UNICEF Central African Republic (CAR) Situation Report
Date: 7 December 2013
Reporting Period: 5 – 7 December 2013

Headlines

- Violence in the past 72 hours has triggered the displacement of approximately 60,000 people to 20 identified sites in the capital. In addition to the displacement in large sites, an unknown number of people are displaced with host families. 394 people were killed including children. About 500,000 IDPs are reported in the country.
- Priority needs include: WASH, Health, Child Protection and Shelter/NFIs.
- On 7 December UNICEF distributed essential medicine for 3,000 people and seven PEP kits, three resuscitation kits, injection devices to the Community Hospital and Pediatric Care Center in Bangui.
- Violence and insecurity continue to wreak havoc in Bossangoa, where there is an estimated 47,000 IDPs in three sites.
- UNICEF supported water trucks delivered 18,000 litres to the École Liberté and 96,000 litres to the Évêché site and another 5,000 litres to FOMAC base which also shelter IDPs. In agreement with MSF and ACF, UNICEF is managing sanitation issues at the IDP site in the FOMAC base. UNICEF is also disseminating messages to encourage good hygiene practices.
- On 7 December French troops arrived in Bossangoa. It is expected that their presence will have a stabilizing effect in the area.

*Before the 24 March coup, there were already nearly 190,000 CAR refugees in Cameroon, Chad, DRC and South Sudan, according to UNHCR. Their number is now estimated to 221,000.

OVERALL ESTIMATED AFFECTED POPULATION
4.6 million
CHILDREN AFFECTED BY THE CRISIS
> 2.3 million
INTERNALLY DISPLACED POPULATION
~ 500,000
NEW REFUGEES*
> 71,000
UNICEF IMMEDIATE FUNDING GAP
>US $16 million

Friday 6 December at Bangui Mpoko airport where thousands of families sought protection from the French troops which are stationed in this strategic location. © UNICEF CAR/2013/Tom
Key developments during the reporting period:

On 5 December clashes in the capital resulted in hundreds of deaths and many more injured following days of fighting.

- According to the latest data collected by UN agencies in Bangui, an estimated 60,000 people have fled their homes and sought refuge in approximately 20 IDP sites. The number of displaced in host families remains unknown.
- Rapid assessments have discovered densely populated improvised IDP sites. Some sanitation is available in these sites and essential medicine is lacking. The risk of diseases/epidemics is high. Camp management is a concern.
- Since the adoption of the Security Council Resolution 2127 authorizing the deployment of an African Union-led peacekeeping force to intervene with the support of French forces, and the immediate deployment of the French troops in Bangui on Thursday evening, fighting has progressively subsided in the center of the capital.
- Violence continues in certain neighborhoods such as Boy Rabe and in the outskirts of Bangui where fighting was reported on the evening of 6 December. Children are among hundreds of people who sustained injuries and that have been admitted into hospitals in Bangui. This has led to further displacements and heightened humanitarian needs. There are reports of a growing number of injured in need of immediate assistance. Acute needs for food and water are flagged, but exact data remains difficult to obtain due to access issues.
- The situation of conflict-affected people varies from one site to another. While the airport is protected by the presence of the French troops, other IDP sites and hospitals face greater security concerns, despite FOMAC presence and French troops patrols. In addition, while food is accessible from certain IDP sites, in others, displaced people have not eaten for three days.
- Hospitals in Bangui (already poorly staffed and equipped before the crisis) are currently operating with a very limited number of staff. Many health workers have not resumed their duties due to the high level of insecurity in the capital. Most services are now provided by international NGO workers who are working in appalling conditions. A growing number of injured people, including children have been admitted. As more than 500 houses have been burned, they are also a number of cases of people suffering from severe burns. Surgical teams and trauma specialists (along with equipment) need to be urgently deployed.
- There are continuing gaps in the supply of essential medicines including oral rehydration salts, antibiotics and malaria treatments. Materials to support the rehabilitation of the maternity ward are also needed. The pediatric ward has been occupied by the IDPs so children are in the general ward with adult patients.
- There is need for fuel for hospital functions especially the cold chain that may otherwise stop functioning.

During the reporting period, population displacements have also been reported in Bouca, Bozoum, and Bossangoa. In Bossangoa, renewed fighting starting on the evening of 5 December had led to additional displacement.

- The number of IDPs at the Liberté school quadrupled from less than 2,000 to 8,000. This was triggered by Anti-Balaka attacks on 5 December. Water supply delivery was suspended as a result of the violence and only resumed on 7 December.
- There have been reports of children abducted/arrested by ex-Seleka in the area behind the Évêché IDP camp (estimated population 40,000).
- The number of IDPs at the FOMAC base varies between 600 and 2,000 depending on the security situation. People in the hospital next door take refuge at the FOMAC when needed.
- Overall, the main diseases affecting displaced children in Bossangoa are malaria, diarrhea and respiratory infection. Earlier this week, the UNICEF supported Caritas dispensary at
I’Évêché site treated 1,354 cases including 541 cases of malaria (of which 38 acute cases). Twenty births a week are taking place with only one delivery bed (provided by UNFPA). Of the 170 children born since the arrival of IDPs in mid-September, reportedly 22 are recorded as underweight. MSF continues the measles response catch up activities for children under five while the CODIS dispensary ensures routine immunization activities including Oral polio, Pentavalent and measles vaccines for average 40 children under one per week.

- Water supply and the provision of NFIs at the Liberté site are top priorities. WFP is yet to resume food distributions which had been suspended due to violence.

Based on available information, the situation outside Bossangoa is also believed to be critical. Outreach has yet to take place outside the two mobile clinic service points established by MSF in Njo and Lere. Human Rights Watch has mapped an extensive string of burned villages on the road to Ben Zembe (North East of Bossangoa).

Despite the insecurity, UNICEF and its humanitarian partners are conducting rapid assessments and scaling up their activities to provide displaced families in Bangui and Bossangoa with shelter, safe water, sanitation, protection food and emergency health services to displaced population.

**UNICEF Response**

UNICEF has started to respond to the needs triggered by the latest violence in Bangui and in the interior of the country. The Rapid Response Mechanism (RRM) Core Partners due to the insecurity situation have been focused in secondary information analysis, calling the different partners in the field to get the figures about number of displaced people and main needs. All this information has been used to feed the database of the interagency “Information Management Unit” created by OCHA, UNICEF, IOM and WFP.

**Health**

- On 7 December UNICEF distributed essential medicine for 3,000 people and seven PEP kits, three resuscitation kits, injection devices to the Community Hospital and Pediatric Care Center. There is a threatening presence of armed men in front of the Community Hospital. There have been reports of armed men entering the hospital with their weapons and UNICEF is doing advocacy in that regard
- UNICEF provides Ready-to-Use Therapeutic Food (RUTF) for the management of 180 acutely malnourished children in the district hospital.
- UNICEF provided drugs and basic equipment to treat affected population relocated in the FOMAC base that subsequently treated 26 cases, 16 for malaria, three for hyper tension and other for common illnesses like diarrhea and eye infections. Referrals are made to the district hospital supported by MSF-H.

**CHILD PROTECTION**

- UNICEF is working with a local partner NGO to host unaccompanied and separated children and to facilitate family identification, tracing and reunification. In addition, UNICEF works with partners to ensure the protection of the children formerly associated with armed groups who were in the transit centre and who have now been relocated following the looting of the transit centre early morning on Thursday 5 December.
- Preliminary data collected at the Community Hospital report 281 deaths, including three children. At the Pediatric complex and Community Hospital, reports indicate 29 children wounded in the conflict including 1 death.
• UNICEF is currently exploring the possibilities to providing recreational kits and establishing a number of safe spaces for children in the IDP sites.

• Efforts under Monitoring and Reporting Mechanism (MRM) to document grave violations against children continue.

WASH

• In Bossangoa, UNICEF supported water trucks that delivered 18,000 litres to the École Liberté and 96,000 litres to the Évêché site and another 5,000 litres to the FOMAC base which also shelter IDPs. In agreement with MSF and ACF, UNICEF is managing sanitation issues at the IDP site in the FOMAC base. UNICEF is also disseminating messages to encourage good hygiene practices.

• In Bangui rapid assessments have taken place in several sites (St John, St Paul, Don Bosco, Fatima church and the Boy Rabe Monastery). The distribution of hygiene kits and the construction of latrines will launch on 8 December and is to cover the needs of 6,600 IDPs.

Supplies and Logistics

• Two hired lorries arrived on 5 December just as the fighting in Bossangoa began. UNICEF will make use of supplies as received, especially water bladders and cement to construct latrines in the IDP camps.

• Private transporters and drivers are currently not operational in Bangui. This complicates the delivery of essentials items to the various IDP sites. UNICEF is using a pick-up truck to deliver emergency supplies.

• WFP and a number of NGOs have reported fuel shortages.

• There are no commercial activities in the country. Banks have been closed since Wednesday 4 December. Only a handful of small shops have resumed their activities on Saturday 7 December.

• A cargo is expected on 17 December 2013 in Bangui containing emergency health kits, nutrition equipment for the rehabilitation of some health centres and non-food items to cover the needs of an estimated 3,000 households.

Interagency Collaboration

An interagency Information Management (IM) Unit has been established to better centralize and harmonize information. This Unit, made up of information managers from OCHA, IOM, UNICEF and WFP, aims to 1) compile rapidly changing information on displacement, 2) provide mapping of sites and coverage, and 3) produce analysis on needs, response and gaps.

The IM Unit estimates the total number of IDPs at 60,000 including the following:
- The airport where the number of IDPs increased from 5,000 to 15,000 in the last 24 hours.
- The community hospital, where UNICEF registered approximately 100 injured people, most of them by gun shot, including several children.
- Don Bosco at PK 10, estimated to host 13,000 IDPs.
- Boy Rabe Monastery: up to 15,000 IDPs.
- St Paul Archevêché, in the 7eme arrondissement, estimated to host up to 10,000 IDPs.
- PK5 Mosque alleged to host 100 IDPs.
- St Jean, in the 8eme arrondissement, alleged to host 3,000 IDPs.
- Fatima Church hosts more than 600 IDPs.
- Liberté school in Bossangoa, alleged to host an estimated 8,000 IDPs.
- Évêché in Bossangoa: estimated 40,000 IDPs.
- FOMAC: estimated 600 to 2,000 IDPs depending on security.

Between 6-7 December, UNICEF participated in inter-agency assessments at six IDP sites, one hospital and the Bangui Pediatric Hospital. Priority assistance needs identified include:

- **WASH**: access to soap, water, sanitation facilities, and waste disposal management in hospitals and IDP sites
- **Health**: hospitals such as the Community Hospital and existing health points in IDP sites such as at the St Jean church, the St Paul Archevêché, and the Boy Rabe Monastery site are in need of emergency medical supplies. There is also an urgent need to set-up health points or referral systems from other IDP sites. Inter-agency assessments identified numerous pregnant women, especially at the Boy Rabe IDP site, and a two-month old baby whose mother was killed was identified at the St Jean church, which hosts 3,000 IDPs.
- **Protection**: in every IDP site assessed, over 60 separated and unaccompanied children were identified. In addition, UNICEF identified children who were victim of SGBV and who have been severely injured by gunshots.
- **Shelter/NFIs**: in most sites, IDPs sleep on the ground in the open-air. Needs include mats, mosquito nets, plastic sheeting and cooking utensils.
- **Food**: the majority of IDPs have not eaten in 48 hours. While ICRC has distributed dry rations to five sites and WFP is planning to intervene in three sites, there is an urgent need to provide food assistance to other areas.
- **The school at the St Jean IDP site is occupied by 600 displaced.**

In Bossangoa, OCHA continues to play a key role in humanitarian coordination. A Humanitarian Team coordination meeting will take place either Sunday or Monday.

### Funding

<table>
<thead>
<tr>
<th>Sector</th>
<th>Initial HAC 2013 requirements</th>
<th>Additional requirements – June 2013*</th>
<th>Total 2013 requirements as of the mid-year review of the CAP</th>
<th>Income through UNICEF and donors*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>1,494,255</td>
<td>3,184,418</td>
<td>4,678,673</td>
<td>1,790,480</td>
<td>2,888,193</td>
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<tr>
<td>Health</td>
<td>1,588,950</td>
<td>6,334,473</td>
<td>7,923,423</td>
<td>5,342,087</td>
<td>2,581,336</td>
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<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>995,100</td>
<td>6,943,800</td>
<td>9,216,748</td>
<td>695,660</td>
<td>8,521,088</td>
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<tr>
<td>Child Protection</td>
<td>5,073,806</td>
<td>1,462,494</td>
<td>6,536,300</td>
<td>3,108,532</td>
<td>3,427,768</td>
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<tr>
<td>Education</td>
<td>1,086,986</td>
<td>2,483,514</td>
<td>3,570,500</td>
<td>4,720,383</td>
<td>-1,149,883</td>
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<tr>
<td>Non Food Items (NFI)</td>
<td>1,277,848</td>
<td>(now included in Water, Sanitation and Hygiene above)</td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>11,516,945</strong></td>
<td><strong>20,408,699</strong></td>
<td><strong>31,925,644</strong></td>
<td><strong>15,657,142</strong></td>
<td><strong>16,268,502</strong></td>
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With the year over almost over, the CAP for CAR is only 45 per cent funded out of the revised $195 million required to meet needs. Due to a drastic increase in displacement and the deterioration of the humanitarian situation in the country since the military takeover, the humanitarian needs are likely to increase further.

UNICEF’s revised response plan, in line with the latest crisis, shows 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, close to US$16 million has already been raised. However, an additional **US$16 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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