UNICEF Central African Republic (CAR) Situation Report
Date: 16 August 2013
Reporting Period: 23 July – 16 August 2013

OVERALL ESTIMATED AFFECTED POPULATION
4.6 million
CHILDREN AFFECTED BY THE CRISIS
> 2.3 million
INTERNALLY DISPLACED POPULATION
> 206,000
NEW REFUGEES*
> 58,870
UNICEF IMMEDIATE FUNDING GAP
>US $23 million

Headlines

• Between 5-9 August, UNICEF mobile teams in Kaga Bandoro and Bambari provided emergency supplies to 19 health facilities that had been closed or non-operational for many months, restoring health service to 166,000 people. UNICEF mobile teams in Kaga Bandoro represent the first extended UN presence in the conflict-ravaged interior of the country since December 2012.
• A UNICEF-chartered cargo aircraft loaded with 52 metric tons of medicines, tarpaulins and health and nutrition supplies arrived in Bangui on 26 July.
• A UNICEF led inter-agency mission to the south-west region of CAR started on 7 August. The areas of assessment include: Health, Nutrition, WASH, Education and HIV.
• UNICEF is supporting the Ministry of Education to restart educational activities across the country. With the assistance of UNICEF, over 1,500 teachers in nine prefectures who have fled to Bangui due to this latest conflict will be assisted with transportation back to their towns.
• Funding remains an acute constraint. UNICEF’s 2013 emergency appeal of $11.5 million, issued before the military takeover of the country, has since tripled to $32.4 million. UNICEF has received about $9 million, leaving a funding gap of $23 million through the end of the year.

*Before the 24 March coup, there were already nearly 190,000 CAR refugees in Cameroon, Chad, DRC and South Sudan, according to UNHCR.
The area highlighted in red marks area of intervention covered by UNICEF-led mobile teams and on-going missions. This area is being targeted due to known humanitarian needs in WASH, Health, HIV/AIDS, Nutrition, Education and Food Security based on the humanitarian response plan, the food insecurity assessment conducted by WFP and security information reports. Other priority areas may be yet to be identified pending the availability of reliable information.

Key developments during the reporting period:

5 August - present: Re-starting health services in the interior of the country

- Last week (5-9 August), UNICEF mobile teams in Kaga Bandoro and Bambari provided emergency supplies to 19 health facilities that had been closed or non-operational for many months, restoring health service to 166,000 people. The six-person teams, one based in Kaga Bandoro since July 10 and the second in Bambari since July 20, represent the first extended UN presence in the conflict-ravaged interior of the country since December last year.
- The 19 health facilities were selected for assistance because health personnel had returned to work and evaluated to be able to provide sustained service. UNICEF is planning to reach 26 additional health centres serving 325,000 people with emergency supplies over the next few days.

26 July: 52 MT of essential supplies arrive in Bangui

- A UNICEF-chartered cargo aircraft loaded with 52 metric tons of humanitarian supplies arrived in Bangui on 26 July. The shipment included medicines and other health supplies to treat over 20,000 people, tarpaulins to provide emergency shelter for 1,000 families, 400 boxes of therapeutic milk to treat severely malnourished children, and health and nutrition equipment to benefit children and women in areas hardest hit by the crisis.
- The shipment – equivalent to six large truck-loads or 44 (4x4’s) worth of essential supplies – is the third and largest UNICEF charter of emergency supplies to arrive since March 2013.

**7 August: Working towards to resumption of primary school education in CAR**

- UNICEF met with the Minister of Education to officially present the programme agreement between implementing partner Cordaid and UNICEF to help bring teachers back to their communities in the interior of the country.
- With financial support from UNICEF, over 1,500 teachers in nine prefectures who have fled to Bangui due to this latest conflict will be assisted with transportation back to their towns as early as next week (12-16 August).
- During the 20 July-3 August mission to Bambari, five recently opened schools received school kits which benefited 200 students.
- UNICEF is also supporting catch up classes in 25 schools in Bangui, Lobaye and Ombella Mpoko. Close to 24,000 children will benefit from these interventions.

**UNICEF Actions by Programme:**

**Health**

**Mobile team intervention in Kaga Bandoro and Bambari:**

- The first rotation of the mobile team in Bambari (July 18 – August 3, 2013) reported a high morbidity due to anemia, likely to be caused by high levels of untreated malaria. Other frequently consulted morbidities include diarrhoea, parasites, and acute respiratory infections. The Gbokolobo Health Center, 60 kilometers from Bambari, reported 4 deaths of children under five from suspected cases of measles in the last two months. On 29 July, the hospital in Bambari was supplied with five UNICEF basic health kits to meet the emergency health needs of 5,000 people for 3 months.
- A total of 25 kerosene refrigerators (Sibir) and 10 refrigerators (Electrolux) have been procured by UNICEF. Eight have already been distributed as distribution is on-going since mid-July based on the National Expanded Programme on Immunization (EPI) programme plan.
- Last week (5-9 August), the mobile team in Kaga Bandoro supported the resumption of services at 7 health posts through the distribution of essential drugs and medical supplies to restart medical services and the EPI. These health posts, previously closed or not operational due to shortage of drugs, are now able to meet the health needs of 15,750 people in the Kaga Bandoro area.
- Also last week, 6 health centres in Bambari received a distribution of essential drugs and supplies. A total of 12 health posts, serving a population of 150,000, have been supported since UNICEF re-established a presence in Bambari on 20 July. This week (12-16 August), an additional 26 health posts will be targeted for distributions to revive health services to benefit 325,000 people.

**7 August: meeting with Ministry of Health**

UNICEF met with the Ministry of Health to advocate for free health care for children under-five years of age and pregnant women for a 6 month period, as well as to organize a workshop with all the stakeholders to harmonize strategies.
HIV/AIDS:
During the 20 July - 3 August mission in Bambari, HIV/AIDS needs were evaluated at 7 of 10 health facilities offering HIV services in the prefecture of Ouaka. In these health facilities, HIV services were offered to 1,770 pregnant women, among which 620 pregnant women were tested. Of those tested, 13 were HIV positive. Two health centres (Bakala Health Centre and Ngakobo Health Centre) and the counselling and testing centre have stopped delivering HIV services. A follow-up visit to the Bakala and Ngakobo Health Centres is planned for the next mission.

The rate of HIV in CAR is among the highest in the region and the lack of services and insecurity has put women and pregnant women at higher risk of contracting HIV. In collaboration with partners, the Global Fund and UNHCR, a national plan to re-establish and strengthen HIV services has been launched with the CNLS.

Integrated campaign including measles and polio vaccination, Vitamin A supplementation and de-worming:
Following the 17-21 July integrated vaccination campaign undertaken in the prefectures of Ombella M’Poko and Lobaye, and the Damara-Sibut axis, preliminary results indicate only 63% coverage or 69,555 children vaccinated against measles. In addition, polio vaccination reached only 63 per cent, de-worming 57 per cent and Vitamin A 63 per cent. The low coverage levels are attributed in part to weak implementation of the outreach strategy; disruption of the cold chain (1/3 of equipment to maintain the cold chain has been looted); the health personnel having not returned to work; and insecurity that forced people to hide in the bush and prevented population from accessing vaccination sites.

- As a result, and with other lessons learned identified, UNICEF, WHO, NGOs and the Ministry of Health are planning a national measles vaccination campaign including catch-up vaccinations in this region of weak coverage.
- A meeting of the Standing Committee of epidemiological surveillance was held on 12 August to plan the next steps.

Between 10 and 11 August, a working session took place with the Directorate General for Health (DGS) to discuss and monitor various commitments in the area of health which include:
- A team is working on the national measles vaccination campaign following the meeting of the Standing Committee and the declaration of a measles epidemic in CAR.
- A first working session was held with stakeholders regarding the provision of free emergency health care.
- The terms of reference on the harmonization of the implementation of Community-based Management of Acute Malnutrition (CMAM) is currently being developed jointly by UNICEF and the Ministry of Health. Follow up will also occur at the next Nutrition Cluster meeting.

Nutrition
UNICEF is continuing to support the re-establishment of emergency nutritional services in CAR by collaborating with NGO partners on the ground and the government to support UNT (inpatient therapeutic units for severe acute malnutrition with associated medical complications) and UNTA (ambulatory/outpatient nutritional unit). The current joint mission in the south-west shows that the nutritional status of children has not particularly deteriorated, but nutrition services need supplementary technical assistance and nutrition commodities.

- During the reporting, UNICEF distributed therapeutic milk (45 carton of F-75 and 30 cartons of F-100) to MSF France, MSF Holland and IMC for the management of severe acute malnutrition.
• As of 14 August, 91 UNTAs out of 150 and 21 UNT out of 24 have resumed their nutrition programmes including in the prefectures of Vakaga, Haute Kotto, and Ouaka. A total of 13,075 acutely malnourished children have been admitted to nutrition programme.

• UNICEF teams in Bambari, Kaga Bandoro and Berberati are strengthening the coordination and response of nutritional activities with the progressive involvement of the national health authorities in the prefectures.

**Education**

Due to the crisis, many schools have been closed since December 2012. While primary schools in CAR normally start the new academic year in mid-September, some schools have re-opened to prepare grade six students who are at risk of not being able to complete their primary school education due to the months of school they have missed. Following assessments performed in the vicinity of Bangui, Bambari, and Kaga Bandoro, UNICEF is supporting educational activities targeted at grade-six primary schools students through the distribution of school kits.

**23-31 July: Supporting the "Back to School" campaign**

• School kits and benches have been distributed to 16 schools in Bangui for 6,680 grade six students and 5 schools in Bambari received school kits for 200 students.

• Assessments have been completed in Bambari and Kaga Bandoro to identify recently opened schools (14 in Kaga Bandaro and Mbres sous-prefectures or +8,000 students and 6 schools were identified in Bambari). Distribution to the re-opened schools in Kaga Bandoro was planned for the week of 12-16 August.

• It is important to note that while efforts are being applied throughout the country to restart educational activities, many schools across the country remain closed due to lack of teachers, supplies, administrators or due to the security situation. A nation-wide assessment is currently being organized by the Education Cluster, with financial support from UNICEF. In discussions at both national and field levels, UNICEF sees student and teacher safety as the starting point for its support to the resumption of learning.

**6 August: Supporting the return of teachers to the interior of the country**

• UNICEF is supporting, with implementing partner Cordaid, the transport of 1,500 teachers in nine prefectures (Ouham, Ouham Pende, Kemo, Nana Gribizi, Haute Kotto, Mbonou, Basse Kotto, Ouaka, Ombella M’poko) back to their schools, and to rehabilitate and to organize catch up classes in 25 schools in Bangui for 24,000 students in Lobaye and Ombella M’poko prefectures.

**WASH**

Restoring access to potable water in the prefecture of Ouaka (Based on Bambari report from 20 July - 3 August):

• TGH and SODECA completed the technical evaluation of the Bambari SODECA Water Plant. Rehabilitation work can start as soon as funding requirements are met.

The mobile team in Kaga Bandoro found uneven coverage of WASH services in the prefecture of Nana-Grebezi

• Between 23 July and 4 August, IRC rehabilitated 8 of 20 water pumps to benefit 4,000 people in the Kaga Bandoro area.

• Overall, coverage of drinkable water is relatively high compared to the national average, but the distribution is uneven and the rate of broken pumps is very high at around 35% (80 pumps) due to lack of maintenance. The number of households with latrines is extremely low at less than 5%.
A UNICEF response is being planned for end of August to distribute NFI/WASH kits to 1,271 internally displaced people, 5,000 people are expected to have access to drinking water through the reparation of broken pumps, and 11,549 people will be targeted for hygiene promotion.

### Child Protection

#### 30-31 July: Workshop on birth registration strategy
- UNICEF organized a workshop with minister of social affairs and partners on birth registration with the specific goals to:
  - Provide a framework for cooperation of humanitarian actors involved in the birth registration process. Over 30 participants from the Ministry of Justice, Ministry of Health, hospital administration, and the mayor’s office (Bangui, Bimbo, Begoua) participated in the workshop.
  - Develop a strategy to register children born during and after the crisis.

#### 5-6 August: Building capacity on actor working with Gender-Based Violence (GBV)
- In response to increasing documented cases of GBV following the crisis, UNICEF organized two workshops on the different types of GBV, IMS forms and other GBV tools, and how to safeguard the well-being of those working in GBV.
- A total of 30 people were trained; 12 women and 18 men consisting of partners and sub-cluster members (civil society, ministries, UN agencies).

#### 8-11 August: two child-friendly spaces established in Kaga Bandoro
- With UNICEF support, Save the Children opened two child-friendly spaces in the town of Kaga Bandoro with a capacity for 200 children each. In the first two days, the sites are already being used by over 100 children per day.
- The child friendly spaces provide a place for children to play and express themselves through various recreational and non-formal learning activities. In addition the child-friendly spaces provide psychosocial support to children affected by the crisis and provides a safe place for parents to leave their children while they go about the process of rebuilding their lives.

#### 14 August:
- Meeting to make decision on UN support to the developing situation in CAR. On 12 August, the Security Council met where the MRM report was presented.

### RRM Assessment Results
With UNICEF support, ACTED (working with teams from ACF and IRC) completed a RRM assessment on the Kaga-Bandoro/Mbrès axis and Grivai and Nana (Nana Gribizi) villages. Another RRM evaluation is ongoing in Badalao (Mobaye sub-prefecture). The RRM response for Kaga Bandaro is expected to focus on targeted NFI distribution, repair of hand pumps and reinforcement of health and nutrition services.

The map below shows the planning figures that UNICEF is using together with partners for emergency response along the main axes and the most affected zones. It also shows where RRM assessments have already taken place, where they are on-going, and where they are planned.
RRM Assessment as of 16 August 2013

HEALTH
- 29% of the questionnaires received state that there are no health facilities available.
- 24% of the questionnaires have registered that there are no health personnel available.
- 51% of the questionnaires report that there are no medicines available.
- 53% of the questionnaires reveal that there is risk of pandemic.
- 51% of the questionnaires received report an interruption of the health services previously provided.
- 51% of the questionnaires report an increased level of patients accessing health services.

FOOD SECURITY AND NUTRITION
- 81% of the questionnaires report that food sources have changed as a result of the conflict.
- 69% of the questionnaires report a bad status of food stock.
- 54% of the questionnaires report a negative impact on food in the market (i.e., increased price, less food available, etc.)
- 53% of the questionnaires reported that there are heavy crop losses.
- 42% of the questionnaires received have reported a negative impact on livestock, 50% on agricultural products stocked and 64% on the availability of seeds.

EDUCATION
- 10% of questionnaires reveal that schools have been affected, against a 54% of questionnaires
that report that schools have not been affected.

- 38% of the questionnaires report no schools damaged and 8% have reported some level of damage.
- 72% of the questionnaires report that children were not attending school.
- 22% of the questionnaires report that the schools are used to shelter people.

### WASH

- 76% of the received questionnaires have reported problems with garbage.
- 48% of the questionnaires have reported difficulties in accessing waters.
- 56% of the received questionnaires registered scarcity in the availability of drinking water in the households. While for the 10% of the questionnaires drinking water is not accessible.
- 35% of the received questionnaires have also registered problems with the drainage system.

### Interagency Collaboration

Humanitarian Country Team meetings take place every week along with fortnightly inter-cluster meetings and general coordination meetings held by OCHA. In Kaga Bandoro, where UNICEF is the lead UN agency, humanitarian coordination meetings take place every two weeks.

UNICEF presently has full time Nutrition, Child Protection (MRM), Child Protection Working Group Information Manager, GBV and Education staff dedicated to cluster/sub-cluster coordination. The WASH cluster is coordinated by the WASH Chief.

A ten day UNICEF led inter-agency mission to the south-west region of CAR started on 7 August. The areas of assessment include: Health, Nutrition, WASH, Education and, HIV. The team will be meeting international and local NGOs on the ground along with government partners and local security authorities in Sangha Mbaere, Mambere-Kadeir and Nana Mambere prefectures. Initial feedback indicates that the situation in Sanga-Mbaere is better than assumed, as there has not been significant damage or loss following country-wide looting and violence in March and April. This offers opportunities for a more expedited resumption of pre-conflict service delivery in the area. On 8 and 9 August, the team delivered medical supplies in M’Baiki and Boda.

### Funding

With more than half the year over, the CAP for CAR is only 32% funded out of the revised $195 million required. Due to the deterioration of the humanitarian situation in the country since the military takeover, the humanitarian needs are likely to increase. The CAR CAP was being revised as per the mid-year review to reflect the current needs in CAR which have significantly increased across the country.

UNICEF’s revised response plan, in line with the latest crisis, demonstrates that the funding needs have almost tripled since before the coup in order to address the most pressing needs of vulnerable population throughout the country. UNICEF is expanding emergency interventions to meet pressing needs on the ground. Thanks to the generosity of donors, US$9 million has already been raised. However, an additional **US$23 million** is needed for an immediate scale-up in response.

*UNICEF wishes to express gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed ‘non-earmarked’ funding. ‘Non-earmarked’ funding gives UNICEF...*
essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience. Continued donor support is critical to continue scaling up the response.

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