



Source: OCHA/Cortes

## HIGHLIGHTS

- Three years of instability substantially deteriorated the health system and health needs remain acute for much of the population
- More than 10,000 people displaced in Kouï area following clashes between armed groups
- A return intention survey shows 73% of refugees do not intend to return to CAR
- Alarming deterioration of food security situation over the past year according to Food Security cluster recent assessment

## FIGURES

# of IDPs	420,000
# of refugees outside the country	467,000
Population in need of aid	2,3 M
Population affected by food insecurity	2,5 M

For more information, please visit [www.unocha.org/car](http://www.unocha.org/car) or [www.humanitarianresponse.info/fr/operations/central-african-republic/](http://www.humanitarianresponse.info/fr/operations/central-african-republic/) or

[www.twitter.com/OCHA\\_CAR](https://twitter.com/OCHA_CAR)

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## Facing a chronic healthcare crisis

More than three years of violence have dismantled the already very fragile health structures in the Central African Republic (CAR), bringing the government service delivery capacity to a complete stop, and leaving thousands of people vulnerable to diseases and with little access to health services.

Though in general access to health is very poor throughout the country, except in the capital Bangui, insecurity also impedes or delays responses in some parts of the country. Aid agencies use mobile services to help thousands of displaced in areas not covered by the Ministry of Health's basic facilities. Preventive activities, primary and secondary health care, all functional referral hospitals, early warning mechanisms and rapid outbreak response capacity and psychosocial support remain essentially reliant on humanitarian actors. Currently 1 million people are assisted by 31 health cluster partners including non-government organizations and UN agencies.

### Unmet needs

Prior to the recent crisis, CAR was in dire need of improvements in health care, especially in maternal, child and reproductive health. In 2011, there was only 1 doctor for every 15,000 people and 1 health facility for every 8,000 people. The recent instability substantially deteriorated the health structures and needs remain acute for much of the population. As stability slowly returns to the country, the government has begun to shift health sector interventions away from emergency relief towards actions that will rebuild the collapsed health system.

*"Health needs remain acute for much of the population in CAR and the availability of quality health services has deteriorated substantially,"* said Dr. Michel Yao, WHO Representative to the Central African Republic. *"In 2016, the cluster aims to cover 1 million people in areas affected by the crisis, leading to improved access to quality health services for 25% of the country's population. It will also contribute significantly to reducing morbidity and mortality, resulting in lives saved among some of the most at-risk populations in the country,"*



January 2016. Ndifffa, CAR. Health center run by IMC. Source: OCHA/Gemma Cortes

Key issues such as rehabilitating infrastructure, understaffing and disease prevention have not yet been fully addressed. Aid agencies are responding to sporadic urgent crises related to seasonal epidemics or insufficient access to basic healthcare due to displacement and insecurity. The incapacity of the government to provide services in the areas where aid agencies have difficulty with access, and the fact that in some of these areas the statistics alone indicate a state of emergency, means why emergency health is still provided.

Malaria remains the leading cause of morbidity, accounting for 13.8 percent of deaths. There are resurgent meningitis outbreaks as well as other communicable diseases such as wild poliovirus, measles and yellow fever but the principal afflictions are water-borne, skin and respiratory diseases.

Under-five mortality is 176 deaths per 1,000 live births and infant mortality 106 deaths per 1,000 live births. The country also has the highest maternal mortality rate in Africa, with 1,355 deaths per 100,000 live births, reports the health cluster.

*"Health needs remain acute for much of the population in CAR and the availability of quality services has deteriorated substantially," said WHO Country Representative Dr Michel Yao.*

### Lack of funding threatens the free-access to healthcare

A drastic shortage in funding is jeopardizing free access to health care services being provided by the health partners for thousands of people. Only 55% of the health facilities in the country are functioning, and they mostly rely on the support of nongovernment organizations and UN agencies like the WHO, who are collaborating as part of the Health cluster response. In 2015, Health Clusters partners delivered free health care for more than 2 million people across the country.

During the first quarter of the year a surge of epidemics has hit the country. On 16 March, the Ministry of Health announced an outbreak of meningitis. 158 cases have been reported, from Batangafo, Kabo, Bouca, Bossangoa, Nana-Bakassa and Nagha Boguilla, all located in the Ouham prefecture, with a total of 26 fatalities. The epidemic threshold

**Meningitis epidemic casualties**

Sub-province	Cases	Casualties	Letality
Batangafo	104	9	9%
Kabo	17	3	18%
Bouca	15	7	47%
Bossangoa	7	5	71%
Nana-Bakassa	13	1	8%
Nangha-Boguilla	2	1	50%
<b>Ouham province</b>	<b>158</b>	<b>26</b>	<b>16%</b>

was exceeded between 29 February and 13 March 2016 in the town of Kabo, where 10 cases of seasonal meningitis strain of meningococcus W135 were confirmed by the Bangui Pasteur Institute. In order to respond to this epidemic, WHO and partners organized several operational missions of investigation- response in coordination with MSF, IRC, Mentor Initiative, PU-AMI, ICRC, IMC and the Red Cross, Health facilities in the epidemic area were supplied with drugs, rapid diagnostic tests and laboratory inputs. On 12 January, eighteen cases of Monkey Pox, an extremely contagious viral disease, were confirmed in Bangassou. Health authorities and partners put in place control measures, including the confinement of suspected victims, activation of regional outbreak taskforce and sensitization of the population on preventive measures. The National Health Authority declared an epidemic by 28 December 2015. WHO, UNICEF, MSF and the Ministry of Health sent additional surveillance officers, a senior epidemiologist, protective equipment and medicines. A total of 18 cases and 3 deaths were reported since the beginning of the epidemic.

The Ministry of Health also declared a public health emergency due to increasing cases of dog bite with a confirmed rabies case. According to WHO since January 2016, Bangui's veterinary clinic has recorded 641 cases of people bitten by dogs and 364 dogs suspected of rabies. About 465 of people bitten by dogs were received at the Pasteur Institute clinic over the same period, of which 243 people were vaccinated against rabies between 1 and 15 April. On 18 April a seven year old boy diagnosed with rabies died at

the pediatric center in Bangui. The majority of rabies-infected dogs are located in Bangui's 4<sup>th</sup>, 5<sup>th</sup> and 8<sup>th</sup> districts which are the zones most affected by armed conflicts since 2013, leading to massive population displacement abandoning the dogs. Some 54 cases of dog-bites were also registered in Dékoa (Kémo province) in early April.

In response, The Ministry of Health and WHO reactivated a multi-sectoral crisis committee which is undertaking the following actions: epidemiological surveillance, medical care for the people affected, social mobilization/communication and coordination of activities. FAO is also supporting the response process. These data indicate that canine rabies is endemic in the country and has a detrimental impact on human health.



June 2015. Mabagolo, CAR. Health Center run by Save the Children. Source: OCHA/Gemma Cortes

Without a major injection of funding, humanitarian health services will stop delivering conflict-related injuries and they will only be delivering routine care, such as maternal and child health services and treatment for non-communicable diseases like heart disease, diabetes and cancer.

## Planting seeds of hope

"When you're held at a gunpoint, so you have a choice?" ponders 53-year-old Marguerite Lakue as she recalls the day she fled her village. "I will never forget that day. It was 7 March 2015. There was a group of them with weapons. Within minutes, they burned down my house. They took everything we had. There was nothing left. I walked 30 kilometers to get here to Kaga Bandoro with my children....We were in total shock and despair," she says.

Marguerite is a mother of ten. She is also a farmer. Before being forced to flee, she worked her land for 20 years.

"Back home, I used to grow peanuts, manioc (a root vegetable also called cassava), corn, sesame, pumpkins, tomatoes, spinach, cabbage, cucumbers, okra, and rice," she says softly. "Last year, I couldn't do anything. I relied on help from the World Food Programme (WFP) for food. My brother who works in Bangui has been supporting me to pay for the place that we are renting here. But I need to become independent," says Marguerite. It has been difficult. She says she hasn't had anything to eat for the past day. This happens occasionally, she explains, as she wants to feed her children first, and there are times when the food is simply just not enough for the whole family.

### A farmer's hope

Marguerite hopes to return to her village one day. For the immediate future, she hopes to regain a sense of normalcy: to grow her own food and have enough for everyone.

*"I am looking forward to this assistance. I can focus on farming again this year and have food to eat between the planting and harvest seasons," Marguerite says.*

Her immediate dream is within reach. In the next weeks, she will receive seeds and tools from the Food Agriculture Organization (FAO) to plant the plot next to her home, and also food from WFP to get her through the following months. It is the period before the next harvest, known as the lean season, when there is less food than usual. It's also the time when Marguerite, and others in her situation, need the most support.

"I am looking forward to this assistance. I can focus on farming again this year and have food to eat between the planting and harvest seasons," she says. "These days, when possible, I earn some income by baking and selling doughnuts, but I am a farmer. This describes in the best way who I am."



March 2016. CAR. Marguerite has been a farmer for 20 years. Source: WFP/Sayaka Sato

## Seeds for Change

Recent assessments conducted by the Food Security Cluster indicate an alarming deterioration of the food security situation over the past year. Compared with pre-crisis levels, cereal production is down by 70 per cent, fisheries output by 40 per cent and cattle population has declined by 46 per cent. Production of cotton and coffee – the two main cash crops – is respectively estimated at 42 and 28 per cent lower than pre-crisis levels.

Eight out of ten people in CAR depend on agriculture. FAO and WFP are working together to help farming families provide their own feed since 2014 through an initiative called 'seeds protection' that provides seeds to nearly 100,000 families before their planting season starts. During this period, when food is scarce, some families might otherwise have to resort to eating the seeds that are meant for planting.

WFP provides food (cereals, beans, oil and salt) for families to prepare meals to eat now and during the growing season, and FAO provides seeds (groundnuts, maize, rice, sorghum, and beans) and hoes for sowing to the same families so they can eat in the future too. At harvest time some of the seeds can be saved and planted again next season.

## Displaced families undertake voluntary return initiatives

After living in displacement sites over the past three years, IDPs are expressing their desire to return to their respective neighborhoods. The successful presidential election process and the general peace that followed after the results were announced reassured some IDPs who expressed their willingness to return to their homes.

In the Boeing neighborhood, a coordination committee composed of people who were affected by the crisis in the Bangui M'poko 3 area has been established. The committee members are presently registering the number of destroyed houses belonging to IDPs in the area while hoping to receive assistance to enable them to rehabilitate the houses and to return permanently. These IDPs who are originally from the Cité Dameca, Cité Boeing and Kokoro 2 neighborhoods are still living either in host families or at the Bangui M'poko

Airport and the Saint Joseph Mukassa Catholic Church sites; located in Bangui's 3<sup>rd</sup> district. They sensitize IDPs on the registration process with the use of whistles and megaphones.



May 2016. Bangui, CAR. Jean Jacques, 67, poses at his damage house at Boeing. He lives at Mpoko IDP site, Source: OCHA/Virginie Bero

During the first registration session on 5 April in Kokoro 2 neighborhood, about 500 destroyed houses were registered. On 12 April, 550 households were registered in the Cité Dameca neighborhood and Cité Boeing on 19 April, 300 households. In Koroko-Dameca, neighborhoods, 550 households were registered.

On the day of registration, the affected IDPs first meet the committee members at a designated house in the neighborhood. After which each

person goes and stands in front of his/her house. The coordination team walks around registering each destroyed house and the number of people per household. This operation has already been carried out in four neighborhoods where over 1,300 households were registered.

*"We are suffering a lot on the site particularly during the rainy season when leaving conditions become difficult. We want to return home and to live comfortably" said*

### Returning to their homes is the absolute wish shared by IDPs

Sitting under the shade of a tree beside the road, Martine an elderly widow sought refuge in the St Jacques Mukassa IDP site where she lives with 23 member of her family, including her children, grandchildren and great grandchildren. She came to register her home with her son whose only wish is to return to his neighborhood of origin.

"We are suffering a lot on the site particularly during the rainy season when living conditions become difficult on the site. We want to return home and to live comfortably", she said. Martine's wish is generally shared by other IDPs.

Meetings are held at least one per week between humanitarian partners and communities where information is collected and shared with the humanitarian community in CAR to enable advocacy and strategic decision making.

### Constraints hindering IDP returns

Despite their burning desire to return to their respective homes, IDPs are unable to leave the sites due to various constraints. Mostly poor sanitation conditions since the neighborhoods were abandoned for a long time and now have a lot of grass. Many houses were destroyed and there are no potable water sources. "Although we really intend to return, we are worried we might not have access to safe drinking water because bodies were dumped into many wells during the conflicts" said Martine.

In December 2013, following conflicts between armed groups in CAR, thousands of people were forced to flee their homes in search of refuge in more secured areas. According to the Population Movement Commission (CMP), as of 31 March, there are 420,231 IDPs in CAR. Compared to the CMP's reported 421,283 IDPs countrywide in February, the overall number of IDPs in CAR has reduced by 1,052 representing about 0.24 per cent decrease. The number of IDPs decreased from 54,120 to 53,255 IDPs in Bangui and Bimbo; representing a decrease of 865 IDPs. The site with the highest number of IDPs in Bangui remains the M'poko Airport site still hosting 28,087 IDPs.

## Children affected by the crisis receive psychosocial support

In the Central African Republic, over 20,000 children affected by the crisis are studying in temporary learning spaces and Child Protection (ETAPE). The teachers were trained on psychosocial support in March 2016 in order to strengthen their capacity. This activity was organized with the support of the UNICEF regional office in Dakar and was facilitated by an international Consultant from Canada.

This training initially targeted 40 trainers in the education sector, after which they trained 200 teachers (120 community teachers working in ETAPES and 80 teachers from schools various districts in Bangui). According to UNICEF, the trained managers are already preparing training sessions in eight academic institutions in CAR. The training enabled teachers to develop a participatory approach focused on healing opportunities for children and ways of adapting these methods to a variety of academic subjects.

Fleeing fighting between armed groups in CAR, thousands of families found refuge in IDP sites since late 2013; rendering access to regular schools remains challenging for displaced children. In partnership with NGOs, UNICEF opened learning centers on the sites to facilitate the supervision of displaced children.

According to UNICEF, as of mid-April 2016, 193 ETAPES are operational in 32 sites in CAR of which 70 are located in Bangui, the capital city. In total, 27,894 displaced children including 13,740 girls attended schools through these centers. UNICEF's implementing partners for this activity include: Bangui Sans Frontière, Enfant Sans Frontières, IDEAL, CARITAS, REMOD, ACCM, ECAC and Yamacuir.



March 2016, Bangui, CAR: Participants during a training session.  
Source: Amari/UNICEF

## Common Humanitarian Fund changes name

The Common Humanitarian Fund in RCA is changing name to become the Humanitarian Fund in RCA and its acronym will change from CHF RCA to HF RCA.

All OCHA-managed pool funds across the world will change their name accordingly. This change will be progressively reflected in communication products and visibility guidelines for partners and it is part of the global reform initiated in 2015 to roll out global guidelines to harmonize ways of working of OCHA-managed humanitarian pool funds worldwide. For more information, these guidelines can be accessed at: <http://www.unocha.org/what-we-do/humanitarian-financing/cbpf-global-guidelines>

## Portrait of a local organization

Sewa Mai is a national NGO, established in Ndangala village, 30 km towards the south-western region of Bangui (Ombella M'poko province). Initially created on 30 October 2011 as a local association, it was transformed four years later into an NGO.

Sewa Mai, in Sango (CAR local language) means 'Development Family' and its main objective is to fight against starvation and poverty in order to achieve sustainable development.

Sewa Mai operates within the following sectors: agro-pastoral agriculture, agro-forestry, environment, education, health and micro-credit. After setting-up a satellite office in PAMA (Ombella M'Poko province) in February 2015, a canoe with the capacity to transport 10 to 15 people was built and made available to the local population in order to support and facilitate the traffic of goods and people in the region; operated by Sewa Mai.



Bangui, CAR, Trainees at the Ndangala literacy centre (Ombella M'Poko province) Source: Sewa Mai

French Embassy.

Mai Sewa has 20 employees working in Bangui and in Ndangala and its main financial/technical partners are: The Embassy of France in CAR, FAO, the Ministry of Environment and Ecology, the Ministry of Social Affairs and Humanitarian Action, the Ministry of Rural Development and Agriculture and the Directorate of literacy and non-formal basic education. Mai Sewa is operational in the Ombella M'poko and Lobaye provinces with its main office in Kpètènè.

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## In brief

### **Precarious humanitarian situation in Kouï area following clashes between armed groups**

Since 24 April, displacement was reported in the area of Kouï and Bocaranga, following ongoing clashes between armed groups. About 10,000 displaced people arrived in Kouï city, and nearly 100 arrived in Bouar. In Kouï, IDPs verification and registration is underway by humanitarian partners. In Bouar, IDPs are living with host families and already receiving humanitarian assistance. Four casualties were reported as a result of clashes, at least four bullets wounds were treated at Bocaranga hospital and five at Kouï Health Center. In addition, on April 26, a violent storm hit the city of Kouï causing immense damage and destruction to 82 houses; some of them are hosting IDPs families. A humanitarian response plan in the area is under discussion among partners to further prioritize actions. The latest clashes in the Kouï area are a reminder that the security situation remains fragile and unpredictable despite stabilization in some areas.

## UNHCR return intention survey shows 73% of refugees do not intend to return to CAR

A Return Intention Survey conducted by the United Nations High Commission for Refugees (UNHCR) in April in Cameroon disclosed that 73% of the refugees do not intend to return to CAR while 27 % intend to return. 16% of those in favor to return wish to return in 2016. Refugees reported that the main reasons impeding return are, in order of importance, the lack of security, property destruction, lack of trust in the capacity of the government to protect them, fear of relapse of conflict, lack of opportunities to earn a living and restart a life.

The survey was conducted among 10% of the 68,000 CAR refugee households living in various settlements in Cameroon.

## IOM Survey reveals 75 per cent of displaced intend to return

A Return Intention Survey conducted by the International Organization for Migration (IOM) in March revealed that 75 per cent of the respondents intend to leave their displacement sites provided certain factors in their areas of settlement are met. Main reasons currently hindering returns are a perception of absence of administrative authority and law enforcement agencies in the areas of origin. Furthermore, the study demonstrated that displaced persons lack livelihood (54%), financial means to restart income -generating activities (9%) and means to repair their housing (27%). The report also indicates that 43 per cent of IDPs have left their place of origin since December 2013, about 19% are displaced since September 2015, while 15% of IDPs had returned home before being displaced again.

## Humanitarian Country Team guidance note endorsed to ensure civil and humanitarian character of IDPs sites

On 19 April, the CAR Humanitarian Country Team (HCT) endorsed a guidance note developed by the Protection Cluster to ensure that the civil and humanitarian character of IDPs sites in CAR is maintained.

This guidance note establishes standards and recommendations for the HCT and security actors in the country, to ensure the civil and humanitarian character of IDP sites and surroundings, and reach a holistic agreement to better protect IDPs. There are currently over 420,000 IDPs in CAR, of whom 185,000 live in one hundred sites throughout the country. The safety of these IDPs is often threatened by the infiltration and regular presence of armed groups in the sites.

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