

# CENTRAL AFRICAN REPUBLIC



+ ICRC delegation   
 + ICRC sub-delegation   
 + ICRC office/presence  
+ ICRC-supported prosthetic/orthotic project

## KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Conflict/violence-affected people accessed basic health and medical services at ICRC-supported facilities, despite insecurity limiting health-care delivery; victims of sexual violence received psychosocial support.
- ▶ In areas where security conditions were more stable, conflict/violence-affected people worked to restore their livelihoods with the help of ICRC-supplied seed/tools and vaccinations for their livestock.
- ▶ IDPs, primarily those affected by the outbreak of violence in Bangui, met their immediate needs through food/essential household items provided to them; they also benefited from improvements in water supply.
- ▶ During dialogue with the ICRC, the authorities and weapon bearers were reminded of their obligations under IHL, such as the need to facilitate humanitarian access to conflict/violence-affected communities.
- ▶ Unaccompanied/separated minors, including some formerly associated with armed groups, restored contact with their relatives through the regional family-links network; some reunited with their families.
- ▶ As a result of discussions between the authorities and the ICRC, all detained persons under the purview of the ICRC received visits in accordance with the organization's standard procedures.

## EXPENDITURE IN KCHF

Protection	4,184
Assistance	27,657
Prevention	2,880
Cooperation with National Societies	1,353
General	66
<b>Total</b>	<b>36,139</b>
<i>Of which: Overheads</i>	<b>2,198</b>

## IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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## PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	311

The ICRC opened a delegation in the Central African Republic in 2007, 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 and 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, 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 **MEDIUM**

## PROTECTION

### CIVILIANS (residents, IDPs, returnees, etc.)

	Total
<b>Restoring family links</b>	
RCMs collected	554
RCMs distributed	341
Phone calls facilitated between family members	1,036
People located (tracing cases closed positively)	578
People reunited with their families	47
<i>of whom unaccompanied minors/separated children</i>	40

### PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

<b>ICRC visits</b>		
Detainees visited		1,055
Detainees visited and monitored individually		105
Number of visits carried out		50
Number of places of detention visited		16
<b>Restoring family links</b>		
RCMs collected		33
RCMs distributed		6
Phone calls made to families to inform them of the whereabouts of a detained relative		48

## ASSISTANCE

### CIVILIANS (residents, IDPs, returnees, etc.)

		2015 Targets (up to)	Achieved
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	126,100	60,379
Essential household items	Beneficiaries	70,000	11,880
Productive inputs	Beneficiaries	60,500	73,956
Cash	Beneficiaries	1,000	10,932
Vouchers	Beneficiaries	7,500	
Services and training	Beneficiaries	40	

### Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	667,000	708,369
<b>Health</b>			
Health centres supported	Structures	8	6

## WOUNDED AND SICK

Hospitals supported	Structures	2	2
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<b>Water and habitat</b>			
Water and habitat activities	Number of beds	70	320

<b>Physical rehabilitation</b>			
Projects supported	Structures		1

## CONTEXT

The general situation in the Central African Republic (hereafter CAR) remained volatile. Despite an overall decrease in the prevalence of violence over the past two years, pockets of insecurity and socio-political tensions remained: for instance, there was an outbreak of communal violence in Bangui in late September. A rise in criminal activity targeting the civilian population and humanitarian organizations alike, coupled with security concerns, hampered the delivery of aid to communities. Public services, especially health care, continued to be weak and many medical facilities remained closed. Hundreds of thousands of families displaced in and beyond the country have not yet returned to their places of origin because of persistent insecurity. Those who did, found their homes and means of livelihood damaged or destroyed; some became victims of thefts or attacks.

In view of the renewed outbreaks of violence in Bangui, the planned withdrawal of French troops was slowed down and the UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) changed its approach and focused on restoring stability, in cooperation with local security forces.

At the conclusion of the Bangui National Reconciliation Forum in May, recommendations were made, notably for the demobilization and disarmament of armed groups.

The first round of presidential and legislative elections, postponed due to violence, took place in December.

## ICRC ACTION AND RESULTS

In 2015, the ICRC strove to help victims of conflict/violence in the CAR cope with their situation. The slight improvement in the security situation in parts of the country allowed the ICRC to shift its focus towards helping communities in those areas build their resilience to the effects of the armed conflict; it also continued to respond to emergency needs, particularly in Bangui following heightened violence in September. Logistical constraints and security concerns within and outside Bangui, however, affected the implementation of some of the organization's activities. The ICRC furthered its dialogue with the parties to the conflict in order to maintain access to communities in need of assistance. Whenever possible, it carried out activities with the Central African Red Cross Society.

The ICRC maintained its efforts to help prevent the recurrence of abuses by encouraging respect for IHL and support for humanitarian action among weapon bearers, such as multinational forces, Central African soldiers and members of armed groups. They were reminded, through briefings and confidential dialogue, of their obligation to protect civilians and facilitate people's access to medical/humanitarian aid. The ICRC documented allegations of abuse reported to them and shared some of these with parties concerned.

People suffering from conflict-related trauma, including victims of sexual violence, received psychosocial support from ICRC-trained counsellors. At information sessions, communities learnt more about the plight of victims of sexual violence and were urged to refer them to medical/psychosocial-support services. Infrastructure upgrades and the provision of medical supplies/equipment to health facilities helped ensure that conflict-affected people – including the wounded, sick or malnourished – received quality primary health and/or medical care. Two ICRC surgical teams continued to work at the hospital in Bangui, although the ICRC medical team in Kaga

Bandoro withdrew in mid-October, owing to managerial constraints at the facility there. The ICRC began providing material/training support to a local NGO producing prostheses/orthoses.

The ICRC helped conflict/violence-affected people to resume their livelihoods; for example, returnees received seed and tools for restarting farming activities and had their livestock vaccinated. Newly displaced people extended their food supply and eased their displacement with trucked-in water, food and household essentials. To increase access to clean water and help prevent the spread of water-borne diseases, local authorities and the ICRC upgraded water systems in IDP camps and urban areas; the National Society conducted hygiene-promotion sessions.

Unaccompanied children and other people separated from their families re-established contact with relatives through family-links services. Several minors formerly associated with armed groups were reunited with their families following risk assessments in their communities, and after community members were made aware of these minors' specific vulnerabilities.

Dialogue with the authorities on the ICRC's working methods enabled the organization to visit all detainees within its purview in accordance with its standard procedures. Through regular visits, the ICRC monitored detainees' treatment and living conditions; the authorities received confidential feedback and, when necessary, recommendations. Infrastructure upgrades improved detainees' living conditions; wounded detainees received emergency care from ICRC surgical teams at an ICRC-supported hospital.

At information sessions, community/religious leaders, students and representatives of women's and youth associations learnt more about their role in protecting conflict/violence-affected people. Sustained interaction with the media and other influential actors helped broaden awareness of the humanitarian situation and raise support for Movement activities.

Through training and the provision of financial/material/technical support, the ICRC helped the National Society strengthen its capacities in emergency response, restoring family links, human-remains management and coordination with Movement partners.

## CIVILIANS

Amidst a situation made unstable by intermittent tensions, the ICRC continued documenting allegations of abuses, including forced recruitment and sexual violence, reported to it; afterwards, it discussed some of them confidentially with the parties concerned. Authorities and weapon bearers, including multinational forces conducting law enforcement operations, were reminded of their obligations under IHL and other applicable law to protect civilians and their property, the wounded and the sick, and medical/humanitarian personnel and infrastructure (see *Wounded and sick* and *Actors of influence*).

In Kaga Bandoro, victims of abuse received assistance in the form of psychosocial support at ICRC-backed facilities (see below), financial assistance to cover medical/transportation costs and/or referrals to other agencies for livelihood support.

### **Over a thousand people receive psychosocial support for conflict-related trauma**

In Nana-Grébizi prefecture, where insecurity and financial/staffing constraints limited or prevented the operations of most public health facilities, around 27,800 persons benefited from consultations

at four clinics supported by the ICRC; additionally, more than 3,000 mothers received obstetric care. Sick and/or wounded patients requiring secondary care were referred to the ICRC-supported hospital in Kaga Bandoro (see *Wounded and sick*).

At two of the above-mentioned clinics and at a counselling centre in Kaga Bandoro, 1,772 people suffering from conflict-related trauma, including 229 victims of sexual violence, obtained psychosocial support from ICRC-trained counsellors. Displaced children shared their experiences during group therapy sessions. Information sessions made communities more aware of the consequences of the ongoing violence, particularly rape, and the importance of post-exposure prophylactic treatment for victims of sexual violence within 72 hours of an assault; these sessions aimed to address the possible stigmatization of victims and to encourage their referral for appropriate medical care.

In Birao, 10,711 IDPs and residents availed themselves of free tests for malaria, conducted by health workers trained by the ICRC; almost 97% of them were treated for the disease.

After a 2014 assessment found a high incidence of malnourishment among patients in ICRC-supported hospitals, patients and their caregivers in Bangui began receiving monthly food rations to complement the food provided by the hospital. Over 2,700 families in Kaga Bandoro, each of whom had a severely malnourished child undergoing ambulatory treatment, received dry food rations to discourage the sharing of therapeutic food meant for the child with his or her siblings. Some 670 adults accompanying a severely malnourished child to the hospital for treatment benefited from financial support.

### **Farming and pastoral households, including returnees, restore their livelihoods**

Farming households in Bambari and Kaga Bandoro, and those in Markounda who had returned from Chad, received seed, cassava cuttings and tools before the planting season in 2015. Some 10,000 heads of households (supporting around 50,000 people) were thus able to cultivate up to two hectares of staple crops and vegetables, helping them restore their livelihoods. Among them, some households also received food rations to help cover their needs during the hunger gap period between harvests; this helped them avoid having to consume seed meant to be used for planting.

Ten farmer groups (some 640 households/3,200 people) in Bambari and Kaga Bandoro participated in cash-for-work projects wherein they planted disease-resistant cassava cuttings in order to provide more cuttings for their communities and ensure that they had better harvests. More than 170 households (around 870 people) protected their fields from being destroyed by livestock with fencing wire provided by the ICRC.

In Bambari, some 40 heads of displaced households (205 people) earned cash by taking part in the construction of the Bambari hospital fence (see *Wounded and sick*), thus supplementing their family's income. Over 3,600 households (18,290 people) owning over 47,300 heads of livestock helped lower the rates of mortality among their cattle after having the animals vaccinated against disease.

### **People displaced by violence meet their immediate needs**

Over 22,000 people – IDPs and members of the communities hosting them, as well as returnees – extended their supply of food with ICRC-distributed rations. Among these IDPs were some 14,360 people who had been displaced for several months

in Bangui. ICRC food distributions in the capital were gradually phased out from April onwards to contribute to support for IDPs returning home, but resumed in November, after more people were internally displaced by the violence in September.

In total, over 2,370 families (11,880 people) rebuilt their homes with ICRC-provided building materials and returned to them after being displaced. Among them, more than 4,000 IDPs (some 800 households) in Bambari and Ouham-Pende also improved their living conditions after being supplied with other household essentials.

To lower the risk of disease among IDPs in Kaga Bandoro and at the airport in Bangui, where the number of IDPs has increased (see above), a waste-collection system was established and sanitation facilities were maintained or repaired. Those in Bambari and Bangui learnt more about hygiene practices through hygiene-promotion activities conducted by National Society volunteers. At all three sites, over 57,000 IDPs had adequate access to water thanks to water-trucking and/or the installation/upgrading of infrastructure undertaken by the ICRC or by the national water board with ICRC support.

Over 626,000 people living in the urban areas of Bangui and Ndélé had a reliable supply of clean water following the donation of water-treatment chemicals and materials/tools for maintaining water systems. In Nana-Grébizi, Bamingui-Bangoran and Vakaga prefectures, more than 11,500 people had access to safe water from upgraded or newly constructed water points. Through training, national water board technicians learnt more about maintaining and managing these water infrastructures. Other activities to increase people's access to water in rural areas, however, were prevented by poor security conditions.

### **Minors formerly associated with armed groups are reunited with their families**

Members of families dispersed by violence, detention or by other circumstances restored contact with one another via short oral messages, RCMs or phone calls facilitated by the regional family-links network maintained by the Central African Red Cross, other National Societies in neighbouring countries, and the ICRC. A total of 40 minors, some of whom were formerly associated with armed groups, were reunited with their families; to ease their reintegration, risk assessments were carried out in their communities and community members informed of the minors' specific vulnerabilities. Sporadic improvements in the security situation allowed the National Societies concerned and the ICRC to facilitate the repatriation of several children from refugee camps in Chad (see *Chad*), enabling them to rejoin their families in the CAR. A vulnerable family in the CAR also reunited with their relatives in Cameroon.

Over 70 National Society volunteers participated in training to make them more capable of providing family-links services, particularly in areas where the ICRC had limited access. National Society volunteers also continued their efforts to recover and facilitate the dignified burial of the remains of those who had died as a result of conflict/violence; in many cases, the National Society returned the remains to the families of the deceased.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **Authorities allow visits to all detainees within the purview of the ICRC**

Discussions with the authorities on its working methods enabled the ICRC to visit, according to its standard procedures, all detainees

within its purview – including those under interrogation. Over 1,000 detainees held by the State or by armed groups received visits. Particular attention was given to vulnerable detainees, such as minors and persons held in relation to the conflict. Authorities received confidential feedback and, as necessary, recommendations.

Through oral and written representations with the authorities concerned, the ICRC brought attention to issues related to the treatment of detainees, including judicial guarantees, and to the State budget for detainees' food and access to health care. Notably, dialogue with the authorities on the vulnerability of minors resulted in the latter being held separately from adults.

Detainees contacted relatives through family-links services; several foreign detainees notified their embassies of their situation via the ICRC.

#### **Detainees are provided with food and basic hygiene items**

On the basis of the findings of an ICRC assessment of prison health services, the authorities received donations of medical items for the treatment of detainees. Several wounded detainees received emergency care from ICRC surgical teams after being transferred to a hospital in Bangui.

To supplement government efforts and prevent shortages, over 1,000 detainees received food assistance from the ICRC. One place of detention established a garden to grow vegetables for the consumption of detainees, with ICRC support.

Living conditions for detainees in four places of detention improved following infrastructure upgrades, particularly to water/sanitation systems; a total of 650 detainees received basic hygiene items.

### **WOUNDED AND SICK**

#### **Patients and hospital staff benefit from improved infrastructure**

To help ensure prompt treatment/evacuation of the wounded, 749 people, including community members and weapon bearers, learnt first aid during National Society/ICRC training. The National Society drew on ICRC expertise in enhancing its training module.

Over 100 critically injured/ill patients were brought to Bangui – mostly by plane – where they were treated by one of two ICRC surgical teams stationed there. The overall decrease in violence meant that fewer people had to be treated for weapon wounds; in total, 395 surgical procedures on weapon-wounded patients were performed at the ICRC-supported hospitals in Bangui and Kaga Bandoro.

Improvements to water, sanitation and electrical infrastructure at health facilities in Nana Grebizi and Kaga Bandoro helped improve working conditions. Infrastructure upgrades began in Bangui, and hospital authorities received assistance in contingency planning. Staff at these hospitals participated in training sessions to strengthen their patient-management skills; technical support and provision of medical supplies/equipment helped them carry out their tasks. ICRC support to the hospital in Kaga Bandoro, including the assignment of a medical team, was discontinued mid-October because of managerial difficulties.

Staff and patients at the hospitals in Bangui and Kaga Bandoro learnt more about the issues covered by the Health Care in Danger project through briefings from the National Society/ICRC. In Bambari, a fence clearly marked with the emblem was built around

the hospital to increase the protection of those within against armed elements. At a seminar, hospital personnel devised practical measures for enhancing patient and staff safety.

#### **Local NGO strengthens its capacity to produce prostheses/orthoses for disabled people**

Disabled people stood to benefit from the ICRC's renovation of a small prosthesis/orthosis workshop run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique, which also received supplies and equipment. A technician working at the facility underwent training at ICRC rehabilitation centres abroad, and seven students studying prosthetics/physiotherapy benefited from ICRC support. Discussions with the authorities continued on the possibility of the ICRC constructing a physical rehabilitation centre.

### **ACTORS OF INFLUENCE**

#### **Government forces and armed groups reinforce their knowledge of IHL and other applicable norms**

Dialogue with the authorities, weapon bearers, religious/traditional leaders and community members focused on the humanitarian consequences of the ongoing situation, the importance of protecting the civilian population, and the Movement's role and activities.

During ICRC briefings, sometimes held in coordination with regional and international actors, more than 2,500 soldiers – including those from newly deployed battalions; the police; the *gendarmérie*; and members of armed groups – heightened their awareness of their obligations under IHL and international human rights law, particularly the need to facilitate conflict/violence-affected people's safe access to medical/humanitarian aid. A representative of the army attended a workshop abroad on the rules governing military operations (see *International law and policy*). Multinational and local defence forces, and armed groups, received regular updates on humanitarian concerns and ICRC activities.

#### **Local journalists hone their ability to report on the plight of conflict/violence-affected people**

Through information sessions and discussions, nearly 3,000 people from major districts, youth organizations and women's associations, as well as students and community and religious leaders, learnt more about their roles in contributing to the protection of conflict/violence-affected people and to the safety of humanitarian personnel; such initiatives aimed to facilitate the provision of health-care services and the Movement's access to violence-stricken communities. Diplomats and representatives of international organizations stayed abreast of the humanitarian situation through bilateral talks or during coordination meetings.

National and international media reported on the humanitarian situation in the country, following information sessions, briefings and interviews with ICRC delegates. Following their participation in ICRC-organized seminars and briefings, 130 local journalists were better equipped to report on the issues faced by conflict/violence-affected people and knew more about the protection afforded to them by IHL during armed conflict.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Central African Red Cross maintained its partnership with the ICRC in the areas of restoring family links, distributing relief, promoting hygiene practices and fostering respect for IHL (see above). With ICRC support, the National Society continued to assist the government in evacuating casualties and managing human remains.

Through ICRC technical/financial/material support, which included equipping and training response teams, 27 branches of the National Society enhanced their emergency response capacities, particularly in preparation for the elections, and coordination with Movement partners; however, the implementation of these activities and those related to the Safer Access Framework was limited because of National Society administrative issues.

The National Society worked towards management reforms and the revision of its strategic plan, in cooperation with the ICRC and other Movement partners, but these were delayed due to the elections and the outbreaks of violence during the latter part of the year. The National Society's participation in a regional workshop on the Fundamental Principles and the Movement, an annual National Society legal advisors meeting and Movement statutory meetings received financial assistance from the ICRC.

Movement components in the CAR met regularly to coordinate their activities, thereby avoiding duplication of effort and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SC*		
RCMs collected		554	41		
RCMs distributed		341	16		
Phone calls facilitated between family members		1,036			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		47			
	<i>including people registered by another delegation</i>	18			
People transferred/repatriated		6			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		1,746	376	343	214
	<i>including people for whom tracing requests were registered by another delegation</i>	957			
People located (tracing cases closed positively)		578			
	<i>including people for whom tracing requests were registered by another delegation</i>	453			
Tracing cases still being handled at the end of the reporting period (people)		2,835	660	509	371
	<i>including people for whom tracing requests were registered by another delegation</i>	1,896			
<b>UAMs/SC*, including demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		61	15		33
UAMs/SC reunited with their families by the ICRC/National Society		40	21		19
	<i>including UAMs/SC registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		88	32		24
<b>Documents</b>					
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		1,055	38	47	
			Women	Girls	Boys
Detainees visited and monitored individually		105	3		16
Detainees newly registered		75	3		15
Number of visits carried out		50			
Number of places of detention visited		16			
<b>Restoring family links</b>					
RCMs collected		33			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		48			

\*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	60,379	21%	60%
	<i>of whom IDPs</i>	29,793		
Essential household items	Beneficiaries	11,880	20%	55%
	<i>of whom IDPs</i>	4,090		
Productive inputs	Beneficiaries	73,956	25%	54%
	<i>of whom IDPs</i>	377		
Cash	Beneficiaries	10,932	74%	13%
	<i>of whom IDPs</i>	1,019		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	708,369	50%	40%
	<i>of whom IDPs</i>	65,470		
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		27,959		
Consultations	Patients	35,789		
	<i>of which curative</i>		12,682	16,822
	<i>of which ante/post-natal</i>		3,277	
Immunizations	Doses	27,449		
Referrals to a second level of care	Patients	491		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	1,021		
Essential household items	Beneficiaries	650		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	854		
<b>Health</b>				
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	3,401	1,187	917
	<i>of which weapon-wounded</i>	395	52	17
	<i>(including by mines or explosive remnants of war)</i>	18		
	<i>of which other surgical cases</i>	1,107		
	<i>of which internal medicine and paediatric cases</i>	1,349		
	<i>of which gynaecological/obstetric cases</i>	550		
Operations performed		1,424		
Outpatient consultations	Patients	13,286		
	<i>of which surgical</i>	6,213		
	<i>of which internal medicine and paediatric</i>	6,082		
	<i>of which gynaecological/obstetric</i>	991		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	320		
<b>Physical rehabilitation</b>				
Projects supported	Structures	1		