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# Emergency appeal Central African Republic (CAR) floods

 International Federation  
of Red Cross and Red Crescent Societies

Appeal n° MDRCF025

44,918 people to be assisted

Appeal launched November 2019

Glide n° XX-2014-123456-XXX

300 000 Swiss francs DREF allocated

Appeal ends April 2021

3 million Swiss francs current funding  
requirements

This Emergency Appeal seeks a total of 3 million Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the Central African Red Cross (CARC) to deliver assistance and support the recovery of 44,918 people for 18 months, with a focus on the following areas of focus and strategy for implementation: on **Shelter, Livelihoods and basic needs, Health, Water, Sanitation and Hygiene Promotion (WASH), Disaster Risk Reduction (DRR), Protection Gender and Inclusion (PGI) and National Society Strengthening**. The planned response reflects the current situation and information available at this time of the evolving operation and will be adjusted based on further developments and more detailed assessments. Details are available in the Emergency Plan of Action (EPoA).

## The Disaster and the Red Cross Red Crescent response to date

**September 2019:** Diluvian rains fell in several parts of CAR causing significant floods. The city of Paoua and its surroundings have been particularly affected.

**02 September 2019:** IFRC issues a DREF Operation (MDRCF025) for 141,867 Swiss francs (CHF) to assist 1,475 people.

**October 2019:** The rains continued throughout the national territory and several rivers emerged from their beds, causing floods in Bangui and other cities. CARC, with the support of its Movement partners, conducted rapid needs assessments in affected cities. Two Information bulletins were published on IFRC GO system.

**12 October 2019:** A Regional Disaster Response Team (RDRT) member from Ivory Coast Red Cross is deployed to support CARC emergency response.

**25 October 2019:** Government officially declared disaster and called for national and international solidarity

**31 October 2019:** CAR Government (through the Crisis Committee and the Interagency Coordination) officially request the CARC to manage all settlement sites

**November 2019:** IFRC allocates a second DREF allocation and launches an Emergency Appeal of 3 million Swiss francs to assist 44,918 people for 18 months



Picture 1: Rapid needs assessment by Movement partners in Bangui (Source: CARC)

## The Operational Strategy

### SUMMARY OF RED CROSS RESPONSE TO DATE

The current flood situation began at the end of August 2019 and Paoua was one of the first city to be significantly affected. On 02 September the IFRC issued a DREF to support the CARC in their response efforts. A total of 295 households were targeted through the DREF allocation and since then an additional 300 households have been affected in this area alone.

The table below shows the different activities achieved in Papoua city through the DREF operation as of 06 November 2019:

Table N°2: Overview of DREF funded activities implemented as until 06 November

Indicators	Target	Actual
Number of households reached with shelter support	295	288
Number of involved volunteers	30	30
Number of built emergency shelters	199	105
Number of repaired shelters	96	96
Number of households supported with distribution of household items	295	287
Number of households having received health support	295	0
Number of households having received mosquito nets	295	288
Proportion of households served who have properly installed mosquito nets	100	100
Minimum percentage of people reached with PSS	75	0
Number of households with improved access to drinkable water	295	287
Number of trained volunteers in wash	20	23
Number of households receiving aquatabs for water purification	295	287
Number of trained households in water purification	295	287
Number of households receiving items for treatment and conservation of water	295	287
Number of people reached by hygiene promotion activities	5600	3631
Number of rehabilitated wells	10	11
Number of water sources rehabilitated	2	4
Number of people reached with hygiene promotion activities	5,600	3631
Number of households provided with hygiene kits	295	288

### Needs assessment and targeting

To date, a total of 16 cities - including Bangui (4 affected districts)- have been affected by the floods and more than 44,918 people have been directly affected. The table below presents some details of the affected cities and affected houses.

Localities/Cities	Total Population	Households	Affected People	Male	Female	Children (0-17)	Flooded houses	Destroyed houses
Bangui 2	97 073	211	1 055	517	538	211	188	23
Bangui 3	146 072	137	1 233	604	641	247	99	38
Bangui 6	119 448	1 516	7 580	3 714	3 942	1 516	875	641

Bangui 7	65 391	669	5 128	2 513	2 667	1 026	461	208
Bimbo	201 166	1 357	7 461	3 656	3 880	1 492	789	568
Bambari	59 952	257	1 285	630	668	257	197	60
Bakala	13 343	179	2 100	1 029	1 092	420	155	24
Kouango	10 902	197	905	443	471	181	105	92
Bouca	17 335	251	1 255	615	653	251	186	65
Mobaye	10 417	578	2 889	1 416	1 502	578	351	227
Paoua	22 525	175	1 575	772	819	315	112	63
Damara	9 244	67	287	141	149	57	47	20
Mongoumba	Not available	311	1 509	739	785	302	209	102
Gambo	Not available	399	1 895	929	985	379	289	110
Zangba	Not available	476	2 380	1 166	1 238	476	357	119
Ouango Bangassou	Not available	300	1 500	735	780	300	95	205
Ippy	23 685	574	2 869	1 406	1 492	574	271	303
Mbaïki	36 616	499	2 212	1 084	1 150	442	37	462
Kaga-Bandoro	35 077	177	855	419	445	171	82	95
<b>Total</b>	<b>716 648</b>	<b>8 119</b>	<b>44 918</b>	<b>22 010</b>	<b>23 357</b>	<b>8 984</b>	<b>4 717</b>	<b>3 402</b>

Table N°1: Harmonized statistical data of 01 November 2019 (Source: Crisis Committee)

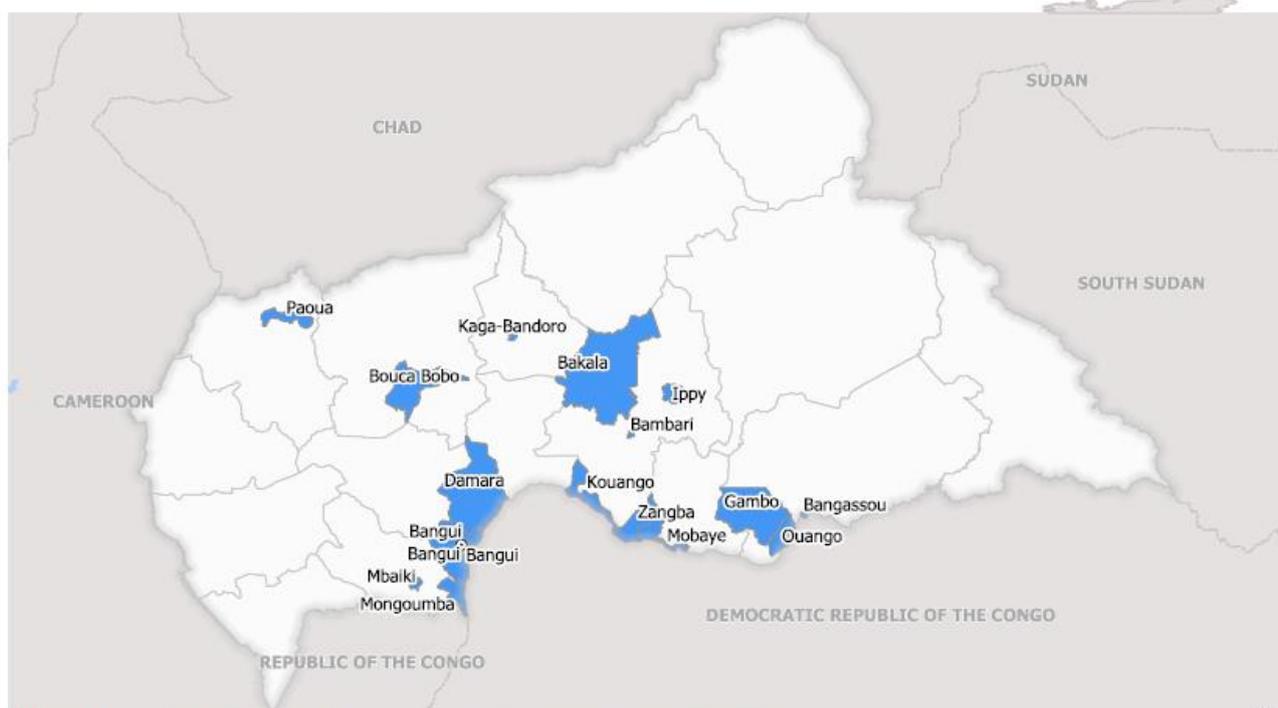


International Federation  
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### Central African Republic - Floods Emergency Appeal



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities. Source: GADM, Natural Earth, IFRC, C

0 75 140 210 280 km



The rapid needs assessment conducted at the end of October 2019 by CARC with the support of the IFRC and the Netherlands Red Cross (NRC) confirmed the extent of damages in the 16 cities presented above -including Bangui- and important movements of population. These assessments conducted also confirmed that affected families have several needs, with the most urgent being in the areas of Shelter, Non-food items (NFI), Livelihoods and basic needs, Health, WASH and Protection. In the cities of Bangui and Bimbo, the Government plans to set up temporary shelter sites for those affected as the current housing areas are at risk. In these sites, it will be necessary to build shelters, improved latrines and water points.

### **Shelter:**

Almost all households in the flooded areas have left their homes to find refuges either in spontaneous housing sites or in host families in unaffected neighbourhoods. Around 4000 households present in the temporary sites will have to benefit from an emergency family shelter assistance. There is a need to support families whose houses have been damaged or destroyed. It is unclear whether these displaced people will be allowed to return to the flooded areas because their homes will not be habitable or are in unsafe areas. Depending on the results of the evaluations, it may be necessary to consider medium-term housing solutions such as conditional cash distribution, durable equipment and technical assistance. It will also be necessary to provide transitional shelters until longer-term solutions can be funded. For the particular case of those who were tenants, it will be important to provide financial support (cash) for a period (6 months for example) to allow them to reorganize.

For all the other areas affected, blankets, mats, mosquito nets, bucket, soaps, cooking kits, jerrycans, solar lamp will be distributed because the affected populations have not been able to take all their belongings and others have lost their effects in the disaster. Tarpaulins, timbers, slats, nails, ropes and shelter kits will also be needed for the construction of the shelters. Dignity kits (menstrual hygiene management (MHM)) will be necessary for the women of childbearing age and hygiene kits for all.

### **Livelihoods and basic needs:**

In CAR, over 1.3 million were already in situation of severe acute food insecurity (IPC level 3 and above) and this disaster will undoubtedly aggravate the situation. When the flood occurred, people did not have time to take out the items of their homes before being flooded and therefore lost most of their belongings. In addition, small businesses, workshops and other production facilities were affected by the floods.

CAR has a unimodal farming pattern with one main growing season from August to November which corresponds to the cultivation period of the major staple crops (maize, rice, groundnuts, ...). Farming communities were heavily affected with fields being flooded as crops were in advanced maturation stage. Farmers and fishing communities also lost their productive assets such as tools, tillage equipment and fishing equipment. Throughout the period of the floods, production activities were stopped, depriving the victims of their main sources of food and income. Crop failure is likely to affect the food availability on markets triggering further food insecurity until the next cropping season. Farmers will also have difficulties to prepare the next growing season because of poor soil condition, lack of seeds, etc.

In the context of multi-sectoral needs assessment, it will be necessary to carry out a cash feasibility study, a rapid market assessment and an analysis of the capacities of the affected people in the targeted areas. This will allow to identify actions aimed at the recovery of the economic security.

### **Health:**

Floods have put pressure on the already weak and highly stressed public health system. There are hospitals and health facilities that lack sufficient supplies and human resources to meet the needs of all patients requiring services, and that may overload institutions. The need for care is very important especially in the accommodation sites. The Ministry of Health and some partners have deployed a team and mobilized resources to provide additional medical assistance to these victims, but this remains insufficient.

Immediate health and hygiene promotion, first aid (FA) and psychosocial support (PSS) including psychological first aid (PFA) to the affected population is the most needed service at this point of time; with many already traumatized from the previous situation and the continuous threats of disease, including a re-emergence of polio and outbreaks of measles. There will be a need to provide affected population and the volunteers deployed with holistic PSS.

Due to the poor living conditions and sub-optimal immunization coverage in affected areas, the risk of spread of vaccine-preventable diseases, especially measles, polio or paediatric TB has also been elevated. This will particularly impact the most vulnerable young children below five years of age. Diseases like water and foodborne diseases can also affect a large population due to lack of sanitation, sewage and safe drinking facilities in the sites as well in the communities. Temporary sites in flood-affected areas pose a high risk for the spread of vaccine-preventable diseases – particularly measles (which are easily transmitted through close contact in congested sites) and polio (which can spread through contamination of human faeces with water used for drinking or food preparation). The risk in the flood-affected areas is high because of low vaccination coverage over the past 5-10 years. These same areas are associated with high rates of infant and young child malnutrition, teenage pregnancy and low health literacy. It will therefore be necessary to strengthen health education and epidemiological surveillance in these communities.

#### **WASH:**

Needs assessments conducted confirmed the need to mobilize water treatment units to provide safe drinking water to families who have been displaced and are staying in sites; as well as temporary sanitation facilities. Due to families having lost most of their property, people in the sites needs require basic hygiene items and key hygiene messages. There is also a need to support some of the sites with emergency sanitation. In all flooded areas, water supplies and sanitation facilities were flooded. During the return period, it will be necessary to ensure the repair of these works. Wells will be treated and protected. Similarly, families will be supported for the rehabilitation of sanitation facilities. Campaigns promoting hygiene will be organized. Schools, health facilities and other public institutions will be supported to repair water and sanitation facilities.

#### **Community engagement and accountability (CEA):**

As the neighborhoods of origin are flooded, communication infrastructure has been also flooded and people are displaced. Affected communities will have important information needs related to the availability of services, shelter information and family reunification. Collective community engagement mechanisms will be considered with other partners. Open and transparent communication about inclusion and exclusion criteria for assistance will be established. A system will be put in place to ensure information on the operation; including relief distribution processes, services on offer and exit strategies. Information will be shared through a variety of channels including through activities of different sectors (such as WASH and Health). Channels will be chosen based on community preferences. A feedback and complaints system will be established, following consultations with communities, to ensure continuous feedback that informs the operation and helps to address questions and concerns of the community.

The selection of people to be assisted will be carried out on the basis of the vulnerability criteria and in collaboration with the affected population. Priority will be given to those directly affected by the floods (houses flooded, totally or partially destroyed). Individual vulnerabilities will also be taken into account (children, pregnant women, pregnant women, the elderly, disabled, chronically ill). Beneficiary representatives, district leaders and local authorities will be involved throughout the identification process.

Host populations are included in this intervention as some of them are hosting IDPs, generally with limited resources. Extending Red Cross support to these host households will help prevent tensions and conflict between host populations and IDPs.

#### **Coordination and partnerships**

The Government has set up a crisis committee composed of the concerned Ministries (Humanitarian Action, Health, Interior and Territorial Administration, Defense, Town Planning and Housing, etc), United Nations agencies, national and international organizations; as well as a technical committee who meet under the direction of the Ministry of Humanitarian Action. The technical committee meets every day during the current emergency phase. The Central African Red Cross and the other components are members of these two committees.

The table below shows the responsibilities of the different actors involved in the overall coordination of the response.

<b>Government</b>	Assessment of the situation and data sharing
	Call for international and national solidarity
	Establishment of crisis committee
	Global coordination of assistance
<b>Red Cross and Red Crescent Movement</b>	Assessment of the situation in Bangui and affected provinces and data sharing
	Support to the Government in the development and management of the sites in Bangui
	Co-leader of the shelter cluster with UNHCR
	Assistance in the areas of emergency shelter, water and sanitation, care and community health
<b>UN Agencies</b>	Interagency coordination
	Support to the Government in organizing the response
	Coordination of clusters activities
	Detailed multisectoral needs assessment
	Resources Mobilisation
<b>Other national and international organizations</b>	Assistance in different areas

Table No 4: Coordination Overview

### Red Cross Red Crescent Movement Coordination:

The Movement partners present in CAR (IFRC, ICRC, the Netherlands RC, the French RC and the Qatar Red Crescent) provide technical support to the NS and are participating in the different coordination meetings organized.

- ✓ The **IFRC** is providing technical and financial support in the various assessments. IFRC also provides the link between the Movement and the interagency coordination;
- ✓ The **ICRC** is participating in the various planning meetings and provided CARC with 1000 tarpaulins, 2000 blankets, 2000 mosquito nets and 2000 pieces of soap for immediate distribution to the benefit of the victims in Bangui. Within the limits of its capacities and evolving security constraints, the ICRC is also ready to provide logistical support and supervision of CARC volunteers when implementing activities related to the operation in insecure flooded areas which are located within ICRC's zones of intervention in the country.
- ✓ The **Netherlands Red Cross** provides a technical support to the NS and intends to help in the mobilization of financial resources to this Emergency Appeal;
- ✓ The **French Red Cross** will ensure the management of health posts in the sites in Bangui and will provide technical support in the training of volunteers who will provide psychosocial support to the affected people in affected cities.

A joint mission was conducted by REMOD (National NGO linked to the Minister of Humanitarian affairs), OCHA, Action Against Hunger, Solidarities International, IOM, IFRC, Netherland RC and CRCA for an assessment of the situation. Regular coordination meetings have been organized to harmonize the response. Inventory of stocks is also carried out at the level of each partner.

During the different meetings of the crisis committee held in MHANS (Minister of Humanitarian affairs and National Solidarity) CARC and its partners were asked by Ministry to manage the various sites that are being set up in the city of Bangui.

### Other humanitarian stakeholders

The following humanitarian organizations and agencies are currently implementing response activities in the country:

**The United Nations Children's Fund:** Drilling and installation of water distribution network; distribution of school kits and implementation of child protection activities;

**International Organization for Migration:** Deployment of a dedicated team to track Movement and needs;

**Premiere Urgence Internationale:** Implementation of psychological first aid activities;

**World Vision:** Availability of antimalarial medicines, malaria Rapid diagnostic test and mosquito nets for IDP sites;

**World Health Organization:** Provision of basic emergency health kits to support the management of common diseases;

**United Nations Population Fund:** Provision of sexual and reproductive health kits and distribution of condoms and dignity kits;

**REMOD:** Plans to carry out activities to promote essential family practices;

**Action Against Hunger:** Screening, referencing and management of malnutrition cases;

**World Food Program:** Distribution of high energy biscuits;

**United Nations Office for the Coordination of Humanitarian Affairs:** Coordination.

## Proposed Areas for intervention

The overall objective of this operation is to provide assistance to 44,918 flood affected people in 12 of the 16 affected cities for a period of 18 months.

Cities such as Bakala, Mobaye, Kouango, Bambari, Kaga-Bandoro and Bouca are areas that continue to bear the brunt of the crisis as armed groups remain present. The ICRC is ready to support the CRCA teams during the activities in some of these areas within the limits of its capacities and evolving security constraints. Items and financial resources will be made available by the IFRC.

### Security:

The IFRC security plans will apply to all IFRC staff throughout. An area specific Security Risk Assessment will be conducted for the operational area should any IFRC personnel deploy there and risk mitigation measures will be identified and implemented. This will include security briefings for all IFRC personnel, movement monitoring for field travel and availability of safety equipment. Specific guidance on immediate actions in the event of an attack will be disseminated. Close security coordination with the International Committee of the Red Cross (ICRC), CARC and PNSs will also be observed through regular information-sharing channels.

All CAR RC staff and volunteers are encouraged to complete the IFRC Stay Safe e-learning courses, i.e. Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. IFRC will coordinate with CAR RC to identify and support additional safety and security needs. Insurance of volunteers involved in the operation will also be ensured.

## Areas of Focus



### Shelter

**People targeted: 44,918**

Male: 21,818

Female: 23,100

**Requirements (CHF): 1,005,000**

### Proposed intervention

In order to better consider all aspects of the assistance, the operation will be carried out in two distinct phases: an immediate assistance phase and a recovery phase. The immediate assistance phase will meet the basic needs of the victims to allow them to live with dignity. This assistance will be provided mainly in relocation sites and host families.

The recovery phase will assist victims during their resettlement, either in their homes or in resettlement locations. All displaced people will be supported during the return process. Return to the original areas that were flooded will depend on the decision of the government. Affected population might be allowed to regain their concessions or they might be relocated by giving them new land in safer areas. IFRC support will depend on this decision. Assessment of the condition of undisrupted houses will be required before authorizing the return. In the neighborhoods of origin, IDPs who are eager to return home will receive support in rebuilding / repairing their homes with sustainable materials. The approach to be used will be discussed in advance with the affected people and cash transfer modality could be used if needed. The same provisions will be applied for IDPs who were in host families.

For tenants who are not tied to the concessions in the flooded areas, the support will consist of the payment of at least six months' rent, the time needed to allow them to reorganize themselves. A study of the real estate market will determine the level of assistance and the cash transfer could also be used.

### Shelter Construction

During the emergency phase, the following activities will be implemented:

- ✓ Training of 390 volunteers on construction techniques
- ✓ Temporary shelter constructions to 8119 affected families,
- ✓ Install garbage bins for waste management
- ✓ Distribution of 8119 shelter kits (one per family) to support the affected families in the repair work on their house partially or completely destroyed;
- ✓ Distribution of 8119 tarpaulins at the rate of 1 per family to support the affected families in the repair work of their house partially or completely destroyed.

The French Red Cross, alongside other partners (PU-I, ACF, Alima and others) will ensure the medical and nutritional care of sick people.

During the return and reintegration phase, displaced families who were renting or under housing will receive support in renting houses in safer areas. For this, they will receive a monthly subsidy for the time they need to reorganize themselves. An assessment of the local real estate market will be required beforehand. For the households who wish to return to their home and those who will be relocated by the public authorities, support will be provided during the construction/reconstruction to help them build quality housing that meets the standards. A construction expert delegate will be deployed for this purpose.

### **Household items distribution**

Purchase and distribution of household items (blankets, mattress, mosquito nets, kitchen sets, solar lamps) to affected population will be ensured. Training sessions on distribution techniques for 390 volunteers will be organized. Meetings will be organized together with representatives of affected people, local authorities and focal points for distribution after each distribution to collect feedback. Small surveys in the beneficiary community will allow to triangulate this information.

### **Camp Management**

At the request of the Government Crisis Committee and the Interagency Coordination, the CARC has been given the responsibility to manage all 9 settlement sites, including 4 main official sites (namely SOCADA, DELACOURT, KAMASH and MICHELINE). With IFRC support, CARC will provide technical support in the organization of the sites and the establishment of management team under the Ministry of Humanitarian Action and National Solidarity. Under the direction of MHANS site Manager, CACR team will be responsible for channeling the different actions being implemented.

### **Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions**

*Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households.*

*Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households.*

### **Shelter Outcome 2: The IDPs settlement sites are located (in Bangui and other cities) and managed in accordance with minimum standards.**

*Shelter Output 3.1: All installed sites have related essential services and victims have access to water, sanitation installation and other services and have the necessary goods.*

*Shelter Output 3.2: Each site has an effective management team and all interventions are harmoniously coordinated.*

### **Activities planned to be carried out:**

- ✓ Provision of emergency shelter materials and essential household items for the most vulnerable and affected households.
- ✓ Selection of target households per set criteria (i.e. based on vulnerability and house damage assessment) and prepare lists of households to be assisted.
- ✓ Provision of shelter assistance to households with damaged and/or partially damaged house (which includes the procurement of shelter materials, shelter tool kit, conditional cash grants in two tranches and paired with technical assistance from CARC-IFRC shelter technical staff).
- ✓ Development and provision of appropriate build back better and safer messaging (IEC material) for awareness raising/training of volunteers and local builders.
- ✓ Awareness raising/training of volunteers for shelter intervention on build back better and safer principles, mobilization of skilled carpenters and masons.

- ✓ Provision of support to affected population on housing land and property (HLP) issues.
- ✓ Lessons learned activities on shelter emergency response.



## Livelihoods and basic needs

**People targeted: 2,500**

Male: 1,225

Female: 1,275

**Requirements (CHF): 500,000**

### Proposed intervention

Given the needs described above, the planned intervention will focus on basic needs and more specifically the immediate food needs of the affected population. As water recedes, it will be necessary to revive their economic activities. All households whose economic activities have been affected by the present floods will be targeted by this assistance. In this context, the proposed intervention will respond to basic needs, but also focus on livelihoods restarting and strengthening through different activities below.

### ***Livelihoods and Basic Needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods***

The deployment of an international expert in Food assistance and Livelihoods will be considered to assess the situation, conduct assessment as per Household economy survey, to identify immediate food needs and options for livelihoods' recovery.

*Livelihoods and basic needs Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods).*

- ✓ Replacement of lost productive
- ✓ Asset replacement for small-business holders
- ✓ Development of micro-economic activities, income generating activities, etc

*Livelihoods and basic needs Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities*

- ✓ Food assistance (may be in form of in-kind, cash or voucher assistance) depending on the outcome of needs assessment and cash feasibility study (see output 1.5).

*Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production, increased productivity and post-harvest management (agriculture-based livelihoods)*

- ✓ Replacement of lost productive assets including:
- ✓ Distribution of farming inputs (seeds, tools...) in-kind or in cash for 880 households
- ✓ Restocking of livestock (in-kind or in cash),
- ✓ Training of 243 households on good agronomic practices / climate-resilient farming / integrated pest management.
- ✓ Training in livestock management, poultry farms, fodder supply for 880 households
- ✓ Development of productive assets (possibly through cash for work)

*Livelihoods and basic needs Output 1.5. Households are provided with multipurpose cash grants to address their basic needs*

- ✓ Deployment of an international expert in Cash and Voucher assistance to undertake a market analysis, assessments and a cash feasibility study;
- ✓ Depending on the results of the cash feasibility study, it will be assessed whether the provision of multipurpose cash grant is conducive in the current context (see output 1.2)
- ✓ Identify strategies to ensure men and women are represented as direct recipients of cash initiatives



## Water, sanitation and hygiene

**People targeted: 44,918**

Male: 21,818

Female: 23,100

**Requirements (CHF): 505,000**

### Proposed intervention

During the assessment, it was clear that both IDPs in the sites and the host populations were using water from open air and unprotected wells, which exposes them to the risk of water borne diseases. In the host population the distance from houses to existing potable water points is too long, discouraging the population from fetching water from safe sources. Moreover, in the temporary sites, there are still not enough water points or sanitation facilities. The assessment revealed that most host populations and IDPs practice open air defecation due to very limited number of available latrines. It will be necessary to built boreholes and emergency latrines.

As a solution, this operation intends to support sanitation campaigns around existing water points, household water treatment, construction of new potable water points that will be more accessible to many and construct latrines.

Girls and women of childbearing age need special attention with emphasis on protection and inclusion. The operation will support construction of latrines in neighborhoods with the largest number of IDPs. In addition, hygiene kits including soap will be purchased and distributed to women of childbearing age to help preserve their dignity, including menstrual hygiene management. A survey will be conducted at the beginning of the operation to determine the intervention locations and number of targeted people. In addition, hygiene promotion campaigns will be conducted in targeted localities to help prevent waterborne diseases, especially knowing the high risk of cholera outbreaks. Surveys will be conducted in each of operational areas to have a good information on currently knowledge and thus plan appropriately these campaigns. The messages will be updated taking into account the results.

***Wash Outcome 1:** Vulnerable people have increased access to appropriate and sustainable water, sanitation and hygiene services*

**Wash Output 1.1:** Communities are provided with improved access to safe water and sanitation

**Wash Output 1.2:** NS promote positive behavioral change in personal and community hygiene among targeted communities

#### Activities planned to be carried out:

- ✓ Training or retraining of 380 volunteers on drinking water conservation and personal hygiene techniques,
- ✓ Hygiene promotion activities,
- ✓ Purchase and installation of handwashing kits,
- ✓ Purchase, distribution, training and post distribution monitoring of aqua tab tablet
- ✓ Purchase and distribution of hygiene kits, buckets, soap, and 20 liters jerrycans
- ✓ Assessment of menstrual hygiene needs and procurement, distribution, and post distribution monitoring of menstrual hygiene management materials.
- ✓ Rehabilitation / construction of improved emergency latrines,
- ✓ Rehabilitation / construction of water wells / boreholes,
- ✓ Maintenance and promotion of improved latrines.



## Health

**People targeted: 44,918**

Male: 21,818

Female: 23,100

**Requirements (CHF): 420,000**

### Proposed intervention

With the deterioration of the living conditions of displaced persons to temporary sites and host families, there is an increase of diseases cases (malaria, diarrhoea, respiratory infections, etc). Health facilities in the flooded areas are no longer functioning. Several partners have been positioned themselves to support the health and care system currently being set up by MoH, including French RC, Premiere Urgence, World Vision, WHO, UNFPA, ACF and others.

Some hospitals visited during the needs assessments expressed the need for large tents as an alternative to insufficient space in their facilities to welcome and take care of IDPs affected by illness. A survey of health facilities needing tents will be conducted, and where possible, tents will be purchased and installed in the sites. It will be necessary to install health posts in the sites hosting a large population of victims and to support the health centers of boroughs who have received displaced persons in the host families.

For Health and care, it will be necessary to carry out the purchase and the distribution of First Aid Kits in order to provide assistance on the sites. All households targeted by the proposed intervention will benefit from by health education sessions and will receive insecticide-treated nets to protect them against malaria. Special emphasis will be placed on pregnant women and families with children under 5 years of age.

The assessment also indicated a need for psychosocial support for many IDPs, CARC volunteers and staff, and the host population. For this assistance to take place, this operation will strengthen the capacities of CARC in the areas of psychological first aid (PFA) and advanced first aid (AFA). To that effect, CARC volunteers will be trained in PFA and AFA. French Red Cross will support the training of trainers (ToT) in PFA and AFA for CARC. For PFA, one training sessions with 20 participants each will be organized, on the basis of 1 session in each city, making a total of 120 CARC volunteers trained in PFA. Another 60 CARC volunteers will be trained in AFA following the same process. After the training, each AFA-trained volunteer will be given a first aid backpack kit to be managed by the respective local committees of CARC, under the supervision of the national headquarters.

### **Health Outcome 1: The immediate risks to the health of affected people are reduced.**

*Health Output 1.1: NS develop the capacity to assess and provide relevant long-term health care support to vulnerable households*

*Health output 1.2: Psychosocial support provided to the target population*

### **Activities planned to be carried out:**

- ✓ Mobilize and register volunteers for PSS activities.
- ✓ Set up and run welfare desks in affected communities.
- ✓ Mobilize and set up health posts in the sites (3) (FRC).
- ✓ Distribute mosquito nets to the families.
- ✓ Ensure appropriate referral pathways for additional services to specialized providers.
- ✓ Assess and develop a community action plan for priority health problems in consultation with the communities and local health units.
- ✓ Provide basic supplies and equipment to health facilities or rehabilitation support.
- ✓ Mobilize 380 community health volunteers to disseminate key messages on epidemic prevention focusing on vector-borne, vaccine-preventable and water-borne diseases.
- ✓ Mobilize 380 community health volunteers for health promotion and community-based disease prevention (CBDP) activities in schools and communities.
- ✓ Provide search and rescue support to the affected population.



## Disaster Risk Reduction

**People targeted: 44,918**

Male: 21,818

Female: 23,100

**Requirements (CHF): 195,000**

### Proposed intervention

At the end of the emergency phase, it will be necessary to carry out a more in-depth needs assessment on flood risks in the affected areas in Bangui and inland. Red Cross volunteers with communities will be trained to conduct a Vulnerability and Capacity Assessment (VCA) in affected communities. This operation plans to organize a basic training in VCA with practical sessions in the field. Given the prevailing security conditions in the country, participants in hard-to-reach areas will be encouraged to take basic VCA training in much safer neighbouring cities. It is expected that after these sessions, trainees will become VCA trainers available to support any VCA activity or training in CAR.

The trained trainers will train the CARC volunteers who will accompany the communities in the realization of the VCAs in their respective communities, the development of the risk maps, the setting up of the early warning system and in the daily risks management.

#### **DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disasters**

**DRR Output 1.1:** NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

**DRR Output 1.2:** A risk map is developed for selected areas

**DRR output 1.3:** An early warning system is in place in the affected areas in Bangui.

#### **Activities planned to be carried out:**

- ✓ Establish, train and mobilize pool of 190 volunteers in targeted communities.
- ✓ Organize standard disaster risk reduction and management training for the 190 volunteers and community members.
- ✓ Support the 19 CARC local committee to develop their contingency plans
- ✓ Train 190 volunteers to conduct VCA
- ✓ Conduct VCA in each of affected cities
- ✓ Guide target communities and schools to undertake climate-smart risk assessment and develop disaster risk management plans.
- ✓ Support target communities and schools to disseminate their disaster risk management plans to key stakeholders.
- ✓ Organize drills in the target communities and schools to test their disaster risk management plans.



## Protection, Gender and Inclusion

**People targeted: 44,918**

Male: 21,818

Female: 23,100

**Requirements (CHF): 45,000**

### Proposed intervention

#### **Needs analysis and population to be assisted**

During times of disasters, affected people are made more vulnerable because of the lack of housing and economic insecurity. Vulnerable population such as children, elderly, persons with disabilities and people sick are at higher risk of exploitation and abuse especially when they are displaced from their homes. There is a need to protect these population and incorporate their different needs into the programming.

This operation will improve equitable access to basic services, considering different needs based on gender and other diversity factors. Focal point structure will be established, and focal persons will be trained on PGI and Sexual and Gender Based Violence (SGBV). An assessment of PGI capacities of CARC will be conducted at branch and

national levels and a PGI-sensitive VCA will be undertaken. A workshop for mapping of SGBV services and referral mechanisms will be also organized.

***PGI Outcome 1: Displaced Communities supported by CARC identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs***

*PGI Output 1.1: Operation improve equitable access to basic services, considering different needs based on gender and other diversity factors.*

*PGI Output 1.2: Emergency response operation prevent and respond to sexual- and gender-based violence and all forms of violence against children.*

#### **Activities planned to be carried out:**

- ✓ Provide follow up and technical support in compliance with IFRC Minimum Standard Commitments to Protection, Gender and Inclusion in Emergency Programming.
- ✓ Support activities of the NS Welfare Desks: psychosocial support, critical incident stress management, guidance and counselling.
- ✓ Support Sexual and gender-based violence (SGBV) reference system at local level.
- ✓ Provide psychosocial support to children.
- ✓ Provide essential services (including reception facilities, RFL, and access health, shelter, and legal services) to unaccompanied and separated children and other children on their own.
- ✓ Volunteers, staff and contractors sign, are screened for, and are briefed on safeguarding and PSEA policy/guidelines.
- ✓ Volunteers trained in PGI in humanitarian settings to assess immediate and longer-term PGI needs, including SGBV. The assessment results will be built into the continuous planning and design across the operation.
- ✓ Provide temporary learning spaces for children to ensure uninterrupted learning and education.
- ✓ Ensure availability of safe spaces for the children in the sites as part of the welfare desks.

### **Strategies for Implementation**

**Total funding requirements (CHF): 330,000**

Based on the need for technical and coordination support required to deliver in this operation, the following programme support functions will be put in place to ensure an effective and efficient technical coordination: human resources, logistics and supply chain; information technology support (IT); communications; security; planning, monitoring, evaluation, and reporting (PMER); partnerships and resource development; and finance and administration. Surge Alert has been raised for Team Leader and Logistics profiles. Details will be elaborated in the Emergency Plan of Action.

### **Strengthening National Societies**

**Requirements (CHF): 80,000**

CARC will be the actor implementing this the proposed activities and its capacities will need to be strengthened. Thus, it will be necessary to:

- set up a coordination and management structure of the operation (strategic and operational level),
- support certain important positions for implementation (finance, logistics, coordinator, etc.),
- mobilize surge support to the operation (NDRTs and global support)
- empower local committee leading the implementation of the planned activities
- Introduce the "Preparedness for effective response" approach by organizing reviews after each activity, training DM managers of new local committees (affected areas), establishment of operational posts and pre-positioning of materials.
- train managers and volunteers in key areas of the operation,
- equip CARC local committees.
- Continuation of the ongoing Response Preparedness (RPII) project

### **Ensure Effective International Disaster Management**

**Requirements (CHF): 120,000**

- ✓ Surge support, including Regional Disaster Response Team (5 RDRT) and peer-to-peer support.
- ✓ Support shelter coordination in-country.
- ✓ IFRC country office's logistics department provides constant support to the National Society's logistics unit for coordinating supply chain activities, replenishment and other procurements.
- ✓ IFRC country office provide fleet management.
- ✓ IFRC country office supports NS in coordinating with other humanitarian actors and relevant clusters on a regular basis.
- ✓ IFRC country office supports NS in coordinating with MHANS.
- ✓ Coordinate with ICRC on security context of the areas.

### **Influence Others as Leading Strategic Partners**

**Requirements (CHF): 130,000**

- ✓ The CARC and IFRC communications team is ensuring that Red Cross response efforts are effectively communicated amongst its key public audiences and maintaining active online media engagement throughout the emergency operations.
- ✓ A team composed of CARC and IFRC communications officers will work together to generate high quality photos, video clips, and news stories for use across IFRC and NS multimedia platforms.
- ✓ Identification of community participation modalities in programme design and implementation.
- ✓ Develop detailed response plans with activities that will meet identified needs of affected people and ensure that any adjustments to initial plans are informed by continuous assessment of needs.
- ✓ Ensure continuous monitoring of implementation by NS and IFRC teams.
- ✓ Lessons learned workshop of the operation.
- ✓ Work on reporting, accountability to communities, community engagement and accountability - A Red Cross Red Crescent Guide to Community Engagement and Accountability (CEA)
- ✓ Produced evidence-based information (evaluation report, case study, survey).

International Federation of Red Cross and Red Crescent Societies

## EMERGENCY APPEAL

### *Central African Republic - Floods* *Funding requirements - summary*

SHELTER	1.005.000
LIVELIHOODS AND BASIC NEEDS	500.000
HEALTH	420.000
WATER, SANITATION AND HYGIENE	505.000
INCLUSION, GENDER AND PROTECTION	45.000
DISASTER RISK REDUCTION	195.000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	80.000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	120.000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	130.000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>3.000.000</b>

*all amounts in Swiss Francs (CHF)*

**Elhadj As Sy**  
Secretary General

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## Contact information

Reference

documents

Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

**For further information, specifically related to this operation please contact:  
For Central African Republic Red Cross Society (CARC)**

- Medard Jasmin GOUAYE, Secretary General, CARC, email: [jasmin.gauaye@yahoo.fr](mailto:jasmin.gauaye@yahoo.fr), Phone : +23672440424

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**For In-Kind donations and Mobilization table support:**

- IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org) phone: +254 733 888 022

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

- IFRC Africa Regional Office: Illah Evance OUMA Sr. PMER Officer, email: [Illah.OUMA@ifrc.org](mailto:Illah.OUMA@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.

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



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



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



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