

# CENTRAL AFRICAN REPUBLIC



+ ICRC delegation   
 + ICRC sub-delegation   
 + ICRC office / presence

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ weapon-wounded people received timely medical care from two ICRC surgical teams in the Bangui hospital, while staff support/ drugs/medical supplies bolstered the Kaga Bandoro facility's capacities
- ▶ people affected by sexual and other forms of violence began to obtain medical services and psychosocial support through ICRC-supported health-care centres and counsellors in the Nana-Grébizy prefecture
- ▶ IDPs and returnees met their immediate needs through food rations and other support, in particular the provision of water and sanitation services at major displacement sites throughout the country
- ▶ detainees in Bangui and in certain provinces had better hygiene and sanitary conditions owing to regular ICRC visits and material support, and in some prisons, they benefited from food rations as well
- ▶ people separated by conflict or other circumstances, including unaccompanied minors, restored contact or were reunited with relatives through Movement family-links services
- ▶ the Central African Red Cross Society strengthened its emergency-response capacities by means of ICRC-provided support for first aid, medical evacuation, and human remains management

### EXPENDITURE (in KCHF)

Protection	3,638
Assistance	27,968
Prevention	2,227
Cooperation with National Societies	1,598
General	-
<b>Total</b>	<b>35,431</b>

of which: Overheads 2,118

### IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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### PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	254

The ICRC opened a delegation in the Central African Republic in 2007 in view of the non-international armed conflict in the north, but has conducted activities in the country since 1983. It seeks to protect and assist people affected by armed conflict/ other situations of violence, providing emergency relief, medical, surgical and psychological care, helping people restore their livelihoods, and rehabilitating water/sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces and other armed groups, and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	337
RCMs distributed	281
Phone calls facilitated between family members	112
People located (tracing cases closed positively)	362
People reunited with their families	45
<i>of whom unaccompanied minors/separated children</i>	44
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	903
Detainees visited and monitored individually	123
Number of visits carried out	75
Number of places of detention visited	20
<b>Restoring family links</b>	
RCMs collected	40
RCMs distributed	8
Phone calls made to families to inform them of the whereabouts of a detained relative	60

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 75,000	75,144
Essential household items	Beneficiaries 45,000	43,510
Productive inputs	Beneficiaries 45,850	49,447
Cash	Beneficiaries 19,000	6,337
Work, services and training	Beneficiaries 14,100	1,255
Water and habitat activities	Beneficiaries 701,250	510,000
<b>Health</b>		
Health centres supported	Structures 4	10
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	2
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 220	80

## CONTEXT

The depth of the violence that characterized the start of the year subsided in the last few months, but the situation in the Central African Republic (hereafter CAR) remained volatile: sectarian tensions fuelled by confrontations between anti-*balaka* (armed militia) elements and former Seleka forces continued to lead to daily violence against civilians and to mass displacement.

The CAR remained under a transitional government, and the political process advanced slowly, with presidential and parliamentary elections, aimed at restoring constitutional order, scheduled for 2015.

Multinational forces, including soldiers under the United Nations Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA), French troops under Operation Sangaris and those deployed by the European Union (EUFOR), were tasked with helping curtail violence and restore stability in the country.

Mass displacement meant that many people lost their belongings and means of livelihood, while coping mechanisms were increasingly strained, which led to a growing dependence on humanitarian relief. Public sector services, including health, remained largely absent throughout the year owing to destroyed infrastructure, lack of qualified staff, absence of sufficient resources, and insecurity. Security constraints, including attacks on humanitarian workers often hampered aid delivery.

## ICRC ACTION AND RESULTS

In 2014, the ICRC focused essentially on emergency response. It intensified its efforts to respond to the humanitarian needs both within and beyond Bangui, arising from the conflict and other situations of violence, including by appealing for extra funds. The prevailing insecurity, evolving needs and logistical constraints recurrently affected activities, obliging the ICRC to frequently adapt its response. Whenever possible, the ICRC partnered with the Central African Red Cross Society in its activities; it also continued to provide funds, materials and training to help the National Society expand its emergency response capacities.

Dialogue with weapon bearers, including various armed groups and multinational forces, was strengthened: they were reminded of their obligations under IHL and other relevant norms to respect civilians, the wounded and sick, health workers/infrastructure, and to facilitate the Movement's neutral, impartial and independent humanitarian action. Sustained interaction with media and other influential actors contributed to raising awareness of the plight of conflict-affected people, and sustained acceptance for Movement activities.

Supporting the casualty care chain and facilitating access to primary health care for conflict-affected communities remained priorities. Volunteers and medical staff were trained in first aid, and the community hospital in Bangui given assistance in the form of ICRC surgical teams and increased provision of drugs, medical supplies/equipment and funds; this enabled hundreds of weapon-wounded people to receive suitable treatment. In Nana-Grébizi prefecture, health services were enhanced by the ICRC's multi-dimensional approach, which included deployment of mobile clinics, subsequent support for health centres, assistance to the Kaga Bandoro prefectural hospital and the initiation of psychosocial support for victims of sexual violence.

Attacks and clashes caused widespread displacement in the first half of the year: in response, the ICRC distributed food and essential household items to IDPs and other vulnerable people in Bangui and elsewhere in the country to help them meet their urgent needs. Later, it provided more material assistance to IDPs and host communities in central and eastern CAR. Distributions of seed and tools, and cash-for-work programmes, helped communities resume economic activity and bolster their self-sufficiency. To facilitate access to clean water and reduce the incidence of water-borne diseases for residents and IDPs in Bangui and the north-eastern and central regions, the ICRC trucked in water, rehabilitated/constructed water infrastructure and supplied water treatment chemicals. Support for the overstretched State water company prevented disruption of services in Bangui and Ndélé.

When certain detention facilities reopened, the ICRC regularly visited detainees to monitor their treatment and living conditions. Dialogue with the authorities centred on systematic access to all detainees and the humanitarian situation in places of detention. Confidential dialogue with and support to prison authorities helped improve detention conditions for inmates. After months of ICRC-supplied food distributions, the Justice Ministry confirmed that it would resume responsibility for feeding inmates under its authority.

With the National Society, the ICRC provided family-links services to dispersed families. In coordination with the authorities and child-protection agencies, it helped unaccompanied children, including those previously associated with armed groups, restore contact with and rejoin their families. Coordinated Movement activities helped assure the dignified collection and burial of hundreds of sets of remains associated with conflict victims. In light of the massive displacement taking place regionally, the ICRC's delegation in the CAR worked with neighbouring delegations and National Societies to better coordinate its regional family-links response.

Strengthened coordination between Movement partners and continued contact with other humanitarian actors helped avoid duplication and maximize aid efforts.

## CIVILIANS

Based on documented allegations of abuse reported by victims, parties to the conflict and other weapon bearers were reminded of their obligations under IHL and other applicable law to protect civilians and their property, the wounded and sick, and medical and humanitarian personnel/infrastructure.

### Violence-affected people obtain basic care at ICRC-supported health centres in Nana-Grébizi

Violence-affected people, including children and pregnant women, obtained basic services (curative and ante/post-natal care, and vaccinations) at health centres in Dissikou, Mbrès and Ouandago, which resumed their activities with ICRC material/staff support. Previously, such people had been dependent, for eight months, on ICRC mobile health clinics in five locations. In total, 63,307 consultations were conducted.

Heightened sectarian tensions also left some minority groups without access to medical services. Wounded and sick people were evacuated/accompanied to the referral hospital in Kaga Bandoro, where they received appropriate care. Others were referred to medical facilities in Bangui. After treatment, they returned safely home or to their host communities, with the ICRC's help.

In Birao, Obo and Rafai, some 18,000 IDPs and residents received free malaria testing from ICRC-trained community health workers. Afterwards they received appropriate treatment, pre-empting the need for hospitalization. Owing to reduced needs at the Saint Sauveur site in Bangui, the ICRC ended its five-month emergency support for the private health centre there; IDPs and neighbouring residents received 7,407 consultations and 886 antenatal consultations.

### **Victims of sexual and other violence receive psychosocial support**

In Nana-Grébizi, 283 people suffering from conflict-related trauma, including 146 victims of sexual violence, were helped to cope by means of psychosocial, and when pertinent, medical support from ICRC-trained counsellors in three villages. Many patients had several follow-up sessions. Some 5,000 community members learnt more about the consequences of violence, particularly against women; this helped to set up referral systems and prevent stigmatization.

### **Separated relatives restore contact with ICRC help**

People dispersed by conflict/violence or other circumstances restored/maintained contact with their relatives through Movement family-links services, including RCMs, telephone calls and short oral messages conveyed by Central African Red Cross/ICRC staff. People sought information about their relatives through hundreds of tracing requests, which were opened in and out of the CAR and dealt with in coordination with delegations and National Societies in neighbouring countries.

In total, 44 separated minors, including 25 previously associated with armed groups, were reunited with their relatives in the CAR and abroad through Movement efforts coordinated with other actors concerned. After discussions with the ICRC, the authorities agreed to provide minors with passes to facilitate cross-border reunifications.

In Bangui and other violence-affected towns, hundreds of persons received dignified burials thanks to ICRC-trained and supported National Society volunteers who collected and handed their remains over to the families, or buried them. When possible, efforts were taken to make identification possible at a later stage.

### **IDPs and returnees meet immediate needs**

While the population in IDP sites fluctuated, IDPs at seven sites in Bangui were assisted in meeting their daily needs with half-rations consisting of rice, beans, oil and salt provided by the ICRC on a bi-weekly or monthly basis, according to their needs. Innovative tools – for digitized registration, for example – made distributions to some 11,000 people more effective and efficient. Some 15,000 households (75,000 people) mostly IDPs received food assistance, including thousands of displaced households and host families outside Bangui who met their daily nutritional needs during the lean season with a one-month ration of dry food.

In Farazala and in villages around Bambari, some 8,905 households (43,510 people) coped with climatic challenges, prepared family meals and maintained an improved level of hygiene with essential items distributed by the National Society/ICRC.

### **Communities resume livelihood activities with ICRC-provided seed and tools**

Some 10,990 resident and returnee households (49,447 people) resumed livelihood activities, including by cultivating up to half a hectare in Bambari, Bouar and Kaga Bandoro with staple seed and tools provided by the ICRC.

In Birao and Kaga Bandoro, 442 households (2,210 people), including those for whom help had been delayed owing to conflict at the end of 2013, diversified their crops, for sale or consumption, through seed and tools for vegetable gardening. Owing to monitoring challenges caused by insecurity, fewer households than targeted were reached.

The multiplication of disease-resistant cassava cuttings enabled 26 farmers' groups to produce an average of 20 tonnes of cassava per hectare. The farmers also benefited from training, financial and other support. Using the harvest from these fields, 26 other farmers' groups produced healthy plants in Bambari, Birao and Kaga Bandoro. In total, 1,255 people (303 households) benefitted from such training and support.

In Kaga Bandoro, a vaccination campaign conducted in cooperation with the government and National Society volunteers increased the productivity of 580 herders' livestock: 14,675 heads of cattle were vaccinated.

Some 500 households (2,448 people) covered their basic needs for at least a week through cash-for-work projects: restoring houses in Dekoa and Nana Outa that had been destroyed; building shelters for IDPs in Kaga Bandoro; constructing fences to protect cassava fields in Birao; and clearing the air strip in Kaga Bandoro.

Owing to the focus on emergency response, support to local committees/tradesmen for managing materials donated to help them increase their incomes, such as carts and bicycles, were postponed.

### **IDPs in violence-affected areas have better access to water**

Some 180,000 IDPs who had sought refuge at various sites in Bangui, Bambari and Kaga-Bandoro benefited from emergency assistance: daily supplies of trucked-in water and rehabilitation/expansion of water connections to the national water network (SODECA). At the peak of the crisis, IDPs at the airport in Bangui received as much as 420,000 litres of water daily. IDPs also improved their hygiene conditions through the construction of basic sanitation infrastructure (separate latrines and showers for men, women and children), the establishment of a waste collection system and hygiene promotion sessions, which helped prevent the spread of diseases.

In urban areas of Bangui, Birao, Kaga Bandoro and Ndélé, some 423,500 people had regular access to safe water thanks to the rehabilitation of key infrastructure, the donation of chemical products, and the provision of technical support for maintaining the water system.

In rural areas of Bamingui-Bangoran and Nana-Grebizi, 17,500 people had better access to water after the rehabilitation of wells and hand pumps. Some 3,100 others began to rebuild their homes with donated tools and materials.

The rehabilitation of water points and hygiene-awareness campaigns, conducted by the National Society with ICRC support, improved living conditions for some 30,000 people in the villages of Gaga and Yaloke.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Some 900 detainees received visits conducted according to the ICRC's standard procedures: delegates monitored their treatment and living conditions, and vulnerable inmates, such as minors, women and the ailing, received individual follow-up. Afterwards, findings and, where necessary, recommendations were submitted

confidentially to the detaining authorities. Similar visits, on an ad hoc basis, took place at smaller places of detention run by armed groups.

Detainees and their relatives restored contact through family-links services. ICRC financial support helped some return home after their release. At their request, foreigners had their embassies notified of their situation.

Dialogue continued with the arresting authorities – MINUSCA, French forces under Operation Sangaris, CAR *gendarmerie* and police, and the detaining authorities under the Justice/Interior Ministries and the intelligence services – on systematic access to detainees and the humanitarian situation in places of detention.

On two occasions, acting in its capacity as a neutral intermediary, the ICRC facilitated the return home of 11 persons held by different armed groups, at the groups' request.

### Authorities resume responsibility for feeding inmates

Owing to several factors, the ICRC took over the task of providing an adequate food supply in prisons before the authorities confirmed that they would resume responsibility for feeding inmates. Hundreds of inmates at prisons under the Justice Ministry's authority met their immediate needs through food rations and hygiene items distributed by the ICRC, as needed.

Several wounded detainees from the Bangui central prison received timely medical treatment from an ICRC surgical team following their transfer to the community hospital. Donations of medical kits bolstered the prison's capacity to provide immediate medical care for wounded or ailing detainees.

An assessment to rehabilitate the water/sanitation facilities of one of the main transitory places of detention in Bangui was conducted and shared with the authorities.

## WOUNDED AND SICK

### Weapon-wounded people receive suitable treatment at ICRC-supported hospitals

Some 920 weapon-wounded people were treated at the ICRC-supported Bangui community hospital, where ICRC surgical teams performed 2,536 operations. The hospital's teams were reinforced by ICRC-employed local staff, including National Society volunteers, and supported with donations of drugs/medical

supplies. Patient management and working conditions in the surgical department (80 beds) improved after the renovation of the operating theatre and the sterilization of patients' wards.

Wounded and sick people were also treated at the Kaga Bandoro hospital, which received similar support. People whose cases were serious or complicated and required surgery, in Bambari and Kaga Bandoro, were transported to Bangui, usually by plane. Both hospitals reinforced their capacities to provide safe blood transfusions.

### Malnourished children benefit from therapeutic feeding in Kaga Bandoro

The establishment of a therapeutic nutrition unit at the Kaga Bandoro hospital helped some 60 severely malnourished children to begin to recover their health. The paediatric ward reinforced its capacities with additional staff; their salaries were paid by the ICRC.

Some 660 people, including community members, weapon bearers and National Society volunteers, learnt basic first aid during National Society/ICRC training sessions.

In order to bolster physical rehabilitation capacities in the country, four students received ICRC sponsorship to attend a three-year prosthetic and orthotic course in Lomé, Togo.

## ACTORS OF INFLUENCE

At information sessions and in dialogue, including high-level meetings, political authorities, weapon bearers, religious/traditional leaders and community members discussed the humanitarian consequences of the conflict, the importance of protecting the civilian population and the Movement's role and activities. In Bambari, Kaga Bandoro, Ndélé and western CAR, some 400 religious/community leaders learnt more about IHL, respect for medical/humanitarian personnel and their work, and Movement activities.

Weapon bearers were reminded of the importance of respecting civilians and of facilitating safe access for violence-affected people to medical/humanitarian aid. Briefings for over 800 members of security forces and armed groups furthered their understanding of the basic rules of IHL and human rights law, and of the ICRC's activities.

Representatives of multinational forces and leaders of armed groups were regularly briefed on the ICRC's activities and humanitarian concerns through bilateral contact and dialogue.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAR AUTHORITIES	ARMED GROUPS	MISCA/MINUSCA
<b>ICRC visits</b>			
Detainees visited	828	64	11
<i>of whom women</i>	24		
<i>of whom minors</i>	31	4	
Detainees visited and monitored individually	113	3	7
<i>of whom women</i>	6		
<i>of whom girls</i>	1		
<i>of whom boys</i>	11	1	
Detainees newly registered	121	3	7
<i>of whom women</i>	6		
<i>of whom girls</i>	1		
<i>of whom boys</i>	11	1	
Number of visits carried out	60	12	3
Number of places of detention visited	10	7	3
<b>Restoring family links</b>			
RCMs collected	40		
RCMs distributed	8		
Phone calls made to families to inform them of the whereabouts of a detained relative	60		

## Over 2,000 people in Bangui familiarize themselves with humanitarian principles and the Movement

Other communication efforts raised public awareness of the plight of violence-affected people and created support for Movement activities. In Bangui, through a joint effort with the National Society, nearly 2,000 students and people from major districts and women's and youth associations were made aware of the Movements' activities in the region; this helped to promote understanding of and acceptance for humanitarian principles and the Movement's work, which continued despite the uncertain security situation. ICRC representatives regularly briefed local and international media on the humanitarian situation in the country; they drew attention to the needs of people affected and to the respect and protection due to medical and humanitarian workers.

## RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society and the ICRC strengthened their partnership, particularly in the areas of first aid, human remains management, hygiene and sanitation, the distribution of relief items, restoring family links and public communication (see *Civilians*).

The National Society upgraded its first-aid training curriculum. With ICRC support, it also reorganized its emergency response teams, particularly within Bangui, enabling them to respond more effectively to the needs of violence-affected people. Volunteers involved in the collection, transportation and burial of human remains received psychosocial support from the ICRC.

At an extraordinary General Assembly, organized with ICRC support, representatives from National Society branches throughout the country discussed various issues related to institutional development. Technical committees for communication, emergency response and security management were created. The ICRC provided National Society branches with office supplies. However, owing to security constraints, staff at only certain branches could be trained in project management.

The agreement on Movement coordination signed in February, and the security framework agreement signed in November, helped strengthen coordination mechanisms.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		337	84		
RCMs distributed		281	23		
Phone calls facilitated between family members		112			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		45			
including people registered by another delegation		7			
People transferred/repatriated		73			
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered		1,397	351	274	179
including people for whom tracing requests were registered by another delegation		1,076			
People located (tracing cases closed positively)		362			
including people for whom tracing requests were registered by another delegation		327			
Tracing cases still being handled at the end of the reporting period (people)		999	242	207	130
including people for whom tracing requests were registered by another delegation		709			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAMs/SCs newly registered by the ICRC/National Society		219	64		89
UAMs/SCs reunited with their families by the ICRC/National Society		44	11		25
including UAMs/SCs registered by another delegation		7			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		98	23		46
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
Detainees visited		903	24	35	
Detainees visited and monitored individually		123	6	1	11
Detainees newly registered		121	6	1	11
Number of visits carried out		75			
Number of places of detention visited		20			
<b>Restoring family links</b>					
RCMs collected		40			
RCMs distributed		8			
Phone calls made to families to inform them of the whereabouts of a detained relative		60			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	75,144	16%	66%
	<i>of whom IDPs</i>	69,917		
Essential household items	Beneficiaries	43,510	21%	60%
	<i>of whom IDPs</i>	16,207		
Productive inputs	Beneficiaries	49,447	21%	56%
	<i>of whom IDPs</i>	21		
Cash	Beneficiaries	6,337	18%	22%
	<i>of whom IDPs</i>	1,434		
Work, services and training	Beneficiaries	1,255	27%	44%
Water and habitat activities <sup>1</sup>	Beneficiaries	510,000	50%	30%
	<i>of whom IDPs</i>			
<b>Health</b>				
Health centres supported	Structures	10		
Average catchment population		72,330		
Consultations	Patients	63,307		
	<i>of which curative</i>		16,973	29,509
	<i>of which ante/post-natal</i>		2,533	
Immunizations	Doses	12,790		
	<i>of which for children aged five or under</i>	12,102		
Referrals to a second level of care	Patients	1,275		
Health education	Sessions	79		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	1,595		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	4,056	1,152	1,109
	<i>of whom weapon-wounded</i>	924	112	21
	<i>(including by mines or explosive remnants of war)</i>	113		
	<i>of whom other surgical cases</i>	1,055		
	<i>of whom medical cases</i>	1,600		
	<i>of whom gynaecological/obstetric cases</i>	477		
Operations performed		2,536		
Outpatient consultations	Patients	38,482		
	<i>of which surgical</i>	7,738		
	<i>of which medical</i>	23,828		
	<i>of which gynaecological/obstetric</i>	6,916		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	80		

1. Owing to operational and management constraints, figures presented in this table may not reflect all activities carried out during the reporting period.