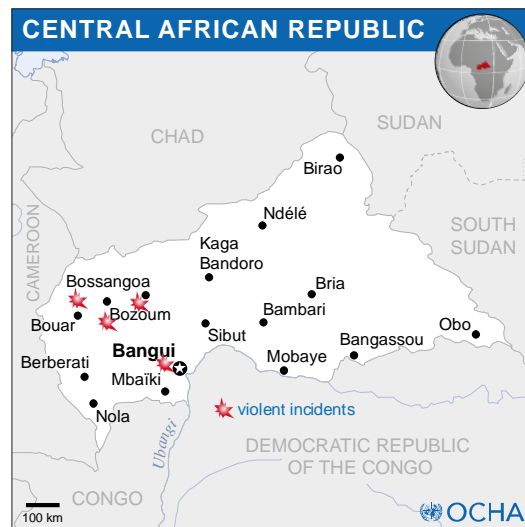




This report is produced by OCHA CAR in collaboration with humanitarian partners. It covers the period between 3 January and 7 January 2014. The next report will be issued on or around 15 January 2014.

Highlights

- The security situation remained volatile in the past four days, with targeted attacks by armed groups, including against international security forces. Around 935,000 people have been uprooted throughout the country, of whom over 512,000 are internally displaced (IDPs) in Bangui alone.
- Humanitarian actors launched on 7 January the first joint distribution of food and non-food items to 100,000 IDPs at Bangui International Airport.
- CAR Minister of Disarmament, Demobilization and Reintegration (DDR) and UNICEF will start this week the process of identifying and demobilizing children associated with armed forces and groups.
- Health actors are continuing the emergency vaccination campaign launched on 3 January in four IDP sites where measles cases were reported. The campaign targets 60,000 children between six months and 15 years old. Following the establishment of security arrangements, measles vaccinations could be launched on 8 January at the airport IDP site.



Map Sources: ESRI, Europa Technologies, UNCS.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Map created in Oct 2011.

935,000

IDPs in Central African Republic

512,000

In Bangui, 40% increase between 24-31 December.

778

People killed in Bangui since early December.

\$152 million

Needed to provide lifesaving response from 24 December to 2 April 2014.

4.6%

2014 Strategic Response Plan Funded (current requirement of \$247 million)

4.6 m

Population of CAR

2.2 m

People in need of assistance

Sources: OCHA, CAR Red Cross, Protection Cluster and FTS

Situation Overview

The security situation has remained relatively calm in Bangui over the last four consecutive days, but serious risks of escalation persist as targeted attacks by anti-Balaka and ex-Seleka armed groups continue, including against international security forces. In some areas, including PK11, PK12 and 5th Arrondissement, sporadic clashes continue to be reported. More than 512,000 people have fled their homes and are living in IDP sites throughout Bangui or with host families. Outside Bangui, the security situation remains tense, with continuing inter-communal attacks between Muslims and Christians in Bossangoa region. The burning of houses continues to be reported in Bossangoa and surrounding villages, but mediation attempts have yet to produce expected results. In addition, MISCA forces have not resumed armed guard in the Evêché IDP site in Bossangoa, which hosts around 35,000 people, mainly Christians, since the killing of one of their soldiers in mid-December.

On 7 January 2014, humanitarian actors launched the first distribution of joint food and non-food items (NFIs) to an estimated 100,000 IDPs who sought refuge at Bangui International Airport, and a measles vaccination could be organized at the site on 8 January. The provision of humanitarian assistance to IDPs at the airport has been hampered by insecurity since the crisis began on 5 December. The first two food distributions were cancelled due to the risk of looting by a group of people inside the IDP site, and the activities of Medecins Sans Frontieres (MSF) were constrained following two days of shooting near its clinic in early January. Today's distribution and upcoming interventions are part of a coordinated response plan designed after thorough discussions between different stakeholders, including IDP representatives.

Funding

The Strategic Response Plan for the CAR, developed prior to the recent deterioration of the situation, is seeking \$247 million and is only 4.3 per cent funded (\$11 million) to date. Based on recent developments, humanitarian actors have re-defined immediate priorities in a 100-day response plan covering the period between 24 December 2013 and 2 April 2014, and requires \$152.2 million to meet the immediate needs of 1.2 million people affected, including IDPs. On 20 January, OCHA and the EU will co-chair a High Level meeting in Brussels to discuss the humanitarian situation in CAR, its implications and the financial requirements to respond. As of 7 January 2014, the 2013 CAP for CAR remains as one of the least funded globally at only 54 per cent.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Needs and Response



Food Security

Needs:

- Food needs continue to rise along with the number of people displaced in Bangui.
- Additional partners are needed to collaborate with WFP and FAO to scale-up distributions, such as partners that can manage the smaller sites.
- More support is needed to help affected farmers resume food production to ensure food security in 2014.
- Families displaced on the outskirts of Bangui expressed urgent needs for agricultural and fisheries input support, both to produce food and generate income.

\$ 61 million

Urgently required for response from 24 December 2013 to 2 April 2014

Response:

- Between 1 and 5 January, WFP assisted a total of 37,348 IDPs with 270 tons of food in Bangui and Bouar.
- The survey for the Multi-Sector Initial Rapid Assessment has been completed, and the data has been consolidated and analyzed. An inter-cluster working group is discussing the preliminary results, with the active participation of the FAO/WFP-led Food Security Cluster. WFP has the technical lead and provided support for the analysis and mapping of outputs.

Gaps & Constraints:

- A continuous update of the numbers of people displaced is necessary, given the current volatile situation, which has resulted in constant population movements.
- FAO has already mobilized funding to support food production covering around 40,000 households out of the 75,000 targeted in the 100-day plan. An additional \$5 million is required to assist all the targeted households.



Protection

Needs:

- The need for child protection and psycho-social interventions is increasing as the number of IDP sites grows in Bangui. An estimated 6,000 children in CAR are associated to armed groups, including the anti-Balaka.
- There is a need for the provision of life-saving and appropriate responses to gender-based violence (GBV).

\$ 17 million

Urgently required for response from 24 December 2013 to 2 April 2014 (including CCCM activities)

Response:

- On 9 January, CAR Minister of Disarmament, Demobilization and Reintegration (DDR) and UNICEF will start the process of identifying and demobilizing children associated with armed forces and groups. The Ministry of Social Affairs, UNICEF and operational partners will ensure temporary care, family tracing and community reintegration for children released from armed groups. The number of boys and girls among ex-Seleka forces will be known after the verification and release process.
- The relocation of some 2,400 families to an extension of the airport site has begun following extensive discussions with IDP representatives.
- The Protection Cluster and the OCHA civil-military coordination unit have successfully engaged MISCA and Sangaris forces in reinforcing the security of the IDP airport site during aid distribution.
- UNHCR and the Commission Nationale pour les Réfugiés are currently working on repatriating refugees willing to return home; in particular, working with UNHCR in the Democratic Republic of the Congo (DRC) and the DRC authorities.

Gaps & Constraints:

- To date, only 22 per cent of major IDP sites have child protection activities. Security and the limited capacity of implementing partners are among constraints to scaling-up response.
- Scaling-up the monitoring and reporting mechanism and GBV prevention and response in IDP sites throughout the country remains a priority in the GBV and Child protection sub-clusters.

**Needs:**

- The risk of epidemics, particularly of diarrhoeal diseases, malaria, measles, meningitis and respiratory infections, has increased significantly.

\$ 17 million

Urgently required for response from 24 December 2013 to 2 April 2014

Response:

- WHO, UNICEF, MSF and other humanitarian partners launched an emergency vaccination campaign on 3 January, following the confirmation of seven cases of measles in three IDP sites (Don Bosco, the airport site and the Monastery of Boy Rabe). The campaign targets 60,000 children aged between six months and 15 years.
- Vaccinations at the airport IDP site targeting 40,000 children will start on 8 January after a delay due to insecurity.
- UNICEF and health partners will complement the measles vaccination campaign with a catch-up in the expanded programme of immunization (EPI), polio vaccines, supplement of Vitamin A and deworming. This is part of a UNICEF/Ministry of Health initiative to reactivate routine vaccination services nationwide, with particular emphasis on IDP sites in Bangui.
- WHO provided a tent to the Bangui Emergency Clinic to increase its capacity. In addition, WHO also supplied the clinic with an emergency kit and other small surgery equipment to treat more than 10,000 people over a period of three months.

Gaps & Constraints:

- Limited access to tens of thousands of displaced people who fled to the bush in Bouar, Bozoum, Bossangoa, Bambari and Kaga-Bandoro. In Bangui, insecurity is the main constraint for the provision of healthcare to IDPs.
- The emergency clinic in Bangui needs malaria treatment supplies, which are not currently available.

**Needs:**

- In order to meet minimum nutritional needs in Bangui and its surroundings, partners must ensure that at least 80 per cent of nutrition services previously available in health facilities remain operational.
- With the worsening situation, there is a need to increase the capacity of identifying new cases of acute malnutrition at different IDP sites level.

\$ 12 million

Urgently required for response from 24 December 2013 to 2 April 2014

Response:

- Seven out of 12 functioning outpatient malnutrition treatment units (OPTs) continue to provide the package of nutrition interventions to displaced malnourished children in IDP sites, including screening, treatment and referral of cases with medical complications to in-patients units.
- The number of mobile nutrition units has increased; these are helping to identify cases of severe acute malnutrition (SAM). ACF has opened mobile nutrition units in three sites, in addition to six existing units.
- 75 per cent of SAM patients whose treatment was interrupted by the crisis are receiving treatment.
- The Nutrition Cluster provided guidelines to all implementing partners on identification, classification and referral of SAM cases.
- A measles immunization campaign, coupled with malnutrition screening for all children aged between six and 59 months, has started at the Airport and the Monastery IDP sites.

Gaps & Constraints:

- Data on moderate acute malnutrition is insufficient as healthcare structures are not carrying out systematic routine screening for malnutrition.
- Six OPTs closed as a result of the crisis have yet to be reopened.
- Increased capacity to identify new cases of acute malnutrition at the different IDP sites is needed.



Emergency shelter and NFI

Needs:

- NFI needs are increasing and there is a lack of soap, blankets, mosquito nets and plastic sheeting in IDP sites in Bangui and Bossangoa.

Response:

- The joint distribution at the airport site began on 7 January. In total, 20,000 households will receive food, shelter and NFIs in the coming days. The distribution is part of a joint distribution plan for the airport site by the Shelter and NFIs Cluster and WFP.
- UNHCR provided covers, sleeping mats, plastic sheeting and mosquito domes to some 600 IDP households at the FOMAC and Lazaristes sites.
- UNHCR also provided 322 IDP households in the Ecole Liberté and Archbishop sites, in Bossangoa, with sleeping mats, covers, sanitary napkins, plastic sheeting and buckets.

Gaps & Constraints:

- In Bangui, the increase in IDPs in different sites is challenging partner capacity.

\$ 9.5 million

Urgently required for assistance from 24 December 2013 to 2 April 2014



Logistics

Needs:

- Over 65 organizations depend on the United Nations Humanitarian Air Service (UNHAS) for flights to over 27 destinations in CAR.
- Humanitarian organizations rely on reliable road access to reach beneficiaries. The Logistics Cluster aims to enable access by augmenting transport capacity.

Response:

- Two Let-410 planes are providing air services in the country, and a Dash8 plane connects with Douala three times per week.
- A CAR road matrix has been disseminated and posted on the Logistics Cluster website. The table shows the distances between 81 main towns in the country. The tool will be completed with inputs from partners about the travel time required for different types of vehicles.

Gaps & Constraints:

- The current security situation poses a logistical challenge; transportations have been limited.

\$ 7.3 million

Urgently required for response from 24 December 2013 to 2 April 2014



Emergency Telecommunications

Needs:

- Outside of Bangui, communication centres (COMCENs) are not MOSS compliant as they are not operational 24/7 in all common operational areas.

Response:

- An additional one ton of ETC equipment was received and delivered on 3 January.
- ETC is deploying a dedicated radio channel for use by NGOs operating in Bangui.
- ETC and UNDSS are looking into recruiting additional radio operators to ensure full operational COMCENs 24/7 in all common operational areas in the field.
- ETC staffing, including stand-by-partners, are now on stand-by to support deployment of critical ICT services in seven common operational areas, namely Bambari, Kaga Bandoro, Bossangoa, Zemio, Ndele, Paoua, and Bouar.
- All ETC information is available at: <http://ictemergency.wfp.org/web/ictopr/emergencies2013/central-african-republic>.

Gaps & Constraints:

- The security situation, and lack of secure compounds in some of the common operational locations, remain the key challenges for ETC deployment of services. The arrival of some equipment is still pending.
- ETC is only 35 per cent funded, which is only enough for deployment to four locations.

\$ 0.9 million

Urgently required for response from 24 December 2013. to 2 April 2014



Water, Sanitation and Hygiene

Needs:

- WASH needs have increased considerably with the IDP substantial increase since 24 December, especially in Bangui.
- The WASH situation in the vast majority of IDP sites does not meet the required minimum standards.
- The MIRA process and health monitoring indicates an increasing number of diarrhoea cases among the displaced population.

\$ 9 million

Urgently required for
assistance from 24
December 2013 to 2 April
2014

Response:

- Actors with the strongest response capacity are now positioned in the major IDP sites. The cluster is working to position and provide support to smaller organizations in medium and small IDP sites in Bangui.
- Dedicated WASH Cluster personnel have been deployed to strengthen coordination and information management.
- The elaboration of a Strategic Operating Framework for the WASH response has been initiated.

Gaps & Constraints:

- Limited number of actors and limited capacities in comparison to the number of beneficiaries.
- There are also limited services, suppliers and transporters available.
- Security concerns continue affecting the implementation and monitoring of WASH activities.
- Limited space in IDP sites has limited the possible emergency sanitation interventions.
- Water production and distribution capacity will continue to decrease with the dry season.

General Coordination

OCHA civil-military coordination unit is working closely with the Protection Cluster to promote protection activities and preventive action. The Protection Cluster is also improving the methodology for collecting IDP data. Limited access to remote areas is one of the main challenges for IDP data collection. Displacement figures collected by the Protection Cluster will be presented to the Population Movements Commission before publication. Update of IDP figures and site profiles will be done on a weekly basis.

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