

www.ifrc.org
Saving lives,
changing minds.

Emergency Plan of Action Final Report

Democratic Republic of Congo: Floods in Uvira



DREF operation	Operation n° MDRCD030
Date of Issue: 04 November 2020	Glide number: FL-2020-000052-COD
Date of disaster: 17 April 2020	
Operation start date: 1 May 2020	Operation end date: 31 July 2020
Host National Society: DRC Red Cross	Operation budget: CHF 375,388
Number of people affected: 70,000	Number of people assisted: 21,330 people or 4,266 HH
N° of National Societies involved in the operation: Democratic Republic of Congo Red Cross (DRC RC), International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), and the Belgian Red Cross	
N° of other partner organizations involved in the operation: United Nation Office of Humanitarian affairs (UNOCHA), ACTED, Norwegian Refugee Council, WHO, WFP, MoH of DRC, Mairie d'Uvira, CARITAS, MONUSCO ¹ , OXFAM, etc.	

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 Netherlands Red Cross (NLRC), DG ECHO as well as the Belgian and Canadian Governments contributed to replenishing the DREF for this operation. On behalf of the Democratic Republic of Congo Red Cross Society (DRC RC), the IFRC would like to extend gratitude to all for their generous contributions.

<Click [here](#) for final financial report and [here](#) for contacts>

A. SITUATION ANALYSIS

Description of the disaster

In April 2020, the city of Uvira in South Kivu province of the Democratic Republic of the Congo (DRC), experienced heavy rainfalls that caused floods in the city and its surroundings. Initial rapid assessments conducted showed that these floods caused great damage in nine (9) out of the 14 districts of the city (namely Kakombe, Rombe I, Rombe II, Mulongwe, Kasenga, Rugenge, Kavimvira, Songo, Kilibula), affecting approximately 108,400 people who were forced to leave their homes and moved in with host families or in temporary shelters set up by authorities, in schools and churches. At least 5,000 houses were destroyed. In addition to Uvira, the village of Runingu and the rural communes of Sange and Kilibula were equally affected. Overall, at least 52 people died and were buried by the volunteers from the Uvira branch of DRC Red Cross.

Soon after the disaster occurred, the NS undertook an initial rapid assessment, jointly with the ICRC, to evaluate the damage on sanitation infrastructure, households' food stocks and livestock assets, etc. The main source of water built by the local government (REGIDESO) was destroyed, presenting a major health risk with water-borne diseases.

Based on the preliminary assessments carried out by the DRC RC and its RCRC Movement partners as well as the United Nations Office of Coordination of Humanitarian Affairs (OCHA) consolidated needs assessment of 28 April 2020, about 2,000 households (12,000 people) were displaced. Following the above, an in-depth analysis and a market study were carried out by DRC RC in the affected areas.

In response to this floods, a [DREF operation](#) was launched on 1 May 2020 for CHF 375,388 to support 3,000 flood-affected households through cash transfer to access immediate livelihoods needs, provide WASH services as well as basic psychosocial support under health area of focus.

¹ The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo

Summary of response

Overview of Host National Society

At the onset of the disaster, the DRC RC South Kivu branch deployed 271 volunteers in several areas to carry out immediate response actions. Other delegations of volunteers from Uvira and Bukavu (South Kivu) came in to strengthen the teams. Activities carried out included:

- First aid and evacuation of injured persons, with 159 people rescued and transported to three hospitals.
- Burial of 52 bodies removed from the water with logistic support from ICRC
- Multisectoral (rapid) assessment (from 19 to 22 April 2020) with support from IFRC field office as well as a needs assessment jointly with ICRC (on 28 April 2020).
- Construction of latrines and garbage holes in the temporary accommodation sites.
- Sanitation and disinfection of temporary accommodation sites by 65 volunteers collecting waste and garbage, cleaning canals and pipes, conducting awareness of proper hygiene practices in prevention of waterborne diseases and distribution of water purifiers (with material and financial support from the IFRC field office);
- Participation in the various coordination meetings organized by the other partners including the City Council, OCHA, WASH sub-cluster, Protection sub-cluster, health, food security and education.

To note, the DRC South Kivu Red Cross branch had capacity in the areas of Water, Hygiene and Sanitation (WASH), Risk Communication and Community Engagement (RCCE), CASH interventions, Psychosocial Support (PSS) and first aid which was reinforced in May 2020 with a team of Delegates from the Ebola Operation detached to support the local branch with the training of 120 volunteers and supervisors (30 in PSS, 60 in WASH and CEA, and 30 in data collection). Likewise, the CEA component was strengthened by the Preparedness CEA Delegate of the Ebola Operation with a CEA training of volunteers between 23 and 28 May 2020.

The IFRC supported the cash and voucher response modality through electronic cash transfer with Orange Money Mobile Operator, using its data management team including an IM assistant and an IM Surge Delegate with experience in data management and cash transfer with the Kenya Red Cross.



Household Post Distribution Monitoring Assessment in Kanvivira (Uvira town) using Device Magic Software with smartphones. Photo IFRC – Lebon Buota, July 2020

Overview of Red Cross Red Crescent Movement in country

Coordination mechanisms between the DRC RC, ICRC, the IFRC and all Movement partners in-country are well established. The DRC RC is a very dynamic organization supported by the IFRC, ICRC and other Partner National Societies (PNS) in disaster management.

The NS receives IFRC technical and financial support through its Country Office based in Kinshasa. With regards to the floods in Uvira, IFRC supported the local branch through the provision of logistic, material, and financial resources, allowing it to carry out initial response activities, specifically the rapid assessment and assistance to the affected people. As part of the Ebola response, IFRC has a field office located in Goma, and has a team for the preparedness component in Bukavu. The Goma office provided technical support in areas such as CEA, PSS, WASH, IM as well as PMER to DRC RC South Kivu branch in implementing this DREF. In addition, IFRC regularly met with ICRC to discuss contributions and joint actions to be carried out in the framework of this intervention.

The ICRC has a huge presence in the DRC because of the conflict situation in the North Kivu, South Kivu and Ituri provinces. In addition to funding and emergency kits, the ICRC provided additional support on the technical implementation of relief activities such as this DREF. Together with IFRC, ICRC provided support which enabled the NS to conduct the initial rapid assessment and lead the beneficiary registration for Non Food Items (NFI) and cash intervention with the support of PMER and IM department of the IFRC.

Overview of non-RCRC actors in country

With regards to the situation in Uvira, contacts were established with other humanitarian actors on the ground, such as UNICEF, OCHA, WFP, NRC, Norwegian Church Aid, etc. The DRC RC maintained these contacts and played an active role in initiatives aimed at helping vulnerable people. This was done in line with DRC RC's participation in the various meetings organized by the other partners including the City Council, OCHA, WASH sub-cluster, Protection sub-cluster, health, food security and education. It should be noted that additional consultations with other stakeholders were done in a timely manner, including public authorities, international non-governmental organizations (INGOs) and United Nations agencies (UN) to mutualize efforts in concerted actions for the disaster-stricken population. This includes the weekly meeting at the 'Mairie d'Uvira' as well as OCHA weekly coordination meeting and Cash sub-cluster meetings.

Through a delegation led by the National Minister of Humanitarian Action, the central government provided assistance with about 1,000 bags of rice, bags of flour, cans of oil, mattresses, *kangas*², tarpaulins, and kitchen tools. The United Nations Organization Stabilization Mission in the Democratic Republic of the Congo (MONUSCO) was called upon to reinforce the carts carrying household items and medicines for other actors. The Norwegian Church Aid (NCA) assisted with equipment and inputs for water supply, rehabilitation of water points and response to hygiene and sanitation needs. The Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF, ADRA and OXFAM worked in WASH area. While UNHCR and WFP provided the first aid team with 5 tons of energy biscuits for emergency feeding of the most vulnerable and kitchen kits to 800 households.

The coordination mechanisms put in place involved the various sectors responding to the disaster and with the various government departments needed. Sectoral with OCHA, which brought together all the humanitarian actors in order to avoid duplication of actions. The government, through the Mayor of the city of Uvira, brought together all the actors on the ground (humanitarian workers, NGOs, public or private associations, etc.) for a weekly review and stock-taking of the different complementary interventions.

Needs analysis and scenario planning

Preliminary assessment carried out from 19 to 22 April 2020 identified the following needs:

- Water, sanitation and hygiene (WASH) – need for sanitation facilities like latrines since these were washed away in the floods, clean drinking water since water infrastructure was damaged and handwashing stations to prevent the spread of water-borne diseases such as cholera.
- Shelter and household items (including mosquito nets)
- Food supply
- Psychosocial support
- First aid and support to access health facilities
- Long term need to support reforestation of the hills overlooking Uvira, construction of bridges, schools and other infrastructure destroyed in the floods

A multi-sectoral assessment provided a global view of impact of the floods and enabled the identification of affected households. This made it possible to draw up details of the damage to the people and their property and to plan the response of the DRC RC and the Movement specifically in terms of host families, given that all the other humanitarian actors were working in the host sites (schools and churches). The DRC RC registered a significant number of families affected by the floods (4,307 households in 7 neighbourhoods) but who were not in temporary shelters provided for those affected by the floods. They were then provided assistance (Households Items (HHI) and cash) by the DRC Red Cross.

Twenty one (21) days after assistance, a post-distribution monitoring survey was carried out to ascertain that the right people were targeted for the response, determine the relevance and degree of satisfaction of beneficiaries with the assistance given.

Risk Analysis

The first likely risk in the implementation of this operation was related to the health of volunteers and beneficiaries in the face of the COVID-19 pandemic, which could hinder the implementation of activities within the timeframe. The recommendation was to monitor the risk through direct communication with the local health system.

The second probable but average risk was linked to the difficult access through the escarpments, which is a permanent danger and also the insecurity caused by armed robbers and militias operating in the Ruzizi plain. The recommendations were that the ICRC vehicles should be used, that there should be regular monitoring by radio and that the rules of security in the field should be strictly respected.

²a traditional type of dress amongst women about 150 cm wide by 110 cm long

The third probable and high risk was the increase in rainfall which would limit access to the affected areas and increase the number of affected persons beyond what had been agreed and budgeted for. The recommendation was to monitor the risk and to revise the DREF operation as needed.

B. OPERATIONAL STRATEGY

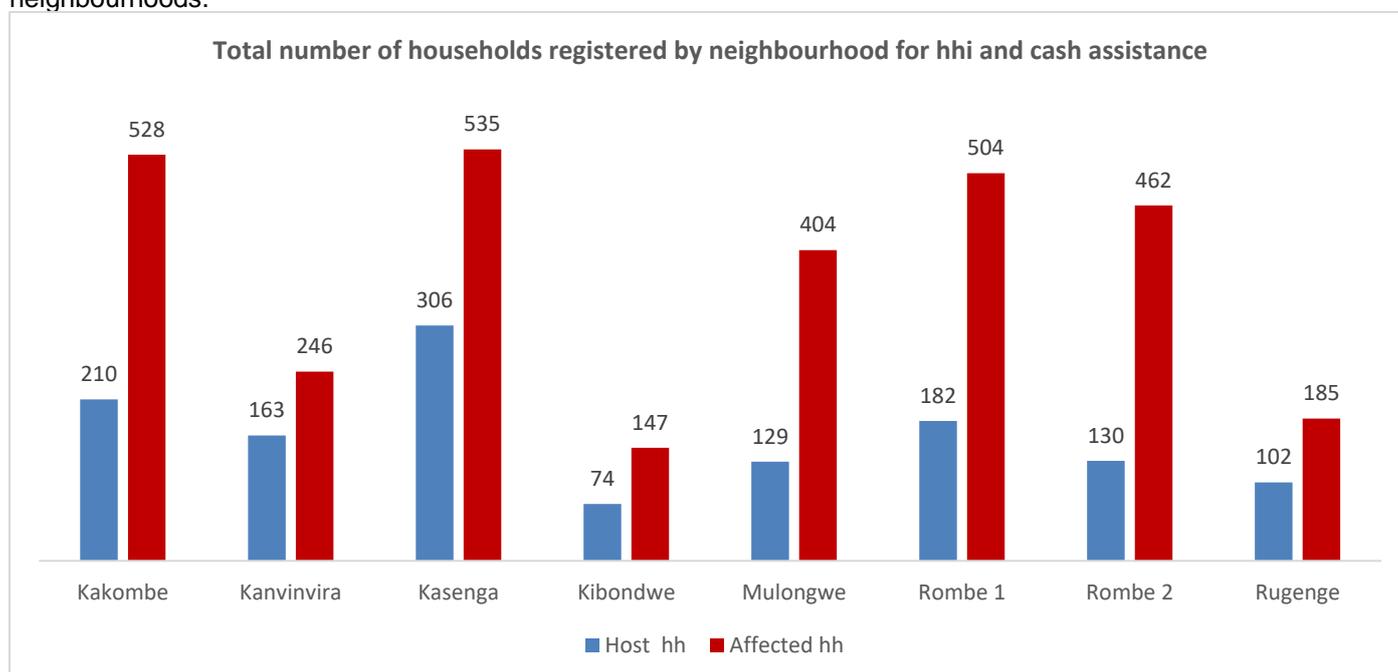
The main objective of this operation was to support 3,000 households (15,000 people) affected by the floods in Uvira with lifesaving assistance through cash transfer to support immediate livelihood needs as well as by providing WASH services and basic psychosocial support to affected people. At the end of the operation, DRC RC reached approximately 21,330 people (4,266 households) through this operation which lasted three months – the timeframe allowed ample time for proper implementation of activities, given the specific context of Uvira and DRC in general with unplanned delays. Activities in the below areas of focus were implemented with achievements highlighted under section C.

To ensure the smooth running of the activities in the areas of focus, the Red Cross received technical and material support for the biometric registration of volunteers using Red Rose platform. A total of 573 volunteers were biometrically registered on the platform, including 415 men and 158 women. The DREF mobilized 30 volunteers trained in psychosocial support (PSS) and Risk Communication and Community Engagement (RCCE) activities as well as 1 volunteer who received training of trainers in Goma. Sixty volunteers were trained in WASH and RCCE. As part of epidemic preparedness, 18 volunteers were trained as a Rapid Response Team (RRT) to be mobilized based on need; this was part of the Provincial preparedness activities planned by the Ebola Preparedness Team.

1- Livelihoods and Basic Needs

Non-Food Items provided to 3,000 households with support from ICRC: The operation aimed to support 3,000 households affected to restore their living conditions so that they have decent housing, cook normally, maintain their dignity and maintain their hygiene, through the distribution of household items and tarpaulin kits.

The registration of affected families and the HHI distribution were done concurrently with registration, using tablets and smartphones (using Device Magic platform managed by ICRC) through door-to-door strategy in the targeted neighbourhoods.



Registered households received the HHI kits the day after registration at different distribution sites in “Ex-truck” model after handing in the tokens. Each household received a household kit consisting of bedding (3 blankets, 3 mats) and adequate clothing/hygiene for women (2 kangas and 1 set of underwear), maintaining acceptable hygiene (3 bars of soap of 800 g each, 1 bucket of 15L), having the capacity to cook (1 kitchen set including pots, plates and bowls, spoons, forks, kitchen knife, wooden ladle, cups, etc.). To protect against bad weather, the households benefited from 1 tarpaulin and a polypropylene bag was provided for transportation of these items.

Cash distribution: This DREF operation initially targeted 3,000 households with an unconditional multipurpose cash transfer. Following the market analysis, the food basket of Uvira was estimated at 85 US dollars. To maintain equity and preserve the good relationship between flood-affected families and host families, it was decided to include the 1,296

host families in addition to the 3,011 flood-affected households registered, making a total number of 4,307 beneficiary households (approximately 21,535 people). Since the target was the same with the one for HHI assistance, the cash assistance used the same database. To ensure accuracy on recipients and to avoid double-counting, systematic control was done with cross-checking of Orange's (mobile money service provider) and Red Cross' databases.

Following the registration and the database clean up, the transfer was successfully done, reaching a total of 4,266 households (99% out of the 4,307 registered) including 1,263 host and 3,003 affected households. To note, the clean-up revealed double counting for 14 households, and 27 households members were not found. The recipient households received 86 USD (85 USD for the assistance and 1 additional USD as withdrawal fee) and the host households received 30 USD each to buy food items.

2- Health: Psychosocial Support

The activities of the psychosocial care within this DREF framework were carried out between 25 May 2020 and 15 July 2020 with the aim of raising the awareness of the affected population on the importance of psychosocial care and of providing psychological support to displaced households in the temporary shelter areas (schools, churches). Thirty (30) volunteers including 17 female with 3 supervisors were trained in psychosocial support (PSS) and conducted PSS activities with the support of the Red Cross sub-division PSS focal point. These 30 volunteers were divided into 3 teams (9 PS Assistants and 1 supervisor per team) and deployed in three main areas (Mulongwe, Kasenga and Kavimvira) in the 8 quarters affected by the disaster. The work consisted of awareness-raising and providing psychosocial care. Affected population in 15 sites received psychosocial care, including 4 in Kilomoni, 6 in Kasenga and 2 in Mulongwe with its sub-sites, reaching approximately 4,168 households.

3- Water, Sanitation and Hygiene

Hygiene Promotion: Sixty (60) volunteers including 23 women benefited from capacity building in hygiene promotion and carried out activities in the following areas: RCCE (awareness-raising), water management and disinfection as well as sanitation activities. During the operation, 2,458 households (12,263 people) were reached (5,044 men and 7,219 women) with messages in the following topics: hand washing, COVID-19 prevention, management of wastes for toilets and household, individual water treatment and storage, personal/menstrual hygiene, etc.

Community based sanitation activities at displacement sites: This activity involved at least 120 volunteers and reached 4,234 people while working on three different dates and areas: On 23 May 2020 at Mulongwe quarter, on 6 Jun 2020 at Kasenga quarter and on 25 July 2020 at Kamvivira quarter.

Each session began with a gathering of volunteers followed by a briefing on the organization of the work (reminder of certain safety rules, task distribution, deployment of volunteers and team leaders) and, after the work, it was important to organize a debriefing to evaluate the services provided and plan for future opportunities. In short, the community work took place in a friendly atmosphere in collaboration with the local authorities and the representatives of the hygiene committees.

Training of Community Leaders in Water Management: This training was held on 7 and 8 July 2020 with the participation of 20 community leaders (representative of quarters, youth representative, women representative, disaster affected household's representative, etc.). It was organized by the Red Cross WASH specialist with support from IFRC WASH/safe and dignified burials (SDB) Delegate.



Community-based sanitation activity organized by DRC RC volunteers in Kasenga. Photo DRC Red Cross - 2020

C. DETAILED OPERATIONAL PLAN



Livelihoods and basic needs

People reached: 21,330

Male: 10,878

Female: 10,452

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis-affected areas, restore and strengthen their livelihoods

Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs

Indicators:	Target	Actual
Number of households receiving cash grants	3,000	4,266
Number of assessments conducted	2	2
Number of post-distribution monitoring (PDM) conducted	1	1

Narrative description of achievements

- The DRC RC with support from ICRC and IFRC conducted an initial assessment of the situation after the flood to determine the immediate needs of the affected people and estimate numbers of affected persons. An in-depth assessment was later carried out to identify both long and short term needs to enable mobilising support from all humanitarian actors. A market assessment was conducted to establish the adequacy of the transfer value to the beneficiaries while also checking on food availability and supply. Based on these, a HHI and MPCT intervention were planned to support the households affected by the disaster as well as the host families.
- Registration of all displaced persons was done to get the information needed for the cash transfer and after this, a post-distribution monitoring survey was done to capture the effectiveness of the assistance.
- Following the registration and the databases clean up, the cash transfer was successfully done for a total of 4,266 households (99% out of the 4,307 registered) including 1,263 host and 3,003 affected households. The affected households received 85 US dollars (+ 1 US dollar for the withdrawal charges), and the host families received 30 US dollars (+ 1 US dollar for the withdrawal charges).
- ICRC did an NFI kit distribution for 3,000 households affected after a door to door registration and vulnerability assessment in the 8 affected quarters of Uvira. Each household received an NFI kit consisting of 3 blankets, 3 mats, 2 Kangas and 1 set of underwear, 3 bars of soap of 800g each, 1 bucket of 15L, 1 kitchen set including pots, plates and bowls, spoons, forks, kitchen knife, wooden ladle, cups, etc. To protect against bad weather, the households benefited from 1 tarpaulin and a polypropylene bag for the transportation/safe-keeping of items distributed.
- The Lesson Learnt Workshop was carried out on 28 July 2020 in the strict respect of COVID-19 prevention measures.
- Post-distribution monitoring (PDM) was done jointly with ICRC a month after the distribution. This targeted 10% of each category of beneficiaries. The methodology consisted of conducting household surveys with an electronic questionnaire installed on the Device Magic software. The questionnaire contained questions about cash as well as NFI distribution, plus questions related to beneficiary satisfaction and protection. Focus groups were also organized with different layers of beneficiaries, community leaders, and non-beneficiaries to assess the level of appreciation of the activities and the involvement of all layers and stakeholders in the activities and decision making.



Registration of a beneficiary by a Red Cross volunteer for NFI and CASH assistance in a host family in the Kasenga district of Uvira. Photo IFRC - Lebon Buota, May 2020

Challenges

- The presence of several duplicate telephone numbers in database. The Red Cross sent a team of 30 volunteers to physically cross-check households and ensure the registration of new numbers (one for each household), which caused a delay in the transfer of cash.
- From the PDM survey and focus group discussions organised, it was revealed that some beneficiaries complained about the exchange rate, which considered to be "flat-rate" when withdrawing cash from Orange Money agents. Indeed, the beneficiaries received the transfer in US dollars while the withdraw was done in Congolese Francs.
- There were more families in need compared to the ones targeted by the DREF. To prevent the risk of tension between affected households and host families, the distribution was extended to 1,263 host families.
- Not all targeted households were on the Orange Money network therefore they first had to register leading to a bit of delay. Some households' phone numbers were not registered in the Orange Network, so they could not receive the funds until they registered their numbers. The Red Cross managed this concern with Orange by setting up a temporary number registration office at the Red Cross office with Orange agents. This allowed the beneficiaries to have access to the sim cards and Orange Money service numbers with the assistance of Red Cross and orange agents in case of complaints or misinformation.
- The Cash distribution experienced a long delay related to the three (3) phases of verification of the beneficiaries' sim card numbers, which took the interval of more than a month between the NFI distribution and the cash distribution. Indeed, the volunteers had to go and look for households whose numbers were still in dispute (name matching between the Orange database and the Red Cross database) and make sure that the real beneficiaries had been found before giving the order to Orange to transfer the money.

Lessons Learned

- Assessments should encompass host families as well as the displaced households as sometimes, they too need some assistance which needs to be factored in the response. When this situation was realised, the response team included the assistance to vulnerable households for USD 30 to buy food supplies. The double-checking of telephone numbers in the different databases ensured that the money was sent to the right people. However, this created double work and caused delays in the delivery of assistance.
- Feedback and complaint mechanism should be improved, this will in turn improve engagement with community members.



Health

People reached: 16,979

Male: 6,721

Female: 10,258

Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment

Health Output 2.3: Target population is reached with Search and Rescue activities

Indicators:	Target	Actual
Number of people reached with health intervention	15,000	16,979
Number of volunteers providing first aid	180	180
Number of people reached with search, rescue and first aid	N/A	159

Health Outcome 6: The psychosocial impacts of the emergency are lessened

Health Output 6.1: Psychosocial support provided to the target population as well as to RCRC volunteers and staff

Indicators:	Target	Actual
Number of volunteers trained in PSS	24 volunteers and 4 supervisors	27 volunteers and 3 supervisors
Number of people reached with PSS during awareness sessions	15,000	16,979
Number of people reached with PSS in specific sessions	N/A	1,443

Narrative description of achievements

The DRC Red Cross volunteers provided first aid and evacuated injured persons. A total of 159 people were rescued and transported to three hospitals while 52 bodies removed from water with logistic support from ICRC were buried.

A total of 30 volunteers (including 3 supervisors) were trained to conduct psychosocial support and were supported by the PSS focal point. These 30 volunteers were divided into 3 teams deployed in the field. The work was divided into two phases: the awareness-raising phase and the psychosocial care phase.

A total of 1,443 people received in interpersonal communication on PSS. Out of this number, 1,001 cases (69%) had one-on-one support; 409 (28%) people received psychoeducation, while 28 people received consultation for psychological first aid. For group sessions, 234 people out of 377 (62%) benefited, 90 (24%) people benefited from psycho-education sessions; 37 people benefited from focus group support sessions and 16 people received a session on psychological first aid. To note, some 81 persons “abandoned” psychosocial care for several reasons: some due to unsatisfactory service, moving to nearby health facilities for more care, moving to a new location, loss of sight, etc.

While conducting search, rescue and transportation of the injured, it should be noted that 625 cases were followed up, 159 of which effectively received First Aid care.

Challenges

- There were many families in need compared to the targeted beneficiaries of DREF and to what the evaluation expected.
- Out of 1,443 people affected identified, 706 were followed by PSS teams, of which 186 were completely followed. The program has not been able to follow completely with the 737 cases for several reasons, including the deadline, the budget allocated but also lack of adequate structures for referencing.

Lessons Learned

- During the intervention, it was noticed that there were cases that required specific follow-up with experienced psychologists. Unfortunately, the DRC Red Cross was not able to give them adequate assistance. Hence the need to strengthen the NS with the human and financial capacity in the area of PSS is necessary.



Water, Sanitation and Hygiene

People reached: 12,263

Male: 5,044

Female: 7,219

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected

Indicators:	Target	Actual
Number of people trained in WASH	54 volunteers and 9 supervisors	60 volunteers and 20 community members
Number of hygiene sessions conducted	24	21
Number of people reached with WASH services	15,000	12,263

Narrative description of achievements

As part of WASH activities, 60 volunteers and 20 community leaders were trained on water management and sanitation to implemented sensitization activities in sites where flood-affected households were located. They were grouped together for the dissemination of messages regarding the steps of handwashing, key moments for handwashing, environmental hygiene in the fight against disease-carrying insects, food preparation, cooking and preservation, waste management and prevention of water-borne diseases. The volunteers carried out 21 awareness sessions on hygiene promotion and community work. A total of 12,263 people were reached by these activities, thanks to the 60 trained volunteers and 20 trained community leaders.

Challenges

- Insufficient visibility materials for the DRC Red Cross. At the beginning of the activities, the volunteers worked without equipment and tools.
- Lack of understanding of the affected households at the temporary relocation sites as they were not among the targets for assistance from the DRC Red Cross because other partners were already assisting them so it was difficult for the Red Cross to implement WASH activities in these locations (schools, churches, displacement camp).

Lessons Learned

- Prepositioning of intervention and awareness materials but also visibility materials in the town of Uvira and in each DRC Red Cross Emergency Pool to facilitate rapid response (first aid) after a disaster.

- It is important to have a meeting with the leaders of the people affected earlier on before assistance is given in order to share selection criteria and be in agreement before selection of the recipients of the assistance is done. This will help in generating consensus and avoid conflict at the point of distribution.
- Guideline for operation and coordination among partners should also be agreed upon/shared at the onset of the disaster and community leaders made aware of this to avoid duplication of efforts while serving the affected households better.

Strengthen National Society

S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical, and financial foundations, systems and structures, competencies and capacities to plan and perform

Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
Percentage of volunteers involved in the operation who understand their rights and responsibilities	100%	100%
Number of volunteers insured	200	138

Output S2.1.3: NS compliance with Principles and Rules for Humanitarian Assistance is improved

Indicators:	Target	Actual
Percentage of community feedback acted up on	90%	77%

Output S3.1.2: IFRC produces high-quality research and evaluation that informs advocacy, resource mobilization and programming.

Indicators:	Target	Actual
Number of lessons learnt workshop (LLW) conducted	1	1
Number of translations produced	2	3

Narrative description of achievements

- In terms of strengthening the capacity of the Red Cross, the DRC Uvira Red Cross has been provided with materials for the operation. To note, only 138 volunteers were insured because 42 volunteers from Provincial branch were covered by the ICRC global annual volunteers' assurance. Thus, the DREF only covered for the remaining 138 as the total volunteers deployed was 180.
- A biometric volunteer registration was put in place with support from IFRC's Information Management team to properly capture the presence of volunteers. In this context, volunteers signed commitment sheets to understand their rights and duties but also to be informed about the Code of Conduct. Their presence was tracked every morning and evening using Red Rose platform to ensure volunteers were presents and to facilitate the volunteers per diem payment.
- With a view to the implementation of activities by the DRC Red Cross, a number of volunteers were trained in different fields (30 in PSS, 60 in WASH and CEA, and 30 in data collection), along with a number of community leaders, particularly in awareness-raising techniques, water, hygiene and sanitation, psychosocial care and community engagement.
- The Red Cross organized a lesson learnt workshop which took place at the end of the operation and was attended by different personalities representing UN agencies, humanitarian organizations, state agencies, civil society, beneficiaries and non-beneficiaries, local press, etc.
- Red Cross received support from IFRC for the translation of materials such as the DREF EPoA, the data collection tools and the Final Report.
- The red Cross established a Desk Help Office to receive and respond to feedback from the community. A green line was also in place, managed by ICRC Uvira Sub Office to receive complaints of beneficiaries. Out of the 116 feedback related to the operation, 89 were addressed directly. The Red Cross was not able to respond to 27 feedback since people who addressed these were not reachable. However, public information was done as part of restitution activities with the local leaders after a follow up on these feedbacks.

Challenges

- Several volunteers were trained in a short space of time and this involved deploying several trainers at the same time and reducing the number of days per training course.
- Delay in the transmission and signature for the volunteer's insurance.

Lessons Learned

- Organise specific training (in different fields) in the town of Uvira and the DRC Red Cross emergency pools prior to disasters to prepare for disaster response.

- The support from IFRC was useful for the DRC Red Cross Uvira branch since this was their first experience with DREF operation in such area of intervention despite the experience they have, working with ICRC in the ECOSEC field. In areas such as Uvira, where DRC Red Cross doesn't have experience in implementation of DREF operation, the DRC Red Cross would need support from other Movement partners with experienced staff for implementation in the selected sector in order to build the capacity of volunteers.
- The Movement partners should organise DREF trainings for a cohort of volunteers in different branches to have focal persons who could support in case of need.

D. THE BUDGET

The overall amount allocated for this DREF operation was CHF 375,388 as indicated in the [EPoA](#), of which CHF 375,394 (100%) was spent.

Explanation of variances:

- **Water, Sanitation and Hygiene:** The **CHF 1,470** initially budgeted for WASH activities but not spent; the 3 planned activities were conducted and reported under different codes in WASH Area of Focus.
- **Medical First Aid:** **CHF 1,490** allocated to this line was not spent. A donation was done by the ICRC to the local Red Cross health facility to support people affected by the floods. It was therefore not necessary to duplicate the assistance.
- **Teaching Materials:** Variance of **CHF 171** that was not budgeted is a result of cost incurred to beneficiaries' sensitization.
- **Transport and vehicles costs:** Budget line only spent by CHF 279 (9%) because mostly ICRC and IFRC vehicles were used to support the team movement and transport the materials, instead of using rental cars. This explains the savings.
- **National Staff:** Variance of **CHF 1,223** is a result of expenses incurred for accommodation/perdiem for National Staff deployed to Floods Uvira while National Staff costs were not budgeted.
- **National Society Staff:** Over expenditure of **CHF 1,620 (31%)** because more, National Society Staff that went on mission to Uvira than expected so more accommodation/perdiem was necessary. Indeed, the Red Cross deployed more people based on the needs in the field, specifically to carry out PSS activities and also to mobilize people from Bukavu for the lessons learned workshop (with both internal and external partners).
- **Volunteers:** There is an under-expenditure of **CHF 4,727** (11% of the budget) for this line. This is because part of the expenses allocated for volunteers was supported at 50% by the ICRC. These included perdiem and accommodation for senior volunteers, as well as the payment of local volunteers who supported the initial assessment, targeting – data collection, Post Distribution Monitoring survey, etc since the activities were conducted jointly.
- **Professional fees:** The 100% (CHF 980) budgeted for this section was not spent since the activities were supported by the IFRC staff dedicated to the Ebola Operation. The translation of documents and the design of data collection tools was done by the internal staff in charge of PMER.
- **Workshop & Trainings:** Variance of **CHF 2,676 (35%)** over allocated budget is a result of more beneficiaries attended the PSS briefings than initial planned – linked to the revised beneficiaries.
- **Travel:** Variance **CHF 983** which was not budgeted is due to mandatory Travel related costs (airport taxes, & hotel) for staff travelling to support Floods Uvira. There are also expenses related to the COVID-19 test for staff traveling to and from Uvira to their respective bases.
- **Financial Charges:** Variance of **CHF 4,883**, cost that was not initially budgeted is due to all Financial fees related to the DREF (Cash Transfers to Beneficiaries, Bank transfers to NS, etc...).

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/5-9	Operation	MDRCD030
Budget Timeframe	2020/5-9	Budget	APPROVED

Prepared on 20/Oct/2020

All figures are in Swiss Francs (CHF)

MDRCD030 - DR Congo - Floods in Uvira

Operating Timeframe: 01 May 2020 to 31 Jul 2020

I. Summary

Opening Balance	0
Funds & Other Income	375,388
DREF Allocations	375,388
Expenditure	-375,394
Closing Balance	-6

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction			0
AOF2 - Shelter			0
AOF3 - Livelihoods and basic needs	308,027	308,111	-84
AOF4 - Health	13,151	12,980	171
AOF5 - Water, sanitation and hygiene	33,764	35,771	-2,007
AOF6 - Protection, Gender & Inclusion			0
AOF7 - Migration			0
Area of focus Total	354,941	356,862	-1,921
SFI1 - Strengthen National Societies	17,315	17,990	-675
SFI2 - Effective international disaster management	1,044	542	502
SFI3 - Influence others as leading strategic partners	2,087		2,087
SFI4 - Ensure a strong IFRC			0
Strategy for implementation Total	20,446	18,532	1,914
Grand Total	375,388	375,394	-7

DREF Operation

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2020/5-9	Operation	MDRCD030
Budget Timeframe	2020/5-9	Budget	APPROVED

Prepared on 20/Oct/2020

All figures are in Swiss Francs (CHF)

MDRCD030 - DR Congo - Floods in Uvira

Operating Timeframe: 01 May 2020 to 31 Jul 2020

III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
Relief items, Construction, Supplies	286,082	286,980	-899
Water, Sanitation & Hygiene	1,470		1,470
Medical & First Aid	1,490		1,490
Teaching Materials		171	-171
Cash Disbursement	283,122	286,810	-3,688
Logistics, Transport & Storage	3,038	279	2,759
Transport & Vehicles Costs	3,038	279	2,759
Personnel	47,942	46,058	1,884
National Staff		1,223	-1,223
National Society Staff	5,194	6,814	-1,620
Volunteers	42,748	38,021	4,727
Consultants & Professional Fees	980		980
Professional Fees	980		980
Workshops & Training	7,536	10,213	-2,676
Workshops & Training	7,536	10,213	-2,676
General Expenditure	6,899	8,953	-2,054
Travel		983	-983
Information & Public Relations	2,744	137	2,607
Office Costs	980	716	264
Communications	3,175	2,234	941
Financial Charges		4,883	-4,883
Indirect Costs	22,911	22,911	0
Programme & Services Support Recover	22,911	22,911	0
Grand Total	375,388	375,394	-7

Contact information

Reference documents



Click here for:

- [Emergency Plan of Action \(EPoA\)](#)

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

In the DRC RC National Society

- Secretary General (or equivalent); Jacques KATSHITSHI, email: sgcrrdc@croixrouge-rdc.org, phone: 00243 81 653 16 88
- Operational coordination: Moise KABONGO, DRC Red Cross National Director for Disaster Response, email: moise.kabongo@yahoo.fr, phone: 00243 85 23 87 181 / 00 243 81 517 60 75

In the IFRC

- IFRC Regional Office for Africa: Adesh TRIPATHEE, Head of Disaster Crisis Prevention, Response and Recovery Department, email: adesh.tripathee@ifrc.org; phone: +254731067489
- IFRC Country Office: Momodou Lamine FYE, Head of Country, IFRC Country Office Kinshasa; email: momoudou.laminefye@ifrc.org

In IFRC Geneva

- Programme and Operations focal point: Nicolas Boyrie, Senior Officer - Operations Coordinator (Africa); + 41 22 730 49 80 email: nicolas.boyrie@ifrc.org
- Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- IFRC Regional Office for Africa: Franciscah Cherotich, Ag. Head of Partnership and Resource Development, email: franciscah.kilel@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

- Logistics Coordinator: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

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

- Philip Kumo Kahuho, Manager, PMER Unit, Email: Philip.kahuho@ifrc.org

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.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
2. Enable healthy and safe living.
3. Promote social inclusion and a culture of non-violence and peace