

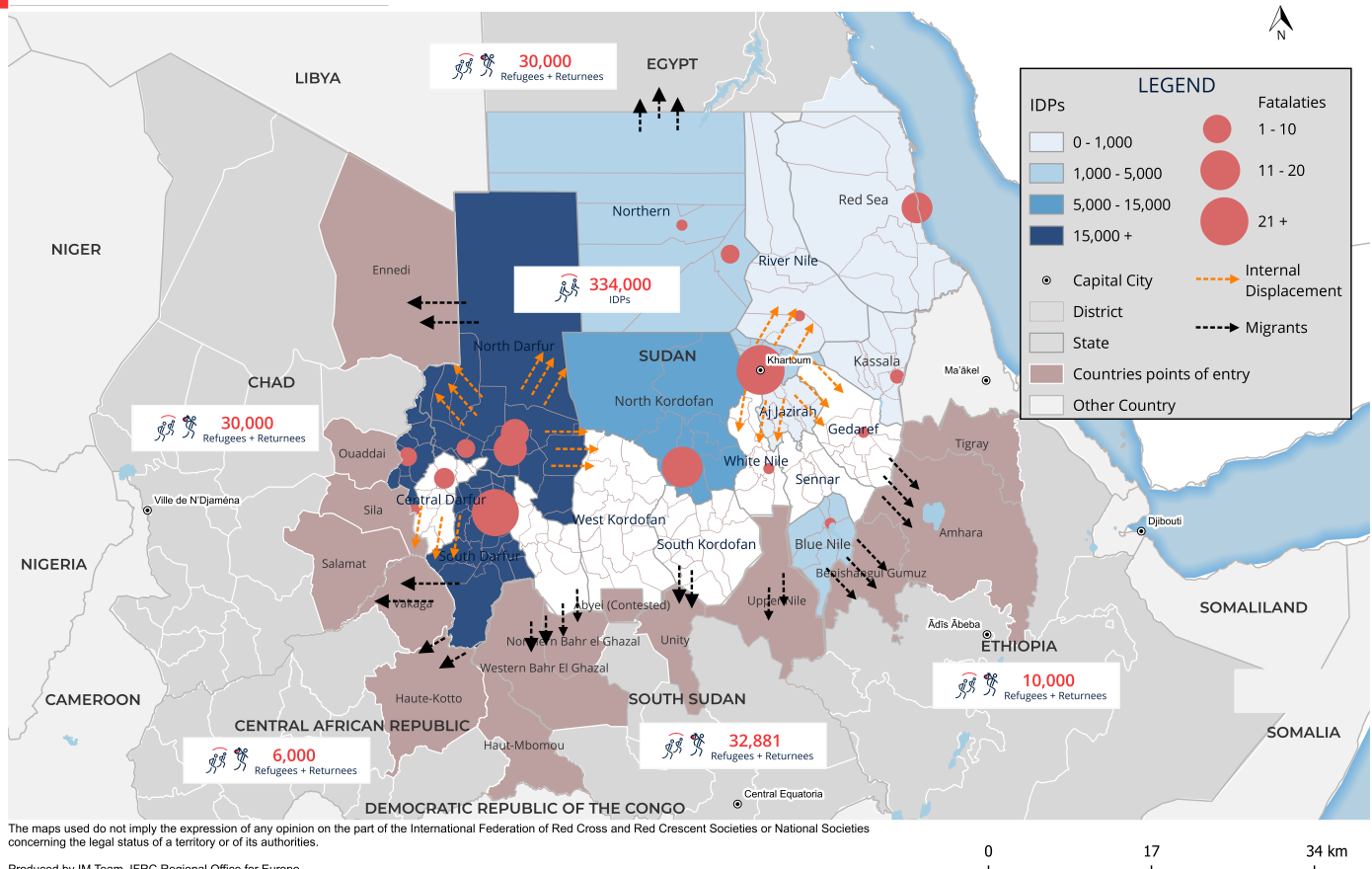


Appeal: <b>MDRCF030</b>	Country: <b>Central African Republic</b>	Hazard: <b>Population Movement</b>	Type of DREF Response
Crisis Category: <b>Orange</b>	Event Onset: <b>Slow</b>	DREF Allocation: <b>CHF 223,438</b>	
Glide Number: <b>CE-2023-000066-SDN</b>	People Affected: <b>10,000 people</b>	People Targeted: <b>10,000 people</b>	
Operation Start Date: <b>2023-05-17</b>	Operation Timeframe: <b>3 months</b>	Operation End Date: <b>2023-08-31</b>	DREF Published:
Targeted Areas:	<b>Vakaga</b>		

# Description of the Event

## SUDAN - COMPLEX EMERGENCY

Updated on : 08 May 2023



The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of its authorities.

Produced by IM Team, IFRC Regional Office for Europe.  
 Sources: HDX, ACLED, IOM, IFRC, Sudan RC.

### Population movement as of 8th May

## What happened, where and when?

Since 15 April 2023, armed fighting has broken out in several provinces of Sudan, causing a massive displacement of Sudanese populations from the most severe points of conflict to relatively stable areas either inside the country or in the border areas. The expansion of the conflicts to North, South and Central Darfur provinces as well as to Khordofan and other parts of Sudan has pushed thousands of Sudanese and residents of neighbouring countries to seek refuge in the Central African Republic.

The fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), which began on 15 April, has affected densely populated states and towns in Sudan, resulting in an unprecedented crisis of displacement within and outside Sudan in neighbouring countries.

During the early days of the conflict, the majority of people were stranded due to the violence of the ongoing clashes, lack of financial means or simply because they were trying to preserve their property, assets, livelihoods or security. As a result, the waves of arrivals were late to the CAR but also irregular during the first days. The first waves of arrivals were reported on 26 April but it was only with the report of the first branch missions from 3 May that the real situation on the ground was shared with over 6,000 refugees and returnees in Am Dafock in the Vakaga Prefecture of CAR.



Arrivals are being recorded daily and attempts at appeals for calm and moments of relative calm in Sudan are expected to increase the opportunity for thousands of other refugees and Central Africans living in Sudan to move more to borders and CAR in the coming days/weeks. The projected scenario of more than 25,000 arrivals in the coming days adds to the stressful humanitarian context in the country.

## Scope and Scale

The populations coming from Sudan are currently arriving in Amdafock and are still located in the village, in a temporary site.

According to information reported by the Birao RC committee, the number of refugees received as of 6 May is estimated to be 5,000, with approximately 1,000 returnees. These figures were updated on 8 May by OCHA with 9,700 people arriving in Am-Dafock since the beginning of the crisis. At least 10,000 refugees could arrive in CAR in the coming weeks and 15,000 returnees according to UN projections.

Am Dafok is a village in the Vakaga prefecture. However, other entry points remain possible based on lessons learned from previous crises in the area. Notably, the border is the state of South Darfur. According to the 2003 census, Am Dafok has a population of about 3,500. Other villages on the border between the two countries are also expected to see an influx of people in the coming days due to the limited capacity of Am Dafok and the projected influx of up to 15,000 people in the coming days. Increased entry in Tchad bordering the North of Birao is also part of the possible parameter in the development of this crisis.

The rainy season throughout the country is a constraint and a major health risk for these populations and for the RC teams. Based on historical data on the impact of floods in CAR, Vakaga (the prefecture where Am-dafock village is located) is generally very affected by floods. The prefecture was most affected in October 2022, followed by Bangui. Among the 176 (approximately) villages affected at that time, Am-Dafock was included. In total, the prefecture had more than 24,000 affected people. During the severe floods of 2019, Vakaga was also severely affected by the floods. Some reference to floods historical impact can be found on <https://floodlist.com/africa/central-african-republic-floods-june-october-2022> and <https://reports.unocha.org/en/country/car/card/1FnuvE1InD/>

## Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	<b>No</b>
Did it affect the same population groups?	<b>No</b>
Did the National Society respond?	<b>No</b>
Did the National Society request funding from DREF for that event(s)?	<b>No</b>
If yes, please specify which operations	-

### Lessons learned

The NS has extensive experience in managing displacement crises in the Sudanese border area. This experience reinforces the analysis made by the NS on the response approach adopted but also on the effectiveness measures included in the intervention plan but especially on the monitoring of this DREF. Among other things, the CARRC will ensure that a regular and documented monitoring system is in place at the branch level with the development of appropriate tools and the establishment of an agile and constant response structure in the intervention area.

- A clear control plan should be put in place for monitoring operations to avoid delays.
- Transparent communication with the regional operations teams when no information is received from the National Society on operations, in order to obtain support from IFRC management to contact National Society



management to support follow-up requests.

- A system of coordination and strategic information sharing is also in place with the different levels of management of this crisis internally, at the Movement level but also at the level of the regional Sudanese Displacement Crisis Coordination Unit involving the Secretariat.
- There is a need to improve the logistical capacity of the National Society to support the supply, which will ultimately reduce delays in the handover of responsibilities from the Federal Liaison Officer.

## Current National Society Actions

<b>Other</b>	<ul style="list-style-type: none"> <li>- CARRC has activated and mobilised its branches. A committee of the CARRC is present in Biroa with more than 250 volunteers.</li> <li>- The Central African Republic Red Cross Society (CARRCS) takes part in the coordination platforms set up at the movement and non-movement levels. Regular updates of the branches are provided.</li> <li>- The Birao branch with HQ conducted rapid assessment visits: 3 to 4 May in Am-Dafock and 8-9 May.</li> <li>- The team has also discussed possible actions.</li> </ul>
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## Movement Partners Actions Related To The Current Event

<b>IFRC</b>	<p>Technical support and guidance. Coordination of the secretariat for the RCRC stakeholders Organization of operational coordination meetings with the different units of the countries involved in the crisis.</p>
<b>ICRC</b>	<p>Coordination meeting of the CRF and CRNL. The ICRC has built 10 emergency latrines in Amdafock.</p>
<b>Participating National Societies</b>	<p>Meeting held with ICRC. Preliminary data from ICRC was used in this planning. Installation of 15 water tanks in the 15K L Distribution of 1000 jerry cans RLF</p>

## Other Actors Actions Related To The Current Event

<b>Government has requested international assistance</b>	-
<b>National authorities</b>	<p>The local authorities are constantly on the ground and closely following the evolution of the population. The massive arrival of the population has led to several meetings with the local authorities during which the need for assistance has been expressed.</p> <p>The current priority is to decide on the next steps in the relocation strategy for the arrivals.</p>

#### UN or other actors

The actors on the ground are : OCHA, UNHCR, CNR, WFP, APAD, and IMC

- WFP distributes food supported by APAD
- IMC provides emergency care
- UNHCR has the management of the camp already set up in Birao with the support of OCHA

A temporary site has been set up in AMDAFOCK by UNHCR

The current response capacities are limited in terms of funding but also in terms of medium and long-term response possibilities due to the expected decisions on the settlement of refugees and returnees received.

- WFP: has committed to a food distribution in the coming days but details are not yet available following the last coordination meeting with CRCR partners.

#### Are there major coordination mechanisms in place?

OCHA has the lead in coordination

Most partners meet in Bangui to share information on the situation, update on arrivals and actions planned by partners. Meetings are held weekly and the CARRC participates alongside the IFRC;

The cluster activated to date is the shelter cluster with the UNHCR leading this technical pole.

The CARRC also plays a parallel role in supporting all the actions carried out in the field through its network of volunteers made available to partners for the various actions undertaken.

The actors in the field further coordinate the actions either in Bangui or Birao. The activation of this branch is essential.



# Needs (Gaps) Identified



## Migration

The majority of displaced people are in the temporary site set up by UNHCR in the village, but a relocation plan needs to be approved by the Government, which will also give guidance on possible actions depending on the location. Indeed, the security aspect plays a crucial role in the dynamics of this displacement crisis in CAR and in the possible response options of humanitarian actors.

More than 10,000 people have already been received per day. On average, waves of arrivals are in the hundreds and UNHCR projections are for over 25,000 people by June (refugees and returnees).

The arriving populations are in disarray, sometimes injured, tired and unfamiliar with the host area. The arrivals are often disoriented and have health, material and nutritional needs, as well as information and orientation needs from the first days.

The majority of the incoming population is still in the site with a high probability of moving to larger settlements if the situation allows. As Am-dafock is a small village, there is very limited capacity to accommodate even a large-scale site.

In case of relocation by the Government and/or voluntary deportation of refugees/returnees, the likelihood is high, based on past events, that Birao and Bria would be the first choice. If the installation of humanitarian aid points in Am-Dafock is essential, at the level of the two towns, it will be necessary to ensure the activation of branches, training and preparation for the management of the camps and possible scenarios.



## Livelihoods And Basic Needs

Market capacity, agro-pastoral arrangements in the Amdafock area are very limited based on secondary data. The possibilities of food support by partners.

The arrival of populations from Sudan will put pressure on Amdafock which is already limited in terms of land, market, income of its population and opportunity for these populations to recover what they have lost and access basic needs.

The prefecture of Vakaga where the village of Am-Dafock is located is also characterised by low agricultural production, poor sources of economic activity compounded by persistent insecurity, high food prices and population displacement, the effects of the generalised food crisis in CAR also affects this area with a significant proportion of the population in phase 3 in the eastern and south-eastern prefectures, including Vakaga.

Rapid assessments conducted by the local CARRC committee in Birao have identified urgent needs in the areas of food, emergency shelter for up to 5,000 refugees, basic household items (cooking utensils, bedding, documentation, etc.), food.



## Water, Sanitation And Hygiene

Access to clean water is a priority need. The number of water points is not known at present, but this area was already limited in terms of drinking water supply. Water is supplied from rivers, requiring treatment.



Limitations were also observed in terms of access to household hygiene and improved living conditions and sanitation, which are expected to deteriorate further with more waves of arrivals and the rains expected in the coming days. In addition, this is a usually dry area where the rains have an immediate impact with the reappraisal of stagnant water points. These factors are conducive to the incidence of malaria and water-borne diseases such as cholera. Some WASH pre-positioning needs are covered by other partners in their response plans (OCHA report) but immediate access to living conditions that limit exposure to factors conducive to mosquito breeding and proliferation of other transmission vectors is a necessity. In addition, access to water is also limited and the actions undertaken to date are not sufficient to cover the drinking water needs of the growing population.

The rainy season has been underway since May and will continue until September, with usually very negative consequences in Am-dafock and Birao.



The violence of the fighting pushes the population of the Sudanese state concerned to leave in a hurry, frightened and, for some, psychologically and physically affected by the violence itself or by the journey to get there. The difficult conditions of the crossing to CAR and the haste to flee mean that most of the people received lack basic protective equipment and the ability to access health care, while some need first aid, psychological support for trauma and to ensure a minimum environment for the health of children, the elderly and people with special needs.

The populations arriving in Am-Dafock include thousands of women and children and the level of vulnerability of these communities is significant, particularly due to the consequences of the violence.

Water, hygiene and sanitation conditions remain limited, creating an enviable risk of opportunistic, water-borne and vector-borne diseases. The risk of an epidemic is high under these conditions, affecting households and especially already vulnerable groups such as children, pregnant and lactating women and others. Appropriate sanitation activities to reduce health risks should be carried out but above all promoted. Vector control efforts for mosquito-borne diseases and other vectors need to be intensified, and community health education and monitoring of disease cases is needed. An epidemic in this context adds to the complexity of the situation.

According to the Ministry of Health. Prior to the onset of this wave of conflict, Sudan was also facing a significant spread of dengue in most parts of the country. The different conditions listed above also represent a risk to be monitored, as well as the incubation period of dengue.

## Operational Strategy

### Overall objective of the operation

This DREF aims to support the provision of immediate humanitarian services to the displaced population coming from Sudan through first aid, reception, access to water and humanitarian reception and support services to the arrivals via the Red Cross points and in the IDP settlements in Vakaga, especially Am-Dafock.

This operation will therefore also ensure the strengthening of the response capacity of the border branches in Sudan to respond to different scenarios.



## Operation strategy rationale

This DREF will allow a more detailed assessment of the situation in order to revise the action plan according to the evolution of the needs, access and possible gaps in the current assistance. This assessment will also identify the market opportunities in the Vakaga prefecture and the costs of supply under different scenarios. Continuous monitoring of the situation is also an essential part of the planning process.

The deployment of 10 NDRTs with expertise in WATSAN and Shelter, RFL and First Aid will be required to provide technical support to the branches and will form part of the crisis management committee to be established in Amdafock. The 200 selected volunteers will be trained in emergency shelter construction, disinfection and sanitation techniques, hygiene promotion and safe behaviour in the field.

Considering the situation, CARRC will set up an assistance in adequation with the above-mentioned context including actions contributing to the immediate humanitarian assistance of the populations as soon as they enter Am-DaFock and the mobilisation and preparation of the possible feeder zones of Bria and Birao and support to households complementary to the actions already undertaken by the partners on the ground.

The CARRC's approach to the response to this crisis will also be coordinated and complementary to the actions undertaken and ongoing by the partners and will take into consideration the potential evolution of the refugee situation, depending on the strategic orientations expected from the Government for relocation. The activation of Birao and Bria will be better supported as they are the coordination points for the various partners. Am-Dafock being limited has only the majority of the response teams. The same structure is planned for the CARRC side as follow:

### 1) Emergency humanitarian assistance at the entry points to Amdafock

The current response in Amdafock will be provided by 100 volunteers and will cover immediate assistance to the displaced population. The main activities that will be implemented by CARRC volunteers are Preparation of branches and their deployment to all border entry points on Red Cross point management, shelter construction and camp intervention, epidemic prevention and community health, WASH. Community health awareness and hygiene promotion, Contributing to the improvement of WASH conditions of new arrivals with resilient methods of access to safe water to prevent the impact of floods on the situation. This will be done through community-based educational sessions on water point treatment and risk reduction activities in addition to ad hoc support for water point upgrading. Supporting communities to access minimum hygiene and health measures to limit the risks associated with current living conditions. These actions will be accompanied by gender protection and inclusion measures.

RFL,

Immediate assistance in first aid, PSS, accompaniment and orientation of displaced persons through Red Cross points installed in Amdafock. 02 RC points will be installed in Amdafock (02).

### 2) Mobilisation of other entry points, rallying or relocation of displaced persons to Bria and Birao

The CARRC mobilizes the Bria and Birao teams for possible spontaneous/voluntary migration or relocation by the Government. A total of 100 volunteers will be mobilized, trained and equipped to intervene in the reception and management of community health and WASH in the camps and host communities. To this end, the training planned above will also be conducted in these branches and regular monitoring will be carried out to provide an early warning of any displacement of these populations to these areas historically host to this type of crisis.

Minimum criteria of community engagement and protection; gender, inclusion will be mainstreamed in all sectors of intervention, CARRC will ensure that the DREF operation is in line with the IFRC's commitment to gender equality and diversity by adapting the beneficiary selection criteria to the targeted people (female-headed households, children and people with disabilities). Other aspects examined will be the prevention of sexual and gender-based violence and the protection of children.

CARRC, through this DREF operation, will provide protective and visibility items for the volunteers, including Red





Cross bibs, mackintoshes and Red Cross boots. Given the large number of people and materials in the city, more detailed assessments of the situation are needed to provide more information and to develop an appropriate response action plan.

Within the framework of the partnership, some materials and equipment may be received from other partners (UNICEF, UNHCR, OCHA, UNFPA etc.).

## Targeting Strategy

### Who will be targeted through this operation?

The target will be around 10,000 people present in Am-Dafock, including refugees and returnees already registered as of 8 May and those arriving in the temporary site.

### Explain the selection criteria for the targeted population

The above targeting will take into consideration the needs and the evolution of the situation but also the capacity of the branches to respond and access in the communities.

## Total Targeted Population

Women:	5,000	Rural %	Urban %
Girls (under 18):	-	100 %	%
Men:	5,000	People with disabilities (estimated %)	
Boys (under 18):	-	%	
Total targeted population:	10,000		

## Risk and security considerations

### Please indicate about potential operational risk for this operations and mitigation actions

Risk	Mitigation action
The impact of the rains on humanitarian conditions and needs	The CARRCS will have the capacity to manage the floods. The ongoing actions include a preparation component that will take into account the potential impact of the floods in the Vakaga area, but especially in Am-Dafock, by ensuring that volunteers are trained in emergency alert and WASH intervention, health and shelter for a rapid response to the refugees who will be most exposed to this situation.
Health risks : Malaria is a common disease in this region. Mosquito nets will be distributed at the beginning of the operation. In addition, awareness-raising sessions on major diseases, including malaria, and sanitation operations will be organised throughout the fire-affected area.	It will be necessary to raise awareness of Covid-19 using messages and approaches that will result from the analysis of feedback from the community.



The risk of deteriorating access conditions to border localities due to the rains. The Birao-Amdafock axis is the route to be used by the intervention teams. In the context of the rains, road travel for the possible delivery of equipment and food kits to the population in Amdafock would be greatly compromised due to the impassability of access to this area.

The majority of actions will be localised with the involvement of branches and volunteers already in place. Appropriate protection will be provided and the proposed assistance takes into account the difficulties of access for the deployment of the assistance but also the follow-up.

### **Please indicate any security and safety concerns for this operation**

The security zone is fragile and very unstable. The deterioration of the security situation also poses a risk to the progress of the intervention and would considerably reduce access to vulnerable people as well as any transport of material which is only feasible from Bngui to Biroa by air cargo.

Since the civil war clashes of 2013, CAR in the Vakaga prefecture as in many others has very active rebel groups. They represent a threat throughout the country. The security situation therefore remains worrying and the movement of people and goods by road is impossible. Recent insecurity highlights include a confrontation between FACA and armed elements of Ali Ndarass' UPC reported in the town of Tiringouli, Vakaga, on 5 May. Several people were killed and wounded. The town was reportedly taken over by the armed groups. Indeed, Vakaga (a prefecture bordering Sudan) is a place of frequent clashes between the UPC/CPC and the national armed forces supported by bilateral forces (Russian instructors). Route robberies outside Birao (the main town) are also frequent. The border area of the nominated prefecture is poorly controlled and therefore there are numerous intrusions by armed groups from neighbouring Chad and Sudan.

Access to shelters may be limited due to the ongoing conflict in Vakaga. Due to the limited capacity of the security services in Vakaga, refugees could be an attractive target for robberies and for local armed groups with the anticipated flow of humanitarian aid and personnel into the area.

Recommendations for branch staff and field headquarters:

Field missions (by vehicle) are not recommended due to road conditions and the extreme risk of being turned around;

A convoy of at least 2 vehicles is mandatory.

Constant radio contact between moving vehicles is mandatory

A minimum of one satellite phone is required for the mission team.

The Red Cross logo and flags must be displayed on all vehicles in the convoy. Visibility of vehicles is mandatory.

A safety briefing is essential for each team (person) before leaving on the mission to Vakaga. After the mission, another debriefing is mandatory with the security unit.

All IFRC staff in CAR must be visible at all times and wear Red Cross waistcoats. Personal documents must be carried at all times.

All staff travelling in the region must have Stay Safe Level 1, 2 and 3 training certificates.

In accordance with the MSR 2021 policy, all travel to red phase areas requires the formal approval of the Secretary General as risk holder for the IFRC.

Security measures will be put in place:

Volunteers will work in their respective localities. As part of their training, these volunteers have all been briefed on security measures and strict adherence to the volunteer code of conduct.

All of these volunteers will be insured by the Ministry of Health.

In addition, volunteers and NDRTs have signed the staff security code and will be trained on safer access and response in difficult environments.


Follow-up of travel procedures and updated minimum security rules.



# Planned Intervention

	Water, Sanitation And Hygiene	Budget	CHF 47,606
		Targeted Persons	10000
Indicators		Target	
#awareness-raising materials		5000	
#of sanitation kits		10	
#awareness and education session on water treatment		12	
#of households that received support for water treatment		1500	
# WASH assessment conducted		1	
# of volunteers deployed for WASH awareness		50	
# of volunteers trained in WASH		100	
Priority Actions:		<ul style="list-style-type: none"><li>• Water, Hygiene and sanitation/ WASH prevention training</li><li>• Assessment of the water, sanitation and hygiene situation in refugee sites and host communities.</li><li>• Purchase and distribution of water purification items for 1500 households</li><li>• Sensitization of refugees, returnees and host communities on safe water storage and use. Including mechanical water purification demonstrations and water purification treatments.</li><li>• Organize hygiene promotion sessions in the host site and community</li><li>• Procurement of sanitation tool kits to support environmental sanitation and hygiene work</li><li>• Distribution of IEC materials in the transit centre and host community.</li><li>• Assess progress in hygiene practices and evaluate results.</li><li>• Engage the community on the establishment, acceptability and management of water and sanitation facilities.</li><li>• Coordinate with other WASH actors on the needs of the target groups and the appropriate response.</li><li>• Supporting volunteers and supervisors for WASH and health awareness</li></ul>	

- Continuous monitoring and evaluation of the WASH situation in the target communities.

	Migration	Budget	CHF 39,142
		Targeted Persons	10000
Indicators	Target		
%of people received and assisted at these points	100		
#of red cross points installed and active	2		
# of external coordination meetings taken by the CARRC on the management of the Sudanese crisis	4		
#Coordination meeting movement taken part by the CARRC on the management of the Sudanese crisis	4		
#assessment conducted and reported	1		
	Priority Actions:	Assessment and monitoring of the migration situation <ul style="list-style-type: none"><li>• Multi-sectoral assessment and continuous monitoring of the situation. Analysis of possibilities for further action and logistical and access measures as well as Gaps</li></ul> Coordination <ul style="list-style-type: none"><li>• Strengthen and maintain coordination at the national, regional and sub-regional levels internal movement</li><li>• Strengthen and maintain local coordination in Birao and Amdafock but also at national level, with UN and other active partners.</li></ul> Deployment of Am-Dafock branch for response <ul style="list-style-type: none"><li>• Mobilization of branches, equipment and deployment. NDRT, supervisors and volunteers trained and deployed to Am-Dafock for immediate assistance while conducting the assessment.</li><li>• Volunteers trained on setting up and managing RC points</li></ul> Installation and management of 2 Red Cross points for the provision of emergency services to IDPs arriving in Am-Dafock. <ul style="list-style-type: none"><li>• Installation of the Red Cross points and local supply of the minimum reception necessities for the equipment of the RC points. Construction material - planks, local tools, first aid kits for RC points, Equipment of service material for migrants: drinking water, water storage material, sanitation of RC points, 3 beds and mattresses, slats, benches/chairs, mosquito nets.</li><li>• Mobilisation of volunteers and management of humanitarian aid points. 20 volunteers for a 20-day rotation during the intervention.</li></ul>	

	<ul style="list-style-type: none"> <li>• Translation of awareness messages into languages required by beneficiaries and the local language.</li> <li>• Printing of visibility materials for the RC points - stickers and banners</li> </ul> <p>Preparation of Bria and Birao will include, in addition to training, the mobilisation of camp management teams, their training and alerting.</p>
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	Secretariat Services	Budget	CHF 30,440
		Targeted Persons	220
Indicators		Target	
#of monitoring meetings held with secretariat and NS		8	
#of surge deployed to support NS		1	
#of monitoring mission by IFRC		3	
Priority Actions:		<ul style="list-style-type: none"><li>- Monitoring from IFRC team- mainly operation, logistic and finance</li><li>- Migration with operation coordination skills</li><li>- Support for monitoring and security briefing</li><li>- Translation document</li><li>- Lessons learned workshop</li></ul>	

	National Society Strengthening	Budget	CHF 62,814
		Targeted Persons	220
Indicators		Target	
of volunteers confirming that they have received all security briefings		100	
#volunteers mobilised in Bria and Birao		100	
#of volunteers mobilised		200	
		<ul style="list-style-type: none"><li>- The planned training in the different sectors will be done for the 3 branches: Am-Dafock as a priority and Bria and Birao as a second.</li><li>- Training of the branches in safer access, security and briefing on the intervention context for the Birao, Bria and Am-Dafock branches</li><li>- The CARRCS National DM will coordinate the activities supported by the IFRC colleague. Some 200 CARRCS volunteers and 10</li></ul>	

**Priority Actions:**

supervisors in the refugee sites will be mobilized and trained to build the National Society's capacity in community monitoring and social mobilization. Humanitarian point of service management capacity

- Mobilization of branches
- Establishment of a crisis management committee in Amdafock
- Activation and deployment of 100 volunteers
- Support to the branch for data collection, assessments and the establishment of a regular communication and information management system.
- Equipping branches for first aid deployment and logistical support
- Protection and equipment for volunteers: purchase of protective and visibility equipment
- 10 NDRTs and volunteers with initial training in shelter, health and other sectors will be briefed and deployed to the field.
- Communication will include appropriate measures with Thuraya charging when travelling

**Protection, Gender And Inclusion****Budget**

CHF 19,450

**Targeted Persons**

10000

**Indicators****Target**

of feedback on protection issues received addressed

100

#sensitive complaints management system set up

1

#of volunteers trained on AIP, HEAP


200

**Priority Actions:**

- Ensure that all relevant staff and volunteers are informed about AIP measures, minimum messages and WASH standards and sign the code of conduct.
- Coordinate with other health sectors, AEC, WASH to integrate AIP using the minimum AIP standards in emergencies for the sectors to ensure dignity, access, participation and safety of communities.
- Engage other protection actors to map and establish safe referral pathways for child protection issues, sexual and gender-based violence, protection challenges, gender and inclusion or sensitive reporting systems.
- Among the supervisors, two AIP focal points will ensure regular monitoring and reporting on protection activities, feedback and challenges.
- Establishment of a clear system for handling sensitive complaints in the feedback mechanism.
- Printing of Protection, PHEAH and child protection messages and the existing complaints mechanism for arrivals.
- Deployment of volunteers to disseminate protection and peace



	<p>promotion messages.</p> <ul style="list-style-type: none"> <li>• An inclusive approach will also be developed with translation of messages into languages desired by communities.</li> </ul>
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	Community Engagement And Accountability	Budget	CHF 6,134
		Targeted Persons	10000
Indicators		Target	
#of volunteers trained on the CEA		200	
of feedback received that are treated		100	
#of feedback systems set up		1	
Priority Actions:		<ul style="list-style-type: none"><li>• Inclusion of the CEA in the evaluation</li><li>• Production and distribution of communication and awareness/information tools.</li><li>• Strengthening of existing and/or created community committees.</li><li>• Participation in CEA forums in the field and at national level.</li><li>• Establishment of a system for information sharing, collection and management of feedback in the concerned antennas (refugees, returnees, host community committees)</li><li>• Community feedback mechanisms</li></ul>	

	Health	Budget	CHF 17,852
		Targeted Persons	10000
Indicators		Target	
#Nombre de personnes touchées par les activités de santé		10000	
#of people who have been made aware of health prevention messages		100	
#Community health training conducted		3	
Percentage of mobilized staff and volunteers who confirmed that they had received adequate protection		100	
#of kits purchased by branches for community first aid		50	

#### Priority Actions:

- Purchase and dispatch to field teams of 50 first aid kits, 30 to Amdafock. 20 will remain in reserve in Briao for the preparation of the branches, while being able to be deployed to Am-Dafock if necessary.
- Purchase of protective gear for 300 volunteers
- Training in first aid and psychological first aid
- Capacity building of Am-Dafock volunteers in community health and epidemic prevention.
- Awareness raising and health promotion with a focus on water-borne diseases and malaria in Am-Dafock
- Surveillance

## About Support Services

### How many staff and volunteers will be involved in this operation. Briefly describe their role.

200 Volunteers

10 NDRTS

1 disaster management officer deployed to the branch for part-time coordination and monitoring

### Will surge personnel be deployed? Please provide the role profile needed.

A migration and operational coordination surge profile will be deployed to support the response, analyze the context parameters, needs, gaps and humanitarian dynamics for possible actions after the next weeks.

### If there is procurement, will it be done by National Society or IFRC?

All procurement will be done locally in Vakaga prefecture, especially from Birao as priority and Bangui following the IFRC's minimum procurement procedures.

The roles and process of procurement will be clarified in the funding agreements.

### How will this operation be monitored?

Within the National Society, there will be the DM, 10 NDRTs, 200 volunteers from the two local committees and 2 drivers to support the implementation of the operation. All expenses related to their participation in the implementation have been budgeted. These NDRTs and the SN volunteers will be the first line of intervention in this operation and will provide weekly progress reports on the interventions.

In the implementation of the activities planned for this DREF in collaboration with the Disaster Management Departments of the NS and the Regional Representation of the Federation.

The monitoring of the activities of these volunteers is organized at two levels: first, by ten (10) community supervisors who are NDRTs who provide field supervision, guidance, determination of progress plans, management of materials, and solutions to constraints in the field. Secondly, by the Disaster Manager of the national society and the IFRC Emergency Coordinator (CU) who came to support the event. They supervise activities, produce reports, and hold briefing and debriefing meetings with the NDRTs and volunteers. They are also responsible for monitoring and evaluation, reporting and producing the final report.

Monitoring will be strengthened with the establishment of a detailed work plan, a formal kick-off meeting will also be organised to clearly define roles and responsibilities and the monitoring and reporting systems. A weekly reporting system from the branches to headquarters will be consolidated to inform on the overall progress and necessary actions. Based on these reports, coordination and monitoring meetings with the region will be organised twice a month with the CAR/CHAD cluster delegation on the implementation of operations, challenges. The report will contribute to the coordination and information platform on the sub-regional crisis with the other countries but also with the regional coordination team.





**Please briefly explain the National Societies communication strategy for this operation.**

Under this DREF, communication activities are planned in conjunction with field activities (trainings, contact with authorities, partners, NS and IFRC officials) for better visibility.

The CARRC Communication Officer will also cover the different activities planned. The Communication Officer will also cover the various planned activities (trainings and technical and practical implementation) of the DREF activities.



# Budget Overview



## DREF OPERATION

### MDRCF030 - Central African Republic Population Movement from Sudan

#### Operating Budget

Planned Operations	130,183
Shelter and Basic Household Items	0
Livelihoods	0
Multi-purpose Cash	0
Health	17,852
Water, Sanitation & Hygiene	47,606
Protection, Gender and Inclusion	19,450
Education	0
Migration	39,142
Risk Reduction, Climate Adaptation and Recovery	0
Community Engagement and Accountability	6,134
Environmental Sustainability	0
Enabling Approaches	93,254
Coordination and Partnerships	0
Secretariat Services	30,440
National Society Strengthening	62,814
TOTAL BUDGET	223,438

all amounts in Swiss Francs (CHF)



# Contact Information

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

- **National Society contact:** Jean Moise Modessi Wagedo, DM CRRCA, modessi13@gmail.com
- **IFRC Appeal Manager:** Denis DUFFAUT, denis.duffaut@ifrc.org
- **IFRC Project Manager:**  
Wilfried MBOLISSA NGUERKOUNDU, Operation officer, Delegation CAR, wilfried.mbolissa@ifrc.org
- **IFRC focal point for the emergency:**  
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[Click here for the reference](#)

