



MIRA

CENTRAL AFRICAN REPUBLIC

MULTI-CLUSTER/SECTOR INITIAL RAPID ASSESSMENT

January 2014

Produced by OCHA and WFP on behalf of the Humanitarian Country Team

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Multi-Cluster/Sector Initial
Rapid Assessment

Central African
Republic





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PRIORITY NEEDS

Northwest (Ouham, Ouham Péné, Ombella M'Poko, Nana Mambéré), Bangui's arrondissements

- 1 Health:** the crisis has brought the health system to an entire collapse. Although the number of functional structures was already extremely low, an overall 37% decline was reported, with a 50% decline in Bangui. The major reason for lack of access to health care is that there is no medication. Overall, this means that 2/3 of rural areas and 2/3 of Bangui report no access at all to health care. 
- 2 Protection:** nearly 9/10 communities are reporting incidents in the last 3 months, overwhelmingly violence and execution (men), rape (women), throughout the affected areas, with 96% of communities reporting incidents in Bangui. The fabric of society is being torn apart, with the increase of female-headed household, unaccompanied children, and the most vulnerable being left behind. Nearly 4/5 of all communities surveyed report the presence of unaccompanied children. 
- 3 Food Security:** the vast majority of communities reported that meal consumption has dropped from 3 to 1 meal per day. At the same time, all communities report that livelihoods have been lost, either left behind or stolen. An overwhelming 94% of communities report they will not have enough seed to plant for the next agricultural season. 
- 4 Water, Sanitation and Hygiene:** the access to water in adequate quality and quantity was always challenging, but with nearly 70% of communities reporting facing reduction of water consumption, the situation is now alarming. Overall, ¾ of communities report diarrhoea in their top 3 health issues. 

Displacement sites in Bangui





- 1 Immediate survival assistance in Food, Water and Sanitation:** with a massive increase of displacement (from 213,700 total IDPs in Bangui on 17 December to 512,000 on 31 December 2013) and the vast majority of persons seeking refuge in displacement site, thousands are left without any resources to procure food or water, forcing many to engage in negative coping mechanisms. Sanitation conditions are horrendous, with an average of 1,200 persons (up to 4,000 in large sites) per latrines, far from the 50 persons per latrine SPHERE standard. 
- 2 Health:** in spite of relentless efforts from actors on the ground, the needs for emergency health support are acute, especially regarding provision of health care for pre-existing conditions. The risk of epidemics is high. 
- 3 Security and Protection:** the IDPs have no intention to return until the security situation gets better; in particular disarmament of armed elements is mentioned as one condition. 
- 4 Communicating with Affected Communities:** whilst the need for assistance is undeniably urgent, the key informants from the camps in Bangui have identified the need for information on humanitarian assistance as one of their priority. Word of mouth and consequent rumours are currently the most common way to get information. 

Photo credit: Top – Dec 2013, Bossangoa, a town 300km north of the capital Bangui, tens of thousands of people have been displaced and have sought refuge in the grounds surrounding the Cathedral. Credit: OCHA/D. Schreiber

The boundaries and names shown and the designations used on this document do not imply official endorsement or acceptance by the Humanitarian Country Team.

REFERENCE MAP



- National capital
- Prefecture capital
- Populated place
- International boundary
- Prefecture boundary
- Indeterminate boundary¹

Disclaimers: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. 1. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, FAO, UN OCHA.

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EXECUTIVE SUMMARY

The Central African Republic (CAR) descended into unprecedented chaos in December, eventually leading up to the resignation of President Djotodia and Prime Minister Tiangaye on 10 January 2014. But even before then, life in CAR was daunting. The world had forgotten the 4.6 million people caught up in an intensifying conflict. It took a turn for the worse and today, the country is on the brink of total collapse.

On 5 December 2013, unprecedented violence engulfed Central African Republic triggering widespread killings and violence throughout the capital, Bangui, and several provinces around the country, mainly in Ouham and Ouham Péné. The human toll: more than 1,000 people dead and more than 300,000 displaced in one month in Bangui only.

With an estimated total of 935,000 persons currently displaced in the country, more than one in five Central Africans are not living in their own homes, many of them residing in safe shelters at night and returning home during the day. Outside of Bangui, displaced communities are mobile and largely remain unaccounted for, living with host families and communities, or makeshift settlements in the bush few kilometers from their village of origin where they are less exposed to violence.

Each of the 4.6 million Central Africans have been affected in one way or the other by the breakdown of law and order, as well as by the collapse of families, communities, the basic infrastructure and disruption of food and market systems.

There are 2.6 million people in CAR, more than half the total population, in need of humanitarian assistance, including 604,000 in Bangui and 2 million persons in other urban and rural areas.

Key informants interviewed by the International Organization for Migration (IOM) have conveyed no intention to return whilst current insecurity persists. However since 2 January 2014 and a change of strategy in MISCA's positioning day and night in 8 arrondissements of Bangui, a calmer period can be witnessed with numerous commercial activities and numerous IDP populations returning to their areas of origin during day-time.

Such a rapid escalation of vulnerable populations has resulted in equally rapidly escalating needs. Upon declaration of a Level 3 emergency, the Central African Republic Humanitarian Country Team undertook a joint rapid humanitarian assessment in most affected areas to further define humanitarian needs in an effort to better target humanitarian response programming. UN and NGO agencies jointly designed a questionnaire and established multi-organisation teams to conduct primary data collection through Key informants interviews in affected communities living in villages and main cities in Ouham, Ouham Péné, Ombella M'Poko, Nana Mambéré, Nana Gribizi and Bangui from 23 to

29 December 2013. IOM conducted key informant interviews in internally-displaced persons (IDP) sites in Bangui.

The MIRA results highlight an alarming and worsening humanitarian crisis that requires urgent life-saving assistance to avoid a further deterioration and loss of human lives.

MIRA RESULTS

The on-going violence and sharp increase in displacement has severely diminished the population's access to basic health care. The entire health system in the country has effectively collapsed, and less than half of the country can access basic health services including medicine. 70 per cent of key informants from the communities living outside of IDP settlements have cited lack of health care amongst their top 3 primary humanitarian concern.

Protection concerns continue to dominate the humanitarian sphere in CAR. Insecurity in displacement sites and communities is rampant, exposing vulnerable groups (notably women and children) to protection-related grievances. 81 per cent of MIRA respondents across the country and 91 percent of residents in Bangui reported experiencing a declining security situation since the last three months. Out of all violent incidents targeting women, communities estimated that rape was the most common form, representing 44 per cent of incidents. As for men, summary execution and/or murder seem to be the most prominent threat (27 per cents of incidents). Children in this context appear to be at a particularly high risk with some 85 per cent of MIRA respondents indicating that they perceive an increase in the number of unaccompanied minors and separated children since the escalation of violence in December. In addition, there are reports of forced recruitment of children circulating across the country.

Food security is also significantly decreasing. Whereas most households consumed 2-3 meals a day before the crisis, 90 per cent of respondents report that households are having 1 meal a day at present. Food prices across the country have increased substantially due to the destruction of markets through looting and disruptions to the supply chain. Some 96 per cent of all respondents (both rural and urban) have indicated that the recent violence has adversely affected their principle livelihood activities, thereby diminishing their purchasing power in the face of rising prices. This threatens to add significantly to the already 1.2 million Central Africans at risk of emergency-level (IPC phase 3 and 4) food insecurity. Some 60 per cent of household respondents indicated that they no longer have any food stocks and 85 per cent indicated that they will be running out in two weeks- in the midst of the country's dry season.

Basic shelter is scarce among site-residents, with tents and tarps in significant shortage to provide the most basic protection from the weather to the ever-growing fleeing population.

Virtually no known schools have been reopened since the start of December's violence with some 62 per cent of school in Bangui

currently used for other purpose than schooling, most significantly to host IDPs. This means that the vast majority of children are at high risk of missing out on the school year.

Water, Sanitation and Hygiene (WASH) services preceding the December 2013 conflict provided just 3 per cent of the population with access to a functional family latrines; following the recent violence, no displacement site are meeting SPHERE water and latrine standards, and some 70 per cent of community key informants indicated lack of sanitation (notably waste management, lack of latrines, and open-air defecation) as one of their top three concerns.

Significantly, over 70 per cent of affected Central Africans do not feel informed about the crisis or its response, with nearly 70 per cent of rural respondents indicating a lack of information and nearly half of those in Bangui expressing the same.

PRIORITIES FROM AFFECTED POPULATIONS

The representatives of displaced populations living in IDP sites in CAR have cited the need for better communication about the crisis amongst their top priorities. Most urgently, in the displacement site in Bangui, immediate survival assistance with food, WASH, health and security is needed.

Affected communities not residing in Bangui displacement sites highlighted support for health, protection, and food (in this order)

as their top 3 priority needs. Although WASH does not come out clearly as a stated priority, many health concerns are WASH-related in some form or another. The overall priorities are homogeneously reported throughout the targeted prefecture, although with Rural/urban distinctions mainly related to access variations, with the exception of Shelter which was in greater scarcity in urban areas (notably at large IDP sites). Women respondents showed greater sensitivity to Protection-related issues and Food Security.

CONCLUSION

The MIRA findings confirm that the dire situation in CAR has significantly deteriorated since violence broke out on 5 December and the affected population requires urgent, and significant scale-up in all humanitarian sectors, in particular health, protection, food security, WASH, and shelter.

With unrelenting insecurity and an increasing number of Central Africans fleeing the violence, a rapid and coordinated response to growing needs described in this document must be a priority for the humanitarian community.

Although the MIRA captured initial findings amongst accessible communities in the northwestern prefectures and Bangui, insecurity in certain areas did not allow for assessments. Considering the dynamic nature of the situation, monitoring needs to be reinforced in order to support response in the weeks and months ahead with upcoming hunger gap period and food and nutrition risks.

HOW WAS THE STUDY CONDUCTED?

The MIRA involved thorough literature review and data collection in the most affected areas of the country. Information outside of Bangui displacements sites was collected from December 24 to 28, 2013. A total of 307 leaders in 86 communities were interviewed, including urban areas in Bangui and Bossangoa. The assessment, which was coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), with technical support from the World Food Programme (WFP), involved over 20 agencies. IOM provided the data on IDP sites, using Displacement Tracking Matrix (DTM) methodology. Due to the volatile nature of the situation, the MIRA's findings will require updating as needs evolve. After this MIRA, in-depth sectorial assessments are required to establish the scale and of need and inform responses.

Due to the dynamic nature of the crisis, agencies should shift to monitoring systems that would allow them to respond to needs as they change.

IMPACT OF THE CRISIS

BACKGROUND

The humanitarian situation in the Central African Republic is dire: at least half of the country's 4.6 million people are estimated to be in need of humanitarian assistance. The United Nations estimates that more than 935,000 people – 20% of the population – have been internally displaced, while a further 245,000 are living as refugees in neighbouring countries¹.

The Central African Republic has been caught up in an unprecedented downwards spiral since December 2012, when the various factions rebelling in the northeast of the country coalesced to form the Seleka alliance. This coalition successfully ousted President Bozize in March 2013, having committed grave human rights violations along the way. The newly-proclaimed President Michel Djotodia has since struggled to rein in his rebel forces, prompting the formation of community self-defence groups, known as anti-Balaka. His decision to disband the Seleka in September in an apparent attempt to distance himself from their abuses has only heightened tensions and weakened his grip on power.

The latest escalation in the crisis was triggered on 5 December 2013 by violent clashes between the anti-Balaka and ex-Seleka in Bangui and Bossangoa during which over 1,000 people have been killed in the capital, alone. The United Nations Security

Council unanimously adopted Resolution 2127 (2013) authorising the deployment of the African-led Support Mission in the Central African Republic (MISCA), and the deployment of the French forces already stationed in the country. The presence of these forces has triggered large and often violent anti- and pro-French/MISCA demonstrations.

DRIVERS OF THE CRISIS

CAR was included on a 2010 list of the world's top ten failed states. Corruption is pervasive despite steps towards reform in recent years.

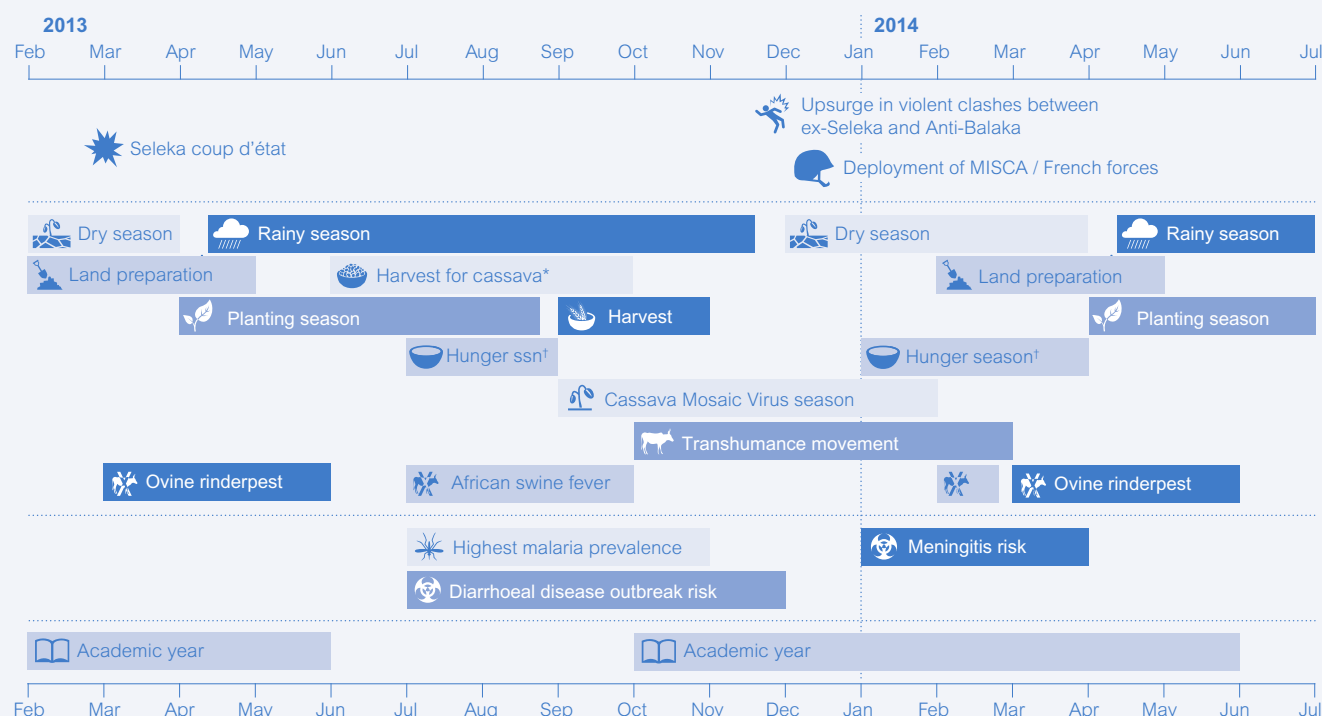
A Human Rights Centre study published in 2010 indicates that 61% of the respondents attributed the root causes of conflicts in CAR to the power struggle between political elites, while 33% indicated poverty; already in 2010, 22% indicated ethnic dimensions² as the root cause; a phenomenon which was seen exacerbated in the recent 2013 December events. Land conflicts between pastoralist and farmers over trespassing and grazing rights have been cited by several sources as a recurrent problem and source of large scale displacement.

- **Sectarian and ethnic tensions:** The crisis is increasingly assuming sectarian proportions as the predominantly

¹ UNHCR, January 2014

² "Building peace, seeking justice" HRC, 2010;

Figure 1: Timeline of critical events



* Harvest timeline for cassava can be spread throughout the year based on the varieties and also the planting period that may lead to a progressive harvesting period.

† Main hunger season is in July-August. However, in the South of CAR where crops are limited in quantity, January to March are also a difficult periods due to the dry season and absence of vegetables or animal food.

Christian anti-Balaka clash with the predominantly Muslim ex-Seleka. The conflict is exacerbated by ethnic tensions. Resentment at past Chadian involvement in domestic politics – Chad backed Bozize's seizure of power in 2003 and then the Seleka coalition that toppled him a decade later – has triggered anti-Balaka reprisals against the broader Chadian community, which includes Muslims from the northern regions that border Chad and who are commonly referred to as Chadians. This dynamic has compromised the perceived impartiality of the Chadian contingent of MISCA peacekeepers.

- **Insecurity:** The proliferation of weapons and the impunity with which armed actors operate continue to cause widespread civilian casualties, loss of and damage to properties and livelihoods, lack of government services and humanitarian aid, and internal displacement.
- **Deeply-entrenched political crisis:** Power has repeatedly been seized through coup d'états since independence, and there is currently a power vacuum across the country that has been filled by armed groups. This has also led to the complete breakdown of public order, the rule of law and public services, as well as the collapse of the formal economy.
- **Grim economic outlook:** Economic decline as a result of the destruction of productive assets, damage of property and livelihoods, continuously increasing unemployment and lack of investments have exacerbated vulnerability among large sections of the population.

In early January, the security situation in the CAR remains tense with serious risk of escalation in and outside Bangui as Anti-Balaka and ex-Seleka continue with targeted attacks, even against international security forces. In Bangui, the situation has been relatively calm since 31 December except in the northern suburbs where daily clashes continue to be reported. Following shootings in airport IDPs site, hundreds of IDPs blocked the airport runway, disrupting air traffics, including humanitarians' operations. Outside Bangui, intercommunity tensions are increasing, especially in Bossangoa region where the burning and looting of

houses are reported. In Paoua region, local sources reported the emergence of new rebel groups, which could further complicate an already complex security and humanitarian situation.

SCOPE OF THE CRISIS AND DEMOGRAPHIC PROFILE OF THE AFFECTED PEOPLE

Since September 2013, the humanitarian situation in the Central African Republic has seen a marked deterioration due to renewed insecurity and a deepening political crisis. This has led to internal displacement and increased vulnerability of the local population. Each of the 4.6 million Central Africans has been affected in one way or the other by the breakdown of law and order, as well as by the disintegration of families, entire communities, and the basic infrastructure.

A joint analysis conducted for the Humanitarian Needs Overview (HNO), identified that the provinces of Ouaka and Ouham host the largest number of people in need. Generally areas in the east and along the southern border have higher numbers of people in need. The escalation of armed violence since 5 December has centred on the main urban areas in these provinces, namely Bangui and Bossangoa.


MIRA SCOPE

Against this backdrop, the sharp deterioration of the situation since 5 December 2013 prompted the international humanitarian community to declare a Level 3 emergency which sets into motion the humanitarian program cycle: a iterative process of assessing needs, planning and monitoring response to ensure that the humanitarian community provides quality assistance to the most vulnerable.


This document focuses on the most heavily impacted areas, rather than at a broad national scale, in line with the country's


4.6 million
Total population


4.6 million
People living in affected areas


2.6 million
Estimated people in need of immediate assistance
(multiple sources)


952,865
Displaced (homeless)
(IDPs + refugees)


1.6 million
Non-displaced
(Affected minus displaced)


2,000
Deaths
(OCHA)

935,000
IDPs
(CMP 31/12/13)

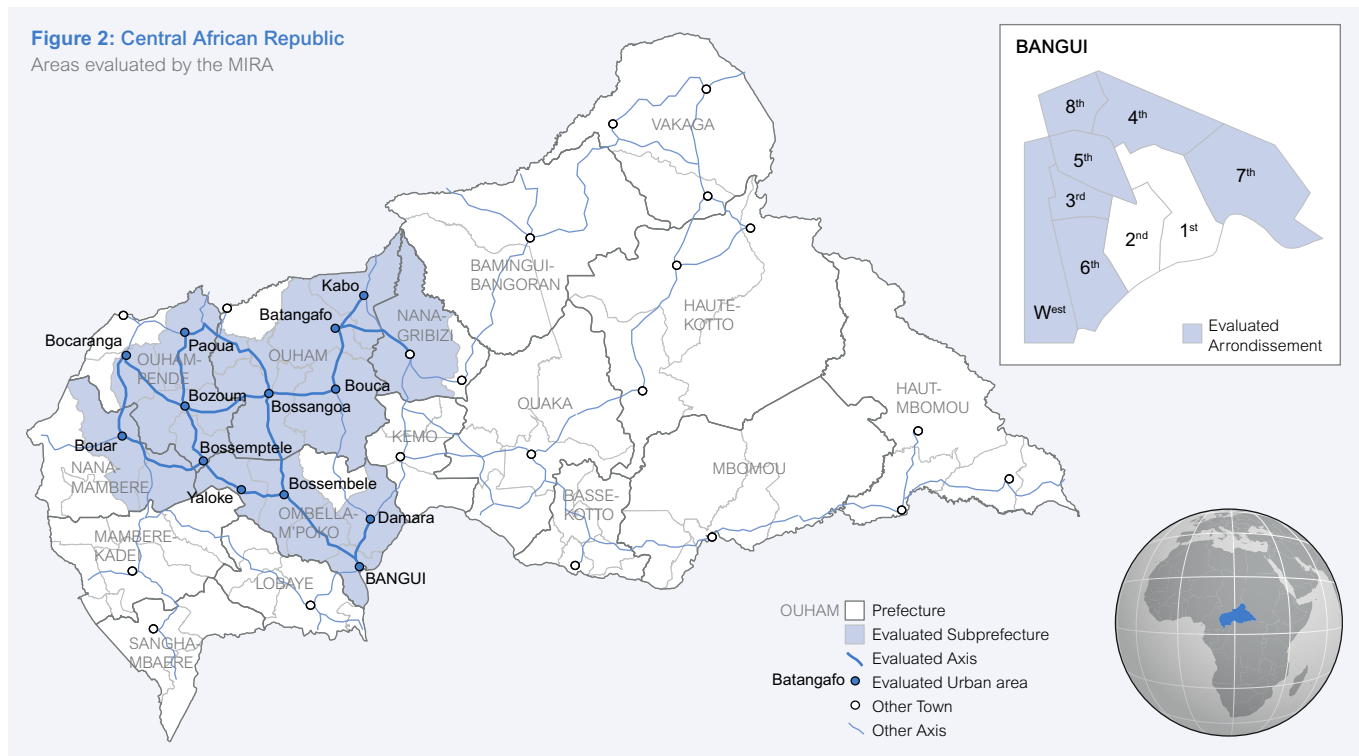
17,865
Refugees
(UNHCR/CNR 31/12/13)

860,000
Hosting IDPs

758,500
Non-Host

Figure 2: Central African Republic

Areas evaluated by the MIRA



100-Day Plan published on 23 December 2013 to accelerate humanitarian assistance. The scope of the assessment includes Bangui displacement site, Bangui's arrondissements and the north-west, notably Ouham and Ouham Péné prefectures and parts of adjoining Nana Gribizi and Ombella M'Poko prefectures.

The MIRA exercise effectively combined 2 coordinated efforts to collect primary data collection:

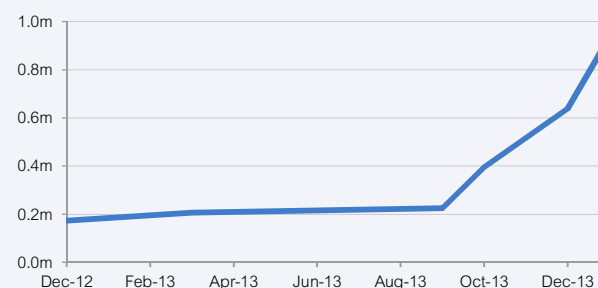
8 Multi-Cluster teams coordinated by OCHA covered Bangui's arrondissements, 15 axes and 12 urban centres (identified through purposive sampling) in the northern prefectures cited above. In other words, all non-displacement site affected areas. These teams interviewed 307 key community informants (out of which more than a third were women).. Operational circumstances dictated that information would be collected from key informants at the community level., thus the results from this exercise do not reflect representatively the views of the affected families.

IOM-led interviews carried out by displacement sites facilitators, providing a snapshot of the situation in 45 out of 62 Bangui IDPs sites (most notably, the largest site of the Airport, has not been included for access reasons).

This report summarizes findings from a secondary data analysis and primary data collection carried out from 23 to 29 December 2013. The sampling methodology used, i.e. purposive sampling, It does not enable to generalize findings of this report or extrapolate conclusions to all affected populations. Community representatives often needed to make their best estimate on a number of questions and therefore there is risk of potential bias. Key informants for all assessed villages/quartiers include males and females.

INTERNAL DISPLACEMENT

The crisis is affecting the entire population of 4.6 million. According to the latest figures, some 935,000 people are internally displaced, including more than 512,000 people in Bangui alone.³

Figure 3: Total IDPs in CAR

Source: CMP, UNHCR, OCHA

Altogether, 2 million people need humanitarian assistance.⁴

Persisting insecurity in CAR, especially in Bangui, continues to push people to flee their homes for protection. From 24 to 31 December 2013, 142,162 new IDPs were estimated to have arrived in different IDPs sites in Bangui, especially at the airport site where the number of IDPs doubled from 50,000 up to 100,000, and in Frère Castor and Monastère Boy-Rabe sites that estimated respectively 37,000 and 37,763 new IDPs following violence during Christmas period. Since 31 December, one out of five people in CAR or one out of two people in Bangui is displaced.

³ OCHA, Situation Report No.5 (as of 03 January 2014).

⁴ OCHA, Situation Report No.3 (as of 24 December 2013).

Table 1: Breakdown of people in need of immediate assistance by prefecture

Prefecture	Resident population	Estimation # IDPs	New IDPs since 05/12/2013*	Refugees and asylum seekers	Total
Bangui	86,387		512,672	5,105	604,164
Bamingui Bangoran	24,310	9,918			34,228
Basse Kotto	40,049	25,225			65,274
Haut Mbomou	2,238	17,549		3,815	23,602
Haute Kotto	17,094	16,340			33,434
Kémo	79,837	23,087			102,924
Lobaye	134,793	7,075		6,060	147,928
Mambéré Kadéi	156,399	2,000			158,399
Mbomou	82,798	47,270			130,068
Nana Gribizi	49,050	6,182			55,232
Nana Mambéré	105,733	7,000			112,733
Ombella M'Poko	161,965	14,921			176,886
Ouaka	265,454	33,675		1,967	301,096
Ouham	278,443	173,823	3,950		456,216
Ouham Péndé	91,510	30,864	3,600		125,974
Sangha Mbaéré	31,525				31,525
Vakaga	10,806			3,389	14,195
Total	1,618,391	414,929	520,222	20,336	2,573,878

* Although the Population Movement Commission (Commission de Mouvement des Populations, CMP) has not issued new figures for most of the non-Bangui affected areas due to the lack of reliable data (except for Bossango, Bouca and Bozoum), the results from the MIRA suggest that there is an information gap, as 84% of the community key informants that were interviewed reported recent displacement.

DISPLACEMENT PATTERNS

The dynamics of the displacement within the Central African Republic vary considerably: rural inhabitants are fleeing their villages and seeking refuge in the surrounding countryside, whereas urban dwellers are seeking safety in quarters. In Bangui for instance, as of 31 December 2013, 465,305 IDPs have been identified living in 67 sites with an additional 45,367 living in host families and 1,500 others of concerns, i.e. those in Embassies waiting for repatriation to their country of origin.⁵ The duration of these displacements currently ranges from a few days to several months.

In the Northwest, IDPs are commuting, seeking refuge for security protection mostly into the bush, deemed more secure than staying in host communities. In the bush, they lack basic services.

Reports indicate that most IDPs tend to hide for long periods in the bush and often rely entirely on the host communities for support.⁶ Some access the nearest urban centres during daytime and return to the bush/fields during nighttime.⁷ Inside Bangui, people commute between displacement sites and their residences (referred to as “pendular” displacement patterns).

Several reports over time indicate that the majority of IDPs think that a return home in the near future is not possible.⁸ In this specific crisis, recent evaluations indicate that the IDPs have no intention

to return until the security situation gets better; in particular disarmament of armed elements is mentioned as one condition.⁹ This information was confirmed likewise by IDPs in Bossangoa.¹⁰

In Bouca, Seleka elements allegedly put pressure on IDPs living in the Catholic Mission to return home.¹¹ In addition, recently, there were reports of some medium sized sites where focal points turn off water and electricity to incite people to leave the site and return home.¹²

Presumably there are no organizations in CAR (even those with in-country presence for a long time) who claim to have “complete mastery” of movement of population dynamics, although efforts were made by the humanitarian community since the beginning of the recent crisis to capture this dynamic.

Given that IDPs are often displaced over large areas and hiding in the bush, it is evident that reliable displacement figures are difficult to provide.

5 Dashboard Commission Mouvement de Population, Protection Cluster, 31/12/2013

6 IDMC/NCR, 2010

7 “Rapport évaluation rapide”, Cluster Protection, February 2013

8 “Rapport évaluation rapide”, Cluster Protection, February 2013;

9 RRM report, Grand Seminaire Bimbo, 10/12/2013; RRM report, Eglise Bangui Mpoko, 17/12/2013

10 “Rapport de protection Bossangoa”, UNHCR, 5 January 2014

11 Rapport hebdomadaire monitoring de protection, DRC, 23-29 December 2013; Protection Cluster Crisis Report no.2, UNHCR, 31 December 2013

12 IOM update, 3 January 2014

STATUS OF POPULATIONS LIVING IN AFFECTED DISTRICTS (EXCEPT PEOPLE LIVING IN DISPLACEMENT SITES IN BANGUI)

This section covers the status of population living in affected areas in the prefectures Ouham, Ouham Péné, Ombella M'Poko, Nana Mambéré, Nana Gribizi and Bangui's arrondissements.

All sectors analysis are introduced by a secondary data review of information that was available to the Clusters, and are followed by the results of the primary data collection carried out by Multi-Cluster teams coordinated by OCHA. The results represent the views of 307 key community informants (out of which more than a third were women, and can't be extrapolated). The questionnaire used for this exercise can be found in Annex X.

PRIORITY NEEDS

The priority needs as analyzed by the extended inter-cluster during the analysis workshop that was held in Bangui on 04 January, 2014 are:

1 Health



2 Protection



3 Food Security



4 Water, Sanitation and Hygiene



This prioritisation of needs is based on the secondary data review and the primary data analysis.

KEY PRIORITIES FROM THE MIRA

Which are the 3 priority needs reported by the communities?

- Overall, Health is clearly the top priority need, with 70% of key informants placing it amongst their top three priorities. Protection and Food follow, both being cited as a top three priority by just under 50% of informants.
- Education, WASH, Food Security and NFIs were each cited by about 30% of informants, while Shelter only by about 10%.
- Although WASH does not come out clearly here as a stated priority, 5 of the 6 top health concerns are WASH-related in some form or another (diarrhea, ARI, Typhoid fever, Parasites; malaria). The fact that WASH was not mentioned specifically is likely due to a lack of understanding of the linkages between WASH and Health as evidenced by existing KAP surveys over the past years.

Does the gender of the respondent have an impact on the top 2 priorities reported?

- When disaggregated by the gender of the community informant, Health remains the top priority for both genders. However, for female respondents, Food is significantly more important than Protection, likely due to their role in food preparation; similarly NFIs are ranked 4th for women and only 7th for men.

Are there geographic divides in the top 3 priorities reported?

- Quarters within Bangui place a much greater emphasis on Health and Protection, cited by 84% and 72% of respondents respectively; they also prioritize Food Security (including

How to read the results: a few useful definitions

To better differentiate the impact of the crisis between different affected groups, the results from the assessment have been disaggregated in several ways.

Surveys were conducted in three different types of **survey areas**.

- **Bangui:** urban areas within the Bangui built-up area, both within the city limits and in adjoining contiguous suburban areas;
- **Urban (non-Bangui):** urban areas in towns outside Bangui;
- **Rural:** 'axes' – main road corridors along which the overwhelming majority of rural residents live.

Within each survey area, survey **localities** were chosen in which assessment were carried out.

- In Bangui, these localities are called **arrondissements**.
- In suburban areas of Bangui and urban areas outside Bangui, these are **quartiers** (neighbourhoods)

- In rural areas, localities were either **large villages** (defined based on estimates of population and importance, using local informants as well as satellite imaging to approximate settled area), or **small villages** (any settlement larger than an isolated house).

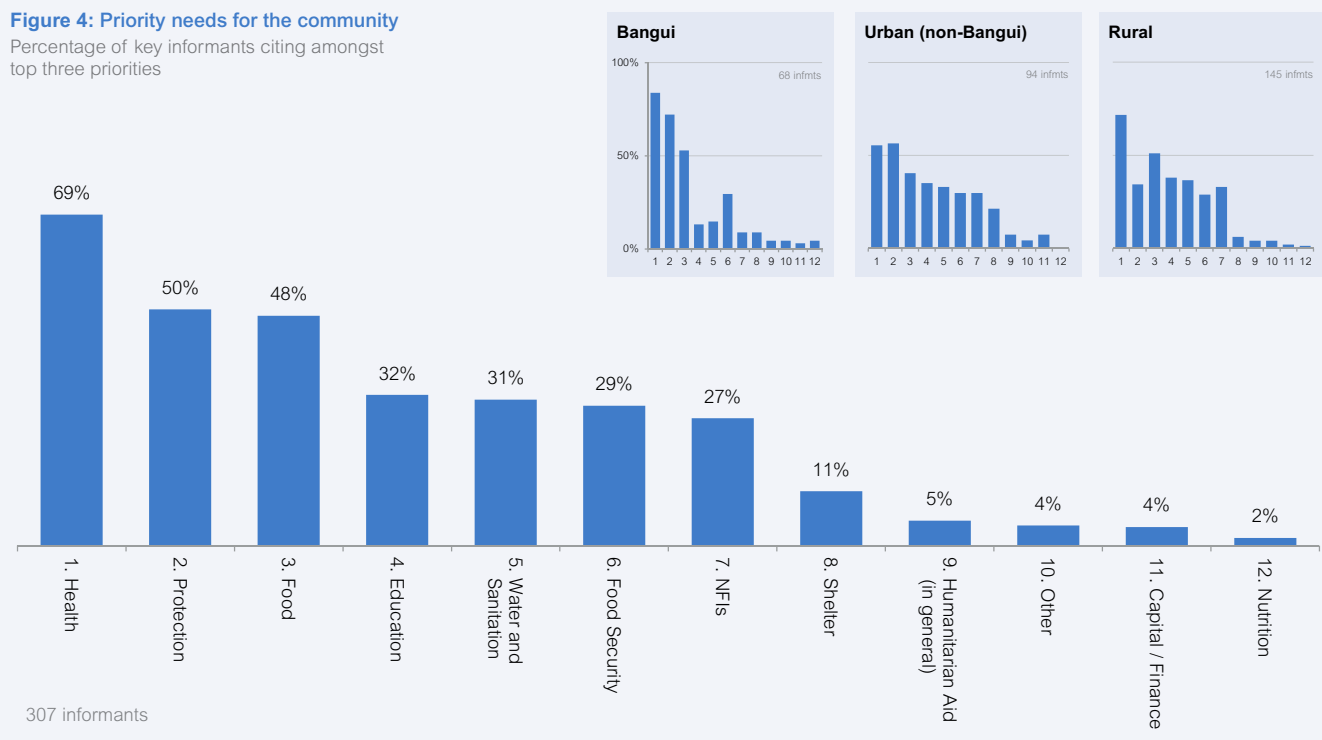
All survey areas and localities were also attributed to the appropriate **prefecture** and **sub-prefecture**.

All key informants were categorized by **gender** and by **respondent category**, the latter including (amongst others) government agents / civil servants, religious leaders, community leaders, representatives of women's groups, medical personnel, teaching staff and representatives of vulnerable groups.

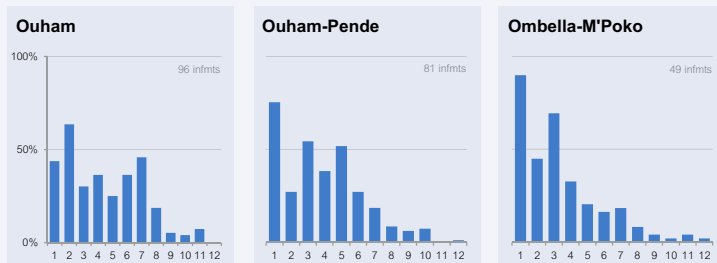
No disaggregation by **religion** was undertaken, due to the highly sensitive nature of both the question itself and its results. Respondents were asked for the majority religion in each locality, but did not estimate proportions.

Figure 4: Priority needs for the community

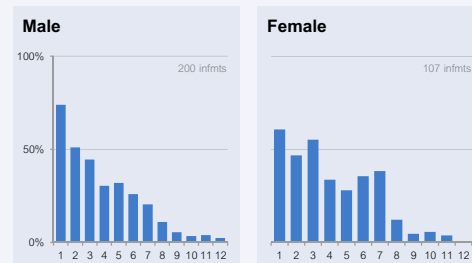
Percentage of key informants citing amongst top three priorities



Priority needs by prefecture

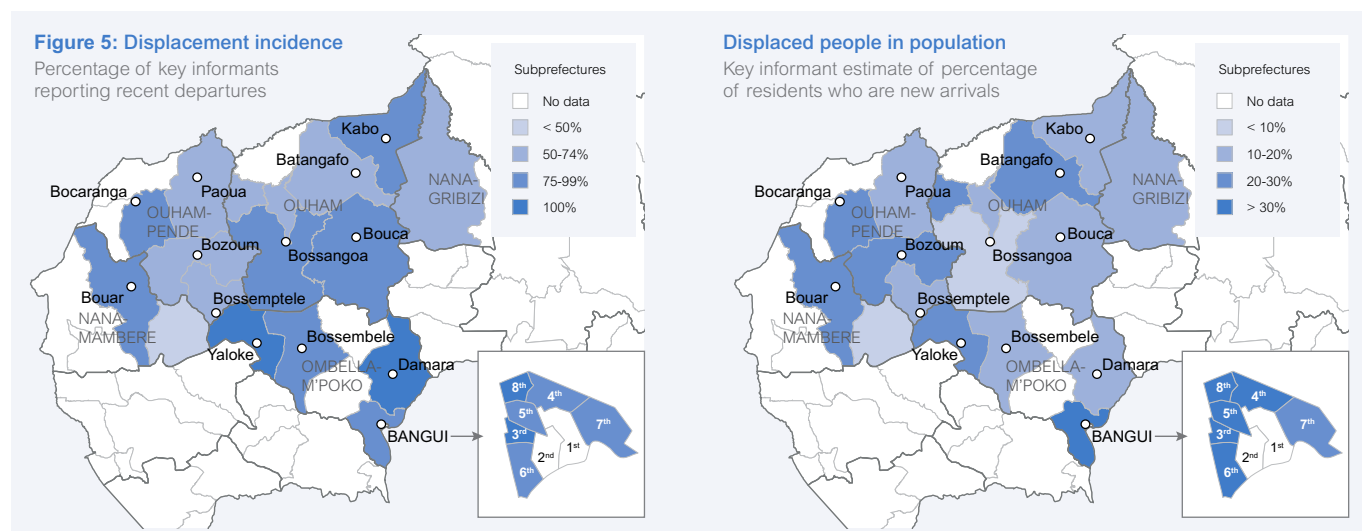


Priority needs by key informant gender



agriculture) in 4th place with 29% (behind Food at 53%) over Education and WASH, each cited by less than 15%.

- In urban sites outside Bangui, the differences between sectors are less marked, with Protection narrowly outranking Health at just above 50% citation but followed by Food, Education, WASH, Food Security and NFIs all above 30%.
- In rural areas, Health is an overwhelming priority (>70%) while Food is ranked 2nd; with Protection a much lower priority – 5th, behind Education and WASH.
- A comparison of prefectures indicates marked differences especially comparing Ouham with Ouham Péné. In Ouham, Protection concerns (64%) significantly outweigh Health concerns (44%), with NFIs more important than Health at 46%. In Ouham Péné however, Protection is only the 5th-most cited concern, behind Health at 75%, and Food and WASH both above 50%. NFIs are only 7th (<20%).
- In Nana Mambéré, Protection was not cited as a major concern at all, with an overwhelming focus instead on Health, followed by Food and WASH. In Ombella M'Poko, near to Bangui, protection was a larger concern, 3rd-most cited with 45% behind Health at 90% and Food at 69%.



MOVEMENTS OF POPULATION

According to the CMP of 31 December 2013, it is estimated that about 935,000 IDPs require assistance¹ in Health, Food, NFI, WASH, Shelter and Protection. This includes the facilitation for a durable solution for their local integration or a voluntary return in safety and dignity to their places of origin once the security situation permits. In addition, host communities need support to lessen the burden on their already fragile situation that has been exacerbated by a sudden population increase. Needs may be different based on the different types and scope of displacement as well as the distance of displaced families from their location of origin, which can range from 1 kilometre to hundreds of kilometres in CAR. Displaced persons may be in sites, in the bush or with host families.

1 The vulnerabilities of the 935,000 IDPs might differ; no household comprehensive survey has been carried out.

Ultimately, IDPs and returnees during 2014 will require multi-sector assistance until they reach a durable solution. This might include, but is not limited to, in particular: health and shelter, provision of necessary inputs, including food, seed, cash to restart their livelihoods, provision of basic NFI, and support to reacquire their legal documentation as well as re-opening access to education.

The continuing tensions throughout the CAR have also resulted in significant displacement of Third Country Nationals. The Governments of Chad, Mali, Niger, Senegal, Sudan and DRC have approached IOM to support a dignified and life-saving evacuation of their citizens by both air and land. Assistance to the stranded population is being provided on an ad hoc basis in coordination with delegation of the respective countries. More than 24,670 have repatriated.

PROTECTION

SITUATION PRIOR TO THE DECEMBER CRISIS

Physical security and protection

The overwhelming feeling of being insecure is a constant pattern being mentioned in evaluations and reports for several years now.²

A February 2013 evaluation of the CAR Protection Cluster indicates that 88% of the community does not feel secure.³ Information collected during protection monitoring and the "ligne verte" (free hotline to report protection incidents) suggest that recently, young men being accused by the population of being either "Seleka" or "Anti-Balaka" were exposed to violent attacks, even killings.⁴

2 "Building peace, seeking justice" HRC, 2010; "Rapport evaluation rapide", Cluster Protection, February 2013,

3 "Rapport evaluation rapide", Cluster Protection, February 2013, with the exception of Bria where the respondents indicate that security agents fulfill their role

4 DRC, "Projet ligne verte", December 2013

In addition, there is a high probability that there are large quantities of arms and ammunition currently being in the hand of civilian population. These stocks will most likely be stored in unpredictable storage conditions and thus will be deteriorating rapidly, presenting a serious risk to public safety.⁵

Access to justice and fight against impunity

In November 2013, several reports highlighted the rampant impunity undermining the establishment of the rule of law.⁶ According to a recent Human Rights Watch report, in the provinces, Seleka officials have claimed that they have the authority to be at the same time the police, prosecutor, and judge in the zones under their command. In Bambari, the head of Seleka had declared

5 UNMAS, Technical Assessment Mission Report, November 2013

6 SC Report, 15 November 2013, S/2013/677; "CAR: Better late than never", International Crisis Group, Policy Briefing, 2 December 2013; "Pillay urges action to halt violations and lawlessness in Central African Republic" see: <http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=13230&LangID=E>



himself the head of the local courts.⁷ The report documents the physical destruction of the judicial system outside Bangui: both Seleka fighters and commonplace looters have stripped regional courts of all furniture and fixtures, burned or destroyed court documents, and stolen court vehicles. Court officials have either abandoned their posts or have not been paid.⁸

Sexual and gender-based violence

Reports suggest that sexual violence is widespread in conflict areas in CAR.

In the aftermath of the March 2013 coup d'état, Human Rights Watch received credible reports of 37 cases of rapes allegedly perpetrated by Seleka elements in Bangui, Sibut, and Damara and credible reports of multiple rapes in Ouandago between Kaga-Bandoro and Batangafo.⁹

Past reports indicate that women and girls have suffered sexual violence committed by government forces and rebel groups in conflict areas, and many have suffered domestic violence committed by members of their own families.¹⁰ In the same survey area, 22% of women reported serious physical beating by a household member compared to only 4% of men.¹¹ For women, the main reason for being beaten was "disobeying" (42%) and "arguing" (30%). When asked, 58% indicated that under no circumstances serious physical beating would be acceptable.

A February 2013 evaluation carried out by the CAR Protection Cluster in 9 sub-prefectures¹² found out that 32% of respondents indicated a risk of rape while going to look for food/firewood/water. 23,7% reported "physical aggression", 23,3% "psychological/emotional abuse" and 19% rape as the most common types of GBV. As alleged perpetrators were identified, 63% "armed groups" and 23% "family members/neighbors". Medical and psychosocial support was reportedly non-existent (no medical assistance: 89%; no psychosocial: 95%).

Child Protection¹³

As of August 2013, it was estimated that 3,500 children are associated with armed forces.¹⁴ The magnitude of the problem is confirmed in an evaluation of 9 sub-prefectures showing that 20% of children being recruited by armed groups.¹⁵

In Kabo sub-prefecture, 53% children are full or partial orphans and among the 6-25 year olds, half dropped out of school during the crisis, and many never returned due to school insecurity-related closures.¹⁶

KEY FINDINGS FROM THE MIRA

Overall, 81% of the key community informants perceived a worsening security situation in the last three months with Bangui being at 91%; the perception that the situation deteriorated was especially high in urban areas with 81%

Table 2: Perception of the evolution of security

Site Type	Better	Stable	Worse
Bangui	1%	7%	91%
Urban (non-Bangui)	4%	14%	81%
Rural (axis)	4%	20%	75%
Large village	1%	20%	79%
Small village	10%	21%	69%
Overall	4%	16%	81%

When asked about the type of incidents occurring in the last three months, the following incidents were cited:

- Violence against civilians: 77%
- Summary executions overall 72%; with significantly less in rural areas (57%) and over 80% in urban areas

7 "I can still smell the dead", HRW September 2013

8 "I can still smell the dead", HRW report 2013

9 "I can still smell the dead", HRW report 2013

10 "Building peace, seeking justice" HRC, 2010;

11 "Building peace, seeking justice" HRC, 2010;

12 "Rapport evaluation rapide", Cluster Protection, February 2013,

13 For more detailed information and a specific secondary data analysis on Child Protection, see: "Revue documentaire, RCA, Aout 2013", Child Protection Sub-cluster,

14 UNICEF, August 2013

15 "Rapport evaluation rapide", Cluster Protection, February 2013,

16 "CAR: Kabo, Profile at a glance", JIPS 2012

Figure 6: Protection incidents occurring in the last three months

Percentage of key informants selecting option

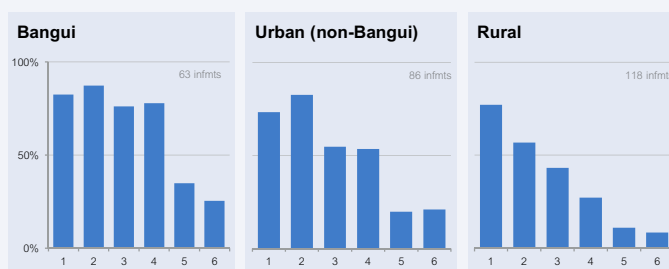
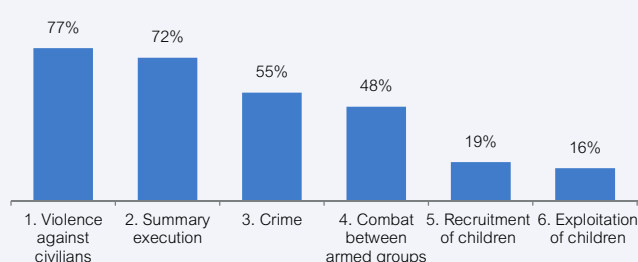
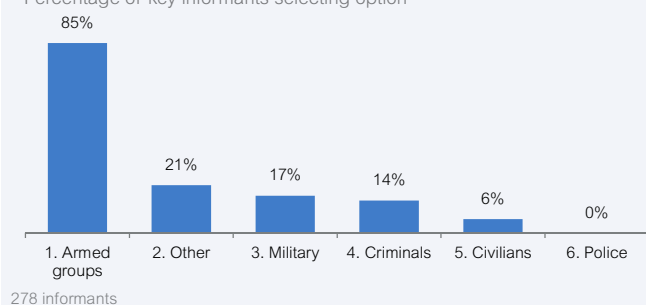


Figure 7: Perpetrators of protection incidents

Percentage of key informants selecting option



- Criminality (55%) with significant differences between the different areas, i.e. rural areas 43%; urban areas indicating 55% and 76% for Bangui
- Fighting amongst armed groups (42%): with important differences in the areas, i.e. 27% in rural areas, 53% in urban areas and 78% in Bangui

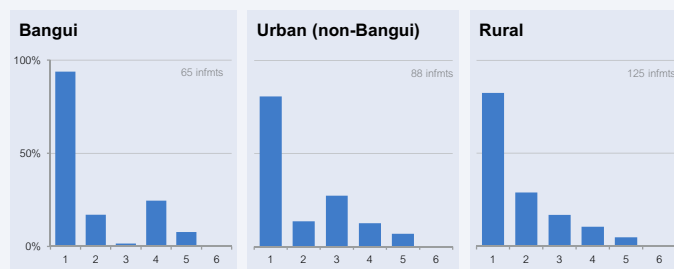
In terms of types of incidents, key informants estimated that:

- Men are mostly affected by violence (37%), summary execution and murder (27% and 26% respectively); a similar answer was given for boys with 28% violence, 26% summary executions and 19% murder
- Women are mostly affected by rape (44%) [NB: which does not mean that 44% of women have been raped, but that out of all incidents affecting women, 44% are estimated by responders to be rape]; violence 36%; a similar answer was given for girls with 40% rape, 23% violence and 6% summary execution

Perpetrators of the protection incidents were estimated to be predominantly armed groups (see Figure 7).

The largest number of deaths has occurred in Bangui, especially in the 3e arrondissement. High death tolls are also noted in Bossambe and Bouca.

Every community hosts persons with specific needs such as female headed households, elderly without support, handicapped, UAC/SC (Unaccompanied Children / Separated Children), persons with mental health problems; in Bangui "others" is cited by 30% which includes "orphans", "albinos", "HIV/Aids".

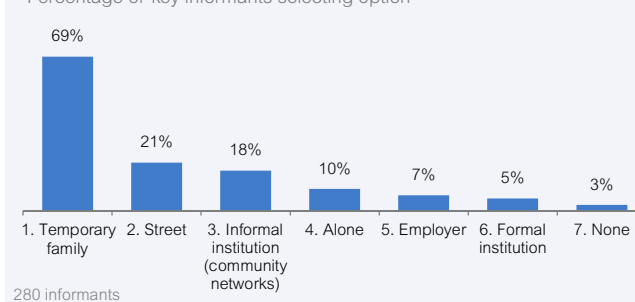


81% of Key Informants indicated a perceived increase in UAC/SC; with the highest observations (93%) in the town of Bangui, collected outside displacements sites.

The majority (69%) are reported to live in temporary foster families, with 21% living on the street.

Figure 8: Location of unaccompanied children

Percentage of key informants selecting option



Based on information given by key informants, an estimated 30% of households are headed by women, without much variation by geography, urban/rural, religion or gender of respondent. However, it is important to note that representatives of women's groups (31 of 307 respondents) state a lower percentage of female heads of household (19%).

FOOD SECURITY AND LIVELIHOODS



SITUATION PRIOR TO THE DECEMBER CRISIS

According to the EFSA analysis based on data collected country-wide in September/October 2013, 30 per cent of the rural population faces moderate or severe food insecurity. The prevalence of 'poor' and 'borderline' FCS (Food Consumption Score) is particularly high in Ouham (around 50% of households are affected) while Ouham, Ouham Péné have the highest numbers of food insecure people. The prevalence of food insecurity is expected to further increase. Half of interviewed households were affected by shocks such as insecurity, looting, and forced displacement. Severely food insecure households mainly rely on daily wage labour for their earnings. They have been particularly hit by a decrease in demand for labour in agriculture and food processing and transport, and a decrease in daily wage rates that has severely affected their purchasing power.

Poor farming households are very vulnerable to economic shocks, while female headed households are more affected by food insecurity. Half of the displaced people outside of Bangui are food insecure. Affected populations are looking to the next agriculture season to restore their food production capacity. In the meantime, most of them will rely on short cycle agriculture production (vegetable), casual labour, and hunting and gathering. In a large number of rural areas, farming communities had to abandon their villages and fields (in the middle of the agricultural cycle) along the main roads to replant in the bush a few km away in less exposed but smaller areas, leading to a decreased production and earlier hunger period.

The current situation seems to follow the worst case scenario presented in the October Emergency Food Security Assessment (EFSA) and confirmed by Integrated Phase Classification (IPC) analysis. Food insecurity, which had already affected a third of the rural population in a deteriorating security and economic context, has worsened in Bangui and other urban areas. The degraded situation with repeated displacements will exhaust households' capacities to face shocks in a context where they are already heavily relying on crisis and emergency coping strategies, and have less access to income generating activities. Households' livelihoods are being depleted as their purchasing power is further eroded, in a context of declining economic activity (GDP has decreased by 17% in 2013) and shrinking trade.

The deteriorating crisis situation has particularly affected the agriculture sector. It has hampered agriculture production, access to inputs or forced people to abandon their crops and fields. With 94 per cent of farming in CAR being of the subsistence type, and with 74 per cent of the population engaged in agriculture, disrupted planting seasons has led to a reduced harvest (60% of surveyed households in October expected the harvest to be lower than the year before). Around 45% of the households have lost their livestock and poultry, which are either an important source of eggs, milk and meat or large ruminants used as draft animal for land preparation. This is leading to reduced food availability country wide with immediate consequences on food security and malnutrition rates at household level.

All this has a significant negative impact on access to basic commodities and the food security of people is expected to deteriorate further by now according to the EFSA. In this context, approximately 40% of the rural population (1.2 million people) would be in crisis and IPC emergency phases (3 and 4) indicating a strong deterioration, compared to the IPC pre-crisis findings of November 2012.

In rural areas, regardless of their place of residence, either close to their current settlement or back in their village, displaced people, hosting families or returnees (with more time to prepare bigger fields this year) will be in need of assistance to bridge the lean season and ensure that the 2014 agricultural season ensures an adequate availability and access to food. In urban areas, it seems that some of the families who moved to peri-urban zones and some of those in displacement sites continue to be involved in agriculture and fishery production, which is their main income source. The next campaign and inter-season are crucial to avoid a further degradation of food security that can lead to malnutrition

KEY FINDINGS FROM THE MIRA

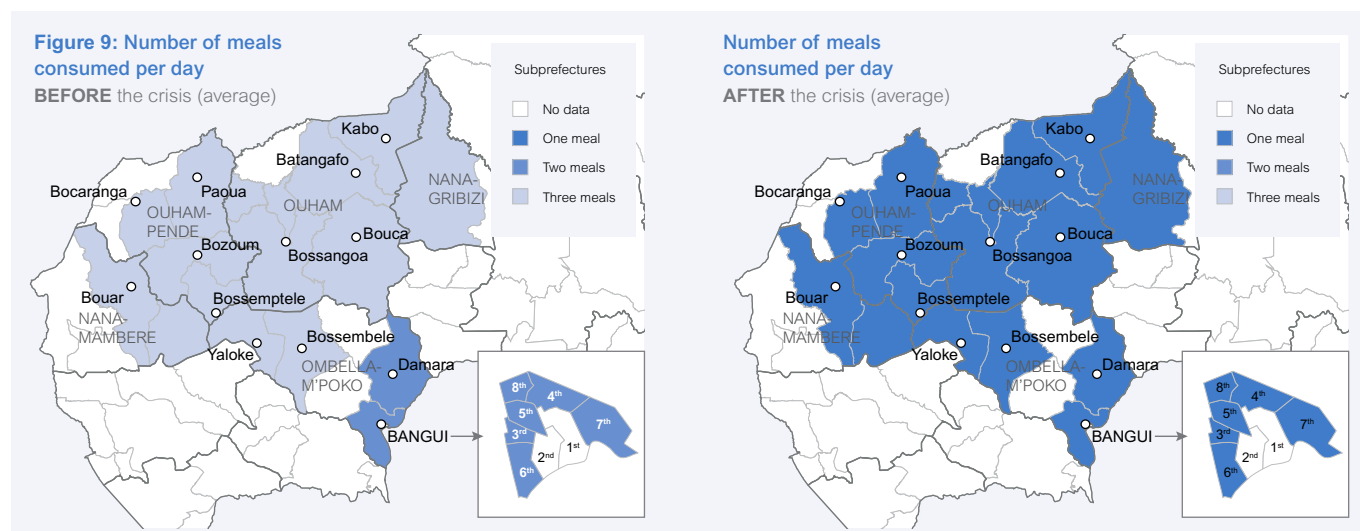
Distressed livelihoods

In urban areas up-country, agriculture remains the main activity; however trade also plays a significant role. In Bangui, people rely almost equally on agriculture and trade. Almost everybody in Bangui has access to plots. Depending on their size, they ensure part or all of households' own consumption. In normal times, available surpluses are sold to cover other needs.

Ninety six per cent of informants in Bangui, rural areas and urban areas up country have reported that their main activities have been affected. In the vast majority of cases, production assets were depleted as tools, animals and seeds were looted as reported in 48% of sites or lost in 76% of cases. Bangui was particularly affected by the looting of productive assets. That will have a lasting impact on productive capacity until agriculture capital is re-established.

Depletion of stocks

On average, 60% of informants reported that households do no longer have food stocks. When referring to the duration of available stocks for those households that still have some, they cover two weeks needs in urban areas and one month in rural areas. This situation is particularly worrisome as the food supply chain between urban and rural areas is disrupted due to lack of physical access of traders due to insecurity. These findings are also consistent with the EFSA results indicating that most rural households will have their stocks depleted by January. Thus, households will depend even more on markets for their access to food in a context where their purchasing power is low. Furthermore, populations in Bangui are selling staples foods that were in principle intended for their own consumption to access cash.



Affected agriculture production

Although 78 % of informant reported that communities were able to farm, they were not able to farm as much as in the past because they had to flee and resettle deep in the bush in the middle of the agricultural production cycle. Some of the communities were not able to cultivate at all (as reported by informants in places such as Bangui, Damara, Yaloke, Bossemptele, Bossangoa and Bozoum). Overall farming was very disrupted by insecurity. In fact, 76 % of respondents in rural areas, 82% in urban areas up country and 91 % in Bangui mention that access to fields is a problem. Access to field seems to be more impacted in urban and peri-urban areas probably due to the increasing violent conflicts in those areas in a context where security is highly volatile. In all surveyed zones populations have reduced the areas they are usually cultivating. It seems women are more frequently involved in gardening activities and maintaining the fields during the survey period.

Table 3: Household availability of seeds for the next agricultural season

Site Type	Enough	Not Enough
Bangui	6%	94%
Urban (non-Bangui)	4%	96%
Rural (axis)	7%	93%
Large village	9%	91%
Small village	3%	98%
Overall	6%	94%

In spite of insecurity, 78 % of respondents state that farmers will be cultivating in upcoming weeks confirming that agricultural production/livestock is a crucial/vital livelihood for them to ensure their income and access to food. According to direct observation during the assessment even displaced farmers will have an easier access to land compared to the last season and will have more time to open fields than last year. Thus the provision of agriculture inputs and support, such as seeds is crucial to restore their production capacities.

Disrupted markets

Further to the violent conflict in Bangui, with stock looting and destruction of stores and markets, prices of staple foods increased substantially up to mid-December putting further strain on the urban population in general, and the IDPs in particular to access their food. In rural areas, the low prices of cassava and maize reflect the disruption of the market functionality, as confirmed by 62% of key informants in rural areas and over 80% of informants in small villages. These produce do not reach the urban markets, in particular Bangui, where the food prices are high being a demand/deficit area (+ 23% in Bangui for cassava and 16% for maize).

However, the price increases have been exacerbated by low purchasing power. In fact, incomes of farmers, and poor urban and rural households relying on daily labour and petty trade are shrinking. Meanwhile, imported goods such as sugar, milk and vegetable oil have increased substantially (+ 41% for vegetable oil, +43% for sugar and + 35% for powder milk) as external trade flows are hampered by insecurity inducing high transport costs and additional risks. This coincides with the results of market price monitoring data which shows disruption of market flows and transport. Poor households will have their access to food constrained.

Reduced food consumption

Main changes in food consumption include less consumption of meat. In some cases the consumption of hardship foods (wild yams) in some rural areas of Bossangoa, Bouca and Damara is unusual and is a sign of stress. More consumption of food assistance is noted in Bossangoa and the 7e and 8e arrondissements of Bangui where WFP and partners provided life-saving support.

There is clear evidence of a decline in food consumption across the board: whereas most households consumed 2-3 meals a day before the crisis, 90% of respondents reported that households are having 1 meal a day at present. A shift to a poorer diet with cheaper and lower quality foods combined with a reduction of quantities could imply a nutrition risk in a context where the access to health structures is limited in general and the availability of medicines is inadequate.



HEALTH

SITUATION PRIOR TO THE DECEMBER CRISIS

The already weak health system in the CAR has virtually collapsed. Even before the latest upsurge in violence, the health situation in the country was precarious, with some of the worst health indicators in the region.

Assessments among affected populations indicate that many people are in dire need of health care. Health operational partners are few and coverage is inadequate to meet the needs, with humanitarian aid the sole source of health service provision in the country.

Of the 117 health facilities assessed to date in 8 (out of 16) Health Districts, 50% have been looted, 42% damaged, and 68% have a medicines/supply shortage. It is estimated that 80% of the country's health workers have been displaced. Among the four hospitals in Bangui, three are partially functional.

There is an urgent need to continue to provide other health services such as routine immunization, management of mental and psychological disorders, and to expand and strengthen the technical platform services in health facilities still functional.

It is also necessary to enhance the safety of ambulance service for the collection of victims and the transfer of patients between sites and structures 24h/24h reference in collaboration with international forces.

Communicable diseases are a major concern: malaria is the leading cause of death for children under five years of age and recent surveillance in Bangui shows that malaria cases account for more than 40% of consultations, and there are shortages in anti-malaria drugs in all 22 health districts. Despite this, prevention against malaria remains low, even among the most vulnerable populations: availability of insecticide treated nets (ITNs) in the household (47,2%); children under 5 sleeping under ITNs (36,4%) and pregnant women sleeping under ITNs (40,4%).

CAR has very low immunization coverage (measles vaccine: 55,8%, diphtheria, pertussis and tetanus vaccine : 32,1%)¹⁷, and with routine vaccinations interrupted for many months, measles epidemics have been ongoing (in November, affecting 15 out of

22 health districts). On 31 December 2013, six cases of measles have been confirmed in Bangui, in two IDPs sites. The insufficiency of safe water and sanitation, and overcrowded conditions will increase the risk of diarrheal disease and other waterborne diseases outbreaks such as cholera.

Health needs are the most widespread of all sectors, as the needs are caused or exacerbated by conflict, notably the influx of internal displaced people, war casualties, and seasonal outbreak of disease with high potential epidemics, destruction and looting of health facilities. All reasons have a direct impact on morbidity and mortality. CAR has the world's fifth highest death rate from infectious and parasitic diseases,¹⁸ and the healthcare system is inadequate to respond. CAR is part of the 10 out of 194 countries with the shortest life expectancy (48 years) and of those with the world's worst mortality indicators¹⁹:

- Infant mortality rate (probability of dying by age one) of 112 per 1,000 live births (2009).
- Under-five mortality rate (probability of dying by age five) of 171 per 1,000 live births (2009).
- Maternal mortality ratio of 850 for 100,000 live births (2008).
- Under-five mortality is due to malaria (28 per cent), pneumonia (17 per cent), diarrhea (14 per cent), prematurity (8 per cent), birth asphyxia (7 per cent), HIV/AIDS (4 per cent), neonatal sepsis (4 per cent), congenital anomalies (1 per cent) and injuries (1 per cent). Other causes represent 15 per cent of deaths.

Priority populations are children under five years of age, women who are pregnant or of childbearing age, people vulnerable to violence and sexual or gender based violence (SGBV), and people living with HIV/AIDS and other chronic diseases. An estimated 300,000 people between 0–49 years old are living with HIV/AIDS, with the prevalence of HIV infection among adults approximately 15%. Many of these people living with HIV do not have access to the continuity of their antiretroviral treatment.

Priority needs are in immediate and life-saving health care to people affected by difficult or extremely limited access to care,

¹⁸ WHO. Global Health Observatory Data Repository Online Database. Assessed 15 Oct 2012.

¹⁹ WHO, Global statistics 2011.

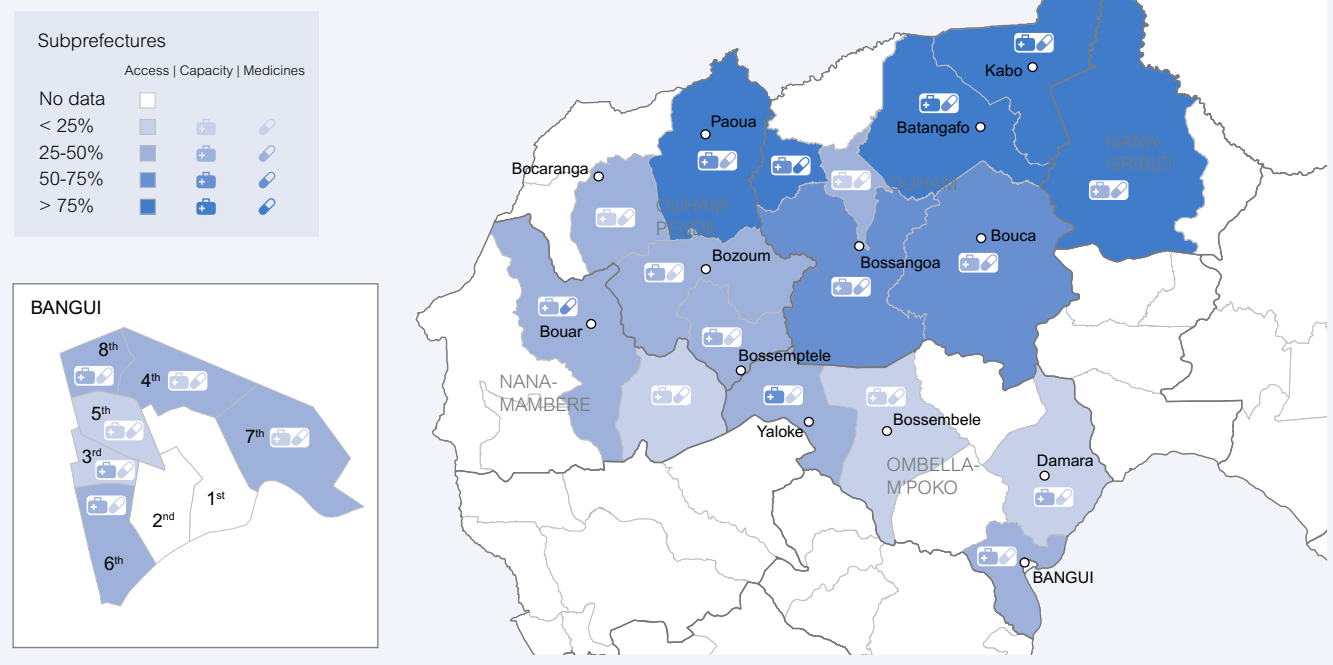
Table 6: Impact of crisis on healthcare structures, access, capacity and medicine availability

Percentage change in number of structures; percentage of key informants responding affirmatively for access, sufficient capacity and medicine availability

Site Type	Structures before	Structures after	Reduction in structures	Access to healthcare	Capacity of health services	Medicine availability
Bangui	4.9	2.6	-47%	31%	25%	5%
Urban (non-Bangui)	1.5	1.3	-12%	71%	61%	54%
Rural (axis)	0.8	0.5	-35%	37%	32%	16%
Large village	0.9	0.6	-37%	41%	30%	13%
Small village	0.7	0.5	-30%	30%	35%	21%
Overall	2.0	1.2	-37%	46%	39%	25%

Figure 10: Access to healthcare, health service capacity and availability of medicines

Percentage of key informants responding affirmatively



particularly emergency care (including access to emergency obstetrical care, EmOC), endemic diseases, malnourished children, epidemics and injury from conflict, and complications during childbirth.

Northern prefectures bordering Chad, located in the Sahelian meningitis belt, are the most at risk, but an outbreak of meningococcal meningitis has already affected other parts of the country. The risk of an outbreak of meningococcal meningitis will continue, including the risk of an outbreak linked with serotype A, given that vaccination with the long-lasting conjugate vaccine A (MenAfriVac) has not begun yet in CAR.

KEY FINDINGS FROM THE MIRA

Access to health services

Functional health structures have decline from 2 in September to 1.24 on average now. This is a 38% decrease for functional health facilities.

The most important decline is in Bangui, from 5 to 2.61 (a 50% reduction). While there has been limited impact in urban areas outside Bangui (an 11% reduction), a 35% decline has been reported in rural areas where functional health facilities were already scarce.

Overall, the community, through the key informants, reported that access to health services is only at 46%, but with wide disparities: while no before/after data is presented, presumably access to healthcare in Bangui was better than elsewhere before, the current access rate is estimated by key informant at only 26% and in 3rd Arrondissement at 0%, so this represents an enormous change. Conversely, in non-Bangui urban areas, access is estimated at 71%. In rural areas, access is only at 41% in large

villages and 30% in small ones – this may well have been the case as well before the recent crisis.

Geographic variation in access to health structures

There exists a lot of variation by sub-prefecture, with certain areas like Damara and Baoro with no access at all (though this is slightly skewed because no larger urban areas were evaluated in these sub-prefectures), whilst others such as Paoua, Batangafo, Kaga Bandoro, Kabo and Nangha-Boguila reporting good access (>80%)

Causes of the restricted access to healthcare

Overall, the community informants reported a very wide range of causes that explain restricted access to health care. Lack of medication is the most oft-cited problem, appearing in 36% of communities' top three problems (see Figure 12).

Geographically, the only significant differentiation is cost, which hardly anyone mentioned as being a problem in Ouham but was by far the most significant problem in Nana Mambéré.

Cost is generally a slightly more common problem in urban areas than in rural areas, whereas the lack of medication is more common rural areas.

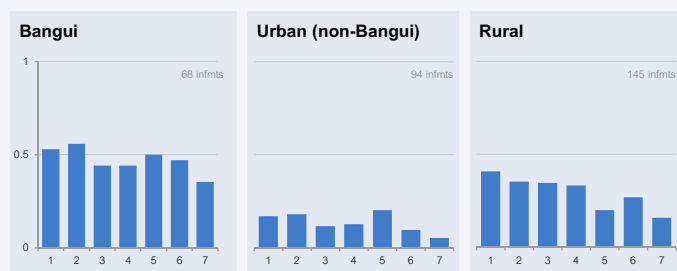
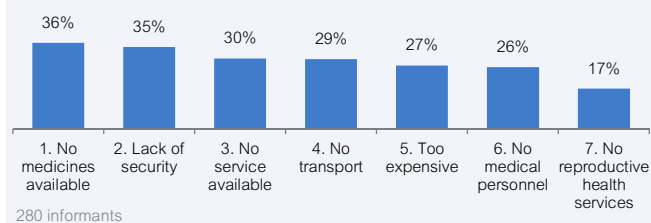
Lack of security is the biggest problem preventing access to healthcare in Bangui Arrondissements

Level of functionality of health structures

The overall perceived capacity of currently open health structures to offer basic health services is averaging at 39%, with Bangui is by far the worse at 25% (worse even than rural capacity at 32%).

Figure 12: Healthcare access constraints

Percentage of key informants citing amongst top three concerns



Non-Bangui urban areas are relatively better off at 61%, although figure is already extremely worrying.

Out of the few currently functional or partly functional health structures, the least commonly provided services are surgery and chronic illnesses while Ante Natal Care (ANC) and vaccination are better covered.

Data again points to a complete collapse of services in Bangui, with vaccination provision and hospitalisation worse than both non-Bangui urban and even rural areas.

Main health concerns

It is no surprise, malaria is the largest health problem reported everywhere, with a score of 9.5 (where 10 represents all people citing it as the biggest problem), followed by diarrhea. Any other diseases is less than half problematic than malaria, without rank weighting, 98% of respondents cited malaria as amongst their top three concerns, and 77% indicated diarrhoea. The next closest with 45% is Parasites.

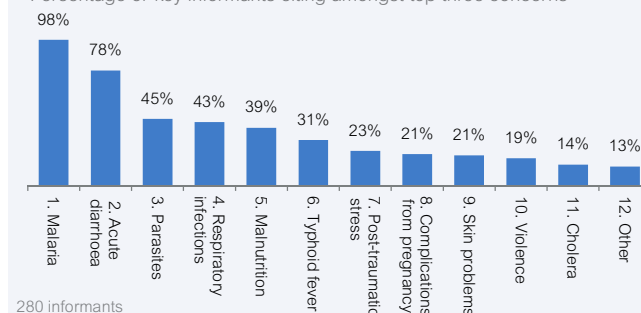
The order of reported diseases remains largely unchanged regardless of urban/rural or geographical divide, except for

Malnutrition (3rd largest problem in Ombella M'Poko and Nana Gribizi, but hardly mentioned in Nana Mambéré).

There is an overall shortage of medicines, with an average 25% coverage of needs. As with capacity and services, Bangui is in the direst situation (averaging at 5% coverage of medicine needs), with rural areas at 16% and a comparably much better situation in other urban areas at 54%.

Figure 11: Most frequently reported illnesses or medical issues

Percentage of key informants citing amongst top three concerns



NUTRITION

SITUATION PRIOR TO THE DECEMBER CRISIS

According to the most recent SMART nutrition survey, conducted in June 2012, pre-crisis global acute malnutrition prevalence was considered "poor" (between 5-10%) in Bangui, Ouham and Nana Gribizi and "serious" (>10%) in Ombella M'Poko, according to WHO thresholds. The prevalence of chronic malnutrition was considered "serious" or "critical" in all prefectures except for Bangui and the prevalence of underweight was considered "serious" in all prefectures except for Bangui, according to WHO thresholds.

Pre-crisis levels of Global Acute Malnutrition (including Severe Acute Malnutrition, SAM) and Chronic Malnutrition, in MIRA-assessed prefectures, SMART survey, June 2012

Prior to the crisis infant and young child feeding practices were poor with low rates of exclusive breastfeeding (36.8% nationally according to MICS 2010 data). According to SMART 2012 data, only 20.6% of children 6-23 months receive an adequate diet in

terms of variety of food groups consumed. HIV prevalence is high and an estimated 10% of SAM children admitted to Bangui's paediatric hospital for nutrition stabilization are HIV positive.

Table 4: Pre-crisis levels of malnutrition in MIRA-assessed prefectures

Prefecture	Global Acute Malnutrition (Wasting)	Severe Acute Malnutrition	Chronic Malnutrition (Stunting)	Underweight
Bangui	8.0%	1.3%	23.2%	16.3%
Ouham	8.9%	1.1%	35.8%	24.4%
Ouham Péné	4.7%	0.4%	43.6%	21.1%
Nana Gribizi	8.2%	1.3%	36.6%	22.9%
Ombella M'Poko	10.2%	1.2%	33.9%	21.6%

Source: SMART Survey, June 2012



It is expected that levels of malnutrition will rise in the coming weeks/months due to the effects of an increased incidence of infectious disease, poor access to clean water and sanitation, severe disruptions of basic health services and deteriorated food security. All these factors are exacerbating an already fragile nutrition situation pre-crisis, leading to a potential increase in malnutrition-related morbidity and mortality.

Gap analysis for nutrition response country-wide

Although the Community-based Management of Acute Malnutrition (CMAM) approach has been scaled-up in all 16 prefectures and Bangui urban area since 2010, the geographical coverage remained very low with only 21 inpatient care and 102 outpatient care units providing CMAM services out of 540 health facilities, representing a geographical coverage of less than 30%.

Sub-optimal coverage is due to inadequate means to support the very limited capacities of the Ministry of Health to provide nutrition services, as well as limited community mobilisation activities which hinder the uptake of nutrition services by communities.

The nutrition sector has started to receive additional resources to increase the coverage of nutrition activities; however, critical gaps for supplies and technical support still remain, compromising the timely and adequate treatment of children affected by acute malnutrition.

Bangui

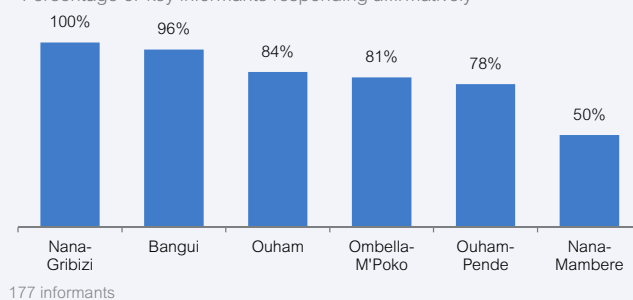
As of early January 2014, 5 OTP sites remain closed in Bangui due to insecurity, compromising the treatment of severe acute malnutrition cases in these locations.

KEY FINDINGS FROM THE MIRA

Figure 26 indicates that a very large proportion of key informants reported a perceived increase in the number of children displaying malnutrition symptoms. The rates were particularly

Figure 13: Perceived increase in child malnutrition symptoms

Percentage of key informants responding affirmatively



high for central Bangui (96%) and smaller villages in rural prefectures (90%). The above figures point to a possible deterioration in the nutrition situation. Mass screenings and treatment services for acute malnutrition, in IDP sites and other priority locations affected by the crisis, need to be expanded in order to provide appropriate detection, referral and treatment of cases. Protective measures such as the implementation of blanket feeding for younger children also needs to be considered. In-depth nutrition assessment is needed to confirm an increase in the prevalence of malnutrition. In this respect, a nutrition survey based on SMART methodology is planned for March 2014.

The perceived increase in malnutrition levels reported above could be the result of constrained access to health services, deteriorated food security, increased infectious disease and poor access to clean water and sanitation, compounded by displacement. According to MIRA findings, water quantity is an issue for 70% of respondents. Malaria and diarrhea are the most frequently reported health problems and only 46% of respondents have access to functioning health care services. Under such circumstances provision of nutrition services by government partners is extremely challenging. The nutrition situation is further exacerbated by food insecurity, with MIRA results suggesting that 60% of informants have no more food stocks.

WATER, SANITATION AND HYGIENE (WASH)



SITUATION PRIOR TO THE DECEMBER CRISIS

Despite the efforts of the humanitarian and development community and civil society, access to safe drinking water remains a challenge in CAR. Only 30% of the population (28% in urban areas and 32% in rural areas) has access to safe drinking water. The sanitation situation is even worse: only 5% of the population (11% in urban areas and 2% in rural areas) have access to a functional family latrine. In the same way and in most cases, the WASH facilities in community centres (schools, health posts and hospitals) do not meet basic international standards. Despite sensitization efforts, risky hygiene practices remain widespread.

Consequently, WASH indicators are well below standards throughout CAR. However, the most critical needs are in the conflict-affected regions of Ouham, Ouham Péné (targeted by the MIRA), Mbomou, Kémo, Haut Mbomou (not targeted by the MIRA) where structures have been damaged or destroyed during

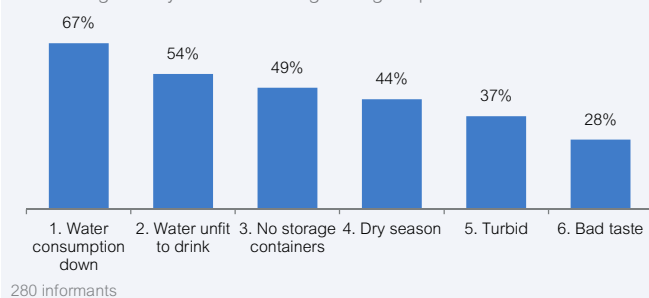
violence and displacement episodes. This has increased the stress on already extremely weak structures.

This context has major implications for the current crisis: although traditional centres of displacement throughout the country generally have higher access to water and basic sanitation services, this masks widespread issues of unequal access, poor quality, and a poor maintenance regime for the existing structures. Large population influxes will inevitably stress or overrun local capacities and resources, increasing the risk of epidemics and exacerbating social tensions.

In addition, given the importance of WASH services in other basic service sectors such as Education, Health, and Nutrition, the mainstreaming of WASH elements in other sectoral programming will be important in ensuring minimum standards of service.

Figure 14: Recent problems concerning water

Percentage of key informants citing amongst top three concerns



KEY FINDINGS FROM THE MIRA

Access to WASH infrastructures in RCA is highly limited globally. Increasing rates of diarrhoea cases is most likely linked to a decrease in access to sufficient quantities of safe water and unsafe water handling in the current context.

Water problems

Decreases in quantity and quality of available water for affected populations related to:

- Onset of the dry season
- Lack of maintenance and rehabilitation services due to security concerns
- Lack of access to traditional water points due to insecurity, and increased distance to water points particularly in Bangui

Water quantity is the major problem, cited by nearly 70% of respondents as within the top 3 water-related issues.

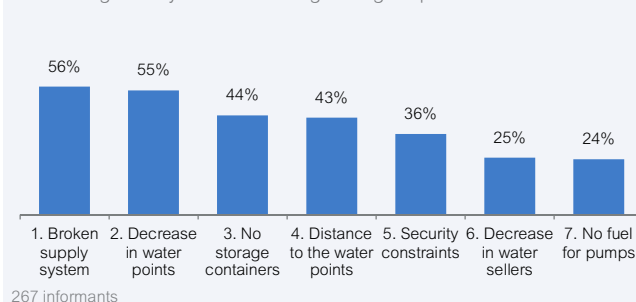
Quantity is an especially major problem in urban areas, although quality is a bigger problem than quantity in Bangui. The decrease of the available quantity of water can be explained by :

- The beginning of the dry season
- The lack of access to traditional water points due to insecurity and increase distance to water points particularly in Bangui.
- The lack of maintenance and rehabilitation of rural water points by service providers (NGOs, communities, etc...) due to security concerns

Geographically, certain factors are more important in some prefectures than others: turbid water in Nana Mambéré (60% of

Figure 15: Causes of lack of access to water

Percentage of key informants citing amongst top three causes



respondents), dry season in Ouham, Ombella M'Poko (~50%) and Nana Gribizi.

Water access

All types of problems are frequently cited, ranging from 25% to 60% frequency of citation in top 3 problems.

Worst problems are broken supply systems and reduction in number of water points, with the latter more significant in rural areas and Bangui.

Reduction in water access points is especially acute in Nana Gribizi (with about 90% of key informants reports), whereas distance to water points is the worst problem in Nana Mambéré. Otherwise, prefecture trends follow overall trends.

Water provision

Not surprisingly, women are the main member of the family tasked with water provision (almost 100% throughout) and men a distant third at 17%, with little variation over prefecture or type of place.

Children's involvement varies from 33% to 100% depending on prefecture, and is higher in Bangui (76%) and Rural areas (67%) than in non-Bangui urban areas (53%).

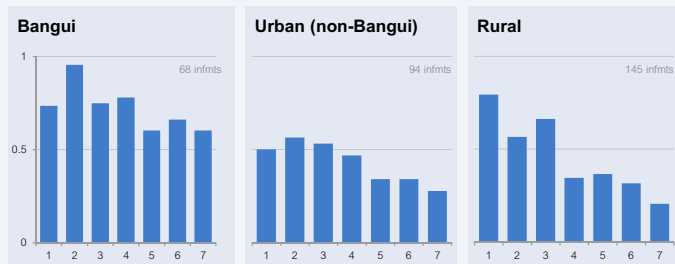
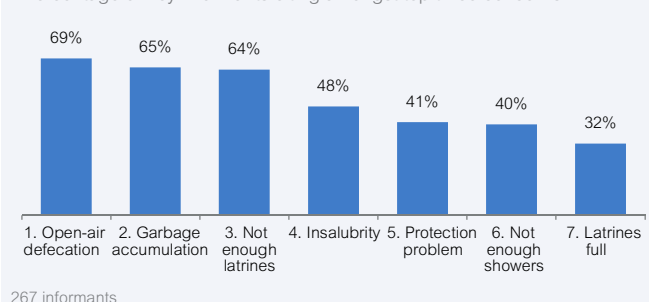
Sanitation

The initial situation in terms of sanitation and solid waste management was extremely weak, and has been exacerbated by population movements further straining demand on any existing infrastructure

The key informants reported a wide range of sanitation problems, with open-air defecation, lack of latrines and accumulation of

Figure 16: Recent problems concerning sanitation

Percentage of key informants citing amongst top three concerns



waste all in the 60-70% range of citation by respondents as a top 3 issue.

In urban environments both outside and within Bangui, waste accumulation is the major problem, while open-air defecation and lack of latrines are more significant in rural areas.

Female latrines

Only 9% of respondent communities have communal latrines separated for women's use. This is not to be compared with family latrines.

As with much other WASH and Health data, the situation in Bangui is as bad as in rural areas (5%), with non-Bangui urban areas better at 18%.

While certain sub-prefectures (Bozoum, Baoro, Bossangoa) reach 36%, many including Bangui Arrondissements are at 0% - with the exception of the 3rd Arrondissement, which is well above average (22%).

Hand-washing

Limited awareness of safe hygiene practices amongst the broader population, further compounded by economic and physical restrictions to basic hygiene items on the local markets.

As for availability of communal women's latrines, Bangui is reported by community informants to be in a worse situation than rural areas (9% versus 10%) with regards to presence of soap close to the latrines, while other urban areas are better off at 26%.

Bozoum, Bossangoa and the 3e Arrondissement are again above average, along with Bouca and Nanga Boguila (although neither of which had any communal women's latrines at all).

This worrying situation can partly be attributed to economic and physical restrictions to basic hygiene items (soap and jerry-cans) on the local markets as described in the NFIs section of this document.

EDUCATION

SITUATION PRIOR TO THE DECEMBER CRISIS

Following the coup d'état on 24 March 2013, the education system has been severely affected. Schools closed (and many remain closed) throughout the country; directors, teachers and students have fled and schools and offices have been looted. The Education Cluster conducted a country-wide joint education assessment in late August 2013²⁰ in order to more fully evaluate the impact of this crisis on education, identify potential needs within the education sector, and inform the planning process for a coordinated response.

The assessment findings revealed that prefectures were affected very differently by the crisis; seven prefectures in particular stand out as having been hit the hardest: Bamingui-Bangoran, Haute-Kotto, Kémo, Ouaka (not targeted by the MIRA), Nana Gribizi,

Table 5: Availability of separated latrines and hand-washing points; perceived increase in child diarrhoea

Percentage of key informants responding affirmatively

Site Type	Separated latrines	Hand-washing points	Perceived increase in child diarrhoea
Bangui	5%	9%	76%
Urban (non-Bangui)	18%	26%	75%
Rural (axis)	5%	10%	82%
Large village	8%	13%	81%
Small village	0%	6%	84%
Overall	9%	15%	78%

Diarrhoea

The only comparative WASH question indicates a marked worsening of the situation, with 78% of respondents reporting increase in children's diarrhoea occurrence.

The spread is narrow, but rural areas are slightly worse than urban ones (82% to 75%). One prefecture (Nana Mambéré 47%) is much better than others, while the situation in Yaloke and Damara sub-prefectures is particularly dire (100%, though from a small sample). Bossangoa, Bouca and Bozoum sub-prefectures are also worrying.

The reported increase of diarrhea cases is more likely to be linked to the decrease in access to sufficient quantity of safe water and to unsafe water handling than to a degradation of the sanitation situation.

It should also be noted that acute diarrhea and other WASH-related diseases were noted as major health concerns in the Health section of this document.

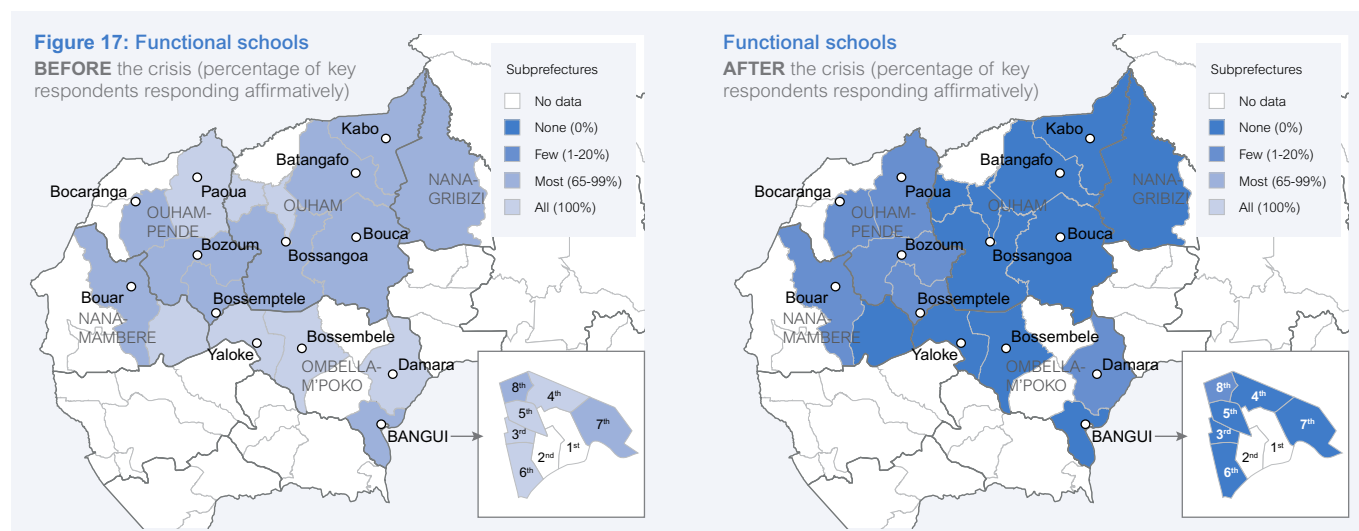


Ombella M'Poko and Bangui (partially targeted by the MIRA). Bangui however, can be considered relatively "advantaged" in terms of response by its infrastructure, short distances and proximity to authorities.

The findings disclosed also that many schools have been closed for an average of 25 weeks, or approximately 6 months (mostly those closed since Dec 2012), and saving their academic school year may be very difficult.

Of the schools assessed, 64% report having been looted or vandalized during the crisis. Looting was perpetrated by both armed groups/forces as well as civilian populations. Infrastructural damage caused during looting typically involved breaking of doors and windows. Items that were stolen/destroyed most include: desks, blackboards, school cabinets, textbooks, official school documents, canteen equipment and food.

²⁰ Joint assessment conducted between 15 and 30 August 2013



The critical needs of the sectors are as follows:

- Support the restart of education activities through the rehabilitation of schools and canteens which have been damaged or destroyed during the crisis, replacement of furniture in schools that have been heavily looted, provision of teaching and learning materials to the most vulnerable communities and in schools where enrolment is low
- Resume school feeding activities especially in prefectures with schools that have the lowest return of students
- Provide psychosocial support through training of teachers on symptoms of distress, positive coping mechanisms, life skills, creating a supportive educational environment, especially in the areas where schools report being targeted/hit the hardest
- Advocacy to government authorities, Ministry of Education, military and civil authorities for the reopening of schools and the general improvement of security.

KEY FINDINGS FROM THE MIRA

Attacks on schools

Attacks against schools were reported by 57% of informants in urban settings (except Bangui), 29% in rural and 18% in Bangui (excluding displacement sites).

In all three types of areas, buildings were the main target of the attacks (around 80%); however, there were reportedly also attacks

against students (urban 12% and rural 23%), with a particularly high percentage in Bangui (45%); attacks against school personnel was reported to be particularly high in rural areas with 35% and a “only” 18% in urban areas.

Occupation of schools

Occupation of schools is reported in Bangui by 62% of key informants, while in other urban areas it seems to be around 30% and 11% in rural areas.

Only 1/3 of the respondents were able to answer the question about who is occupying the schools; the answers they gave stipulate that in Bangui, 68% are occupied by civilians and 32% by armed groups, whereas in Ouham Péné the school buildings are reportedly 77% occupied by armed groups and 28% by civilians.

Before the crisis, around 92% schools were estimated to be operational, whereas after the crisis this percentage dropped to 4%.

Only 59 of 307 respondents were able to answer the question on the repartition of boys/girls attending schools; the information is thus not sufficiently answered to deduct any conclusions.

Overall, 45% of schools were reportedly damaged/destroyed; however, “only” 27% in Bangui, but 66% in other urban areas and 40% in rural areas; an overall high percentage is indicated especially in Ouham with a reported destruction/damage of 65% (Bossangoa: 79%; Bouca: 66%; Kabo: 77%).

SHELTER AND NFI



SITUATION PRIOR TO THE DECEMBER CRISIS

Displaced populations affected by the conflict have suffered from the looting of their possessions, their food and the systematic burning of their homes and villages. Displaced populations therefore had to flee the scene of violence only taking with them very few personal items.

For the newly displaced, immediate assistance in terms of temporary shelter is necessary, particularly for the most vulnerable groups in the community and especially when the movement is in the close to the rainy season²¹.

The information collected following the coup d'état indicates that most of the abandoned houses were damaged with consequent problem of shelter in case of a possible return of IDPs to their villages of origin.

Displaced populations are staying with host families, sharing shelters and plots that rarely provide sufficient capacity to accommodate several families at the humanitarian standards level. The majority of shelters for displaced populations do not adequately protect from the weather, cold, mosquitoes exposing those displaced to protection and health risks.

When homes are not fully burned or destroyed, repairs to bearing walls or replacement of the roof is sufficient to rehabilitate housing. This is relevant for larger urban centers.

One of the major challenges for the assistance in terms of shelter is to reach the displaced who fled insecurity in the bush, away from main roads and urban centers.

It is difficult to identify the location of IDPs who have fled in the bush, and sometimes these households have not been reached due to the inaccessibility of their displacement sites. Thus, it is also difficult for humanitarian agencies and organizations assist them with temporary shelters or allowing them access to traditional building materials. It should be noted that the assistance in temporary shelters could sometimes expose IDPs to further attacks, as distribution of tents can make them more visible and identifiable by potential looters.

Non-food items

Population movements and needs of emergency and non-food items shelters terms are closely related. Without a basic understanding of the dynamics of the first, it is difficult to meet the second quickly and efficiently.

It is suggested, if possible, to distinguish the shelter needs of IDPs staying with host families (also taking into consideration the degree of resilience of these families), those who fled into the bush, those who are displaced but ready to return and those of populations already returned to their villages of origin. The level of destruction of shelters is also to be factored in.

In addition, the host communities need support to reduce the burden of IDPs on their already scarce resources.

KEY FINDINGS FROM THE MIRA

Shelter problems

Due to limited hosting capacity, the number of protection issues is rising, impacting the quality of life.

Major problems are fundamental shelter issues such as protection from the elements (about 70% of respondents cited) as well as physical and material security, with quality of life problems such as private spaces for women and children considered less important by key informants (out of whom, 35% are women).

In Bangui, lack of guest capacity and no private life are the greatest problems (>80%) implying burdens imposed by hosting IDPs.

Lack of private life is also the major problem in Nana Mambéré, and host capacity in Nana Gribizi.

Rural setting vs urban setting is impacting the way solidarity (positive aspects) is implemented being a social resilience factor, this said if basic social and rules not respected this could lead to serious protection situations.

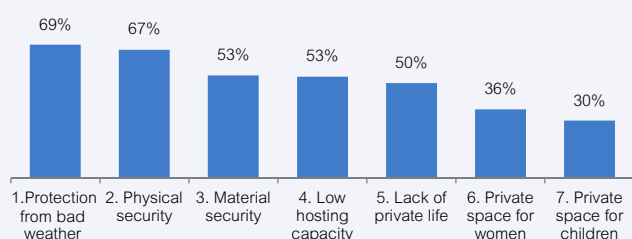
Causes of lack of shelter

Money is the main cause of lack of shelter, cited by 70%, as opposed to 39% for availability.

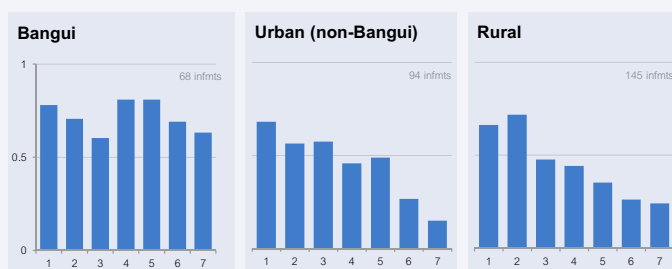
21 Need Analysis Framework 2008

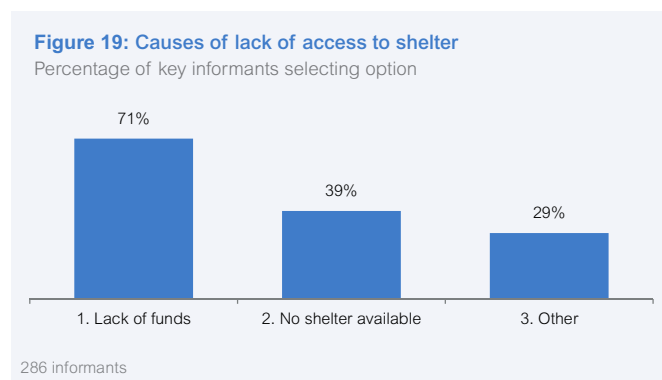
Figure 18: Recent problems concerning shelter

Percentage of key informants citing amongst top three concerns



267 informants





Availability is much less of a problem in rural areas (<30%) compared with urban areas (40-50%).

'Other' causes are predominantly 'insecurity', 'lack of materials' such as tarpaulins, 'increase in people' due to IDP movements and occasionally 'burning of houses'.

The fact that the overall economy is fast declining impacting a the overall market where needed material from abroad are not present as well as the raising prices due to high request (not mentioning the impact of increasing number of internationals) is and will continue to cause huge problems.

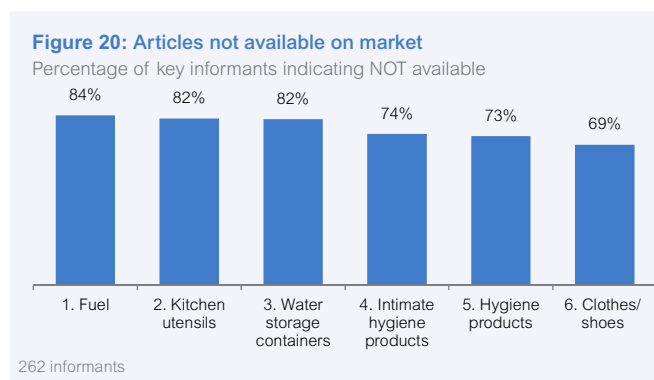
The need to have a more detailed and deep market study is a priority. Meanwhile surveys in rural settlements should lead to the definition of a "shelter package" to be provided for the most affected people.

NFI problems

Needs in terms of NFIs are rarely expressed as first priority by focus groups. However, if we combine the responses with respect to different priorities in terms of community needs, that is to say priority 1, 2 and 3, by sector, NFIs are one of the needs expressed by most discussion groups.

NFI needs are rarely expressed by men, while as among groups of women, non-food items are often presented as a necessity for the household. Perceptions of needs, and therefore also in terms of NFIs are related to traditional roles within the communities and in the households.

Procurement of soap is reportedly the biggest problem, with a citation rate of >80%, followed by kitchen utensils, mats and water containers. The pattern is consistent across both rural and urban areas.



In Nana Mambéré, Ombella M'Poko and Ouham Péné, lack of clothes and shoes is a greater problem.

Lack of money is a consistently greater problem than availability, across urban/rural divide and all prefectures. Other reasons cited by community informants to explain the difficult access to NFI are predominantly insecurity and to a lesser extent pillaging and variations of 'no market' / 'no traders' / 'no commercial vehicles'.

NFI availability on markets

Although lack of money was identified as a greater problem than availability, the data suggests that there is also comprehensive lack of availability of all types of articles, as illustrated by the tight spread from 69% to 84% for the six categories of surveyed NFI.

Fuel is the most often cited article, followed by kitchen utensils, water containers and intimate hygiene products. These trends repeat across urban/rural divide and prefectures, though in Ouham and Ouham Péné water containers are hardest to find and in Nana Mambéré it is kitchen utensils.

The limited dataset from Nana Gribizi shows 100% lack of fuel availability.

NB: Due to short time, the methodology of the assessment and cluster leadership changes in the initial stage of the MIRA process, several elements of information are not available, such as number and/or percentage of shelter being impacted by conflict/co-lateral actions (looting, robbery, etc.), availability of construction material (urban as well as rural) as well as transportation capacity from urban to rural locations done in a secure environment. An in-depth shelter survey will be needed to provide a better understanding of information gaps.

COMMUNICATING WITH AFFECTED COMMUNITIES



KEY FINDINGS FROM THE MIRA

- 80% of urban respondents believe they are well informed about the crisis, while only 69% of respondents in rural areas believe so. Information on assistance is not as available, with 49% of urban respondents being sufficiently informed. In rural areas only one third of respondents estimate they are well informed on assistance.
- Assistance is covering a minority of communities.
- Access to assistance is better in urban than in rural areas. In urban areas, respondents report having received assistance in health (46%) food (43%), sanitation (29%) water (29%) protection (29%) shelter (22%). In rural areas, the most common types of on-going assistance are health (33%), water (13%), food (11%) and non-food items (8%).

TRANSPORT AND COMMUNICATION



KEY FINDINGS FROM THE MIRA

Transport

More than 97% of the road network is not paved and subject to degradation at each rainy season. The ongoing crisis has further negatively impacted the general transport sector:

The time needed to reach the closest city by motorised vehicle has risen from 3.0 to 3.8 hours in rural areas, while the cost has doubled on overall average from 1,289 FCFA to 2,684 FCFA, with cost increases greater in Urban than in rural areas.

On average 45% of key informants reported that their community no longer has access to transport. This rises to as high as 60% in rural areas.

There is a major difference in impact across geographic areas: Nana Mambéré is not affected at all, Ombella M'Poko and Ouham Péné about 20%, Bangui about 30%, but Ouham affected 80%.

Communication

Cell phone coverage has worsened due to the crisis. While coverage remains acceptable in urban areas (60-80% of respondents reporting that coverage continues for various operators) coverage is much patchier in rural areas, where cell phone only continues in 10-30% of cases. Orange seems to offer the best network coverage, according to our respondents.

Radio is the dominant way to obtain information, for about 85% of respondents in rural areas and 90% of respondents in urban areas. This is followed by word of mouth. Newspapers and the internet are marginal sources of information (less than 5%).

Figure 21: Transport disruption: availability and cost of transportation
Percentage of respondents replying negatively; percentage cost increase (average)

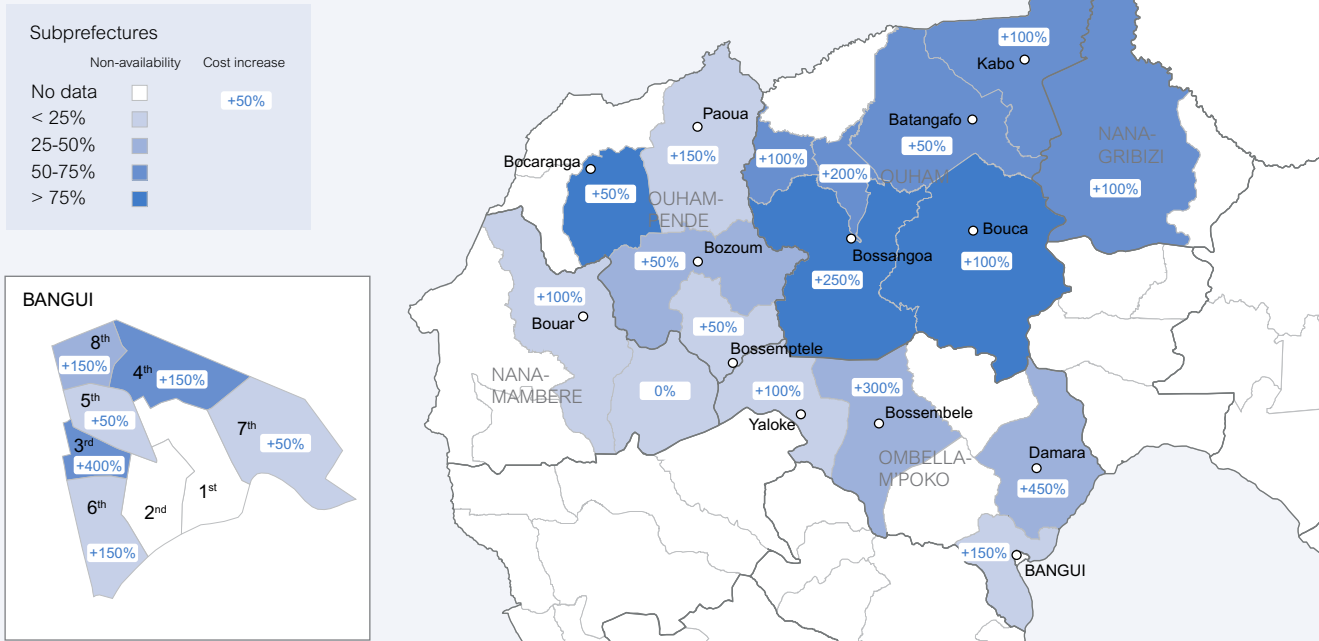
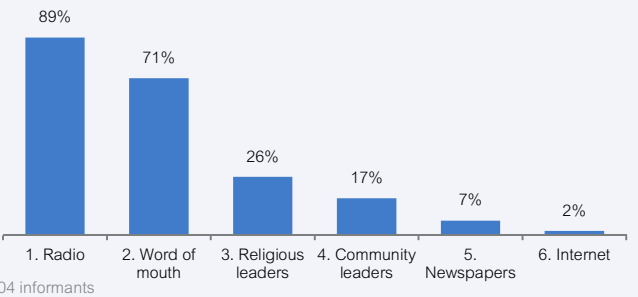
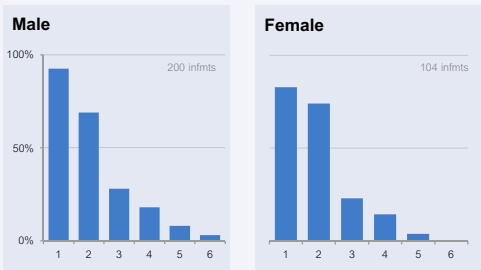


Figure 22: Principal sources of information for following crisis events
Percentage of key informants selecting option



By key informant gender



STATUS OF POPULATIONS LIVING IN DISPLACEMENT SITES IN BANGUI

This section covers the status of population living in displacement sites in Bangui.

All sectors analysis are introduced by a secondary data review of information that was available to the Clusters, and are followed by the results of the primary data collection carried out by IOM/DTM-led interviews were carried out by displacement sites facilitators, providing a snapshot of the situation in 45 out of 62 Bangui IDPs sites (most notably, the largest site of the Airport, has not been included for access reasons).

The Displacement Tracking Matrix (DTM) establishes and maintains contact with the leaders of the spontaneous sites and facilitates interaction between beneficiaries and the humanitarian community. With the support of 5 local partners and 2 INGOs, IOM deploys onsite teams of 3 facilitators, selected with the assistance of local partners, to spontaneous sites. The teams of site facilitators meet on a daily basis with key informants for each accessible site. These informants consist of local, traditional or religious authorities, representatives of on-site health centres, IDP organizations among others. Using a questionnaire developed and approved by the CMP, site facilitators consolidate the information collected from the different on site sources on a daily basis. The questionnaire used for this exercise can be found in Annex E.

DEMOGRAPHICS

OVERALL SITUATION

As of 31 December 2013, the Commission de Mouvement de Population (CMP) estimated 512,172 IDPs in Bangui out of which 465,305 were residing in 67 sites¹, 1,500 in Embassies and approximately 45,367 in host families. In Bossangoa, 54,100 persons live in three sites; in Bouca, 5,191 IDPs live in two sites; 4,700 live in three sites in Bozoum and 7,161 IDPs live in two sites in Kabo.²

The data used for this analysis is the Displacement Tracking Matrix managed by IOM. The total number of IDPs estimated by IOM as of 07 January 2014 stands at 482,895. The difference in numbers can be explained by the finalization of the registration exercise at the site of "Monastere de Boy Rabe" where site official initially estimated the total number of IDPs on-site at 70,000 person at night. However, the registration exercise conducted on 02 January 2014 fixed the number at 36,134. This number has not yet been reflected in the weekly validated data of the CMP, which is the basis for displacement population numbers.

IDPs in Host families are covered by the main MIRA and are therefore excluded from the analysis of the IOM figures, though IOM does track these too. Sites which are currently empty, as well as sites beyond Bangui and its suburbs are also excluded

There are 28 micro sites (< 1,000 people), representing nearly 50% of all non-empty sites, but with less than 10,000 IDPs in total, i.e. just over 2% of the displaced population living on sites.

A third of sites are small- or medium-sized (1,000-15,000 people each), representing just under a quarter (22%) of the displaced population on sites. 7 of the 62 sites are large sites (15,000-50,000), representing more than half (51%) of the population. There is one very large site at the airport, which by itself account for nearly a quarter (24%) of all displaced people living on sites.

Table 7: IDP sites within Bangui and suburbs

As of 7 Jan 2014. Excludes IDPs in host communities and empty sites

Prefecture / Type	Pop'n		No. of sites	
	#	%	#	%
Bangui	222,931	54.2%	41	66.1%
Embassy	432	0.1%	4	6.5%
Health Centre	4,400	1.1%	2	3.2%
Other	4,991	1.2%	5	8.1%
Religious Site	205,212	49.9%	24	38.7%
School	7,786	1.9%	4	6.5%
UN	110	0.0%	1	1.6%
[unknown]	-	0.0%	1	1.6%
Ombella M'Poko	185,655	45.2%	16	25.8%
Embassy	1,250	0.3%	1	1.6%
Health Centre	2,403	0.6%	1	1.6%
Other	100,784	24.5%	3	4.8%
Religious Site	81,218	19.8%	10	16.1%
School	-	0.0%	1	1.6%
[unknown]	2,545	0.6%	5	8.1%
Religious Site	2,489	0.6%	3	4.8%
School	56	0.0%	1	1.6%
[unknown]	-	0.0%	1	1.6%
Overall	411,131	100.0%	62	100.0%

The population is relatively evenly divided between sites within the Bangui prefecture (8 arrondissements) and in suburban areas such as Bimbo and PK12, as well as the airport, situated in

¹ 6 sites have currently a population of "0" and one site has an unknown number of persons; the sites have been included in the total site number to take into consideration the important possible fluctuations, i.e. a site where people moved away from one day might be receiving new arrivals the next day.

² Commission Mouvement de Population, 31/12/2013

Ombella M’Poko prefecture. This prefecture distinction therefore also serves as a proxy for a urban/peri-urban divide.

More than half of all sites are religious sites, which together account for 70% of the displaced population. The next largest

category are found in ‘other’ sites such as the airport, with a small fraction in health centres, schools and embassies.

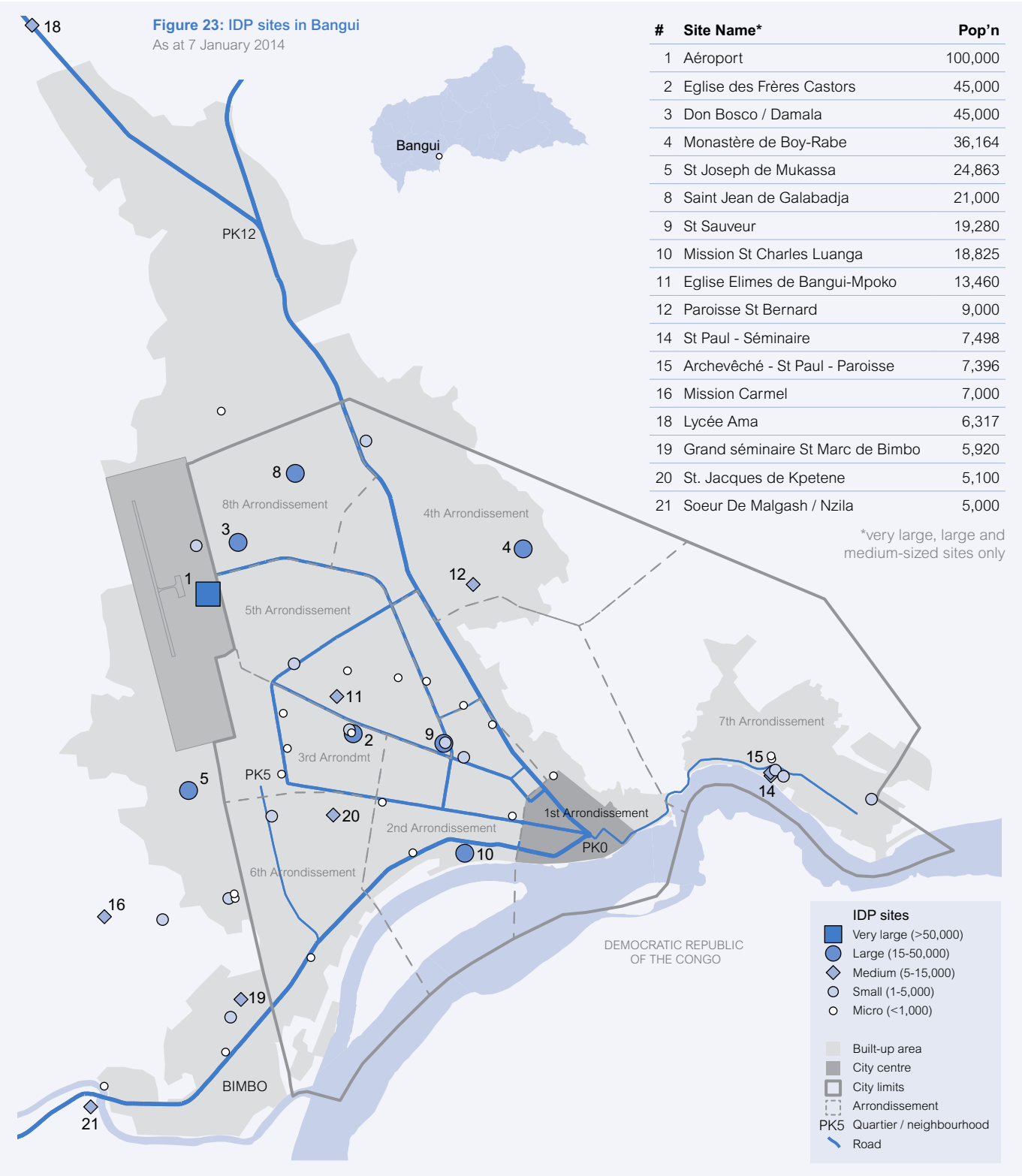


Figure 25: IDP sites by type

Percentage of total IDP site population on each type of site

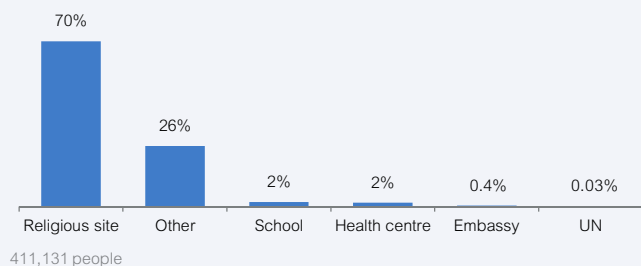
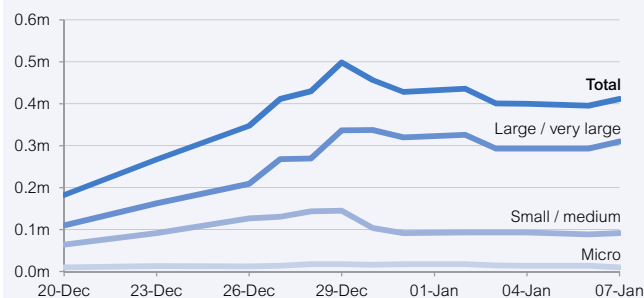


Figure 26: IDP site population recent trends



COMMUTING

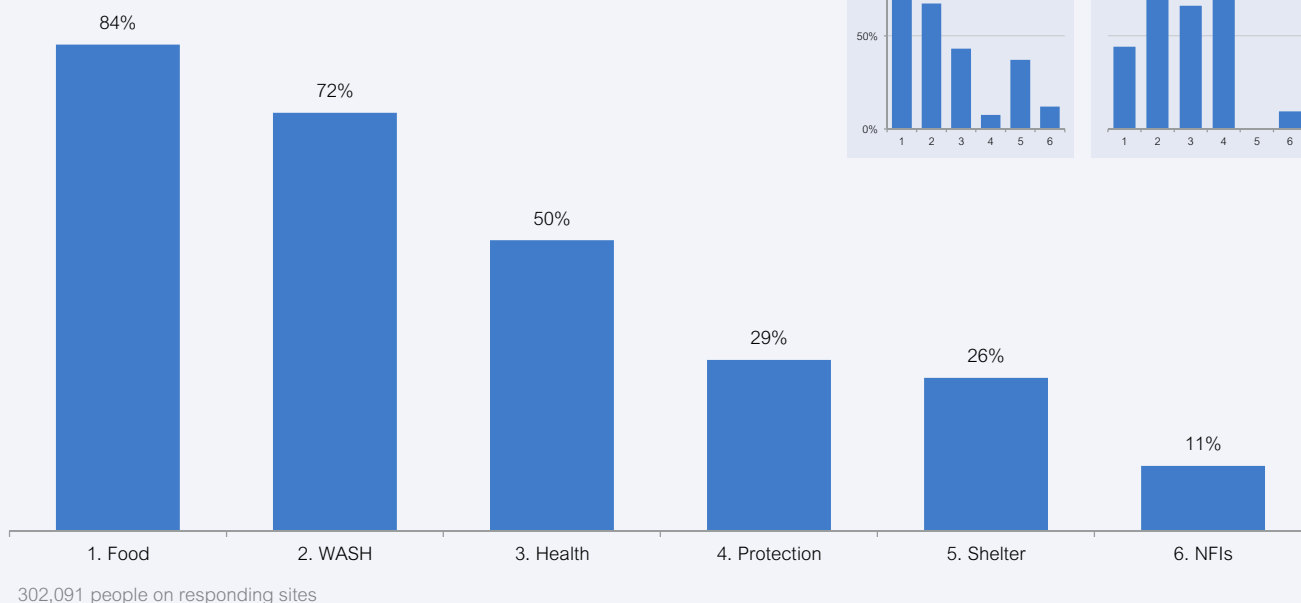
Most medium and large sites (>1,000) have a majority which commute (i.e. spend the night at the site but return to their place of work / fields / residences during the day), whereas just under a quarter (21%) of micro sites have populations which do not commute but remain in the site permanently. Overall 86% of sites have mainly commuter population.

RECENT TRENDS

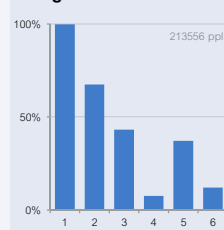
Populations have been growing sharply throughout the Christmas period since regular monitoring began, declined a little after Christmas, and have started increasing again in the last few days.

Figure 24: Priority needs for IDP sites in Bangui

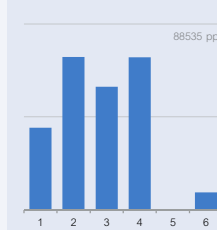
Percentage of total IDP population where site key informants citing amongst top three priorities



Bangui

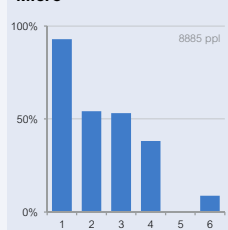


Ombella-M'Poko

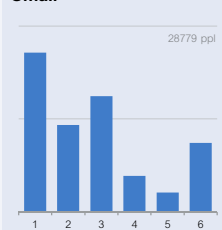


Priority needs by size of site

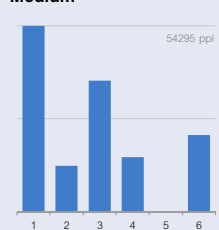
Micro



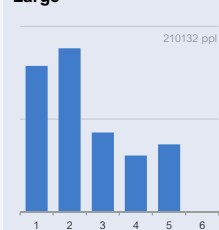
Small



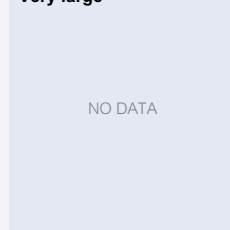
Medium



Large



Very large



PRIORITY NEEDS

The airport site (100,000 persons) is not included in the prioritisation because the unstable security situation has prevented IOM from carrying out key informant surveys on this site.

The greatest priority is food.

After food, the priorities given by key informants, weighted by size of each site, in order are WASH, Health and Protection

There is a significant difference between large sites, where health is comparatively less important and WASH extremely so; micro sites, where both health and WASH are of importance; and small/medium sites, where WASH is not a priority but Health very much is. This is explainable in part by existing facilities and humanitarian response, with smaller sites more likely to have pre-existing WASH infrastructure but less likely to be receiving healthcare from humanitarian partners.

Shelter is a much greater priority on large sites (again, which lack adequate infrastructure) but NFIs comparatively less so; on small and medium sites shelter provision is adequate but NFIs are of greater concern.

Two major differences between Bangui and outlying (suburban) areas are significant: the comparative priority of Protection (security) for outlying areas, and the lesser importance of Food, which drops to 4th behind WASH and Health, possibly indicative of easier access to stocks and fields. Shelter is also a problem cited by 30% of key informants within Bangui city, but is not cited as a problem by any of the key informants in the peri-urban sites.

HEALTH



OVERALL SITUATION³

Access to health services and laboratory support services in Bangui is provided currently by 18 partners (11 INGOs/International Organizations, 2 NGOs, 3 UN agencies, two others).⁴

There are 31 sites in Bangui for which a partner to provide emergency health care, has not yet been identified, including 6 sites of more than 5,000 people; out of those, there is one large site (St. Sauveur), 9 medium sized sites and 21 small sites not covered.⁵ In this context of emergency and insecurity, the care of NGOs is focusing onto live saving activities in priority. Therefore, curative emergency services are mainly provided, and preventive care activities post-pone until it becomes possible to implement them (example routine EPI vaccination, community based activities). Other services, such as access to basic and complete obstetric care are currently not sufficiently available. and the Minimum Initial Service Package for reproductive health (MISP) is not fully

implemented⁶. There are no psychosocial programs in place, and mental health is not largely un-addressed outside of the provision of psychiatric care by the public health services.

In Bangui, a mass vaccination campaign has started on 3rd January mobilizing all partners aside from MSPP, WHO and UNICEF.⁷ A lack of drug supplies is highlighted in the existing health centres.⁸ Several reports mention that people do not access health facilities due to insecurity on the way to or around the centres.⁹ Evaluations indicate that especially Malaria, diarrhea and respiratory infections are predominant in the sites. Services for residents need to be paid, while the coverage of free-of-charge services by most NGO is providing a large coverage. The standard of 10 beds/10,000 persons minimum is largely not achieved in the biggest sites of mass gathering. In main sites, the standard of having less than 50 consultations per consultant per day is not reached, as security constraints challenges NGOs ability to keep consultant staff on site. Although a minimum of surgical services are available for the time being, secure transfusions are a priority need.¹⁰ One of the main gaps in terms of access to secondary care is the lack of support for the management of internal medicine cases referred as for chronicle diseases.

KEY FINDINGS FROM THE PRIMARY DATA

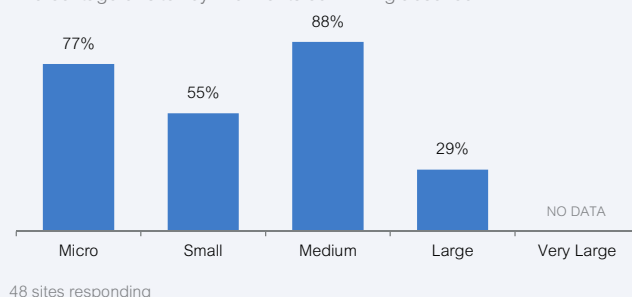
On-site Availability

Key informants have reported only 33% of sites to have on-site health facilities

While there is no significant difference between peri-urban and urban sites, larger sites are more likely to have a health presence (71% overall, compared with 13% for medium-sized sites, 45% for small sites and 23% of micro sites). This is likely to be a reflection of current response priorities.

Figure 27: Lack of health facilities in IDP sites

Percentage of site key informants confirming absence



³ The Health Cluster is currently in the process to finalize a detailed secondary data analysis for access to health in Bangui and the whole country; the report will be shared in January and will provide further details

⁴ "Réponse des acteurs de santé à la crise en Centrafrique :Ressources et des manques à Bangui au 31 décembre 2013, Cluster Sante/OMS

⁵ locations with IDPs in host families, e.g. Village Zacko are not counted in this overview; see: "Réponse des acteurs de santé à la crise en Centrafrique :Ressources et des manques à Bangui au 31 décembre 2013, Cluster Sante/OMS

⁶ "Réponse des acteurs de santé à la crise en Centrafrique :Ressources et des manques à Bangui au 31 décembre 2013, Cluster Sante/OMS

⁷ "Evaluation rapide inter-sectorielle" 29 Decembre 2013, Cluster Sante/OMS; the report has not been published yet externally

⁸ RRM report, Guitangola Carriere, 17/12/2013; RRM report, Grand Seminaire Bimbo, 10/12/2013; RRM report, Mission Carmel, 09/12/2013

⁹ RRM report, Guitangola Carriere, 17/12/2013; RRM report, Eglise Bangui Mpoko, 17/12/2013

¹⁰ RRM report, Guitangola Carriere, 17/12/2013; RRM/ACF, Visite de terrain, 09/12/2013; Evaluation inter-sectorielle, Cluster Sante, OMS, 29 December 2013

Off-site Distance

Average distance is 1.6km, but varies from 1 to 5km depending on site. As might be expected, the average distance is greater for peri-urban sites (2.6km) than urban ones (1.2km).

Table 8: Distance from IDP site to nearest off-site health centre

Average kilometres

Size	Bangui	Ombella M'Poko	Overall
Micro	1.1	2.0	1.3
Small	0.9	5.0	1.6
Medium	1.9	3.5	2.4
Large	1.0	1.0	1.0
Very large			NO DATA
Overall	1.2	2.6	1.6

NUTRITION



Though mass screenings of children under five years for acute malnutrition in IDP sites are underway, coverage needs to be increased to ensure the appropriate detection and referral of all malnutrition cases in these sites to treatment services.

Screening, referral and treatment of acute malnutrition also needs to be expanded in IDP sites outside of Bangui, in Bossangoa, Bozoum and Kabo. Partners have reported an increase in the number of children screened for acute malnutrition, particularly moderate acute malnutrition, in IDP sites in Bossangoa.

SHELTER AND NFI



OVERALL SITUATION

In all evaluations, the high demand of basic NFI and plastic sheeting was highlighted. Recent evaluations indicate that several IDPs, either can't return to their quartier of origin or found their belongings looted upon return.¹¹ At the time of drafting of the report, information on NFI/distribution was only available partially, i.e. in 11 large sites and in 7 medium sites NFI and plastic sheet-

11 RRM report, Guitangola Carriere, 17/12/2013; RRM report, Grand Seminaire Bimbo, 10/12/2013; RRM report, Mission Carmel, 09/12/2013

ing were distributed, while Pere Lazariste is the only small site where a NFI distribution took place.¹² However, more distributions took place since the events of 5 December.

FOOD SECURITY



OVERALL SITUATION

Especially in Bangui, reports indicate that food is scarce, prices increased significantly and those who were able to buy food are now running out of money or other valuable to exchange for food. Coping mechanisms imply to cut meals to one or two per day, children are given priority for food.¹³

According to rapid assessments¹⁴ in specific IDP sites, displaced households in Bangui have rapidly exhausted their available cash to purchase food. They rely now on a combination of food sources which are gifts from family members, food assistance and occasional food swap for work. Households appear to take one meal a day at best. Food availability was already reduced with low commercial flows due to weak offer and demand resulting from weak purchasing power of traders and buyers. Further to the violent conflict in Bangui, with stock looting and destruction of stores and markets, prices of staple foods increased substantially up to mid-December putting further strain on the urban population in general, and the IDPs in particular to access their food.

KEY FINDINGS FROM THE PRIMARY DATA

Survival mechanisms

Trading is the most common survival mechanism for more than 90% of IDPs living on sites where there are markets accessible (i.e. weighted by site population).

There is currently no information available on what strategies are used to purchase food on the market.

On micro sites, 'no survival mechanism' is cited by nearly half of key informants, roughly as often as the market. On larger sites, very few key informants cite 'none'.

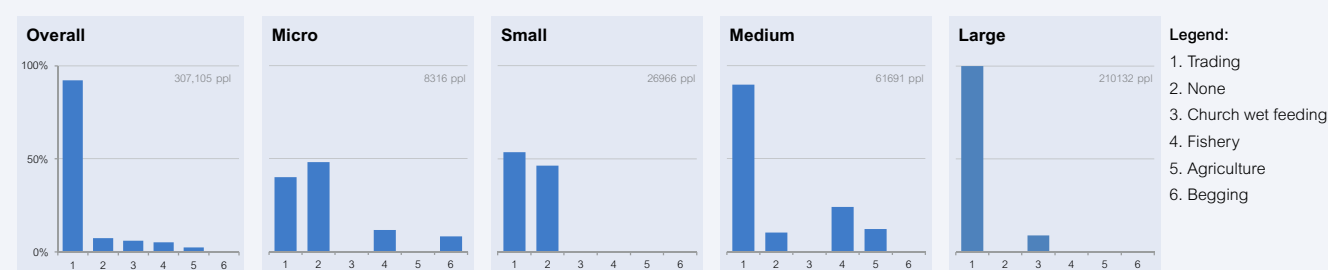
12 NFI/Shelter Cluster information

13 RRM/ACF report, Visite de terrain, 09/12/2013; RRM Report, Bouar, 31/10/2013

14 Various rapid assessments were undertaken by the Food Security Cluster members and can be found on <http://foodsecuritycluster.net>

Figure 28: IDP site survival mechanisms

Percentage of site key informants selecting option



WASH



OVERALL SITUATION

Evaluations conducted to date indicate significant WASH issues in the majority of displacement sites where the concentration of IDPs surpasses the displacement sites limited facilities.

In some locations, the population has access to only 3-5 litres/person/day, while in others no protected water source exists within the displacement site proper. This situation is likely to deteriorate as the dry season progresses, reducing the capacity of the water network to provide sufficient volume and pressure of water to maintain the current level of service across sites.

The sanitation situation is compounded by limited space for construction of emergency infrastructures – as a consequence latrines are mostly overused as illustrated below, and open defecation is common.

Access to essential hygiene items is limited given increased price and decreased availability in local markets, and decreased economic resources amongst the displaced population.

In addition, there is a severe shortage of WASH capacity on the ground, with a limited number of partners themselves with limited capacities relative to the needs. There is an urgent need for more partners to join the WASH response in a significant way and to find means by which the key partners present can scale-up operational capacity.

KEY FINDINGS FROM THE PRIMARY DATA

Latrines

Number of latrines are inadequate, with 92% of sites not meeting the SPHERE standard (50 person per latrine) and the overall site average being 1,226 people per latrine.

Micro sites are significantly better (171 people per latrine on average) than small sites (528), medium sites (2,031) and large sites (3,727).

Sites such as Embassies, Health Centres and Schools have more latrines per person than religious sites, where the majority of displaced people are located.

Table 9: Number of latrines per person

Average kilometres

Size	Health Centre	Other	Religious Site	School	Overall
Micro		259	132	131	171
Small	227		660	341	529
Medium			2,253	702	2,032
Large			3,728		3,728
Very large					NODATA
Overall	227	259	1,548	391	1,226

No small, medium or large sites meet the standard; however more than 20% of micro sites do meet it. However, the population of these sites accounts for only 2% of the overall IDP population. Only 417 of 400,000 displaced (1 out of every 1,000 people) are on sites with an adequate provision of latrines.

A key challenge in ensuring emergency standards is the often limited space within the security of the displacement sites walls. In some sites no further space is available, but standards have not been achieved.

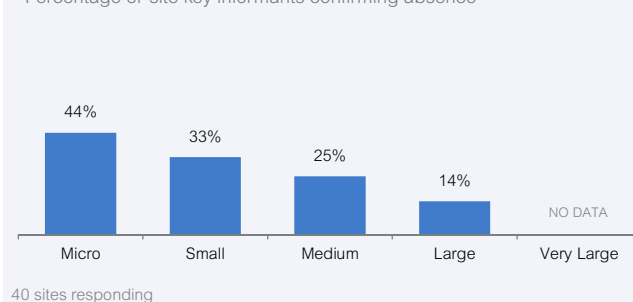
Separated latrines for men and women

Provision of separated latrines for men and women is much better, with all 86% of large sites and 65-75% of small-to-medium sites providing separate latrines.

Micro sites (<1,000 people), which have more latrines per person (as described above), however are slightly less likely to have separated latrines (56%), with peri-urban small sites the worst at only 40%.

Figure 29: Lack of separated latrines for men and women

Percentage of site key informants confirming absence



Water

There was currently insufficient data available to analyse whether there are water sources on the sites, as IOM site facilitators have so far only mentioned water points when they were either significantly low or insufficient, or when water point related issues were brought forth (traditional wells, broken faucets etc). Further evaluation is required, taking into account foreseen dry season impacts for a complete overview of water needs amongst the sites.

EDUCATION



KEY FINDINGS FROM THE PRIMARY DATA

Overall, only 59% of sites have a school accessible within 1.5km.

Larger sites are more likely to have an accessible school (71% compared with ~55% for small/medium sites).

There is a significant difference between urban sites and peri-urban ones, with only a third of sites in peri-urban areas having access to a school compared with more than two-thirds of urban sites.

Table 10: School accessibility from IDP sites (within 1.5km)

Percentage of site key informants responding affirmatively

Size	Bangui	Ombella M'Poko	Overall
Micro	73%	29%	59%
Small	71%	50%	67%
Medium	67%	0%	50%
Large	80%	50%	71%
Very large			NODATA
Overall	73%	31%	61%

PROTECTION



OVERALL SITUATION

Comprehensive data on areas of origin are not available yet; however, sites for which this information is available suggest that most population fled from PK12, PK5, Boy Rabe and Boeing.¹⁵ This is in accordance with information outside the sites.¹⁶

The IDP sites are often characterized by the presence of armed elements with medium sized sites around 8,000 IDPs in the 3eme and 7eme arrondissement reporting presence of "Anti-Balaka", Seleka and "armed elements" frequently.¹⁷

The security situation is extremely volatile in Bangui with an unknown number of IDPs being killed during clashes.¹⁸ Examples of these incidents are the clashes of 24–25 December in Bangui, where 44 bodies were recovered by the Red Cross and a mass grave containing more than 20 bodies was discovered.¹⁹ On 24 December, 5 IDPs were killed in St. Jacques. Recruitment of young men and boys by armed groups is not comprehensively

15 Other areas of origin as identified by IOM are: Padre Pio, Site Jean 23, Galabadja, Gobongo, Miskine, Benz-Vi, Gbakoundja, Ngouciment, Cattin, Plateau, Guitangola, Quartier Sénégalais, Bafio, Mandaba, Miskine, Castor, Foux, Galabadja, Combattant, Boeing, Damala, Boy-Rabe, route de Damara, route de Boali, PK10, PK 11, PK13, PK14 -PK45, PK 55, PK12, PK17, Yakite, Sarahzuma, Sica, Quartier Sarah

16 DRC, Projet Cohesion Sociale, Bangui, December 2013

17 IOM Daily Site Facilitator Update, 31/12/2013

18 Airport site, 31/12/2013 one killed; Guitangola one IDP 31/12/2013; Hopital Castor, one IDP 31/12/2013

19 UNHCR, Update no.3

documented yet, but the activities of armed groups around the sites suggest that this might be a problem.

Repeated requests were voiced by site focal points to include sites in the patrolling itinerary by international forces.²⁰ Police forces are by and large not operational and the Congolese UPC is filling in gaps to the extent possible. There are currently 2,200 Gendarmes and 1,500 police officers on duty; however, they are often ill-equipped and not paid; in Bangui, Seleka elements are reportedly impersonating police officers by wearing their stolen uniforms committing human rights violations and thus leading to a mistrust of the community vis-à-vis the law enforcement officials.²¹

The vast majority of sites experience a so-called "pendular" displacement, i.e. IDPs leaving the sites during daytime to work, return to their homes or secure food and other basic needs and then return to the sites during nighttime; some reports suggest that over 50% of the IDPs are leaving the sites during the day.²²

Overall, there have been few reports of violence occurring from within the sites, but rather violence/attacks being brought into the sites by outside elements or occurring around the IDP sites. However, single reports of GBV incidents within the sites have started coming in during the last days.²³ Information collected during protection monitoring and the "ligne verte" suggest that recently, young men being accused by the population of being either "Seleka" or "Anti-Balaka" were exposed to violent attacks, even killings.²⁴ In addition, psychosocial stress and trauma of children is mentioned in reports especially for Bangui.²⁵

In Bossangoa, the role of traditional and religious leaders has been undermined by the increasing insecurity and especially male adolescents recur to violence. Children in the sites are reportedly starting to imitate this violent behavior by threatening their parents.²⁶

The fact that IDPs are forced to leave the sites to look for basic supplies reportedly increases their security risks as the situation outside the sites is even more volatile.²⁷

20 IOM Daily Site Facilitator update 1-4

21 Protection Cluster Crisis Report no.1, UNHCR, 22 December 2013

22 RRM/ACF Report, Visite de terrain, Bangui, 09/12/2013

23 IOM Daily Update Site Facilitators

24 DRC, "Projet ligne verte", December 2013

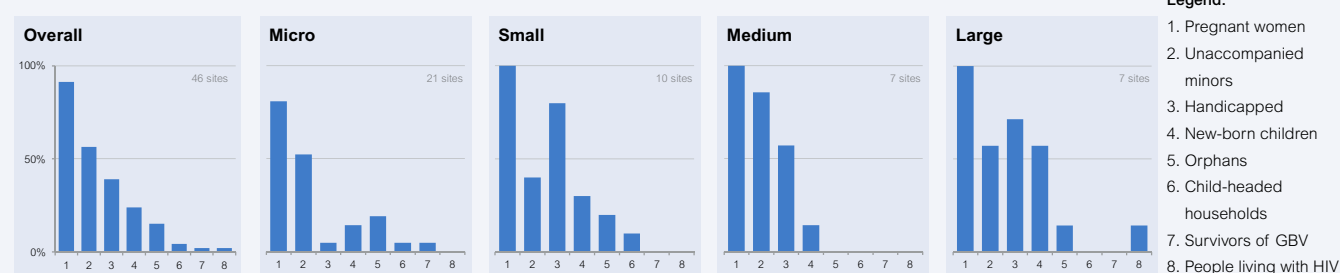
25 France TV Info, 12/12/2013

26 "Rapport de protection Bossangoa", UNHCR, 5 January 2014

27 DRC, January 2014

Figure 30: Presence of vulnerable / at-risk groups

Percentage of site key informants selecting option



KEY FINDINGS FROM THE PRIMARY DATA

Vulnerable / at-risk population

The data indicates presence of such groups only, and not their size.

Pregnant women are present on more than 90% of sites, and unaccompanied minors on over half.

Handicapped people are present on 60-70% of large and medium sites but on less than 10% of small sites. Conversely, orphans are reported to be present more often on small sites.

Security incidents

While the reporting of security incidents is anecdotal and may not accurately reflect the full picture, the responses show a much higher number of security incidents reported in large sites affecting more than 50%) than on small and medium ones (<10%).

Incidents are slightly more frequently reported in Ombella M'Poko / peri-urban sites than in Bangui / urban sites.

Table 11: Security incidents reported

Percentage of site key informants reporting incidents

Size	Bangui	Ombella M'Poko	Overall
Micro	5%	29%	12%
Small	11%	0%	8%
Medium	17%	0%	13%
Large	20%	100%	43%
Very large		0%	0%
Overall	10%	27%	15%

COMMUNICATING WITH AFFECTED COMMUNITIES

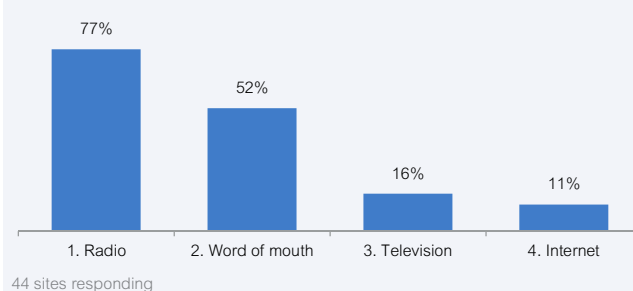
Main sources of information for people in displacement site

When weighted by site population, word of mouth predominates, with more than 80% of IDPs living on sites where this was a main source of information, compared with slightly less than 70% for radio and only <20% for television and internet

On micro, small and medium sites, radio is a more important source of information than word of mouth. On micro and medium sites, internet is more important than television, whereas on small and large sites (1,000-5,000 and 15,000-50,000) television is more important than internet.

Figure 31: Main sources of information for IDPs in sites

Percentage of site key informants selecting option



RESPONSE CAPACITY

OVERVIEW

While the humanitarian needs in the country have dramatically increased as a result of the conflict, humanitarian coverage has dwindled. This is especially true in the aftermath of the recent events. However, a number of NGOs have maintained presence and operations both in Bangui and upcountry despite the persistent insecurity.

NATIONAL AND LOCAL CAPACITY AND RESPONSE

The national and local capacity has been reduced and/or completely crippled by the breakdown of ministries, social infrastructures, directories, national records, etc., as a result of wanton destruction and looting following the military overthrow in Bangui.

Table 12: Current response capacity country-wide

Law enforcement / civil servants	Response capacity
Civil servants	unknown
Gendarmes/Police	3,500/1,675
National Military	7,000
MISCA	4,700 planned: 152 civilians
SANGARIS	1,600

Source: Figures from SC report, 15 November 2013, S/2013/677. The current status of gendarmes/police and national military is in a state of flux

Administrative and social services were not deployed to the prefectures for several months and only some of them resumed their work in July 2013. However, due to low tax income, civil servants are often not paid and in the past, salaries were financed by the Congo-Brazzaville President. With the lack of civil servants and teachers being present in communities, schools being largely destroyed and offices of local authorities ransacked, the local administration is non-functional.

The National Military and Police are ill-equipped and most of them have not been paid for months. There are several reports of ex-Seleka using police uniforms while committing human rights violations, leading to a deep mistrust of the population towards any law enforcement official.

The hand-over from MICOPAX to MISCA, initially foreseen for 1 August, was delayed until 19 December 2013 and with the (positive) development of increase in the overall troop deployments, the logistical constraints become even more important.

Most problematic is the integration/disarmament of ex-Seleka forces, estimated at around 15,000 – 20,000 out of which some 9,000 were identified by the Government to be part of the rebellion.¹ Some 5,000 of the latter are to be integrated in the security forces. With an overall national military of some 8,000 elements, the magnitude of the task becomes apparent.

The Government ordered all forces, except foreign peacekeepers and the Presidential Guards, off the streets of Bangui effective as of 7 December, but compliance to this directive has been slow. The number of armed clashes that has erupted since then during the French-led disarmament operations is testament to the tenuous hold the Government holds over both the ex-Seleka forces as well as the anti-Balaka vigilantes.

The United Nations Security Council unanimously adopted Resolution 2127 (2013) authorising the deployment of the African-led Support Mission in the Central African Republic (MISCA), and the deployment of the French forces already stationed in the country. MISCA took over from the ECCAS Mission for the Consolidation of Peace (FOMAC/MICOPAX) on 19 December, while the French contingent in Central African Republic was increased to 1,600 troops.

The crisis will most probably remain extremely volatile and unpredictable during 2014, even with the deployment of these international forces. The deployment of MISCA has been authorised for a period of 12 months, while the French operations will be reviewed within six months.

1 SC Report, 15 November 2013, S/2013/677

INTERNATIONAL CAPACITY AND RESPONSE

On 24 March, when the Seleka took control of Bangui, the United Nations and some international NGOs evacuated their non-critical staff to Yaounde due to insecurity. Only 40 critical UN staff members were left in Bangui to ensure business continuity. International NGOs kept their presence in CAR, but restricted their operations in Bangui. The international community’s ability to respond was also impeded with the looting of UN and NGO offices and warehouses containing emergency supplies in the interior of the country (mostly between December 2012 and March 2013), in Bangui (at the end of March 2013) and in the West of the country post-coup d’état (April-June 2013).

UN agencies are reinforcing their presence in the field through permanent teams (Paoua, Bouar and Zemio) or through mobile teams (Kaga Bandoro, Bambari, Bossangoa). INGO activities have resumed in regions beyond the capital, Bangui and permanent teams have been redeployed since May in most of the regions. In total, there are more than 43 organisations involved in the assistance efforts in cooperation with the UN agencies in CAR.

On 11 December, the Inter-Agency Standing Committee (IASC) Principals agreed to activate an IASC Level 3 (L3) system-wide humanitarian response. IASC organizations are now working in response to the declaration of a L3 emergency by delivering adequate surge capacity to deliver an efficient coordinated response.

In order to enhance humanitarian presence in country, UN agencies have agreed on a position paper which allows for an adaptive and flexible assistance delivery mechanism for vulnerable population in need. Three humanitarian hubs have been cleared by Department of Safety and Security DSS, notably Zemio, Paoua and Bouar.

Figure 32: Organizational response capacity

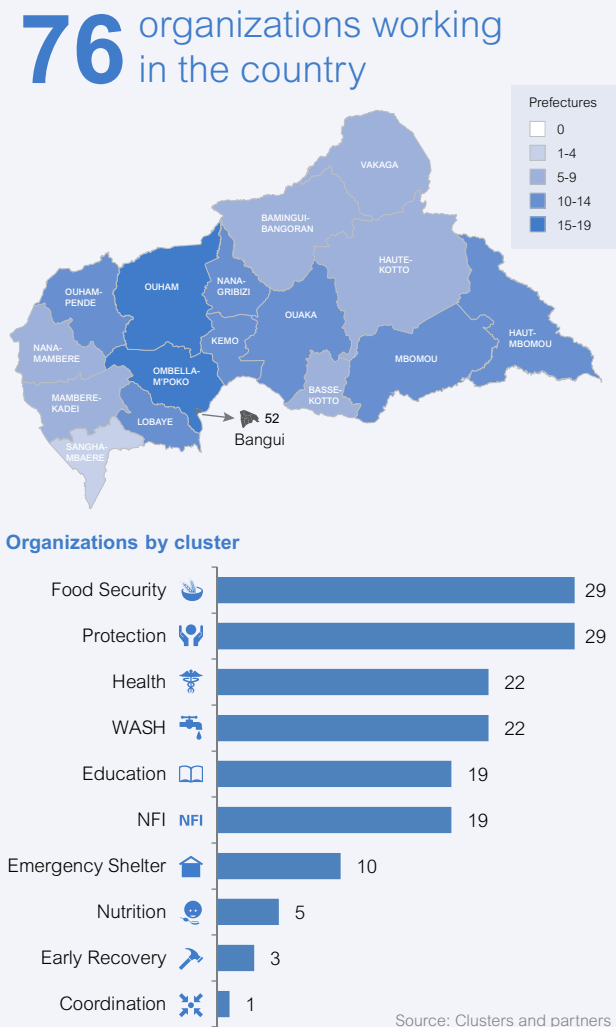
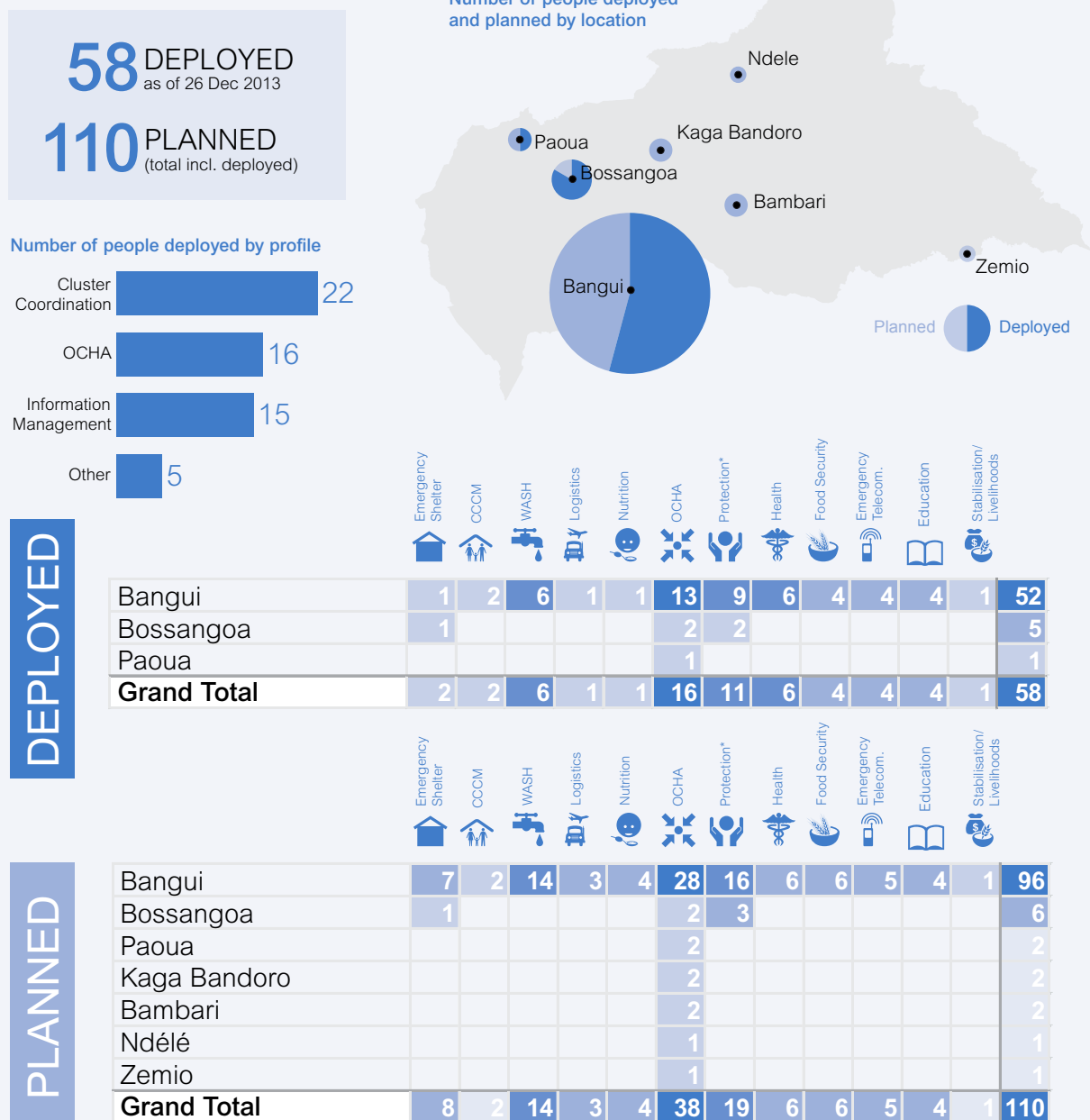


Figure 33: Deployed and planned coordination capacity
As at 26 Dec 2013



HUMANITARIAN ACCESS

OVERVIEW

Humanitarian access in the Central African Republic is mostly impeded by three main factors: insecurity, poor infrastructure and impassable roads during the rainy season (which runs from May through November), and the large displaced population hiding in the forests. Over 43 humanitarian organisations with over one thousand humanitarian workers are currently grounded in CAR. Albeit a very limited humanitarian access, the UN, International and national NGOs continue to deliver life-saving assistance and protection to thousands of individuals throughout the country.

INSECURITY

Insecurity remains one of the major constraints to the humanitarian response in the Central African Republic. The offices, stocks and equipment of a large number of humanitarian organisations were looted especially in early 2013, while hijacking of humanitarian vehicles, especially in Bangui, increased dramatically towards the end of 2013. Four aid workers were killed during such attacks in recent months, including one on 5 December at the outbreak of violence in Bangui.

The Protection Cluster in CAR highlighted already in February 2013 in its advocacy note the fact that especially national staff is exposed to harassment and violence in the current security environment. The traumatic events during the last months during which often family members or friends of national staff have been directly affected, some even killed, impacts negatively on the overall implementation of assistance. Several hundreds of humanitarian staff are displaced themselves and many could not report to work due to the security situation in their "arrondissements" especially in Bangui.

The prevailing insecurity and absence of law throughout the country restrict humanitarian access. Violence and looting have triggered significant displacement of the population, sometimes to areas not easily accessible. In 2013, the number of incidents has increased as a result of the volatility of the security situation in the country.

Insecurity is mainly fuelled by the proliferation of small arms, the breakdown of law and public order, and the virtual collapse of

the state. An increasing number of violent incidents attributed to armed local self-defence groups as response to the Seleka has also occurred.

The ability of international forces, the national and local administrations to promote an enabling environment for humanitarian action will remain a key factor to humanitarian access. This includes a greater understanding of respect for humanitarian principles, and the establishment of regulatory frameworks that facilitate rather than constrain humanitarian action. A proper interface mechanism between humanitarian actors and military operations (MICOPAX, MISCA) is key to promoting better access to all areas with critical humanitarian needs. This requires clear guidelines and operating procedures to be put in place to ensure efficiency and appropriate coordination in delivering assistance and protection to the people in need.

The security situation in the country remains volatile and unpredictable, rendering humanitarian access challenging and limiting response in some parts of the country. Despite persistent insecurity, some organizations have maintained their activities and others are resuming activities as the security situation permits. The United Nations is facilitating access negotiations with Seleka authorities outside Bangui, enabling humanitarian actors to assist people affected by the crisis and promoting a gradual return to the provinces. Humanitarian access is vital to ensure that the needs of the most vulnerable and affected groups are identified and met.

PHYSICAL ACCESS AND LOGISTICS

More than 97% of the road network is not paved and subject to degradation during the rainy season. Lack of maintenance renders the barges inoperable and causes bridges to collapse or become unsafe. The UN Humanitarian Air Service (UNHAS) has become all the more central for aid workers and assistance to people in remote and isolated areas.

The Logistics Cluster aims to support the Humanitarian Community in its ability to circulate its field staff and its supplies. In terms of transportation, the main constraint into CAR is the extremely poor road infrastructure. The quality of the private truck fleet

servicing the regions is also at stake. As a result, delays, unpredictable expenses, high exposure to road accidents are common patterns. Interventions for maintaining or repairing such infrastructures require not only funds, materials and skilled staff but primarily a safe environment to achieve appropriate results. At this stage, such conditions are not met and will likely be not in the next few months. Some regions (particularly North-East) are prone to heavy rains and floods during the rainy season. A significant number of bridges and barges are out of service and the extent of their damages needs proper and detailed assessment

for repair. Fuel is deemed not available in all regions and requires pre-positioned stocks and resupplying by road.

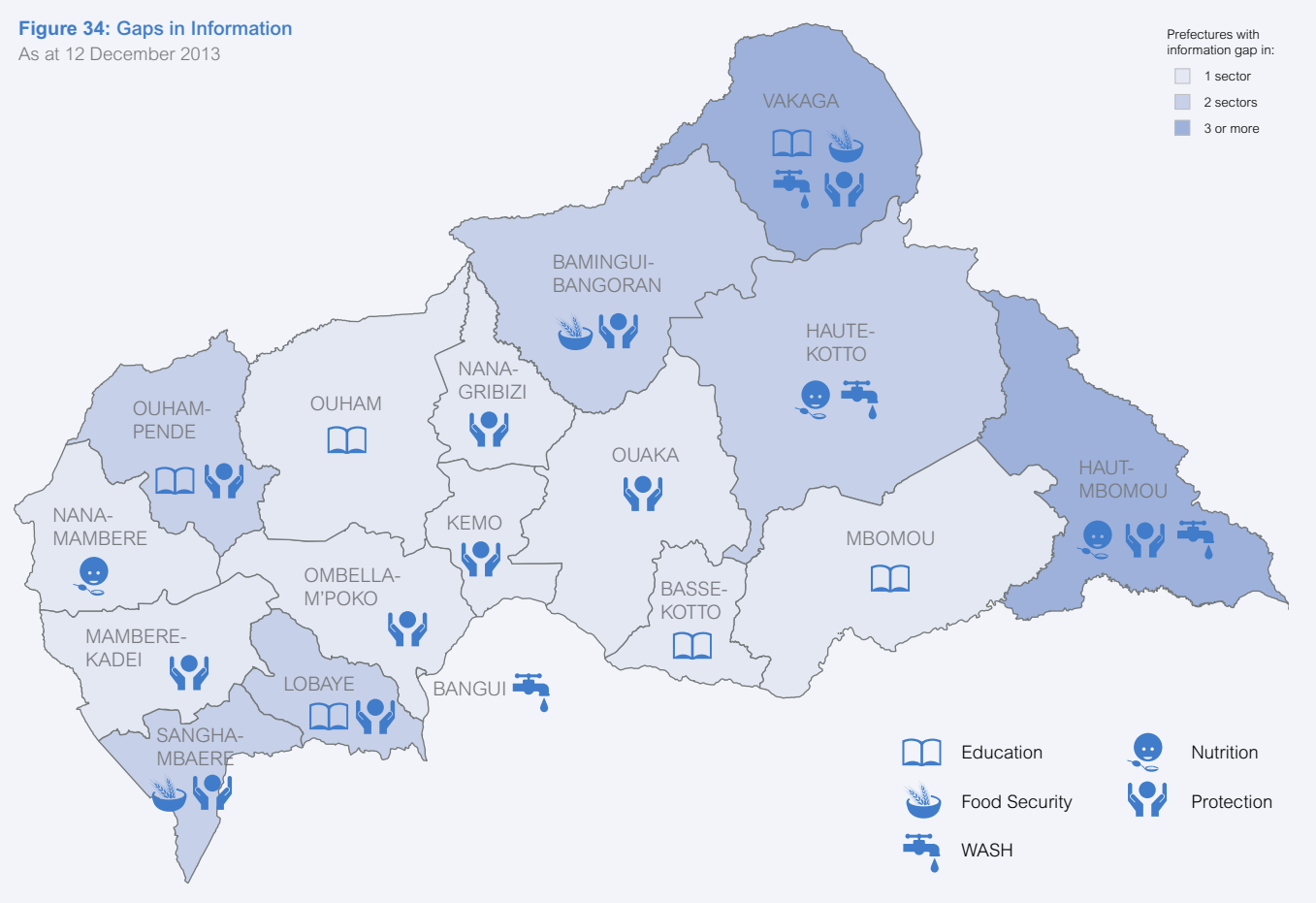
Therefore, cargo or personnel transportation in emergency situation is possible only by air. UNHAS is the only reliable airline in CAR, operating 2 aircrafts LET with capacity 15 seats, and an additional aircraft DASH8 with augmented cargo capacity up to 1,5MT is operational since 29-12 (Bangui-Douala-Bangui and Bangui-CAR regions). UNHAS can land in more than 20 airfields.

In addition to UNHAS fleet of 3 aircrafts, MSF-F and ICRC are jointly operating a LET aircraft (identical to UNHAS) for their own activities.

In Bangui city storage facilities are not sufficient in term of surface/volume available and safety, meant as structures available or accessible for humanitarian purposes. The existing facilities are mainly being used for commercial activities still running despite the current situation. The possibility of erecting mobile storage units (MSU) is yet to be confirmed. It's mainly a problem of secure environment, again. This applies also to the airport handling-storage area which is not deemed fully safe despite the presence of Sangaris French force. In addition, being the only international airport in CAR, Bangui-Mpoko might represent de facto a "bottleneck" in case of massive deployment-arrival of humanitarian relief by air.

INFORMATION GAPS

Figure 34: Gaps in Information
As at 12 December 2013



ANNEXES

A. THE MIRA IN CAR

OBJECTIVES

- Seeks to provide a broad overview of priority needs at an inter-sectoral, geographic and sectoral level.
- Based on secondary and primary data
- Community-based, key informant interviews at the village/quartier level (86 localities, with three key informant interviews in each)
- Informs the next phase of assessments: in-depth sectoral assessments.
- Is used to inform the update of the Strategic Response Plan

PARAMETERS

- Coordination: OCHA / Technical lead: WFP
- Primary data collection by eight multi-organisation teams outside the sites in the prefectures of Ouham, Ouham Péné, Ombella M'Poko, Nana Mambéré, Bangui, and by IOM facilitators in the displacement sites in Bangui
- Participating agencies: 20+ NGOs and UN

LIMITATIONS

- Purposive sampling- not representative
- Key informant interviews- often village leaders.
- Requires secondary data to provide overview
- Secondary data still limited – HNO needs to be updated
- Sampling varied because of security

TIMELINE – PHASE I

- Data collection: December 23-30
- Data entry : December 30-31
- Data analysis: January 1-3
- Analysis workshop in Bangui January 4
- Drafting and revision of MIRA: January 4-5
- Comments by the InterCluster: January 6
- HC/HCT review and endorsement: January 7-10

B. METHODOLOGY

NON-SITE PRIMARY DATA COLLECTION: QUESTIONNAIRE AND SAMPLING

Questionnaire

The design of the questionnaire was a participatory process involving organizations from the United Nations system and international non-governmental organisations. The United Nations Office for Coordination of Humanitarian Affairs (OCHA) as the coordination lead and the World Food Programme (WFP) as the technical lead. Taking into account the tremendous logistical challenges in reaching affected communities, the questionnaire was condensed down to 63 questions in 10 modules and made available as a hardcopy in French and Sango. The final questionnaire is included in Annex D.

Community level survey

The MIRA was designed to be administered at the community level (village, or quartier/neighbourhood) level. A total of 86 communities were assessed from 18 sub-prefectures, in 5 prefectures outside Bangui, and 6 arrondissements plus suburban areas of Bangui.

Survey area selection

Survey areas were pre-selected in discussion with humanitarian partners according to information available concerning severity of impact of the crisis, based on the Humanitarian Needs Overview vulnerability assessment conducted in September 2013 and recent field reports of areas with significant displacement. Three types of survey areas were evaluated: areas within Bangui, urban areas outside Bangui, and rural areas. For the latter, the 'axis' (main road corridor) was used as definition of survey area, as this is a common location unit familiar to both the population as well as to humanitarian agencies, and is often used for planning of zones of intervention.

All pre-selected survey areas were evaluated except those where no access was possible due to security risks (particularly in the vicinity of the Cameroon border).

Locality selection

Within each survey area, localities were selected in which evaluations were to be carried out.

- **Bangui:** The entire survey area functioned as the survey locality.
- **Urban areas outside Bangui:** quartiers / neighbourhoods were chosen purposively based on information about impact of the crisis and population movements, as well as time and security restrictions.
- **Rural sites (axes).** Accurate population figures for settlements along axes not being available, the settlements were stratified into small and large villages according to satellite image analysis as well as information from agencies and

NGOs familiar with the axis. From these villages, two large and two small villages were selected at random. Teams were required to conduct surveys in at least the two large and one of the two small (i.e. at least 3 localities in total), depending on time restrictions. If key informants were not available or access or security constraints prevented surveying at a chosen locality, the next settlement in the direction of travel was evaluated in its stead, regardless of its size.

Key informant selection

Within each locality, key informants were identified with whom to conduct the survey.

- **Bangui:** 10 key informant interviews were conducted in each survey area, selected according to the minimum restrictions of a prioritisation group list, ensuring a wider spread of respondent categories (including a minimum total of 4 women)
- **Urban areas outside Bangui, and rural areas:** 3 key informant interviews were conducted in each locality within the survey area, of which at least 1 was a woman. Where selection was not constrained by availability and willingness (a problem in smaller localities), the prioritisation group list was used as a guide to improve variation of respondent categories.

Logistics

Due to the challenges of transport and logistics, the assessment relied heavily on agency presence in selected municipalities. Where possible, staff of participating agencies conducted the assessment in their areas of coverage. In those areas with limited agency coverage, the interviews were conducted by a teams deployed from Bangui.

UNHAS supported the MIRA by flying team leaders to Bossangoa and Paoua, and by picking up the finalised questionnaires in Kaga Bando.

IOM SITE DISPLACEMENT TRACKING METHODOLOGY

The Displacement Tracking Matrix (DTM) of the International Organization for Migration (IOM) contributes to the analysis and mapping of displaced populations and their host communities to improve the targeting and prioritization of humanitarian, transition and recovery assistance. The DTM establishes and maintains contact with the leaders of the spontaneous sites and facilitate interaction between beneficiaries and the humanitarian community. The tool helps monitor the dynamics and size of spontaneous sites and population movements and assists in the identification of gaps in humanitarian response.

With the support of 5 local partners and 2 INGOs (Mercy Corps and Danish Refugee Council), IOM deploys onsite teams of 3 facilitators, selected with the assistance of local partners, to spontaneous sites. The teams of site facilitators meet on a daily

basis with key informants for each accessible site. These informants consist of local, traditional or religious authorities, representatives of on-site health centres, IDP organizations among others. Using a questionnaire developed and approved by the CMP, site facilitators consolidate the information collected from the different on site sources on a daily basis.

The site facilitators update the information about each site, including host families, continuously, thereby providing an up-to date snap shot of the situation per displacement site. This information is shared with the different cluster leads for their monitoring and following. In particular, the system allows for an immediate referral of most vulnerable cases and important developments and dynamics to the clusters.

The final questionnaire is included in Annex E.

LIMITATIONS

The villages/quartiers surveyed do not constitute a representative sample of affected areas. Results are presented by sub-prefectures. In clustering the data into sub-prefectures, the presented means and percentages hide variation among affected quartiers/villages.

Key informant interviews were predominantly held with local authorities and included other informants including health workers, teachers, civil and worker group representatives among others. Community representatives often needed to make their best estimate on a number of questions and therefore there's considerable risk of potential bias. Key informants for all assessed village/quartier include males and females.

Assessment team leaders were trained on how to administrate the questionnaire and cascaded the training to the enumerators who were not trained in Bangui. In spite of the effort to train all enumerators, there may have been confusion on the use of terms or misinterpretation on the intent of the questions. To some extent this was addressed by including a guidance sheet as an integral part to the MIRA checklist.

Many questions in the MIRA checklist contained before and after questions, but to correctly interpret the information was cross checked with available secondary data and cluster expertise.

SURVEY AREAS

see Figure 2 on page 8

Type	Survey area	Key informants
Bangui	Western suburbs	10
Bangui	Northern suburbs	0*
Bangui	3rd Arrondissement	9
Bangui	4th Arrondissement	10
Bangui	5th Arrondissement	10
Bangui	6th Arrondissement	10
Bangui	7th Arrondissement	10
Bangui	8th Arrondissement	9
Rural (axis)	Bossembele-Yaloke-Bossemptele	9
Rural (axis)	Bossemptele-Bozoum	9
Rural (axis)	Bossemptele-Bouar	6
Rural (axis)	Bouar-Bocaranga	13
Rural (axis)	Bocaranga-Bozoum	12
Rural (axis)	Bozoum-Paoua	12
Rural (axis)	Bozoum-Bossangoa (half)	6
Rural (axis)	Paoua-Bossangoa	9
Rural (axis)	Bossangoa-Bossembele	9
Rural (axis)	Bossangoa-Bouca	9
Rural (axis)	Bouca-Batangafo	12
Rural (axis)	Batangafo-Kaga Bandoro	16
Rural (axis)	Batangafo-Kabo	8
Rural (axis)	Bossembele-Bangui	9
Rural (axis)	Damara-Bangui	6
Urban	Yaloke	6
Urban	Bossemptele	6
Urban	Bouar	9
Urban	Bozoum	6
Urban	Bocaranga	8
Urban	Nana Bakassa	3
Urban	Paoua	12
Urban	Bossangoa	18
Urban	Bouca	15
Urban	Batangafo	4
Urban	Kabo	4
Urban	Damara	3
		307

SECONDARY DATA: REVIEW AND ANALYSIS

To address and further inform the primary data collection, secondary data such as baseline data, pre-crisis surveys and post-crisis assessments have been reviewed. Representatives of the clusters were invited and engaged in the process in providing secondary data review and analysis. Key points and extracts have been integrated as to further inform primary data and to provide information on areas where the primary data collection methods fall short, e.g. it is difficult to ask key informants about sensitive gender and protection issues. Furthermore, the timeframe of the assessments have an impact of the type of results that can be found, e.g. malnutrition.

JOINT ASSESSMENT

The design, planning and implementation have been carried out of a multi-agency team.

Coordination: UN OCHA; Technical lead: WFP

C. LIST OF PARTICIPATING ORGANISATIONS

1	ACDES	12	Mercy Corps
2	ACTED	13	Merlin
3	AMAP	14	OCHA
4	APEC	15	Remod
5	COOPI	16	UNDP
6	DRC	17	UNDSS
7	ERCA	18	UNFPA
8	FAO	19	UNHCR
9	FRAD	20	UNICEF
10	IOM	21	WFP
11	IRC	22	WHO

D. MIRA QUESTIONNAIRE

[illegible]




<p>4.4.a. Est-ce que les gens ont accès aux soins de santé ? Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>4.4.b. Si non, pourquoi ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Pas de transport pour aller à la clinique</p> <p>___ Manque de sécurité</p> <p>___ Pas de service de santé disponible</p> <p>___ Pas de médicaments disponibles</p> <p>___ Pas de structure prodiguant des soins de santé reproductive</p> <p>___ Pas de personnel médical</p> <p>___ Trop cher</p> <p>4.5.a. Les structures fonctionnelles ont-elles la capacité de fournir les services selon les besoins actuels ? Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>4.5.b. Si oui, précisez:</p> <p><input type="checkbox"/> Consultation ambulatoire <input type="checkbox"/> Hospitalisation</p> <p><input type="checkbox"/> Consultation femme enceinte <input type="checkbox"/> Vaccination des enfants</p> <p><input type="checkbox"/> Urgences chirurgicales <input type="checkbox"/> Maladies chroniques</p> <p>4.6. Existe-t-il suffisamment de médicaments pour la prise en charge des maladies communes de la population? Oui <input type="checkbox"/> Non <input type="checkbox"/></p>	<p>6.4. Quels sont les problèmes récents pour obtenir des articles ménagers ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Pas disponibles au marché ___ Autres: _____</p> <p>___ Pas d'argent pour acheter</p> <p>6.5. Quels sont les articles qu'on ne trouve pas au marché ? (cocher les options)</p> <p><input type="checkbox"/> Vêtements/Chaussures <input type="checkbox"/> Carburant</p> <p><input type="checkbox"/> Produits d'hygiène <input type="checkbox"/> Ustensiles de cuisine</p> <p><input type="checkbox"/> Produits d'hygiène intime <input type="checkbox"/> Récipient de stockage d'eau</p>
7. EDUCATION	
<p>7.1.a. Est-ce qu'il y eu des attaque contre les écoles ? Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>7.1.b. Qui/quoi a été l'objet de l'attaque ?</p> <p>Etablissements <input type="checkbox"/> Elèves <input type="checkbox"/> Personnel scolaire <input type="checkbox"/></p> <p>7.2.a. Est-ce qu'il y a des écoles occupées ? Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>7.2.b. Si oui, par qui?</p> <p>Hommes en armes <input type="checkbox"/> Population civile <input type="checkbox"/></p> <p>7.3.a. Est-ce que les écoles sont fonctionnelles ?</p> <p>Avant la crise Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>Maintenant Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>7.3.b. Combien d'enfants vont à l'école?</p> <p>Avant la crise Filles : _ _ _ _ _ Garçons : _ _ _ _ _ </p> <p>Maintenant Filles : _ _ _ _ _ Garçons : _ _ _ _ _ </p> <p>7.4. Combien d'enseignants</p> <p>Avant la crise Femmes : _ _ _ _ _ Hommes : _ _ _ _ _ </p> <p>Maintenant Femmes : _ _ _ _ _ Hommes : _ _ _ _ _ </p> <p>7.5. Est-ce qu'il y a des écoles détruites/endommagées ?</p> <p>Oui <input type="checkbox"/> Non <input type="checkbox"/></p>	
5. EAU, HYGIENE ET ASSAINISSEMENT	
<p>5.1. Quels sont les problèmes récents rapportés pour l'eau ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Réduction de la consommation d'eau ___ L'eau n'a pas bon gout</p> <p>___ L'eau est impropre à la consommation ___ L'eau est turbide</p> <p>___ Manque de récipient de stockage ___ Lié à la saison sèche</p> <p>5.2. Quelles sont les causes du manque d'accès à l'eau ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Le système d'approvisionnement ___ Diminution des vendeurs d'eau</p> <p>est cassé ___ Diminution des points d'eau</p> <p>___ Pas de récipient de stockage ___ Distance des points d'eau</p> <p>___ Pas de carburant pour les ___ Contraintes de sécurité</p> <p>pompes</p> <p>5.3 Qui va chercher l'eau ? Hommes <input type="checkbox"/> Femmes <input type="checkbox"/> Enfants <input type="checkbox"/></p> <p>5.4. Quels sont les problèmes récents en assainissement ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Accumulation des ordures ___ Pas assez de latrines</p> <p>___ Les latrines sont pleines ___ Pas assez de douches</p> <p>___ Défection à ciel ouvert ___ Problème de protection</p> <p>___ Insalubrité</p> <p>5.5. Est-ce qu'il y a des latrines spécifiquement pour les femmes ?</p> <p>Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>5.6. Est-ce qu'il y a des points de lavage des mains (avec savon) près des latrines ? Oui <input type="checkbox"/> Non <input type="checkbox"/></p> <p>5.7. Est-ce que les enfants ont plus de diarrhées qu'avant ?</p> <p>Oui <input type="checkbox"/> Non <input type="checkbox"/></p>	
6. ABRIS ET BIENS NON-ALIMENTAIRES	
<p>6.1. Quels sont les problèmes récents rapportés en termes d'abris ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Protection des intempéries ___ Problème de sécurité matérielle</p> <p>___ Manque de vie privée ___ Espace privé pour les femmes</p> <p>___ Problème de sécurité physique ___ Espace dédié pour les enfants</p> <p>___ Faible capacité d'accueil</p> <p>6.2. Quelles sont les causes du manque d'accès aux abris?</p> <p><input type="checkbox"/> Pas d'abris disponibles <input type="checkbox"/> Autre: _____</p> <p><input type="checkbox"/> Manque d'argent</p> <p>6.3. Pour les articles ménagers, quels sont les problèmes les plus fréquents ? (hiérarchie de 1 à 3, 1 étant le plus gros problème)</p> <p>___ Pas de savon ___ Pas d'ustensiles de cuisine</p> <p>___ Pas de vêtements/chaussures ___ Pas de récipient de stockage</p> <p>___ Pas de nattes d'eau</p>	
8. PROTECTION	
<p>8.1. Comment la situation de protection a-t-elle évolué dans la communauté depuis 3 mois?</p> <p><input type="checkbox"/> Pire <input type="checkbox"/> Stable <input type="checkbox"/> Mieux <input type="checkbox"/> Ne sais pas</p> <p>8.2. Des incidents de protection se sont-ils produits au cours des 3 derniers mois ? Oui <input type="checkbox"/> Si oui, lesquels Non <input type="checkbox"/></p> <p><input type="checkbox"/> Combat entre groupes armés <input type="checkbox"/> Exploitation d'enfant</p> <p><input type="checkbox"/> Exécutions sommaires <input type="checkbox"/> Criminalité</p> <p><input type="checkbox"/> Recrutement/associations des enfants dans les groupes armés</p> <p><input type="checkbox"/> Violence contre civils (attaques, meurtres)</p> <p>8.3. Quels sont les incidents qui affectent le plus :</p> <p>- Les hommes : _____</p> <p>- Les femmes : _____</p> <p>- Les filles : _____</p> <p>- Les garçons : _____</p> <p>8.4. Qui en étaient les auteurs? (cocher tous les choix pertinents)</p> <p><input type="checkbox"/> Police <input type="checkbox"/> Civils</p> <p><input type="checkbox"/> Militaires <input type="checkbox"/> Criminels</p> <p><input type="checkbox"/> Groupes armés <input type="checkbox"/> Autre: _____</p> <p>8.5. Des personnes suivantes sont-elles présentes dans la communauté?</p> <p><input type="checkbox"/> Personnes avec des maladies mentales</p> <p><input type="checkbox"/> Personnes âgées non-prises en charge</p> <p><input type="checkbox"/> Femmes chef de famille</p> <p><input type="checkbox"/> Enfants non-accompagnés/séparés</p> <p><input type="checkbox"/> personnes handicapées</p> <p><input type="checkbox"/> Autres, spécifiez _____</p> <p>8.6. Les nombres des enfants non-pris en charge soit par ses parents soit par un membre de la famille, y-a-t-il:</p> <p><input type="checkbox"/> Augmenter <input type="checkbox"/> Diminuer <input type="checkbox"/> stable <input type="checkbox"/> Ne sais pas</p> <p>8.7. Avec qui ces enfants vivent-ils?</p> <p><input type="checkbox"/> Il n'y en a pas <input type="checkbox"/> seuls</p> <p><input type="checkbox"/> dans la rue <input type="checkbox"/> famille transitoire</p> <p><input type="checkbox"/> dans une institution formelle <input type="checkbox"/> inconnu</p> <p><input type="checkbox"/> avec son employeur <input type="checkbox"/> autre</p> <p><input type="checkbox"/> dans une institution informelle (réseaux communautaires)</p>	

9. IMPACT HUMAIN	
9.1. Nombre total de personnes tuées	_ _ _
Dont femmes : _ _ _	Dont enfants _ _ _
9.2. Nombre total de blessés graves (*)	_ _ _
Dont femmes : _ _ _	Dont enfants _ _ _
9.3. Nombre de personnes nouvellement arrivées depuis 3 mois	
Total : _ _ _ _ _ _ _	
Dont femmes : _ _ _	Dont enfants _ _ _

10. COMMUNICATION			
10.1. Télécommunication par téléphone mobile			
Opérateur	10.1.a. Avant	10.1.b. Maintenant	
Orange	Oui <input type="checkbox"/> Non <input type="checkbox"/>	Oui <input type="checkbox"/> Non <input type="checkbox"/>	
Move	Oui <input type="checkbox"/> Non <input type="checkbox"/>	Oui <input type="checkbox"/> Non <input type="checkbox"/>	
Telecel	Oui <input type="checkbox"/> Non <input type="checkbox"/>	Oui <input type="checkbox"/> Non <input type="checkbox"/>	
Azur	Oui <input type="checkbox"/> Non <input type="checkbox"/>	Oui <input type="checkbox"/> Non <input type="checkbox"/>	
10.2. Quelle est votre source d'information principale pour suivre les nouvelles sur la crise ?			
<input type="checkbox"/> Radio <input type="checkbox"/> Chefs religieux <input type="checkbox"/> Bouche à Oreille <input type="checkbox"/> Journaux <input type="checkbox"/> Chefs communautaires <input type="checkbox"/> Internet			
10.3. Est-ce que la communauté a assez d'informations sur :			
- la crise Oui <input type="checkbox"/> Non <input type="checkbox"/>			
- l'accès à l'assistance humanitaire Oui <input type="checkbox"/> Non <input type="checkbox"/>			
10.4. Est-ce que la communauté a reçu une assistance en :			
- Santé	Oui <input type="checkbox"/> Non <input type="checkbox"/>	- Nutrition	Oui <input type="checkbox"/> Non <input type="checkbox"/>
- Eau	Oui <input type="checkbox"/> Non <input type="checkbox"/>	- Education	Oui <input type="checkbox"/> Non <input type="checkbox"/>
- Assainissement	Oui <input type="checkbox"/> Non <input type="checkbox"/>	- Protection	Oui <input type="checkbox"/> Non <input type="checkbox"/>
- Abris	Oui <input type="checkbox"/> Non <input type="checkbox"/>	- NFI	Oui <input type="checkbox"/> Non <input type="checkbox"/>
- Nourriture	Oui <input type="checkbox"/> Non <input type="checkbox"/>	- Sécurité Alim	Oui <input type="checkbox"/> Non <input type="checkbox"/>
10.5. Quelles sont les 3 besoins prioritaires pour la communauté ?			
1. _____			
2. _____			
3. _____			

CLARIFICATIONS
<p>Considérations générales :</p> <ul style="list-style-type: none"> - Les questions posées portent sur la période des 3 derniers mois seulement. - Si l'informateur clé ne répond pas ou ne connaît pas la réponse à la question, l'indiquer en rayant la réponse, de manière à ce qu'il n'y ait pas de confusion et de confirmer que la question a été posée. - Pour les réponses à choix multiples, posez d'abord la question seulement, laissez votre interlocuteur répondre librement et cochez les cases adéquates. Si la réponse ne permet pas de cocher les cases, énoncez les options.
<p>Catégorie d'informateurs-clé : se référer à la note méthodologique</p>
<p>1.6. : Pour la latitude et la longitude, consulter votre téléphone satellite, demandez à votre chauffeur. Si vous ne pouvez pas trouver la latitude et la longitude, indiquez N/A (Not Available)</p>
<p>2.1. Familles : Une famille est constituée des 2 parents et de leurs enfants. Pour les besoins de cet exercice, nous considérons qu'une famille comporte 5 personnes.</p>
<p>2.4.a. Pour aider les informateurs qui ne sont pas à l'aise avec les pourcentages, les énumérateurs peuvent leur demander d'estimer la propension des personnes déplacées par rapport aux villageois</p> <p>2.4.b. La plupart des gens qui sont arrivés peuvent être des adultes seuls et des enfants non-accompagnés, mais on ne peut pas avoir à la fois des adultes seuls et des familles en même temps. On choisit la réponse la plus représentative.</p>
<p>2.5. La différence entre Bâtiment et Espace public : les bâtiments sont dotés d'un toit pour abriter (ex : école, mairie), alors que les espaces publics sont à ciel ouvert (ex : terrain de foot)</p>
<p>4.3 : Pour l'option « violence », on comprend les conséquences d'actes violents qui impliquent des soins médicaux</p>
<p>7.3. Par « fonctionnelle », on entend que l'établissement fonctionne normalement et que les enfants vont à l'école.</p>

E. IOM SITE QUESTIONNAIRE

  		Monitoring des sites IDPs			
Date :					
Facilitateur Nom		Nom du site :			
Facilitateur Prénom		Préfecture :			
Organisation		Sous-préfecture :			
		Commune/Arrondissement			
Téléphone		Village/Quartier :			
Type de site : <input type="checkbox"/> Aire ouverte <input type="checkbox"/> Etablissement scolaire <input type="checkbox"/> Ambassade <input type="checkbox"/> Eglise/Paroisse/Monastère <input type="checkbox"/> Mosquée <input type="checkbox"/> Centre de santé/ hôpital <input type="checkbox"/> Autres, spécifiez _____		GPS :	Lat : Long :		
		Quel est le chiffre estimatif du site ?	Nombre total familles :		
			Nombre total personnes :		
		Quelle est la source de ces chiffres ?	<input type="checkbox"/> Gouvernement <input type="checkbox"/> Organisation humanitaire <input type="checkbox"/> Leader religieux/communautaires/local <input type="checkbox"/> Autre, spécifiez _____		
Situation dans les derniers 7 jours: <input type="checkbox"/> Attaques sporadiques, morts, blessés <input type="checkbox"/> Pas d'attaques, morts, blessés <input type="checkbox"/> Attaques fréquentes, morts, blessés	Quelle est la méthodologie utilisée pour dénombrer les IDPs? <input type="checkbox"/> Recensement <input type="checkbox"/> Enregistrement/liste de distribution: gestionnaire du site <input type="checkbox"/> Enregistrement/liste de distribution: comité de déplacés <input type="checkbox"/> Enregistrement/liste de distribution: organisation humanitaire <input type="checkbox"/> Estimations	Répartition âge et sexe de la population si disponible:			
Point focal (autres) Nom de contact principal : Téléphone :	Point focal autorités locales <input type="checkbox"/> Oui <input type="checkbox"/> Non Nom de contact principal : Téléphone :	Personnes	Hommes	Femmes	Total
		< 1			
		1-5			
		5- 14 ans			
		15 - 17 ans			
		18 - 24 ans			
		25- 49 ans			
		50 - 59 ans			
		60 ans +			
Type d'informateur clef	<input type="checkbox"/> Personnel médical/éducation <input type="checkbox"/> Représentant des déplacés <input type="checkbox"/> Représentant des femmes <input type="checkbox"/> Représentant des jeunes <input type="checkbox"/> Gouvernement/municipalité <input type="checkbox"/> Leader/représentant religieux/communautaires				
Quels sont les besoins les plus urgents dans ce site ? (Priorité 1= très urgent; 2= urgent; 3= moins urgent)		1. 2. 3.			
Quels sont les besoins d'informations les plus urgents pour la communauté dans le site ? Informations sur: (Cochez smlt trois) Proposition : Quels sont les autres besoins d'assistance les plus urgentes ?		<input type="checkbox"/> Accès à l'assistance médicale <input type="checkbox"/> Accès à l'éducation <input type="checkbox"/> Accès à l'assistance d'abris <input type="checkbox"/> Accès à l'eau/assainissement <input type="checkbox"/> Accès à l'assistance psychosociale <input type="checkbox"/> Membres des familles/enfants disparus <input type="checkbox"/> Accès à l'assistance sécurité alimentaire <input type="checkbox"/> Contacter les organisations humanitaires <input type="checkbox"/> Accès à la documentation (certificat de naissance, etc) <input type="checkbox"/> Accès aux Biens non comestibles (Drap, Tente, Nattes, Seau...)			
Quels sont les sources d'informations auxquelles la communauté fait la plus confiance? (indiquez les trois plus importante : 1= très forte ; 2= forte; 3= moins forte)		___ Leader communautaire ___ Leader religieux ___ Société civile ___ Personnel humanitaire ___ Radio ___ Gouvernement/municipalité ___ Famille/voisin/ami			



Monitoring des sites IDPs

Dans le site y-avait-il déjà une assistance: Abris <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Eau/assainissement <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Psychosociale (SGBV) <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas En vivres <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Biens non comestibles (Nattes,...) <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Santé <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Protection/Sécurité <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas		Y-a-t-il eu des incidents lors des assistances ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Si « oui » décrivez brièvement les faits :	
Y-a-t-il un mécanisme des gestions de plaintes dans le site? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas		Qui sont les structures/personnes qui sont en charge d'assurer la loi/sécurité dans le site? <input type="checkbox"/> Police/gendarmes <input type="checkbox"/> Militaires <input type="checkbox"/> Eléments armes <input type="checkbox"/> Communauté elle-même <input type="checkbox"/> Il n'y a pas d'état de droit <input type="checkbox"/> MISCA <input type="checkbox"/> SANGARIS <input type="checkbox"/> Autres, spécifiez _____	
Si « oui », pensez-vous que ce mécanisme est efficace ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas			
Le nombre des enfants non-pris en charge soit par ses parents soit par un membre de la famille, a-t-il pendant la semaine dernière: <input type="checkbox"/> Augmenter <input type="checkbox"/> Diminuer <input type="checkbox"/> Plus ou moins stable <input type="checkbox"/> Ne sais pas		Quel groupe fait face aux problèmes les plus graves dans cette communauté? <i>(Nommez trois au total: 1= plus au risque, 2=deuxièmes au risque, 3= troisièmes au risque)</i> - Personnes âgées (plus de 50 ans) - Personnes handicapées - filles (moins de 18 ans) - garçons (moins de 18 ans) - femmes	
		Number of deaths on site : - moins de 5 ans: - Plus de 5 ans: Number of births on site:	
		Les services médicaux sont-ils : <input type="checkbox"/> Payants <input type="checkbox"/> Gratuits <input type="checkbox"/> Ne sais pas	
Quels sont les mécanismes de survie que la population du site utilise ? (cochez tous qui sont pertinents) <input type="checkbox"/> familles qui vendent les animaux <input type="checkbox"/> familles qui vendent les possessions matérielles <input type="checkbox"/> familles qui réduisent le nombre des repas par jour <input type="checkbox"/> familles qui consomment la nourriture d'une moindre qualité <input type="checkbox"/> familles qui séparent pour chercher l'emploi <input type="checkbox"/> membre de la famille qui s'engage dans les travaux dangereux <input type="checkbox"/> membre de la famille qui mendie dans la rue <input type="checkbox"/> enfant qui doit travailler <input type="checkbox"/> membre de la famille qui a rejoint des éléments armes <input type="checkbox"/> membre de la famille/femme/jeune qui fait du petit commerce		Service médicale pour femmes enceintes disponible au site ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Nombre de femmes visiblement enceintes (6 mois et plus) : _____	
		Service médical et/ou psychosocial personnes survivantes de Violence Sexuelle ? <input type="checkbox"/> Médicale <input type="checkbox"/> Psychosociale <input type="checkbox"/> Ne sais pas Nombre de cas de VS rapportés : _____	
Ecole accessible pour enfants du site ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas	Si "non" pourquoi? (cochez tous qui sont pertinents) <input type="checkbox"/> école n'est pas ouverte <input type="checkbox"/> pas de moyen pour payer pour transport <input type="checkbox"/> pas de moyen pour payer pour inscription <input type="checkbox"/> chemin pour aller à l'école trop dangereux		
		Health Centre providing assistance: <input type="checkbox"/> Sur site <input type="checkbox"/> ONG : qui? _____ <input type="checkbox"/> Services mobile: qui? _____ Fréquence: _____ <input type="checkbox"/> Sur site: Name _____	



MINISTÈRE DE L'INTÉRIEUR
ET DE LA SÉCURITÉ

Monitoring des sites IDPs

Nombre de points d'eau fonctionnel sur site : _____	Il y a des problèmes pour accéder à l'eau? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas	Si "oui", quels sont les problèmes? <input type="checkbox"/> chemin pour aller dangereux <input type="checkbox"/> pas assez d'eau <input type="checkbox"/> longues heures d'attentes <input type="checkbox"/> des gens demandent de l'argent	
Nombre de latrines au site utilisables: _____	Latrines séparées hommes/femmes ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas	Quel est l'état des toilettes? <input type="checkbox"/> Bon <input type="checkbox"/> Moyen <input type="checkbox"/> Impraticable	Où la majorité de la population passe-t-elle la journée ? <input type="checkbox"/> Au site <input type="checkbox"/> Rentre à la maison/hors site <input type="checkbox"/> Ne sais pas
Y-a-t-il des patrouilles des forces de sécurité pendant la journée? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas Y-a-t-il des patrouilles de nuit ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas	Si « oui », quelle est la fréquence des patrouilles le jour? _____ fois/jour Si « oui », quelle est la fréquence des patrouilles la nuit? _____ fois/nuit		
Y-a-t-il des patrouilles de nuit ? <input type="checkbox"/> Non <input type="checkbox"/> Oui <input type="checkbox"/> Ne sais pas			

