SITUATION OVERVIEW

Against a backdrop of persistent political instability, low socio-economic standards and weak governance, the Central African Republic (CAR) has experienced increasing levels of violence since the initial attacks against the former government in December 2012 until its overthrow by the Seleka coalition in March 2013. Since August 2013, violence against civilians and ethnic minorities has soared in the northern and western regions, causing fear, mistrust and hatred between communities, generating a dangerous spiral of violence marked by gruesome attacks and retaliation.

On 5 December 2013, violence escalated even further when “anti-balaka” militia attacked Bangui and Bossangoa. The sectarian fighting that ensued between this Christian militia group and fighters of the former Seleka rebel movement (mainly Muslims) – and the atrocities that continue to be perpetrated by armed actors – has resulted in gross human rights violations, countless deaths and thousands of displacements. Within the last two weeks, more than 1,000 people have been killed and some 215,000 people have been displaced internally, with many taking up residence in more than 50 makeshift sites in Bangui or with host families. In total, about 639,000 people are internally displaced, or 14% of the population. With inter-communal violence rife and evidence of ethnic cleansing in some areas, the country is at increased risk of spiralling into chaos.

Nearly everyone is affected. Violence and fear grip the country, resulting in the collapse of the state administration and public infrastructure and a breakdown in basic social services. The protection and security dimensions of the crisis are key concerns. Armed groups have reportedly committed indiscriminate attacks against civilians, sexual and gender based violence, recruitment of children, summary executions, forced disappearances and torture. The African-led International Support Mission to CAR (MISCA), which was created by the United Nations (UN) Security Council on 5 December, has a mandate to protect civilians and restore security. It is supported temporarily by the French military, and has focused on confiscating weapons and patrolling insecure areas in an effort to curb violence.

Large-scale displacement, destruction of property and loss of livelihoods have exacerbated vulnerabilities of an already fragile population, and the population movements have resulted in increased incidence of disease. There is little national capacity to assist those affected. The response of the UN and its non-government organization (NGO) partners has been limited due in part to security and access concerns as well as a lack of resources. While conditions remain difficult, humanitarian work is possible. The UN and NGOs are currently scaling-up their humanitarian presence to be able to adequately respond to the scale and severity of this crisis.

PARAMETERS OF THIS PLAN

A robust response is required to avoid a humanitarian catastrophe. This 100 day plan serves two purposes: (i) it reconfirms the direction of the response (aligned with the 2014 strategic response plan for CAR) and (ii) it presents the operational priorities. This plan requests US$ 152.2 million to immediately and rapidly scale-up operations and to increase the provision of protection and life-saving assistance to people in need of urgent care over the next 100 days. Although the recently launched strategic response plan requested $247 million, the Humanitarian Country Team (HCT) has...
determined that the response requirements will be significantly greater due to the escalation of violence. This increase will be reflected in a revision of the strategic response plan in January 2014, following the results from the Multi-sector-cluster Initial Rapid Assessment (MIRA), currently underway.

The publication of this plan follows the IASC Principals declaration of a Level 3 emergency for CAR on 11 December 2013.

HUMANITARIAN CASELOAD AND PRIORITIES

The entire population, estimated at 4.6 million, is directly or indirectly affected by the crisis. Almost half of the population is in need of humanitarian assistance. The number of people displaced continues to rise, with over eight times as many internally displaced persons (IDPS) recorded in comparison to April 2013. The chart below shows the breakdown of the 639,000 IDPs registered country-wide, by province. Most IDPs continue to take residence in make-shift sites, such as religious buildings or the Bangui International Airport; some are hosted by local communities. IOM is conducting ongoing profiling of IDP sites in Bangui and will start regularly collecting multi-sectoral information on needs as part of the MIRA. In Bangui and outside the capital, Rapid Response Mechanism (RRM) in-depth assessments continue as the basis for response and advocacy. Across CAR, a large number of the displaced, particularly in hard-to-reach areas, have gone without access to safe water, shelter, health and nutritional support for almost a year. Fifty percent of the IDPs have been assessed as moderately or severely food insecure. Refugees from DR Congo and Sudan (total: 20,336) residing in CAR have also become much more vulnerable due to the deterioration of the situation.

**Figure 1: Number of IDPs by province**

<table>
<thead>
<tr>
<th>Province</th>
<th>Number of IDPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangui</td>
<td>214,000</td>
</tr>
<tr>
<td>Ouham</td>
<td>181,000</td>
</tr>
<tr>
<td>Mbomou</td>
<td>47,000</td>
</tr>
<tr>
<td>Ouham Pende</td>
<td>34,000</td>
</tr>
<tr>
<td>Ouaka</td>
<td>34,000</td>
</tr>
<tr>
<td>Basse Kotto</td>
<td>25,000</td>
</tr>
<tr>
<td>Kemo</td>
<td>23,000</td>
</tr>
<tr>
<td>Haut Mbomou</td>
<td>18,000</td>
</tr>
<tr>
<td>Haute Kotto</td>
<td>16,000</td>
</tr>
<tr>
<td>Ombella M’Poko</td>
<td>15,000</td>
</tr>
<tr>
<td>Bamingui Bangoran</td>
<td>10,000</td>
</tr>
<tr>
<td>Lobaye</td>
<td>7,000</td>
</tr>
<tr>
<td>Nana Mambere</td>
<td>7,000</td>
</tr>
<tr>
<td>Nana Gribizi</td>
<td>6,000</td>
</tr>
<tr>
<td>Mambere Kadei</td>
<td>2,000</td>
</tr>
</tbody>
</table>

*Source: CAR situation analysis, December 2013.*

**Figure 2: Number of people in need (millions)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan 2013</th>
<th>Jun 2013</th>
<th>Sep 2013</th>
<th>Dec 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.7</td>
<td>1.6</td>
<td>2</td>
<td>2.2</td>
</tr>
</tbody>
</table>

*Source: CAR strategic response plan, December 2013.*

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1. This information is based on the humanitarian needs overview developed by the Humanitarian Country Team in October 2013, latest flash updates and situation reports, and secondary data consolidated by OCHA. The humanitarian needs overview identified significant information gaps. Data collection in CAR is hampered by a lack of access, insecurity, and insufficient national and international capacity to gather standardized information on needs and gaps.

2. This mechanism was established to provide immediate emergency water and sanitation, nutrition assistance, and non-food items. It is managed by UNICEF in coordination with OCHA and NGO partners.

The humanitarian community does not have a complete picture of needs, particularly for the hard-to-reach northern and eastern regions of the country. However, it is likely that these will be in line with areas already assessed given the pattern of the crisis, which includes the targeting of civilians, large-scale displacements and human rights violations.

Humanitarian needs have sharply increased in Bangui and the northern and western prefectures, which are the top-priority areas among those prefectures already designated as priority in the humanitarian needs overview. With the escalation of violence, it is clear that the needs are increasing, both in terms of people affected and severity.

- **Priority needs**: (1) multi-sector/cluster assistance to IDPs and other priority populations (food; healthcare; water, sanitation and hygiene (WASH); shelter and non-food items) and (2) protection. This reflects the needs identified in the humanitarian needs overview.

- **Priority areas**: The strategic response plan targets all 17 administrative units, with the following nine (9) prefectures set as priorities: Ouham, Ouaka, Ouham Pende, Nana-Mambere, Kemo, Nana-Gribizi, Basse Kotto, Mbomou and Ombella-Mpoko. This 100 day plan focuses on these priority prefectures that have been most impacted by the violence and displacement. However, the humanitarian situation has further deteriorated in Bangui, Lobaye, Ombella M’Poko, Ouham, Ouham Pende and Nana Mambere (encircled in red in the map below) so greater effort will be placed on response to these prefectures. Sudden changes in the security situation may result in new geographic priorities.

- **Priority population**: Primarily IDPs and their host communities, particularly women and children, but also other vulnerable groups such as ethnic minorities, refugees from DRC and Sudan, stranded migrants, and those severely food insecure if there is evidence suggesting that their vulnerability has increased.

- **Cross-cutting priority**: Due to the nature of the humanitarian crisis in CAR, protection is the main driver of the response and protection concerns must inform all sectors and be systematically taken into consideration in the planning and implementation of assistance.

Priority prefectures based on information collected for the humanitarian needs overview (October 2013)
In the current fluid and unpredictable context, new emergencies are likely to arise in regions other than those defined above. The volatile situation may also require unplanned distributions to temporarily displaced populations in the immediate aftermath of clashes. Figures, targeting, and duration of assistance will therefore be maintained in a flexible manner. The deployment of additional international forces may also open opportunities for increased access to people in need. Improved security may also enable returns of IDPs to their areas of origin. With this in mind the HCT approach will remain very flexible, including building capacity to respond rapidly to new emergencies or adapting the response to changing needs in case of returns. To contribute to laying the foundation for a gradual and lasting return to normality, a coordinated approach will be sought with the UN mission, the transitional government authorities and development actors.

STRATEGIC OBJECTIVES (SO)

The strategic objectives included in the strategic response plan remain valid and are included below for reference. The 100 day plan will ensure that the humanitarian response, once at scale, halts the deterioration of the situation by supporting the re-establishment of basic social services (health, education and access to water), including the rehabilitation of infrastructure and the facilitation of the return of public servants managing these structures, and by promoting predictable safety nets, ensuring that the humanitarian needs of individuals and households are met. Where possible, early recovery, livelihood and community stabilisation activities will be initiated in an effort to strengthen the resilience of the population.

These strategic objectives and their accompanying activities can only be achieved if the capacity and presence in Bangui and in other key areas is substantially and rapidly scaled-up.

| SO1 | Provide integrated life-saving assistance to people in need as a result of the continuing political and security crisis, particularly IDPs and their host communities. |
| SO2 | Reinforce the protection of civilians, including of their fundamental human rights, in particular as it relates to women and children. |
| SO3 | Rebuild affected communities’ resilience to withstand shocks and address inter-religious and inter-community conflicts. |

OPERATIONAL PRIORITIES: SCALING-UP CAPACITY

In addition to the above mentioned strategic objectives governing the delivery of aid, over the next 100 days the HCT will focus on the following operational objectives: (1) scale-up the operational capacity required to respond in Bangui and in priority prefectures and (2) strengthen coordination, information, and communication.

While UN agencies and NGOs will take internal actions to ensure response capacity is fit for purpose, a scale-up is still required which will necessitate additional funding.

Over the last few months, capacity in the interior has been gradually reinforced, and several international NGOs have opened offices in CAR. NGOs have resumed activities outside of Bangui, with permanent teams redeployed to most of the affected regions since May 2013. UN agencies have also redeployed since July. In total, there are more than 43 organizations involved in the delivery of aid. However more needs to be done to ensure continued presence, particularly in rural areas. Given the collapse of the state administration and public services, the government is unable to provide leadership or tangible support to the humanitarian effort.
The HCT has identified ten (10) operational priorities in an effort to scale-up and improve the response capacity. Headquarters and regional offices should align themselves to support these priorities, and donors are encouraged to resource them. The priorities (in no particular order) are as follows:

- **Secure operational hubs** (see Figure 3): Establish coordination hubs in key field areas to enable humanitarian operations to respond by expanding or rehabilitating seven UN common premises, ensuring adequate and sufficient expertise/staffing and regularly holding coordination meetings, in Paoua, Kaga Bandoro, Bossangoa, Bouar, Bambari, Zemio and Ndele (by March). Ndele and Zemio are not in the most affected prefectures but are the nonetheless crucial to humanitarian operations as they are located in unstable areas.

- **Logistics and pipelines:** Increase logistics capacity (air and land transport and storage) to support delivery (by the end of January) and pre-stock three months of assistance materials (by February).

- **Security:** Immediately mobilize resources to strengthen operational security management, including bolstering UNDSS and reinforcing security coordination among all partners. Contingent upon funding, UNDSS teams will be deployed to Paoua, Bossangoa, and Bambari, and another team will be based in Bangui to carry-out security assessments in areas not covered by the teams in the field; the installation of telecommunications services will be accelerated in all UN common bases (both, by March). A NGO security officer will be recruited (by January).

- **Coordination:** Strengthen coordination at the national level with the activation of all relevant clusters and establish adequate coordination mechanisms at sub-national levels. At the national level, each cluster should ensure it has a dedicated coordinator and information management resources, an action plan and indicators to monitor performances (by January). The inter-cluster coordination group will meet regularly to review multi-sector needs analysis, identify gaps and support the response (measured through a workplan, to be developed by January).

- **Needs assessments and analysis:** Fill information gaps on needs and strengthen analysis through the conduct of the MIRA (by end of December) and other coordinated assessments, as required. The humanitarian needs overview may also need to be updated by March 2014.

- **Early warning:** Develop an early warning and monitoring mechanism to enable the HCT to get timely information on new emergencies and analysis on displacements (by January). The HCT will capitalize on the experience of the RRM as well as from the protection monitoring system of the Protection Cluster.

- **Operational response reserve capacity:** Increase capacity in Bangui to respond to new emergencies. This includes establishing two multi-sector teams for assessments and interventions in new hotspots or to support teams in the field (by February).

- **Response monitoring:** Ensure clusters provide the HCT with regular monitoring reports, with the HCT producing a report on progress against output targets included in this plan by April 2014. In addition, the Dashboard may be used to support reporting on the evolution of the crisis and the response.

- **Information management:** Ensure the availability of high-quality and regular information on needs, gaps and response by establishing an effective information management working group and common information platforms (by January).

- **Civil-military coordination:** Strengthen civil-military coordination in Bangui and key areas outside of Bamako based on the deployment of international forces (ongoing).
**RESPONSE CONSIDERATIONS**

Key access constraints include insecurity, extremely poor road infrastructure, climatic conditions, and the nature of displacement which often leads people to hide far away from the main roads. The security situation remains volatile and unpredictable. Insecurity is fuelled by the proliferation of small arms, and the breakdown of law and public order. Bangui and the northwestern part of the country are most affected, resulting in continued displacement. The intervention of MISCA promises some degree of stability and protection to civilians but its strength will be insufficient to cover the whole country. Even if IDPs are able to return home, humanitarian needs will remain high as a large number of people have become increasingly vulnerable (unaccompanied children, women caring for their children alone, loss of income, looted homes, etc.).

Given the limited or complete lack of state administration and authority outside of Bangui, where the vast majority of needs have been identified, government capacity to respond to the humanitarian needs is negligible. Virtually all humanitarian response depends on international and only to a very limited extent, national humanitarian actors. Response efforts are also hampered by a lack of operational capacity, and in-country stocks. Agencies face difficulties to increase their pipelines, due to insufficient financial resources. In general, insufficient funding to humanitarian programmes in CAR has continuously hampered response efforts. Ample and flexible funding from donors is crucial to meet the needs of this fluid and unpredictable protection crisis. It is also critical that operational capacity not only rapidly scaled-up but also sustained throughout 2014.
Clustering Expected Outputs and Requirements

Coordination

Contact: Amy Martin (martin23@un.org), OCHA

The coordination priorities are as follows: strengthen coordination mechanisms and expand them at the subnational level in order to be best adapted to the operational requirements for the delivery of humanitarian assistance; enhance quality data collection and analysis needs analysis, including the establishment of an information management platform to ensure ongoing monitoring of needs, gaps, and the response; ensure dynamic communication and advocacy to raise the profile of the humanitarian situation in CAR. The approach will be used in the preparation and the implementation of this community cohesion and reconciliation component of the plan.

100 day expected output

Two OCHA field offices in Kaga Bandoro and Bambari established

Education

Contact: Sophie Ndanguere (sndanguere@unicef.org) /Serena Mandara (assistcoord.rca@coopi.org), UNICEF COOPI

The Education Cluster will focus on activities for crisis-affected children, with a particular emphasis on those who were enrolled in formal education; the aim is for 60% of students enrolled in 2012-2013 to return and attend classes regularly. In IDP sites, temporary learning spaces will be organized to allow school-going children to engage in regular education activities and thereby receive physical, psychosocial and cognitive protection. To this end, temporary physical infrastructures will be set up, teachers and animators will be identified and trained, and emergency education materials (School-in-a-Box, recreation and early childhood development kits) will be distributed. Temporary learning spaces in IDP sites will also be used as entry points to convey key life-saving and life-sustaining messages to children, in particular with regard to health, hygiene, peace and tolerance, and protection.

In IDP sites, cluster members will assess the situation prior to any activity (trends in arrivals and departures, probability that the displaced remain and for how long) in order to avoid creating a pull factor. Collaboration with the Child-Protection Sub-Cluster, whose members are establishing child-friendly spaces, and with the WASH Cluster will be strengthened. After the loss of one school year, at the national level, comprehensive and strategic support from the Education Cluster will be essential to restore the education system, which has been severely affected by the crisis (attacks on schools, closures for several weeks or months, absence of teachers, etc.). The following activities will be prioritized:

1. Monitor and report systematically on attacks on education, and advocate for the protection of education, through the RRM mechanism and collaboration between the Education Cluster and the Child Protection Sub-Cluster.
2. Provide catch-up classes for children who have missed out on the 2012/2013 school year and parts of the 2013/2014 school year.

$1.4 million funding requirement

$7.8 million funding requirement
3. Distribute teaching and learning materials in areas where schools are functioning, either through the regular curriculum or through catch-up classes.

4. Provide training and incentives for community teachers.

5. Develop a teacher training program on psychosocial support.

6. Plan a national back-to-school initiative with the Ministry of Education as soon as the security situation permits.

Although the Education Cluster set the prompt return of children to school as a priority, security considerations will be taken into account since support to education cannot put at risk the security and lives of children and school personnel. Cluster interventions will follow the “do no harm” principle by targeting mainly secure/secured sub-prefectures, municipalities and neighborhoods.

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 damaged schools rehabilitated.</td>
<td>50,000</td>
</tr>
<tr>
<td>100 schools supported with learning materials.</td>
<td>50,000</td>
</tr>
<tr>
<td>Catch-up and accelerated learning programmes in 100 locations provided.</td>
<td>50,000</td>
</tr>
</tbody>
</table>

Emergency Shelter and Non-Food Items

**Contact:** UNHCR

The main objective of the Shelter/NFI Cluster is to minimize risks of mortality and morbidity by ensuring that shelter solutions and items are distributed in a timely manner. As a response to their immediate needs, population affected by the crisis will receive initial shelter assistance varying according to their current locations. The following activities will be undertaken:

1. Provide emergency shelter (tents or shelter kits) and non-food items (cooking set, hygiene kit) to IDPs in camps for long period (excluding most of short-term IDPs in Bangui).

2. Rehabilitate wherever possible buildings that are not conducive to protect people from climate and other hazards.

3. Ensure access to adequate space so as to minimize overcrowded situation with host families and substandard living conditions when sharing accommodation.

4. Map settlements/locations as well as define population profiles to ensure that family size as well as their vulnerabilities are taken into account in the response.

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency shelter and non-food items (cooking sets, Hkit/tarps, etc) provided.</td>
<td>500,000</td>
</tr>
<tr>
<td>Community shelters in the most affected areas constructed/rehabilitated.</td>
<td></td>
</tr>
</tbody>
</table>

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$9.5 million funding requirement

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Please note that the 2014 strategic response plan for CAR merged the cluster response plans for shelter and NFIs, and WASH into one cluster plan. When the strategic response plan is revised, the cluster plans will be separated.
Emergency Telecommunication

**Contact:** Komi Amedjonekou (komi.amedjonekou@wfp.org) WFP

The main focus of the Emergency Telecommunications Cluster (ETC) will be to ensure an enabling operating environment/protection of all humanitarian operations by implementing data connectivity, basic security telecommunications and their backup power in seven common operational locations and enhance security telecommunications. Through the implementation of these activities, the ETC will enable the humanitarian community to minimize risks and implement an efficient emergency response. The ETC also will continue to standardize ICT platforms, provide training and procedures to avoid duplication and ensure cost-effective services.

Accordingly, the ETC is scaling-up its capacity for the whole humanitarian community, including the addition of an ETC coordinator and telecommunications equipment. The ETC is providing data connectivity sub-offices in Bouar while data connectivity is being provided by OCHA in Paoua. It also plans to deploy fully operational COMCENs and data connectivity in Bambari, Bossangoa, Zemio, N'Délé, Paoua and Bouar.

**100 day expected output**

Security telecommunications and data services established in 7 locations.

Food security

**Contact:** Eric Michel Sellier (eric.michelsellier@fao.org), FAO and WFP

The Emergency Food Security Assessment in October 2013 found that one-third of the population was moderately to severely food insecure, including 1.1 million people outside of Bangui. Since 5 December 2013, this number has increased due to the upsurge of fighting, causing the displacement of hundreds of thousands of people. At least 1.3 people are now food insecure, a number that may grow further. The volatile situation may also require unplanned distributions to temporarily displaced populations in the immediate aftermath of clashes. Figures, targeting, and the duration of assistance will therefore be maintained in a flexible manner.

The Food Security Cluster (FSC) has identified two main interventions to be undertaken within 100 days:

1. Meet emergency food requirement of displaced populations, and
2. Re-engage communities in productive livelihoods and the peace-building process.

The priority is to provide immediate life-saving assistance to the most vulnerable. Food assistance to severely food insecure populations (including refugees and IDPs) will be provided as long as required, with a particular emphasis on the lean season. Due to below-average harvests, the hunger period, which usually takes place between May-July, may already start in January-February 2014, indicating that vulnerable people will require assistance over a longer period of time. To prevent children becoming malnourished, blanket supplementary feeding (BSF) will continue for children aged 6–35 months in Lobaye, Mambere-Kadei, Nana-Gribizi, Ouaka and Sangha-Mbaere prefectures where chronic malnutrition rates are above 40 percent. All children aged 6-35 months in these prefectures will receive an individual ration of Plumpy’doz during the lean season.

The crisis has impacted food security by limiting access to fields, pillaging of food stocks, stealing and killing of livestock, loss of productive assets, disrupted access to and functioning of food markets and overall economic
disruptions. The food security situation is at high risk of deterioration both in cities and rural areas. Community network and coping capacity have been severely diminished by the conflict. Markets supply is disrupted or suspended and limited by fear of aggressions. Households’ financial access to food is already very limited and would further deteriorate if no emergency livelihood restoration and protection action is taken. Loss or sale of productive assets, will also affect the production of the next agricultural season. Decreased household production and heavy loss of livestock are expected to contribute to a difficult lean season with negative coping strategies.

“Eat in Peace” is the most legitimate hope and right of desperate conflict affected people. The FSC will support vulnerable and affected communities to re-engage in activities for short- and medium-term food and income security. Interventions will promote and foster peace-building dialogue between communities with joint social and economic activities as done in the past. Women’s groups will play a vital role to showcase positive examples of such activities presenting mutual benefits. Considering the timeframe (lean and planting season) and specific contexts, the interventions will be adjusted to ensure diversification and accumulation of assets to build resilience. Specific activities include food production through the distribution of agricultural tools, quality seeds and basic processing equipment, household recapitalization through cash transfers, saving and loans, restart of productive infrastructure through cash for work as well as food security monitoring and surveillance. Post-harvest handling and market linkages, even if they may not appear to be of a humanitarian nature, have been identified as crucial to stimulate demand and supply which will eventually revitalize the local economy of the vulnerable rural communities. As per the last assessment, the intervention will place particular attention on the affected populations located in Lobaye, Ouham-Pende, Ouham, Ombella-Mpoko, Nana-Gribizi and Mbomou, not excluding areas where new needs may be confirmed if humanitarian space opens. The objective is to ensure around 75,000 households are equipped and skilled for “Sowing Peace”.

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency food distributed.</td>
<td>1,300,000</td>
</tr>
<tr>
<td>Assets for food production, including seeds, cash for work, and household economies restored/protected.</td>
<td>500,000</td>
</tr>
</tbody>
</table>

**Contact:** Dr. Demba Lubambo Ghyllain (dembag@cf.afro.who.int), WHO

The already weak health system in the CAR has virtually collapsed. Even before the latest upsurge in violence, the health situation in the country was precarious, with some of the worst health indicators in the region. Assessments indicate that many people are in dire need of healthcare. However, health service provision is grossly insufficient with health workers fleeing and health facilities looted of drugs, diagnostic tools, patient records and furniture. Of the 117 health facilities assessed to date in 8 (out of 16) Régions Sanitaires, 50% have been looted, 42% damaged, and 68% have a medicines/supply shortage. It is estimated that 80% of the country’s health workers have been displaced. Health operational partners are few and coverage is inadequate to meet the needs, with humanitarian aid the sole source of health service provision in the country.

Communicable diseases are a major concern. Malaria is the leading cause of death for children under-five years of age and recent surveillance in Bangui shows that malaria cases account for more than 40% of consultations, and there are shortages in anti-malaria drugs in all 22 health districts. Global acute malnutrition prevalence is up to 13% in areas such as Marathe and Boda, increasing the risk and severity of communicable diseases such as pneumonia and diarrhea. CAR already has a very low immunization coverage, and with routine vaccinations interrupted for many months, measles epidemics have been recurrent (in November, 15 out of 22 health districts were affected). The insufficiency of safe water and sanitation, and overcrowded conditions will increase the risk of diarrheal disease and other outbreaks. An estimated 300,000 people between 0–49 years old are living with HIV/AIDS, with the prevalence of HIV infection among adults approximately 15%.

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**$16.7 million**

**funding requirement**
People affected by violence, including host communities and IDPs, are targeted for urgent humanitarian action. In particular, children under-five years of age, women who are pregnant or of childbearing age, people vulnerable to sexual or gender-based violence, and people living with HIV/AIDS and chronic diseases. The target beneficiary population for the Health Cluster is 2 million, in the most affected regions: Bangui, Ombella-M’Poko (Bimbo), Kémo-Gribingui (Sibut), Lobaye (Mbaïki), Nana-Grébizi (Kaga Bandoro), Nana-Mambéré (Bouar), Ouham (Bossangoa) and Ouham-Pendé (Bozoum). Overall health sector objectives are as follows (1) Ensure access to emergency and essential primary and hospital care, including for infectious diseases, trauma, neonatal and child health, reproductive health (especially emergency obstetric care), victims of violence/SGBV, complications of malnutrition, and continuity of treatment for chronic diseases such as HIV. This includes free life-saving assistance to targeted populations and health services delivery in line with national and international quality norms and standards. (2) Ensure early warning disease surveillance system for early detection and rapid response to potential epidemics; mass vaccination and other priority interventions to decrease the impact of communicable diseases. (3) Coordinate needs-based response through objective assessments, standardized monitoring of effectiveness and achievements, strengthening the presence of skilled staff for health coordination at national and sub-national levels, including improved logistics support to Health Cluster coordination teams.

Health priority activities are:

Access to health services

- Restore/rehabilitate priority health facilities (primary care facilities and hospitals) for the provision of emergency and essential surgical, medical and obstetric care, through support for free healthcare and establishment of referral mechanisms.
- Support the return/replacement of Ministry of Health personnel through the provision of temporary incentives and targeted capacity-building.
- Re-stock priority primary and hospital health facilities with life-saving and essential medicines and supplies, laboratory reagents for safe transfusion and universal precautions materials for infection prevention and control.
- Provide integrated reproductive health services including all elements of minimum initial service package (EMOC, CMR, HIV/STIs to vulnerable persons, particularly women of reproductive age with focus on those pregnant and lactating) and children in displacement locations and all affected areas.

Prevention and control of communicable diseases

- Increase population awareness through health risk communication.
- Strengthen/re-establish an early warning disease surveillance system for the early detection, laboratory confirmation and rapid response to outbreaks of communicable diseases.
- Support immunization against vaccine-preventable diseases with priority for measles vaccination and vitamin A supplementation for children aged between 6 months and 15 years.

Coordinated needs-based response

- Strengthen and decentralize cluster coordination teams in Bangui and establish up to 5 sub-national hubs.
- Conduct joint needs assessments to develop and implement related response strategies.
- Provide information on the health status and needs regularly through health cluster and EWARN bulletins.
- Improve coverage of services, monitor effectiveness and address gaps, including through engagement of additional international operational health partners

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles and polio immunization campaign targeting under-five children conducted.</td>
<td>1,500,000</td>
</tr>
<tr>
<td>60 primary health facilities supported with the provision of essential medicines and medical supplies, particularly life-saving medicines such as antibiotics, reproductive health kits, medicines for chronic diseases, war injuries, and malaria.</td>
<td>1,500,000</td>
</tr>
<tr>
<td>15 secondary health facilities supported with surgical assistance to people with trauma/ injuries including safe blood transfusion and medical and psychosocial support for women and child victims of violence/SGBV.</td>
<td>1,500,000</td>
</tr>
</tbody>
</table>
### 100 Day Plan

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heath facilities restored; health workforce redeployed.</td>
<td></td>
</tr>
<tr>
<td>Epidemic disease surveillance and response strengthened.</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Public risk communicated; needs assessments conducted to identify critical gaps; Health Cluster decentralized.</td>
<td></td>
</tr>
<tr>
<td>Access to integrated reproductive health services ensured for all women of reproductive age in the affected areas and an integrated reproductive health services (all elements of minimum initial service package) provided.</td>
<td>300,000</td>
</tr>
</tbody>
</table>

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**Livelihoods and Community Stabilization**

**Contact:** Brou Djekou (djekou.brou@undp.org), UNDP

The increasing religious and inter-communal tensions is prompting the early recovery cluster to work towards laying down the foundation for a gradual and lasting return to normality through the promotion of peace, social cohesion and community reconciliation as a high priority. Humanitarian actors will be able to address only part of the needs due to security, access constraints and lack of response capacity. Therefore any activity contributing to social cohesion cannot be overemphasized. The priorities include:

1. Promote peace, social cohesion and community reconciliation for a gradual and lasting return to normality at the community level.

2. Support community economic resilience through support to rehabilitation of social, economic and local administrative infrastructures using a cash-for-work approach and income generating livelihood activities.

The activities will benefit 240,000 IDPs (159,000 in Bangui and 40,000 in Bossangoa, 41,000 others) including women and children, host communities, local leaders and mediation committees' members. Activities will be implemented in the 8 arrondissements of Bangui where there is a strong concentration of IDPs and in the prefectures of Nana Gribizi, Ouham, Ouham Pende, Haute Kotto and Mbomou, Ouaka, Nana Membere, and Kemo. Community leaders will be important stakeholders and play key roles in support of outreach activities to improve access to people in need. An inter-sectoral approach will be used in the preparation and the implementation of this community cohesion and reconciliation component of the plan.

#### 100 day expected output

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacities of mediation committees established and/or strengthened in peace-building, social cohesion, negotiation techniques and leadership development at local level.</td>
<td>250,000</td>
</tr>
<tr>
<td>Community based fora organized in order to change attitudes towards inter-community dialogue, social cohesion and peace.</td>
<td></td>
</tr>
<tr>
<td>Income generating livelihoods activities developed or supported using women’s groups and roads, administrative offices, market places, health facilities, and schools rehabilitated using cash-for-work approach leading to job creation.</td>
<td></td>
</tr>
</tbody>
</table>

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$5 million funding requirement
Logistics

Contact: Philippe Tissier (philippe.tissier@wfp.org), WFP

The air-land-coordination approach will focus on the following elements:

1. Support UNHAS to provide air services for transporting staff and cargo to affected areas (a) to ensure that humanitarian organizations and donor representatives have access to beneficiaries and project implementation sites through the provision of efficient air services; (b) to carry-out medical and security evacuations for humanitarian workers; and (c) to respond in a fast, efficient and flexible manner to the needs of the humanitarian community.

2. Continue to provide information-sharing on logistics through cluster meetings to the 35 organizations registered.

3. Repair some road infrastructure at critical points along major roads, particularly in the southeast, in coordination with the Early Recovery Cluster.

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ten major road obstacles (damaged roads, bridges, etc) removed.</td>
<td>Southeast region and Paoua</td>
</tr>
<tr>
<td>Logistics cluster information management and coordination ensured.</td>
<td>35 agencies</td>
</tr>
<tr>
<td>UNHAS/transportation of passengers and cargo (metric tons) provided.</td>
<td>2100 passengers, 30 metric tons</td>
</tr>
</tbody>
</table>

Multi-sector Assistance to Refugees

Contact: Lazare Kouassi Etien (etien@unhcr.org) UNHCR

The principle objective of multi-sector assistance for refugees and stranded migrants is to provide integrated life-saving to individuals caught in the areas of intensified conflict. The conflict and armed violence has further complicated the very existence of essential services in refugee displacement areas and stranded migrants.

Given the unique range of protection needs that refugees and migrants experience as a result of the increasing insecurity in Bangui, Bambari and other affected areas, a multi-sector response aims at coordinating protection and assistance responses to cater to the needs of this specific category of persons. UNHCR, IOM and other partners will provide protection and multi sectoral assistance to refugees and stranded migrants affected by the conflict and armed violence.

The following activities have been developed for the first 100 days:

1. Ensure prevention and response to individual protection needs, including gender-based violence and serious human rights violations.
2. Ensure access of refugees (displaced) to basic services in all IDP sites in Bangui.
3. Promote and facilitate voluntary repatriation for refugees who are willing to return to their country of origin.
4. Identify stranded migrants and organize their voluntary return to their countries of origin.

UNHCR will track and monitor displaced refugees, assist with individual registration, identify refugees at risk and provide responses to their problems.
<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refugees who are facing displacement risk assisted.</td>
<td>8,000</td>
</tr>
<tr>
<td>Individual protection needs, including gender-based violence, prevented or affected</td>
<td>8,000</td>
</tr>
<tr>
<td>people assisted.</td>
<td></td>
</tr>
<tr>
<td>Stranded migrants identified and supported/transfered.</td>
<td>30,000</td>
</tr>
</tbody>
</table>

**Contact:** Reginald Xavier (rxavier@unicef.org) UNICEF

The nutrition response will focus on four critical areas:

1. **Ensure adequate integrated management of acute malnutrition through the opening and operationalization of nutrition facilities in the following areas:** Ombella Mpoko, Nana Gribizi, Mbomou, Sanga Mbaere, Lobaye, Kemo and Nana Mambere areas surrounding Mbres, Ouaka, Nana Mambere; improve the quality of integrated management of acute malnutrition according to the community-based management of acute malnutrition strategy; support supply chain forecasting and the management of nutrition commodities; provide technical assistance to the government to update the national nutrition protocol.

2. **Strengthen community based nutrition surveillance systems,** including improved monthly data collection and management to ensure completeness and timeliness, supplemented by nutrition surveys and rapid assessments.

3. **Provide support for appropriate emergency infant and young child feeding (e-IYCF)** by ensuring that the emergency package for promoting appropriate IYCF practices is implemented in different health and nutrition facilities as well as in communities, including in IDP sites.

4. **Strengthen the supply chain forecasting and management of national capacity for maintaining a healthy pipeline** by ensuring a contingency stock of supplies, sustainable funding and distribution of supplies for at least five months.

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases of severe and moderate acute malnutrition managed.</td>
<td>28,000</td>
</tr>
<tr>
<td></td>
<td>50,000</td>
</tr>
</tbody>
</table>
Protection (includes Camp Coordination and Camp Management Cluster activities)\(^5\)

**Contact:** Maurice Azonnankpo (azonnank@unhcr.org), UNHCR

Protection considerations must drive the humanitarian response in CAR and inform the work of all of the clusters. Beyond that, the Protection Cluster’s priority activities seek to prevent or reduce human rights violations, conflict and armed violence and where it is possible, to respond to the needs of the affected population, notably IDPs, host communities, and returnees. There is a particular concern to prevent sectarian violence and gender-based violence and to protect children, the elderly, the sick and persons with disabilities. Given the violence that has broken out in Bangui and other parts of the country, and the expectation that the insecurity is likely to continue, the Protection Cluster has prioritized the following programme of activities for the first 100 days:

1. Promote initiatives to integrate protection into the design and implementation of responses by clusters and humanitarian actors.

2. Strengthen the monitoring system: increasing the number of monitors, providing training to the new recruits, and extending the 4040 Green Line to a 24/7 service to receive information about protection threats.

3. Prevent and end the recruitment and use of children in armed groups; in light of repeated attacks against children committed by parties to the conflict, it crucial for the country task force on grave violations against children to resume its activities to ensure effective monitoring and advocacy as required by the Security Council resolution 1612 (2005).

4. Establish women/child friendly spaces where children can play and for women and children to receive psychosocial help; to identify separated and unaccompanied children and reunite them with their families; to provide centers where women and children traumatized by violence can share their experiences in safety; and to update and disseminate referral pathways for child protection interventions.

5. Update and widely disseminate referral pathways for gender based violence and for the guidelines for the prevention of gender based violence, including protection from sexual exploitation and abuse; expand the capacities of CAR facilities and staff able to provide direct assistance.

6. Provide gender based violence coordination support at national and subnational levels as well as life-saving and appropriate gender based violence prevention and response services especially medical and psychosocial services including generation of data on reported case.

7. Strengthen the cluster’s information management capacity, including population movement tracking, monitoring and profiling, and to sharpen and deepen its protection analysis so as to do better reporting and advocacy and deliver a more effective and efficient humanitarian response as well as to promote solutions including closure of sites and voluntary return of IDPs to their homes in conditions of security and dignity.

8. Monitor the dynamics and size of the spontaneous sites, and population movements in and outside sites;

9. Strengthen interaction with BINUCA’s\(^6\) human rights section including possible protection training for national security forces and multi-national forces.

10. Liaise with the civil-military coordination mechanism and MISCA regarding improvement of physical security of IDPs and service providers.

11. Increase the resilience of communities to prevent sectarian conflicts from becoming violent by promoting community reconciliation and dialogue and other conflict resolution measures.

\(^5\) Please note that the HCT will discuss the establishment of a CCCM Cluster on 26 December 2013 and if agreement is reached, the establishment of this cluster will follow standard IASC practice. In anticipation of the creation of this cluster, CCCM activities and expected outputs have been italicized and bolded. The funding requirements of both the Protection Cluster and soon to be established CCCM Cluster are included in the $16.8 million.

\(^6\) The UN Integrated Peacebuilding Office in the Central African Republic.
11. Activate protection working groups in all affected areas where there are enough protection actors to make this feasible.

In view of the gravity of the protection situation in CAR, it has been deemed necessary to have surge capacity to increase the number of humanitarian actors on the ground with adequate resources to ensure their mobility and effectiveness. This plan will enable the protection actors to increase the rapidity and efficiency of the cluster’s response to the protection risks and concerns, particularly in the most affected areas of the country.

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In terms of camp coordination and camp management (CCCM), there are large numbers of IDPs now living in dire conditions in many scattered sites throughout CAR, particularly in urban areas of Bangui, Ouham, and Ouham Pende prefecture. When established, the CCCM Cluster will work closely with other clusters to develop and to deliver a coordinated strategic approach in the sites that avoids creating pull factors while ensuring the identification of life-saving needs and gaps in IDP sites and similar settings. Paying particular attention to persons with specific needs, the CCCM response will be a community-based approach that utilizes available potential local capacities including local NGOs, the displaced as well as host communities to facilitate IDPs’ access to information, protection and services. Site-based interventions will be designed to support the return of displaced persons to their homes with additional resources and skills as needed. To this end, the CCCM Cluster in collaboration with partners will carry out the following activities:

1. **Implant facilitators in all large IDP spontaneous sites as a link between the humanitarian actors and the IDPs, as well as to gather information about population movements and camp dynamics, improve coordination of humanitarian action in these sites, provide information to beneficiaries, serve as a means for them to channel their concerns, and increase the accountability of humanitarian actors to beneficiaries.**

2. **Develop a CCCM Cluster strategy that incorporates remote management aspects and coordination with service providers at the IDP community level, facilitate orderly service provision, avoid duplication, and promote standardization of response in the different sites.**

3. **Establish information centers to provide information to beneficiaries and serve as a means for them to channel their concerns thereby increasing the accountability of humanitarian actors to beneficiaries.**

4. **Conduct CCCM training of site managers and other relevant partners to carry out their work effectively and in accordance with humanitarian principles.**

5. **Deliver comprehensive information management services, including assessment, monitoring standards of services, identification of gaps in geographical coverage with the objective to avoid creating pull factors.**

6. **Facilitate integration of priority cross-cutting issues in assessment, planning, monitoring and response (e.g. age, gender, diversity, environment, HIV/AIDS and human rights).**

7. **Establish community participation mechanisms to promote participation of the displaced and host communities including in the identification of persons with specific needs to target interventions.**

<table>
<thead>
<tr>
<th>100 day expected output</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of provinces covered by the protection monitoring system increased from 4 to 10 and the “Green Line” 4040 hotline number extended to operate 24/7.</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Activities of community reconciliation and social cohesion integrated into all responses to conflict-affected communities.</td>
<td></td>
</tr>
<tr>
<td>Protection considerations mainstreamed in the response and delivery of other sectors.</td>
<td></td>
</tr>
<tr>
<td>Children released from armed groups and provided with social and community reintegration programmes.</td>
<td></td>
</tr>
<tr>
<td>Provide life-saving and appropriate gender based violence services especially medical and psychosocial services and generate data on reported cases.</td>
<td></td>
</tr>
<tr>
<td>Referral pathways for gender based violence, guidelines for the prevention of</td>
<td></td>
</tr>
<tr>
<td>100,000</td>
<td></td>
</tr>
</tbody>
</table>
gender based violence, as well as referral pathways for child protection interventions updated and widely disseminated.

**Site management established in all large spontaneous IDP sites in Bangui and in Ouham and Ouham Pende prefectures; site facilitating and monitoring teams put in place.**

**CCCM training conducted for all site facilitators/managers to build capacity.**

**Information management provided and reporting tools to coordinated operational response developed/used.**

**Standards of service and protection provided in IDP sites monitored; major response gaps identified and referred to relevant service providers.**

**CCCM capacity-building of local actors, including IDPs, religious and local authorities, undertaken.**

## Security

**Contact:** UNDSS

Increase rapidly UNDSS capacity and extend its coverage and services to priority areas outside of Bangui to facilitate the implementation of humanitarian operations in a safe and secure manner. The teams will be composed of 1 field security officer and 1 field security assistant and will be deployed to three UN common premises according to priorities, and one team will be based in Bangui to carry out security assessment missions in the field.

**100 day expected output**

Deploy security teams to four new regions.

**$1.8 million**

funding requirement
The principal objective of the WASH Cluster is to respond to the needs of displaced people and other crisis-affected persons with the specific objectives of ensuring access to sufficient water of appropriate quality and quantity, ensuring access to basic sanitation and bathing facilities as well as strengthening good hygiene practices in order to prevent the increment of water-borne diseases and epidemics such as cholera. Considering the humanitarian situation, the main activities are:

1. Establish emergency latrines and washing facilities for all IDPs in camps around the country.
2. Provide emergency WASH/NFI items (jerricans, soap) to IDPs in camps and with host families depending on needs. Where appropriate and based on effective sensitization capacities, aqua tabs distribution will focus on IDPs who are not accessing otherwise treated water sources.
3. Provide access to sufficient water of appropriate quality and quantity (SODECA, water trucking, rehabilitation of water point). SODECA facilities will be used in Bangui and other towns likeBossangoa for IDPs and host communities.
4. Provide critical information to prevent disease to all IDPs (in camps and in host families). Hygiene promoters will be trained to support these efforts. A mass media campaign using local media will be launched focusing on hand washing with soap and use and maintenance of latrines.
5. Implement the Rapid Response Mechanism to promote more credible emergency assessments, advocacy for urgent response and provisions for ‘responder of last resort’ capacity for up to 50,000 IDPs with WASH and non-food item assistance.

The plan takes into account the cross-cutting issue of protection by ensuring that facilities are designed and situated in a way that ensures the protection and dignity of their users, particularly women and children. The cluster also works with the clusters of protection, health, nutrition and education to ensure clear emphasis on urgent emergency response for newly affected populations and that support is provided to schools and child friendly spaces as well as health and nutrition centers. Finally, the plan puts particular emphasis on the most vulnerable groups such as children 0-5 years old, women and the disabled.

### 100 day expected output

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of people targeted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency latrines and washing facilities for IDPs established in camps.</td>
<td>200,000</td>
</tr>
<tr>
<td>Emergency WASH items (jerricans, aquatabs, soap) provided.</td>
<td>300,000</td>
</tr>
<tr>
<td>Access to sufficient water of appropriate quality and quantity (Sodeca, water trucking, rehabilitation of water point) ensured.</td>
<td>300,000</td>
</tr>
<tr>
<td>Critical information to prevent diseases provided.</td>
<td>500,000</td>
</tr>
<tr>
<td>Emergency shelter and NFI (cooking set, HKit / tarps, etc.) provided.</td>
<td>100,000</td>
</tr>
</tbody>
</table>