



Reporting period: 1 – 30 November

Central African Republic

Humanitarian Situation Report

SITUATION IN NUMBERS

November 2017

1.2 million
Children in need
(2017 Humanitarian Response Plan)

2.4 million
People affected
(2017 Humanitarian Response Plan)

601,642
Internally displaced persons
(UNHCR, 31 Oct 2017)

538,432
Refugees in neighbouring countries
(Chad, Cameroon, DRC, Congo)
(UNHCR, 31 Oct 2017)

UNICEF Appeal 2017
US\$ 53.6 million

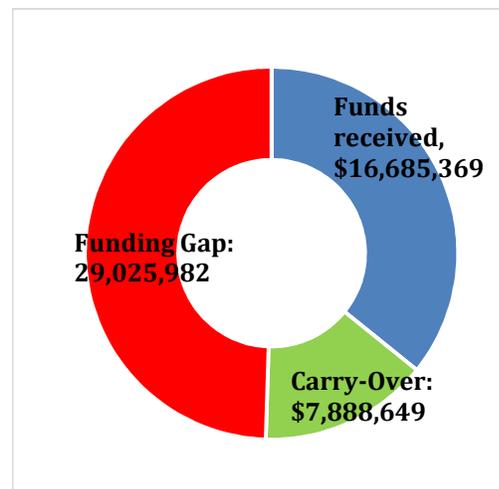
Highlights

- The United Nations Security Council extended the mandate of the UN peacekeeping mission, the Multidimensional Integrated Stabilization Mission (MINUSCA), in the CAR until 15 November 2018. The mission's troop level was increased by 900 military personnel.
- The Council reiterated its serious concerns over the "dire humanitarian situation" in the country because of the deteriorating security situation, and the lack of access for and attacks against relief workers.
- 20,000 IDPs that had settled in an impromptu camp formed around the UN peacekeeping mission base in Kaga Bandoro, were assisted by IOM to relocate in an operation that began 12 October and continued through November. The camp had formed after ex-Séléka members attacked an IDP camp in Kaga Bandoro in 2016. Close to 700 IDP households had been living in unsafe areas around the airstrip and fuel depot.
- Tensions renewed in Bangui after a grenade exploded Saturday 11 November. More incidents followed on Sunday with a toll of eight dead and 20 wounded. The explosion happened at a concert preaching peace and reconciliation between two rival districts.

UNICEF's Response with Partners

Key Programme Indicators	Sector/Cluster		UNICEF	
	Cluster Target	Cumulative results (#)	UNICEF Target	Cumulative results (#)
WASH: Number of affected people provided with access to improved sources of water as per agreed standards	1,600,000	1,026,253	600,000	291,982
Education: Number of children (boys and girls 3-17 yrs) in areas affected by crisis accessing education.	94,400	56,673	75,000	56,673
Health: Number of children under 5 in IDP sites and enclaves with access to essential health services and medicines.	N/A		500,000	160,814
Nutrition: Number of children aged 6-59 months with SAM admitted for therapeutic care.	30,521	23,072	30,521	23,072
Child Protection: Children (boys and girls) released from armed forces and armed groups who participate in a community reintegration programme.	4,874	4,587	3,500	2,993

N/A= Not Applicable



Situation Overview & Humanitarian Needs

The explosion of violence of the last spring in the South Eastern part of the country (Bangassou, Zémio) has continued to spread into the Center East during November. For example, on the axis Dimbi-Kembe-Pompolo, over 17,000 new displaced persons were identified following rumours and then fighting between armed groups. This axis is a corner stone for humanitarian access to the East of the country and only a few local NGOs are now able to intervene with MINUSCA Force protection.

In Bria (North East), the security situation is remains worrying. The confrontations between armed groups have caused populations to be displaced repeatedly. The displaced children and families in the PK3 Bria IDP site increased by 24 per cent between September and November (26,747 to 35,499) resulting in an estimated total of about 60,000 IDPs in Bria.

In the Western region, the sub-prefectures of Bocaranga, Kouï and Ngaoudaye have been affected by several peaks of violence forcing the population to be displaced several times since the beginning of 2017. The humanitarian partners in the area have been forced to suspend their activities several times, particularly in Bocaranga, at the end of September. Following a military MINUSCA intervention at the end of October in the area, approximately 15,000 previously displaced persons spontaneously returned to Bocaranga throughout the month of November. Humanitarian partners began resuming activities in the area early in November.

Estimated Population in Need of Humanitarian Assistance			
<i>(Estimates calculated based on revised CAR Humanitarian Response Plan 2017-2019, rev. June 2017)</i>			
Start of humanitarian response: January 2014			
	Total	Male	Female
Total Population in Need	2.4 million	1.2 million	1.2 million
Children (Under 18)	1.2 million	0.6 million	0.6 million
Children Under Five	547,725	273,975	273,750
Children 6 to 23 months	271,195	136,053	135,942
Pregnant women	87,000		

Humanitarian Leadership and Coordination

UNICEF is a member of the Humanitarian Country Team (HCT), UN Country Team (UNCT) and Security Management Team (SMT).

UNICEF leads WASH, Nutrition Education clusters and Child Protection sub-cluster. The Government co-chairs WASH and Education clusters, Child Protection sub-cluster and is an active member of the Nutrition cluster. Child Protection (CP) sub-cluster covers all provinces directly or indirectly. Nutrition is paired with health and works through three sub-clusters at the sub-regional level. The Education and WASH clusters are also functional at the sub-regional level.

UNICEF is the coordinator of the Rapid Response Mechanism (RRM) and is a member of the Health and, through the RRM Coordinator, Shelter/NFI/Camp Management clusters. The Cluster/Sub-Cluster leads and RRM Coordinator are members of the Inter-Cluster Coordination team (ICC).

Humanitarian Strategy

UNICEF prioritizes life-saving interventions and risk reduction for crisis-affected, displaced and returning people in CAR. Capacity building and preparedness activities are reinforced. UNICEF tackles preventable childhood illnesses, malaria, HIV and malnutrition, and provides people with access to safe water and improved sanitation. UNICEF focuses on protection needs of children, including their release from armed groups and their reunification with families when separated or unaccompanied, and provides the appropriate psychosocial support to vulnerable children. Children who are out of school due to crisis will gain access to safe learning spaces and quality education. The Rapid Response Mechanism (RRM) provides non-food items (NFIs) and water, sanitation and hygiene (WASH) support to vulnerable people suffering shocks. UNICEF works with line ministries to strengthen government capacity for humanitarian coordination, leadership and response. UNICEF also plays a strong role in health programming and will continue to support education, nutrition, health, NFI and WASH core supply pipelines.

Summary Analysis of Programme Response

WASH

In Kaga-Bandoro, ANEA (Agence Nationale de l'Eau et de l'Assainissement) was provided with essential WASH items to replenish regional emergency stocks. Material was also provided to the NGO partner IDEAL to provide sanitation facilities for 500 children in temporary learning spaces. In Alindao and Bambari, ongoing maintenance was performed on existing sanitation facilities serving more than 20,000 IDPs.

In Kaga-Bandoro, two additional manually drilled boreholes were equipped with hand pumps for the 5,000 IDPs living in the Lazare site. In Alindao, well jetting technique was successfully used by DGH (Direction Generale de l'Hydraulique) and ANEA to provide additional 15 m³ per day in Catholic sites for 3,000 IDPs. These two institutions have also constructed two manually drilled boreholes equipped with hand pumps in the Pk3 and Catholic sites for about 3,000 people.

An allocation of 400,000 USD was obtained from the Humanitarian Fund after advocacy efforts from the WaSH Cluster for the partner TGH (Triangle Generation Humanitaire) to continue water trucking activities for 30,000 IDPs in the Bambari site.

Education

In November, two months after the official start of the 2017 – 2018 school year, 567 schools remain closed due to insecurity, which prevents safe access to schools for both children and teachers. UNICEF continues to work with the Ministry of Education (MoE) to assess how to ensure children in these areas have access to education through temporary learning spaces and integration in operational schools.

Additionally, UNICEF in collaboration with MINUSCA, provided support to the Ministry of Education to organize end of year exams in crisis affected areas¹ where, due to violence, children were not able to take these important tests. Over 5,000 children out of 18,082 enrolled in schools before the May 2017 were able to take the exams. In Bria these same exams will take place in December. The MoE has designated 2 January 2018 as the official start of the academic year in these regions.

The Humanitarian Fund finalized the first screening of the projects for the second 2017 allocation for a total of \$ 7 million USD. Three EiE projects were retained and the partners, including UNICEF, are finalizing proposals for approximately \$1 million of funding to meet the needs of children who continue to be denied education in crisis affected areas.

Child Protection

In November, 1,013 self-demobilized children from Anti-Balaka armed groups, including 338 girls, were identified and benefited from community reintegration programs through UNICEF's partner NGOs; Caritas in Bouar, Association des Femmes Evangéliques de Bossangoa (AFEB) and Enfants Sans Frontières (ESF) in the prefectures of Mambere-Kadei and Lobaye. The NGOs established 21 child-friendly spaces (CFS) which offer recreational and psycho-social activities for 25,998 vulnerable children including 11,636 girls. In addition, nine boys associated with the armed group Unite pour la Centrafrique (UPC) were released in Ngakobo, Ouaka prefecture. They are currently under interim care in the 'Centre de Transit et d'Orientation' (CTO) led by War Child in Bambari.

The child protection sub cluster is in the process of adapting and revising child protection in emergency tools including guidelines for foster families. This will support CP actors with an updated tool that reflects the current situation in CAR. During 16-18 November, UNICEF in collaboration with UNFPA and UNHCR, trained 25 social workers (15 women) who are working on GBV and SEA. The training focused on the management and monitoring of cases. On 22 November, under the leadership of the Minister for the Promotion of Women, Family and Child Protection, the government of CAR validated the National Strategy against Child Marriage with UNICEF's technical support.

Rapid Response Mechanism

The RRM held its bi-annual strategic committee meeting with partners (including OCHA, cluster leaders, donors and implementing NGOs) in November. The committee noted a significant increase of the mechanism's reactivity in 2017. Notably, 62% of interventions occurred within 30 days or less after the shock, as opposed to only 35% in 2016.

Decreasing and difficult humanitarian access, expanded geographic spread of shocks, and simultaneous crises remain the major obstacles to providing rapid response. With those in mind, the committee recommended an expansion of field teams' capacities to negotiate access and mutualisation of resources between partners. For example, Solidarités International (SI) allocated one of their teams to support Acted in the South-East when Acted teams were overstretched

¹ Bangassou, Obo, Rafia and plans are in place for Bria.

and SI's were relocated due to insecurity.

UNICEF will work on improving information flows by setting up a centralised server for the storage and dissemination of data collected during RRM evaluations to ensure that data is fully accessible for humanitarian partners.

In November, RRM received seven new alerts, conducted eight assessments and three NFI distributions. The total number of beneficiaries reached Jan to Nov 2017 surpassed those reached over the same period in 2016: 131,910 people with NFI and 71,449 reached with WASH in 2017 vs 107,392 for NFI and 49,810 for WASH in 2016.

Health - Maternal, New-born and Child Health (MNCH)

In the framework of Lake Chad Polio Response, a National polio campaign was conducted, with UNICEF and WHO support, and 868,937 children aged from 0 to 59 months were vaccinated. Due to insecurity, five health districts (Bangassou, Alindao and Kembé, Ouango-Gambo, Satéma) couldn't implement polio vaccination activities.

UNICEF, through the UNICEF Zone Offices of Kaga-Bandoro, Bambari and Bossangoa, has, in collaboration with the Health Prefectures of Nana-Gribizi, Ouaka and Ouham and in partnership with WHO, UNFPA and NGOs (IRC, COHEB and IMC), provided medical assistance to 8,463 children in IDP sites and host families.

Extension of integrated community-based management of childhood diseases (iCCM) is effective in 12 sous-prefectures. Thirty government health workers and NGO staff were trained in their respective roles in iCCM implementation and microplanning. Data from 21 of 28 existing early iCCM sites show that 1,428 children (744 boys and 684 girls) sought care from the CHW (Agent de Santé Communautaire). Among them, 70 were referred for general danger signs and 21 for severe malnutrition. Fever was the predominant symptom with 512 of 679 cases treated for malaria; other cases tested negative for malaria were treated for other disease or referred. Some 302 cases were treated for pneumonia with amoxicillin and 243 cases of diarrhoea received ORS and zinc.

Nutrition

A substantial increase in the number of acute malnutrition cases in the South-East of CAR was observed in November. It is estimated that more than 5,000 children will suffer from acute malnutrition in this area, and this number is likely to rise, given ongoing displacement, poor food security, deteriorated access to clean water and sanitation, increased morbidity and lack of health care services. Due to insecurity, the area remains virtually inaccessible to nearly all humanitarian aid.

UNICEF was able to support emergency nutrition response in the South-East (Pombolo, Dimbi and Kembe in Basse Kotto). MINUSCA peacekeeping forces assisted COHEB in reaching Pombolo and conducted rapid nutrition systematic assessment among 6-59 months children. Fifty-two children were identified with severe acute malnutrition (SAM) and 44 with moderate acute malnutrition (MAM). All SAM cases are under treatment though mobile and fixed treatment units.

In Alindao, MSF-Spain screened 4,866 children from 9-11 November in the Catholic, PK3, Elim and Mairie IDPs sites; among them 1,026 have MAM and 153 have SAM. With the support of UNICEF supplies, MSF-Spain and CORDAID enrolled all 153 SAM children into their treatment programme but a MAM programme is not yet available in this region.

The emergency integrated nutrition response benefited from 1,120,000 USD from the Humanitarian Fund to provide a rapid response in the Western region (Ngaoundaye, Bouar) and the South East. Although there has been response in these areas, there is still a difficulty in solving the problem of maintaining mobile clinic teams without security escorts.

Media and External Communication

During the reporting period, the UNICEF CAR External Communications team worked on the World's Children Day celebration, with a writing contest for children organised in partnership with CAR leading radio station Ndeke Luka. The winner became President of the Parliament for one day. The event was widely shared by the national media as well as. The communications team organised media visits for journalists reporting with the [International Women's Media Foundation](#) in Bangui and Bambari and a trip to Kaga Bandoro with a Deutsche Welle team.

Security

The situation was marked by continued confrontations between armed groups (Ex-Seleka between factions, and Ex-Seleka against Christian armed groups like RJ and Anti-Balaka factions). Most of the armed groups are aggressive/hostile towards humanitarian aid workers. Decreased humanitarian access remains the main difficulty in reaching those in need - especially in the North-West and South-East of the country. Almost all International NGOs have left those areas making it very challenging to assist those in need. Armed groups continue to target the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) in the South-East along the axis Alindao - Obo.

An attack on 26 Nov, allegedly perpetrated by an anti-Balaka group, against a convoy of the MINUSCA led to the death of a peacekeeper from Egypt and three peacekeepers were injured. The anti-UN feeling among the population (in Bangui) is omnipresent and fueled by frustration due to lack of improvement in their daily life.

Funding

Since October, no additional funds have been received for the response in emergency and early recovery response. Continued donor support is critical to expand existing programmes that are being successfully implemented on the ground. As of 30 November, UNICEF has received close to \$25 million against the \$53.6 million in the 2017 HAC requirements. Details are provided in the below sectoral table.

Funding Requirements (as defined in Humanitarian Appeal)					
Appeal Sector	Requirements	Funds available		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
WASH	9,000,000	1,436,263	1,242,788	6,320,949	70%
Education*	7,300,000	774,608	775,952	5,749,440	79%
Health & HIV AIDS	8,100,000	1,030,676	809,884	6,259,440	77%
Nutrition	7,200,000	925,765	1,498,201	4,776,034	66%
Child Protection	9,000,000	1,978,959	1,751,429	5,269,612	59%
Rapid Response Mechanism (RRM)	12,200,000	9,789,098	1,810,395	600,507	5%
Cluster Coordination	800,000	750,000	0	50,000	6%
Total	53,600,000	16,685,369	7,888,649	29,025,982	54%

*In addition to the Emergency funds received, the CAR CO has utilized \$2,493,947 of other resources - Education Cannot Wait global fund - to cover the education humanitarian needs.

Next SitRep: 1 January 2018

UNICEF CAR on Twitter: https://twitter.com/UNICEF_CAR

UNICEF CAR on Facebook: www.facebook.com/UNICEFCAR

UNICEF CAR Humanitarian Action for Children 2016: <http://www.unicef.org/appeals/car.html>

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Annex A

SUMMARY OF PROGRAMME RESULTS

	UNICEF 2017 revised target	UNICEF total results as of Oct 2017	Change since last report ▲ ▼	Cluster 2017 revised target	Cluster total results as of Oct 2017	Change since last report ▲ ▼
NUTRITION						
Number of children between 6-59m affected by SAM admitted for treatment ²	30,521	23,072	5,391	30,521	23,072	5,391
Recovery rate	>75%	89.3%	0%	>75%	89.3%	0%
HEALTH						
Number of children under 5 in sites for internally displaced persons and enclaves with access to essential health services and medicines	500,000	160,814	8,463			
WATER, SANITATION AND HYGIENE (WASH)						
Number of crisis affected people provided with access to improved sources of water as per agreed standards.	600,000	291,982	12,700	1,600,000	1,026,253	12,700
Number of crisis affected people provided with sanitation facilities as per agreed standards.	350,000	189,588	500	450,000	411,912	500
CHILD PROTECTION						
Number of separated and unaccompanied children reunified with their families.	1,000 ^[3]	538	0	5,800	608	0
Number of children reached with psychosocial support through CFS.	100,000 ^[4]	128,785	25,998	101,000 ⁵	193,400	25,998
Number of children (boys and girls) released from armed forces and armed groups who participate in a community reintegration programme.	3,500	2,993	1,013	4,874	4591	1,013
Number of women and children identified as survivors of sexual violence who have access to holistic support.	1,000 ^[6] (W:640 / C:360)	317 W:203/ C:114	0	3,000	761	0
EDUCATION						
Number of children (boys and girls 3-17 yrs) in areas affected by crisis accessing education	75,000	56,673	485	94,400 ^[7]	56,673	485
Number of children who received learning materials in areas affected by crisis.	85,000	54,994	4,596	204,600	55,850	4,496
Number of children (boys and girls 3-17yrs) attending school in a class led by a teacher trained in psychosocial support ⁸	100,500	51,748	374	195,000	51,748	374
RAPID RESPONSE MECHANISM						
Acutely vulnerable households that received rapid assistance with NFIs following a shock	28,000	24,363	330			
Affected people receiving appropriate WASH interventions after a shock	80,000	71,449	0			

² Cluster and UNICEF results are the same as UNICEF is the sole provider of therapeutic nutritional inputs in CAR for all partners

³ Target revised to 1,000 because initial target of 300 reached

⁴ Target revised to 100,000 because initial target of 50,000 reached

⁵ This is the revised HRP cluster target as per revised HRP. Although target has been reached it has not been revised further. Target will be increased in 2018 HRP

⁶ Initial target of 2,000 reduced to 1,000 because total result as of end of September is 311 survivors far above the target of 2,000 planned initially

⁷ Cluster target is higher than the HRP mid-yr revision due to increased capacity through additional funds received.

⁸ # of children calculated by # of teachers trained x 75 (average number of students taught by a teacher).