UNICEF Central African Republic Situation Report
Date: 31 March 2013
Reporting Period: 23 - 31 March 2013

Headlines

- The humanitarian situation in the Central African Republic (CAR) has significantly worsened with the takeover of control by the military coalition known as Seleka on 24 March, putting over 2 million children at increased risk.
- Self-proclaimed President Michel Djotodia has kept unity government Prime Minister Nicolas Tiangaye and a new government cabinet was named on 31 March 2013.
- Security in Bangui is precarious with patrols conducted by Seleka, the French army and MICOPAX.
- Extensive looting of humanitarian goods and offices continues, including a significant emergency stock at UNICEF’s warehouse that was ready to be deployed for the most vulnerable (10 metric tonnes with an estimated value of $450,000 USD).
- Immediate lifesaving needs of affected children include health, nutrition, protection, clean water and sanitation.
- The majority of schools have closed across the country, placing the school year at risk.
- The UNICEF-managed, ECHO-funded Rapid Response Mechanism (RRM), has been activated in Bangui and for other areas access permitting.
- UNICEF is providing emergency health, nutrition, protection and water/sanitation support to the Government of CAR and INGOs present on the ground, with over 7MT provided in last 72 hours.
- A UNICEF cargo flight with 30 MT of emergency health, nutrition and WASH supplies is scheduled to arrive next week.
- UNICEF has called on all parties to the conflict to immediately stop the looting of humanitarian supplies, to ensure free and secure access of humanitarian actors to those in need, and to ensure that all involved ensure respect human rights and rule of law.

*IDP numbers from February 2013 – will need to be revised following new assessments.

**Funding gap to be revised following new round of rapid assessments.
Situation Overview & Humanitarian Needs

In December 2012, the Seleka (meaning “Coalition” in the local language) began its advance across the Central African Republic, occupying over 70% of the country by January 2013. A ceasefire agreement in Libreville was brokered on 9 January and a new transitional government of national unity was established on 3 February 2013. However, on 22 March, the Seleka advanced towards Bangui while also taking key cities in the western part of the country. On 24 March, the Seleka advanced to Bangui and took control of the capital and the country. Shortly after seizing power, the self-proclaimed President Michel Djotodia dissolved the transitional government, parliament and constitution. However, he retained the Prime Minister of the transitional government, Nicolas Tiangaye, and on 31 March 2013 he named a new government. The new government consists of a 34-member cabinet that includes nine ministers from the Seleka rebel coalition, eight from the former opposition and one close to ex-president Francois Bozize. The other 16 are largely unknown.

With fighting that took place in all but two prefectures (Mambere-Kadei and Haut Mbomou) of the country, UNICEF now estimates that 4.1 million people, half of whom are children (over 2 million) are now directly affected by the crisis. 1.2 million people in the north-east (600,000 of whom are children) have been without basic essential services for over three months now.

Renewed displacement is occurring in and around Bangui as well as the interior to the northwest of the capital as Seleka has expanded its presence throughout the country. The previously working estimate of the number of 173,247 IDPs needs to be urgently reassessed as humanitarian access has again significantly decreased since mid-March, with the departure of many INGOs. Last week the latest refugee figures from UNHCR were 32,000 in DRC and Chad - this figure will also be revised in the next days.

Earlier assessments carried out under the Rapid Response Mechanism (RRM) in January and February indicated that major needs of affected people are protection, nutrition, food security, health and WASH – the humanitarian community believes that the current reality is much worse.

<table>
<thead>
<tr>
<th>Estimated Affected Population as of 31 March 2013</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>4,162,290</td>
<td>2,081,145</td>
<td>2,081,145</td>
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<tr>
<td>Children Affected (Under 18 yrs – 49.4% of total population)</td>
<td>2,056,168</td>
<td>1,028,084</td>
<td>1,028,084</td>
</tr>
<tr>
<td>Children Under Five (17.2% of total population)</td>
<td>720,072</td>
<td>360,038</td>
<td>360,038</td>
</tr>
<tr>
<td>Children 0-12 months (3.5% of total population)</td>
<td>145,680</td>
<td>72,840</td>
<td>72,840</td>
</tr>
<tr>
<td>Children 12-59 months (13.8% of total population)</td>
<td>574,396</td>
<td>287,198</td>
<td>287,198</td>
</tr>
<tr>
<td>Pregnant women (4.4% of total population)</td>
<td>183,140</td>
<td>N/A</td>
<td>183,140</td>
</tr>
<tr>
<td>Children Under Five with Severe Acute Malnutrition (SAM)*</td>
<td>13,500</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Children Under Five with Moderate Acute Malnutrition (MAM)*</td>
<td>44,000</td>
<td>Not available</td>
<td>Not available</td>
</tr>
<tr>
<td>Total Displaced Population (a proportion of the above)</td>
<td>173,000</td>
<td>86,500</td>
<td>86,500</td>
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<tr>
<td>Children Displaced</td>
<td>85,462</td>
<td>42,731</td>
<td>42,731</td>
</tr>
<tr>
<td>Affected Families (5 persons each family)</td>
<td>832,457</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Estimated number of primary school aged children (6-11 years old)</td>
<td>665,966</td>
<td>332,983</td>
<td>332,983</td>
</tr>
<tr>
<td>Estimated number of pre-school aged children (3-5 years old) (9.9% of total population)</td>
<td>412,066</td>
<td>206,033</td>
<td>206,033</td>
</tr>
</tbody>
</table>
In Bangui, hospitals have been looted and have very few trained medical and support staff present. Electricity and water are non-existent in some neighbourhoods in the city of almost 800,000 persons. Of the water available, it is not potable, putting thousands at risk of falling ill. In addition, the closure of borders with neighbouring countries has significantly limited the availability of basic goods, foods and fuel in CAR markets. The main source of these goods is Douala, Cameroon, whose border with CAR remains closed, stopping critical goods from reaching Bangui and beyond.

While the needs of people affected are rapidly increasing, the already precarious food situation is worsening. Prior to the Seleka seizure of power, WFP estimated that almost 80,538 people will be at risk of severe food insecurity in Seleka-controlled regions during the 2013 lean season. With regards to nutrition, it was predicted that 13,500 children under 5 in the affected area and Bangui will suffer from Severe Acute Malnutrition (SAM) and 44,000 from Moderate Acute Malnutrition (MAM). These figures are likely to increase since the whole country is now affected and the planting season is slipping away as the rainy season approaches. With schools closed or occupied and teachers absent, at least 650,000 children are now being denied access to education, an increase from 166,000 estimated in February 2013.

The recent escalation of conflict in CAR has increased population displacement and resulted in losses to household livelihood assets and disruption of agricultural and marketing activities. FEWSNET predicts that the food security will likely decline to crisis level by the second quarter of 2013.

UNICEF has verified reports of child rights abuses by all parties to the conflict. These include new recruitment and re-recruitment of children by armed forces and groups, gender based violence and denial of humanitarian access to children and women. The CAR government ratified the Convention of the Rights of the Child and its optional protocols and UNICEF continues to call on all parties to the conflict to immediately respect humanitarian principles, child rights, ensure free and secure access of humanitarian actors to those in need and the rule of law.

Humanitarian access is hindered by insecurity, which impedes the implementation of humanitarian activities. With the onset of the rainy season road infrastructure will become more challenging and take longer to reach critically vulnerable areas. It is essential that all parties to the conflict preserve and facilitate access for humanitarian actors in order to provide life-saving assistance to people in need and to preserve communities’ hope and dignity. Discussions have begun with relevant parties to ensure and facilitate humanitarian access in the country. Many INGOs have been forced to close critical humanitarian programmes across CAR due to heavy looting and continued insecurity.

Currently, the following humanitarian organizations have maintained an international presence in CAR: ACF, ACTED, COHEB, COOPI, IMC, IRC, MSF-France, MSF-Holland, MSF-Spain, and PU-AMI as well as the ICRC. UNHAS has restarted humanitarian flights in CAR allowing the delivery of humanitarian supplies to remote areas of CAR such as Haut Mbomou and Vakaga.

Through the CAR 2013 Consolidated Appeal (CAP), humanitarian actors are requesting US$129 million to address needs of 1.2 million vulnerable persons in CAR. Today, due to the deterioration of the humanitarian situation in the country since the military takeover, humanitarian needs have significantly increased in terms of scope. In addition, the continued looting of humanitarian bases, warehouses, and cars has further impeded the delivery of emergency, life-saving interventions in Bangui and the affected prefectures. The CAR CAP will need to be revisited to reflect the current needs in CAR which has increased from 1.2 million affected to 4.1 million in the last week.

Additional funding is sought to address the most pressing needs of vulnerable population throughout the country. Humanitarian actors have prepared a response plan to cover priority needs generated by the on-going crisis.

**Security**

- Attacks on civilians and humanitarian organisations, as well as widespread looting by armed groups continue to undermine aid efforts. In Bangui, most UN and many NGO offices and warehouses have been heavily looted.
- On both 24 March and 27 March, UNICEF’s warehouse in Bangui was severely looted. To date, a total estimate of 10 metric tons with a value of US$450,000 has been stolen in the last week.
• Items looted include: mosquito nets, blankets, plastic sheeting, jerry cans, Plumy Nut, motorcycles, WASH tool kits for water pumps, water kits, and solar panels for vaccination refrigerators.

• The UNICEF Representative has condemned the latest looting of these emergency supplies intended to save the lives of young children and pregnant women. This week, the Representative immediately engaged the Seleka leadership and security forces to ensure that UNICEF assets – office, warehouses and homes – are secured through commitments from the Seleka.

• Access to zones affected by the crisis outside of the capital remains severely limited with no guarantees of security of humanitarians and humanitarian supplies

• The Representative continues dialogue with Seleka leadership to explain the mandate of UNICEF and its partners as well as calling of those in power respect humanitarian principles and ensure security of civilians, humanitarian actors and their emergency supplies and assets.

• The security situation in Bangui still extremely precarious and access to the affected populations remains a major concern for the humanitarian community.

**UNICEF Key Actions to Date**

While the continuation of significant insecurity continues to exacerbate the issue of lack of access, UNICEF is coordinating with UN agencies and INGO partners on the ground to plan and deliver immediate support for those vulnerable populations that are accessible.

The ECHO-funded UNICEF-led Rapid Response Mechanism (RRM) has been activated to respond to immediate Nutrition, WASH and NFI needs in the capital and to conduct Rapid Response Assessments (RRAs) with two partners: ACF and ACTED.

Teams began assessments on 28 March in Bangui on health, nutrition, and WASH using the same assessment tool as in January.

**Deployment of Rapid Assessment Teams**

In addition, humanitarian partners that have maintained a presence on the ground have agreed to use the RRM Rapid Assessment tool to allow the humanitarian community to have a global snap-shot of the humanitarian situation in Seleka controlled areas.
HEALTH AND NUTRITION

In Bangui, the health care system is overburdened and in a dire situation with insufficient medicines and equipment and limited personnel to perform emergency surgeries and provide life-saving care. In the last 72 hours, UNICEF has provided over 7 MT of health, nutrition and WASH supplies to MSF France, MSF Spain, IMC, ACF, and Emergency Paediatric Clinic in Bangui to support emergency health and nutrition activities at the 4 main hospitals and health centres. MSF Spain, MSF Holland, MSF France, IMC, PU-AMI, and ACF, with support from UNICEF and WHO, are working with local authorities and health structures to ensure that adequate medicines and equipment are available. IMC, with the Minister of Health, are currently assessing the operational status and acute needs of health centres and health posts while MSF France, MSF Spain and ACF are providing support to the main hospitals, including a dedicated paediatric hospital in Bangui.

In addition, UNICEF is working closely with the Minister of Health to support better coordination in the health and nutrition sectors, including the securitization of the cold chain and lifesaving vaccines and the possible release of HIV/AIDS medicines managed by the Government. ACF, with UNICEF support, has reopened 3 therapeutic nutrition centres and 12 ambulatory nutritional centres that have supported the treatment of almost 4,000 severe acutely malnourished children in Bangui.

WATER, SANITATION AND HYGIENE

In an effort to ensure that Bangui’s population of almost 800,000 has access to safe, potable water, UNICEF, in collaboration with SODECA, the national water entity, has provided water treatment and purification supplies and fuel. UNICEF has also provided support to SODECA to allow for the free passage of 15 MT of urgent purification supplies, currently blocked at the border with Cameroon, to Bangui. These supplies will allow SODECA to provide clean, potable water to Bangui for over one month to 800,000 persons. UNICEF is also working with local authorities to explore immediate solutions to the growing refuse problem facing Bangui – garbage has not been collected in the last 2 weeks, presenting citizens with growing piles of garbage and its associated public health risks.

CHILD PROTECTION

In Bangui, UNICEF is working in close collaboration with COOPI, IRC, Triangle and a local network of child protection organizations to address the protection needs of orphans and unaccompanied children in Bangui. To date, over 80 unaccompanied children have been identified in a single neighbourhood. In addition, UNICEF with partners COOPI and DRC continue to support the care and protection of children formerly associated with armed groups that were evacuated to Bangui from N’délé and Bria at the beginning of the crisis in December 2012 due to significant security and recruitment risks. Based on the results of RRM rapid assessments in Bangui, IRC as a member of the Protection cluster will begin to evaluate more profoundly protection needs in Bangui and work closely with Health Cluster partners to address the needs of survivors of gender based violence in Bangui.

In the coming week, UNICEF CAR will continue to expand its operations and response in Bangui and in the prefectures impacted by the current crisis. UNICEF will also lead the Nutrition, WASH and Education clusters and contribute to the Health, Protection and Food Security clusters in Bangui and Yaoundé, Cameroon, which serves as the back base for CAR humanitarian operations.

Interagency Collaboration

- UNICEF is in discussions with UN sister agencies for the implementation of a high level inter-agency in-depth needs assessment to take place over the coming weeks.
- The UN system in CAR is currently planning a program criticality assessment in order to prioritise programming within a high risk environment and to determine ways to manage risks. This will also enable a prioritisation of critical staffing for implementation of critical programming.
- UNICEF continues to actively engage with the humanitarian community in CAR – NGOs and UN agencies – to effectively plan and engage in provision of immediate humanitarian response.

Supply

Despite looting, UNICEF CAR continues to maintain an emergency stock that can meet the immediate needs of 8,000 families or 50,000 persons in terms of non-food items and emergency WASH response; nutrition supplies for 5,000 severely acutely malnourished children; and education supplies for 8,000 school-aged children and 6,000 children aged 3-5 years. UNICEF is also providing logistical
supports to INGO that have been heavily looted, especially those who have lost vehicles to looting by the Seleka. UNICEF CAR is expecting the arrival of emergency air-cargo flights next week that includes 30 MT of emergency health, nutrition, and WASH supplies to support immediate life-saving humanitarian activities in the capital and other areas impacted by the current crisis.

**Funding**

Following the Rapid Response Assessments that were conducted by RRM partners in January, UNICEF developed a Humanitarian Response Plan with funding needs as illustrated below. It is expected that these needs will increase significantly as access to the affected communities become available and results from new RRM rapid assessments are made available in the coming days and weeks.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Activities</th>
<th>HR</th>
<th>Supplies</th>
<th>Cross Sectoral (10%)</th>
<th>TOTAL FUNDS REQUIRED</th>
<th>UNFUNDED AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH</td>
<td>1,411,865</td>
<td>83,460</td>
<td>1,725,844</td>
<td>322,117</td>
<td>3,543,286</td>
<td>3,391,865</td>
</tr>
<tr>
<td>Health</td>
<td>2,343,300</td>
<td>321,000</td>
<td>792,363</td>
<td>345,667</td>
<td>3,802,329</td>
<td>1,530,719</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,819,000</td>
<td>160,500</td>
<td>491,063</td>
<td>247,057</td>
<td>2,717,619</td>
<td>1,969,047</td>
</tr>
<tr>
<td>Education</td>
<td>758,481</td>
<td>96,300</td>
<td>298,557</td>
<td>114,812</td>
<td>1,268,150</td>
<td>268,150</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,783,727</td>
<td>795,545</td>
<td>5,257</td>
<td>321,472</td>
<td>4,906,001</td>
<td>2,502,420</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>120,638</td>
<td>0</td>
<td>7,613</td>
<td>483,263</td>
<td>611,514</td>
<td>93,845</td>
</tr>
<tr>
<td>C4D</td>
<td>535,000</td>
<td>32,100</td>
<td>472,184</td>
<td>103,928</td>
<td>1,143,212</td>
<td>1,143,212</td>
</tr>
<tr>
<td>Operations</td>
<td>151,400</td>
<td>120,000</td>
<td>0</td>
<td>0</td>
<td>271,400</td>
<td>241,400</td>
</tr>
<tr>
<td><strong>TOTAL BUDGET</strong></td>
<td><strong>10,923,412</strong></td>
<td><strong>1,608,905</strong></td>
<td><strong>3,792,879</strong></td>
<td><strong>1,938,315</strong></td>
<td><strong>18,263,511</strong></td>
<td><strong>11,140,658</strong></td>
</tr>
</tbody>
</table>

*Please note all amounts expressed in USD

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