



Flooding in Kinshasa, 12 January 2024. © UNICEF/UNI505194/Mulala

unicef   
for every child

Democratic Republic  
of the Congo

Situation Report No.1  
Country wide flooding

5 February 2024

Reporting Period: December 2023- January 2024

## Highlights

- The Democratic Republic of Congo is grappling with one of its worst floods in over 60 years, impacting 18 provinces. This disaster raises serious concerns, particularly in areas already battling cholera outbreaks. Experts fear a surge in cholera cases and potential spread along the Congo River, mirroring the devastating outbreaks of 2011 and 2017.
- The impact is significant, with authorities reporting over 2 million affected individuals and more than 300 deaths. In terms of infrastructure, nearly 100,000 homes, 267 health facilities, and 1,325 schools have been destroyed.
- In support to the government plan, UNICEF and its partners have started a WASH, Health and Child Protection response mobilizing close to \$700,000 of its core funding. UNICEF initial emergency response plans in WASH, Health and Child Protection amounts to \$9 million.

## Situation in Numbers



**2 million people**  
including  
**1.2 million children**  
affected



**100,000 houses**  
destroyed



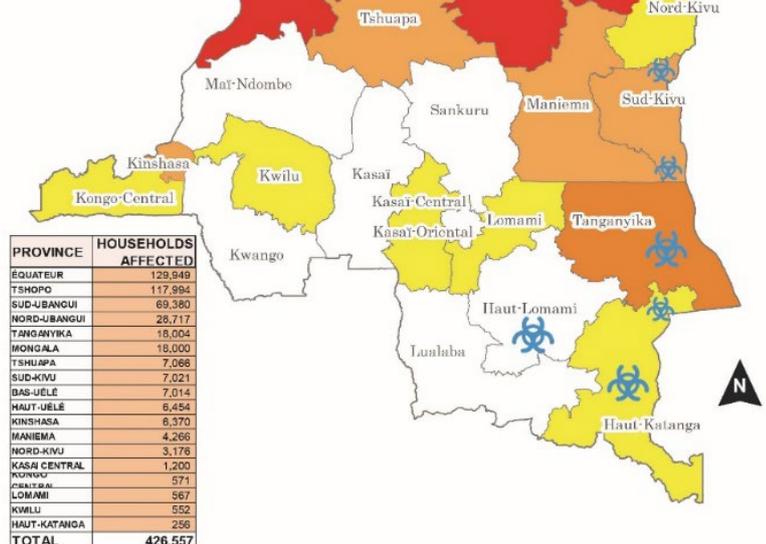
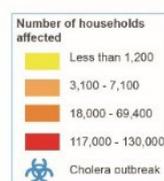
**1,325 schools**  
**267 health facilities**  
destroyed

## Situation Overview and Humanitarian Needs

Since the end of the last quarter of 2023, the DRC has experienced episodes of heavy rainfall, especially in the interior of the country, causing the rise of the Congo River waters in an exceptional way since the last flood of this type dates back 60 years. Two countries, the Republic of Congo, and the Democratic Republic of Congo, are particularly impacted.

Although this phenomenon is not exceptional in the DRC, these floods are much more impactful than previous years. By mid-January 2024, 18 provinces out of the 26 in the country were affected. Some hydrogeologists consider that this situation could worsen, the entire coastal areas of the river as well as the entire plain area around Kinshasa could be totally affected.<sup>1</sup>

According to government figures, CRRDC, and UNOCHA, more than 2,1 million people have been affected, over 300 deaths have been reported, nearly



<sup>1</sup> Reuters – Ferry Mowa

100,000 houses are reportedly destroyed as well as around 1325 schools and 267 health facilities. This initial data gives insight into the severity of the situation, with assessments that are still on-going in the most affected provinces. As observed in previous responses to floods, displacement, and disruption in access to services increase risks of family separation, abuse and violence.

The most affected provinces are Equateur, North and South Ubangi, Tshopo and Kinshasa. The situation could quickly worsen as some provinces such as South Kivu, Haut Lomami, and Haut Katanga which are experiencing high intensity cholera outbreaks. These provinces located at the banks of the Congo River could be the start of an unprecedented cholera epidemic up to Kinshasa,<sup>2</sup> through Kisangani and Equateur a scenario like the 2011 and 2016 epidemics, worsening the situation even more.

To respond to this crisis, the Government developed a \$283 million multi-sectoral response plan targeting 15 provinces. In the province of Equateur, an interagency approach has been adopted with UNICEF, UNFPA, and WHO funding a rapid assessment conducted jointly with local authorities, the Red Cross, and other civil society organizations in the 8 most affected areas in Equateur province. So far, UNICEF, UNFPA, and WHO have mobilized part of the emergency supplies required for the response. However, the needs remain too high compared to the available funding.

## UNICEF Programme Response

Since the onset of the crisis and further strengthened in January 2024, UNICEF launched first emergency response in water, sanitation, and hygiene (WASH), child protection, and health to address the needs of the most affected children. UNICEF remained actively engaged across various coordination fora, including the Humanitarian Country Team, Provincial Coordination forum (COHP), and inter-cluster coordination group.

Aligning with a climate change perspective and disaster risk reduction initiatives, UNICEF collaborated in 2023 with the NGO REACH to conduct a preliminary study for the implementation of anticipatory actions on floods in North Ubangi, South Ubangi, Equateur, Tshopo provinces. This study enhances the understanding and anticipation of flood impacts, fostering improved preparedness and timely responses. The findings are being used to further refine UNICEF's emergency response.<sup>3</sup>



### Water, Sanitation and Hygiene (WASH) and IPC

In Equateur province, UNICEF and its partner AGIS provided a WASH package to 38,200 individuals in Mkanza city including the rehabilitation of 8 spring catchments, disinfection of 29 wells, and distribution of 500 WASH Kits. Furthermore, in collaboration with the ministries of health, education, and environment, UNICEF is currently conducting a need assessment mission in remote areas to accurately ascertain the extent of the affected population and impact.

In Kinshasa, UNICEF and its partner ADESSE are preparing a response in the affected neighbourhood in Kingabwa, Masina II, Binza Ozone, Barumbu, Maluku, Nsele, Mongafula. Activities will start from 5 February. Similarly, for Tshopo province, the agreement with the Humanitarian division is being finalised to provide a response in the health zones of Itangi, Banalia, Bassoko. Activities will start from 5<sup>th</sup> February.

The WASH cluster under the leadership of UNICEF has established a task force for flood response. Two (02) coordination meetings were held between partners and the government to enhance coordination of the WASH response. In the provinces of South Kivu, Kinshasa, and Maniema, a WASH assessment was conducted. In South Kivu, WASH partners provided first assistance by supplying drinking water (93 m<sup>3</sup>), constructing 15 emergency latrines and 07 showers in the locations of Kalehe, Ruzizi plain, Kamituga, Mwenga, Kamanyola, Bakara center, and Kabare. WASH kits were provided to treat water in households for 10,000 people in Maniema province. In all hubs, particularly in Kinshasa, the WASH cluster strengthened the WASH package and initiated activities in Equateur health zones through household disinfection, distribution of 500 WASH kits, and provision of water treatment kits. In all these flood-affected areas, WASH partners have stepped up communication and awareness-raising activities on measures to prevent diarrheal diseases in the health zones of Minova, Uvira (South Kivu), sake and Burewmana (North Kivu), through partners from the Red Cross and PPSSP.

<sup>2</sup> PNECHOL-MD (MoH): 4 suspected cases have already been reported in Kinshasa, none of them were confirmed in laboratory.

<sup>3</sup> UNICEF-REACH (July-October 2023), *Preliminary study on the implementation of anticipatory actions for flood*. The aim of the assessment was to:

- Understand the outliers of the current climate change induced crisis on the affected population in provinces particularly exposed to the risk of flooding due to their landforms, physical landscape and climatic conditions
- Identify and map the most flood-prone areas in the 4 provinces, and the most densely populated areas where floods can cause the most damage to bias any anticipatory intervention to the most at risk communities
- Identify early warning indicators and existing actors and/or information platforms tracking early warning indicators;
- Identify potential best practices implemented by target communities to reduce/mitigate related risks



## Rapid Responses

Due to the program's strategic positioning in Tanganyika and South Kivu provinces, both rapid response programs (UNirr / CATI) have aligned their intervention focus to target flooded areas with cholera transmission more effectively. This coordinated approach aims to expand the distribution of WASH kits across a broader radius surrounding the affected areas, with the goal of reducing cholera transmission and breaking the chains of contamination.

### Cholera Response – Case area targeted Interventions - CATI

In December, 31 rapid response teams were activated to respond to floods: 17 in South Kivu, 10 in Tanganyika and 4 in Haut Lomami. The CATI teams conducted active surveillance and a first response targeting all suspected cases, including those in flooded areas.

In South Kivu and Tanganyika, the CATI teams carried out 210 interventions, of which 90% were completed in less than 48 hours. Of the 258 suspected cholera cases that were registered in the line list, the CATI teams responded to 210 cases (81%). In total, more than 21,000 people were reached within 48 hours received a cholera prevention kits, had their household and common places decontaminated and benefited from the implementation of 24 manual chlorination points. People also participated in household-by-household sessions on hygiene promotion and ways to protect themselves from cholera.

In Kinshasa, UNICEF directly supports PNECHOL (MoH) for the rehabilitation of medical care structures for diarrhoea (CTC / CTU) to prevent a possible cholera epidemic, but also the management of other diarrheal diseases. In January 2024, UNICEF and its partners strengthened the emergency responses by first adapting the existing rapid response programs such as UniRR and the cholera control program (CATI) especially in the provinces of South Kivu and Tanganyika targeting particularly the flooded areas that also experience cholera transmission.



CTC Pakadjuma : **Before**

CTC Pakadjuma : **After**

*Rehabilitation of a medical care structure for diarrhoea and cholera treatment (after / before) in Kinshasa*

### UNICEF Rapid Responses: UniRR

In South Kivu, the UniRR focused on the Ruzizi Health Zone based on several criteria, including accessibility to the affected area, recent alerts indicating high needs, significant impact of flooding resulting in a large number of affected people, and the area being prone to cholera outbreaks. A multisectoral evaluation was launched the last week of January 2024 to assess needs and prepare for intervention needs before the end of the first week of February.

In Tanganyika, UniRR launched an assessment in Kabalo health zone focusing on neighbourhoods severely affected by heavy rains since December, resulting in flooding and house collapses. Approximately 1,400 hectares of fields were submerged, affecting 7,230 households, including 4,000 in Kabalo center and 3,230 in various surrounding villages. Crops such as maize, cowpeas, cassava, and sweet potatoes were inundated in at least 15 villages, posing a significant food crisis threat. Displaced individuals are currently hosted by local families without receiving any assistance. The area also faces an increased risk of cholera outbreaks due to the flooding, with cases reported until the end of 2023. While security conditions allow for work, logistical access remains challenging, particularly due to recent heavy rains.



## Child Protection, Gender Based Violence (GBV)

Building on previous responses to floods, UNICEF is working closely with Provincial Divisions of Social Affairs and national partners to ensure that existing child protection services, including case management, family tracing and reunification, psychosocial support, and referral to multisectoral services, are strengthened and capacities of social workforce enhanced. This includes increased presence of trained para-social workers, dissemination of child protection messages on preventing family separation, and reinforcement of family-based care services in high-risk areas, notably in Kinshasa and Equateur.

## Health

UNICEF is collaborating with the Ministry of Health and the Provincial Health Divisions (DPS) to identify heavily impacted health facilities and estimate their requirements for medical kits and equipment. This effort is part of the Public Health Emergency Operations Center (COUSP)'s preparations for a potential cholera epidemic.

UNICEF is providing emergency medical supplies, including basic kits and surgical equipment, to directly assist 30,000 individuals. Additionally, to bolster cholera prevention efforts, UNICEF has enhanced the National Cholera Control Program (PNECHOL) by supplying cholera medical kits, anticipating the care of 500 individuals.

## Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE)

An SMS message alert was sent through four mobile phone companies to over 717,000 people in 7 affected provinces (Tanganyika, Nord-Ubangi, Sud-Ubangi, Sud-Kivu, Tshopo, Kinshasa, Equateur). The messages promoted the U-Report Flooding Information Center, an automated chatbot with critical information about best practices on what people should do before, during, and after flooding. More than 77,000 people have so far contacted the chatbot.

At the national level, the General Directorate for Disease Control and UNICEF briefed national team members on risk communication, the development of a risk communication plan, and design of tools and posters. At the health zone level, a workshop was held to develop risk communication plans in seven affected health zones of the Kinshasa provincial health division (Gombe, Kingabwa, Maluku1, Barumbu, N'sele, Binza Ozone and Mont-Ngafula 2).



In Mbandaka, Equateur Province, around 50 young people (child reporters and U-Reporters) took part in a briefing organized by the RCCE commission on flooding. Following the briefing, a door-to-door awareness campaign was carried out with lifesaving messages and essential family practices promotion.

## Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF in partnership with Association pour le Bien-Etre Familial/Naissances Désirables (ABEF-ND) is disseminating messages on the prevention of sexual exploitation and abuse with the support of 10 women led organisations in the city of Mbandaka. Thanks to a pre-existing contract between UNICEF and Réseau de Média pour le Développement (REMED), PSEA messages are aired on 14 radio stations in Mbandaka.



## Funding Requirements

UNICEF's initial funding estimate for the next six months amounts to US\$ 8,905,000 to support WASH, Health, and Child Protection responses. UNICEF mobilize almost US\$ 680,000 of its core funding to initiate a first response. The needs are still being assessed and activities in education and nutrition sectors not included here. This budget will be refined as assessment are finalized.

Sections	Budget Requirements	Funding available	Funding Gap
WASH	\$ 4,725,250	\$ 430,000	\$ 4,295,250
Health	\$ 1,224,500	\$ 200,000	\$ 1,024,500
Child Protection/ GBV	\$ 2,776,750	\$ 50,000	\$ 2,726,750
PSEA	\$ 178,500	\$ -	\$ 178,500
<b>TOTAL</b>	<b>\$ 8,905,000</b>	<b>\$ 680,000</b>	<b>\$ 8,225,000</b>