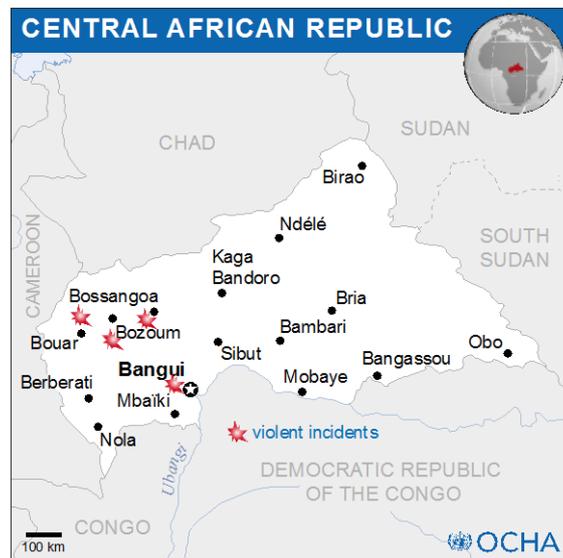




This report is produced by OCHA CAR in collaboration with humanitarian partners. It covers the period between 7 and 15 January 2014. The next report will be issued on or around 22 January 2014.

Highlights

- The situation in CAR has changed significantly since the resignation of the Head of the Transition and his Prime Minister on 10 January. Since then, the security situation has remained calm but unpredictable, with 44 people killed in continuing targeted intercommunity attacks.
- About 886,000 people remain displaced across CAR. This is a decrease of 49,000 people compared with last week, due to low returns and verifications of initial over-estimations.
- CAR Multi-Cluster Initial Rapid Assessment (MIRA) findings highlight a worsening humanitarian crisis that requires urgent life-saving assistance. The Humanitarian Country Team is updating the 2014 Strategic Response Plan (SRP) to take into account new needs; more resources will be needed to respond.
- The first joint distributions of food and non-food items to 20,000 households at Bangui International Airport resumed after a two-day suspension due to political turmoil. Since 7 January, 4,400 households have received food and NFIs, and 40,000 children under age 15 vaccinated against measles. The interventions continue.



Map Sources: ESA, Europa Technologies, UNCS. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Map created in Oct 2011.

886,000

IDPs in CAR

512,172

In Bangui, 40% increase between 24 and 31 December.

882

People killed in Bangui since early December.

44

People killed since the Head of Transition resigned on 10 January.

\$152 million

Needed to provide life-saving response from 24 December 2013 to 2 April 2014.

6%

2014 Strategic Response Plan funded (current requirement of \$247 million).

4.6 m

Population of CAR

2.6 m

People who need assistance

Sources: OCHA, CAR Red Cross, Protection Cluster and FTS

Situation Overview

- The situation in CAR has changed significantly since the last Extraordinary Summit of the Economic Community of Central African States (ECCAS) on 9 and 10 January. It was summoned by its current president, the Chadian Head of State, whose army is the main contributor of troops to the MISCA. The summit led to the resignation of both the Prime Minister, Nicolas Tiangaye, and of the Head of the Transition Michel Djotodja. The latter has been replaced by the President of the National Transitional Council (CNT) for 15 days, pending new elections. The security situation in CAR has remained relatively calm but unpredictable since this political change. In Bangui, where the CAR Red Cross has reported 44 deaths since 10 January, there are continued reports of sporadic gunfire and isolated targeted intercommunity attacks. Last week in north-western CAR, ex-Seleka militias burned crops and more than 400 houses in many villages around Bozoum in retaliation attacks. CAR's next President could be elected by the CNT as early as 18 January.
- On 10 January, the CAR Humanitarian Country Team (HCT) approved the results of the latest Multi-Cluster Initial Rapid Assessment (MIRA), which highlighted an alarming and worsening humanitarian crisis that requires urgent life-saving assistance. According to MIRA findings, access to health services has drastically deteriorated since the crisis intensified on 5 December, particularly in Bangui where 50 per cent

of health facilities no longer function. Most households in urban and rural areas have almost no food reserves, making them dependent on assistance until the next harvest. The crisis has amplified people's precarious access to water and sanitation services: 70 per cent of the communities have reduced their water consumption. The HCT is preparing a new Strategic Response Plan (SRP) to take into account new needs highlighted by MIRA.

Funding

The CAR Strategic Response Plan (SRP), developed before the situation's recent deterioration, is seeking \$247 million. To date, it is only 6 per cent funded (\$11 million). Based on the latest findings highlighted by MIRA, the CAR humanitarian community is preparing a new SRP to take into account newly identified needs. However, to immediately respond to priority humanitarian needs in health, protection, food security, and water and sanitation, as identified in the MIRA, the CAR Senior Humanitarian Coordinator has launched a \$5 million special allocation from the Common Humanitarian Fund.

On 20 January, OCHA and the EU will co-chair a high-level meeting in Brussels to discuss the humanitarian situation in CAR, its implications and financial requirements. As of 7 January, the 2013 CAP for CAR is one of the least funded globally, at only 54 per cent.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian response



Health

Needs:

- Improve access to health services: Restore/rehabilitate priority health facilities for the provision of emergency and essential health care; support for free health care for the most vulnerable people and establish referral mechanisms; implement medical supply-chain management, re-stocking priority primary and hospital health facilities with life-saving and essential drugs, safe blood for transfusion.
- Prevent and control communicable diseases: Ensure early warning disease-surveillance system for early detection and rapid response to potential epidemics; ensure mass vaccination and other priority interventions to decrease the impact of communicable diseases.
- Capacity-building and coordinated needs-based response: Support the return/replacement of Minister of Health personnel; strengthen the presence of skilled staff for health coordination at national and sub-national levels.

\$17 million

Urgently required for response from 24 December 2013 to 2 April 2014

Response:

- To support the Minister of Health (MoH), humanitarian partners (WHO, UNICEF, MSF, MDM, IMC, ALIMA and Merlin) have launched a measles-vaccination campaign. Since 3 January, 72,437 children aged between six months and 15 years have been vaccinated in 17 sites after seven measles cases were confirmed in three IDP sites in Bangui. The campaign targets 114,483 children in 70 sites.
- WHO, UNICEF and MoH have developed a plan to catch-up with routine levels of vaccinations in IDP sites in Bangui. A comprehensive strategy is being developed to revitalize routine EPI, including in the countryside.
- WHO re-opened two field offices and redeployed its teams to Bouar and Kaga Bandoro cities in western and central CAR. It is supporting the referral of severe cases and wounded people in Bangui by ambulance.
- UNICEF and the NGO ANJFAS implemented a project to reduce mother-to-child HIV transmission in six IDP sites in Bangui.
- WHO has provided kits of emergency drugs (IEHK) and trauma kits to implementing partners (MDM, MSF and Save the Children) to provide basic medical care to 24,000 people.
- IFRC is distributing the Global Fund's anti-malarial drugs (ACT).

Gaps & Constraints:

- There is an increased risk of epidemics, particularly of diarrhoea, malaria, measles, meningitis and respiratory infections.

- There are gaps in ensuring medical care for gender-based violence and chronic diseases (hypertension, diabetes, HIV/AIDS, tuberculosis), and in supporting free health care and restoring/rehabilitating priority health facilities.
- Lack of laboratory equipment to confirm epidemic outbreaks.



Food Security

Needs:

- Food is one of the humanitarian priority needs in north-western CAR, the Bangui area and IDP sites, as identified by the MIRA.
- A total of 1.3 million people are food insecure and need emergency food distributions; 500,000 people need support for food production, including seeds, cash for work and restoration of household economies.
- Food needs and the number of displaced people in Bangui are rising.
- Seed-distribution assistance is needed before the next maize-planting season, starting in early March (central and southern regions), and the sorghum- and millet-planting seasons, starting in May (north region).

\$61 million

Urgently required for
response from 24
December 2013 to 2 April
2014

Response:

- In 2014 (up to 13 January), WFP and partners have assisted nearly 58,000 IDPs with 415 mt of food in Bangui and Bouar. In December 2013, WFP and partners distributed 1,725 mt of food to nearly 240,000 people in Bangui, Bossangoa and Bouar.
- In January, ICRC distributed emergency food rations in three sites. Since 5 December, ICRC has distributed over 155 mt of food to 60,099 IDPs in Bangui and provided kitchen sets.
- FAO is procuring agricultural inputs, including seeds and tools, in the Ouham and Ouham Pende regions to support approximately 15,000 families for the next agriculture season. A distribution of emergency kits to produce vegetables will take place in Bangui and Bossangoa.
- Caritas has distributed food to nearly 52,000 vulnerable people since December.

Gaps & Constraints:

- WFP experienced an immediate shortfall in January of 1,911 mt of cereals, pulses, salt and supplementary plumpy. From February, there will be a near-complete break in stocks (90 per cent shortfall). The total shortfalls for Phase 1 (January to April) of the new emergency operation amount to 16,530 mt of mixed commodities, totaling \$24 million.
- WFP requires \$1 million to reinforce the Food Security Cluster's support with FAO for six months.
- There is a lack of NGO partners with the operational capacity to scale up the distributions around Bangui and in the rest of CAR.



Protection

Needs:

- More child-protection and psychosocial interventions are needed, as the number of IDP sites has escalated in Bangui. An estimated 6,000 children in CAR are associated with armed groups.
- Extension of protection monitoring in other villages in western CAR; additional site facilitators in IDP sites in Bangui; protection of children in IDP sites; specific assistance to elders and people with disabilities, including at the airport site.
- A clear referral system needs to be developed and established. This is made complex by the variations in response capacity and availability of services to respond from site to site.
- The response needs to be scaled up and training delivered in key aspects of child-protection response for the sub-cluster members and site facilitators.

\$17 million

Urgently required for
response from 24 December
2013 to 2 April 2014
(including CCCM activities).

Response:

- The MISCA and the Protection Cluster Lead agreed to establish a pilot safe haven in the 5th arrondissement. This is an area of origin of IDPs at the airport.
- UNHCR in Bangui continues to register refugees wishing to repatriate. More than 100 households have been registered. UNHCR is in contact with CAR's National Commission for Refugees for the issuance of required documentation.
- UNICEF and partners are establishing 109 integrated protection-and-learning spaces in 16 IDP sites, linking education, child-protection and nutrition/health activities in an integrated programme.
- A total of 425 unaccompanied and separated children have now been identified and verified since December in Bangui. A total of 283 of these children have been reunified with their families.

- Since last December, 66 children, including three girls, associated with armed forces and groups have been registered and are awaiting release. The registration process continues in 14 military cantonment sites.

Gaps & Constraints:

- To date, only 22 per cent of major IDP sites have child-protection activities. Security, limited capacities and the number of implementing partners are among constraints to increasing the response.
- Most children who join armed forces and groups are from rural areas, but vocational training options are limited outside Bangui.
- The screening, identification and socioeconomic reintegration of children associated with armed forces and groups require significant financial resources that are yet to be mobilized.



Water, Sanitation and Hygiene

Needs:

- More WASH services are needed, as the displaced population has substantially increased since 24 December, especially in Bangui.
- The WASH situation in the vast majority of IDP sites does not meet the required minimum standards.
- The MIRA results and health monitoring indicate an increasing number of diarrhoea cases among displaced people.

\$9 million

Urgently required for assistance from 24 December 2013 to 2 April 2014

Response:

- The WASH Cluster is coordinating the WASH response in Bangui IDP sites. WASH partners are implementing a full wash package in 34 per cent of IDP sites that host 86 per cent of the IDP population in Bangui. Other IDPs have received a partial WASH package.
- Based on the huge influx of people in M'Poko airport camp (around 100,000 IDPs), a WASH Cluster Coordinator has been deployed in the camp to ensure maximal use of available resources and to avoid duplication of activities.
- A revised SRP for 2014 will be elaborated this week, based on the MIRA results. It will constitute the starting point of the WASH Cluster's 2014 strategic operational framework for CAR.
- A WASH Cluster Coordinator will be deployed in Bossangoa on 15 January to ensure coordination of WASH activities in the IDP sites in Bossangoa. He will implement coordination structures (baby clusters) relying on WASH Cluster partners in four surrounding mid-size cities (Paoua, Bouar, Bozoum, Bocaranga).
- There have been intensive discussions with potential new WASH actors (present in country, but focusing on other sectors of activities or not already present in country). In this framework, Oxfam and Tear Fund have agreed to implement WASH projects in CAR.
- A working group has been established to identify ways to improve water access in Bangui, notably ahead of the next dry season. A first set of recommendations and related practical actions have been carried out, targeting the importance of maximizing the water supply in Bangui through the SODECA water-treatment plant and distribution system.

Gaps & Constraints:

- Limited number of actors and limited capacities compared with the significant number of beneficiaries, especially outside Bangui.
- Limited services/suppliers/transporters available.
- Security concerns affect implementation and monitoring activities.
- Limited space in displacement sites limits emergency sanitation interventions.
- Water production and distribution capacity will continue to decrease with the dry season.



Nutrition

Needs:

- There is an urgent need to prevent the deterioration of the nutritional status of vulnerable people, such as by implementing a large-scale blanket-feeding operation for young children, and pregnant and lactating women.
- Admissions data collected for in-patient nutrition stabilization centres in Bangui during December 2013 and January 2014 demonstrate an increasing number of

\$12 million

Urgently required for response from 24 December 2013 to 2 April 2014

children admitted with severe acute malnutrition (SAM) with medical complications, particularly in the first weeks of January 2014.

- A nationwide, cross-sectional representative nutrition survey is planned for March 2014. However, initial MIRA results indicate that a high proportion of key information reported an increase in perceived malnutrition symptoms since the crisis began.
- During the next 100 days, Nutrition Cluster partners aim to target nationally 9,000 children affected by SAM and 47,000 children affected by moderate acute malnutrition (MAM). These partners will implement activities to prevent the deteriorating nutritional status of at least 80 per cent of vulnerable people (girls and boys 0-36 months, pregnant and lactating women) in priority geographic locations.

Response:

- Since early December 2013, 294 children suffering from SAM with medical complications have been admitted into Bangui's IPFs.
- In Bangui, six out of 12 functioning outpatient therapeutic programmes (OTP) continue to provide the package of nutrition interventions to affected people, including screening and treatment of uncomplicated cases of SAM, and referral of SAM children with medical complications to Bangui's in-patient nutrition stabilization units.
- The number of mobile nutrition units in IDP sites has increased to compensate for the closure of OTP units in Bangui. They have been scaled up to cover ten of the largest IDP sites. They are helping to identify cases of acute malnutrition (SAM and MAM) and provide on-site treatment.
- A measles-immunization campaign, coupled with malnutrition screening for all children aged between six and 59 months, is under way in Bangui's IDP sites.
- Nutrition Cluster partners have increased their support to nutrition interventions, both in terms of OTP and IPF support, in priority regions of Ouham and Ouham Pende.

Gaps & Constraints:

- Coverage of IDP sites for active case-finding of malnutrition cases remains insufficient to meet needs. This screening needs to reach at least 75 per cent of the population of children under age 5.
- Limited number of partners implementing nutrition activities in CAR.
- Number of mobile OTP units needs to be increased in IDP sites in Bangui and the rest of the country to intensify the coverage and continuity of treatment to displaced people.
- There is a lack of activities addressing the protection, promotion and support of appropriate infant and young-child feeding in emergencies, which is a life-saving intervention. Nutrition Cluster partners are concerned with the impact of psychosocial trauma on the care practices of young children.
- WASH activities need to be systematically integrated into nutrition programming by distributing hygiene kits to caretakers of malnourished children and WASH support to health centres.



Emergency shelter and NFI

Needs:

- NFIs and shelter needed in other sites in Bangui and in western CAR.

\$9.5 million

Urgently required for assistance from 24 December 2013 to 2 April 2014

Response:

- Since 8 January, UNHCR distributed NFIs and shelter to more than 4,400 families at the airport site. In total, 20,000 households will receive food, shelter and NFIs in the coming days. The distribution is part of the joint distribution plan for the airport IDP site by the Shelter and NFIs clusters, together with WFP and COOPI.
- UNHCR distributed five tents to BINUCA to accommodate displaced UN staff and their family.
- UNHCR distributed four plastic sheeting rolls to Save the Children to establish child-friendly spaces in the recently arranged extension of the airport site.
- A shelter and NFIs assistance strategy for CAR is being finalized.

Gaps & Constraints:

- At the airport, more than 90,000 people still need jerry cans, sleeping mats, buckets, shelter, cover and soap.

Education

Needs:

- To date, more than 88,000 children aged between 3 and 18 have been identified in 16 prioritized sites and need educational activities.
- The majority of schools in the affected areas in the country remain closed or have extremely reduced attendance rates. No data exists on the status/state of schools but is greatly needed. The needs identified before 5 December are still relevant and will be a top priority as IDPs return to home communities.

\$7.8 million

Urgently required for
assistance from 24
December 2013 to 2 April
2014

Response:

- UNICEF has identified 16 priority IDP sites in Bangui where the majority of IDPs are living. A total of 109 Temporary Safe Learning Spaces (ETAPE) will be established at these sites, with the support of 15 NGO implementing partners from the Education Cluster. The ETAPEs will be used to provide age-sensitive educational activities for children and adolescents aged between 3 and 18. This will include child-protection services, such as identifying separated child and PSS activities.
- UNICEF will conduct trainings starting on 15 January targeting pre-primary teachers and NGO staff on ECD activities for the ETAPEs.

Gaps & Constraints:

- Security access is limiting movement, resulting in a lack of information/data outside Bangui.
- There is a limited number of education partners available for interventions outside Bangui.
- Population movement is creating difficulties in organizing structured education and child-protection activities.



Logistics

Needs:

- Over 65 organizations depend on the United Nations Humanitarian Air Service (UNHAS) for flights to over 27 destinations in CAR. The air-land coordination approach under the Logistics Cluster will focus on supporting UNHAS in providing transportation for staff and cargo to ensure full access to vulnerable people.
- Humanitarian organizations need reliable road access to beneficiaries. The Logistics Cluster aims to enable this service by augmenting the transport capacity and rehabilitating road infrastructures at critical points along major roads, particularly in the south-east, in coordination with the Early Recovery/Community Security and Livelihoods Cluster.

\$7.3 million

Urgently required for
response from 24
December 2013 to 2 April
2014

Response:

- UNHAS has maintained air operations throughout the crisis period. In addition to local flights, UNHAS established international routes to and from CAR to ensure continuing humanitarian activities during the suspension of commercial flights. From 9 to 16 December, UNHAS provided domestic air services based on ad hoc requests to move staff out of insecure areas.
- A large aircraft, a Dash-8, with the capacity combination of 28 passengers and 1.5 mt of cargo, has been added to the fleet to serve the international route to and from Douala three times per week. The full UNHAS flight schedule is available at www.logcluster.org.
- The Logistics Cluster has been enhancing the humanitarian response by providing support through logistics information management and coordination, as well as providing transport services and temporary warehousing solutions.
- A CAR road matrix has been disseminated and posted on the Logistics Cluster website. The table shows the distances between 81 main towns in the country. The tool will be completed with the inputs from partners regarding the actual travelling time required in accordance with the type of vehicle.

Gaps & Constraints:

- The current security situation poses a logistical challenge, and transportations have been limited.
- A significant number of bridges and barges are out of service, and the extent of their damages needs proper and detailed assessment for repair.
- Fuel is deemed not available in all regions and requires pre-positioned stocks and resupplying by road.
- Adequate and safe storage facilities remain a bottleneck in Bangui and in the provinces. The option of erecting mobile storage units is affected by security issues.
- UNHAS activities face a shortfall of some \$5 million for 2014. To increase support to the ETC and Logistics Clusters, \$3.6 million is required.



Emergency Telecommunications

Needs:

- Critical security communications and data connectivity are required in seven common operational areas, namely Bambari, Kaga Bandoro, Bossangoa, Zemio, Ndele, Paoua, and Bouar. The Country Minimum Operating Security Standards requirements state that communication centres (COMCENs) need to be functioning 24/7 in all common operational areas. ETC focuses on implementing activities by providing data connectivity and basic security telecommunications to enable the humanitarian community to minimize risks and implement an efficient emergency response.

\$0.9 million

Urgently required for
response from 24
December 2013 to 2 April
2014

Response:

- During the week of 15 December, the ETC increased its staffing capacity in CAR. A dedicated ETC Coordinator, an ETC IM Officer and an ICT specialist were deployed. A total of 7 mt of ETC equipment was shipped to Bangui.
- ETC has supported humanitarian organizations with installation and programming of VHF radios for vehicles and handsets in Bangui. A dedicated radio channel for NGOs' use is operational in Bangui. NGOs are encouraged to contact the ETC team or UNDSS to request assistance in programming the radios.
- ETC is refurbishing the repeater (UN-talking and UN-calling channel) at the hill in Bangui. Once operational, this will improve the radio communication network in the capital.
- ETC has identified additional staffing, including standby partners that will support deployment of critical ICT services in the seven common operational areas.

Gaps & Constraints:

- Lack of secure compounds in some common operational locations prevents the installation of ETC equipment and deployment of services.
- Outside of Bangui, the lack of radio operators and the current security situation are hampering the fulfillment of the C-MOSS requirements for COMCENs.
- The ETC is only funded enough for deployment to four of the recommended seven locations.

General Coordination

- OCHA's Civil-Military Coordination Unit is working closely with the Protection Cluster to enable direct responses for intervention and preventive action. The Protection Cluster is rationalizing IDP data-collection and analysis methodology. Limited access to remote areas is one of the main challenges for IDP data collection. Displacement figures collected by the Protection Cluster will be presented to the Population Movements Commission before dissemination. IDP figures and site profiles are being updated each week.

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