

## CENTRAL AFRICAN REPUBLIC: CONCERNS ON ACCESS TO TREATMENT OF SEVERE ACUTE MALNUTRITION

The Central African Republic (CAR) has been going through a “structural” humanitarian crisis for years, in which emergency thresholds in the areas of health and nutrition are regularly *reached*. In addition to structural causes, for the past two years, most parts of the country have experienced violence and displacements. As a consequence, the morbidity and mortality of the entire Central African population have increased, affecting in particular the most vulnerable: children under 5 and pregnant or lactating women.

After more than seven years of support to health structures in the management of Severe Acute Malnutrition (SAM) in CAR, Action Contre la Faim now raises the alarm on the reducing capacity to treat the most vulnerable populations in Bangui and its outskirts.

### Nutritional and health situation at high risk

The 2014 SMART survey<sup>1</sup> shows a 1.9% SAM rate in the country, nearing the emergency threshold of 2%. Mortality rates are also close or above emergency thresholds in most parts of the country.

Beyond these general findings, ACF notices high admissions trends in its *nutrition treatment centres*. In 2014, 10 764 children were treated in the capital and its outskirts. Admissions in 2015 are following similar trends to those of 2014, far above pre-crisis level.

### Risks in the coming months

To date, the country agricultural production is 60% lower than the pre-crisis average<sup>2</sup>. People therefore remain in a critical food situation pending harvest in September. The lean season that traditionally begins in June will be early this year, like in the past 3 years, and will once again be extremely difficult for most families. This is a clear warning on the precarious nutritional situation of the most vulnerable.

Despite efforts and support of health actors to provide access to health care to the population the health system remains extremely fragile. The results of the SMART survey demonstrate huge efforts are still needed in this area. The coming months are critical in terms of public health since the rainy season will bring the annual peak of malaria and diarrheal diseases which, coupled with the lean season, will have a devastating impact on the nutritional status of vulnerable populations. Experience has shown that monthly admissions in nutritional centres double between January and July-August, (peak of the lean season).

Finally, the security situation remains uncertain given the fragility of the political process. Experience in the last 24 months has shown how the nutritional situation is impacted by violence outbursts.

A deterioration of the nutritional situation in the next few months must be anticipated.

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<sup>1</sup> Conducted by UNICEF in collaboration with MSPPLS

<sup>2</sup> FAO, 29th October of 2014.

## Disengagement and lack of donor coordination

Despite this, ACF notices a worrying disengagement from donors at this complex time of rehabilitation. Nutrition seems to be the forgotten component of health programmes at this critical period following the emergency phase. ACF is concerned about the risk of disengagement and the consequences of a lack of donor coordination in a situation at the crossroads between emergency and development. This omission is representative of the lack of recognition of nutrition, both as a major health problem and as an issue continuing beyond the emergency. As a reminder, despite efforts from local actors, the management of acute malnutrition is still fully dependent on NGOs. ACF further notices a blatant lack of coordination between donors regarding the allocation of funds for nutrition needs, or the transition towards rehabilitation/development activities despite several commitments to avoid this classic pitfall.

## Recommendations

A reduced support to actors currently working against acute malnutrition would be devastating for the Central African population. Given the state of public health structures and the continued volatility of the situation, it is essential to maintain screening capabilities and treatment of severe acute malnutrition, alongside a support to local actors, until they are able to take over. The emergency-development duality must be at the heart of operational strategies for at least the next two years. At this turning point, this type of approach should be supported by implementing the necessary coordination to avoid a gap in the care of vulnerable populations in the country, as it is too often found in these post-crisis contexts.

In particular, ACF calls on donors to:

- Maintain a significant support to the actors fighting against acute malnutrition in CAR to avoid gaps in coverage and prevent an aggravation of the situation.
- Continue efforts towards a better coordination in the specific context of the CAR combining emergency and development, particularly in the coverage of needs.
- Ensure dedicated nutrition activities are included in the health programs they support.

### Contact:

CAR: Chloé SCHMITT, Country Director, [cdm@cf.missions-acf.org](mailto:cdm@cf.missions-acf.org)

France: Alexandre LE CUZIAT, Regional Operational Director, [alecuziat@actioncontrelafaim.org](mailto:alecuziat@actioncontrelafaim.org)

[www.actioncontrelafaim.org/](http://www.actioncontrelafaim.org/)

### Action contre la Faim in Central African Republic

*ACF is working in CAR since 2007. In addition to the screening and treatment of severe acute malnutrition through mobile clinics and support to existing health facilities in Bangui and on peripheral axe; water, sanitation, hygiene and sanitation projects (WASH); food security (vouchers); mental health and care practices are carried out. In addition, ACF works in Ouham since 2007 with a reinforced action in WASH and food security since the crisis and in Kémo for the implementation of nutrition and WASH activities since 2013. At the same time, ACF is responsible for the rapid response mechanism (RRM) in Lobaye, Ombella M'Poko, Nana-Mambere, south of Ouham and Ouham Pende.*

