

Operation Update no. 1

The Gambia: Internal Displaced Population in West Region

DREF n° MDRDRGM015	GLIDE n° OT-2022-000159-GMB
Operation update n° 1; 31 March 2022	Timeframe covered by this update: 8 February 2022 – 23 March 2022
Operation start date: 14 February 2022	Operation timeframe: 5 months and 31 July 2022
Funding requirements: CHF 393,089 Additional CHF 287,937	DREF amount initially allocated: CHF 105,152
N° of people being assisted: 2,464 People, 302 households (2,204 IDP in 225 households and 260 people in 77 host families)	Revised n° of people to be assisted: 9,973 people (5,626 IDP, 691 refugees/migrants, 3,656 people from host families)
Areas affected: West Coast Region (The Gambia), Casamance Region (Senegal), with around 68,000 people at risk.	Areas targeted: Districts of Foni Kansala, Foni Bintang Karanai, Foni Bondali, Foni Berefet, The Kombos (West Coast Region, The Gambia).
Red Cross Red Crescent Movement partners currently actively involved in the operation: International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC).	
Other partner organizations actively involved in the operation: National Disaster Management Agency (NDMA), Gambia Immigration Department (GID), Gambia Police Force (GPF), Gambia Food and Nutrition Agency (GAFNA), National Social Protection Secretariat, Gambia Commission for Refugees, Foni Ding Ding Federation (FDDF), the International Organization for Migration (IOM), the World Food Programme (WFP), the United Nations Population Fund (UNFPA), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), SOS Children's Village.	

Summary of major revisions made to emergency plan of action:

In February 2022, a [DREF Operation](#) was initiated to meet humanitarian needs related to a recent population movement in The Gambia, following clashes in the Senegalese region of Casamance. Through this update, the timeframe of the DREF Operation is extended until 30 June 2022 (03 additional months) and funding is increased to CHF 393,089.

Expanding the scope of the operation is justified in the face of renewed violence in Casamance and the second and more extensive population movement it prompted on both sides of the Gambia-Senegal border.

This operations update will ensure continuity to existing activities is prioritized, and maintain current levels of personnel in the field. The objective is to reach 9,973 people, including IDP, refugees/migrants and host families. The proposed extension aims at extending the activities planned the first allocation of funds.

The proposed new allocation of funds increases the requested amount per area as follows:

- Emergency Shelter, CHF 37,949. Adding one-time distribution of blankets, mats and kitchen sets to 466 newly displaced households;
- Livelihoods and basic needs, CHF 162,137. Adding cash assistance for all 691 displaced and refugees households for 02 months, and 01 month for 241 host families;
- Health, an increase of CHF 11,268 to maintain ambulance services in the field for 02 months, add one-time distribution of mosquito nets to newly displaced households and health promotions;

- WASH, CHF 35,376 added for a one-time distribution of family hygiene kits to all 691 displaced households and hygiene plus sanitation activities among the targeted communities; and
- and PGI, (increase of additional CHF 3,668 to support and maintain trained volunteers presence in the field to implement PGI activities in this context.

The budget therefore covers the costs necessary to meet identified needs by extending humanitarian assistance. It is increased by CHF 287,937 to a total of CHF 393,089.

A. SITUATION ANALYSIS

Description of the disaster

The Casamance region of Senegal, south of The Gambia, has been the scene of armed clashes between the Senegalese army and the separatist Movement des Forces démocratiques de la Casamance (MFDC) since 1982. Tensions have waxed and waned over the past forty years but have persisted as a low-intensity conflict has settled in the area.

The border between Casamance and The Gambia is long and porous: there are no official border crossings and people move from one side to the other with little restriction. Border communities are historically interlinked, most notably through inter-marriage, and have been partaking in the same social norms and customs since pre-colonial times.



Geographic situation of Casamance in relation with The Gambia. Source: [Al Jazeera](#).

On Monday 24 January 2022, sporadic gunfire was heard in the village of Ballen, in the Foni Kansala District of the Gambian West Coast Region, near the Casamance border, as a result of clashes between the Economic Community of West African States (ECOWAS) military mission in The Gambia (ECOMIG) and the MFDC. This exchange of gunfire led to the death of two ECOMIG soldiers. Seven more were captured by MFDC.

Even if all soldiers were later released, the event led to population movement in the area, culminating in the displacement of 2,204 people from Gambian communities near the Senegalese border, in the districts of Foni Kansala and Foni Bintang Karanai. Households fled to villages along the Trans-Gambia Highway, roughly ten kilometres away from the border, where they found refuge. A total of 2,464 people, comprised of 2,204 internally displaced people (IDP) and 260 people from host families, were affected by the events. The Gambia Red Cross Society (GRCS) launched a DREF operation to provide assistance on food and basic needs to both host families and IDP.

Less than two months later, on Sunday 13 March 2022, the Armed Forces of Senegal launched an offensive in Casamance against the MFDC. The objective of the operation, according to an official statement, is to “dismantle the bases of (the MFDC) faction of Salif Sadio located along the northern [Gambian] border”.¹ As of 21 March 2022, fighting was still ongoing, with daily instances of shelling and bombing.

The resurgence of violence has prompted wide population movement, this time on both sides of the border: Senegalese and Gambians alike have fled the area of the conflict and made their way to Trans-Gambia Highway villages, or beyond. Though women, children and the elderly were the first to leave their communities, most of the men, initially unwilling to leave their property and livelihoods behind, have now vacated the affected area. Many are making their way on foot, while a smaller proportion has access to motorbikes or vehicles.

While the January clashes led to internal population displacement from two districts (Foni Kansala and Foni Bintang Karanai), this most recent resurgence of the conflict has affected five West Coast Region districts: Foni Kansala, Foni Bintang Karanai, Foni Bondali, Foni Berefet, and The Kombos. According to 2021 census data from The Gambia Social Registry, total population for these five districts is 67,360 people, distributed amongst 7,078 households. Preliminary data indicates that IDP fled from 23 Gambian border villages.

Furthermore, fighting along the border has set farmland ablaze (cashew farms are common in the region) and led to bush fires, both in Casamance and in The Gambia.

¹ Cited in *Africa News*, “Senegal launches operation against rebels in Casamance”, 14 March 2022, <https://www.africanews.com/2022/03/14/senegal-launches-operation-against-rebels-in-casamance>.

A Joint Rapid Assessment was conducted between 15 and 19 March 2022 by Gambian government entities (National Disaster Management Agency, National Social Protection Secretariat, Commission for Refugees, Immigration Department, Gambia Food and Nutrition Agency), The Gambia Red Cross Society, the International Organization for Migration (IOM) and the World Food Programme (WFP). The preliminary report shows that as of 19 March 2022, a total of 9,973 people (932 households) has been affected, including IDP, refugees/migrants from Senegal, and host families.

	First Population Movement (24 January 2022)	Second Population Movement (13 March 2022)
Affected districts	Foni Kansala and Foni Bintang Karanai	Foni Kansala, Foni Bintang Karanai, Foni Bondali, Foni Berefet, and The Kombos
Number of IDP	2,204 people (225HH)	5,626 people (622 households) include some of the initially 225HH supported
Number of affected hosts	260 people (75HH)	3,656 people (241HH)
Number of refugees/migrants	No reported refugees	691 people (69HH)
Total affected population	2,464 people (300HH)	9,973 people (932HH)
Fled from (Home Communities of IDP)	Ballen, Kappa, Funtang, Monom, Boipul, Karol, Luluchorr, Gikess	More than 20 villages at the time of this update.
Hosted in (Host Communities)	Bajagharr, Sibanor, Arangallen, Krunulai, Bujingha, Kambong, Kampant, Bwiam, Madina, Kanilai, Farato, Joyer, Buluntu, Burock, Sangajor, Jomokunda, Batabut	48 villages identified at the time of this update.

Summary of current response

Overview of Host National Society response

Following the first population movement at the end of January 2022, GRCS deployed its Emergency Response Team (ERT), comprised of 33 volunteers and staff, to the area for 27 consecutive days, until 20 February 2022.

During this period, the team conducted needs assessments and completed the following activities:

- Registration of 300 affected households.
- Procurement and distribution of non-food items to 300 households (225 IDP HH and 75 host families), including:
 - Three (3) mats and three (3) blankets per IDP household, for a total of 675 mats and 675 blankets.
 - Three (3) long-lasting impregnated mosquito nets per IDP household, for a total of 675 mosquito nets.
 - Two (2) buckets with lid per IDP household, for a total of 450 buckets.
 - Six (6) bars of soap bars per household (IDP and host families), for a total of 1,800 bars of soap.
 - One (1) bottle of Dettol soap per household (IDP and host families), for a total of 300 bottles.



Distribution of relief items, March 2022. Photo: Gambian Red Cross Society.

The National Society also successfully organized and completed the following activities:

- Cash assistance for affected IDP households and host families, reaching a total of 300 households. Cash transfers were conducted in one of the Trans-Gambia Highway villages, Bwiam, where Financial Service Provider (FSP) QMoney agents operated out of four distribution desks.

- Field headquarters were set up in the Trans-Gambia Highway village of Sibanor, from which the team coordinated with key stakeholders and partners, such as local community leaders, The Gambia Police, and The Gambia Food and Nutrition Agency (GAFNA).

When clashes erupted on Sunday 13 March 2022, the GRCS once again activated its West Coast Region ERT, supported by the central level ERT, to provide rapid response emergency relief to displaced populations in host communities. Since then, team members have been distributing essential household items to displaced households: three (3) mats, three (3) blankets, three (3) mosquito nets per displaced household (IDP and refugees/migrants).

GRCS participated in a Joint Rapid Assessment with other key partners to identify affected households and are now performing verification activities in the field to further refine assessment results.

Furthermore, the GRCS deployed a fully equipped ambulance to provide care and basic life support to host communities, refugees and migrants, including pre-hospital care, psychosocial support, and referrals to existing health services.

GRCS is coordinating further assessments and planned interventions with other partners.

Overview of Red Cross Red Crescent (RCRC) Movement response in country

In addition to the first actions [detailed in the Emergency Plan of Action \(EPoA\)](#), RCRC partners have undertaken the following:

The **International Federation of Red Cross and Red Crescent Societies (IFRC)** deployed an Operations delegate from the Sahel Country Cluster delegation to work alongside the GRCS. Technical support is provided to the National Society to review the initial EPoA and extend the proposed assistance to newly displaced populations.

The **International Committee of the Red Cross (ICRC)** planned to conduct post-distribution monitoring (PDM) following the first cash distribution. A Cash and Markets Specialist was deployed to The Gambia for this purpose. However, since his arrival coincided with the resurgence of violence and renewed population movement, the PDM was completed remotely.

Exchanges of information on the security situation and coordination on how to best meet humanitarian needs have been ongoing between the GRCS, IFRC and ICRC. Due to the volatility of the situation, ICRC's contribution to address this new phase of the response was still being defined at the time of writing.

The GRCS has also exchanged information on the situation with the **Senegalese Red Cross Society**. Once the situation stabilizes and access to border regions in Senegal and The Gambia is re-established, both National Societies stand ready to assess how and to what purpose coordinated action could be undertaken.

Overview of other actors' response in country

The Government of The Gambia has acknowledged the most recent crisis through an official statement, published on 14 March 2022. In this statement, authorities indicate that President entrusted the Vice President with coordination of the response, with the concurrence of all relevant government ministries, departments, and agencies.² The Office of the Vice President has thus resumed coordination of government stakeholders and external partners, including the GRCS. As the scope of the crisis has increased, its visibility has as well, and additional partners have joined national coordination meetings, most notably the United Nations Office for the Coordination of Humanitarian Affairs, OCHA.

The President of The Gambia has pledged GMD 5,000,000 (approximately CHF 87,000) for the IDP through the National Disaster Management Agency (NDMA).³

On 21 March 2022, the United Nations Population Fund (UNFPA) conducted a field visit in the affected area, in coordination with GRCS. Potential support to health activities, especially related to sexual and reproductive health, was discussed, though not confirmed.

At the time of updating this response, however, no further contribution had been announced by partners to the government call for funds, nor independent plans of action confirmed.

² *GRTS News*, "President Barrow Says Gambia Will Not Be Used As Launch Pad in the Ongoing Casamance Conflict", 14 March 2022, <https://grts.gm/news-article-details/news/president-barrow-says-gambia-will-not-be-used-as-launch-pad-in-the-ongoing-casamance-conflict>

³ The Point, "Barrow pledges D5M for displaced persons in the Fonis", 15 March 2022, <https://thepoint.gm/africa/gambia/headlines/barrow-pledges-d5m-for-displaced-persons-in-the-fonis>

As mentioned earlier, a Joint Rapid Assessment was conducted between 15 and 19 March 2022 by Gambian government entities (NDMA, National Social Protection Secretariat, Commission for Refugees, Immigration Department, Gambia Food and Nutrition Agency), the GRCS, the International Organization for Migration (IOM) and the World Food Programme (WFP).

Following the most recent clashes, The Gambia Armed Forces have increased their presence in the field, to further monitor the security situation at the border. The Economic Community of West African States (ECOWAS) military mission in The Gambia (ECOMIG) remains stationed in the communities of Bwiam and Kanilai, both located in the affected region.

On the January displacement, GRCS, ICRC and Government were the active actors in the response. In the current development of the situation, more actors are present in the field unless no actions are planned already as detailed above. In terms of coordination, GRCS is keeping government and local partners informed on the ongoing and planned actions to be implemented. Regular meetings are held in the field with authorities, ICRC and local partners listed above to share information, updates and avoid any potential overlapping between this DREF and the potential coming assistance. It should be noted that the rapid assessment completed on 18 March 2022 has been carried out by the Republic of The Gambia Emergency Response committee composed of: GRCS, authorities include the NDMA, NCCRM, NSPS, FDDF, WFP. NS will keep the same coordination on the next 3 months.

Needs analysis and scenario planning

Needs Analysis

Displaced populations have fled their home communities, either in The Gambia or in Senegal, and most have sought refuge in villages along the Trans-Gambia Highway. They are temporarily hosted by community members, some of them are relatives or friends. According to field reports, the vast majority of households initially displaced at the end of January 2022 have now been forced to leave their home for a second time this year.

It is also important to note that a portion of households who acted as host families during the first population movement have now been displaced, though the numbers for this could not be verified at this time.

Overall needs remain in line with those identified after the January 2022 population movement, though the higher volume of displaced households has now exacerbated previously observed issues.

GRCS presence in the field, and the previously mentioned Joint Rapid Assessment report, have provided humanitarian and government actors with essential data to begin structuring the response. However, since violence erupted on 13 March 2022, the context has been highly volatile, and access to many communities near the border has been restricted. Ongoing clashes continue to prompt new population movement, though in smaller proportions than over the first days. Detailed needs assessments will be required once the situation stabilizes to further refine the current analysis.

Shelter

As was the case for the January population movement, no formal camp or installations have been set up for displaced populations. According to the Joint Rapid Assessment report, host families in various communities have voluntarily opened their doors to affected households. On average, each host family has welcomed 2 to 3 displaced households, either IDP or refugees/migrants. All communities, whether displaced or host, share cultural traits and similar social practices.

Similar to what was observed after the January displacement, IDP and refugees/migrants display strong attachment to their home communities, and determination to return as soon as circumstances will allow. GRCS field team members have indicated that men periodically return to their homes for a few hours, up to three or four times a week, choosing to face the risk of entering an unsafe area to check in on their property.

Overcrowding is currently common in host communities. Small villages, whose usual population varies between 100 and 150 people, are now hosting 200, 250, or even 300 displaced persons. Though some IDP received shelter items (blankets, and mats) following displacement in January, most of them were not able to carry them when they left their home community. In fact, IDP and refugees/migrants have generally brought little with them in this second wave of displacement. Host families are part of low-income groups who can rarely spare the few possessions they have. Therefore, there is still a need for displaced households to be provided with basic items, such as blankets and mats. Cooking utensils would also allow the displaced to regain some autonomy over their meals and daily life, even as they

share small, cramped spaces with other families. Local market analysis has shown that these items are not readily available for purchase in the area.

Livelihoods and basic needs

Following the first clashes in January 2022, IDP were able to return to their home communities. However, reports from the field indicate that a considerable number of affected households lost sources of livelihoods, such as cattle, vegetable gardens, and cashew plants. Some houses and water sources were perforated or destroyed by bullets, causing extensive damage.

Furthermore, IDP who received cash transfers during the first phase of the response have, for the most part, not been able to carry the food they purchased as they fled their homes for a second time.

Population movement following the most recent clashes has disrupted livelihoods and compromises households' ability to meet basic needs. According to the Joint Rapid Assessment report, and as was the case during the first population movement, most currently displaced households are farmers. During the dry season, many also collect and sell firewood and charcoal as a supplementary source of income. Though some men from displaced households have chosen to return periodically to their homes (though only for a few hours, and never overnight) to check on animals, women's gardens and farmland, this has not been enough to maintain livelihoods activities. Other potential sources of income for displaced households are few, as local populations rely on the same livelihoods activities (farming, women's garden, cattle, firewood and charcoal trading).

Though some host families (75 households) received assistance through GRCS cash transfer interventions, the majority has had to draw on their own stocks to feed incoming displaced populations. Additionally, access to farmland (most notably cashew farms) has been complicated or restricted, as large areas remain unsafe around host communities. Host families now face the risk of being forced to use reserve seeds, initially set aside for the upcoming farming season, to support both their households and those of displaced populations.

According to field reports, the pressure put on host families' food stocks following both waves of displacement is tremendous. Needs for support in this regard are consistently expressed by heads of villages currently acting as host communities. Since each host family hosts between 2 and 3 displaced households, with each household consisting of 8 family members on average, food expenditure is doubled or tripled. Addressing these needs, or focusing all humanitarian assistance on the displaced populations, would likely erode the good will and solidarity of the host communities, create tensions, and impact the trust and access the GRCS has developed with communities in the field.

Health

Access to health services remain challenging. The Bwiam General Hospital, with its 125-bed capacity, is still the only functioning and accessible hospital in the region. Medical services are provided free of charge to all displaced populations, though access to basic medication is made difficult by its generally high cost. Many Senegalese fleeing the area of conflict were provided with first-aid assistance upon arrival, and continue to require health services. Psychosocial support is also required, especially for Senegalese refugees, who in many cases were in closer contact to conflict, but also those IDP' households who have been displaced for a second time. The trauma of fleeing home amidst fear and gunfire, even as the sounds of fighting continue to be heard in host communities, is susceptible to have long-lasting effects.

The high numbers of displaced households living in small host communities, where overcrowding is common, continues to exacerbate risks of water- and vector-borne diseases proliferating.



A Red Cross volunteer providing First Aid assistance, March 2022. Photo: Gambian Red Cross Society.

Ramadan will begin on 2 April 2022, ending on 1 May 2022. Since Islam is widely practiced in both The Gambia and Senegal, the obligation to fast during daylight hours will be observed by displaced populations and host families. In the context of food scarcity, negative effects could be felt on the overall health of more vulnerable community members and should be monitored.

Water, hygiene and sanitation (WASH)

Issues highlighted in the EPoA – limited access to clean water, insufficient number of latrines, sources of water shared with livestock, deterioration of host families' hygiene materials through repeated use by displaced households – remain current and are further exacerbated by the higher volume of displaced populations. Continued sanitation of water sources and hygiene promotion are required. Local market analysis has shown that hygiene items are not readily available for purchase by households in the area.

Migration

As some men chose to stay longer in their home communities to protect their property and their livelihoods, before eventually leaving when conflict did not die down, some displaced households are now separated. Dwindling resources have not always allowed families to purchase the communication credits they need to contact loved ones.

Movement of Senegalese households across the Gambian border have also highlighted needs for Restoring Family Links assistance, as refugees may seek to let relatives and friends know they have reached safety.

Protection, gender and inclusion (PGI)

As of 18 March 2022, the following data had been collected from the Joint Rapid Assessment:

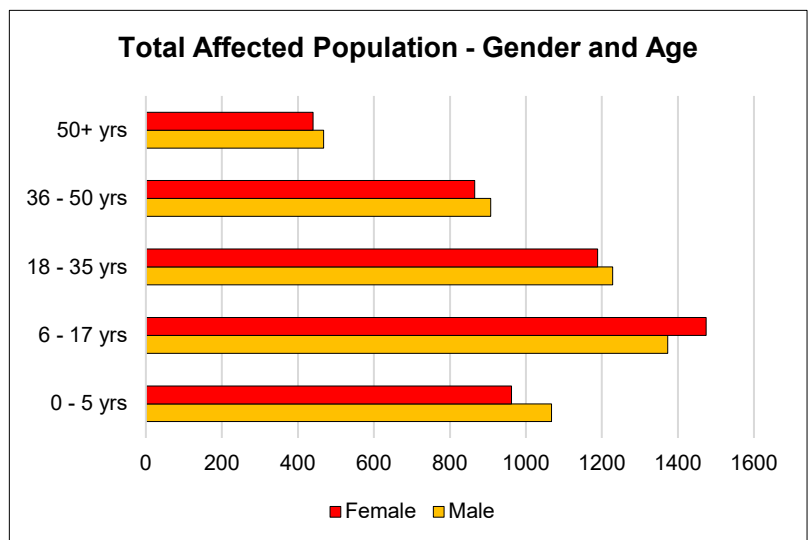
Category	Number
Total number of IDP	5,626 people (622 households)
Total number of people in host families	3,656 people (241 households)
Total number of refugees / migrants	691 people (69 households)
Total number of people affected (IDP, refugees / migrants and host families)	9,973 people (932 households)* *Includes 225 IDP households, initially displaced in January 2022 and re-displaced in March 2022 *Includes 397 newly displaced IDP households, from March 2022 *Includes 69 newly displaced refugee / migrant households, from March 2022 *Includes 241 host families

Percentage of women within the affected population	62%
Number of children under 5 in total affected population	2,029 people (20,3%)
Identified displaced male household heads, in 644 assessed households	235 (36,5%)
Identified displaced female household heads, in 644 assessed households	409 (63,5%)
Number of displaced households with pregnant and/or lactating women, in 644 assessed households	169 (26,2%)
Number of displaced people living with mental health issues, in 644 assessed households	45 (7%)
Number of displaced people living with chronic illness, in 644 assessed households	40 (6,2%)

The larger proportion of female household heads amongst displaced populations speaks to gendered division of labour, with men staying behind in home communities longer to protect the family livelihood (cattle, and farmland). Women are thus entrusted with the care of children, youth, and elderly family members as they flee to safety. The provision of humanitarian assistance should take household composition into consideration, ensuring distributions are performed in safe, women-friendly spaces as much as possible and that in-kind goods, once distributed, can be transported without difficulty by women, youth or elderly people.

Displacement exposes women, girls, and children to a heightened risk of gender-based violence, on their way to and in host communities. Overcrowding also affects the level of privacy women and girls can maintain, with potential effects on protection.

People living with mental health issues and/or chronic illness also run the risk of encountering violence and/or discriminatory attitudes, most notably in times of crisis, and special consideration should be given to ensure they are targeted through protection activities.



Targeting

Through this Operation Update, the total **9,973 affected people will be targeted**, including the 2,464 initially targeted after the first population movement.

Therefore, the global target includes:

- 5,626 IDP (691 households)
- 691 refugees/migrants (69 households)
- 3,656 host families (241 households)

Targeting is expanded from the initial EPoA, which sought to reach 2,464 people: 2,204 IDP and 260 people from host families, for a total of 302 households. The total of people reached was 300 households, for 2,464 people; the slight discrepancy is explained by an error at the time of registration. These 2,464 people are still part of the currently affected population and remain at risk, even if their level of vulnerability has been reduced with the first phase of assistance.

Taking into consideration the initial EPoA, the target will be divided as below to avoid overlapping assistance:

- Newly displaced households (IDP and refugees/migrants) will receive one-time in-kind distribution of shelter items (blankets, and mats) and mosquito nets considering that old displaced have already received the same.
- All currently displaced households (IDP and refugees/migrants) will receive kitchen sets, as these were not procured in time for distribution during the first phase of the response.
- All displaced households (IDP and refugees/migrants) will receive one-time in-kind distribution of family hygiene kits, as these contain many more items than the hygiene items distributed in the first phase of the response (buckets, soap, and Dettol).
- All displaced households (IDP and refugees) will receive up to 2 months Cash for food.

- 225 households initially displaced in January already each received a 1-month Cash for food transfer. They purchased food and brought it to their home communities. However, the food items they purchased could not be brought with them as they fled their homes a second time.
- A first Cash for food distribution will be organized for currently displaced households, covering one month.
- A second Cash for food distribution will be organized a month later for households who are still displaced, to allow the GRCS to adjust selection criteria based on the evolution of the situation.
- Host families will only receive a 1-month Cash for food transfer.
 - 75 households who initially acted as host families received already each a 1-month Cash for food transfer. However, some of these households (number unknown) have since displaced themselves. Others have now been re-hosting displaced families and have exhausted the food reserves purchased with the cash transfer.
- All the affected population (IDP, refugees/migrants, and host families) will be targeted for health and WASH promotion.

The geographic areas targeted will also expand, from the initial two districts identified in the first phase of the response (Foni Kansala and Foni Bintang Karanai) to the four districts of the West Coast Region currently most affected by the resurgence of violence in Casamance, and where the affected population (9,973 people) has been registered: Foni Kansala, Foni Bintang Karanai, Foni Bondali and Foni Berefet.

A refined selection criterion has been developed with specific consideration for women-headed households, persons with disabilities, elderly people and/or children under 5 years, and pregnant or lactating women.

Scenario Planning

Out of the planned scenarios [in the initial EPoA](#), Scenario 2 has been reached. This has led, through this update, to scaling up of the intervention after renewed clashes and an increase in the number of affected people. The new possible scenarios are now as follows:

Scenario	Humanitarian Consequences	Potential Response
<p>Scenario 1: Dialogue with authorities undertaken to seek durable solutions and an end to the armed conflict.</p> <p>The conflict subsides and displaced households return to their home communities. Schools, health facilities, livelihood activities and other essential services return to normalcy within 4 weeks.</p>	<ul style="list-style-type: none"> ● Short-term humanitarian needs. ● Related loss of livelihoods to be addressed. 	<ul style="list-style-type: none"> ● GRCS is able to access the affected population and provide assistance. ● GRCS conducts in-kind distribution of essential items (blankets, mats, hygiene kits, etc.) to displaced households. ● GRCS provides cash assistance to displaced households and host families, for one month. ● Displaced households and host families resume all livelihood activities in their respective communities. ● Both warring parties respect the truce and allow the free movement of persons around and across the border.
<p>Scenario 2: The situation becomes protracted, and volatility increases. Displaced populations are unwilling to return home, fearing for their safety.</p>	<ul style="list-style-type: none"> ● Prolonged stay of the displaced populations in host communities. ● Consumption of food reserves of host communities, with risk of impact to the next farming season (June/July). ● New instances of population movements. ● Challenges in the implementation of the required humanitarian services. ● Dialogue with authorities undertaken to seek durable 	<ul style="list-style-type: none"> ● GRCS responds through a revision of the current DREF operation. ● GRCS is able to access the affected population and provide assistance, though only in host communities. ● GRCS conducts in-kind distribution of essential items (blankets, mats, hygiene kits, etc.) to displaced households. ● GRCS provides cash assistance to displaced households and host families: two months for displaced households, one month for host families. ● Stronger coordination between GRCS, IFRC and ICRC, and potentially with the Senegalese Red Cross Society (SRCS).

	solutions and an end to the armed conflict.	<ul style="list-style-type: none"> Stronger partnership/collaboration and coordination between GRCS, NDMA and relevant UN bodies.
Scenario 3: Additional and severe escalation of tensions over the currently affected areas and/or further displacement on both sides of the border, affecting Senegal and The Gambia. Fear and hardship among the population in the entire region.	<ul style="list-style-type: none"> Depletion of food reserves in host communities. Population movement extends to an even larger region, on both sides of the border. Casualties are reported among the civilian population. Complex challenges in the implementation of humanitarian services. Risk of hostilities escalating high-intensity armed conflict. 	<ul style="list-style-type: none"> GRCS conducts in-kind distribution of essential items (blankets, mats, hygiene kits, etc.) to displaced households. GRCS provides cash assistance to displaced households and host families: two months for displaced households, one month for host families. With IFRC support, GRCS reviews DREF Operation to address emerging needs. Launch of Emergency Appeal and activation of global tools is considered. Depending on how the situation progresses, a transborder Emergency Appeal is considered, covering the needs of displaced population/refugees in The Gambia and Senegal. Increased coordination between GRCS, IFRC, ICRC, and SRCS and security issue lead the response. Increased collaboration and coordination between GRCS, NDMA and relevant UN bodies.

Operation Risk Assessment

Risks	Probability of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigation measures
Continuous tensions and insecurity, affecting communities and causing displacement	Medium	High	<p>Considering the security risk detailed in the EPOA and the ongoing insecurity around Casamance, GRCS will continue to liaise with authority which work with Gambia Police Force and Gambia Armed Forces on security to access the latest information on the security situation and the safe access. GRCS will also consult with ICRC as needed.</p> <p>GRCS will continue to liaise with community leaders and promote community coexistence to avoid potential conflict among displaced populations and hosts families. GRCS will continue to enforce security protocols for humanitarian activities in affected areas, including field movement</p>
Continuous tensions and insecurity, affecting the response personnel	Medium	High	<p>GRCS will ensure communication with its staff and volunteers on the values and principles of the Red Cross Red Crescent Movement, and the objectives of this operation.</p> <p>GRCS will continue to enforce security protocols for humanitarian activities in affected areas, including field movement protocols. Security briefings and refreshers will continue to be provided.</p> <p>Visibility items have been procured and distributed to volunteers and staff for this response. Insurance is also provided to volunteers through this response's budget.</p>

Risks	Probability of occurrence (high, medium, low)	Severity of risk impact (high, medium, low)	Mitigation measures
COVID-19 contamination	Medium	Medium	<p>This response includes procurement and distribution of personal protective equipment (PPE) to all field personnel.</p> <p>GRCS will also continue to communicate the risks related to COVID-19 to its staff and volunteers. Adequate prevention measures will be systematically applied during training sessions. They will also be applied as systematically as possible during distributions and other response activities.</p>

During this response, the National Society organized a two-day training for 30 volunteers and 10 staff on emergency relief operations in conflict settings. The objective was to prepare participants to the challenges of the current DREF Operation, to increase their knowledge of safety and security practices and protocols, and to deepen their understanding of the Safer Access Framework.

GRCS, with the support of the ICRC, has recently conducted series of dissemination sessions on International Humanitarian Law (IHL). GRCS coordinates with authorities, the NDMA, Movement partners and other partners to obtain security information and ascertain the level of risk. National Society teams only deploy to the field to provide humanitarian assistance after having obtained clearance from these key actors.

Through its regular activities in the area and the response following the January 2022 events, the National Society has also built a relationship of trust with current host communities. Heads of villages, school headmasters and organizations such as the Foni Ding Ding Federation (FDDF) are consulted prior to organizing humanitarian assistance in targeted communities. They provide further information on the security situation and ensure access for GRCS teams.

The ICRC can also be consulted and coordinated with on issues of security and humanitarian access, as needed.

Finally, security protocols have been developed and are enforced in the field. For instance, GRCS ERT team members move in a convoy, visibly displaying Red Cross Flag. All vehicles fitted with HF/ VHF radios; staff and volunteers carry their own individual radio and have been trained in radio communication. Visibility items are worn by all and team members work in pairs. Security incidents, even near misses, are reported and analysed to ensure protocols and guidance are updated to reflect the ever-evolving situation.

B. OPERATIONAL STRATEGY

Updated Objective:

The operation will provide basic assistance and urgent needs to 9,973 people including IDP, refugees/migrants and host families. Activities in the areas of livelihoods and basic needs, health and WASH will be implemented, with distribution of relief items to prevent further deterioration of current conditions.

Updated strategy:

The operational strategy developed in the EPoA was mostly implemented as planned. [See detail in the EPoA here.](#)

Activities not completed include post-distribution monitoring and the lessons learned workshop, both interrupted by the second population movement; distribution of kitchen sets, whose procurement was not completed in time for distribution during the first phase of the response; training on the Emergency Shelter module; procurement of First Aid boxes, which is in progress but has not been completed; procurement of dignity kits, which was not completed; and PGI activities, whose implementation was not started.

Detailed progress against outcomes is captured in the Detailed Operational Plan section below.

For this second population movement, which started with clashes on 13 March 2022, the operational strategy has been extended to cover more people arriving in host communities but globally, the response strategy remains the same: In-kind distribution is planned when items are not readily available in local markets. Otherwise, cash assistance is the preferred modality. The intervention is revised per sectors as below:

1. **Needs assessment and registration of affected households will be** conducted, following second population movement. The first has been completed and has supported the distribution and activities initially planned.
2. **Emergency Shelter:** one-time distribution of two blankets, two mats and one kitchen set per displaced household (IDP and refugees/migrants). Essential households' items will be distributed as in the initial strategy. Per Households, we will provide: 3 blankets, 3 mats, 01 kitchen sets, 01 family hygiene kit.
3. **Livelihoods and basic needs:** support all targeted households (IDP, refugees/migrants, host families) with food assistance through cash distribution for 2 additional months for displaced families and refugees and 1 additional month for host families. Considering that the initial host and displaced population even if part of the actual displaced, are affected population and the needs are important.

Based on the success of cash distribution in the first phase of the response, the same modalities will be utilized, with the same financial service provider (QMoney). Markets in and around host communities continue to be accessible and functional. The amount distributed per household, per month, will remain fixed at GMD 5,248.

4. **Health:** as training has already been completed, all other response activities (ambulance services in the field, health promotion activities, sanitation and hygiene activities, PGI activities, etc.) are maintained.
 - One-time distribution of three long-lasting impregnated mosquito nets per displaced household (IDP and refugees/migrants).
 - Continue operating the ambulance to provide care and basic life support to all affected populations.
 - Continue health promotion activities, with displaced households and host families.
5. **WASH:**
 - Continue sanitation and hygiene promotion activities, with displaced households and host families.
 - One-time distribution of one consolidated, family hygiene kit per displaced household, which contains: one 15-liter bucket, one 3-liter container for water, two tubes of toothpaste, five toothbrushes, one towel, three bars of soap (for bathing), five laundering soaps, three sanitation pads, five underwear, one bottle of hand sanitizer, two hair combs, one bottle of body lotion, one packet of face masks, one packet of diapers, one packet of baby wipes. The previous strategy (procurement of individual items and distribution as materials arrived in the field) is thus replaced with streamlined procurement and distribution strategy, where households receive one kit of hygiene items.
6. **Protection, gender and inclusion:** acknowledging that women, girls, men and boys of different ages, disabilities and backgrounds have different needs, face different risks and display different coping strategies, the operation will pay particular attention to protection and inclusion of vulnerable groups. As part of the needs assessment, a gender and diversity analysis will be conducted in Shelter and WASH to understand how different groups have been affected, which will then inform how response activities are carried out.
7. **Strategies for implementation:** conduct post-distribution monitoring for a second time, following distributions in the second phase of the response.

In line with scenario planning (see *Needs analysis and scenario planning section*), implementation of the updated operational strategy will be contingent on how conflict progresses in Casamance and continues impacting populations of the area. GRCS will closely monitor the situation, assess new developments, and develop new beneficiary selection criteria as required.

Exit strategy:


Depending on the evolution of the situation, the National Society will adjust the operational strategy.

Clashes may wind down, continue, or escalate. The prevailing scenario will inform GRCS planning and actions: wind down and close the DREF Operation, revise the operational strategy to address ongoing needs, or expand its scope through other global tools. IFRC will support the National Society as needed throughout the process.

Constant communication will be maintained with affected communities through the GRCS field teams, to engage local community leaders and authorities as needed and anticipate emerging issues. In case of the operation winding down, a demobilization strategy, complete with community engagement plan, will be defined and implemented by the GRCS.

C. DETAILED OPERATIONAL PLAN

Revised targets are highlighted below:

	<p>Shelter</p> <p>People reached: 6,317 (691 HH)</p> <p>Male: 2,400</p> <p>Female: 3,917</p>	
Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through emergency shelter and settlement solutions.		
Indicators:	Target	Actual
# of households who received a response in shelter	691⁴	225
Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected families.		
Indicators:	Target	Actual
# of households identified for distribution	691	225
# of households who received essential household items (EHI)	691	225
% of households who report satisfaction with items distributed	100%	0
% of targeted households who report satisfaction with the distribution process (including identification criteria)	100%	0
# of volunteers trained on shelter module	30	0
# of volunteers mobilised for identification activities	30	33
# of post-distribution monitoring (PDM)	2	0
Progress towards outcomes		
Activities carried out:		
<ul style="list-style-type: none"> Mobilization of 33 volunteers in identification activities prior to distribution. Distribution of 675 blankets for IDP displaced in January 2022, and procurement to replenish NS stocks. Distribution of 675 sleeping mats for IDP displaced in January 2022, and procurement to replenish NS stocks. 		
Activities planned:		
<ul style="list-style-type: none"> Post-distribution monitoring (PDM) was supposed to be conducted the week of 14 March 2022 but was delayed by renewed clashes starting on 13 March 2022. The NS plans to complete PDM as soon as the situation in host communities permits it. Feedback gathered through the PDM will inform shelter items distribution for households displaced in March 2022. A second PDM will be conducted after the second phase of shelter items distribution, later in the response. Training of volunteers on shelter module also had to be postponed following renewed population movement. It is now being rescheduled. One-time distribution of three blankets per newly displaced household. One-time distribution of three sleeping mats per newly displaced household. 		

⁴ Revised targets for Shelter take into account that the initial 225 displaced households have now been re-displaced, and are part of the currently displaced 691 households (IDP and refugees/migrants).

- One-time procurement and distribution of one kitchen set per displaced household. Procurement was in progress for distribution of kitchen sets to households displaced in January 2022 (one per household), and will be redirected to and expanded for households displaced in March 2022.



Livelihoods and basic needs

People reached: 9,973

Male: 3,790

Female: 6,183

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.

Indicators:	Target	Actual
% of surveyed households who report that cash assistance meets their needs	80%	N/A

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities.

Indicators:	Target	Actual
# of households identified for cash assistance distribution	932 (see targeting)	300 (01 month)
# of households reached with cash assistance	932 (see targeting)	300 (01 month)
# of displaced households reached with Cash for food	691 (03 months)	225 (01 month)
# of refugees households reached with Cash for food	691 (02 months)	225 (01 month)
# of host households reached with Cash for food	316 (02 months)	75 (01 month)
# volunteers trained on cash assistance	25	13
# of volunteers mobilised for identification activities	30	33
# of post-distribution monitoring (PDM)	2	0

Progress towards outcomes

Activities carried out:

- One refresher training was organized for 13 volunteers. Due to cash distribution taking place in a single location, the number of volunteers who needed to be trained was revised.
- Financial service provider (FSP) QMoney was activated by the NS and cash transfer delivery was organized through mobile money.
- An electronic beneficiary household verification exercise was completed (with tablets) and shared with the FSP.
- The cash transfer for one month was established at GMD 5,248, in line with costs for the minimum food basket in The Gambia.
- Cash transfers were completed for 300 households: 225 IDP and 75 host families.

Activities planned:

- Organize one additional refresher training on cash assistance, if required.
- Using the same FSP QMoney and through the same modalities, organize cash transfers for 932 households: 691 displaced households (IDP, refugees/migrants) and 241 people from host families.
 - First distribution in this second phase: 1 month for displaced households and host families, and Second distribution, to be adjusted according to the evolution of the situation: a second month for displaced households. Vulnerability criteria will be used for selection on the second allocation in this extension.
- The cash transfer amount for one month remains at GMD 5,248.



Health

People reached: 9,973⁵

Male: 3,790

Female: 6,183

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

Output 2.1: Improved access to health care and emergency health care for the targeted population and communities.

Indicators:	Target	Actual
# of first aid boxes purchased	20	0
# of people provided with ambulance services	100	7
# of cases referred to a hospital	20	7

Outcome 4: Transmission of diseases of epidemic potential is reduced.

Output 4.1: Community-based disease control and health promotion is provided to the target population.

Indicators:	Target	Actual
# of trainings provided on health	1	1
# of volunteers trained	30	30
# of people reached through health promotion activities	4,900	1,700

Output 4.2: Vector-borne diseases are prevented.

Indicators:	Target	Actual
# of mosquito nets distributed	2,073	675

Progress towards outcomes

Activities carried out:

- A two-day training on Community-Based Health and First Aid (CBHFA) for 30 volunteers was completed.
- Distribution of 675 long-lasting impregnated mosquito nets was completed, and NS stocks were replenished.
- Due to there being no reports of needs for ambulance services after the January population movement, the ambulance was kept on stand-by at headquarters, ready to be deployed. It was sent in the field immediately following the 13 March 2022 events, where it has remained since.
- Health promotion activities were only partially implemented during the first phase of the operation, following the January population movement, due to the small number of available trained volunteers and the fact that all IDP returned home within 2 weeks of the event. With the training of 30 volunteers, however, the NS has been able to deploy this action following the most recent population movement. 17 volunteers and staff are currently in the field and are disseminating health messages door-to-door in host communities, organizing community health talks, and setting up group discussions on targeted topics (vector-borne diseases, water-borne diseases, and health promotion).

Activities planned:

- Procurement of 20 equipped First Aid kits with bag is in progress.
- Procurement and one-time distribution of three mosquito nets per displaced household.
- Maintain ambulance services in the field to ensure access to care and transfers to the regional hospital.
- Health promotion activities will continue in host communities to mitigate health risks. Special care will be given during Ramadan to ensure more vulnerable population groups do not face adverse effects from fasting.

⁵ Approximate data, to be validated and confirmed in the final report.



Water, sanitation and hygiene

People reached: 9,973⁶

Male: 3,790

Female: 6,183

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

Indicators:	Target	Actual
# of people reached with hygiene promotion activities	9,973	1,700
# of households who received WASH items	932	300
% of women and girls who received dignity kits ⁷	24%	0
# of volunteers who received 2-day refresher training on health and hygiene promotion, PSS and First Aid	30	30

Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population.

Indicators:	Target	Actual
% of target female beneficiaries who report improved hygiene condition in relation to menstrual hygiene management	100%	N/A

Progress towards outcomes

Activities carried out:

- Distribution of WASH items (buckets with lids, soap, Dettol soap) were completed for 300 households: 225 IDP and 75 host families.
- Hand sanitizer and procedural masks were provided to deployed personnel (staff and volunteers).
- A two-day training on health and hygiene promotion, PSS and First Aid was organized for 30 volunteers.
- As was the case with health promotion activities, sanitation and hygiene promotion activities were only partially implemented during the first phase of the operation, following the January population movement, due to the small number of available trained volunteers and the fact that all IDP returned home within 2 weeks of the event. However, with the training of 30 volunteers, implementation has increased following the most recent population movement. The same core group of 17 volunteers and staff has been disseminating hygiene promotion messaging in host communities, through group discussions and individual conversations.
- Sanitation materials (chlorine and bottles of bleach through the DREF budget, and AquaTabs from NS stocks) have also been provided to host communities to support sanitation and water treatment.

Activities planned:

- Procurement and one-time distribution of one family hygiene kit per displaced household.
- Procurement of 307 dignity kits for women and adolescent girls was not completed as planned, due to unforeseen delays along the supply chain. This activity will be incorporated in the procurement and distribution of family hygiene kits, which include materials for dignity kits. All the women in childbearing age will then receive menstrual hygiene promotion/sensitization.
- Hygiene promotion activities will continue in host communities, through group discussions, workshops, and demonstrations on the use of hygiene items post-distribution. Posters to raise awareness on sanitation and hygiene issues are in the process of being created.
- Provision of sanitation materials will continue.
- Procurement to distribute hand sanitizer (120 bottles) and procedural masks (500) to deployed personnel (staff and volunteers).



Protection, Gender and Inclusion

People reached: 9,973

Male: 3,790

Female: 6,183

⁶ Approximate data, to be validated and confirmed in the final report.

⁷ This indicator will no longer be reported on, as dignity items will be distributed in the family hygiene kit (WASH items indicator).

Outcome 1: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.		
Indicators:	Target	Actual
# of people reached by PGI activities	2,000	0
Output 1.1: Programmes and operations ensure safe and equitable provision of basic services, considering different needs based on gender and other diversity factors.		
Indicators:	Target	Actual
# of volunteers trained on PGI in Emergencies Minimum Standards	30	30
Progress towards outcomes		
Activities carried out:		
<ul style="list-style-type: none"> A one-day training session on PGI in Emergencies Minimum Standards for 30 volunteers was completed very recently (20 March 2022). No PGI activities were carried out in the field, due to the lack of trained volunteers. The completion of training will provide the NS with the necessary personnel to support the PGI strategy. No implementation budget was planned in the initial EPoA for PGI activities. Costs related to the deployment of PGI-trained volunteers and procurement of necessary materials (print-outs, booklets, posters) have now been added, which will allow the NS PGI focal point to implement the planned PGI strategy. 		
Activities planned:		
<ul style="list-style-type: none"> Volunteers trained in PGI in Emergencies Minimum Standards will contribute to needs assessments and identify priority protection activities and support with their implementation. Volunteers trained in PGI in Emergencies Minimum Standards will support with a gender and diversity analysis, to be conducted in WASH and Shelter areas of intervention, to ensure different needs from different groups are taken into account when response activities are carried out. 		

Strategies for Implementation

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

Indicators:	Target	Actual
# of people reached through the operation	9,973	2,464

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

Indicators:	Target	Actual
# of volunteers reached	85	50 ⁸

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

Indicators:	Target	Actual
# of IFRC monitoring visits	2	1
# of lessons learned workshop	1	0

Progress towards outcomes

Activities carried out:

- A two-day training on Emergency Relief Operation, more specifically in armed conflict situations, was completed for 30 volunteers.
- One IFRC monitoring visit was completed in March 2022, to support the revision of the DREF Operation through this Operation Update.
- Field headquarters were set up in the Trans-Gambia Highway village of Sibanor, to ease the coordination and activities with key stakeholders and partners. This field management approach has allowed a strong a efficient coordination between this intervention and the local community leaders, The Gambia Police, and The Gambia Food and Nutrition Agency (GAFNA). The same mechanism and HR deployment initially used will continue in this extension, include the Field headquarters. But the mobilisation will be maintained mainly during the first 2 months of the intervention on which most of the activities should be completed.

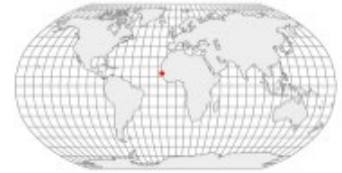
⁸ Approximate data, to be validated and confirmed in the final report.

Activities planned:

- A second IFRC monitoring visit is planned during the second phase of the response to provide support and follow-up the implementation at mid-term.
- One lesson learned workshop is planned at the end of the operation.

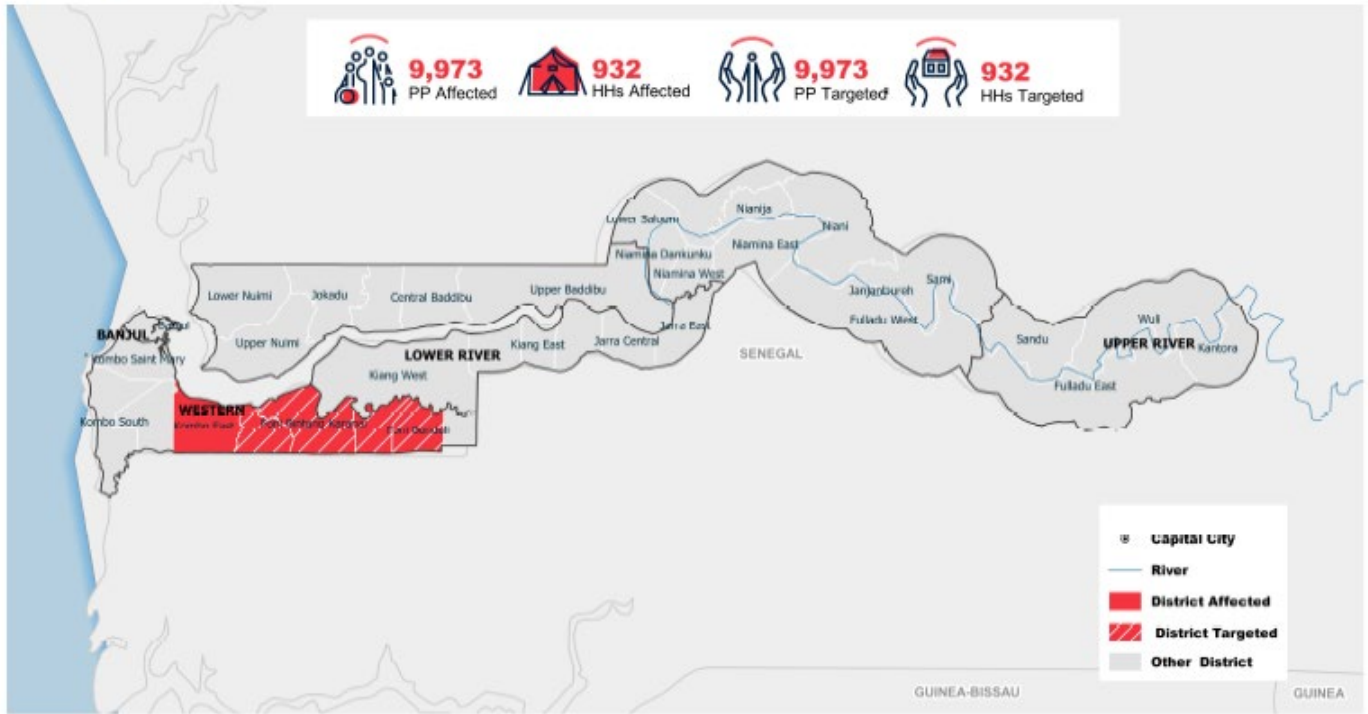
D. Budget

The revised budget and allocation for this intervention is now CHF 393,089. CHF 287,937 additional allocation requested for a total duration of 5 months (3 additional months added on the initial 1 approved).



Gambia : Internal Displaced Population

24 March 2022 • OT-2022-000159-GMB



The maps used do not imply the expression of any opinion on the part of the International Federation of the Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.
Map data sources: GADM, Gambia RC, IFRC. Map produced by: IFRC Africa Regional Office, Nairobi



Reference documents

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

Public



Click here for:

- Emergency Plan of Action (EPoA)

The Gambia Red Cross Society

- Alasan Senghore, Secretary General; phone: +220 3537730; email: alasan.senghore@redcross.org / alasan.senghore@gmail.com
- Abdoulie Fye, Director of Programmes and Operation, Abdoulie.fye@redcross.org

IFRC Sahel Country Cluster Office

- Daniel Bolanos, Head of Sahel Country Cluster Office; phone: +221 77 740 4661; email: daniel.bolanos@ifrc.org
- Anna Cerutti, Disaster Management Coordinator; phone: +221 77 819 7402; email: anna.cerutti@ifrc.org

IFRC Africa Regional Office

- Adesh Tripathee, Head of DCPRR Department, Nairobi, Kenya; phone +254 731067489; email: adesh.tripathee@ifrc.org

IFRC Geneva

- Karla Morizzo, DREF Senior Officer, DCPRR Unit Geneva; email: karla.morizzo@ifrc.org

IFRC Resource Mobilization and Pledges support:

- **IFRC Africa Regional Office for resource Mobilization and Pledge:** Louise Daintrey, Head of Partnership and Resource Development, Nairobi, email: louise.daintrey@ifrc.org; phone: +254 110 843978

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; phone: +254 733 888 022

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

- **IFRC Africa Regional Office:** Philip Komo Kahuho, PMER Coordinator, email: philip.kahuho@ifrc.org; phone: +254 732 232 081

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.