

CENTRAL AFRICAN REPUBLIC



The ICRC opened a delegation in the Central African Republic in 2007 in the context 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 relief, medical and surgical care and psychological support, helping people restore their livelihoods, and rehabilitating water/sanitation facilities. It visits detainees, restores links between relatives separated by conflict/other situations of violence, promotes IHL among the authorities, armed forces, armed groups and civil society, and supports the development of the Central African Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS

In 2013:

- ▶ amid reports of abuse and insecurity, confidential reminders and public communication called on all parties to meet their obligations to respect and protect civilians and the wounded and sick
- ▶ while the Central African Red Cross Society/ICRC's priorities shifted to emergency response, some security and logistical constraints initially hampered their work and thus their response to emergency needs
- ▶ casualties received life-saving care from National Society volunteers and ICRC-supported health facilities, which benefited from assistance by a surgical team
- ▶ people in violence-affected areas of Nana-Grébizi prefecture – mainly women and children – accessed health care at ICRC-supported mobile clinics
- ▶ IDPs and residents met their immediate needs through emergency relief and regular water supply, while livelihood support initiatives and rehabilitation of water sources for their early recovery were undertaken whenever possible
- ▶ while access to all detainees under the ICRC's purview had yet to become systematic, those who were visited benefited from ICRC support for the prison authorities in overcoming food shortages and improving living conditions

EXPENDITURE (in KCHF)

Protection	2,393
Assistance	13,029
Prevention	1,536
Cooperation with National Societies	1,326
General	-

18,284

of which: Overheads **1,116**

IMPLEMENTATION RATE

Expenditure/yearly budget	128%
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PERSONNEL

Mobile staff	32
Resident staff (daily workers not included)	187

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	429
RCMs distributed	249
People located (tracing cases closed positively)	39
People reunited with their families	57
of whom unaccompanied minors/separated children	57
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	617
Detainees visited and monitored individually	122
Number of visits carried out	35
Number of places of detention visited	13
Restoring family links	
RCMs collected	1
RCMs distributed	3

ASSISTANCE	Targets	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	62,500
Essential household items	Beneficiaries	13,000
Productive inputs	Beneficiaries	98,400
Cash	Beneficiaries	55,758
Work, services and training	Beneficiaries	2,570
Water and habitat activities	Beneficiaries	59,000
		548,477
Health		
Health centres supported	Structures	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	11

CONTEXT

In the Central African Republic (hereafter CAR), Seleka, an alliance of armed groups, took over the capital of Bangui in March and overthrew the government. Michel Djotodia was sworn in as president in August and initiated an 18-month transition period.

The general situation remained volatile, however, with violence and looting persisting throughout the country and exacerbating intercommunal tensions. Fighting between Seleka forces and armed groups increased dramatically in September in the west, and later in the capital, where violence among civilians intensified at year's end. Reprisals against civilians – summary executions, kidnappings, attacks on medical staff, torture, sexual violence and child recruitment – resulted in hundreds of thousands of people being displaced and thousands wounded or killed. The looting and destruction of private and public property, collapse of public services, disruption of agricultural activities and markets, as well as the reduced availability of goods, compounded people's suffering.

With the authorities' agreement, foreign troops remained in the country, including those who were with the Mission for the Consolidation of Peace in the Central African Republic (MICOPAX) under the authority of the Economic Community of Central African States (ECCAS). In December, with the agreement of the UN Security Council, the International Support Mission to the Central African Republic (MISCA) under the authority of the African Union, supported by French troops deployed under Operation Sangaris, took over from MICOPAX.

In the south-east, the Lord's Resistance Army (LRA) remained a threat, though one that was diminished. Troops of the African Union Regional Task Force (AU RTF) endeavoured to counter LRA activity in the region.

ICRC ACTION AND RESULTS

Between late March and July, despite precarious conditions, the ICRC continued to be active in the CAR: part of its Bangui team was based in Yaoundé, Cameroon, but its offices in Kaga Bandoro and Ndélé remained open. With the Central African Red Cross Society as its primary operational partner, the ICRC adapted its activities to the evolving situation. Its priorities were to bolster acceptance for neutral, impartial and independent humanitarian action and to respond to the pressing needs of violence-affected people, including in areas reached by few or no others.

The ICRC engaged in dialogue with all the authorities concerned and with weapon bearers, formally and orally reminding them of their obligation under international human rights law to respect and protect: civilians and their property, the wounded and sick, and humanitarian and medical personnel/infrastructure. Contacts with the media and representatives of regional/international bodies and key members of civil society helped raise general awareness of humanitarian concerns, including the need to ensure the safe provision of health services.

Despite security constraints, the National Society/ICRC, in coordination with the authorities, helped meet some of the basic needs of violence-affected people. National Society teams administered first aid and together with the ICRC, evacuated the injured from remote areas to hospitals – mainly in Bangui and sometimes by plane – and collected and managed the remains of victims. The ICRC provided drugs and medical/surgical supplies for facilities

in Bangui and in central and northern CAR, enabling the weapon-wounded to receive suitable treatment. It also helped two hospitals in Bangui treat weapon-wounded patients in April and December.

Because health centres remained closed, the ICRC deployed mobile clinics, which provided basic health services – immunizations and ante/post-natal care – for vulnerable people in Nana-Grébizi prefecture. In Birao in the north and in certain areas in the south-east, displaced people and resident communities continued to benefit from a national programme for detecting/treating malaria at an early stage.

Following clashes, some IDPs and other vulnerable people received emergency food rations and essential household items. In coordination with the State water utility, Société de Distribution d'Eau en Centrafrique (SODECA), National Society/ICRC teams helped residents and IDPs in Bangui, Ndélé and surrounding areas access water services by delivering water every day, rehabilitating/constructing water infrastructure and/or providing water treatment chemicals. Security conditions allowed only a few vulnerable people to resume agricultural activities and participate in income-generating projects to restore self-sufficiency.

Whenever possible, the ICRC visited detainees to monitor their living conditions. Although the new authorities had agreed to visits in principle, the ICRC did not gain systematic access to all detainees within its purview. Confidential dialogue with and direct support for prison authorities helped improve detention conditions for some inmates and filled gaps in some prisons' supply chain in December.

National Society/ICRC teams offered family-links services to separated relatives. In coordination with the authorities and child-protection agencies, they helped unaccompanied children, including those formerly associated with fighting forces, restore contact with and rejoin their families.

The National Society, with ICRC support, boosted its operational capacities, particularly in emergency preparedness/response, first aid, family-links services, communication and human remains management. Meetings with Movement partners and humanitarian organizations ensured coordination of activities.

CIVILIANS

Weapon bearers and authorities pressed to abide by their obligations to protect civilians

Amid insecurity, victims approached the ICRC with allegations of abuses (see *Context*). On the basis of these and direct observation by ICRC staff, weapon bearers and the authorities available were given written and oral reminders of their obligations under international human rights law to protect civilians and their property, the wounded and sick, and medical and humanitarian personnel/infrastructure (see *Authorities, armed forces and other bearers of weapons, and civil society*).

The continuing clashes and reports of reprisals against civilians caused a shift in priorities to emergency response. Some longer-term assistance activities – related to livelihood assistance for example – were put on hold. Dialogue with all those involved in the violence enabled the National Society/ICRC to deliver assistance, including to people in areas reached by few others or no one. With ICRC support, the National Society also strengthened its emergency response capacities in all aspects of its work – including logistics, through the construction of a warehouse in Bangui.

However, security and logistical constraints hampered the National Society/ICRC's activities and thus their response to emergency needs.

IDPs and residents meet immediate needs

Despite these constraints, IDPs and residents were able to cope with their situation – made more difficult by the eruption of violence in March and again as of September – owing to emergency supplies distributed by National Society/ICRC teams. Some 84,000 people (18,082 households) received food rations, which lasted them between three days and two weeks, and some 75,000 people (15,035 households) received essential household items. More than 8,600 of these people (1,546 households) benefited from additional one-month food rations and over 2,300 (470 households) whose houses were burnt during clashes, built temporary shelters with ICRC-supplied materials.

Some 550,000 violence-affected people access clean water

As fighting damaged water networks, some 550,000 people in urban and rural areas regained or improved their access to water following emergency activities carried out by the National Society/ICRC in cooperation with SODECA and local communities, including through daily deliveries of clean water, rehabilitation/construction of water infrastructure and/or provision of water treatment chemicals.

In December, some 140,000 people who had fled to the Bangui airport and the Boy Rabe monastery relied on the daily delivery of some 420,000 litres of water; the installation of water tanks, pipes and taps facilitated distribution. Such activities also helped medical facilities (360 beds in two hospitals in Bangui and 70 beds in Kaga Bandoro) remain functional (see *Wounded and sick*).

Communities in these areas also benefited from the construction of waste management and sanitation facilities, such as separate latrines for men, women and children. After attending National Society-run hygiene-promotion sessions, community members maintained these facilities and built their own latrines with technical guidance and the necessary tools.

Violence-affected people receive primary health care from mobile teams

As health centres in violence-affected areas remained closed, vulnerable people in five remote areas in Nana-Grébizi prefecture – among them, children, the wounded and victims of sexual violence – accessed health services provided by three mobile teams. These mobile teams delivered primary health care, such as ante/post-natal consultations and immunization against a broad range of diseases for children and some pregnant women.

Displaced people and resident communities in Birao, Obo and Rafai benefited from free malaria testing by ICRC-trained community health workers, which was carried out within a national framework for detecting/treating malaria at an early stage. Some 12,300 people out of over 16,400 who complained of symptoms during consultations were diagnosed and treated, pre-empting the need for hospitalization. Some 5,800 households (29,000 individuals), pregnant women and children under five among them, received mosquito nets after information sessions on malaria prevention.

The needs of victims of sexual violence were assessed, with a view to planning for 2014.

Some IDPs and returnees resume livelihood activities

In violence-affected areas, the prevailing insecurity often prevented IDPs from returning home, leading to looting of food reserves and disrupted access to grazing/farming land. A few IDPs/returnees were able to augment their income and/or supplies of food through livelihood-recovery initiatives.

Around 220 households (1,250 IDPs) in Kaga Bandoro earned money through cash-for-work projects, which included making bricks to build houses for IDPs in Dekoa, Mbrès and Nana Outa, and constructing a fence around Kaga Bandoro hospital (see *Wounded and sick*).

In Kaga Bandoro, Ndélé and some provinces in the south-east, over 4,400 households (23,488 IDPs/returnees) increased their supplies of food using donated staple crop seed and tools. These included some 200 market gardeners (1,000 beneficiaries) who doubled their vegetable harvests from the previous year, and sold the surplus. Some of them received food rations to tide them over the period between harvests. Thanks to ICRC-provided disease-resistant cassava cuttings and financial support, 24 farming groups (1,982 people/389 households) in Birao and Zemio grew healthy cassava plants and supplied other farmers with disease-resistant cuttings.

Using ICRC-donated equipment and tools, 100 members of community-based committees and six tradesmen – in Batangafo, Kakouda and other places – improved community services benefiting over 30,000 people and put themselves in a position to train new apprentices. They hired out milling/grinding machines and used the earnings for their upkeep. The women who used the machines got their work done more quickly, which left them with more time for other productive activities and for looking after their children. The provision of bicycles and pushcarts enabled farmers to transport their crops faster and improved their access to markets, which brightened their economic prospects.

Family members dispersed by fighting restore contact

Separated family members – including children, IDPs, relatives of people detained in the CAR (see *People deprived of their freedom*) and Sudanese refugees – restored contact with one another using Movement family-links services. Violence-affected people mainly used RCMs and short oral messages relayed by National Society/ICRC staff.

Coordination with the authorities and child-protection agencies enabled 57 unaccompanied minors to be reunited with their relatives, mainly in the CAR. Among them were minors formerly associated with weapon bearers who had prepared for reintegration through third-party vocational training at a rehabilitation centre in Bangui.

Trained National Society volunteers, together with community members, managed over 600 sets of human remains so as to allow future identification and gave them a dignified burial or when possible, handed them over to their families. This included proper management of 429 sets of remains in Bangui in December, with ICRC support.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue with the authorities focuses on renewed access to detainees

Detainees received ICRC visits before the upsurge of violence in March, to monitor their treatment and living conditions; they were conducted mainly according to the organization's standard procedures. After the destruction and looting of many prisons, and the escape of inmates, in March, the ICRC conducted similar visits – albeit to a limited extent – to detainees in prisons that reopened or remained functional. Dialogue with the new authorities aimed to gain access to all inmates within the ICRC's purview, including in places of temporary detention. Despite the agreement of key people – the president, officials from the various ministries concerned and the director of the national police – access to all detainees had not become systematic at year's end.

During ICRC visits, people held in connection with State security received individual follow-up; other vulnerable inmates, such as women and children, were given special attention but not followed up individually in every case. Detainees kept in touch with relatives through family-links services and, at their request, foreigners had their embassies informed of their situation through ICRC delegates. After visits, the detaining authorities received confidential feedback and, as necessary, recommendations for improvement.

South Sudanese weapon bearers repatriated from Obo

In May, 36 members of armed groups detained in Obo by Ugandan troops under the AU RTF also benefited from ICRC visits. At the request of the South Sudanese government and with the approval of the AU RTF, they were handed over to the South Sudanese authorities, with the ICRC acting as a neutral intermediary. Seven sets of human remains were also repatriated (see *South Sudan*).

Detainees survive food shortages

In December, in response to the disruption of the supply chain in Bangui, nearly 100 detainees in three places of detention met their immediate needs with ICRC-provided food rations and basic hygiene items.

Discussions with the authorities on improving inmates' conditions led to the renovation of water/sanitation facilities in two prisons, benefiting over 300 detainees, including 63 women. Some 240 inmates improved their living conditions using hygiene and essential items and, along with prison staff, learnt good hygiene practices during awareness-raising sessions. Some of them improved their diet with vegetables grown using donated seed and tools, while some benefited from ad hoc medical assistance.

WOUNDED AND SICK

Community members take steps to protect patients and medical staff

On the basis of documented cases of abuses committed against patients, health workers, structures, vehicles and the Movement's emblems, public communication as well as confidential discussions with weapon bearers, authorities and hospital administrators emphasized the importance of ensuring security and respect for these facilities, patients and personnel. In light of these abuses, and after the National Society/ICRC had conducted a number of information sessions, some community members started taking measures to facilitate the safe delivery of medical services. Patients, staff and medical facilities were better protected after community members built a fence around the Kaga Bandoro hospital and posted

signs prohibiting weapons at hospitals in Bangui, Birao and Kaga Bandoro with National Society/ICRC support.

Casualties receive life-saving treatment

ICRC-trained National Society volunteers administered first aid to some 800 injured people. Together with the ICRC, they evacuated over 350 weapon-wounded people, sometimes by plane, from remote areas to hospitals, mainly in Bangui. When public transportation services became unavailable in December, an ICRC-organized ambulance service ferried 241 people to hospitals.

Using ICRC-donated drugs and medical/surgical supplies, 11 selected hospitals – mostly in Bangui, Kaga Bandoro and Ndélé, but also across central and northern CAR – treated weapon-wounded and sick people and made up for shortages caused by looting. Casualties benefited from proper care because of material and logistical support provided for organizations such as Médecins Sans Frontières (MSF). Local and MSF teams worked with ICRC teams in Bangui's Amitié Hospital in April and the community hospital in December.

During and after clashes, patients and staff at hospitals in Bangui, Kaga Bandoro, Ndélé and Obo and at a clinic in Nana Outa had access to clean water and better sanitation conditions, made possible by National Society/ICRC water deliveries and/or repairs to water infrastructure. In Amitié Hospital, people benefited from the installation of a 10,000-litre water tank, the rehabilitation of the hospital's water distribution system and the construction of latrines. After the clashes in March, Bangui's community hospital received clean water and fuel for its generator and no longer faced water and power shortages; in December, structural repairs were made in its trauma unit. Drainage of stagnant water at the hospital in Obo helped prevent water/vector-borne diseases. The roof and other parts of the Kaga Bandoro hospital were repaired and additional kitchens constructed, which improved conditions for patients.

AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY

Community members help carry out humanitarian activities

Dialogue with religious/traditional leaders and dissemination sessions for communities promoted understanding and acceptance of the emblem and the Movement's work. It also facilitated cooperation with beneficiaries in conducting assistance activities. For example, female IDPs in Bangui organized the distribution of water after the ICRC had installed water points (see *Civilians*).

Sustained contact with the media contributed to raising public awareness of the plight of violence-affected people. Regular and accurate coverage of the humanitarian situation by national/international media, based on ICRC press releases and other materials, contributed to disseminating information about humanitarian issues and Movement activities. A video on the situation in Ndélé, broadcast by 43 television channels throughout Europe, and an interactive radio programme highlighting the issue of sexual violence drew on ICRC communication materials.

Dialogue with representatives of regional/international bodies, including the African Union, ECCAS/MICOPAX, the French army, the European Commission, UN agencies, and key members of civil society enhanced mutual understanding of humanitarian issues, facilitated coordination and garnered support for the Movement's activities.

With ICRC support, the National Society enhanced its communication capacities and helped promote IHL and the Movement, including through newsletters.

Weapon bearers learn more about humanitarian norms while training in first aid

Whenever possible, local/national authorities, including the new government as from April, and weapon bearers were called on to foster respect for human life and dignity, in accordance with applicable laws and principles. Written representations, face-to-face meetings and awareness sessions appealed for the need to respect people not/no longer participating in the fighting and to facilitate their access to medical/humanitarian aid (see above).

Over 600 weapon bearers throughout the country familiarized themselves with IHL, international human rights law and the ICRC's neutral, impartial and independent action through dialogue and briefings, often conducted alongside National Society-run first-aid training sessions. They included members of Seleka and other armed groups, *gendarmes*, armed forces personnel, and Chadian and South African military staff deployed to the CAR. Twelve officers from the new army furthered their understanding of the role of commanders in ensuring respect for the rule of law among the ranks, while one officer participated in an IHL course abroad.

IHL implementation activities postponed

Owing to the violence, efforts to help the authorities, armed forces and universities integrate IHL into domestic legislation, military policy and university curricula were postponed.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross, as the ICRC's primary operational partner, boosted its operational capacities, particularly in first aid, restoring family links, communication and governance, through ICRC financial, technical, logistical and material support. It also bolstered its emergency response capacities to respond to the needs of violence-affected people (see above), by implementing a contingency plan drafted with the ICRC in December 2012, for instance.

National Society staff and volunteers sharpened their skills in administering first aid and managing human remains: their training also included psychological techniques for coping with traumatic situations. As the National Society's priority was responding to emergencies, plans to review and upgrade its first-aid training curriculum were put on hold.

Movement partners met regularly to coordinate activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		429	173	
RCMs distributed		249	35	
Reunifications, transfers and repatriations				
People reunited with their families		57		
including people registered by another delegation		2		
People transferred/repatriated		22		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		69	6	13
People located (tracing cases closed positively)		39		
including people for whom tracing requests were registered by another delegation		5		
Tracing cases still being handled at the end of the reporting period (people)		42	1	8
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		93	12	85
UAMs/SCs reunited with their families by the ICRC/National Society		57	11	51
including UAMs/SCs registered by another delegation		2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	2	16
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across border/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		617	154	5
Detainees visited and monitored individually		122	9	5
Detainees newly registered		98	2	3
Number of visits carried out		35		
Number of places of detention visited		13		
Restoring family links				
RCMs collected		1		
RCMs distributed		3		
Detainees released and transferred/repatriated by/via the ICRC		36		
People to whom a detention attestation was issued		1		

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	83,621	23%	58%
	<i>of whom IDPs</i>	68,849		
Essential household items	Beneficiaries	74,843	18%	66%
	<i>of whom IDPs</i>	68,634		
Productive inputs	Beneficiaries	55,758	28%	43%
	<i>of whom IDPs</i>	37,728		
Cash	Beneficiaries	1,250	27%	33%
	<i>of whom IDPs</i>	833		
Water and habitat activities	Beneficiaries	548,477	30%	40%
	<i>of whom IDPs</i>	274,238		
Health				
Health centres supported	Structures	8		
Average catchment population		57,303		
Consultations	Patients	56,055		
	<i>of which curative</i>		15,585	24,204
	<i>of which ante/post-natal</i>		1,246	
Referrals to a second level of care	Patients	1,956		
Health education	Sessions	99		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	93		
Essential household items	Beneficiaries	291		
Productive inputs	Beneficiaries	16		
Water and habitat activities	Beneficiaries	374		
Health				
Number of visits carried out by health staff	Beneficiaries	3		
Number of places of detention visited by health staff	Beneficiaries	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		