

www.ifrc.org
Saving lives,
changing minds.

Emergency appeal operation update

Democratic Republic of Congo: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Emergency appeal n° MDRCD013 GLIDE n° OT-2012-000154-COD Operation update n°5 19 December, 2013

Period covered by this Operations Update: 27 March to 13 December, 2013.

Appeal target (current): CHF 1,011,511

Appeal coverage: 89 %; [click here to go directly to the updated donor response report](#), or [here to link to contact details](#)

Appeal history:

- This [Emergency Appeal](#) was initially launched on 27 March, 2013 for CHF 1,122,910 for 6 months to assist 15,000 beneficiaries.
- **Disaster Relief Emergency Fund (DREF):** CHF 150,000 was initially allocated from the Federation's DREF to support the national society to respond.
- [Operations update n° 1](#) and [n° 2](#) were published on 16 May and 17 June 2013 respectively providing the status and progress of the response operation.
- [Operations update n° 3](#) was published on 30 September, 2013, extending the timeframe by 1 month to end October 2013, and adjusting the budget downwards to CHF 1,011,511 from CHF 1,122,910.
- [Operations update n° 4](#) was published on 30 October, 2013 to provide an update on the progress of the operation and to further extend the timeframe for an additional three months to enable the Red Cross of DRC provide shelter to CAR refugees with the new funding received from U.S. Department of State.
- This Operations update n° 5 outlines a new shelter objective and related activities to provide 300 families with semi-permanent shelters with the recently received additional financial support following an assessment conducted by the National Society and after discussions with UNHCR in Kinshasa and in Gbadolite. To enable the National Society complete this activity, this update is further extending the operation timeframe for an additional three months. The operation will therefore be completed by 30 April 2014 and a Final Report made available by 30 July 2014.



Distribution of Medicines in Zongo- Photo /DRC Red Cross

Summary: In response to the influx of Central African refugees fleeing the armed conflict that has been pitting Seleka elements and armed groups in the Central African Republic since March 2013, the IFRC launched an Emergency Appeal to address the priority needs of the most vulnerable segments of the 21,352 Central African Republic (CAR) refugees and the host communities. After a thorough assessment of the situation on the ground, an Operations Manager was deployed to oversee this operation. This operation consisted of life and dignity-sustaining interventions in the areas of emergency shelter and non-food items distribution, health and care, water, sanitation, and hygiene promotion, disaster preparedness and risk reduction and the restoration of family links (RFL) for the benefit of pre-identified pockets of refugee populations. These services have been provided for both refugees and host communities along the Ubangi River, and to date, 22,315 beneficiaries have been reached.

The operation was expected to be completed by the end of January 2014 but has now been extended by a further 3 months to enable the DRC Red Cross implement a new shelter objective and related activities to provide 300 families with semi-permanent shelters with the recently received additional financial support following an assessment conducted by the National Society and after discussions with UNHCR in Kinshasa and in Gbadolite. The operation will therefore be completed by 30 April 2014 and a Final Report made available by 30 July 2014.

The Appeal budget remains the same at CHF 1,011,511 but a revision of the budget lines has been made.

[<click here to link to the appeal budget>](#)

The situation

Following continued armed conflicts in CAR, on 24 March 2013, thousands of citizens of the Central African Republic (CAR) fled for their lives and sought refuge in some localities of the Democratic Republic of Congo (DRC). This emergency appeal was then launched to initially assist 13,800 CAR refugees in the DRC. One week after the launch of the emergency appeal, intense fighting led to the overthrow of President Bozize of the CAR, causing the security situation to further deteriorate. The security situation then worsened in Bangui, following an attempt by the Seleka forces to disarm people in the neighbourhoods of the city. This led to an increase in the number of CAR refugees fleeing into the DRC, and thus, the number of people in need of assistance. The new refugees were from the 7th Subdivision of Bangui, precisely from Ouango, Ngaragba and Kassai villages, where armed conflict between Seleka forces and the population had led to several deaths. The Equateur Province in the Democratic Republic of Congo also faced relative influx of thousands of refugees from the Central African Republic fleeing the violence and crisis in their home country.

Faced with this emergency, the Red Cross of the Democratic Republic of the Congo sort the assistance of the International Federation of the Red Cross and Red Crescent Societies (IFRC) which responded favourably to their request for assistance. The IFRC, therefore, provided emergency assistance in order to save lives and contribute to the wellbeing of the refugees in the DRC. In order to effectively provide this assistance, the IFRC initially deployed a fact finding team, followed by the deployment of 2 Regional Disaster Response Team members and later hired an Operations Manager to oversee the management of the operation. His mission was to ensure that the immediate needs of Central African refugees and host community populations are addressed through the provision of emergency shelter, community-based health, water/sanitation services, relief distribution as well as the restoration of family links. The intervention targeted the relief emergency phase only.

Since the operation only received 62 percent funding, it was not possible to implement all activities to the fullest. This assistance took the form of targeted distribution of a tailored relief package (tarpaulins, mosquito nets, kitchen utensils, solar lamps, soap, buckets, jerry cans and community tool kits to help install tents and the construction of latrines) to 1,000 refugee families in Bosobolo, the provision of community-based health and care services including sensitization on Malaria prevention, water-borne diseases, hygiene and sensitization on sexually transmitted infections and HIV/AIDS prevention for 22,300 beneficiaries (refugees and host populations), the improvement of access to safe water and basic sanitation services for the same beneficiaries, and the restoration of family links.

The refugees initially identified by UNHCR, directorate general for migration (DGM) and the national census centre (CNR) are now based in Bosobolo territory in northern Ubangi. There are some pockets of refugees estimated about 5000 families in and around Zongo, Mobayi, Bosobolo, Gbadolite, Yakoma and Mobayi still to be identified by UNHCR. The living conditions of the refugees in Bosobolo who received IFRC and DRC Red Cross Non-Food Items have improved. They have built their own shelters, use mosquito nets, have access to latrines, use kitchen sets to cook and drink purified water. They also have access to health centres where they can get free drugs for common ailments. Despite these advancements in living conditions, they lack food and additional water purification tablets and their children need to go to local schools. They have been sensitized that in order to get this added assistance and more benefits as refugees; they need to go to the UNHCR camp in Inke. Since our assistance was only punctual, what needs to be done is to continue to sensitize them to go to the camp for additional assistance. Other refugees who received no assistance from the IFRC and the DRC Red Cross should not wait for similar assistance but should be equally sensitized to go to the camp where they can get full UNHCR assistance.

As stated in the previous Operation Update number 4, the U.S. Department of State allocated funds to this Emergency Appeal. As a result, a three months extension was made until the end of January 2014. Given the

additional funding, an assessment was required to clarify shelter needs of CAR refugees. Several meetings took place with UNHCR in November in Kinshasa and in the city of Gbadolite. A team of two DRC National Society staff were sent to Gbadolite in order to conduct an assessment of CAR refugee needs. The result of the meetings and assessment is that semi-permanent shelters will be constructed for 300 of the most vulnerable families.

Coordination and partnerships

Following discussions with UNHCR, it stands out that the most urgent need for the refugees is shelter. IFRC and the Red Cross of DRC have pledged to use the additional funding received to build shelters for the refugees. However, IFRC won't be able to build all 2,000 remaining shelters initially planned because of funding shortage. Nevertheless, efforts will be put to provide most vulnerable beneficiaries with emergency or semi-permanent shelters. It was stated in the last Operation Update that the proportion of emergency versus semi-permanent shelters would be determined by a field assessment undertaken at the beginning of November, based on assessment of the National Society and partners. The decision was made based on beneficiaries' needs, national regulation, costs of material and costs of logistics (especially transport which is extremely expensive). Between 5 and 7 November, IFRC's Regional Operations Coordinator travelled to Kinshasa and met UNHCR together with DRC Red Cross. UNHCR advised that semi-permanent shelters would be needed by the refugees because it is expected that they will stay for a long time in DRC. Following this meeting, it has been agreed with DRC Red Cross that two national staff would travel to Gbadolite in order to assess the needs of beneficiaries. This assessment confirmed the need for semi-permanent shelters in Inke camp, situated 45 km away from Gbadolite. The reason why semi-permanent shelters are preferred to emergency shelter is to improve living condition of beneficiaries. Also, semi-permanent shelters will be stronger, safer and will offer a longer life span than emergency shelters. Given logistics difficulties and high costs linked to NFI procurement and shipment in DRC, semi-permanent shelters are the preferred option. In fact, all required material and tools can be found on site or in Gbadolite city, 45 km away from the construction site. Finally, given recent developments in CAR, it is highly probable that refugees may stay in DRC for a longer time than originally anticipated.

National Society Capacity Building

The DRC Red Cross and IFRC have undertaken volunteer training in the fields of health (assessment, sensitization), Water and Sanitation (assessment, sensitization on water borne diseases, sphere norms), Shelter construction using Sphere norms, Disaster Response and management identification response, sensitization, identification of vulnerable, victims and in the distribution of relief supplies.

The host communities at risk benefited from mechanisms on emergency response, disaster management and risk reduction managed by the DRC Red Cross Society at all levels.

The communication capacity of the DRC Red Cross has been strengthened and the International Community sensitized on the humanitarian context in the DR Congo, and positions the National Society and the IFRC as principal humanitarian partners in the region during this operation.

The construction of semi-permanent shelters in Inke will be managed by two experienced DRC National Society staff, under the coordination of the National Disaster Management Manager.

Red Cross and Red Crescent action

Progress towards outcomes

Emergency Shelter and Non-Food Items	
Outcome: The immediate shelter needs of the targeted refugee population are met	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> 3,000 households provided with materials and training required to construct emergency shelters 	<ul style="list-style-type: none"> Mobilise/train DRC Red Cross volunteers in the construction of emergency shelter to ensure knowledge transfer to beneficiaries, as well as on relief distributions and logistics practices; Conduct beneficiary registration of refugees; Transport and deliver (or make available for pick-up) shelter materials to spontaneous settlements; Train refugees in the construction of emergency shelters, based on the construction of model shelters and in line with Sphere standards; Distribute basic tools required for the construction of emergency shelters; Distribute 2 tarpaulins per household, and 20 m of rope per household; Monitor the construction of shelters and their upkeep over time, access permitting based on the rainy season.
<ul style="list-style-type: none"> 1,000 households are provided with essential household items (NFIs) 	<ul style="list-style-type: none"> Transport and deliver (or make available for pick-up) NFIs to spontaneous settlements; Distribute NFIs to registered households as follows: One solar light per household, one kitchen set per household and one nylon grain (rice) bag per household for the storage and transportation of NFIs.
<ul style="list-style-type: none"> Shelter situation for 300 CAR refugee families is improved by providing semi-permanent shelters using traditional construction adobe to refugee families. 	<ul style="list-style-type: none"> 60 volunteers with experience in semi-permanent shelter construction are recruited. 20 masons lead 60 volunteers (20 teams composed of three volunteers and one mason each). Recruit two supervisors Beneficiaries are selected Build 300 semi-temporary shelters of 6x3m (18m²) each. Monitor and supervise the construction of semi-permanent shelters. Report on progress of activities, problems encountered and lessons learnt.

Progress: From 8 to 12 August 2013, the first phase of the emergency shelter and non-food distribution was carried out in the zone of Bosobolo in northern Ubangui region of the Equateur Province. Up to 1,000 families were provided with non-food items as planned following the revision of the number of beneficiaries. The relief materials were transported from Kinshasa and prepositioned, which allowed the distribution of the full 1,000 kits.

A total of 120 Volunteers were trained on how to construct refugee shelters and during the recent distribution of NFIs and tarpaulins, the refugees that were trained on how to build their homes and they took advantage of the late rainy season to build their structures and cover them, under DRC Red Cross volunteer supervision. To sensitize the refugees about the distribution exercise and to undertake actual distribution, DRC Red Cross volunteers were transported by riverboat. Meetings were held with local authorities and chiefs prior to the distribution proper. A larger riverboat was hired and on distribution day in all five sites, more refugees turned out for the scarce NFIs we brought for those who were originally listed as recipients. The criteria for enlisting the refugees were as follows:

- They had to be Central Africans.
- They must be registered refugees.
- They must reside in the Zone of Bosobolo and must have got any UNHCR assistance.

- They must be registered with the National Commission for Refugees.

This assistance provided has improved the living conditions of the refugees. They have access to temporary shelter and also have improved water and sanitation facilities. They also have access to improved health services and medication. They now use kitchen utensils for cooking, sleep under mosquito nets and drink purified water. The beneficiaries declared that the water they are now consuming is better, cleaner and more purified than the water they had consumed in the past when consumption statistics from the health centre noted few complaints of diarrhoea, typhoid and other water borne diseases.

Beginning mid-December, 20 teams of four volunteers (one mason and three volunteers with semi-permanent shelters construction experience) will start the construction of 300 semi-temporary shelters.

Health and Care	
Outcome: The immediate risks to the health of targeted refugee and host population are reduced.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> • The health situation and immediate risks are assessed using IFRC guidelines in approximately 18 pre-identified communities. 	<ul style="list-style-type: none"> • Conduct refresher training for DRC Red Cross nurses and community health workers in the assessment of the health situation and immediate risks, • Conduct initial assessment of the health situation and immediate risks in 18 refugee sites and host communities, including immunisation coverage, • Continuous monitoring of the health situation.
<ul style="list-style-type: none"> • 15,000 beneficiaries reached with community-based disease prevention and health promotion activities, mostly via river access by pirogue. 	<ul style="list-style-type: none"> • Conduct refresher training for DRC Red Cross nurses and community health workers in community-based disease prevention and health promotion activities including HIV/AIDS prevention • Visit target communities every 7 to 10 days* for the duration of the operation to conduct disease prevention and health promotion activities; • Implement health promotion interventions • Ensure access to mosquito nets for 15,000 beneficiaries and sensitise communities on their use • Facilitate the vaccination of beneficiaries from vaccines available through the DRC health system • Exchange disease surveillance data with ministry of health
<ul style="list-style-type: none"> • 15,000 beneficiaries are provided with rapid medical management of injuries and diseases. 	<ul style="list-style-type: none"> • Conduct refresher training for DRC Red Cross nurses and community health workers on the medical management of injuries and disease • Visit target communities every 7 to 10 days* for the duration of the operation with a view to screen the targeted population for injuries, diseases and malnutrition • Offer first aid when appropriate and/or refer patients to a community health reference centre or medical outpost • In extreme cases, facilitate emergency medical transportation for patients to reach reference centres • For beneficiaries suffering from malnutrition, refer to UNHCR camps for comprehensive treatment, including the facilitation of transport as required • Provide medicines to 10 selected health posts acting as first-line reference centres for local health care.

Progress: A total of 4,463 households composed of 22,315 direct beneficiaries, including host families and refugees, were sensitized on healthcare and health risks by DRC Red Cross. Up to 10 clinics were identified to receive medical kits and their staff sensitized to provide free access for refugees to come to these facilities in case of illness. Up to 218 volunteers were trained in health evaluation and they undertook health sensitization visits to the refugee sites. After a preliminary health assessment conducted by the IFRC-RDRT and DRC Red Cross, refugees were sensitized on Malaria prevention, basic hygiene and sanitation, HIV/AIDS prevention and care, water-borne diseases such as Diarrhoea and Cholera which are endemic in the region, on how to use

mosquito nets including sanitation campaigns that were organized. These activities took place in Gbadolite, Mobaye, Mbongo, Bosobolo and Zongo where refugees based outside the camp were found. Refugees were also sensitized on yellow fever, respiratory tract infections, and recommended vaccination. Sensitization also took place on nutritional surveillance and sexually transmitted infections.

IFRC and DRC Red Cross procured medical kits for these refugees. The kits were distributed to 10 government identified clinics (7 in Northern Ubangi Satema, Lembo, Mobayi, Sidi, Gbangi, Mogoro, Kambo and 3 around Zongo in Southern Ubangi) adjacent to CAR refugee locations. Refugees will have access to basic medicines and will also receive ambulatory care in district hospitals. Besides the supply of medicines, DRC Red Cross health volunteers will continue to sensitize the refugees on the need to visit health centres if they fall sick and also monitor health conditions regularly in the refugee settlements. Continuous health monitoring of the refugee population is undertaken by DRC Red Cross health volunteers. A total of 181 volunteers were trained in Northern Ubangi. These were drawn from Zongo- 76, Mobaye Mbongo- 28, Bosobolo- 54 and Gbadolite -23. They were sensitized on the use of mosquito nets, water purification and latrines. These have also been provided to the refugees. Their living conditions have improved due to this intervention.

Faeces which used to abound the refugee communities is no longer visible as refugees have started using their new toilets. Refugees have also been sensitized on hand washing after defecation and the use of pit latrines.

Water, Sanitation, and Hygiene Promotion

Outcome: Immediate reduction in risk of water-borne and water-related diseases in targeted communities.	
Outputs (expected results)	Activities planned

<ul style="list-style-type: none"> Continuous assessment of water, sanitation, and hygiene situation is carried out in 18 pre-identified communities. 	<ul style="list-style-type: none"> Conduct refresher training for DRC Red Cross volunteers on the conduct of water/sanitation and hygiene assessments Conduct initial assessment of the water/sanitation and hygiene situation in 18 communities Monitor the water/sanitation and hygiene situation in 10 communities every 7 to 10 days.
<ul style="list-style-type: none"> Hygiene and water/sanitation related NFIs are accessed by 15,000 beneficiaries; which meet minimum Sphere standards 	<ul style="list-style-type: none"> Transport and deliver (or make available for pick-up) hygiene and water/sanitation related NFIs to spontaneous settlements; Distribute NFIs to registered households as follows: one collapsible jerry can per household, one bucket with lid per household, 200grams of soap per beneficiary per month and 200g of laundry soap per household per month.
<ul style="list-style-type: none"> Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population. 	<ul style="list-style-type: none"> Conduct refresher training for DRC Red Cross volunteers on hygiene promotion activities Identify and train community volunteers in the delivery of hygiene promotion messages using a train the trainers approach Monitor the on-going delivery of hygiene promotion messages into 18 communities every 7 to 10 days*, and through the use of mass communication media (Radio).
<ul style="list-style-type: none"> Adequate sanitation in line with minimal Sphere standards in terms of quantity and quality is provided to 18 communities 	<ul style="list-style-type: none"> Conduct refresher training for DRC Red Cross volunteers on emergency sanitation Using a community mobilisation approach, regionally procured tools will be distributed to the communities, supervise the digging and maintenance of emergency latrines in 18 communities Construct 10 latrines on refugee's sites (2 per site x 5 sites) (new activity) Conduct monitoring visits every 7 to 10 days.
<ul style="list-style-type: none"> Access to safe drinking water is improved for 15,000 beneficiaries 	<ul style="list-style-type: none"> Conduct refresher training for DRC Red Cross volunteers on the treatment of water using pur™ (or a similar flocculent/disinfectant product, based on availability, given the high turbidity of the water at most sources) Transport and deliver (or make available for pick-up) water treatment products for 15,000 beneficiaries Distribute water treatment products in sufficient quantity to purify 5,000L of drinking water per household Using a trainer-of-trainer approach, train communities on the use of pur™ (or similar product) Monitor water treatment practices into 18 communities every 7 to 10 days.

Progress: A total of 4,463 households composed of 22,315 direct beneficiaries, including host families and refugees were sensitized on water, sanitation and hygiene promotion by DRC Red Cross and IFRC. These households, located in Gbadolite, MobayeMbongo and Zongo were sensitized by DRC Red Cross and IFRC staff on water and sanitation best practices according to Sphere standards. A total of 218 DRC Red Cross volunteers were trained in the domain of water purification, water and sanitation, hygiene promotion, and on the cleaning of surroundings and latrines. They were also trained in the use of water purification – Pur™. Sensitization was undertaken by RDRT Health and DRC Red Cross WatSan volunteers. Sensitization was focused on water-borne diseases and ensuring that water was safe for drinking before being used by the refugees. Staff emphasized the use of pur in water before drinking. The water treatment product was enough for 1,000 households. Sensitization workshops were conducted on water, hygiene and sanitation promotion activities.

A total of 10 latrines were constructed in 5 refugee locations in Bosobolo and the work on this latrine construction was undertaken by the refugees themselves with supervision by the DRC Red Cross volunteers and a DRC Red Cross latrine construction specialist who was hired to undertake follow up to ensure that they were built according to Sphere standards. The living conditions of the refugees have improved after water and sanitation sensitization and the construction of latrines. They now have access to latrines thus reduction in instances of open defecation.

Restoring Family Links

Outcome 4: Family links are restored whenever people are separated from, or without news of, their loved ones as a result of the population movement	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> People in affected areas and relatives outside these areas have access to appropriate means of communication to re-establish and maintain contact with loved ones 	<ul style="list-style-type: none"> Strengthen the DRC Red Cross RFL offices in Zongo and Gbadolite Activate the RFL office in Bosobolo Based on demand, visit communities and camps to collect and return Red Cross messages administered through the national DRC Red Cross RFL network, supported by the ICRC*

Progress: In July, 38 unaccompanied children were identified in Gbadolite and 62 Red Cross messages were collected and transmitted through the ICRC. In August, 11 unaccompanied children, including 5 girls, were identified and 18 Red Cross messages sent. In July, 1 unaccompanied child was found and 14 Red Cross messages were sent and 5 Red Cross messages were received and disseminated. In August, an unaccompanied girl-child was identified and the search request sent and 21 Red Cross messages were sent by demobilized CAR soldiers of the former regime and 5 by refugees.

Up to 11 DRC Red Cross staff were trained by the ICRC in Bosobolo to help restore family links of refugees in Northern Ubangui.

As of August 30, 38 unaccompanied children had been identified among whom were 19 girls, and 62 Red Cross messages were sent from Northern Ubangui. 21 of these messages were from former soldiers who are now based in Zongo. Sensitization on family reunion has linked refugee families within the CAR and the DRC. As the situation improves in the CAR, more reunification is taking place. Sensitization should continue in order to reinforce these linkages and more Red Cross letters should be encouraged within the refugee communities.

Disaster Preparedness and Risk Reduction

Outcome: Communities at risk will benefit from an improved early warning early action mechanism managed by DRCRC at all levels.	
Outputs (expected results)	Activities planned
<ul style="list-style-type: none"> Enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement. 	<ul style="list-style-type: none"> Development of population movement contingency plan for DRC RC Raise awareness of staff and volunteers of mainstreaming of DRR in emergency relief activities. Strengthen early warning communication mechanisms from field to headquarter level.

Progress: This activity had not started due to lack of funds. Now that additional funds have been made available, this activity will be implemented to contribute to the enhanced preparedness for population movement through increased awareness and analysis of hazard risks and increased volunteer engagement. It will also lead to the development of population movement contingency plan for the DRC Red Cross and raise awareness of staff and volunteers of mainstreaming of DRR in emergency relief activities. The implementation of this activity will also strengthen early warning communication mechanisms from field to headquarter level.

Logistics

Outputs (expected results)	Logistics Focus
<ul style="list-style-type: none"> Logistics support enables the delivery of all sector activities and services outlined above 	<ul style="list-style-type: none"> Establish the supply chain and control of supply movement from point of entry to final distribution point. Procurement and mobilization of goods and services (coordinated by the Global Logistics Service Dubai Office). Reinforce and increase the DRC Red Cross logistics capacity through one training workshop, as well as on-the-job training.

Progress: The Regional office provided the Gbadolite office with a 4 x4 vehicle and two boats were procured in Kinshasa for river transport and traffic. Just like in the past, logistics remained a challenge in this region due to limited access to paved roads, thus, making access very difficult, particularly during the rainy season. Many areas where the refugees were based are mostly accessible by motorbike or pirogue. In addition, the annual heavy rainy season also rendered roads impassable and heightened travel delays, with the possibility of experiencing a break in the commodity pipeline.

DRC Red Cross and IFRC issued a call for tenders to supply NFIs in Kinshasa. After this tender meeting was held, identified suppliers were chosen and they later provided all the NFIs for 1000 refugee households as outlined earlier. This process was transparent. These items were air freighted to Gbadolite, warehoused and later transported by lorry and by boat to the refugee settlements by the banks of the Ubangi River in Bosobolo. IFRC Regional Office also procured two boats for use in the river; a faster high speed canoe for staff and another boat with a capacity of 1 ton. The NFIs weighed 35 tons and this needed a larger boat which was hired to take the items at once to the five distribution sites in Bosobolo. The 4x4 vehicle was used by staff to oversee operations. These means provided by the Regional Office greatly eased some of the logistical problems the operation faced for over three months.

Communications – Advocacy and Public Information

Objective 1: To raise international awareness of the humanitarian context in DRC and position the National Society and the IFRC as key humanitarian partners in the region.	
Expected Results	Activities Planned
<ul style="list-style-type: none"> The humanitarian context of DRC is widely reported and the unique position of the IFRC and DRC Red Cross as humanitarian actors is recognized. 	<ul style="list-style-type: none"> Maintain a regular flow of communication materials for donors including facts and figures, key messages, issues and reactive lines, questions and answers Maintain a regular flow of communications materials for distribution to the media including news releases, fact sheets, beneficiary stories, video and photographs Maintain media relations with focal point to respond to interview requests, pitch story ideas, brief media, and position spokespeople with key international and regional media Generate public information content including web stories, blogs, social media, video footage and photo galleries that will be posted to ifrc.org and shared with other global humanitarian web portals Support field visits by donors and media Develop advocacy tools in coordination with the Africa zone advocacy delegate and DRC Red Cross
Objective 2: To build the capacity of communications within DRC RC.	
<ul style="list-style-type: none"> DRC Red Cross communications staff increases their skills, and are equipped with tools and resources to support their fundraising, marketing and communications efforts. 	<ul style="list-style-type: none"> Support DRC Red Cross to produce effective and engaging media resources; press releases, photographs, videos, stories Support DRC Red Cross to develop social media strategies and manage social media accounts and online media Work with DRC Red Cross to identify and develop relationships with local media. Provide brand management training and support for DRC Red Cross Work with the DRC Red Cross to develop templates for emergency and disaster communication

Progress: While in Kinshasa, the IFRC Operations Delegate participated in a conference call coordinated from Geneva, which brought together all donor Red Cross partners. He briefed the audience with an update of the emergency response. He mentioned the bottle necks faced and the need for additional funding to cover pressing needs on the ground.

On a macro level, communications was difficult as there was poor internet connectivity and difficulty using even the mobile phone out of Gbadolite. The satellite phone we had could not be used often as it was very costly to operate. Despite these bottle necks, we managed to stay regular in every operation and emergency update from the field.

DRC Red Cross volunteers in Zongo, Bosobolo, Gbadolite, Yakoma and Mobayi were briefed by the Operations Delegate on the communication of sensitive information concerning the refugees to the public and to relay information concerning the emergency operation only through appropriate Red Cross channels.

Information about the IFRC and DRC Red Cross assistance was distilled regularly to all humanitarian partners in northern Ubangi, to the local and provincial authorities and the ICRC. Due to shortage of resources, media materials were not produced for public consumption and due to operational concerns, the Operations Delegate could not travel as planned to Kinshasa to participate in a local TV interview to inform the public about the activities the IFRC and the DRC Red Cross were undertaking to support CAR refugees.

Security

The current security situation in northern DRC is calm with no incidents reported.

The security situation has deteriorated in the CAR since the beginning of November and the UN High Commissioner for Human Rights, in a statement issued on 18 November, 2013 warned that the deteriorating security situation in CAR could spin out of control, further destabilizing the country, calling the clashes between ex-Séléka forces and various self-defense groups “extremely worrying”¹.

Less than three weeks later, on 5 December, violent clashes between Anti-balakas and ex-Séléka occurred in the capital Bangui. In one day, more than 100 persons were killed or injured. As of 11 December, 503 persons were killed and 119 injured.

Contact information

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

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

For Resource Mobilization and Pledges:

- **In IFRC Dakar regional representation:** Elisabeth Seck, RM Officer; phone +221 33 869 36 60; email: mailto:elisabeth.seck@ifrc.org

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

IFRC Africa Zone: Robert Ondrusek, PMER/QA Delegate for Africa; Nairobi; phone: +254 731 067277; email: robert.ondrusek@ifrc.org

How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross

¹Source: <http://www.un.org/apps/news/story.asp?NewsID=46521&Cr=central+african+republic&Cr1=>

and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

www.ifrc.org
Saving lives, changing minds.



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

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
 2. Enable healthy and safe living.
 3. Promote social inclusion and a culture of non-violence and peace.
-

EMERGENCY APPEAL

APPEAL DRC - Population movement

18/12/2013

Budget Group	Multilateral Response	Inter-Agency Shelter Coord.	Bilateral Response	Total budget (CHF)
Shelter - Relief	133,156			133,156
Shelter - Transitional				0
Construction - Housing				0
Construction - Facilities				0
Construction - Materials				0
Clothing & Textiles	40,750			40,750
Food				0
Seeds & Plants				0
Water, Sanitation & Hygiene	65,020			65,020
Medical & First Aid	34,900			34,900
Teaching Materials	2,000			2,000
Utensils & Tools	128,250			128,250
Other Supplies & Services	18,000			18,000
Emergency Response Units				
Cash Disbursements				
Total RELIEF ITEMS, CONSTRUCTION AND SUPPLIES	422,076	0	0	422,076
Land & Buildings				
Vehicles Purchase	36,000			36,000
Computer & Telecom Equipment	4,000			4,000
Office/Household Furniture & Equipment	12,000			12,000
Medical Equipment				
Other Machinery & Equipment	7,600			7,600
Total LAND, VEHICLES AND EQUIPMENT	59,600	0	0	59,600
Storage, Warehousing	9,800			9,800
Distribution & Monitoring	81,000			81,000
Transport & Vehicle Costs	41,820			41,820
Logistics Services				
Total LOGISTICS, TRANSPORT AND STORAGE	132,620	0	0	132,620
International and Regional Staff	169,400			169,400
National Staff	19,300			19,300
National Society Staff	20,100			20,100
Volunteers	31,488			31,488
Total PERSONNEL	240,288	0	0	240,288
Consultants				
Professional Fees				
Total CONSULTANTS & PROFESSIONAL FEES	0	0	0	0
Workshops & Training	6,000			6,000
Total WORKSHOP & TRAINING	6,000	0	0	6,000
Travel	38,000			38,000
Information & Public Relations	3,500			3,500
Office Costs	6,093			6,093
Communications	14,600			14,600
Financial Charges	12,000			12,000
Other General Expenses				0
Shared Support Services	15,000			15,000
Total GENERAL EXPENDITURES	89,193	0	0	89,193
Partner National Societies				
Other Partners (NGOs, UN, other)				
Total TRANSFER TO PARTNERS	0	0	0	0
Programme and Supplementary Services Recovery	61,735	0	0	61,735
Total INDIRECT COSTS	61,735	0	0	61,735
TOTAL BUDGET	1,011,511	0	0	1,011,511
Available Resources				
Multilateral Contributions				
Bilateral Contributions				
TOTAL AVAILABLE RESOURCES	0	0	0	0
NET EMERGENCY APPEAL NEEDS	1,011,511	0	0	1,011,511