



## On-going humanitarian emergency threatens the nutritional status of vulnerable children and women in the Central African Republic

*Nutrition Cluster Advocacy Note as of 5<sup>th</sup> February 2021*

Nutrition Cluster partners in the Central African Republic (CAR) are extremely concerned about the risk of deterioration in the nutritional status of vulnerable children and women due to the on-going humanitarian emergency.

For the 2021 CAR Humanitarian Needs Overview (HNO), the Nutrition Cluster estimated that approximately 1.1 million of persons need nutrition assistance, with 205,642 children under five years acutely malnourished. 62,327 with severe acute malnutrition (SAM), who risk death without immediate treatment, and 143,315 with moderate acute malnutrition (MAM). Additionally, an estimated 37,000 pregnant or lactating women (PLW) are also malnourished making them vulnerable to maternal mortality and varied morbidities that will negatively affect their infants. Furthermore, an estimated 90,000 children aged between 6 -59 months and 140,000 PLW are in need of Blanket supplementary feeding programme. According to UN estimates, nearly 1.93 million people in CAR are expected to be in high acute food insecurity (IPC Phase 3 or above) through April 2021<sup>1</sup>. The procurement capacities of CAR's markets have greatly diminished, and price monitoring has demonstrated a rise in the price of staple foods since December 2020<sup>2</sup>. Many large traders and herders have fled the country, raising fears of a market collapse that could exacerbate the current food crisis. At least 63,800 people have been internally displaced<sup>3</sup> and another 105 300 seeking shelter in neighboring countries<sup>4</sup>.

In addition to mounting food insecurity, vulnerable populations have also had to cope with a collapse of basic healthcare services since the beginning of the crisis. As of to date 13 mobiles clinics and 60 health facility have suspended their health and nutrition services due to insecurity. The rainy season may start as early as March in CAR, leading to an increase in the incidence of malaria and diarrhoea. Childhood underweight (low birth weight, wasting and/or stunting) is the number one risk factor for death in children under five in CAR.

Limited access due to insecurity, population displacement, deteriorated food security, limited access to portable water, increased morbidity and lack of healthcare services will inevitably have an impact on the nutritional status of the most vulnerable, particularly children under five and pregnant and lactating women. In fact, the impact is already evident. Recent data from partners indicates that at Bouar's IDP in Ouest part of the country in January 2021, 3 out of 4 IDP sites already have a GAM rate >15%. The same situation was observed in Cesakoba and Dekoa 's IDP in Bangassou and Kemo where the GAM was recoded at 26% and 13% respectively. In addition, data from 26 localities (with GAM rate >15%) demonstrated an alarming situation. Still prevailing pocket of high prevalence of acute malnutrition. These localities are: Dekoa, Kaga-Bandoro, Bambari, Grimari, Bouca, Kouï, Bocaranga, Paoua, Bouar, Gamboula, Amadagaza, Nola, Carnot, Gadzi, Mingala, Alindao, Nzangba, Mobaye, Kembe, Satema, Gambo, Pombolo, Ouango, Bakouma, Rafai, Bangassou. This may be indicative of a wider nutrition problem in hard-to-reach populations in these areas or for people who fled to the bush for long period with no access to health and nutrition services. Nutrition cluster partners have also noted an increase in displaced populations with high levels of malnutrition.

Humanitarian partners, both international and local, are doing remarkable work implementing care and treatment activities for malnourished children in very difficult circumstances. However, the needs are considerable and life-saving activities to screen, treat and prevent malnutrition need to be drastically scaled-up, particularly in these priorities areas in order to reduce the mortality and morbidity of young children and women. Preposition life-saving materials in warehouses and in health facilities has become challenging as road transport has become nearly impossible due to insecurity. Air transport is the main current option of supply delivery to partners where assistance can be provided with a minimum degree of security. However, challenges related to costs remain.

Nutrition Cluster partners aim to treat at least 50,000 children suffering from SAM, 164,500 children suffering from MAM and 37,000 malnourished PLW in 2021, as well as targeting 90,000 children aged between 6 -59 months and 140,000 PLW with nutritious food supplements to prevent acute malnutrition. However, given the increase of the insecurity, it is extremely possible that the number of children and PLW in need of nutrition assistance may rise substantially in the coming months. Consistent and predictable funding is crucial to ensure continuous, quality malnutrition treatment and prevention for these children and women. Current requirements for the nutrition response stand at 35 million USD, of which \$ 18,2 million are required before the end of June 2021. Resources (\$ 11,2 million) are urgently needed before end of Mai 2021 to ensure that an adequate pipeline of supplies provided by UNICEF and WFP is in place and that life-saving malnutrition treatment and prevention activities can be maintained and expanded to meet the needs of all those affected by the current humanitarian crisis in CAR.

<sup>1</sup> Integrated Food Security Phase Classification, CAR, September 2020, Food Security Cluster

<sup>2</sup> Initiative conjointe de suivi des marches (ICSM), Décembre 2020

<sup>3</sup> Estimates from OCHA, 8 January 2021

<sup>4</sup> Data from UNHCR, 28 January 2021