



KEY MESSAGES

- ⇒ The upsurge in violence in December has caused **massive displacement in the Central African Republic**. More than 700,000 new cases of displacement have taken place since September 2014 (including over 500,000 in Bangui), while abuses against the civilian population are pervasive. The economy is reeling, undermining people's livelihoods. Health and education service provision has collapsed due to looting, and lack of supplies and staff.
- ⇒ Some **2.6m people currently require humanitarian assistance**. Priority needs include health, food, protection, and WASH. Immediate survival assistance is urgently required in IDP sites in Bangui. Women's priority needs are protection, and food.
- ⇒ While a surge in response capacity has taken place since the declaration of the Level 3 emergency in early December, **humanitarian access remains extremely challenging** due to insecurity. Many communities, especially in rural areas, have not received any external assistance since early December.
- ⇒ 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. In-depth sectorial assessments are required especially for shelter, nutrition and food security.

PRIORITY HUMANITARIAN NEEDS

Ouham, Ouham Pende, Ombella Mpoko, Nana Mambere, Nana Gribizi and Bangui

IDP sites in Bangui

- **Health:** provision of emergency health assistance, including medicine
 - **Protection:** ensuring security and protection for the growing IDP population in and out of sites
 - **Food Security:** ensuring access to food and livelihood assistance to some 1.3m people
 - **Water, Sanitation and Hygiene:** emergency assistance to communities lacking the most basic water, sanitation and hygiene services
- Immediate survival assistance in **Food and WASH** assistance
 - **Health:** emergency health support, health care for pre-existing conditions. The risk of epidemics is high
 - **Security:** IDPs will return home once the security situation gets better; in particular after the disarmament of armed groups;
 - **Communication:** provide reliable information to a population that relies on word of mouth

Gender: The top priorities for women include protection-related issues and food

BACKGROUND, SCOPE AND METHODOLOGY

Central African Republic descended into unprecedented chaos in December 2013. Even before then, life in CAR was daunting. The world had forgotten the 4.6 million people caught up in insecurity and instability caused by a crisis that started in 2012. Today, the country is on the brink of total collapse.

More than 700,000 new cases of displacement have taken place since September 2013, including over 500,000 in Bangui alone. Since December, the violence has lead to at least 1,000 deaths. **It is now estimated that 2.6m people require humanitarian assistance.** The surge in violence in December occurred after months of a steady deterioration in the political and security context in the Central African

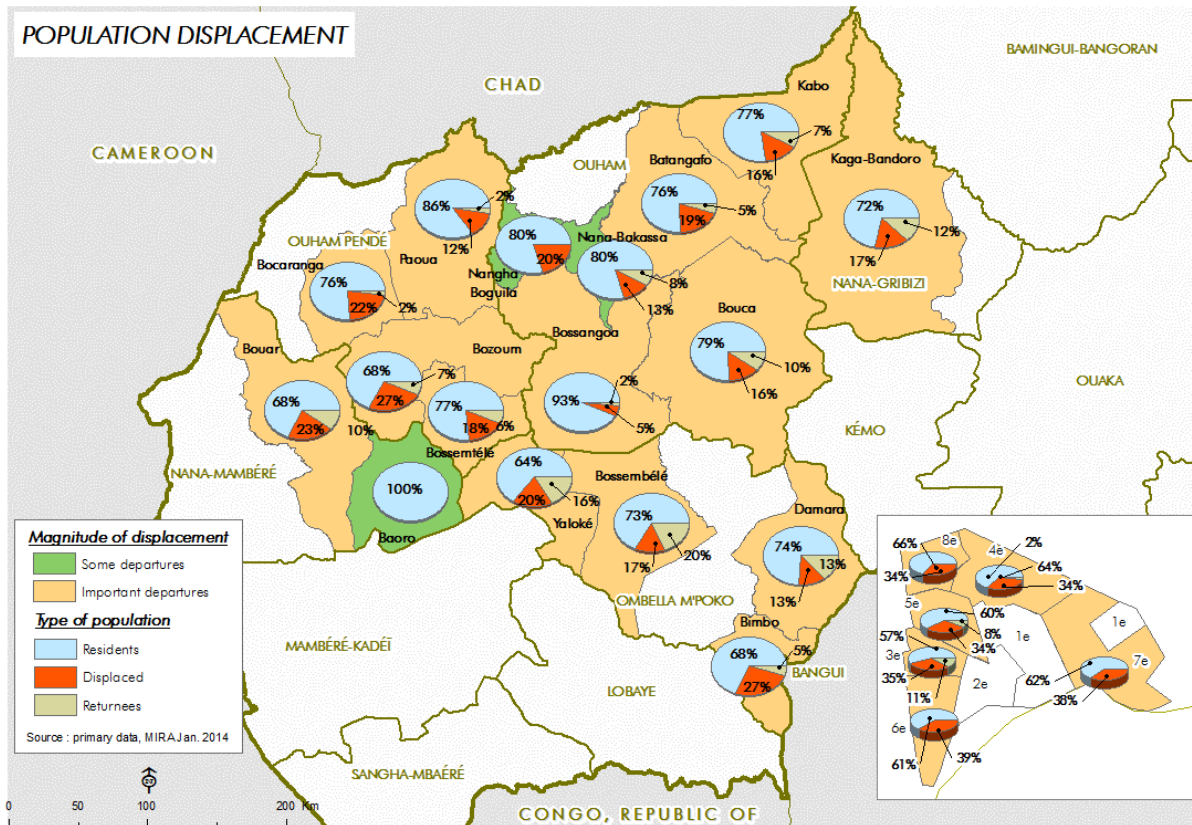
Republic that led to depressed economic activity, loss of administrative capacity, declining social service provision and protection incidents.

Upon declaration of a Level 3 emergency, the Central Africa Republic Humanitarian Country Team undertook a joint Multi-Sector Initial Rapid Assessment (MIRA). The MIRA covered Bangui as well as the central western prefectures of Ouham, Ouham-Pende, Nana-Mambere, Nana-Gribizi and Ombella-Mpoko, most affected by violence and displacement. The MIRA assesses the scope and impacts of the conflict on humanitarian needs, and will support the humanitarian community’s 2014 Strategic Response Plan.

How has the crisis affected people’s needs?

The crisis had led to widespread displacement in the capital Bangui during December

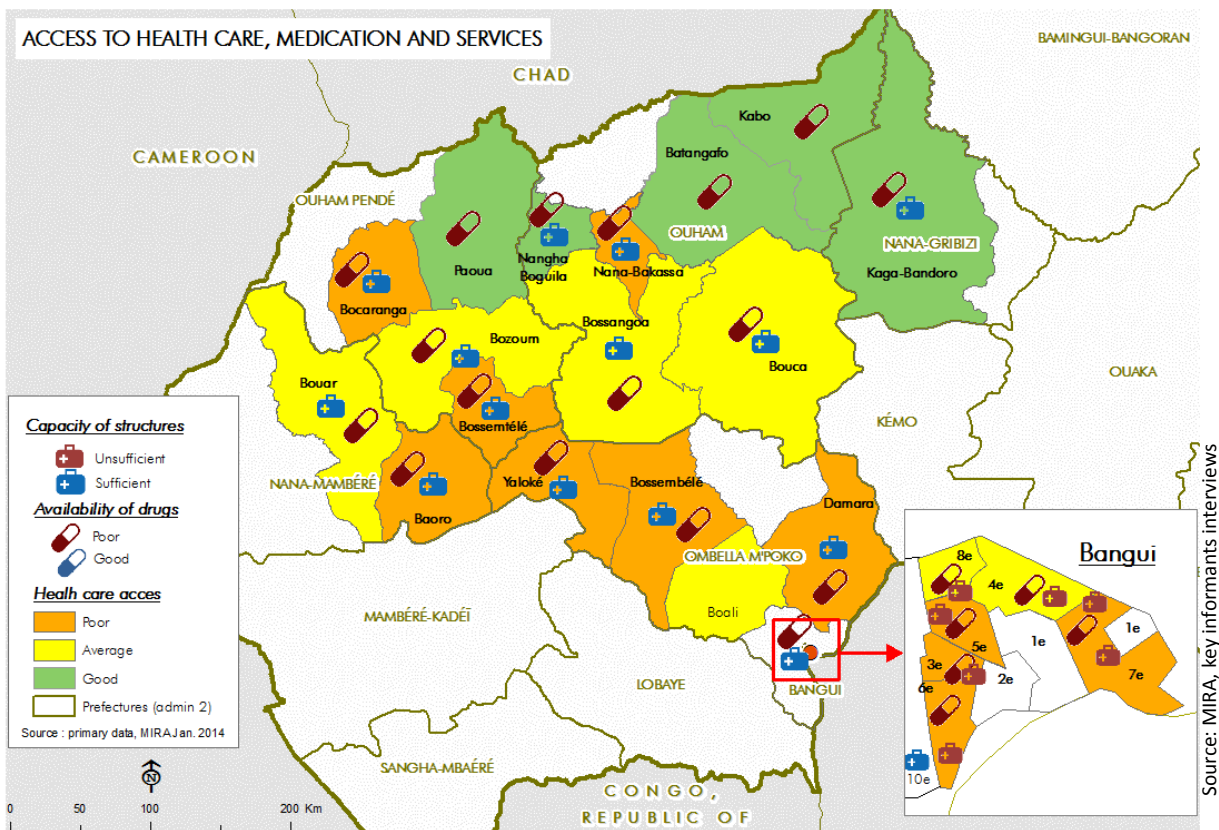
- The most vulnerable population includes IDPs, but also host communities who are sheltering those who fled the violence. As the map below shows, up to one-third of the population in Bangui had been displaced as of late December, while high rates of displacements are also reported in Bossangoa, Bouar and Bossambele.
- Some 50 per cent of IDPs in Bangui commute – they reside in camps at night, and return home during the day. Displaced groups are highly mobile and are difficult to track, living with host families and communities, or, in rural areas, in the bush. IDPs residing in camps in Bangui have conveyed no intention to return home as long as current levels of insecurity persist (Source: IOM).



Source: MIRA, key informants interviews

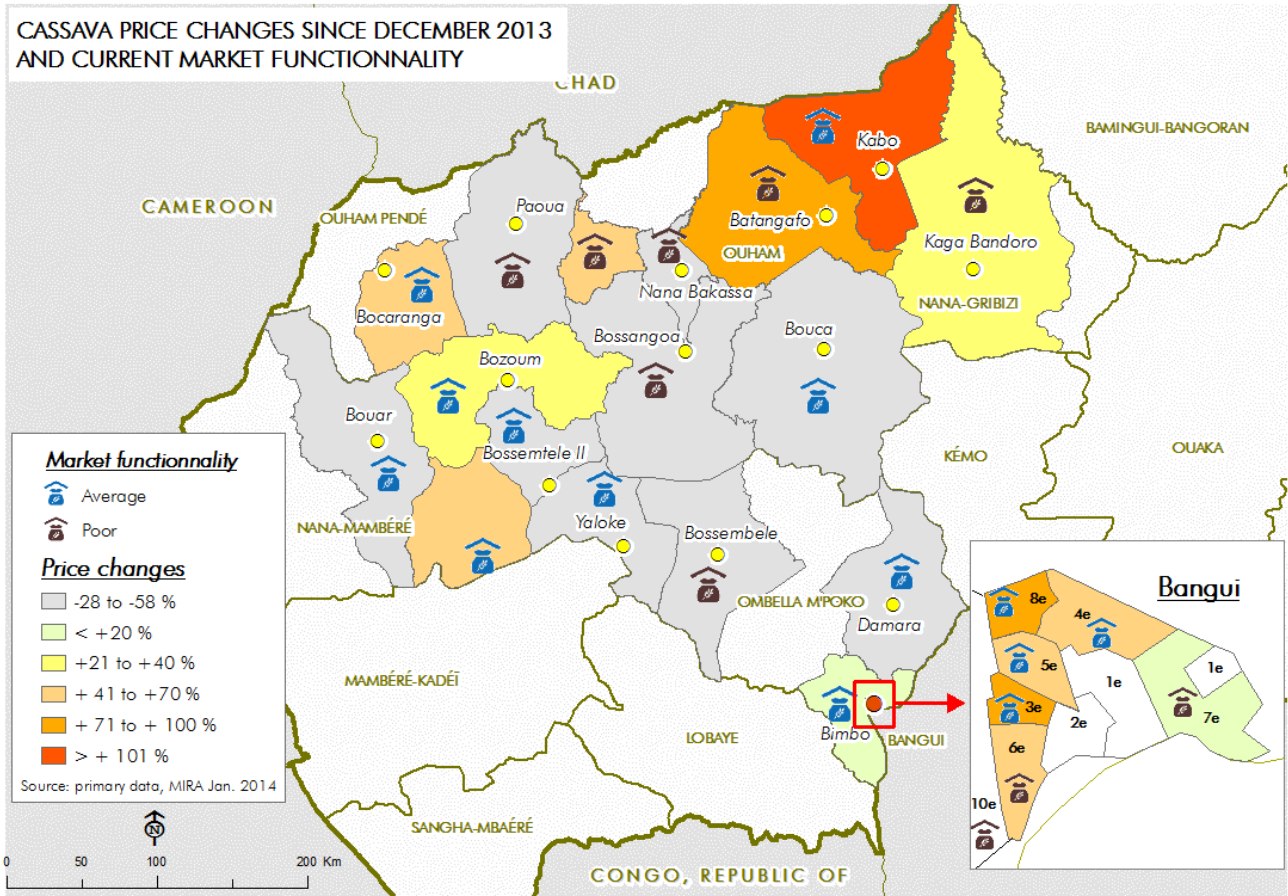
Health: access to health care in Bangui is generally poorer than in rural areas

- The health system, in particular in Bangui, has collapsed. Key informants report a 50% reduction in the number of functional health structures in Bangui and a 35% reduction in rural areas, since the crisis intensified on 5 December.
- Access to health services in Bangui is now as bad or worse than in many rural areas. Two thirds of the respondents in rural areas and Bangui report no access to health care, due to insecurity and lack of medicine. As the map below shows, in areas where health facilities remain functional, their capacity is insufficient to deal with current caseloads, while shortages of medical supplies are widespread.
- A December Health Cluster assessment mentions that in Bangui’s IDP camps, NGO-provided health care prioritizes life-saving activities. Curative emergency services are mainly provided, while preventive care -- such as routine vaccination, community based activities -- is postponed. Other services, such as obstetric care are currently not sufficiently available. On 31 December 2013, six cases of measles were confirmed in two IDP sites in Bangui.



Food security: decline in food consumption and uncertain prospects for the 2014 crop

- MIRA findings indicate that the average number of meals has declined from two or three to a single meal a day in assessed areas. A reduction in the quality of meals is also reported. Household food stocks are running out in both urban and rural areas, indicating that households will rely on humanitarian assistance or purchases until the next harvest mid-2014.
- Food prices across the country have increased substantially due to disruption of transportation services, markets and traders. Since December, prices have increased for 35-40% for oil, sugar and milk and by 15-25% for the staples cassava and maize, with higher increases in Kabo and Kaga-Bandoro.
- Looting has affected almost all communities and their principle livelihoods. Diminished purchasing power in the face of rising prices are expected to add to the 1.3 million Central Africans already facing crisis or emergency-level (IPC phase 3 and 4) food insecurity.
- Almost all communities report not having enough seed to plant for the next agricultural season, which raises the risk of a very poor agricultural harvest in 2014.



Water, Sanitation and Hygiene: an urgent priority in IDP camps

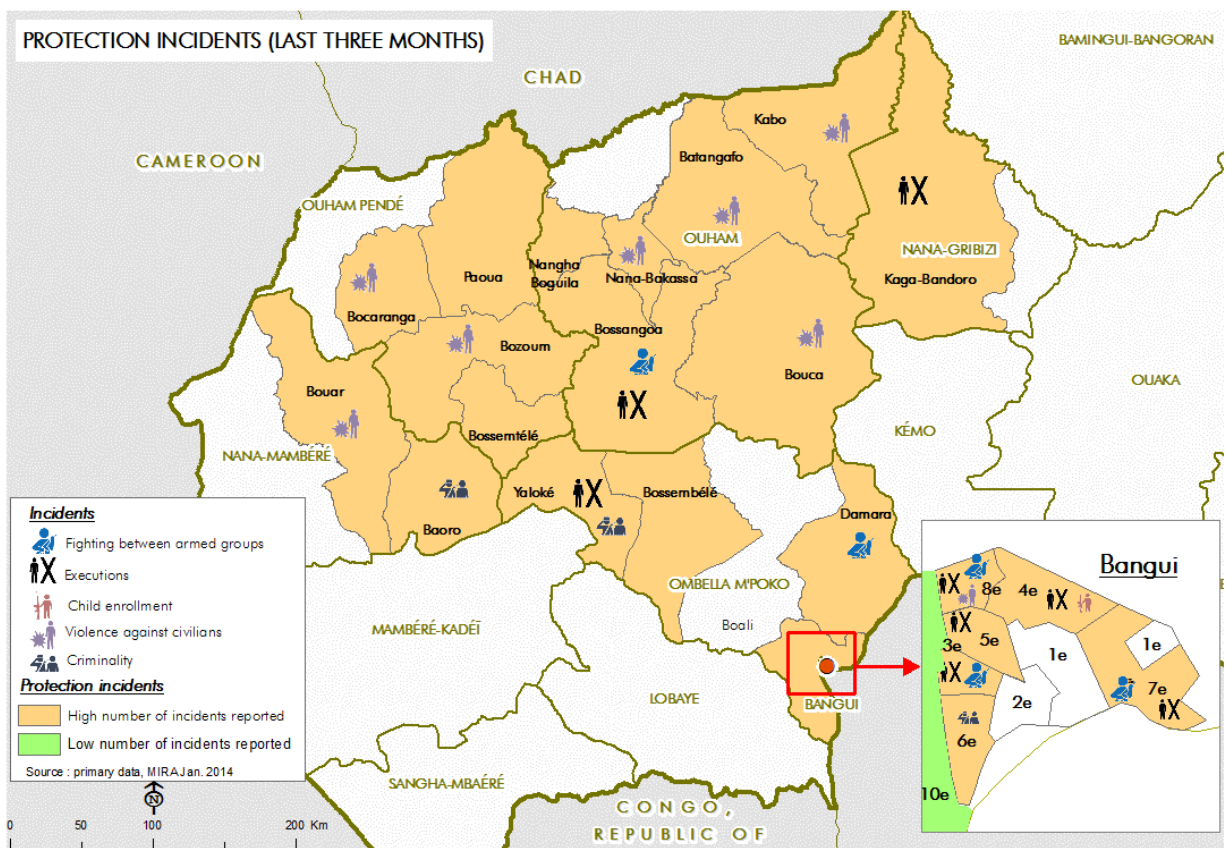
- Prior to the December 2013 conflict, only 3% of the population had access to functional family latrines. Following the recent violence, no camps meet SPHERE water and latrine standards, and some 70% of respondents indicated sanitation (notably waste management, lack of latrines, and open-air defecation) as their top three concerns. On average, there are of 1,200 persons per latrine, well above the 50 person/latrine SPHERE standard. The situation is worse in Bangui’s large camps, with an average of 4,000 people per latrine.
- Three fourths of the communities report that children’s diarrhea has increased and the same proportion mentioned diarrhea as one of their top 3 health issues. In Bangui, less than 1 in 10 communities currently have hand washing facilities, dramatically increasing the risk of waterborne diseases. Nearly 70% of communities report facing reduction of water consumption.

Shelter and Non-food items: Basic shelter is scarce for camp-residents

- Rapid Response Mechanism evaluations carried out in December 2013 show a high demand of basic NFI and plastic sheeting among IDPs.
- MIRA findings indicate that shelter is a top priority in the large urban IDP sites. The major problems raised by MIRA respondents relate to fundamental shelter issues such as protection from the elements as well as physical and material security, while quality of life problems such as private spaces for women and children seem to be considered less important. The rising cost of imported building materials will make access to shelter more difficult. An in-depth shelter survey is needed.
- In terms of non-food items, respondents in both rural and urban areas identified procurement of soap as the biggest problem, followed by kitchen utensils, mats and water containers. Although lack of money is consistently a greater problem than availability, respondents did mention that insecurity, looting and disrupted markets were barriers to accessing non-food items.

Protection: incidents are widespread, with women and children particularly vulnerable

- The fabric of society is being torn apart, with the increase in the number of female headed households, unaccompanied children, and the most vulnerable being left behind. In nearly nine of ten assessed communities, informants reported protection incidents in the last 3 months, overwhelmingly violence and summary executions (men), rape (women and girls), throughout the affected areas, with 96% of communities reporting incidents in Bangui. Nearly four of five assessed communities report the presence of non-accompanied children. As the map below shows, fighting among armed groups and summary executions were the most common incidents reported in Bangui, while violence against civilians was the most widely reported incident in rural areas.
- In IDP camps in Bangui, incidents of gender based violence within the sites began in early January. Information collected during protection monitoring and the hotline suggest that recently, young men being accused by the population of being either “Seleka” or “Anti-Balaka” were exposed to violent attacks, even killings. In addition, psychosocial stress and trauma of children is mentioned in reports for Bangui.



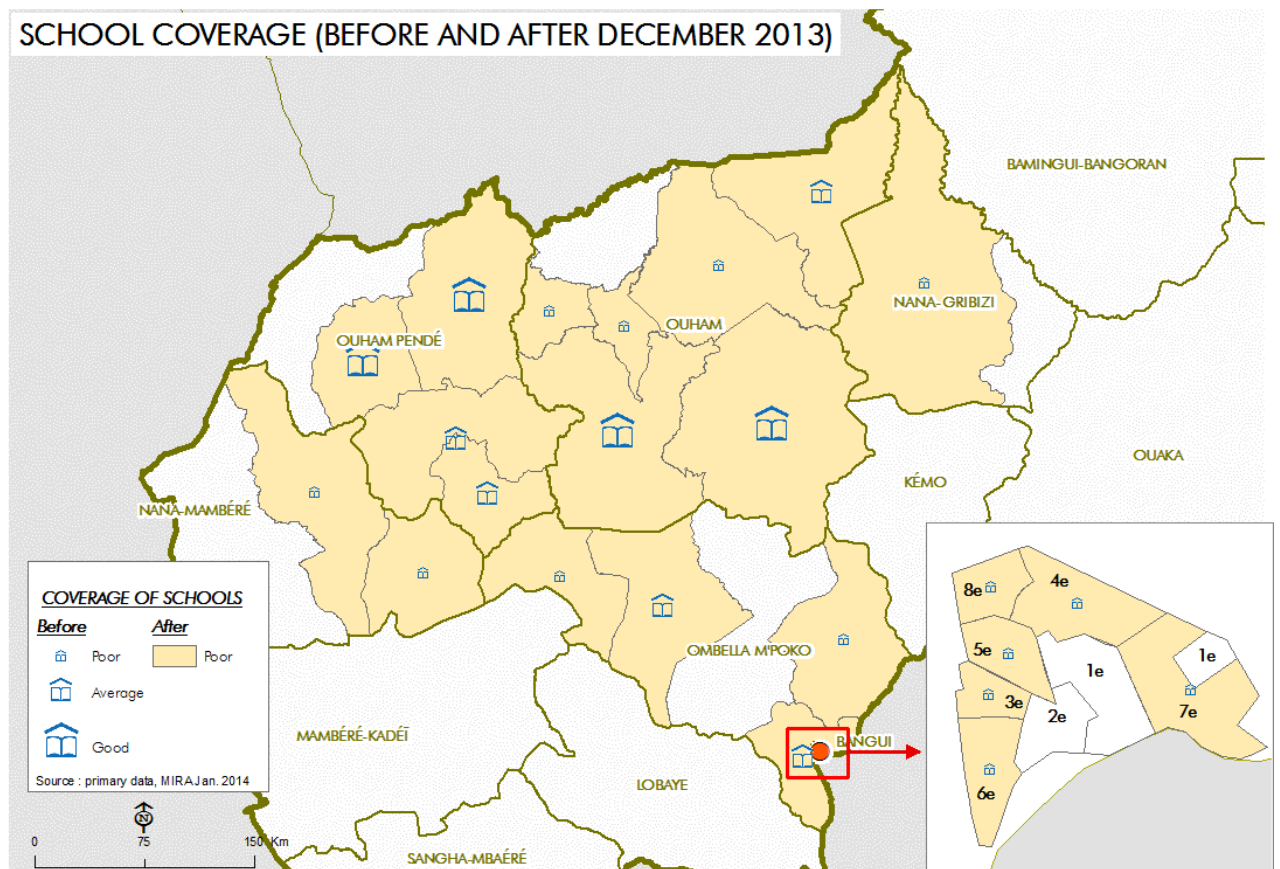
Source: MIRA, key informants interviews

Nutrition: rise in malnutrition expected in near future

- According to the June 2012 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. 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.
- 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. As of early January 2014, 5 outpatient therapeutic programme sites remain closed in Bangui due to insecurity, compromising the treatment of severe acute malnutrition cases in these locations. A new SMART survey is planned for March 2014.

Education: A second straight disrupted school year, many schools damaged or occupied by IDPs

- An August 2013 assessment conducted by the education cluster had indicated that schools in Bamingui-Bangoran, Haute-Kotto, Kemo, Ouaka, Nana-Gribizi, Ombella-M'Poko had been very much affected by insecurity (with 64% of schools in these areas vandalized or looted), while schools in Bangui were less affected. The cluster assessment indicated that many schools had closed in December 2012 and had not reopened by August 2013 resulting in a lost school year.
- MIRA findings show that the schools system has been affected in both rural areas and Bangui. Virtually no known schools have been reopened since the start of December's violence, with some 62% of school in Bangui currently occupied by IDPs. Damage to school buildings was reported by a large majority of respondents in Bossangoa, Bouca and Kabo. Access to education for IDPs in Bangui is limited as only 59% of sites have a school accessible within 1.5km. Only a third of IDP sites in peri-urban areas have access to a school compared with more than 3/4 of urban sites.



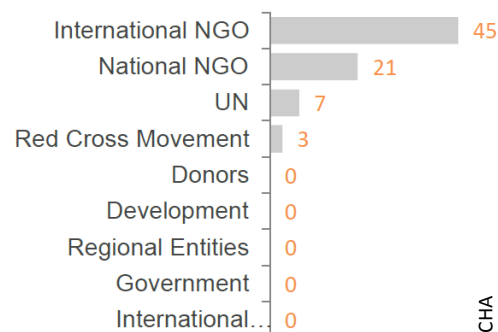
Gaps remain in communication and transportation

- Camp residents in Bangui have identified the need for information on humanitarian assistance as a priority need. Word of mouth and consequently rumors are the most usual way to get information. Information on assistance is not well disseminated, with 49% of urban respondents and 33% of rural respondents being sufficiently informed. People rely mainly on the radio to obtain information.
- Cell phone network coverage has worsened due to the crisis. While coverage remains acceptable in urban areas (60-80% of respondents report that coverage continues) coverage is much patchier in rural areas, where network coverage only continues in 10-30% of cases.
- Mobility has become much more difficult since the December crisis. The cost of transportation has doubled on average compared to before December, with cost increases greatest in urban areas. In average, 45% of key informants reported that their community no longer has access to transport. Ouham being most affected by the interruption in transportation services. Lack of transportation will have impacts on the cost of goods, including food, non-food items, medical supplies and farm inputs.

As response capacities are being scaled up...

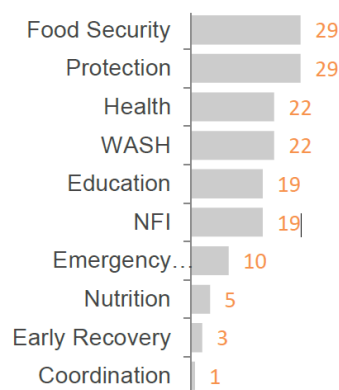
- Following the March 2013 coup, administrative and social services were not deployed to the Prefectures for several months. Only some of them resumed work in July 2013. With the lack of civil servants and teachers in communities, many schools and local offices being ransacked, the local administration is not functional.
- Over the last three months, 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. As of January 2014, there are more than 70 organisations involved in the assistance efforts in cooperation with the UN agencies in CAR, up from 43 in mid-December.
- 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.

By organisation type



Source: OCHA

By cluster



... humanitarian access remains challenging

- The MIRA found that 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%).
- Lack of security continues to hamper the delivery of essential humanitarian supplies especially in certain areas of Bangui. As recent distributions of food and non-food items notably in IDP camps attest, humanitarian access has somewhat improved. Humanitarian access remains unpredictable and needs to be closely monitored.

How was the study conducted?

The MIRA involved thorough literature review and data collection in the most affected areas of the country. Information 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 OCHA, with technical support from WFP, involved over 20 agencies. IOM provided the data on IDP camps. 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.

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