

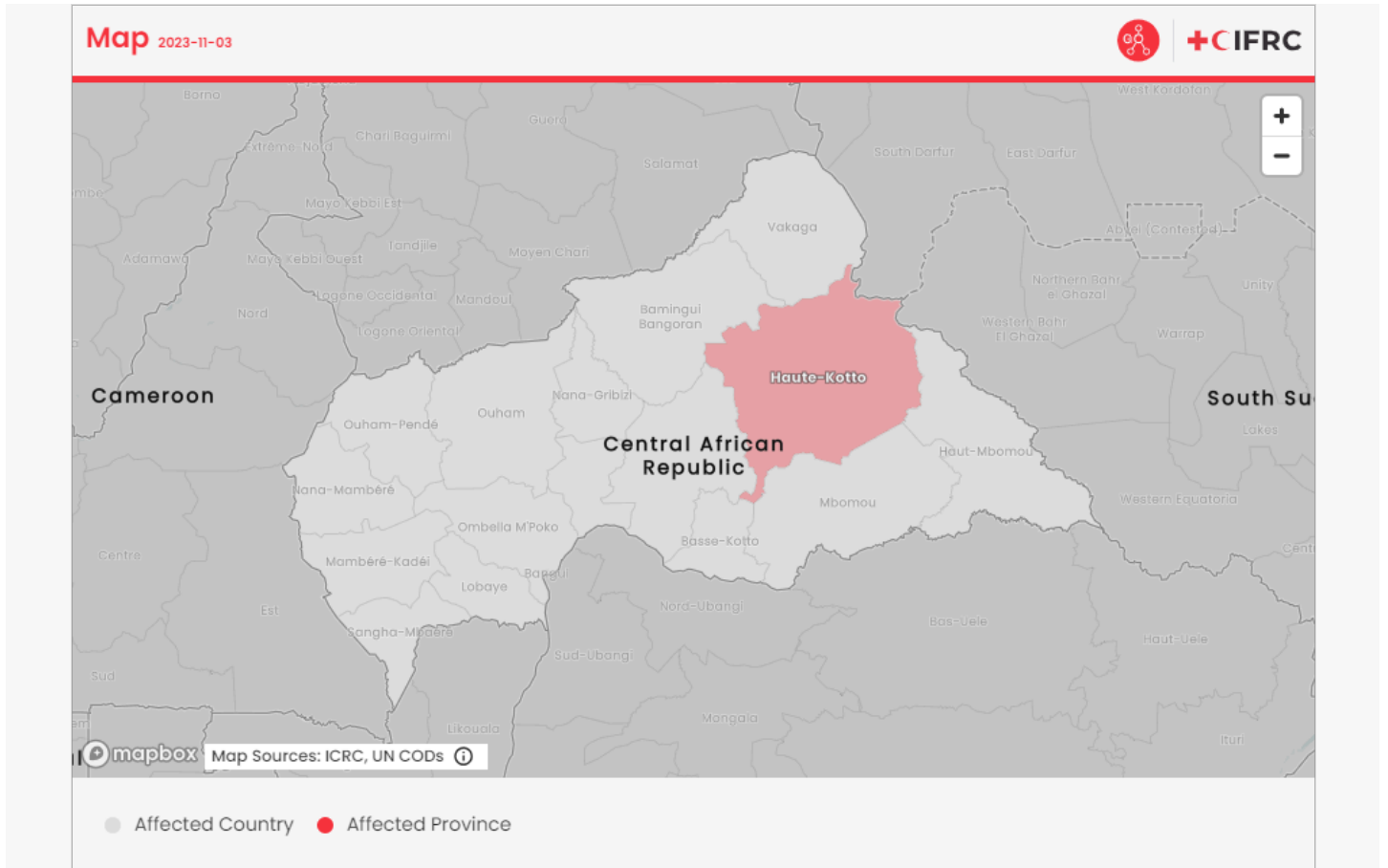


L'un des abris d'urgence construits aux victimes

Appeal: MDRCF031	Total DREF Allocation: CHF 288,368	Crisis Category: Yellow	Hazard: Other
Glide Number: -	People Affected: 6,006 people	People Targeted: 3,530 people	People Assisted: 6,024 people
Event Onset: Sudden	Operation Start Date: 22-11-2023	Operational End Date: 31-03-2024	Total Operating Timeframe: 4 months
Targeted Regions: Haute-Kotto			

The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.

Description of the Event



Date of event

01-11-2023

What happened, where and when?

On the night of October 31 to 1st November 2023, from 6 p.m., torrential rains accompanied by violent winds occurred in twelve (12) neighborhoods (Borno, Amameu, Yadouma, Yafara, Boy-gbaya, Moussa-Gbadou 1, 2 and 3, and others) of the town of Bria, capital of the Haute Kotto Prefecture, causing serious material and human damage.

At the end of the four-month intervention (December 2023 to March 2024), the humanitarian situation in Bria had significantly improved thanks to the coordinated efforts of the Central African Red Cross (CRCA) and the IFRC. The emergency response successfully addressed the immediate needs of the 706 affected households (3,530 people), who had suffered from the violent winds and torrential rains of October 31, 2023.

Key outcomes included:

Shelter and NFIs: 300 emergency shelters were constructed for the most vulnerable families, and NFIs (non-food items) were distributed to all 706 affected households.

Water, Sanitation and Hygiene (WASH): 30 community wells were rehabilitated and disinfected, and 30 latrines were restored, improving access to safe water and sanitation.

Health and First Aid: Two Red Cross rescue brigades were established, providing first aid to 94 people. Volunteers conducted health promotion and disease prevention activities, including COVID-19 awareness.

Protection and Inclusion: 37 awareness sessions on gender-based violence (GBV) reached 375 people, including men, women, and children.

Community Engagement: Focus group discussions and advocacy meetings were held regularly with community leaders and local



authorities to ensure accountability and feedback integration.

Capacity Building: 170 volunteers were trained or retrained in emergency response, shelter construction, hygiene promotion, and PGI (Protection, Gender and Inclusion).

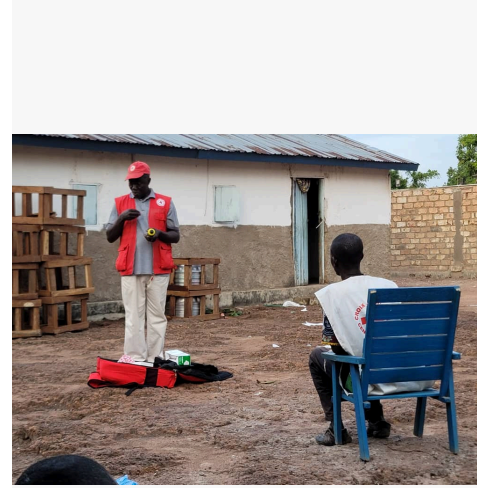
Despite the challenging context, including the presence of armed groups and logistical constraints, the operation was completed within the planned timeframe. The intervention strengthened the resilience of the local population and improved the CRCA's capacity to respond to future emergencies.



Atelier leçons apprises: restitution en plénière



L'un des puits réhabilités dans le cadre de cette opération



2 volontaires chez une famille pour une sensibilisation

Scope and Scale

At the start of the operation, the town of Bria, in the Haute-Kotto prefecture, was facing a serious humanitarian emergency. During the night of October 31 to November 1, 2023, violent winds accompanied by torrential rains struck twelve neighborhoods, causing significant material damage and human casualties. A total of 706 households (3,530 people) were affected, with 300 houses completely destroyed and 406 partially damaged. Water and sanitation infrastructure was also affected, with an initial assessment of 12 community wells and 26 latrines damaged, which subsequently increased to 30 community wells and 30 community latrines. This disaster occurred in an already fragile context, marked by the presence of Sudanese refugees and Central African returnees, exacerbating the pressure on host families and community resilience.

The intervention carried out by the Central African Red Cross (CRCA), with the support of the IFRC, made it possible to respond effectively to the urgent needs of the affected populations. In four months, 706 households received essential non-food items (NFIs), 300 emergency shelters were built, and 30 wells and 30 latrines were rehabilitated. Two rescue teams were set up, providing first aid to 94 people. Awareness campaigns on hygiene, disease prevention, COVID-19, and gender-based violence (GBV) reached more than 6,000 people. Community discussion groups and advocacy meetings strengthened community engagement and accountability.

The impact of the operation was significant for both the targeted communities and the CRCA. Affected families regained a minimum level of dignity through access to shelter, drinking water, sanitation, and basic health services. Awareness-raising helped to reinforce prevention and protection behaviors. On the institutional side, the CRCA strengthened its technical and operational capacities: 170 volunteers were trained or retrained in key areas such as shelter construction, hygiene promotion, community monitoring, and protection. The operation also consolidated coordination mechanisms with local authorities and partners, thereby preparing the National Society to better respond to future emergencies.

National Society Actions

Have the National Society conducted any intervention additionally to those part of

No

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) played a key role in supporting the Central African Red Cross (CRCA) response to the violent winds that struck the city of Bria. The main actions undertaken include:</p> <p>Support for the development of the Operational Plan: The IFRC assisted the CRCA in designing and validating the response plan, ensuring a structured response tailored to the identified needs.</p> <p>Logistical support: The IFRC, in collaboration with the CRCA logistics team, issued calls for tenders, selected suppliers, and ensured the delivery of non-food items (NFIs) to Bria.</p> <p>Capacity building: Three training sessions were held.</p> <p>Technical supervision: The IFRC Emergency Coordinator supported the field teams to ensure the quality of the implementation of activities.</p> <p>Support for visibility and communication: The IFRC supported the production of reports, the documentation of activities, and coordination with local authorities.</p>
<p>Participating National Societies</p>	<p>French and Dutch Red Cross Societies are present in the country. Their technical support has been requested by the NS, and they have been involved in the coordination meetings. They have not supported additional activities for the operation.</p>

ICRC Actions Related To The Current Event

The ICRC is present in the country with a base on the axis of the intervention zone and it has logistical means for transport by road and air. They were informed of this disaster, and a meeting has been conducted to discuss collaboration with NS. They have not supported additional activities for this operation.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>Local administrative authorities and community leaders accompanied local branch volunteers in collecting information and assessing needs. Three radio stations (Barangbaké, Ndèkè Luka, and Guira FM) were on the ground for the collection and dissemination of information.</p>
<p>UN or other actors</p>	<p>The international NGO InterSOS went into the field for an assessment of the situation.</p>

Are there major coordination mechanism in place?

No formal coordination mechanisms were put in place.

In Bria, the prefect, the mayor, the heads of the defense and security forces, the neighborhood chiefs and the local radio stations held a crisis meeting to identify needs and direct humanitarian aid. At the national level, bimonthly meetings have been held to share information within the movement and with stakeholders.

The NS organised:

- Courtesy visit of the Secretary General to the prefecture of Bria and the Mayor of the city of Bria, focused on the activities carried out and the closure of the DREF operation.



- Organization of 48 meetings with community representatives, local authorities, community leaders, youth representatives, women's representatives, beneficiary representatives, volunteer representatives, members of the governance of the local committee of Bria.
- An information meeting with members of the local governance of Bria.

Needs (Gaps) Identified



Shelter Housing And Settlements

Due to the poor quality of construction materials and soil making residential houses fragile, the passage of violent winds had a harmful consequence. The anarchic exploitation of mining sites has led to massive deforestation in the area. For this sector, the need identified is the rehousing of the 300 households whose houses have been completely destroyed and who find themselves in host families.

Persistent insecurity, the increase in the price of food, the deterioration of road infrastructure and difficulties in supplying basic necessities have significantly altered the community resilience capacities of the area. The destruction of residential homes affected essential goods and reserves.

The provision of non-food items, kitchen utensils and sleeping equipment is planned to alleviate the suffering of 706 affected households.



Health

Following the torrential rains, strong winds and flood runoff contaminated wells and other drinking water sources with household waste and debris. During the operation, affected households particularly those hosted by other families faced overcrowded living conditions and limited access to basic hygiene infrastructure. These factors significantly increased the risk of epidemics and water-borne diseases, including malaria, both among the displaced population and within host communities.

The needs of the sector are listed as follows:

- 1-Strengthened community-based disease surveillance systems for early case detection, particularly in flood-affected zones.
- 2-Continued access to first aid and basic healthcare services, including replenishment of first-aid kits and support for local first-aid brigades.
- 3-Ongoing health promotion activities focused on disease prevention and hygiene education.
- 4-Provision of psychological support and trauma care for affected individuals, alongside sustained efforts to prevent water- and vector-borne diseases such as malaria.



Water, Sanitation And Hygiene

The destruction of drinking water supply points and latrines had a negative impact on the quality of life of the victims. During the operation, sanitation activities were carried out to reduce health risks and were actively encouraged, including:

- 1-Vector control;
- 2-Provision of drinking water and water storage materials for affected households;
- 3-Support to health infrastructure in affected households and host communities;
- 4-Distribution of sanitation equipment;
- 5-Promotion of healthy hygiene practices and strengthening of the water supply infrastructure management system.

The 706 affected households lacked access to drinking water and sanitation facilities due to the destruction of 30 community wells and 30 family latrines. These infrastructures were identified for rehabilitation to restore them to acceptable conditions. However, by the end of the operation, access remained limited in several areas, and the need for continued support in restoring water and sanitation services persists.



Protection, Gender And Inclusion

The living conditions of the affected population, who were precariously and overcrowdedly hosted by families, constituted a significant risk of exposure to Sexual and Gender-Based Violence (SGBV).



Young people under the age of 18 represented more than half 53% (1,871 out of 3,530) of the total targeted population and a quarter of those in affected households. Due to their age and vulnerable living conditions, they remained exposed to risks of SGBV and Protection from Sexual Exploitation and Abuse (PSEA).

This situation increased their susceptibility to abuse or sexual exploitation as a means of meeting basic needs. Therefore, it was essential to ensure broad awareness and mobilization efforts to build resilience among youth and affected populations in the face of SGBV.



Community Engagement And Accountability

The lack of community awareness and the unregulated exploitation of mining sites, along with the untimely destruction of local flora, contributed to the violent winds and the broader effects of climate change observed in the area.

During the operation, efforts were made to mobilize the community to commit to disease prevention and the fight against environmental degradation.

Involvement, participation, and consideration of the specific needs of the community receiving humanitarian support were key to the success and acceptance of CARCS interventions.

It was essential to strengthen community capacities in social sciences and feedback collection mechanisms to better prepare them to prevent and respond to disasters using locally driven solutions.

However, by the end of the operation, gaps remained in environmental awareness and community engagement, highlighting the need for continued support in building resilience and promoting sustainable practices.

Operational Strategy

Overall objective of the operation

This DREF allocation is intended to provide emergency humanitarian aid to 3530 people affected by the violent winds in the eight affected districts of the town of Bria for four months.

Interventions will target the shelter, health, WASH, PGI and CEA/RCCCE sectors, as well as building the capacity of the local branch to better respond to this disaster.

Operation strategy rationale

CARCS's strategic approach to responding to this crisis was based on a thorough analysis of the needs and vulnerabilities of those affected, while respecting humanitarian principles and standards in emergency situations. The operation was implemented with consideration for the evolving context and mitigation of identified operational risks. The intervention strategy focused on the provision of essential humanitarian services, including shelter for the homeless, access to first aid and care, the supply of drinking water, and community mobilization to combat water-borne and vector-borne diseases as well as environmental degradation.

Shelter:

The operation improved the housing conditions of affected families through the construction of 300 emergency shelters and the distribution of Non-Food Items (NFIs) to 706 households. A total of 50 volunteers and 2 NDRT supervisors were mobilized and retrained to carry out shelter construction and NFI distribution, following established beneficiary selection criteria.

Health:

To ensure continuous health support, two brigades were set up to provide first aid and psychological assistance. A team of four volunteers, equipped with first-aid kits, provided reception and orientation services as needed. Additionally, volunteers trained in community-based surveillance and disease prevention conducted awareness sessions to promote health and referred suspected disease cases to health facilities. Impregnated mosquito nets were distributed to prevent malaria.



WaSH (Water, Sanitation, and Hygiene):

Access to safe drinking water was restored through the rehabilitation and disinfection of 30 damaged and contaminated wells, and Aquatabs were distributed to the 706 affected households over a period of four months. Sanitation was improved through the rehabilitation and disinfection of 30 latrines. Awareness-raising activities on proper infrastructure management and protection were conducted throughout the operation.

PGI:

Due to precarious living conditions, poverty, and overcrowding, young girls were exposed to risks of SGBV and sexual exploitation. To address this, voluntary and household awareness sessions were organized. The community feedback mechanism integrated a system for reporting such cases.

CEA:

Volunteer and community leader capacities were strengthened on their roles and on CREC for community mobilization in disease prevention, environmental protection, and the use of local solutions in emergency response. Advocacy meetings were held with stakeholders, focus group discussions (FGDs) on environmental degradation risks were conducted, and a community feedback mechanism was established.

National Society Strengthening:

To enhance disaster response, the capacities of the local branch were strengthened on themes related to the operation and CARCS's emergency response tools. Volunteers previously mobilized and trained under the Emergency Appeal for Sudanese refugees were effectively engaged in this operation.

Targeting Strategy

Who was targeted by this operation?

Target remain Bria were the disaster happened.

Target groups included affected households, women, children, the elderly, Sudanese refugees, Central African returnees, and people with reduced mobility. These groups were prioritized due to their increased vulnerability to health and social risks. The inclusive approach adopted ensured that aid reached those most at risk, while strengthening community resilience through the mobilization and training of local volunteers.

Explain the selection criteria for the targeted population

The selection of beneficiaries was based on a rapid assessment conducted in the 12 neighborhoods most affected by the strong winds. The criteria used included:

Level of vulnerability: Households whose homes were completely or partially destroyed were given priority.

Presence of people with special needs: Families with children, pregnant women, elderly people, people with disabilities, or people with chronic illnesses were identified as priorities.

Displacement status: Sudanese refugees, Central African returnees, and host families were included because their precarious situation was exacerbated by the disaster. Limited self-recovery capacity: Households without sufficient resources to rebuild or meet their basic needs were selected. These criteria were applied transparently with the involvement of local authorities, community leaders, and Red Cross volunteers to ensure a fair selection process.



Total Assisted Population

Assisted Women	2,001	Rural	-
Assisted Girls (under 18)	1,510	Urban	-
Assisted Men	1,003	People with disabilities (estimated)	15%
Assisted Boys (under 18)	1,510		
Total Assisted Population	6,024		
Total Targeted Population	3,530		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
Risk of seeing volunteers threatened by omitted or absent during registration.	Counter-evaluations were conducted in the targeted districts to validate beneficiary lists and reduce inclusion/exclusion errors. Key operational risks were monitored and mitigated throughout the operation, including logistical delays and security concerns. Volunteers followed safety protocols, and no major incidents were reported.
Risk of an armed clash or the presence of armed groups in the areas of the operation.	The national Disaster Management (DM) team maintained constant communication with both military and civilian authorities, which enabled the operation to proceed smoothly despite prevailing tensions.
Risk of not completing the mission on time.	A 3-month operational action plan and a Memorandum of Understanding (MoU) were signed, which facilitated timely implementation of the response activities and ensured alignment among stakeholders.
The prefecture of Haute-Kotto, which is in Red phase, is one of the regions most affected by instability and violence in the country. The current security challenge is therefore very significant there. Armed groups are often engaged in acts of violence against the civilians and NGO staff (as they are	To mitigate security risks, the entire operation was conducted within the town of Bria and within a 5km radius. Volunteers were briefed on security protocols and provided with appropriate equipment and visibility materials. Field activities were scheduled to end by 4pm, allowing volunteers to return home safely by 5pm.



considered the wealthiest). Kidnappings and assassinations are common in the area.	Prior to the launch of the operation, an advocacy meeting was held with community leaders and beneficiary representatives to present the planned activities and clarify the roles and responsibilities of each stakeholder. This engagement helped foster community support and facilitated smooth implementation.
Geographic accessibility due to the deterioration of roads and the increase in the cost of basic necessities.	Local purchases were prioritized to reduce transportation costs and optimize overall operational efficiency.
Late procurement of items due to country logistic challenges.	The IFRC logistics team provided technical support on procurement procedures. Following a joint market assessment conducted by CARCS and IFRC, local purchases were prioritized to ensure the timely availability of items and reduce operational costs.
Non-involvement of local authorities in activities.	Regular contact was maintained between the CARCS team and local authorities throughout the operation. This close coordination helped prevent misunderstandings, reduced suspicion, and facilitated smooth implementation of activities.
Failure to find the affected persons previously identified in October 2023.	The criteria for beneficiary selection were defined and consistently applied throughout the operation, ensuring transparency and fairness in the identification of recipients.
Risks of torrential rains causing new material and human damage.	Scenarios were developed to address emerging needs within the framework of this DREF, allowing for flexible and timely adjustments during implementation.
Risk of neighborhood leaders refusing to accept volunteers and materials distributed in their neighborhood for counter-evaluations.	Information meetings were held by the national Disaster Management (DM) team with community leaders to establish common ground and ensure mutual understanding of the operation's objectives and responsibilities. This approach strengthened collaboration and facilitated community support throughout the implementation.
High risk of fraud.	A mechanism for controlling administrative paperwork was put in place to prevent fraud attempts. This system helped ensure transparency and accountability throughout the operation.

Please indicate any security and safety concerns for this operation:

The prefecture of Haute-Kotto, in the centre of the Central African Republic, is one of the regions most affected by instability and violence in the country. The current security challenge in the Haute-Kotto prefecture is therefore noteworthy. Armed groups are often engaged in acts of violence against the civilians and NGO staff members (as they are considered the wealthiest). Kidnappings and assassinations are common in the area. Armed groups, notably the Union pour la Paix en Centrafrique (UPC) and the Front Populaire pour la Renaissance de la Centrafrique (FPRC), are very active in the region and regularly carry out attacks on civilians armed forces and security forces. Local populations are often taken hostage in these conflicts and are faced with permanent insecurity. As a result, many inhabitants have fled their homes to seek refuge in camps for internally displaced persons or in neighboring countries. Insecurity and the unacceptable road conditions in rural areas have made it difficult to provide humanitarian aid outside Bria.

To mitigate security risks, the entire operation will take place in the town of Bria and no further than 5km away. Before the operation begins, an advocacy meeting will be held with community leaders and beneficiary representatives to explain the activities to be carried out and the roles and responsibilities of each stakeholder.

Safety measures for IFRC staff in CAR:

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. Field missions (by vehicle) are not recommended due to road conditions and the extreme risk of being turned around. Transportation from Bangui to Bria might be authorized only by air. Due to the limited evacuation capacity from Bria in case of emergency it is highly recommended that not more than 2 IFRC staff members are to visit the area at the same time. 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.

Recommendations for branch staff and field headquarters:

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.

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 rule.

Has the child safeguarding risk analysis assessment been completed?

No

Implementation



Shelter Housing And Settlements

Budget: CHF 149,187

Targeted Persons: 3,530

Assisted Persons: 3,530

Targeted Male: 1,752

Targeted Female: 1,778

Indicators

Title	Target	Actual
Number of households reached with emergency shelters	300	300
Number of volunteers recycle for the construction of emergency shelters	50	50
Number of households reached with NFIs	706	706

Narrative description of achievements

- Two 1-day training sessions for 30 volunteers on emergency shelter construction techniques were held on 11 and 14 January 2024. The necessary equipment (tarpaulins, spikes n°4 and 8, rafters and white wooden slats) were purchased in advance to be able to demonstrate and then practice the different steps, in order to prepare the volunteers to replicate the exercise in the field, with the affected communities.
- A technical feasibility study was conducted, which determined the size of the shelters according to humanitarian standards (e.g., minimum living space per person) including the appropriate materials and construction techniques. There was also a verification of the local availability of materials (wood, tarpaulins, nails, etc.) and their lifespan and identified local construction skills. The study also mapped the supply and transport of materials not available locally.
- The construction of 300 emergency shelters in the affected neighbourhoods as such took place between 14 and 16 January 2024. To do this, the following equipment has been purchased and distributed:
 - o 1,800 white wooden slats of 6m 4x6cm
 - o 1,200 wheelwrights 6m 8x8cm in white wood
 - o 300 construction kits each consisting of a round shovel with handle, a square shovel with handle, a pickaxe with handle, a saw, a



hammer, a nail puller, a 1kg sheet metal tip, an 8 1kg point, a 4 1kg point, 20m of 8mm nylon rope, a star bag, a wire cutter, 1 tying wire and a daba hoe with handle)

- To complete the support provided, a distribution of NFIs was organized over 2 days (January 12 and 13, 2024) to the 706 most vulnerable households identified. The following materials were distributed:
 - o 1,412 buckets with lids (2 per household)
 - o 1,412 mosquito nets
 - o 1,412 canisters (2 x 25 L containers per family)
 - o 1,580 Tarpaulins
 - o 1,412 mats (2 per household)
 - o 1,412 blankets (2 per household)

Lessons Learnt

- The absence of protection kits, the sequence of work to finalize the list of beneficiaries and the distribution activities that lasted until late at night were the cause of the physical exhaustion of the volunteers, some of whom later fell ill.
- Prioritization criteria: Participants appreciated the way in which the beneficiaries were selected. Given that resources are limited and cannot assist everyone, the priority of the intervention is given to the affected areas just as the beneficiaries should be only those who have suffered the greatest material damage after the passage of these strong winds.
- Geographical delimitation of the areas: although these winds had raged in almost the entire city of Bria, the intervention was focused only in the neighbourhoods in which the inhabitants were heavily affected with economic and material damage and whose consequences even threatened the survival of these victims.
- Choosing the truly vulnerable: Participants in the lessons learned workshop appreciated the fact that all households that have benefited from this assistance are individuals or families who genuinely deserved to be assisted; they believe that they have not observed a case of intruders organized by the implementing actors or the neighborhood chiefs.
- Take into account the elderly, pregnant and breastfeeding women during distribution operations by providing them with logistical means that can allow them to bring their kits.
- Take into account the sustainability of the results of the intervention by providing beneficiaries with kits made up of good quality materials.
- Take into account the aspect of resilience and reconstitution of the livelihoods of the people assisted by coupling the intervention with the distribution of seeds and other food assistance.

Challenges

- The distribution of the kits was poorly organized because all the beneficiaries went on the same day to receive their kits, which caused traffic jams and some cases of theft by onlookers who had come en masse; In addition, the planning of the distribution did not take into account the elderly, pregnant or breastfeeding women to treat them separately.
- Poor quality of some components of the kit (tarpaulin): the tarpaulins that were given to the beneficiaries for the reconstruction of emergency shelters are not of ideal quality, moreover they do not withstand the winds that prevail in the dry season in the region.
- The time allocated to distribution is insufficient, which has forced the implementing actors, especially the volunteers, to work until late at night.
- Assistance to victims of high winds in Bria did not include food assistance or resilience support for means of survival when this was expressed as needed from community's feedback during activities.



Budget: CHF 29,333

Targeted Persons: 6,006

Assisted Persons: 6,024

Targeted Male: 2,513

Targeted Female: 3,511

Indicators

Title	Target	Actual
Number of households reached with awareness-raising activities	1,200	1,200



Number of people reached with first aid	60	94
Number of households reached with impregnated mosquito nets	706	706
Number of Relief Brigades set up in Bria	2	2
Number of volunteers trained in Community-Based Surveillance	50	50
Number of first aid kits handed over to the local committee in Bria	8	8

Narrative description of achievements

The health intervention was defined to provide urgent services for the affected populations with a focus on health, disease prevention, and psychosocial support. This included establishing community-based disease surveillance, ensuring access to first aid and healthcare, promoting health through awareness campaigns, and preventing water- and vector-borne diseases such as malaria. 6,024 people are estimated to have been reached through volunteers' activities (1200 Households).

- Organization of 106 awareness sessions on hygiene and sanitation promotion in the 08 affected localities which brought together 1,200 households (about 10 households per session). A total of 6,024 people participated with 1,003 men, 2,001 women and 3,020 children. The main sessions took place between January 3 and 20 in the affected communities. Volunteers continue the visits but more focus in affected communities.
- 2 CRCA rescue brigades have been set up, as well as 2 operations stations, in order to be able to provide assistance to the injured. 4 first aid kits have been purchased and divided into 8 sub-kits to equip them and allow volunteers to provide first aid to the community. As a result, on-call services have been set up in the 2 rescue brigades. This has made it possible to provide assistance to 94 people, injured by motorcycle accidents and other urgent health needs such as injuries during displacement, sudden illnesses, and complications in vulnerable groups (34 children, 2 pregnant women). First aid and stabilization were provided on-site before referral to health facilities. 50 volunteers were on duty between 21 and 29 January 2024.
- The volunteers were trained in Community-Based Surveillance during a 2-day training (16-17 January 2024), bringing together 4 facilitators and 50 personnel with adequate skills to deliver the health services.

Lessons Learnt

- The establishment of rescue teams enabled a rapid and local response, reducing the time taken to treat the injured and those in distress.
- Prior training of volunteers in first aid, community surveillance, and health promotion enhanced their effectiveness and autonomy in the field.
- Coordination with local health facilities proved essential to ensure proper referral of cases and avoid gaps in the chain of care.
- integration of health activities with other sectors (WASH, PGI, CEA) enabled a more holistic and coherent approach to the humanitarian response.

Challenges

- Limited access to healthcare facilities in certain areas of Bria, which made it difficult to quickly refer cases requiring medical attention.
- Lack of qualified medical personnel to assist volunteers in cases requiring clinical expertise.
- Logistical difficulties in delivering impregnated mosquito nets and first aid kits within the required time frame.

High workload for health volunteers, who had to provide first aid, raise awareness, and refer patients. Logistical difficulties were encountered in delivering impregnated mosquito nets and first aid kits within the required timeframe. These challenges included delays in procurement due to limited availability in local markets, which affected the initial distribution schedule. Additionally, poor road conditions and security constraints in certain areas complicated transportation and delivery logistics. Temporary storage solutions had to be arranged to preserve the integrity of the items before distribution. Despite these constraints, the teams managed to adapt through close coordination with suppliers and local authorities, ensuring that the items were eventually delivered to the targeted beneficiaries.



Water, Sanitation And Hygiene

Budget: CHF 43,900



Targeted Persons: 3,530

Assisted Persons: 3,530

Targeted Male: 1,752

Targeted Female: 1,778

Indicators

Title	Target	Actual
Number of wells rehabilitated	30	30
Number of latrines rehabilitated	30	30

Narrative description of achievements

A total of 3,530 people from the affected communities benefited from the rehabilitation of WASH infrastructure and hygiene promotion campaigns conducted by the National Society. These individuals had previously relied on latrines and water sources that were destroyed by the violent winds.

This intervention addressed a critical gap identified during assessments. It also helped reduce the risk of disease outbreaks that could have emerged due to poor sanitation and limited access to safe water. Summary of Achievements included: improving access to safe water, restoring essential water points and communal latrines with rehabilitation and sanitations, enhancing and building community awareness on good sanitation and hygiene practices in high-risk areas. Overall, 3,530 people leaving and benefited from these facilities. Below are the main activities that led to these results:

- Access to safe water through improved water sources restored and household level water treatment. NS ensured
- Chlorine rehabilitation/disinfection of 30 damaged wells with construction of coping stones
- Purchase and distribution of 7,060 tablets of Aqua tabs, covering approximately 706 households, and demonstrations of their use were conducted during the distribution. Based on an average of 10 tablets per household for 4 months. The distribution targeted households using unprotected water sources (wells, rivers, rainwater), identified as vulnerable during community assessments.
- Demonstration sessions were organized in each neighborhood, bringing together the heads of beneficiary households. These sessions were led by Red Cross volunteers. The demonstrations covered: the correct dosage (1 tablet per 20 liters of water), the waiting time before consumption (30 minutes), and precautions for use (do not drink immediately, store the water in a clean container).
- Essential water points were rehabilitated for family's access. A call for tenders has been launched to identify a company capable of rehabilitating 30 latrines. The work requested and carried out included, for each latrine:
 - o Digging a 4m³ pit
 - o Foundation base made of baked bricks and cement
 - o Closing of the heavy plate pit with aeration pipe
 - o Tarpaulin for the fence
 - o Door installation
- Once rehabilitated, a disinfection of these 30 damaged latrines with Cresyl was carried out (requiring the purchase of 150L of this product). Between January 28 and February 3, 2024, 30 volunteers were deployed to undergo these disinfections with communities, engaging them on how to practice it and use the materials and chemicals.
- To complete the cycle of promoting better hygiene and sanitation, hygiene awareness sessions were organized between January 3 and 20, 2024, bringing together 174 volunteers deployed in the affected neighborhoods to keep emphasis on the importance of family hygiene and environmental hygiene. Messages also covered the sanitation process, especially for latrines and water facilities, how to clean, maintain and ensure adequate personal hygiene when using latrines. Messages also include the handwashing, personal hygiene, importance of the use of latrines, water treatment with aqua tabs and other means for water conservation. 3530 people were reached through the various visits and sessions, engaging with both women and men. Making the messages interactive with demonstrations and in local language for clarity.

Lessons Learnt

- The rapid rehabilitation of wells and latrines has reduced health risks and restored access to drinking water in the most affected neighborhoods.
- The integration of hygiene awareness activities with distributions and technical interventions has strengthened the overall impact of the WASH component.
- The mobilization of locally trained volunteers has facilitated community acceptance and the continuity of hygiene promotion activities.
- Coordination with local authorities and community leaders has been essential in identifying priorities and ensuring the sustainability of rehabilitated infrastructure.



Challenges

- Significant deterioration of water and sanitation infrastructure (damaged wells and latrines) requiring rapid intervention in a complex logistical context.
- Difficult access to certain areas for rehabilitation teams due to road conditions and insecurity.
- Lack of locally available spare parts and water treatment products, which has slowed down certain activities.



Protection, Gender And Inclusion

Budget: CHF 6,305

Targeted Persons: 6,006

Assisted Persons: 1,650

Targeted Male: 641

Targeted Female: 1,009

Indicators

Title	Target	Actual
Number of people reached by awareness-raising to PGI	6,006	1,650
Number of SGBV brochures produced and distributed	1,000	1,000

Narrative description of achievements

As part of the DREF operation in Bria, the Central African Red Cross implemented awareness-raising activities on protection against sexual and gender-based violence (SGBV) in the eight affected localities. A total of 37 awareness-raising sessions were organized, reaching 175 households, or 375 people, including 53 men, 200 women, and 22 children.

1000 Brochures on key PGI messages were disseminated during the door-to-door visits by volunteers to at least 1650 people. Prioritising village and essentially women and girls as they were the most accessible and they account for the most vulnerable.

These sessions informed communities about the risks associated with SGBV, prevention mechanisms, and available remedies. Volunteers also integrated protection messages into other community activities, particularly those related to hygiene, health, and shelter, to ensure an inclusive and gender-sensitive approach.

Lessons Learnt

- The integration of PGI messages into other areas of the intervention (health, shelter, WASH) has led to better dissemination and community acceptance.
- Training volunteers on the principles of protection and inclusion has strengthened their ability to identify vulnerable people and adapt their approach.
- Collaboration with community leaders has facilitated the organization of awareness-raising sessions and the mobilization of participants.
- The establishment of a community feedback mechanism enabled the collection of protection-related concerns and the adjustment of interventions accordingly.

Challenges

- Awareness raising on sexual and gender-based violence has been limited only to the affected neighbourhoods, even though this phenomenon affects almost the entire city of Bria.
- Sensitivity of the subject of GBV in certain communities, making it difficult for victims to speak freely and participate actively in sessions.
- Lack of disaggregated data on people at risk (people with disabilities, unaccompanied children, etc.), limiting the accuracy of targeting.
- Limited capacity of volunteers to handle complex cases or reports requiring psychosocial or legal support.
- Poor access to formal protection mechanisms, particularly in the targeted areas that remains a remote locations with limited institutional presence.





Community Engagement And Accountability

Budget: CHF 22,146

Targeted Persons: 890

Assisted Persons: 890

Targeted Male: 434

Targeted Female: 456

Indicators

Title	Target	Actual
Number of advocacy meetings held	1	1
Number of community meetings on feedback and feedback completed	4	4
Number of discussion groups/communication sessions on the risks of environmental degradation carried out	256	256

Narrative description of achievements

As part of the DREF operation in Bria, the Central African Red Cross (CARCS) implemented several community engagement and accountability activities to ensure that affected populations were informed, involved, and able to provide feedback throughout the response. A total of 256 focus group discussions were held across the 12 affected neighborhoods, with seven sessions organized weekly, allowing community members to express concerns, share feedback, and participate in decision-making processes.

In addition, one advocacy meeting was conducted with local authorities and stakeholders to reinforce the importance of community participation and transparency. 8 community feedback meetings were also conducted. Informal feedback mechanisms such as direct exchanges with volunteers and local leaders were actively used throughout the operation.

These efforts contributed to building trust between CARCS and the communities, improving the relevance and acceptance of the interventions, and ensuring that the voices of vulnerable groups were heard and considered in both planning and implementation. The consistent presence of volunteers and the use of participatory approaches helped strengthen community ownership and responsiveness.

Lessons Learnt

Very good collaboration between the local branch of the CRCA and the local authorities: the local authorities and the beneficiaries during the focus group sessions or during the lessons learned workshop appreciated not only the collaboration but above all the full involvement of the community leaders in particular the neighborhood leaders and group leaders in the whole process of implementing this assistance (needs assessment, selection and registration of beneficiaries, distribution of kits, etc.).

- Involvement and active participation of volunteers at all levels of implementation: beneficiaries and community leaders alike praised the dedication of volunteers from the local branch of the Central African Red Cross during the entire process of implementing this assistance. They were in the headlines, in the rain, in the mud, crisscrossing the disaster areas to assess the needs and select and register the beneficiaries in collaboration with the chiefs of the neighborhoods and the leaders of the groups. During the distribution, they were there to help people in third grade and people with reduced mobility to recover

- Factor of social cohesion: one of the last strengths of this DREF operation is that the implementation of this assistance has boosted social cohesion in this city which has experienced one of the worst inter-community crises that have affected the CAR. During the implementation of this assistance, beneficiaries were selected solely on the basis of the consequences suffered after the passage of the strong winds, which meant that any victim was targeted as a beneficiary regardless of ethnicity, gender or religion. The local branch of the Central African Red Cross Society has even people from the minority group among its volunteers, which has facilitated contact and the implementation of assistance for this group.

Challenges

- Irregular community participation: Some community meetings had low attendance because affected households were spread out across different shelters (schools, host families).

- Lack of formal feedback mechanisms: The absence of a structured system for collecting, analyzing, and responding to community feedback limited the ability to quickly adjust interventions.



- Limited capacities of CEA volunteers: Although trained, some volunteers lacked practical experience to effectively facilitate sensitive community discussions.



Secretariat Services

Budget: CHF 2,916
Targeted Persons: 50
Assisted Persons: 50
Targeted Male: 38
Targeted Female: 12

Indicators

Title	Target	Actual
Number of local branches having received response tools from the CRCA	1	1

Narrative description of achievements

The local branch of Bria was equipped for emergency response during a workshop held on 19–20 January 2024, which brought together governance members and local MDs. A total of 50 participants attended, including 38 men and 12 women.

Lessons Learnt

- The presence of the IFRC Emergency Coordinator on the ground facilitated the implementation of activities and strengthened operational responsiveness.
- The Secretariat's early involvement in planning enabled better anticipation of needs and adaptation of training to local realities.
- Close collaboration between the IFRC and CRCA logistics teams ensured secure procurement and efficient delivery of relief items.
- Capacity building through training was essential to ensuring a high-quality and sustainable response.

Challenges

- Difficult access to Bria due to the unstable security situation and the presence of armed actors, requiring close coordination with local authorities to secure operations.
- Pressure on DREF deadlines (3 months), which required rigorous planning and constant monitoring to avoid delays.
- Logistical complexity related to the purchase and transport of relief items to a remote and difficult-to-access area.
- Multisectoral coordination between IFRC and CRCA teams, which required fluid and continuous communication to avoid overlaps or delays.



National Society Strengthening

Budget: CHF 22,334
Targeted Persons: 49
Assisted Persons: 49
Targeted Male: 37
Targeted Female: 12

Indicators

Title	Target	Actual
Number of people trained on CRCA response tools in emergency	62	49



Narrative description of achievements

The integrated trainings, the experience offered through the DREF implementation gave the opportunity for the local branch's operational capacity to be strengthened by enhancing its preparedness and response capabilities for future disasters for similar activities covered under this Operation. Basic trainings were provided, ensuring to enhance the understanding on emergency aid delivery for key sectors such as shelter, health, WASH, Protection, Gender and Inclusion (PGI), and Communication and Community Engagement (CEA/RCCE).

In addition, a training workshop for the 49 local DMs and governance members was held on 19 and 20 January 2024 to present the CRCA's response and tools for use.

A Lessons Learned Workshop was conducted at the closing of the operation with attendance from approximately 30 participants, including local branch governance team members (President, Secretary-General, local DM, Treasurer, Deputy Treasurer, Trainer, volunteers) and community leaders (group chiefs, women leaders, youth leaders). Focus group discussions were also conducted with neighborhood and group chiefs from affected areas and the affected persons who received assistance.

The overall takeaway from the workshop is that the operation benefited greatly from strong collaboration between the CRCA, local authorities, and trusted volunteers, which enabled effective community engagement and strengthened social cohesion. However, delays in funding and material arrival, limited logistics, and poorly organized distributions significantly reduced efficiency and created challenges for both volunteers and beneficiaries. To improve future responses, better preparedness, higher-quality materials, adequate support for vulnerable groups, and inclusion of livelihood assistance are essential.

Lessons Learnt

- The existence of an active and functional local branch made it possible to act very quickly and respond to the needs of the victims.
- The presence of Red Cross volunteers ensured that the intervention was well managed following the trust placed in them by the community.
- The good collaboration and full involvement of the neighborhood chiefs and group leaders in the entire process made it possible to achieve the expected results.
- Conduct Advocacy with Partners to increase the number of Volunteers per Site.
- Headquarters develop the capacity to pre-finance activities in the event of late arrival of funding from Partners.

Challenges

- Lack of protection kits for volunteers who worked in the mud and rain.
- Difficulty in means of transport for volunteers who have toured the city and in the affected neighbourhoods to assess needs and identify people to be assisted.
- Late arrival or slowness in the process of disbursement of funds and the late arrival of materials and kits that are distributed to beneficiaries: there was almost two months between the time the strong winds hit, and the beneficiaries were identified and the time when the emergency shelter construction kits and other kits were served to them.



Financial Report

DREF Operation

FINAL FINANCIAL REPORT

MDRCF031 - Central African Republic - Strong Winds

Operating Timeframe: 22 Nov 2023 to 31 Mar 2024

Selected Parameters			
Reporting Timeframe	2023/11-2025/8	Operation	MDRCF031
Budget Timeframe	2023-2025	Budget	APPROVED

Prepared on 13/Oct/2025

All figures are in Swiss Francs (CHF)

I. Summary

Opening Balance	0
Funds & Other Income	288,368
DREF Response Pillar	288,368
Expenditure	-266,239
Closing Balance	22,129

II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction		-1,885	1,885
AOF2 - Shelter	149,187	163,292	-14,104
AOF3 - Livelihoods and basic needs			0
AOF4 - Health	29,333	33,188	-3,854
AOF5 - Water, sanitation and hygiene	43,900	44,222	-321
AOF6 - Protection, Gender & Inclusion	6,305		6,305
AOF7 - Migration			0
Area of focus Total	228,726	238,816	-10,091
SF11 - Strengthen National Societies	44,480	19,437	25,042
SF12 - Effective international disaster management	6,730	3,940	2,790
SF13 - Influence others as leading strategic partners			0
SF14 - Ensure a strong IFRC	8,433	4,045	4,388
Strategy for implementation Total	59,643	27,423	32,220
Grand Total	288,368	266,239	22,129

[Click here for the complete financial report](#)

Please explain variances (if any)

Budget variances arose due to a combination of timing constraints, accounting errors, and insufficient allocations. PGI activities were integrated into other operations, while some National Society and IFRC initiatives were delayed or not implemented due to deadlines or geographical limitations.

Accounting errors are also leading to false variances under construction materials, tools, transport, and staff expenses, while medical, first aid, and volunteer programs faced budget shortfalls due to higher-than-expected awareness-raising needs. Minor discrepancies occurred in office and financial charges, and National Society expenses were recorded according to the ERP period.



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[Click here for reference](#)

