

HIGHLIGHTS (4 Sep 2020)

- The humanitarian situation in the Central African Republic is still worrisome, in a context marked by the fight against COVID-19.
- The Humanitarian Fund for the Central African Republic allocated funds to provide front line humanitarian workers with a helicopter to deliver aid in hard-to-reach areas.
- Standing with vulnerable people in Batangafo.
- Humanitarian organizations in the Central African Republic provided life-saving assistance to more than 1.2 million people during the first six months of the year.



The Health Cluster organized a training on the response to the COVID-19 pandemic in emergency situations for health and nutrition partners in Bangui. Here a nasopharyngeal sampling session. @OCHA/Yiran Lin, 2020

KEY FIGURES

2.6M

People in need of humanitarian assistance

1.9M

People targeted for assistance in 2020

2.36M

Food-insecure people

659K

Internally displaced people

624K

Central African refugees

4729

COVID-19 cases

62

COVID-19-related deaths

FUNDING (2020)

\$553.6M

Required

\$212.4M

Received



FTS: <https://fts.unocha.org/appeals/923/summary>

CONTACTS

François BATALINGAYA

Head of Office

francois.batalingaya@un.org

Maxime NAMA CIRHIBUKA

Head of Public Information

namacirhibuka@un.org

Anita CADONAU

Reporting Officer

anita.cadonau@un.org

ANALYSIS (4 Sep 2020)

The Central African Republic faces health and humanitarian consequences of COVID-19

First case: 14 March 2020

Total cases: 4,729 (3 September 2020)

Total deaths: 62

Affected regions: All seven health regions of the country. The epicentre of the pandemic is the capital Bangui where an estimated 17% of the population (947,829 people) live. **Transmission:** The Ministry of Health and Population indicates that the virus is predominantly spread through community transmission. Only one in five deaths occurred at hospitals, the others within the community. Given limited testing capacities, the government's diagnostic strategy, since July 2020, limits tests to suspected cases and people at risk. Thus, the observed decrease in new confirmed cases should be interpreted with caution. For illustration, 31,126 people have been tested as of 31 August 2020, resulting in a 15 per cent rate of positive cases, which is relatively high compared by international comparison. Nearly three quarters of positive cases are men.



Measures to prevent the spread of COVID-19 painted on a public building. @OCHA / Virginie Bero. Bangui, Ombella M'Poko Prefecture, Central African Republic, 2020.

Schools: Schools started to gradually reopen in mid-July after they were closed countrywide on 27 March. Classes in an examination year continued in July and August whereas all other classes resume with the start of the academic year 2020-2021 in September. According to UNESCO, an estimated [976,622 Central African children](#) are affected by the school closure. Fear persists that some of them will never return to school, adding a further layer to the already poor level of education marked by the lack of qualified teachers and school infrastructure. In addition, analysis shows a rise in sexual violence against children in Bangui during the school closure.

Borders: Bangui Airport resumed commercial flights on 13 July after its closure in late March. Employees from international organizations, NGOs and diplomatic missions arriving by international flights are subject to a 14-day quarantine. Land borders are open and the provision of commercial goods that arrive predominantly from neighbouring Cameroun is assured, however, delays are reported.

Containment measures: The government imposed the closure of bars and night clubs, limited the number of people for gatherings and imposed the mandatory wearing of protective face masks in public spaces. However, the country is facing important challenges in reinforcing these measures in the capital Bangui, as well as in the prefectures. Places of worship have reopened after a temporary closure.

Situation

Since the first case was detected in the Central African Republic (CAR) in mid-March, the Ministry of Health and Population confirmed that 4,711 people have contracted COVID-19, including 62 who died as a subsequence, (as of 31 August 2020). All seven health regions of the country have reported cases, with the capital Bangui being the hardest hit by the pandemic.

According to the World Health Organization (WHO), CAR is one of the least prepared countries to face the COVID-19 outbreak, with 2.3 million people already in need of health assistance and about 70 per cent of health services provided by humanitarian organisations. The country's health system, marked by a chronic lack of medical equipment, critical medicines, qualified personnel and poor road infrastructure that disrupts supply chains, was under extreme stress prior to the pandemic and has been further stretched to prevent, contain and treat COVID-19.

Stocks of personal protective equipment for health personnel covers less than a third of the estimated need in the coming months. [No stock](#) is available in remote parts of the country where access is difficult. Only two ventilators are currently available in CAR. There are four COVID-19 treatment centres in Bangui and there are seven health isolation centres for the



treatment of mild and moderate cases or to provide quarantine outside the capital. This situation makes it extremely challenging for the government and humanitarian organizations to respond to the pandemic and maintain essential services.

Among the most at risk are the 659,000 internally displaced people (IDP). Risks of transmission are particularly high at overcrowded collective sites such as in Bria, Haute-Kotto Prefecture, where some 50,000 people live.

Aggravating factors include limited access to water in a country where only one in three inhabitant has access to clean drinking water, lack of sanitation facilities and infrastructures and weak and limited presence of national authorities to enforce containment measures. COVID-19 also has direct and indirect impacts on food security and nutrition in CAR. According to the latest food security alert from the Integrated Food Security Phase Classification (IPC), over half of the Central African population (2.36 million) are acutely food insecure (IPC Phase 3+). Some families lost their incomes at a time when they face higher living costs related to the pandemic. The containment measures also have indirect negative impacts, limiting poor households' physical access to areas where they typically earn income from daily labour or adding increased transport costs. Prices of basic food and non-food items have again increased in July, reaching their highest level since the beginning of the year. A 5 per cent increase compared to June was registered during the latest market analysis.

Response

Humanitarian and development partners have joined the government's efforts to prevent and respond to the COVID-19 pandemic in CAR. They have been supporting the decentralization of the response strategy at the health district level. Testing is now possible in four regions, namely in Bouar (Nana-Mambéré), Berberati (Mambéré-Kadéï), Bambari (Ouaka) et Bangassou (Mbomou), thanks to the Global Fund that provided GeneXpert cartridges adapted to COVID-19 tests. Laboratory technicians were trained in these towns with the support from WHO and the Pasteur Institute in Bangui.

With the support of humanitarian partners, seven isolation and treatment centres for COVID-19 patients have been set up in the Bambari, Bria (Haute-Kotto), Bouar, Paoua (Ouham Pendé), Bimbo (Ombella M'Poko), Berberati and Bossangoa (Ouham) – regions that were initially prioritized for the COVID-19 response. The humanitarian response is also underway in health districts not included in the initial priority list due to the evolution of the epidemic, such as Bangassou, Ngaoundaye (Ouham Pendé), Bocaranga-Koui (Ouham Pendé), Bégoua (Ombella M'Poko) and Batangafo (Ouham). In the Bégoua health district, for example, the NGO Médecins du Monde has built isolation and triage spaces in five health centres and in collaborating with Humanity and Inclusion trains health workers in psychological support and mental health. In addition, WHO has provided the Ministry of Health with 26 oxygen concentrators financed by the United Nations Central Emergency Response Fund (CERF) and the World Bank.

CERF via the International Organization for Migration (IOM) also allocated in July US\$5 million to the NGOs International Rescue Committee (IRC), International Medical Corps (IMC), Alliance for International Medical Action (ALIMA) and Médecins d'Afrique (MDA) to intensify the response to COVID-19 in the center, east and north of the Central African Republic, where the selected NGOs have been implementing emergency response programs for several years. This funding allows assisting 220,000 vulnerable people, including 87,000 displaced persons living in deplorable sanitary conditions conducive to the spread of the virus. The funds will enable the construction, rehabilitation and equipment of 19 isolation and treatment centres for COVID-19 patients and improving epidemiological surveillance mechanisms. Medical staff will be recruited, and drugs and supplies will be procured. In addition, psychosocial agents will ensure that the mental health of patients and their families is also taken care of.

Humanitarian actors are setting up water points and handwashing stations at IDP sites and in host communities, training health workers and community volunteers, distributing hygiene kits and protective equipment to attend the needs of health centres. Thousands of people have been reached with campaigns to raise awareness to prevent transmissions.

The World Food Programme (WFP) has launched its support to vulnerable people affected by the pandemic in and around Bangui through cash-based assistance worth USD 532,000 to 51,000 beneficiaries. Furthermore, WFP supported 350 patients in hospitals across the country in July.

Innovative partnerships have also emerged to ensure an inclusive response that protects the most vulnerable. At the end of July, Médecins sans frontières (MSF) and WFP signed an agreement to provide food assistance to 1,245 people living with HIV/AIDS and their dependents in Paoua. In Bouar and Baboua, WFP and World Vision also modified their beneficiary criteria to provide food assistance to people impacted by COVID-19 or chronic diseases.

As part of its decentralization strategy, the Ministry of Health has introduced a community-based surveillance strategy. A pilot project was implemented in the 3rd district of Bangui in July in partnership with the Central African Red Cross and the Directorate General of Civil Protection. The community-based surveillance teams are trained to raise awareness of COVID-19 prevention measures, detect and report suspicious cases and deaths in the communities, monitor simple and moderate cases, refer serious cases to hospitals and trace contacts of infected persons. The implementation of community-based surveillance in the rest of the country will follow. Humanitarian partners will support the implementation through existing networks of the community relays.

In July 2020, the United Nations and its partners updated the [Humanitarian Response Plan](#), a US\$152.8 million appeal to address the most immediate and critical health and non-health related needs of millions of Central Africans affected by the consequences of COVID-19. Thus, for this year, a total of US\$553.6 million are required for the Central African Republic, of which nearly 38% or US\$209.7 million have already been mobilized.

EMERGENCY RESPONSE (4 Sep 2020)

Delivering life-saving assistance to people in hard-to-reach areas

In the Central African Republic (CAR), recurrent violence, limited and dilapidated road infrastructures have long prevented humanitarian actors from accessing vulnerable people. While the dry season from November to May is an opportunity to access areas that remain off limits during the rainy season, some localities are difficult to reach all year round.

The country has a surface area of 622,984 km² but only 2.5% of its road network is paved. Insecurity resulting from armed groups activities has displaced one in four Central Africans. Some 2.6 million people, more than half of the population, are still in need of humanitarian assistance. The COVID-19 pandemic has exacerbated existing vulnerabilities amid dwindling resources. Only 38% of the US\$ 553 million requested under the 2020 Humanitarian Response Plan (HRP) have been mobilized to date.

The locality of Ouadda in the south eastern prefecture of Haute-Kotto faces multiple challenges. Access to basic services is among the lowest in the world and inter-community conflicts take place on a regular basis. Last July, five people were killed and 1,520 others - about 20% of the town's 7,700 residents - were displaced following inter-community clashes. Despite a mediation mission conducted in early August by local authorities, the displaced have not been able to return home. Several checkpoints set up by armed groups have since restricted the freedom of movement for civilians. There are no armed forces or internal security forces in the area.



Rapid nutritional screening revealed alarming results. @WHO/Arsène Konzelo. Ouadda, Haute-Kotto Prefecture, CAR, 2020.

Since the last humanitarian mission to Ouadda in December 2019, Ouadda has remained isolated from the rest of the country, as there are no telephone network covering the area. On 7 August, the humanitarian community chartered a helicopter from the United Nations Humanitarian Air Service (UNHAS) and traveled to the town. With a [US\\$ 9 million](#) allocation from the CAR Humanitarian Fund, the deployment of the helicopter to CAR will enable the delivery of life-saving assistance in hard-to-reach areas, and the provision of multisectoral responses to the most urgent needs identified in the 2020 HRP. The helicopter will also carry in-country medical evacuations of humanitarian personnel.

During the interagency mission to Ouadda, humanitarian actors found that the only government-supported medical facility had stopped functioning and receiving medications three months ago. For fear of abuse at the hand of one of the parties to the conflict, patients are reluctant to go the only private health facility. Five weeks before the mission, four deaths linked to suspected cases of malaria had been recorded among IDPs living in the bush. A rapid nutritional screening of 40 children aged six-59 months revealed a Severe Acute Malnutrition (SAM) rate of 17.5% and a Moderate Acute Malnutrition (MAM) rate of 70%. [[Access the Interagency mission report here](#)] Humanitarian actors provided emergency assistance including tarpaulins, jerricans, water purifiers, personal hygiene kits and high energy biscuits to more than 300 vulnerable families. On 29 and 31 August, the World Food Program (WFP) and the NGO Plan International conducted three additional rotations by helicopter from Bria to Ouadda to assist 1,500 people with emergency food assistance and 100 malnourished children with food supplements. In total, 15-day food rations composed of 6.6 tons of basic food items, including flour, beans, vegetable oil and salt were distributed.

In mid-August, the humanitarian community used the same helicopter to fly to Nzacko in the eastern Prefecture of Mbomou where access issues and insecurity had prevented the establishment of a permanent humanitarian presence [[Access the Interagency mission report here](#)]. Between March 2017 and February 2020, recurrent clashes between armed groups resulted in serious abuses against civilians, including the killing of 100 people, the burning down of houses and population displacement. The relative calm following the 2019 peace and reconciliation agreement between the government and armed groups has led to the return of 15,000 people. However, 4,000 IDPs fearing for their safety have not yet returned home.

Access to basic services remains very poor in Nzacko. Tests conducted during the mission revealed that the water of wells frequently used by the population was not drinkable. Of the 334 water points, none qualifies as an improved water source. Between May and July 2020, the morbidity rate for water-borne diseases was 43% out of 1,000 consultations. A single health structure is operational for a population of over 15,000 people, albeit without the required minimum amount of drugs and number of qualified personnel. Children under the age of five have not received routine vaccinations for over a year. A rapid nutritional screening of 82 children revealed a SAM rate of 20%. Humanitarian actors provided life-saving assistance, including medications and food supplements to malnourished children, enough to cover six-month worth of medication and one-month worth of food supplement, as well as hand washing stations, buckets, soap, disinfecting sprays in the event of an outbreak of COVID-19 and awareness raising material.

BACKGROUND (4 Sep 2020)

Humanitarians are still facing major challenges in Batangafo

For years, people in Batangafo, Ouham Prefecture, in the northwest of the Central African Republic have been living under constant threats from armed groups that commit abuses including arbitrary arrests, robberies and assaults. As if this wasn't enough, each year, the seasonal migration of nomad stockbreeders (transhumance) disrupts the entire sub-prefecture because of conflicts between resident farmers and nomad stockbreeders. When cattle in search of pasture destroy fields, farmers often retaliate by killing them, which degenerates into clashes with the cattle owners. This insecurity leads to a restriction of movements which has serious consequences for the people who are deprived of access to fields, markets and places of trade where they earn a living. It also renders access to health facilities, schools and humanitarian assistance difficult or even impossible. Access for humanitarian organizations to people in need has also often been interrupted in

recent years. As a result, Batangafo residents face pressing needs across all sectors, despite the efforts of humanitarians. The COVID-19 pandemic has further deteriorated an already precarious humanitarian situation. Among those most affected by this crisis are some 35,600 internally displaced people (IDP) in the Batangafo Sub-prefecture.

Response to major humanitarian issues

Access to drinking water and poor hygiene and sanitation remain among the major challenges in Batangafo, particularly at an IDP site where almost 10,000 people live in promiscuity. Physical distancing and other measures to prevent the spread of COVID-19 remain very difficult to implement in these overcrowded conditions, aggravated by limited access to water and soap. However, humanitarian partners are continuing efforts to improve the situation – especially during the current health crisis. Since July, the NGO Oxfam has increased the capacity of water available to the population in Batangafo. In addition to a water tower, 12 standpipes have been installed in neighborhoods where previously displaced people had returned and at IDP sites. The amount of water available has thus increased from 195 to 225 m³ per day, enabling each person to consume on average 10 liters a day. Despite this improvement, the quantity of water available remains well below the standard minimum consumption of 15 liters in emergency situations. To ensure better hygiene and prevent diseases, the NGOs Oxfam and Danish Refugee Council (DRC) have built 390 semi-durable latrines at the different IDP sites. However, a gap of 282 latrines remains before the needs are met. Garbage collection at the IDP sites is another challenge. The NGOs Oxfam, DRC and Aide d'urgence pour le développement socio-économique de la Centrafrique (AUDESEC) organize regular garbage disposal to avoid that drainages are blocked and cause flooding, to prevent the spread of diseases and to create a clean and livable environment.

The lack of adequate shelter at the IDP sites remains also a problem. The last distribution of tarpaulins, which helped to improve shelters and prevent leakages, dates back to October 2018. The United Nations High Commissioner for Refugees (UNHCR) does not currently have any available resources for a distribution. This situation is pushing the IDPs to build semi-durable shelters. The lack of shelter not only exposes people to inhumane living conditions and protection risks, but also to diseases, especially during the rainy season from April to October.

Survivors of gender-based violence (GBV) can receive medical care from the NGO Médecins sans frontières (MSF) and psycho-social assistance from the NGO DRC. Between January and July, 47 people in Batangafo, mainly women and girls, became victims of GBV according to statistics from the NGO INTERSOS, which monitors protection incidents and refers victims to appropriate support services. However, this is likely an underestimation as many GBV victims do not file a report because of fear of reprisals, shame or because they are not aware of support services. The Association des femmes évangéliques de Bossangoa (AFEB) supports the community on child protection. During August, the NGO reunited 40 children between the age of 4 and 17 who were separated from their families due to the crisis, and reintegrated into the community 186 children previously associated with armed forces or armed groups.

Humanitarian partners in Batangafo also joined forces to prevent COVID-19 and treat patients. Thanks to the set-up of an isolation center in May, the first COVID-19 case diagnosed in Batangafo on 14 August was treated according to the Ministry of Health and Population protocol. The patient's contacts are being monitored to prevent a further spread of the virus. Humanitarian partners are also sensitizing the population on preventive measures, for example through radio spots that are broadcast in French, Arabic, the national language Sango and the local language Foufouldé. Humanitarian organizations have also installed over 300 handwashing facilities at IDP sites and schools.



The lack of drinking water is one of the major challenges for the population. ©OCHA/Edouard Yaramandji. Batangafo, Ouham Prefecture, CAR, 2020.

The security of humanitarian workers put to a test

Insecurity in and around Batangafo impacts not only the population but also humanitarian assistance. From January to August 2020, 19 incidents directly affecting humanitarian personnel or property were recorded. On 5 August, the only humanitarian actor supporting the hospital in the Batangafo-Kabo health district had to reduce its activities to emergency interventions only following threats against its personnel. This reduction had a major impact on the population, including 35,600 IDPs, as the NGO is the only partner supporting the Batangafo hospital and offering a referral service for those living within a 100 km radius. On 19 August, the NGO resumed its activities at the hospital to the great relief of the population.

Despite daily patrols that the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) conducts in Batangafo town and on the three peripheral axes, the protection of civilians remains fragile. In addition, the armed groups do not respect the civilian character of the IDP sites and use them as a base for criminal activities, putting the safety of civilians at risk. The armed elements commit abuses against IDPs, including arbitrary arrests and killings. The weak presence of the state authority and the absence of a judicial system further promote impunity. In addition to the persistent insecurity coupled with financial constraints that humanitarian actors face, the deterioration of roads leading to Kabo, Bouca and Ouandago makes physical access and the delivery of humanitarian assistance even more difficult, particularly during the rainy season from April to October.

VISUAL (4 Sep 2020)

Humanitarian dashboard, January to June 2020



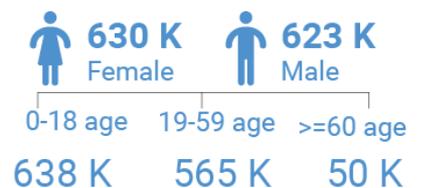
CENTRAL AFRICAN REPUBLIC

Humanitarian Dashboard

January - June 2020

KEY FIGURES

TARGET POPULATION¹

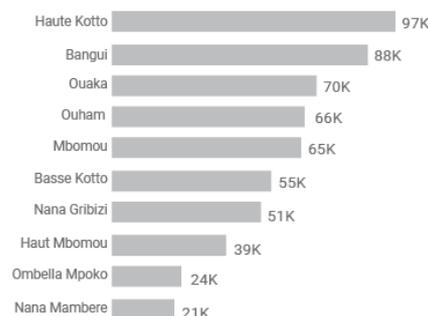


DISPLACED (2017 - 2020)⁴

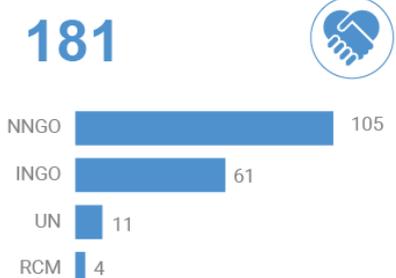
659K
Internally Displaced Persons



TOP 10 PREFECTURES HOSTING IDPS



TYPE OF ORGANISATION



1- NNGO: National NGO, 2- INGO: International NGO
3- UN: United Nations, 4- RCM: Red Cross Movement

FUNDING : HUMANITARIAN RESPONSE PLAN 2020

Updated 12 August 2020 (Financial Tracking Service)



553.6 million
REQUIRED (US\$) of which
152.8 M COVID-19 pandemic



355.4 million
GAP
198.2 million
RECEIVED

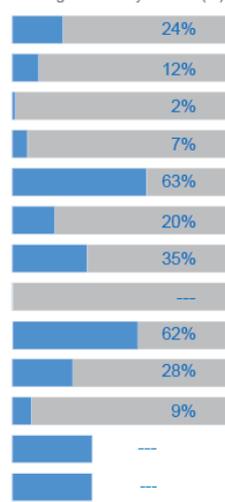


36%
FUNDING RECEIVED

Clusters (US\$ million)

Cluster	Funding Requirement
Food Security	220.9
WASH ⁵	62.0
Shelter/NFI ⁶ /CCCM ⁷	48.0
Education	47.1
Health	35.7
Protection	35.6
Nutrition	34.4
Refugee response	31.0
Logistics	23.1
Coordination	14.0
ETC ⁸	1.7
Not specified	---
Multiples field Sectors (shared)	---

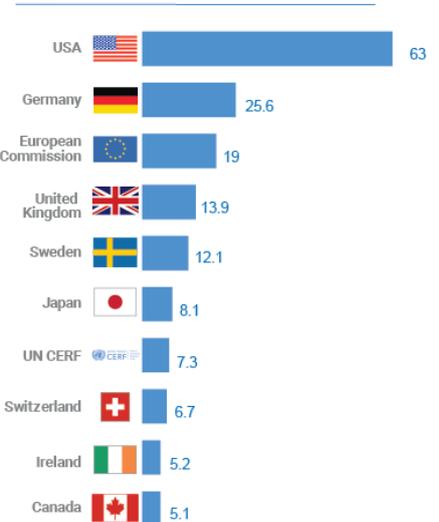
Funding received by clusters (%)



Actual Required

Cluster	Actual	Required
Food Security	52.4	168.6
WASH ⁵	7.7	54.3
Shelter/NFI ⁶ /CCCM ⁷	0.7	47.3
Education	3.3	43.8
Health	22.4	13.4
Protection	7.1	28.5
Nutrition	12.0	22.4
Refugee response	0	31.0
Logistics	14.2	8.9
Coordination	3.9	10.1
ETC ⁸	0.2	1.5
Not specified	37.3	---
Multiples field Sectors (shared)	37.2	---

Top 10 Donors (US\$ million)



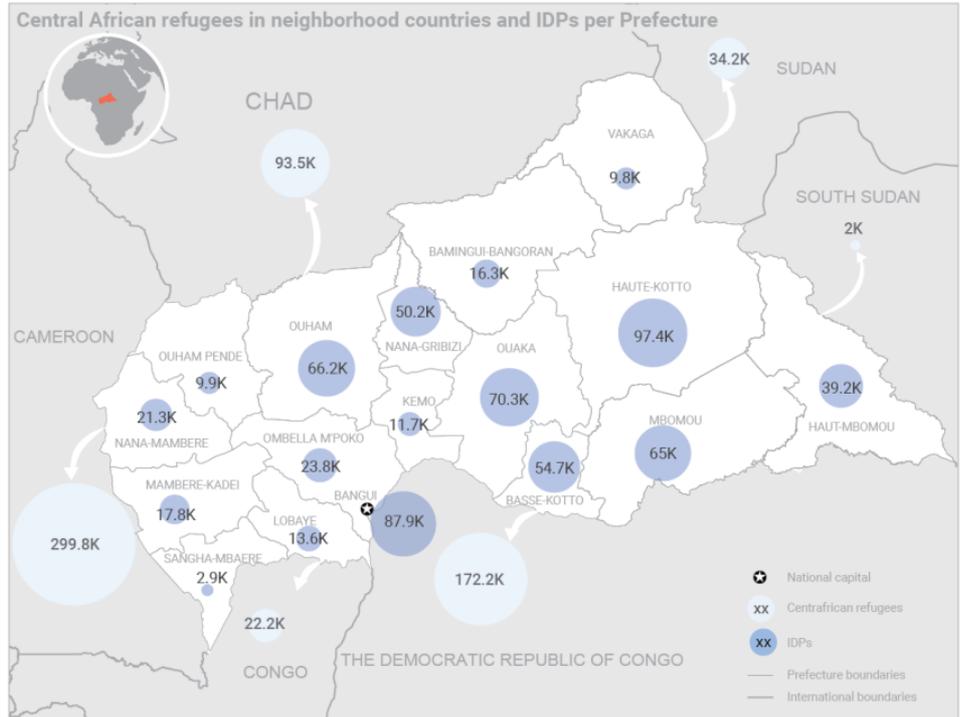
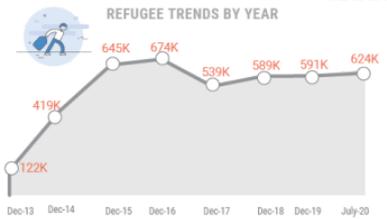
1- Humanitarian Response Plan 2020 2- HRP revised figures including the additional number of people in need due to the COVID-19 3- Sum of the highest number of people reached by Cluster at least once per prefecture
4- Population Movement Commission Report (CMP) as of 30 June 2020 5- WASH: Water Sanitation and hygiene 6-NFI : Non Food Items 7- CCCM: Camp Coordination Camp Management 8- ETC : Emergency Telecommunication

The humanitarian situation in the Central African Republic (CAR) remains dire. More than half of the population (2.6 million) is in need of humanitarian assistance and protection. One in four Central Africans has been forced to flee. In addition, CAR remains one of the most dangerous countries in the world for humanitarians. Despite this difficult operating environment, humanitarian actors were able to provide 1,252,470 people with lifesaving assistance in at least one sector of intervention.

VISUAL (4 Sep 2020)

Overview of population movements in July 2020

KEY FIGURES



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
 Creation date: 28 August 2020 Sources: CMP, HCR, OCHA, Partners Feedback: ochacar_fm@un.org More information: www.unocha.org/car www.reliefweb.int https://car.humanitarianresponse.org

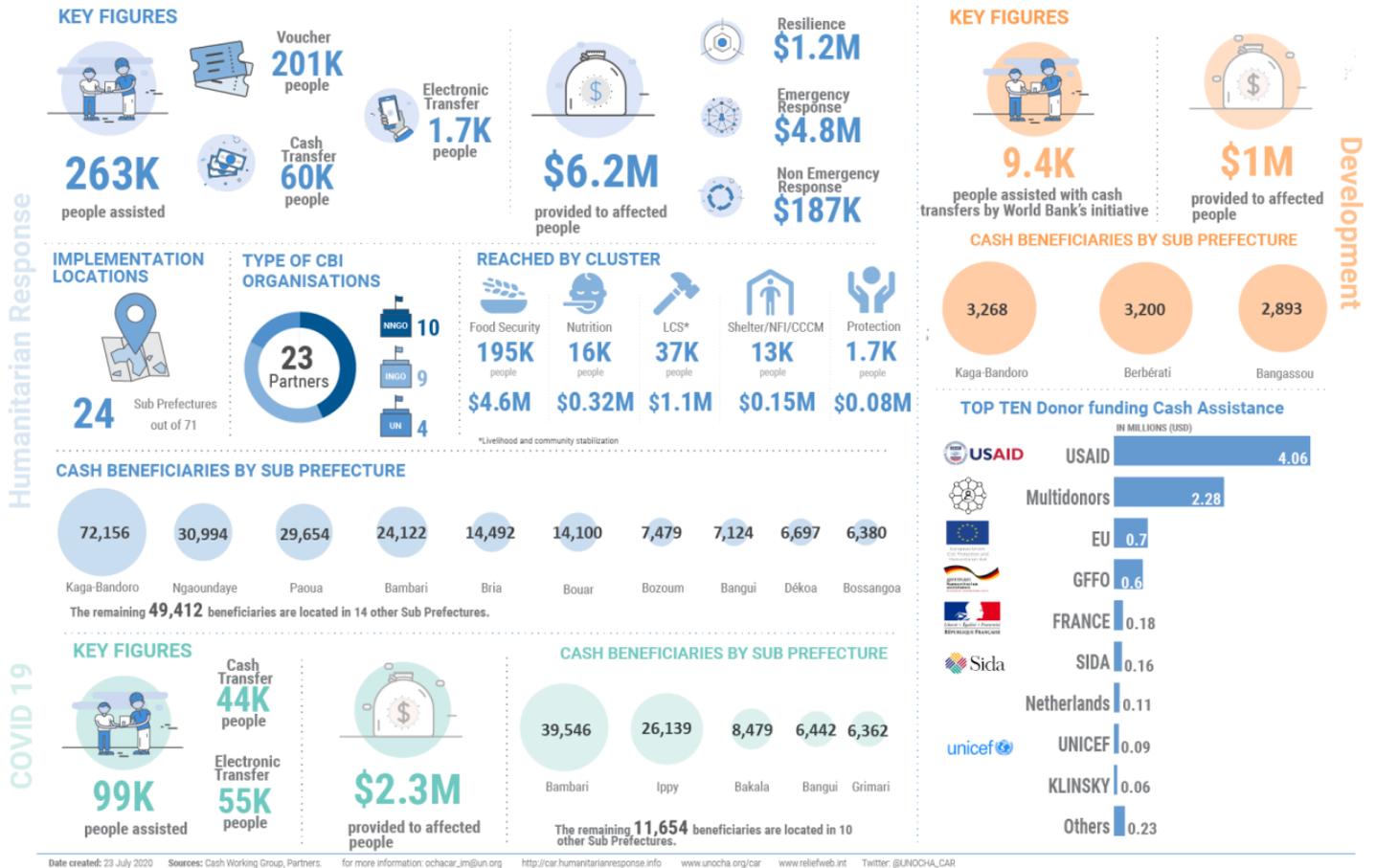
An estimated 658,929 people were internally displaced in the Central African Republic as of 31 July 2020, according to the latest figures published by the Population Movement Commission. Nearly two thirds (64%) of IDPs live with host families and about one third (36%) at IDP sites. The overall number of IDPs remained stable since the previous reporting month of June. However, population movements – both new displacements and returns – did take place in various regions. Returns were reported from sites in Bambari, Ouaka Prefecture, and Ouham, Nana-Gribizi, and Haute-Kotto prefectures. Meanwhile, new displacements of nearly 4,000 people were reported in Obo and Zémio, Haut-Mbomou Prefecture due to conflicts between armed groups and the armed forces. These displacements occurred mainly between April and May, but partners were only able to complete profiling in July due to access restrictions.

VISUAL (4 Sep 2020)

Cash based initiatives, January - June 2020

CENTRAL AFRICAN REPUBLIC

CASH BASED INITIATIVES (1 JAN - 30 JUNE 2020)



Date created: 23 July 2020 Sources: Cash Working Group, Partners. for more information: ochacar_fm@un.org http://car.humanitarianresponse.info www.unocha.org/car www.reliefweb.int Twitter: @UNOCHA_CAR

During the first half of the year, 263,000 vulnerable people received some sort of cash-based humanitarian assistance, most of whom (76%) through the receipt of vouchers, followed by cash transfers (23%) and electronic transfers (1%). In total, \$6.2 m were provided to affected people in 24 of 71 sub-prefectures. By far the largest share of cash-based assistance improved the population's food security and the largest number of beneficiaries was reached in Kaga-Bandoro Sub-prefecture, Nana-Gribizi Prefecture (72,000 beneficiaries), followed by Ngaoundaye Sub-prefecture, Ouham-Pendé Prefecture (31,000 beneficiaries).

The mission of the United Nations Office for the Coordination of Humanitarian Affairs is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

<http://www.unocha.org/car>

<https://reliefweb.int/country/caf>

<http://car.humanitarianresponse.info>

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