the time being, through the DRC population movement emergency appeal, the IFRC aims to support the DRC Red Cross in its response to the growing humanitarian needs caused by the ongoing armed conflict in the east of the country and the resulting population movements. The IFRC's intervention strategy is to respond to the urgent humanitarian needs of the 500,000 most vulnerable people and to focus on the following main areas of intervention: Integrated assistance (shelter, food security and livelihoods including multi-purpose cash transfers), Health and WASH, followed by Protection and Prevention.

It is a sectoral approach to emergency response that will evolve into an integrated approach to medium-term response, building community resilience beyond the current emergency phase. The operation integrates the fundamental cross-cutting approaches of migration, PGI, CEA and risk reduction into the delivery of humanitarian assistance and resilience-building activities.


A Movement response plan has been developed by the DRC Red Cross with the ICRC, IFRC and PNS in-country. It focuses on operational support, coordination and cross-border preparedness.

The current operation in North and South Kivu complements a number of ongoing projects. These include the food security project supported by BHA and the IFRC-ECHO Pilot Programme Partnership (PPP) aimed at improving the preparedness of the National Society. The DRC Red Cross 2025 unified plan currently being validated integrates the current operation and long-term activities. This will serve as a resource for coordination and advocacy.

Finally, given the financial resources available for this operation, the DRC Red Cross has placed the emphasis, in implementing the operational strategy, on activities in the fields of health, WaSH, the PGI, the CEA and climate risk reduction.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18: 0	Female < 18: 0
		Male > 18: 0	Male < 18: 0
Objective:	<i>Communities living in crisis-affected areas are restoring and strengthening their physical protection, security, and long-term well-being through shelter solutions.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people who received shelter support</i>	0	155000
Achievements			
From February to August 2024, the priority activities planned in this sector could not be carried out due to a lack of funding. These were essentially as follows			
<ul style="list-style-type: none"> The purchase and distribution of emergency shelter 31000 kits (tarpaulins, wood, nails, etc.) and other essential household items. 			

- Training volunteers to carry out needs assessments and provide shelter assistance in IDP sites.
- The provision of technical support by trained volunteers to households to enable them to build their own shelters.

However, the DRC Red Cross continues to implement NFI distribution interventions for people vulnerable to armed conflict in North Kivu, along with other types of support. This includes technical and financial support from the ICRC and UNICEF.



A family builds a shelter with materials collected here and there in the Lwashi camp in Goma, North Kivu.



Livelihoods

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

Objective:

Communities, particularly in areas affected by the crisis, are restoring and strengthening their livelihoods.

Key indicators:

Indicator

Actual

Target

of people who have received livelihood support (essential inputs/materials/tools for farm or livestock production, etc)

0

155000

of people who have received training in improved production practices and production risk management

0

1000

of households that received in-kind support (food) to meet their basic needs after being identified and processed for transfer

0

31000

Achievements

During this reporting period, the priority activities planned in terms of livelihoods could not be carried out due to the lack of funding for the operation. These were essentially as follows:

- Purchase and distribution of emergency food aid for camps for internally displaced persons (IDPs) and host communities.
- Setting up and supporting community groups of agricultural cooperatives.

- Helping women's associations and cooperatives to draw up production, preparation and marketing plans for production and sales committees.

However, the DRC Red Cross is continuing to distribute food to internally displaced people and members of host families in North and South Kivu. This is being done with technical and financial support from the ICRC and the IFRC through funding from USAID/BHA.

Since the launch of the emergency population movement appeal, **180,699 people (26,182 HHs)** have been supported in North Kivu by the BHA-funded food distribution project. These include 26,830 Men, 29,782 women, 63,985 boys

and 60,102 girls received this humanitarian assistance in the Goma, Masisi and Beni territories.

In addition, with the support of the Canadian Red Cross, which deployed a PGI surge as part of the operation, the following achievements were achieved in support of the livelihoods sector:

- Building the capacity of volunteers to better implement the food security program and NFIs, in particular to integrate DAPS (Dignity, Access, Participation and Safety).
- Carrying out four (4) field visits to IDP sites in North Kivu province during the distribution of food and essential items,
- Supervision of PGI volunteers, in particular by identifying vulnerabilities and risks and responding regularly to beneficiaries' needs and complaints.
- Regular technical advice to the food security coordinator and the NFI team on PGI and protection.
- Improving the distribution site environment to make it more sensitive to vulnerabilities, including managing queues, disseminating key messages on NFIs and collecting complaints as aid is delivered,
- Organizing post-distribution debriefings with volunteers and staff to identify and share good practice between teams.



Multi-purpose Cash

Female > 18: 0

Female < 18: 0

Male > 18: 0

Male < 18: 0

Objective:

Communities, particularly in crisis-affected areas, improve their well-being through multi-purpose cash transfer solutions

Key indicators:

Indicator

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

Actual

0

Target

31,000

Achievements

Due to the limited funding available, the planned activities in terms of cash transfer distribution have not yet begun. However, the teams are still mobilized to carry out the planned priority activities:

- Organizing training for volunteers to collect agricultural data and monitor projects in Kobo Collection using smartphones.
- Carrying out a market assessment and analysis.
- Distribution of cash transfers to vulnerable households in South Kivu.
- Carrying out a post-distribution monitoring survey.



Health & Care

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

Female > 18:
91,824

Female < 18:
74,832

Male > 18:
63,332

Male < 18:
79,300

Objective:	<i>Strengthen the holistic individual and community health of affected populations in North and South Kivu through community-based interventions and by strengthening the health system.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people benefiting from contextually appropriate health services</i>	309,288	500,000
	<i># of children < 5 years of age who have been enrolled on a supplementary feeding programme from another agency following assessment by the National Society</i>	0	100,000
	<i># of home visits carried out to raise awareness of health promotion and water, hygiene and sanitation</i>	18,432	100,000
	<i># of people reached by messages on nutritional choices and/or food preparation</i>	0	250,000
	<i># of people reached by community volunteers as part of health and hygiene promotion in response to an emergency situation</i>	374,688	500,000
	<i># of people in the target population who have benefited from psychosocial support services</i>	14,586	25,000
	<i># of DRC Red Cross volunteers and staff who received psychosocial support services</i>	169	1,100

Achievements

Community health A total of **85** Red Cross volunteers, including 30 in South Kivu/Kalehe and 55 in North Kivu/Goma, were trained on the revised **EPIC tools** as follows:

- First aid and community health (PSSBC).
- Community participation and accountability (CEA).
- Epidemic control for volunteers (ECV).
- Epidemic response actions (ERA).
- Use of the EPIC training guide for other players.
- Monitoring and evaluation of epidemic response activities in the community.
- Psychological first aid (PFA).

Additionally, **25 volunteers** were trained in **SMM** in Kalehe territory in South Kivu. This capacity-building enabled them to implement RCCE activities (Risk Communication and Community Engagement).

A total of **309,288 people** were reached by the health promotion activities.

❖ **North Kivu**

Door-to-door awareness-raising sessions were carried out by the DRC Red Cross in 5 IDP camps (Lushagala, Luashi, Lusha gala extension, Kashaka and Buhimba). These activities were carried out with the participation of the displaced communities. At least **242,063 people** were reached, including 51,753 men, 71,585 women, 57,952 girls and 60,773 boys. A total of **34 awareness-raising sessions**, an average of 3 sessions per week for 11 weeks, were held on the following themes:

- Prevention of indoor hand diseases.
- Correct hand washing.
- Prevention of Mpox.
- Malaria prevention.
- Prevention of polio and other vaccine-preventable diseases.
- Nutrition.

To support the awareness campaigns, 2 picture boxes on water, hygiene and sanitation were produced (financed by the DRC Red Cross), followed by 110 leaflets with Mpox messages approved by the government for awareness campaigns.

In addition, 10 community meetings and 12 radio programs were produced.

❖ **South Kivu**

The focus at the beginning of the operation was on training volunteers. The trained volunteers also carried out awareness-raising sessions on the prevention of diseases such as cholera, malaria and other vaccine-preventable diseases, as well as on the prevention of gender-based violence and sexual violence. There were also awareness-raising sessions on the usefulness and use of dignity kits. At least **67,225 people**, including 11,579 men, 20,239 women, 18,527 boys and 16,880 girls, were reached by these awareness-raising activities involving home visits. In particular, in the villages of Bobandana, Minova centre, Kishinji, Muchibwe and Kitembo, and in the 2 IDP cantonment sites covered by the construction of latrines and showers as part of the operation.

Mental health and psychosocial support

In this area, displaced people have benefited from psychosocial support sessions (PSS) with the APS (Psychosocial Agents). Psychosocial support was provided to **89 survivors** of sexual violence in North Kivu and 33 in South Kivu through the CRRDC listening centres/safe spaces supported by the IFRC through this operation. At least **14,586 people** received psychosocial support services.

Medical services

In terms of medical services, **21 volunteers** were trained on **first aid** and **70 first aid kits** were purchased in North Kivu and 30 in South Kivu. A total of **12,789 cases** were treated, broken down as follows:

- 8,624 cases of hemorrhage arrest.
- 3,670 old cases treated.
- 483 cases of referral and support for the sick and injured.
- 2 cases of GDM (management of mortal remains).
- 10 cases of fracture massage (broken bones first aid).

In South Kivu, there was the distribution of 450 male condoms in the various health areas.



EPIC training for volunteers in Kalehe, South Kivu



Awareness-raising activities in the Minova Centre, Bulenga and Muchibwe areas



Water, Sanitation and Hygiene

Female > 18:
13,222

Female < 18:
14,641

Male > 18:
12,071

Male < 18:
14,423

Objective:

Ensure the provision of drinking water, sanitation, and hygiene education to communities during the relief and recovery phases of the emergency operation, through community and organizational interventions.

Key indicators:

Indicator	Actual	Target
# clean water points and water sources built/rehabilitated	0	10
# of households supplied by DRCRC with an improved protected drinking water source (according to WHO and Sphere standards)	13,440	25,000
# of households reached with water treatment chemicals and water storage equipment	13,440	25,000
# of households supplied by the DRCRC with an improved sanitation facility within 50 meters of their home.	10,457	25,000
# of households that received cash assistance for water, sanitation and hygiene after being identified and processed for transfer	0	31,000

Achievements

The 85 volunteers trained in EpiC were mobilized to carry out the WaSH activities. Their work reached at least 54,357 people, helping to alleviate the need for water, hygiene and sanitation.

❖ North Kivu

During this reporting period, the teams in North Kivu successfully completed the construction of five (5) blocks of four-door latrines, totaling 20 doors, at the Lushagale Extension site, providing sanitation services to approximately **12,900 households**. Additionally, they contributed to water supply services at both the Lushagala and Lushagala Extension sites with the support of **30 volunteers** who managed the distribution of drinking water in the camp. Hygiene promotion efforts reached at least **49,113 displaced individuals**, representing around 4,539 households, through door-to-door awareness campaigns.

❖ South Kivu

A total of **30 volunteers** were trained and mobilized to help improve access to drinking water, reinforce hygiene practices and ensure adequate sanitation by building latrines in South Kivu. With this in view, the following projects were carried out:

- Construction of blocks with a total of 10 latrine doors and showers, i.e. 4 latrine doors and 6 shower doors, in 2 sites designated by the crisis commission at the EEPM site and Camp Poste in the Minova district.
- In addition, 100 WASH kits were distributed at the 2 sites in the town of Minova.
- Through home visits and educational talks, Red Cross volunteers were able to raise awareness at an average of 18 sessions per month. A total of 270 awareness-raising sessions were carried out by pairs of 15 volunteers, reaching 875 households, or **5,246 people**, including 1,165 men, 1,276 women, 1,392 boys and 1,413 girls, in the villages of Bobandana, Minova centre, Kishinji, Muchibwe and Kitembo and in the 2 IDP cantonment sites covered

by the construction of latrines and showers (EPM and post camp). These awareness-raising sessions also included demonstrations on proper handwashing, discussions on the importance of menstrual hygiene, prevention of MPOX and prevention of water-borne diseases. A total of **540 intimate hygiene kits** were distributed to women and girls of childbearing age.

- **1,800 Aquatabs** tablets were distributed to help make the water drinkable. This distribution of water treatment chemicals and water storage equipment reached **540 households**. These 540 households are using the sanitation services managed in complete safety, including the hand-washing facilities with soap and water made available to them.



The logistics and WASH team from the North Kivu branch, supervising the latrines under construction in Lushagala.



Construction of 2 blocks including: 6 emergency latrine doors and 4 shower doors in Minova



Targeting and distribution of dignity kits and aquatabs at two sites in the Minova health zone: EPM and INST. MINOVA



Protection, Gender and Inclusion

Female > 18:	11,216	Female < 18:	17,620
Male > 18:	8,040	Male < 18:	15,763

Objective: Communities identify the needs of the groups most at risk and the particularly disadvantaged and marginalized as a result of inequality, violence, discrimination, exclusion and other forms of non-respect for human rights and respond to their specific needs according to the DAPS principles.

Key indicators:	Indicator	Actual	Target
	# of people trained to implement minimum PGI standards	59	1,100
	# of people reached by protection, gender and inclusion services	52,639	155,000

Achievements

Red Cross volunteers mobilized in this operation reached **52,639 people (8,040 men, 11,216 women, 17,620 girls, 15,763 boys)** through protection, gender and inclusion (PGI) services. During the first 6 months of the operation, activities on prevention and response to sexual exploitation and abuse (PSEA) were carried out with the target communities. Particular emphasis was placed on identifying protection mechanisms. Several activities were organized, and the members of the communities reached were very pleased with the way in which the Red Cross had carried out the activities. A total of 59 volunteers from the provincial branches of the Red Cross in North and South Kivu were briefed on the minimum measures for PGI. This enabled them to take communities into account when implementing activities in the field.

The Canadian Red Cross allowed the deployment of an PGI surge. During its deployment, it had the opportunity to discuss with the ICRC (cooperation teams, GBV and RFL) and the Participating National Societies (PNS) how to better coordinate protection issues (capacity building, implementation of projects and programs, etc. in IDP sites where all Movement partners are involved). The listening centers (supported by the ICRC) at one of the IDP sites were also visited and the reactions of the psychosocial workers (APS) were collected.

Its technical support also enabled the DRC Red Cross to carry out the following activities:

Carry out a rapid assessment of training needs (who is not trained, who is already trained, what topics have been developed, what training materials and tools are used for volunteers and staff, etc.).

- Drawing up a 6-month action plan to ensure the coherence and continuity of PGI activities.
- Organization and co-facilitation of two training sessions on PGI, safeguarding and RFL for 15 staff members (8 women and 7 men) and 34 PGI volunteers (22 women and 12 men) involved in NFI's food security and distribution programs. All 34 volunteers signed the DRC Red Cross code of conduct.
- Regular technical advice from Surge to the PGI focal points of the Red Cross DRC at national level and at the level of the North Kivu branch on the PGI and safeguarding.
- Translation into accessible French and Swahili and development of posters and roll-ups on PGI, PSEA and child protection to be used during distribution and other activities related to current and future responses and operations.
- Organization of a briefing session with IFRC staff in Goma on the integration of PGI as a cross-cutting approach in all sectors, programs and communications.
- Organization of a three-hour training session for IFRC staff on the AIP and people on the move, as well as on the code of conduct.

❖ North Kivu

In North Kivu, the 34 volunteers trained in PGI have contributed to a number of achievements in this field:

- 26 awareness-raising sessions on protection, gender and inclusion, ensuring the PGI minimum standards including dignity, access, participation and safety for each sector were held in North Kivu.
- These awareness-raising sessions reached **4,539 households'** door-to-door, representing **21,554 people**, including 7,507 men, 10,668 women, 1,617 girls and 1,762 boys. These activities were carried out in the following 5 sites or camps: Lushagala, Kashaka-Shabindu, 8ème CEPAC, Buhimba and Acogenoki.
- 168 focus group sessions were organized with the participation of 3,255 people, including 708 men, 1,265 women, 622 boys and 660 girls aged between 16 and 69.
- A mass awareness-raising session was organized, attended by 196 people aged between 14 and 70, including 84 women, 71 men and 41 girls.
- A listening center was built at the Bulengo site for displaced people in North Kivu and has been operational since 18 March 2024, offering psychosocial care to victims of violence, including sexual violence, as well as community awareness-raising and psycho-education activities.
- In addition, to the 89 survivors of sexual violence treated, 7 cases less than 72 hours old received PEP (Post-Exposure Prophylaxis) kits in the various health facilities. In addition, 83 survivors of SGBV received hygiene kits in 3 listening centres (Bulengo, Kanyaruchinya and Munigi).

❖ South Kivu

- To contribute to the promotion of gender equality and social inclusion, and to ensure the protection and support of women, children and vulnerable groups throughout the operation, 10 PGI awareness-raising volunteers were trained, including 3 women and 7 men. They were also trained in the strategy of listening centers and safe spaces.
- Community awareness sessions were organized on PGI activities within the DRC Red Cross, in particular the prevention of and response to sexual exploitation and abuse (PSEA). The focus was on identifying protection mechanisms. At least **3,526 people** were reached by protection, gender and inclusion services in South Kivu. Door-to-door awareness-raising sessions were organized in the Kitalaga IDP site. As a result, **3,526 people** were reached at the 12 sessions organized. Of these, 15% were men (533), 16% were women (548), 28% were boys (1,001) and 41% were girls (1,444). The main theme was to help victims of sexual violence. This theme had 3 key messages: referral to health facilities for medical treatment, referral to the counselling center for psychosocial treatment, referral to the legal clinic for legal treatment and not rejection and stigmatization of rape victims.
- Data from listening centers and Red Cross safe spaces, supported by the operation, show that 33 survivors were seen for psychosocial care, 12 of whom (36%) were rape victims. Of these, 8 received a PEP kit within 72 hours and 4 received curative medication after this time. In addition, 7 cases were victims of sexual assault, 2 cases of physical assault, 4 cases of forced marriage, 4 cases of denial of resources, and 2 cases of psychological violence. All these cases were linked to crisis situations. In addition, 10 survivors from remote villages were reimbursed for transport to facilitate their access to care within the time limit.
- In the Minova listening center, 8 survivors who arrived in less than 72 hours received the PEP kit through the referral systems and 4 who arrived after 72 hours were referred and received curative medication. It is also important to note that among the cases that presented themselves to the safe spaces following crisis situations, 21% (i.e. 7 cases out of 33) were survivors who had been sexually assaulted; 6% (i.e. 2 cases out of 33) were survivors who had been physically assaulted, 12% (i.e. 4 cases out of 33) were survivors who had been forced into marriage, 18% (i.e. 6 cases out of 33) were survivors who had been denied their resources and finally 6% (i.e. 2 cases out of 33) were survivors who had been subjected to psychological/emotional violence.



Members of the South Kivu PGI team after a community meeting



Community Engagement and Accountability

Female > 18:
107,517

Female < 18:
87,012

Male > 18:
84,069

Male < 18:
96,090

Objective:	<i>People and vulnerable communities affected by crisis are empowered to influence the decisions that affect them and trust the IFRC network to service their best interests.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of complaints/feedback received through feedback mechanisms.</i>	4,409	TBC
	<i>% of complaints/feedback on the operation that are responded to through established community communication</i>	67%	70%

Achievements

In the implementation of the operation, Community Involvement and Accountability (CEA) represents a cross cutting approach allowing for greater community support for actions/interventions.

It enables and encourages the participation of communities in all their diversity, with the Red Cross providing assistance to vulnerable communities while respecting gender, cultural beliefs and values. It encourages the commitment of assisted communities through the deployment of a set of tools contributing to the implementation of a two-way communication mechanism guaranteeing constructive dialogue and a better quality of services delivered by the Red Cross in response to or in preparation for crises.

A total of **85 volunteers** were trained in Communication and Community Engagement (CEA). Their activities enabled at least **374,688** people to be reached during this reporting period. They helped to set up a community feedback mechanism. However, based on recommendations from the PGI Surge team, the DRC Red Cross committed to reassessing the current context of population movements and enhancing the existing mechanism to ensure it is safer and more accessible. This process considers factors such as literacy levels, purchasing power, mobile phone network availability, responsiveness to feedback and complaints, and the needs of vulnerable groups including individuals with disabilities, trauma survivors, and children. A total of **4,409 community feedback** was reported and processed by Red Cross teams. A total of 12 interactive radio programmes were organised and broadcasted by the Red Cross.

❖ North Kivu

Within the displaced communities, there are Red Cross DRC first-aid volunteers who are integrated into the teams working in the sites to respond to the movements in the east of the country. In North Kivu, the teams working to raise awareness in the sites were able to reach **242,063 people** through CEA activities. A total of **4,239 community feedback** were reported and processed by the teams in North Kivu.

❖ South Kivu

A total of **170 community feedback** reports were received and processed by the South Kivu teams. Primary data collection took place in the Minova Health Zone, covering 5 health areas and 7 IDP sites. These data represented a sample of volunteer activities using CEA approaches via the various communication channels. Overall, these activities were carried out by volunteers during home visits, focus group discussions, key informant interviews, distribution interventions, interactive radio broadcasts, etc.

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

The achievements of the CEA activities in South Kivu are summarised below:

- Trained 10 volunteers on the CEA and communication and community mobilisation techniques, including: 3 women and 7 men.
- Briefed of 2 volunteer encoders on the Feedback Management Mechanism.
- Awareness-raising sessions at IDP sites in Minova, reaching **6,725 people**.
- The organisation of 5 community meetings in 5 IDP sites (Kitalaga, Bugeru, Mutshibwe, Bulenga and Katasomwa) in the Minova and Bunyakiri health zones in Kalehe territory. This reached 100 people, including 80 men and 20 women.
- Organized 4 public radio broadcasts in the IDP sites of Bugeru, Kitalaga, Mutshibwe and Bulenga in the Minova health zone. A total of 591 displaced people attended these radio broadcasts, including 370 men and 221 women. The topics covered were the components of the Red Cross movement and missions or mandate, the activities carried out by the Red Cross in Minova during the crisis in the East and the activities to be carried out, and the collection of and response to community feedback.
- An information and exchange meeting on the Red Cross response to the crisis in the East with the 3 community radio stations in Minova, including: Top Buzi FM, Bubandana and Radio communautaire de Minova.
- 8 broadcasts of radio programmes recorded in IDP sites in Minova, Kalehe territory. Approximately **80,000 people** were reached indirectly during these radio broadcasts (according to the listener coverage of Top Buzi FM).

❖ Some community feedback

• Belief among the population

They believe that the DRC Red Cross:

- Distributes tokens to displaced people.
- Register new displaced people.
- Identify the vulnerable because they are hungry.

• Questions

Below are some of the questions that the NS teams in the field supported to answer concerning GBV and other problems linked to the WaSH or illnesses:

- *Where is the listening centre so that we can go there for referrals?*
- *How are we going to see our families who are separated from us?*
- *When will the Red Cross come to support us?*
- *What will we do about the violence we suffer in the event of war by armed groups?*
- *Thank you to the Red Cross for helping us with food and non-food items. These people are giving us diseases, what can we do?*
- *How can men who are raped also be treated?*
- *When will the Red Cross come and build for us toilets and showers again?*
- *Can't the Red Cross help us build a health centre or a hospital?*
- *Are you going to give us medicines?*
- *Will you build for us a hospital?*
- *Where can we go in case of violence?*
- *Where is the Red Cross office to ask them to build for us?*
- *How can you solve the water problems at our site?*
- *Will you keep what we tell you in secret?*

• Suggestions & Requests

Below is community feedback on WaSH and Health requests.

- *We ask you to build toilets and showers for us.*
- *We ask the Red Cross to advocate for access to health care.*
- *Please build clean toilets for us displaced people only.*
- *Please build a clean hospital just for us displaced.*


- Please help us with food.
- We ask the Red Cross partners to build an emergency health post.

• **Acknowledgements _Encouragements**

- We would like to thank you for raising awareness about GBV.
- We thank the Red Cross for their assistance.
- We thank the Red Cross for their support.
- We would like to thank the Red Cross for their assistance with food and non-food items.
- We still thank them for sending us the sensitisers.
- Many thanks for raising awareness.
- We thank the Red Cross and its partner the ICRC for their support.



Organization of a radio programme at the Bugeru site for displaced persons in Minova

 Migration	Female > 18: 0	Female < 18: 0	
	Male > 18: 0	Male < 18: 0	
Objective:	<i>Specific vulnerabilities of displaced populations and people on the move are analyzed and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholders.</i>		
Key indicators:	Indicator	Actual	Target
	<i># of migrants and displaced persons reached with humanitarian assistance and protection services.</i>	0	155000
	<i># of HSPs providing humanitarian assistance and protection to migrants and displaced people</i>	0	6

Achievements

In the context of this emergency appeal, the priority activities in this sector have not yet been carried out. These include:

- Continuing to step up, improve and set up fixed and mobile humanitarian service points (HSPs) to meet the needs of displaced people and members of host communities.
- Training staff and volunteers in the management of Humanitarian Service Points (HSPs).
- Setting up a referral mechanism.

However, as part of the ECHO PPP project, activities are still ongoing through 5 Humanitarian Service Points in Uvira in South Kivu including:

- Psychosocial care for victims of natural disasters, cases of GBV and other people who come for psychosocial support.
- Referring cases to the SOSAME psychiatric center for comprehensive support to help them regain a stable emotional state (in May and June 2024, 95 people were referred).
- Follow-up of cases referred to the SOSAME psychiatric center, to measure the severity of the mental health of referred cases.
- Supervision of volunteer PSH providers by building their capacity to deal with various issues and difficult cases during clinical interviews.
- Raising awareness during antenatal and postnatal consultations in various health areas in the town of Uvira.
- Adopting an ongoing approach to improving the Humanitarian Service Points (HSPs) and the therapeutic framework.



Risk Reduction, climate adaptation and Recovery

Female > 18: 0	Female < 18: 0
Male > 18: 0	Male < 18: 0

Objective: *Communities adopt climate-smart farming practices.*

Key indicators:	Indicator	Actual	Target
	<i># of community members targeted by the DRCRC who participate in risk reduction initiatives</i>	0	155000

Achievements

As part of this emergency appeal, no harm reduction activities are being deployed in North Kivu. This is due to the low level of funding for this operation. In South Kivu, however, activities are underway with the support of Red Cross partners in Uvira territory (Fizi, Baraka, Kalehe Centre and Nundu).

In the province of South Kivu, in Uvira, Red Cross volunteers took part in a training workshop on intelligent crops to respond to climate change. They continued their awareness-raising activities on the impact of climate change on communities and the importance of putting in place prevention, mitigation and adaptation measures. At total of 17,523 people (7,938 men and 9,585 women) have been reached by risk reduction activities. They also continued to monitor the trees planted at the Rugembe erosion site. At least 22,178 trees have already been planted.

Enabling approaches



National Society Strengthening

Objective:	<i>The National Society is empowered to lead its own development during emergencies with the coordinated support of partners, bearing in mind a longer-term perspective.</i>		
Key indicators:	Indicator	Actual	Target
	<i>The National Society has improved its preparedness, contingency and response plans following recommendations and evidence from the operation</i>	Ongoing	YES
	<i>The National Society is part of the government-led emergency coordination platforms.</i>	YES	YES
	<i>The National Society is part of the official emergency response coordination platforms of the DRCRC, the interagency and the international community.</i>	YES	YES
	<i># of volunteers involved in the response operation who have increased their response and operations management skills</i>	169	1100
	<i>% of volunteers mobilized covered by sickness, accident and death benefits</i>	100%	100%

Achievements

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

As part of the humanitarian response to the M23 crisis, the DRC Red Cross mobilized 400 volunteers in February to help implement its operational strategy. However, given the lack of funding, only 169 volunteers are currently active. In addition, ongoing support for the acquisition of visibility and Personal Protective Equipment (PPE), the mobilization of staff and logistical support is weak due to insufficient funding for the operation.



Coordination and Partnerships

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i># of coordination and partnership meetings on the operation held with partners and stakeholders.</i>	11	64

# of joint monitoring missions carried out (DRCRC-IFRC, PNS, ICRC)	1	2
# assessments carried out (initial need/final assessment) (DRCRC-IFRC, PNS, ICRC)	1	2
# surveys carried out (KAP, PDM/Satisfaction) (DRCRC-IFRC, PNS, ICRC)	0	2
# lessons learned workshops/mid-term review	0	2

Achievements

Movement Coordination

Effective coordination and collaboration with partners is essential to ensure a harmonized and impactful humanitarian response. In the DRC, the Red Cross continues to work closely with the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), and Partner National Societies (PNS) to maximize the effectiveness of interventions in the country.

Coordination meetings of members of the Red Cross movement in the DRC are continuing at national level under the direction of the Secretary General of the DRC RC. The PNSs, the ICRC and the IFRC regularly attend. Under the Seville 2.0 agreement, the national coordination team organizes monthly meetings with all Red Cross movement partners, with the ICRC as co-convenor. A mini summit was organized on 3 April between the DRC Red Cross, the ICRC and the IFRC.

In addition, regular coordination meetings of the movement are organized in the North and South Kivu branches. In terms of security coordination, an L3 agreement is in place, covering North Kivu, South Kivu and Tanganyika.

IFRC Membership Coordination

- The IFRC team continues to support the DRC Red Cross to ensure a coordinated approach with the NSPs supporting operations in the country.
- The Emergency Appeal continues to promote a Federation-wide approach to response based on the expertise, capacity and resources of all active members in the targeted areas.
- A membership coordinator had been deployed between April and May to ensure an effective contribution by the IFRC and its members to the coordination mechanisms put in place to strengthen the response to the population movement crisis in the DRC.
- During this reporting period, the IFRC Deputy Regional Director for Africa visited the DRC to strengthen the commitment of the IFRC and the DRC Red Cross to the humanitarian cause. He met with the leaders of the national society and the movement's partners (ICRC and PNS) to continue discussions on the Emergency Appeal for the movement of people in North and South Kivu due to the intensification of armed conflicts in eastern DRC. A joint mission followed to Goma where meetings with local branch leaders and the UN Deputy Humanitarian Coordinator (OCHA) were held to share mutual concerns, details of the launch of the appeal and exchange ideas on how to respond to the severe unmet humanitarian needs in the eastern of DRC.
- In addition, the DRC Red Cross conducts operational coordination meetings (weekly and monthly) in Kinshasa, Goma and South Kivu. This contributes to the exchange of information, the harmonization of efforts and collective decision-making. Sharing updates on ongoing activities, challenges encountered, emerging needs and planning for future activities allows the thematic working groups (PME, WASH, Health, Protection, Logistics and Finance) to be more effective. It also contributes to the development of joint action plans, the harmonization of working methods and tools, and the sharing of best practices. In this sense, the South Kivu team gave positive feedback on the methodology for developing joint action plans for specific activities, such as the distribution of dignity kits, the construction of latrines, and awareness campaigns. They also noted the good collaboration with the ICRC for protection programmes, and with the NSPs for WASH initiatives. Thus, the collaboration of the IFRC, the ICRC and the PNS in Minova has been essential for an effective and harmonized humanitarian response in this locality. The coordination

mechanisms established have been successful in maximizing the impact of interventions, improving the use of resources and strengthening local capacities.

Thus, during this reporting period, coordination facilitated:

- More efficient use of resources, wider geographical coverage, and faster response to urgent needs.
- The harmonized interventions reduced duplication and gaps, ensuring that the needs of communities were fully covered.
- The collaboration facilitated the sharing of knowledge and skills, strengthening the capacities of teams on the ground, coordinated actions strengthened the confidence of local communities in humanitarian interventions.

Engagement with external partners

- The DRC Red Cross has continued to participate regularly in the meetings of the various sectoral clusters (CCCM, Food Security, Shelter, Health). At the level of the two provincial branches of North Kivu and South Kivu, the staff of the DRC RC, the PNS, the ICRC and the IFRC also continue to participate in the various meetings organized by the administrative authorities, OCHA and the sectoral clusters. In this sense, a recommendation. In addition, a recommendation was made that NS PGI Focal Points regularly integrate and participate in interagency coordination mechanisms for PGI (protection group, PSEA network).
- Collaboration with the Food Security and Livelihoods Cluster enabled IFRC and DRC Red Cross teams to participate in the IPC analysis.
- High-level advocacy is ongoing.
- A coordination framework will be established for potential support in case of influxes in neighboring countries, in coordination with IFRC delegations and national societies (Uganda, Burundi and Rwanda).



Secretariat Services

Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i>The resource mobilization strategy has been completed and implemented</i>	1	1
	<i>A risk matrix is established and regularly updated.</i>	Ongoing	1
	<i># financial audits carried out</i>	0	1

Achievements

Resource Mobilization:

- In April, a [Mobilization table](#) was published to support 3,000 families by providing them with household and toiletry items, however no support has yet been provided by the partners in this direction.
- The DRC Red Cross, the IFRC Kinshasa Cluster delegation and the ICRC delegation in DRC organized a briefing on the humanitarian situation in the eastern DRC on Friday, May 10 in Kinshasa, capital city of the Democratic Republic of Congo with a view to advocating for increased international attention to the most vulnerable people and communities who have been affected by the current crisis. This meeting aimed at presenting and highlighting the role of the DRC Red Cross as a trusted local humanitarian actor in this response, and also the United States Agency for International Development (USAID) as the first donor for humanitarian assistance in the DRC, with the support of the partners of the International Red Cross and Red Crescent Movement present in the country to ensure the

"We have situations that concern everyone, especially the Red Cross, but we don't have enough resources. We are in the process of gathering resources from our various partners to help those who are suffering. We are appealing for funds and advocating so that anyone who can listen to us can put their hand in their pockets to help our brothers. Today, we started with embassies and other humanitarians. We will also ask for help from nationals as well," he said.

implementation of humanitarian assistance. The President of the DRC Red Cross insisted on the importance of this initiative. For his part, the IFRC Deputy Regional Director also explained the need to support the DRC Red Cross in assisting people affected by the crisis in the eastern part of the country. *"As part of the crisis response plan put in place by the DRC Red Cross, the ICRC will contribute \$600,000. The first of our priorities is the safety of Red Cross volunteers who work in high-risk areas without being paid. Therefore, they must have good training to know how to evolve in these areas while exposing themselves as little as possible but while accessing the most vulnerable populations. They must also be provided with the necessary equipment so that they can be able to carry out this response,"* said the head of delegation of the International Committee of the Red Cross based in Kinshasa.



Briefing on the humanitarian situation in the east of the DRC to call for greater international attention for vulnerable people and communities affected by the current crisis

The following links present the event:

- [Video: Advocacy event on 10 May 2024](#)
- [Video: Briefing for donors on the humanitarian situation in the East of the DRC](#)
- [Diplomatic briefing in Kinshasa on 10 May 2024](#)
- [Post DRC Red Cross to advocate increased international attention for vulnerable communities in the east of the country](#)

- [Post Red Cross DRC on Belgium's commitment](#)
- [Post DRC Red Cross on its commitment in the east of the country](#)
- [Article on the emergency appeal on the humanitarian situation in the east of the DRC](#)
- [Post: DRC Red Cross/Recognition of the contribution of volunteers to the humanitarian response](#)
- [Distribution of NFI \(clothes, shoes, etc.\) to displaced people in the Kashaka Shabindu camp in North Kivu.](#)



Briefing on the humanitarian situation in the east of the DRC to call for greater international attention for vulnerable people and communities affected by the current crisis

Communication

- A media and communication plan was produced with the support of IFRC staff and is being implemented.
- A communications team from the IFRC, the DRC Red Cross and consultants carried out a mission to North Kivu. This made it possible to produce a [documentary film](#) to contribute to the resource mobilization effort
- In addition, the IFRC has helped organize several press conferences to help mobilize resources.
- Below are links to published articles:
 - [Press Conference article: Worrying health situation alongside food needs in IDP camps](#)
 - [Humanitarian crisis in the east of the DRC, the International Federation of the Red Cross ready to intervene in favour of displaced persons](#)
 - [CGTN: Red Cross warns of 'immense crisis' in DR Congo](#)
 - [RFI: Red Cross warns of 'immense crisis' in DR Congo](#)

Human resources

To support the response to the population movement in the DRC, the IFRC quickly mobilized, through its Surge Mechanism, a qualified and diverse team based on the main needs identified.

Role Profile	Mission duration	Location	Deploying Entity
Operations Manager	3 months	DRC & Remote	IFRC
SPRM (PRD) Coordinator	3 months	DRC & Remote	IFRC
Supply Chain Coordinator	3 months	DRC	IFRC
Operations Manager/2nd Rotation	3 months	DRC & Remote	IFRC
PGI Officer	3 months	DRC & Remote	Canadian Red Cross
Membership Coordination	29 days	DRC	IFRC
Humanitarian Information Analyst	28 days	Geneva/ Remote	German Red Cross

Communications / Consultant identified	30 days	Goma	IFRC
SPRM Coordinator/2 nd Rotation	2 months	DRC & Remote	IFRC
Operations Manager/3 rd rotation	3 months	Open/Process ongoing	IFRC
PMER Officer	2 months	Open/Process ongoing	IFRC

Currently, no surge is deployed in the field in DRC. The operation is supported currently by the staff of the IFRC delegation of Kinshasa.

PMER/IM

The DRC Red Cross is still working to streamline the data management and reporting systems on this operation. The process is continually revised because of certain challenges that exist in the proper understanding of the information circuit.

In addition, the PMER and IM from IFRC Delegation in Kinshasa continues to support the DRC RC in understanding the indicators, the use of data collection tools and the monitoring and evaluation framework. This support is provided through the PMER and Information Management working group set up by the DRC Red Cross.

One (1) Humanitarian Information Analyst was recruited for a period of 1 month and was able to work remotely with IFRC teams in Kinshasa. He carried out an analysis of the humanitarian situation in the DRC.

The PMER team also contributed to establishing a risk matrix on the operation. During this reporting period, the highlights come from the Kivu region. Indeed, the team in this province continued to monitor the identified risks and reported the following points:

- In terms of logistics, difficulties were reported in the supply of essential equipment due to the closure of the borders. To mitigate this, new contracts with local suppliers are being signed to diversify sources of supply.
- At the financial level, there is a fluctuation in exchange rates (devaluation) which impacts the budget allocated to the branch. A hedging mechanism has been put in place to protect the budget against currency fluctuations, however the situation remains volatile and requires continuous monitoring. As a result, the team continues to closely monitor the financial markets and adjust hedges accordingly.
- In terms of security risk, the provincial branch is in the process of deploying strict security protocols and plans to train teams in security risk management in the field. Regular testing and additional protection protocols will be introduced for all teams on the ground.

In addition, the teams of the South Kivu Branch continue to meet the challenges in implementation, including: the poor state of the roads, the lack of suitable means of transport, insecurity/robbery, the consequences of the armed conflict, political instability (red zone) and insufficient or delayed funding.

They have also begun to learn some lessons from the interventions to adapt to this in the aftermath of the operation:

- Flexible and adaptable approaches allow for rapid response to changing contexts and unforeseen events.
- Investment in training and capacity building of local partners and communities is essential for the sustainability of projects/programmes.
- The active involvement of local communities from the beginning of the project/operation ensures better ownership and a more sustainable impact.
- Close coordination with local partners and stakeholders improves the effectiveness and complementarity of interventions.
- There is a need to strengthen the close supervision of volunteers during community-based surveillance activities and the completion of feedback sheets so as to correct some of the shortcomings observed
- It is necessary to update the frequently asked questions so that volunteers have a checklist to break beliefs, answer questions from members of the target communities more effectively.

- It is important to hold communication meetings with the different departments and PNSs for good movement communication during the response.

Security and safety

- Regular security briefings for staff and volunteers.
- A security risk assessment has been carried out in Goma by the ICRC, with contributions from the DRC Red Cross and the IFRC.

D. FUNDING

The total Appeal funding stand at 1,387,035 (4,6% of funding ask) with DREF loan of 750,000 (and 2.1% without the loan) CHF.

Below is a summary of the pledges, including the DREF loan of CHF. As of 30 July 2024, CHF 302,027.44 (47%) of the CHF 637,035 made has been transferred to the DRC Red Cross. The operation urgently needs additional funds to enable the DRC Red Cross to maintain and increase its support to the affected populations.

Donor	Income (CHF) for the operation
DREF/RP - DRC Population Movement	750,000
Other-	396,900
MDRCD043 Japanese Red Cross Society	29,946
MDRCD043 European Commission - DG	143,830
MDRCD043 Red Cross of Monaco	19,306
M2405029/1 The Canadian Red Cross Society	159,870
M2406013/1 Swedish Red Cross	238,633
M2407002/2 Saudi Arabian Red Crescent	44,189
Online donations	779
Total	1,387,035

Contact information.

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

In the DRC National Society

- **Secretary General:** Gloria Lombo, email: sgcrrdc@croixrouge-rdc.org, phone: +243856435031
- **Operational coordination:** Moise Kabongo Ngalula, Operations Director, email: moise.kabongo@yahoo.fr , phone: +243 852387181

In the IFRC

- **IFRC Regional Office for Africa DM coordinator:** Rui Alberto Oliveira, Regional Operations Lead, rui.oliveira@ifrc.org , +254 780 422276
- **IFRC Country Cluster Support Team:** Mercy LAKER, Head of Country Cluster Delegation- Kinshasa, mercy.laker@ifrc.org, +243 853449555

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey, Head of Strategic Partnerships and Resource Management; louise.daintrey@ifrc.org , +254 110 843 978

For In-Kind donations and Mobilization table support:

- **Logistics Coordinator:** Allan Kilaka Masavah, Manager, Global Humanitarian Services & Supply Chain Management, allan.masavah@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries):

IFRC Africa Regional Office: Beatrice Atieno OKEYO, PMER Coordinator, email: beatrice.okeyo@ifrc.org Phone: +254 732 203 081

Reference documents



Click here for:

- [Link to IFRC Emergency landing page](#)
- [Previous Appeals and updates for this emergency](#)
- [Additional information on the GO platform](#)

How we work

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