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Emergency Appeal

Central African Republic: Civil Unrest

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRCF017; Glide n° OT-2013-000152-CAF
Date of issue: 25.02.2014	Date of disaster: 5 December 2013
Operation manager (responsible for this EPoA): Cyril Stein, IFRC Central Africa Region, Yaoundé	Point of contact: Cyril Stein
Operation start date: 23 December 2013	Expected timeframe: 12 months
Overall operation budget: CHF 1,136,640	
Number of people affected: 2.2 million	Number of people to be assisted: 50,000
Host National Society presence: 16 branches, 117 community-based committees, 10,000 volunteers	
Red Cross Red Crescent Movement partners actively involved in the operation: French Red Cross, ICRC	
Other partner organizations actively involved in the operation: Multiple, all clusters activated.	

Summary

Armed clashes erupting 5 December between Muslim Seleka and Christian anti-balaka groups have caused displacement of nearly one million people within CAR and to neighbouring countries. The IFRC DREF operation launched in December has helped address gaps in the humanitarian response, particularly in psychosocial support, mass communication of peace messages, and sanitation and hygiene for a targeted 25,000. To expand coverage and strengthen the role of the National Society in the response, it was decided to launch an emergency appeal. The present appeal aims to improve the living conditions of 50,000 affected people (10,000 families) through two channels of support: (1) direct delivery of services in psychosocial support, gender-based violence, sanitation and hygiene promotion, and communications and advocacy for peace; and (2) strengthening of the National Society's capacities to deliver externally-supported humanitarian programmes as a leading national organization through prepositioning of emergency stocks, reinforcement of staff and volunteer management, hiring of key personnel and development of a robust support services system



CARC volunteers carrying out hygiene promotion. Photo: Olivier NYSENS / IFRC

A. Situation analysis

Description of the disaster

Since 5 December 2013, serious armed clashes involving two main groups the Seleka (predominantly Muslim) and the anti-balaka (predominantly Christian), as well as civilian on civilian violence, have caused displacement in the nation's capital city Bangui and in the rest of the country. UNHCR Population Movement Commission (PMC) on 11 February indicated 288,964 IDPs seeking safe shelter in 69 sites in Bangui, a decrease from the 3 February figure of 416,274 IDPs distributed in 72 sites in the city. The revised figures bring the total estimated number of IDPs in the country to 714,000. However, the apparent decrease is reflective of more accurate estimation techniques rather than an indication of a trend towards a return of the displaced population. Similarly, the ongoing exodus to neighbouring

countries (more than 250,000 people) decreases the IDP figure, but underscores a deterioration of the humanitarian situation.

On 12 December 2013, the United Nations declared the situation a Level 3 system-wide emergency. All clusters were requested to scale up their respective action plans and stocks for three months (the "100 day plan"). The total amount needed to implement this "100 days plan" is 152.2 million USD. At an early stage, a Central Emergency Response Fund (CERF) of USD 10 million was released: USD 3 million for Food Security, USD 3 million for WASH / NFI / Shelter, USD 2 million for Health, USD 1.5 million for Protection and USD 0.5 million for Security (UNDSS).

In January, the UN released a consolidated appeal for USD 551 million, which is currently covered only to USD 60m (11%).

After an assessment held by IFRC in Bangui early December, a DREF operation was launched on 23 December 2013 for three months to assist 25,000 beneficiaries in Bangui for a total budget of 245,476 CHF. The operation was designed based on discussions with Government, the ICRC, French Red Cross and Inter-Agency cluster meetings and aims to address gaps in assistance for those displaced by the fighting.

The security situation remains tense. The number of killed and injured people fluctuates from one day to another, both in Bangui and in the rest of the country. The French Army and the Central Africa Army Force (MISCA) are patrolling the streets of Bangui and installing fixed and mobile check-points, though their presence is insufficient to completely prevent the daily murders and crimes perpetrated in the city.

Summary of the current response

Overview of Host National Society

Central African Red Cross (CARC) is organized into two main structures: The operational structure includes programs in Disaster Management, Community Health/HIV/malaria/TB, WASH, communications and dissemination. Support services include administration and finance, organisational development and social affairs.

CARC has 16 branches (*Comités préfectoraux*), 76 sub-branches (*Comités sous-préfectoraux*), eight *Comités d'arrondissements* in Bangui, and 117 community-based committees, though not all are active. It counts on approximately 10,000 volunteers countrywide. According to its strategic development plan for 2012-2015, development of organisational capacity (particularly of local committees) constitutes a critical priority for the National Society to be able to deliver humanitarian services.

At the onset of the crisis in December, the CARC Management team conducted an initial assessment of the situation and set up an operations coordination centre at the national headquarters. Based on the findings of the initial assessment, six teams of volunteers were deployed in charge of dead body management and two teams were in charge of first aid and evacuation of the wounded. In addition, three teams were based at the morgue, in charge of body identification while ten other teams buried the dead. The Government provided two machines for digging trenches and has provided funding for volunteer allowances and for fuel related to dead body management. To date, the CARC reported 988 killed and 566 injured persons.

The DREF operation, implemented by 291 CARC volunteers to assist 25,000 beneficiaries in 10 IDPs sites located in Bangui, is articulated around the following activities:

- Psychosocial support for CARC volunteers and beneficiaries with a gender-based violence (GBV) component. Victims of GBV are referred to appropriate health structures;
- Capacity building of the NS for beneficiary registration, assessments and NFI/food distribution;
- Communication activity through weekly radio shows in order to promote a culture of peace. Religious and districts leaders are invited to advocate on peace. Key messages were produced and broadcast across ten displaced sites;
- Construction of 1,000 latrines and hygiene promotion activities in order to improve hygiene situation and to mitigate the risk of diseases linked to a lack of hygiene.

At the CARC level, the operation is coordinated by the National DM in close cooperation with each department coordinator. The operation was initially launched by the IFRC's Regional Operation Manager and is now supported by a Head of Emergency Operations deployed since 19 January and a psychosocial support delegate since 30 January.

In November 2013, the National Society had just completed a DREF funded operation to assist 337 families (1,785 beneficiaries) affected by heavy rains in Bangui in September. The DREF, for a total amount of 120,702 CHF,

provided support for NFI distributions, emergency shelter construction, hygiene promotion, latrines and well cleaning and disinfection and provided the National Society with relevant experience and training prior to the onset of the current violence. The National Society has run 10 DREF operations in the last three years and is experienced with IFRC modalities.

Overview of Red Cross Red Crescent Movement in-country

Since August 2013, an IFRC team is based in Bangui and dedicated to the implementation of an 18 million USD Global Fund Program aimed at distributing mosquito nets to two million beneficiaries across CAR. This program also includes components linked to the provision of Malaria, TB and HIV treatments. The current crisis has led to partnership agreements for the handover and distribution of anti-malarial drugs (ACT). As of 5 February, six organizations had received ACTs from the IFRC and were distributing them to people affected by the conflict.

In December 2013, in response to the current crisis, the IFRC Regional Operation Coordinator and Disaster Risk Management Coordinator were deployed in Bangui to assess the situation together with CARC, ICRC and the French Red Cross. They also supported the NS in the DREF start-up. From 17 January, a Head of Emergency Operations arrived in-country to scale up IFRC strategic support to the NS and has since been joined on 30 January by a PSS delegate as requested by the NS.

The ICRC has had a permanent presence in CAR since 2007 with its main office in Bangui and sub-offices presently in Ndélé, Kaga Bandoro, Bambari and Birao. Its activities, many of which are implemented in partnership with the CARC, include emergency relief, livelihood-support projects, water and sanitation, detainee visits, restoring family contacts separated by conflict and promoting respect for human rights and international humanitarian law. In the current emergency, the ICRC has also been providing operational guidance and support to RC/RC partners.

For the recent crisis, the ICRC upgraded its operational support to the NS and has made available two trucks, four cars, body bags, personal protective equipment for volunteers including disposable gloves, nose covers, boots, and assorted tools (including shovels, picks, rakes) and other materials and equipment related to dead bodies management and first aid. The ICRC has, among other activities, provided food and non-food support to 36,000 people, provided over five million litres of safe drinking water and constructed 307 latrines for the IDPs in the Airport site. The ICRC has also provided material for the management of human remains, first aid kits and diesel to the National Society and organized medical transport for over 300 people. The ICRC will pursue its operational partnership with CARC, in particular the first aid program and in the management of mortal remains.

The ICRC has strengthened its technical, human resource and material support to health facilities: A surgical team is taking care of wounded in the Bangui main hospital, (*Hôpital Communautaire*) and at the Kaga Bandoro hospital. Nineteen ICRC health delegates are providing support to hospitals in Bangui and Kagabandoro, three health centres in Kaga Bandoro and 11 health centres in the countryside have received ICRC ad-hoc support in drugs and materials.

The French Red Cross is also present in-country, with a focus on health and water and sanitation. Besides its development programs in Bambari and Berbérati, the French Red Cross has provided a vehicle to the CARC for collecting bodies during the first days of the crisis at the beginning of December 2013 and the municipal authorities have granted a site for burial of corpses in Bimbo. The French Red Cross also donated some drugs to the National Society's health centre, and is operating mobile clinic interventions with teams composed of two vehicles, one doctor, two nurses, on medical assistance, one midwife and four CARC volunteers.

Movement Coordination

This operation is being developed and implemented in close collaboration and communication with the ICRC and French Red Cross country delegations. Regular meetings are taking place to enhance collaboration and to find, where applicable, synergies that will have a positive impact of the work undertaken for the affected population. The emergency appeal builds on the DREF operation launched on 23 December and further reinforces coordination mechanisms established therein.

In February, the CARC, ICRC and IFRC concluded a Movement Coordination Agreement (MCA), followed by a Movement Security Framework Agreement. On 14 February, the ICRC published a joint communication on the situation in CAR and on the Movement's coordinated approach to meeting the needs of the affected population.

At a regional level, regular communication continues between IFRC, ICRC and FRC offices.

Overview of non-RCRC actors in-country

Over 500 national NGO, international NGO and UN Agency representatives are currently working in the country and their numbers increase weekly. In order to facilitate the coordination of the humanitarian response, cluster meetings in each sector are taking place on a weekly basis. Meeting agendas are constantly updated and information shared by clusters leads on a daily basis with all national and international partners. The NS, IFRC and ICRC have been attending these meetings from the beginning of the crisis in order to identify potential gaps and to guide their action. The key role of the National Society has been reinforced through its nomination as the National co-lead of the Food Security Cluster.

A strategy was developed by the cluster agencies operating in the Airport site aimed at encouraging beneficiaries to return home. Some 2,400 families (~12,000 beneficiaries) were initially relocated from one part of the Airport site to another part in order to free a space dedicated to Food and NFI distribution. Subsequent distributions were meant to take place in IDPs' districts of origin, mainly located around the airport, with an increased security plan, in order to encourage IDPs to gradually go back to their home. As of early February, however, the strategy had had limited success and the Airport site remains one of the cluster's main concerns.

All the main UN agencies have been scaling up since the IASC's 12 December declaration of a Level 3 system-wide emergency. To coordinate the efforts of the international community, most clusters have been activated and are under the current structure:

Cluster	Lead/Co-Lead	Co-Facilitator
CCCM	UNHCR-IOM	
Early Recovery (name changed to <i>moyens de subsistance et stabilisation des communautés</i>)	UNDP	ACTED
Education	Unicef	COOPI
Emergency Telecommunications	WFP	
Food Security	WFP-FAO (CARC as National Co-lead)	ACTED
Health	WHO	MERLIN
Logistics	WFP	
Nutrition	Unicef	ACF
Protection	UNHCR	Danish Refugee Council
Shelter & NFI	UNHCR	ACTED
WASH	Unicef	ACF

Needs analysis, beneficiary selection, risk assessment and scenario planning

In January 2014, a multi-sector initial rapid assessment (MIRA) was published by OCHA, and identified health, protection, food security and WASH as the four priority needs. The humanitarian community estimates that 2.2 million are in need of assistance, or nearly half of the country's population of 4.6 million.

The number of IDPs has fluctuated since the beginning of this crisis. Based on OCHA figures, the number of IDPs increased by 40% in Bangui between December 24 and December 30 to reach 512,000 people. However, during the same period, WFP numbers pointed to 450,000 IDPs. Figures need to be taken with caution, as the population is very mobile. Based on UNHCR Population Movement Commission (PMC) 11 February report, there are 288,964 IDPs seeking safe shelter in 69 sites in the city of Bangui. The biggest site is the Airport with 100,000 IDPs on this site only. Five sites shelter between 20,000 and 40,000 IDPs, four sites between 10,000 and 20,000 IDPs and eight sites between 5,000 and 10,000 IDPs. In other words, 83,5% of IDPs (347,683 beneficiaries) found shelters in 25% (18 sites) of existing sites.

The figures discrepancy can be explained by the fact that beneficiaries are leaving sites during the day to go back to their homes and to buy food and other items. But they are coming back to the sites at the end of the day before curfew in order to find a safe place to sleep. Therefore, some IDPs sites see their population halved during the day.

It is difficult to predict how the situation will evolve in Bangui. Violence is still happening on a daily basis amongst the civilian population. IDPs are predicating their return home on the re-establishment of security, which seems nowhere in sight. The latest trend in the evolution of the conflict is massive displacement of the Muslim population, fleeing the attacks committed against them in the capital to find refuge in neighbouring countries.

January saw the departure of most of the Seleka elements from Bangui and their regrouping in various areas in the North and North-eastern parts of the country (Sibut, Kaga-Bandoro). Outside of Bangui, anti-balaka groups have

been operating mostly in the North and Northwest, in their efforts to drive out the Muslim populations. Both sides tend to use hit-and-run tactics of attacking villages, staying for a few days then retreating as the MISCA and Sangaris deploy in the area.

Health

Communicable diseases are a major concern, with malaria being the leading cause of death for children under five years of age. On 31 December 2013, six cases of measles were confirmed in two IDPs sites in Bangui. Insufficient access to safe drinking water and adequate sanitation, combined with the camps' overcrowded conditions will significantly increase the risk of water borne disease and other outbreaks once the rains start. The first thunderstorm hit Bangui on 1st of February turned most of the IDP sites into mud fields, giving a grim glimpse of the increased hardship the displaced population will face over the coming weeks and months as the rainy season starts in March.

The early warning system for disease surveillance established by the humanitarian community in Bangui and in the airport IDP site is functional. It documented health consultations of 40,049 people between 27 December and 27 January. Malaria cases account for more than 40% of consultations, and there are shortages in anti-malaria drugs in the entire country.

The measles-vaccination campaign launched on 3 January is ongoing in 70 IDP sites in Bangui. It has reached 129,087 children (six months to 15 years). A total of 26,334 children under age five years have also received the oral polio vaccination. CARC, working in partnership with Unicef, vaccinated 16,602 children between six months and 15 years against measles and 6,972 children between 0 and 59 months against poliomyelitis in January.

Approximately 300,000 people are affected by HIV/AIDS, 15,000 of those who were under ARV therapy before the crisis (UNAIDS, Global AIDS epidemic Report, 2013). Many of those have had their access to ARVs interrupted because of the violence or their own displacement. The Ministry of Health has recently received six months' stock of ARVs but the disruption in the country's health infrastructure means that it cannot find those needing it. On 13 February, IOM and CARC have submitted a partnership proposal to CERF through which CARC volunteers would carry out outreach activities in Bangui's IDP sites to seek out people who were under ARV treatment and connect them with the distribution structures.

Psychosocial Support

The protracted violence has left emotional scars on the general population as well as on CARC volunteers themselves. CARC in Bangui had an active volunteer headcount of 600 before the December 2013 violence outbreak. Currently (mid-February) about 50% of them are still active on a regular basis. Reasons for the decrease include: 1/ the need to take care of own relatives; 2/ the overall insecurity in town; 3/ the need to find alternate income generating activities; 4/ the stress incurred by the very intensive body recovery activities.

The volunteer support mechanisms are a combination of good organizational practices combined with peer-support and individual resilience. This unique blend has proven effective so far to maintain 50% of the original headcount on board. There are various indications that this mostly spontaneous mix needs to be upgraded in its three levels (organizational, peer-to-peer and individual). At the same time efforts must be made to reconnect with the non-active volunteer base and offer them some sort of emotional debriefing in order to alleviate the burden they may still carry along. In so doing the NS will have a preventive role in maintaining a healthy volunteer base, contributing to their understanding of psychological first-aid and maintaining trust.

Half the Bangui CARC volunteers have had a basic training in psychosocial support shortly before the violence outbreak. It enabled them to deliver basic psychosocial services to displaced families in five sites. However, most of them limited understanding of psycho-education. The psychosocial support done so far by the volunteers stems more from their own humanity and social capabilities than from "technical" proficiency. This observation adds much to their merit and leads us to understand how much personal investment it has required.

There is a need to structure the volunteer-support mechanisms at organizational, peer and individual levels. Some organizational improvements primarily require a strengthening of the management support and structure, whereas the psychological skills fostering peer-support and personnel skills require a dedicated PSS expert.

Gender-based violence (GBV)

A GBV evaluation carried out by the Protection Cluster in February 2013¹ indicates that 32% of respondents identified a risk of rape while going to look for water, food or firewood. Physical aggression, psychological/emotional abuse and rape are identified as the most common types of GBV. The evaluation found that medical and psychosocial support was mostly non-existent at the time, although the arrival of international organizations to complement local structures is starting to address the gap. CARC volunteers active in the sites have a list of focal points serving the affected individuals for referrals (physical health, psychological well-being).

¹ "Rapport d'évaluation rapide", Protection Cluster, February 2013

Food Security

The food insecurity that was already affecting a third of the country's rural population last year has worsened with the violence. Almost 1.3 million people (nearly 25% of the population of the country) are now food insecure and need emergency food distributions, particularly in the Bangui area and the Northwest. Assistance efforts are hampered by the prevailing insecurity.

Seed-distribution assistance is needed before the next maize-planting season, starting in early March (central and southern regions), and the sorghum- and millet-planting seasons, starting in May (north region). The lean season starts in February and in several regions and in March in others. Vulnerable farmers are greatly affected by input shortages and depletion of already inadequate productive assets. They urgently need greater support to avoid a deterioration of the food-security situation. While farmers need to start cleaning and preparing their land immediately in order to plant in a few weeks, they will not be able to do until they feel that they can safely tend to their fields.

Shelter and NFIs

In addition to the Airport site comprising over 100,000 people, five other sites in Bangui are sheltering between 20,000 and 40,000 people, four sites counting between 10,000 and 20,000 people and eight sites between 5,000 and 10,000 people. As mentioned, the total IDP population in Bangui is estimated at 288,964 people.

The CARC has entered into a partnership with the UNHCR to register beneficiaries from the Airport site and distribute vouchers, as well as mosquito nets provided by the Global Fund.

Risk Assessment

Currently, security in Bangui and in the rest of the country remains tense with little indication of improvement in the foreseeable future. All planned interventions must be developed and implemented in this light. Movement partners in CAR are developing a Movement Security framework. The implementation of activities will continue to be monitored closely. All RC volunteers, national and international staff must carry at all-times visible RC emblems and a valid RC ID Card. IFRC staff movement is currently limited to the city of Bangui.

B. Operational strategy and plan

Overall objective

To improve the living conditions of around 50,000 people (10,000 families) affected by the violence by providing psychosocial support, hygiene promotion and messaging for peace, deliver third party emergency assistance and increase the National Society's capacity to respond to the current and future crises.

Proposed strategy

This plan of action focuses on two complementary axes of intervention: the first one is the direct delivery of services funded through the appeal in the areas of psychosocial support and addressing issues of GBV, sanitation and hygiene promotion, and communications and advocacy for peaceful cohabitation. The second one aims to build the National Society's management and operational capacity to deliver third party programming, capitalizing on its privileged position as a local organization present and respected throughout the country. This will be done through a reinforcement of its staffing and volunteer management system, as well as through the development of a robust support services system

In the delivery of its own and of third party programming, special consideration will be given by CARC to children, pregnant women, and vulnerable individuals such as the ill and elderly, female- and child-headed households, etc.

Psychosocial Support (PSS)

The proposed operation will focus on strengthening the way volunteer support is provided by CARC, based on a rapid assessment of good practices and gaps; a development path is available to gradually structure volunteer support management. This will include, but not be limited to 1/ training delivery in psychosocial support and 2/ supervision sessions aimed at coaching volunteers on a fortnight basis.

CARC volunteers currently provide PSS support to the affected population in five IDP sites. The same volunteers are also involved in health and hygiene and peace promotion through dedicated teams. As the rainy season is approaching, the perspective developed by humanitarian agencies aims at fostering voluntary return into the original

urban districts. This is a preferred scenario because the spontaneous IDP sites present a high risk of health hazards due to very poor sanitation and drainage. We assume that other agencies will ensure that security is at a reasonable level in the districts and that adequate means are provided for people to rehabilitate ruined dwellings.

In this light, the proposed approach will be to re-focus the delivery of PSS services from IDP camps to the population in Bangui's districts ("*arrondissements*"). The strategy is based on the following components:

- A day to day presence of PS volunteers in the district both in the form of a tent and through home visits;
- Organization of playful activities (part-time) for children as long as schools activity has not resumed;
- Psychological First Aid (PFA) delivery including psycho-information (i.e. information over the many uncommon psycho-somatic reactions after exposure to stressful events);
- Needs analysis through collective sessions and via the daily presence, followed by mobilization toward action. The individuals having similar needs are gathered for mobilization into various Action Committees that will take various actions to gain satisfaction. This methodology turns needs into levers for people involvement and makes the affected population active players of the wellbeing ("*Healing by acting*").
- Identification and referral of severely affected individuals to external agents in MHPSS.

The exit strategy linked to this approach is a gradual hand-over of the local Action Committees from CARC facilitation to dedicated Government agencies or NGO sponsorship.

Gender-based violence (GBV)

CARC volunteers will keep their current referral activity for rape victims. The door-to-door shelter visits by volunteers have proven effective in motivating affected girls and women to seek dedicated support. The current global approach includes medical, psychological and medico-legal aspects. This attention to a specific GBV will be kept when psychosocial will move from sites to urban districts.

Through the operation, CARC will develop a plan to prevent domestic violence. This approach is parallel to the one generally applied to individuals and communities affected by trauma: the intervention focus on providing a simple, non-technical support to *all* people involved, to prevent the main population sample from spiralling down into a critical condition that requires more specific interventions by highly qualified experts. Under current circumstances, due to exposure to deadly incidents, to permanent insecurity, to scarce resources, to poor housing conditions, to sudden death of close relatives, all members of CAR society are living under high stress levels. These high stress levels in turn increase the risk of small husband-wife conflicts and escalation into violence. It is more effective to mobilize the positive drive to maintain a happy and peaceful household rather than to try and fix a small number of conflictual families. In addition, it is essential for children's development to maintain an as safe and peaceful domestic environment as possible. In this context, there will be a greater return on strengthening existing positive relationship and fostering peaceful conflict resolution than to try and fix violent or broken couples.

In close coordination with the PSS reference centre in Copenhagen, a workshop will be organized with CARC to tackle this topic and develop a first set of recommendations to be promoted by PSS volunteers supported by a poster and leaflet campaigns.

Water Sanitation & Hygiene (WASH) Promotion

The majority of organizations working within the WASH cluster are focusing their interventions on the IDP camps. In the Airport IDP site, an average of three litres of water per day per person is distributed. A latrine is available for 154 people.

However, many infrastructures that have been pillaged during the strife, such as public schools, will also need to have their sanitation facilities repaired or rebuilt to re-start functioning properly. CARC has therefore decided to focus its response on repairing / rebuilding sanitation facilities in public sites, such as schools as well as in the camps, to complement other agencies focus on IDP camps and facilitate resumption of daily life for returnees and local communities.

Once CARC has completed the 500 double latrines for IDPs currently contemplated within the DREF operation (362 completed as of 12.02.14), CARC will shift its focus towards the rehabilitation of an additional 500 latrines for schools in Bangui. These activities complement those supported by the ICRC in the IDP sites and will be coordinated with other agencies through the WASH cluster.

Over 58,000 people have received health promotion messaging disseminated by 30 CARC volunteers in 12 IDP sites in Bangui. These efforts will continue and become even more important in reducing the risk of diseases once the rains start in March.

Nutrition & Livelihoods

The Nutrition Cluster estimates that 28,000 children will suffer from severe acute malnutrition (SAM) and 75,500 children will suffer from moderate acute malnutrition (MAM) in 2014. An estimated 432,000 children are at risk of acute malnutrition in priority prefectures, and 23,000 pregnant and lactating women are at risk of acute malnutrition countrywide.

The nutrition situation has been deteriorating due to ongoing aggravating factors (displacement, poor food security, deteriorated access to clean water and sanitation, increased morbidity and lack of health-care services). The situation is complicated further by the interruption of the normal trade route between Cameroon and Bangui. The insecurity along this road is such that it has even forced WFP to launch an air bridge to bring in the minimum food supplies required to assist 150,000 people for at least one month.

Nutrition Cluster partners aim to treat 16,800 children suffering from SAM and 50,000 children suffering from MAM and CARC is in discussion with both WFP and FAO to pursue partnership agreements to support food and seeds distributions, respectively.

This EPoA and related appeal will look to increase CARC's capacity (human resources, systems and materials) to be able to deliver against such partnerships and to deliver food and seeds assistance in a timely manner to vulnerable groups. Options to increase NS capacity to carry out screening and referral of malnutrition cases will be pursued with WFP and FAO during the partnership negotiations. Once the security situation is more conducive to the return of IDPs to their communities, further programming options in early recovery and livelihood will also be pursued and incorporated into the revised plan of action.

Communications and advocacy, humanitarian diplomacy

CARC actively promotes peaceful coexistence between communities. All volunteers who will be involved in activities held in IDP camps will be sensitized to humanitarian diplomacy messaging and will receive key messages for beneficiaries.

CARC, with support from IFRC regional and zone communications, aims to coordinate various awareness and publicity activities, to sensitize the public, media and donors on the situation on the ground and the humanitarian response. A regional beneficiary communications delegate will be deployed to support the NS I developing its strategy and messaging to communities

Planned Activities

- To mobilize support for the Movement's activities in CAR, a joint CARC/ICRC/IFRC conference will be organized in Yaoundé, Cameroon for representatives of the diplomatic community and interested Partner National Societies to discuss immediate and longer needs, as well as possible areas of intervention.
- As the operation unfolds, press conferences will be held in CAR, Cameroon or Geneva as warranted
- Produce weekly information bulletins, facts and figures and share with relevant stakeholders, including beneficiaries and partners supporting the operation
- In collaboration with programmes, work on advocacy message to address the different issues linked to the current conflict (health, food security, GBV, malaria, etc.)
- News releases, fact sheets, videos, photographs and qualified spokesperson contacts are immediately developed and made available to media and key stakeholders. When security allows, facilitate media field trips to affected areas to create awareness
- Produce IEC materials, advocating for non-violence
- Produce a daily radio programme, and, working with three national radio stations, broadcast messages advocating for moderation and non-violence
- Maintain a social media presence throughout the operation utilizing IFRC sites such as Facebook and Twitter
- Support the launch of this appeal and other major milestones throughout the operation using people-centred, community level diverse content, including web stories, blogs, video footage and photos with extended captions. Share any communications material created through this appeal with IFRC for use on various communications channels including the newly launched IFRC Africa web page, www.ifrc.org/afrique
- Provide the NS communication team with communication training and appropriate equipment (photo and video camera)
- As the security might reduce the possibility of doing a field visit, training should be organized for the DM team so they can collect material (photos, quotes) as they go to the field.

Disaster Preparedness & Risk Reduction (DPRR)

In order to strengthen its capacity to respond to the needs that will be created by the arrival of the rainy season, relief kits for 1,000 families will be prepositioned in Bangui. Beneficiary targeting will be closely coordinated with the ICRC to ensure complementarity with the action it carries out in support to the people affected by the violence.

The kits will be composed of:

- 2 blankets
- 2 sleeping mats or mattresses
- 1 kitchen set
- 1 bucket with lid
- 1 collapsible jerrycan
- 2 tarpaulins and rope (covering kits)
- 1 solar lamp
- 2 mosquito nets
- 5 hygiene kits
- water purification tablets

A National Intervention Team (NIT) training will also be organized for Bangui and the branches most at risk of disaster during the rainy season. Furthermore, a disaster preparedness delegate will be embedded with the CARC to support them in strengthening their response system throughout the appeal.

National Society Capacity Building (NSCB)

Thanks to the broad support and respect it receives in the country, the CARC is in a key position to deliver assistance in areas that would be otherwise very difficult to access for the international community. As such, it puts it in high demand for partnership agreements by UN actors such as Unicef (vaccination campaign, net distribution and WASH activities in Bangui), UNHCR (beneficiary registration of IDPs in Bangui), IOM (tracing of people living with HIV/AIDS needing to restart ARV therapy) and WFP/FAO (Food security, seeds distributions). These partnerships, either already being implemented or in various stages of development, will require close IFRC support to the NS in their negotiation, implementation and monitoring, reporting and evaluation phases.

Operational support services

Human resources

The current crisis and the extremely difficult working conditions it has brought upon the National Society have already taken their toll on its staff and volunteers, and are unlikely to abate in the next months. While the most urgent support needs are being addressed through the psychosocial component of the operation, these activities must be accompanied by strengthening of the CARC staff and volunteer management system. The appeal will therefore cover the recruitment of a human resources person, who will also provide support to the various departments who are scaling up their operational responses. However, the NS requires support from partners (through the IFRC) to enable them to have the capacity to work with partners and, through those partnerships, deliver efficient and effective assistance to vulnerable people.

CARC is currently in the process of hiring an overall program coordinator. The Global Fund program is covering the position of health coordinator and the recruitment of a resource person for its malaria program. The implementation of the current partnership negotiations with various UN agencies will bring an increased workload of administrative, financial and reporting requirements. To help the CARC to meet these obligations, the appeal will also cover three support services positions (administrative assistant, financial assistant and program monitoring and evaluation). Finally, the ongoing needs for psychosocial services, both for volunteers and community members, make the recruitment of a full time PSS focal point.

Through the DREF, a Head of Emergency Operations (HEOPs) and a psychosocial delegate were deployed to CAR in January/February. The HEOPs will be replaced by an RDRT until an Operations Manager can be identified and mobilized, while the PSS support will take the form of remote coaching and support along with quarterly 2-3 weeks visits for the duration of the appeal. A regional beneficiary communications expert will be deployed to assist the National Society in developing its communications plan and messaging. Finally, a disaster preparedness delegate will be embedded with the National Society, to assist in strengthening its response system and in connecting the various technical departments together. IFRC support staff (logistics officer and finance assistant) will be based in neighbouring Cameroon based on security concerns, for 5 months dedicated support to the operation.

Additional support will be provided as required from the IFRC's regional representation in Yaoundé, while the Africa Zone will also mobilize a Country Representative to bring the IFRC presence in CAR (Global Fund and Emergency Appeal structure) under consolidated management.

Logistics and supply chain

To increase the National Society's warehousing capacity, the emergency appeal will support the construction of an extension to its existing warehouse. This will allow freeing up space currently used to stock relief items to be converted back for office use. Future expansion could also include the recycling of the containers brought into CAR by the Global Fund to stock additional items.

IFRC logistic support will be provided from the Yaoundé regional representation, sourcing and delivering relief items in line with operational priorities. The Regional Representation will also dispatch one 18t-truck to Bangui for the duration of the operation, to be used in distributions. The appeal will cover one 4x4 vehicle allocated to the IFRC structure in-country and repairs and maintenance costs for some of the CARC's fleet. As in other areas, support provided will be closely coordinated with the ICRC and other Movement partners to ensure complementarity of action and avoid duplication.

Available regional stock will be used and the items will be replaced from Dubai. In close coordination with GLS Dubai Office, the Zone Logistics Unit (ZLU) in Nairobi will provide logistical support and coordinate procurement and mobilization of items and material included in this emergency appeal. All logistics activities will follow IFRC procedures and will be conducted in a transparent and cost-efficient manner.

Information technologies (IT)

Some IT and telecommunications material such as VSAT, computers and printers will be provided to the NS to increase its IT capacity. Furthermore, with the objective to increase security in Movement operations in the field and complementary to support already provided to the NS by the ICRC, the operation will support the procurement and installation of HF radio system in key areas of the country. All the IT material will be procured, dispatched, installed and maintained by the Yaoundé Regional Representation.

Security

Security is a primary operational concern as the ongoing violence is unpredictable and the conflict's dynamics are constantly evolving.

In Bangui, since late January Seleka troops have been leaving the city *en masse*, and have been regrouping in different areas. Their presence generally leads to a cycle of displacement of the local Christian population, followed by the arrival of Sangaris and MISCA to stabilize the situation, whose departure then leaves the road open to reprisals against the Muslim population.

The Seleka departure from Bangui also left the way open for the anti-balaka militias and common criminals to engage in massive reprisals, looting and arson against the Muslim population. In the second half of January, ten to fifteen people were found dead every day in the areas of the city that have a higher density of Muslim population. This led to the displacement of thousands of Muslims fearing the attacks and whatever belongings they were not able to take with them were looted or burned. The area of Miskine, on the way to the airport, was the scene of almost daily clashes and interventions by the Sangaris, which eventually completely rounded up the area on February 3rd. Two days before, a group of approximately 300 anti-balaka militias had gone door to door in the area to burn houses not belonging to Christians. This led to reprisals by some seleka/ex-seleka who then attacked Christian civilians after the departure of the anti-balaka.

Security reports also show the increased presence and use of war weaponry (heavy machineguns, RPGs and grenades) in the hand of the civilian population. The Sangaris and MISCA troops are involved in a context of widespread violence that is ever evolving towards urban guerrilla, with well-armed element disappearing into the local population between their operations. Security is further complicated by the fact that many of these weapons are also falling into the hands of opportunistic and vengeful criminals. This blurring of the lines between sectarian violence and criminal activity is creating an increasingly insecure environment for international agencies to operate in, as they become targets of choice for the acquisition of vehicles and telecommunications equipment. The number of incidents against NGOs is always increasing and constitutes a major concern for operations.

The general insecurity is also threatening the country's economic stability, as the road connecting Bangui to Cameroon is closed because of banditry cutting the lifeline of food and other merchandise. Since early January, hundreds of trucks are waiting at the border for armed escorts to accompany them to Bangui, and back. In late

January, WFP warned that the situation was threatening the country's food security, and on 15th of February, the MISCA announced that it was going to provide sufficient security to allow the reestablishment of the normal trade routes. The phenomenon has already led to a marked increase in prices, a tendency which could only reverse once the security situation allows for normal trade to resume.

The humanitarian community is increasingly targeted for carjacking, looting and robbery, though no physical violence has yet been directed at any international aid workers. Nevertheless, in view of all these elements and of the increasing banditry in Bangui, incidental risk remains high and all precautions must be taken to minimize risk and exposure. Until a certain level of security is restored in the countryside, IFRC activities and movement will be restricted to Bangui.

C. Detailed operational plan

Health & care: Psychosocial health and gender based violence

Outcome 1: The mental wellbeing is improved for 25,000 beneficiaries (5,000 households) living in cramped conditions in 10 IDP sites across Bangui and for 291 volunteers.
Output 1.1 Quality psychological support is provided to the CARC volunteers.
Activities planned
Organizational support to the 291 existing volunteers is strengthened through a mix of management practices, periodic debriefing and relaxations sessions set-up by an expert.
Deployment of psychosocial support delegate
The sleeping volunteer-basis is approached, volunteers are re-claimed. They receive adequate psychological first-aid and psycho-education.
The 600 (Bangui-based) CARC volunteers receive an additional training in Community-based psychosocial support and receive a fortnight supervision of their daily activities.
Output 1.2 Community-based psychosocial-support is provided to 25,000 beneficiaries in 5 districts
Activities planned
A permanent RC presence of PSS-trained volunteers is sustained in 5 districts.
Set-up of play activities for children aged 7 to 12 in 5 districts.
Community-based needs analysis and facilitation linked with provision of start-up tools and equipment (e-g.: sewing machines, carpentry or gardening tools, cooking dishes; books, bicycles, etc.)
Identification of people at risk or severely affected individuals; referral to a second-line counselling service.
Output 1.3 Gender-based violence is identified, domestic violence is reduced and victims are referred to dedicated services.
Activities planned
Produce 2000 leaflets and 600 posters promoting peaceful resolution of husband-wife conflicts.
100 volunteers receive training on sustaining peaceful and constructive household in a stressful context.
Refer GBV victims to dedicated health facilities.
Outcome 2: The risk of epidemics is reduced for 25,000 beneficiaries (5,000 households) living in cramped conditions in 10 IDP sites across Bangui and for 291 volunteers.
Output 2.1 The health status for 25,000 displaced people will be improved.
Activities planned
Train 50 volunteers in ECV, health promotion focusing on malaria prevention, cholera, diarrhoea and acute respiratory infections and dedication of malnutrition and referral processes
Sensitize 25,000 beneficiaries with health messages and provide referrals where necessary
Purchase and distribution of 10 first aid kits

Water, sanitation and hygiene promotion

Outcome 1: The risk of waterborne and water related diseases has been reduced through the provision of adequate sanitation as well as hygiene promotion to 50,000 beneficiaries

Output 1.1 25,000 beneficiaries in 10 IDP sites is served with hygiene promotion sessions and basic sanitation facilities
Activities planned
Provide a refresher training 50 volunteers in beneficiary selection, beneficiary communication and monitoring
Train 50 volunteers in emergency latrine construction. And hygiene kits demonstration and distribution
Build 500 double emergency latrines to improve hygiene conditions in IDP sites (250 for men and 250 for women)
Train 50 volunteers in Hygiene Promotion messages and HH water treatment and safe storage/conservation
Provide awareness to 25,000 beneficiaries with hygiene promotion messages and HH water treatment and safe storage/conservation
Produce 6000 leaflets and 300 posters promoting hygiene
Output 1.2 25,000 school children in 30 schools are served with hygiene promotion sessions
Activities planned
Construct or rehabilitate 500 latrines in at least 30 schools
Deliver hygiene promotion messaging to 25,000 school children
Produce 6,000 leaflets and 300 posters promoting hygiene

National Society capacity building

Outcome 1: The National Society's capacity to ensure delivery and accountability of quality services is aligned with international standards
Output 1.1 The National Society's Communication department and strategy is strengthened
Activities planned
Training of NS volunteers in communications skills
Continued development of communications and advocacy/ peace building programme
Deployment of a beneficiary communications expert to support development of advocacy messaging
Outcome 2: Improve NS infrastructure and capacity to deliver humanitarian programming
Output 2.1 Key positions are added in order to strengthen NS capacity
Activities planned
Recruitment of finance and administrative assistants
Recruitment of PMER focal point
Support to finance system
Admin / infrastructure through IT / telecoms,
Partnership negotiation and development
Recruitment of an HR focal point
Establishment of a volunteer recruitment and management system

Disaster preparedness and risk reduction

Outcome 1: preparedness stocks are in place to assist up to 1,000 families in future emergencies, particularly with a view to responding during the upcoming rainy season
Output 1.1: CARC has contingency plans and preparedness items in place for immediate response
Activities planned
Deployment of an embedded DP delegate
Procure, transport and store NFIs (blankets, sleeping mats, household water treatment items, solar lamps, shelter kit and fixings, hygiene kits and kitchen items) for 1,000 families
Hold training for 50 NITs
Development of population movement contingency plans and implementation of organisational preparedness measures (standard operational procedures etc.)
Output 1.2 Communications preparedness for future peacebuilding
Activities planned
Support to radio programme
Deployment of RDRT communications in support to NS

Budget

See attached IFRC Secretariat budget (Annex 1) for details.

Walter Cotte
Under Secretary General
Programme Services Division

Bekele Geleta
Secretary General

Contact information

For further information specifically related to this operation please contact:

- **IFRC Regional Representation:** Denis Duffaut, Regional Representative for Central Africa, Yaoundé, phone: (Office) +237 22 21 74 37, (mobile) +237 77 11 77 97, fax: +237 22 21 74 39, email: denis.duffaut@ifrc.org
- **IFRC Africa Zone:** Daniel Bolaños, Disaster Management Coordinator for Africa, Nairobi, phone: +254 (0) 731 067 489, email: daniel.bolanos@ifrc.org
- **IFRC Geneva:** Christine South, Operations Quality Assurance Senior Officer; phone: +41.22.730.45 29; email: christine.south@ifrc.org
- **IFRC Zone Logistics Unit (ZLU)** Rishi Ramrakha, Head of Logistics Unit Africa, Tel: 254 733 888 022 / Fax +254 20 271 2777, email: rishi.ramrakha@ifrc.org

For Resource Mobilization and Pledges:

- **In IFRC Zone:** Martine Zoethouthmaar, Resource Mobilization Coordinator; Addis Ababa; phone: + 251 93-003 6073; email: martine.zoethoutmaar@ifrc.org

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

- **IFRC Africa Zone:** Robert Ondrusek, PMER Coordinator, Nairobi, phone: +254 731 067277, email: robert.ondrusek@ifrc.org

How we work

All IFRC support seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in Delivering aid 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 advancement of human dignity and peace in the world .

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Saving lives, changing minds.



The IFRC's work is guided by Strategy 2020 All 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.

EMERGENCY APPEAL

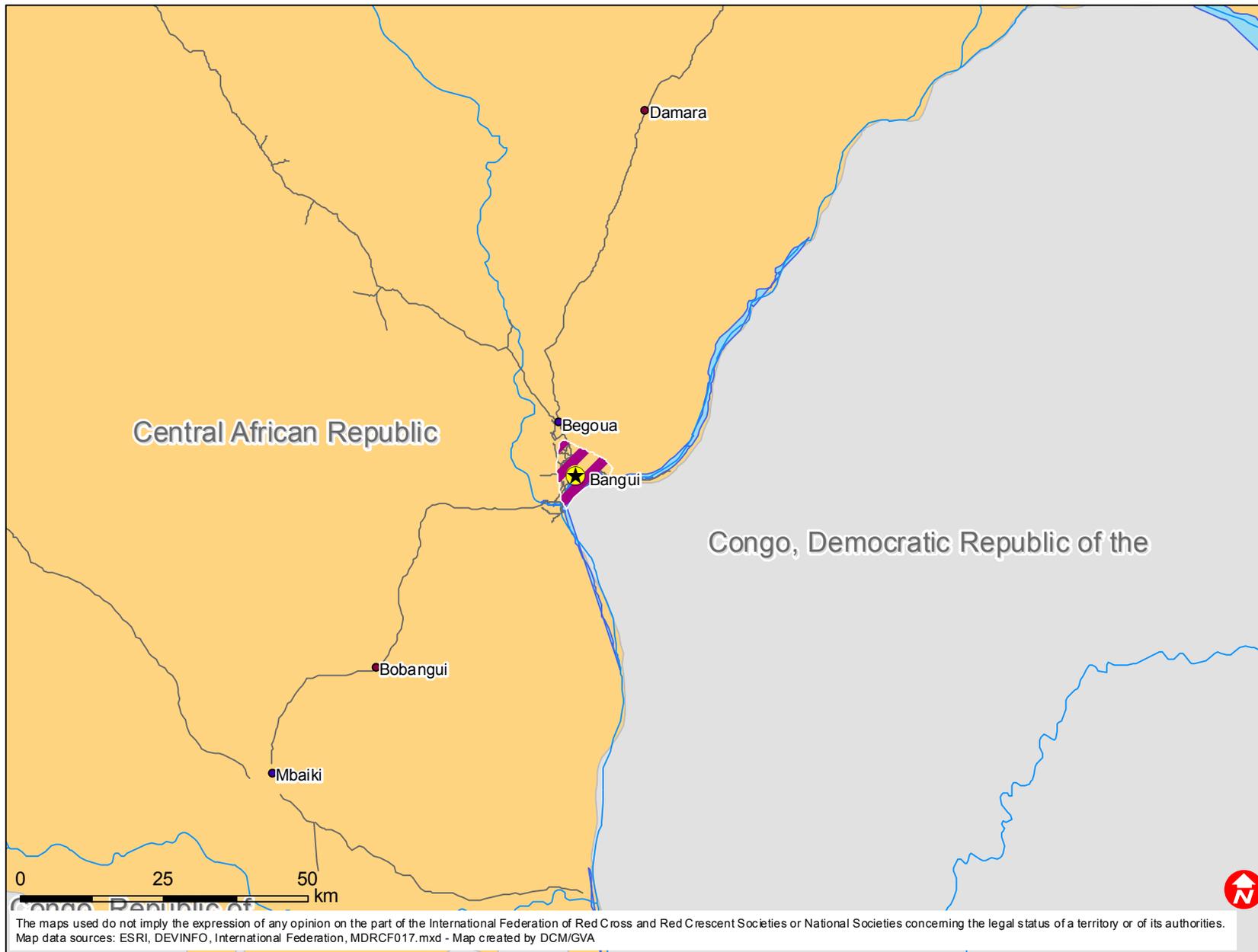
25/02/2014

Central African Republic: Civil unrest (MDRCF017)

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Appeal Budget CHF	Expenditure CHF
Shelter - Relief	26,000			26,000	0
Shelter - Transitional	0			0	0
Construction - Housing	0			0	0
Construction - Facilities	0			0	0
Construction - Materials	0			0	0
Clothing & Textiles	24,000			24,000	0
Food	0			0	0
Seeds & Plants	0			0	0
Water, Sanitation & Hygiene	142,471			142,471	0
Medical & First Aid	1,442			1,442	0
Teaching Materials	28,510			28,510	0
Utensils & Tools	30,000			30,000	0
Other Supplies & Services	14,615			14,615	0
Emergency Response Units	0			0	0
Cash Disbursements	0			0	0
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIE	267,038	0	0	267,038	0
Land & Buildings	0			0	0
Vehicles Purchase	0			0	0
Computer & Telecom Equipment	30,346			30,346	0
Office/Household Furniture & Equipment	0			0	0
Medical Equipment	0			0	0
Other Machinery & Equipment	0			0	0
Total LAND, VEHICLES AND EQUIPMENT	30,346	0	0	30,346	0
Storage, Warehousing	10,192			10,192	0
Distribution & Monitoring	26,620			26,620	0
Transport & Vehicle Costs	51,360			51,360	0
Logistics Services	0			0	0
Total LOGISTICS, TRANSPORT AND STORAGE	88,172	0	0	88,172	0
International Staff	306,000			306,000	0
National Staff	21,500			21,500	0
National Society Staff	47,544			47,544	0
Volunteers	160,292			160,292	0
Total PERSONNEL	535,337	0	0	535,337	0
Consultants	0			0	0
Professional Fees	0			0	0
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0	0
Workshops & Training	58,448			58,448	0
Total WORKSHOP & TRAINING	58,448	0	0	58,448	0
Travel	29,000			29,000	0
Information & Public Relations	192			192	0
Office Costs	18,000			18,000	0
Communications	19,554			19,554	0
Financial Charges	3,000			3,000	0
Other General Expenses	18,180			18,180	0
Shared Support Services					
Total GENERAL EXPENDITURES	87,926	0	0	87,926	0
Programme and Supplementary Services Recovery	69,372	0	0	69,372	0
Total INDIRECT COSTS	69,372	0	0	69,372	0
TOTAL BUDGET	1,136,640	0	0	1,136,640	0
Available Resources					
Multilateral Contributions				0	
Bilateral Contributions				0	
TOTAL AVAILABLE RESOURCES	0	0	0	0	
NET EMERGENCY APPEAL NEEDS	1,136,640	0	0	1,136,640	0



Central Africa Republic: Civil unrest



 Affected area