

CENTRAL AFRICAN REPUBLIC



ICRC / AR, 2012
 + ICRC delegation + ICRC sub-delegation + ICRC office / presence

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 carried out activities in the country since 1983. It seeks to protect and assist people affected by armed conflict/other situations of violence, providing emergency relief, medical care and psychological support, helping people restore their livelihoods, and rehabilitating water and sanitation facilities. It also visits detainees, restores links between relatives separated by conflict, promotes IHL among the authorities, armed forces, armed groups and civil society, and supports the development of the Central African Red Cross Society.

CONTEXT

In the Central African Republic (hereafter CAR), armed clashes/banditry continued to plague the north, especially the north-east, displacing residents and damaging homes. In December, the Seleka, an alliance of armed groups, took control of the north and centre of the country. The non-international armed conflict led to casualties, looting, further displacement and the temporary evacuation of most humanitarian workers.

In the south-east, sporadic armed violence, skirmishes over access to grazing land, and fear of attack by armed groups, such as the Lord's Resistance Army (LRA), also contributed to displacement or prevented IDPs from returning home. Attacks on villages allegedly by the LRA, involving the looting of food and seed stocks, reportedly increased. In the north-west, IDPs returned to their villages after long-term displacement and started rebuilding their homes.

In agreement with the government, foreign troops remained present in the country, including as part of the Mission for the Consolidation of Peace in the CAR (MICOPAX), under the responsibility of the Economic Community of Central African States (ECCAS).

ICRC ACTION AND RESULTS

Amid the continued insecurity (see *Context*), the ICRC, with the Central African Red Cross Society as its primary partner, employed a multidisciplinary approach to respond to the emergency needs of conflict/violence-affected people, while helping longer-term IDPs and returnees rebuild their lives. With ICRC financial, material and technical support, the National Society strengthened its operational capacities, notably in emergency preparedness/response, first aid and family-links services. Coordination meetings helped Movement partners harmonize their respective approaches.

The ICRC maintained or renewed dialogue with local/national authorities, weapon bearers, regional/international organizations and influential community representatives. Bilateral meetings and briefings served to raise awareness of and support for IHL, facilitate safe access to victims by National Society/ICRC personnel, and enable the rapid and effective delivery of aid. In December, the ICRC shared with the authorities its qualification of the situation as a non-international armed conflict. Based on documented allegations of abuses, it reminded the parties concerned of their responsibilities under IHL and other applicable laws to protect civilians, thus helping to prevent further violations.

EXPENDITURE (IN KCHF)

Protection	1,936
Assistance	10,110
Prevention	1,456
Cooperation with National Societies	1,140
General	-

▶ **14,642**
 of which: Overheads 894

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Expatriates	30
National staff (daily workers not included)	177

KEY POINTS

In 2012, the ICRC:

- ▶ particularly with the resumption of hostilities in December, reminded the parties to the non-international armed conflict of the applicability of IHL and its accompanying obligations
- ▶ with the National Society, ensured people wounded by fighting in December received emergency medical care, evacuating the seriously injured and providing health facilities with medical supplies
- ▶ in the north and south-east, worked with the National Society to deliver emergency relief, including food, safe drinking water and essential items to IDPs newly uprooted by fighting and to vulnerable members of host communities
- ▶ provided 46,970 resident/displaced farmers in a more stable situation with seed, tools and training to help them undertake or expand agricultural activities and boost their household income
- ▶ with the National Society and in coordination with the authorities, rehabilitated/constructed water points and sanitation facilities in rural and urban areas, *inter alia*, easing the return home of some 40,000 long-term IDPs
- ▶ helped the National Society strengthen its operational capacities, including in first aid and restoring family links, thus facilitating first-aid teaching to weapon bearers and family reunifications

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)		UAMs/SCs*	
RCMs collected	244	28	
RCMs distributed	229	19	
Reunifications, transfers and repatriations			
People reunited with their families	28		
	<i>including people registered by another delegation</i>	1	
People transferred/repatriated	5		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	46	Women	Minors
People located (tracing cases closed positively)	58	2	1
	<i>including people for whom tracing requests were registered by another delegation</i>	7	
Tracing cases still being handled at the end of the reporting period (people)	14		2
UAMs/SCs,* including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society	28	Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society	27	8	21
	<i>including UAMs/SCs registered by another delegation</i>	1	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	1	4
Documents			
Official documents relayed between family members across borders/front lines	2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits		Women	Minors
Detainees visited	1,347		
Detainees visited and monitored individually	172	7	9
Detainees newly registered	147	7	9
Number of visits carried out	55		
Number of places of detention visited	23		
Restoring family links			
RCMs collected	13		
RCMs distributed	5		
Phone calls made to families to inform them of the whereabouts of a detained relative	1		
People to whom a detention attestation was issued	2		

* Unaccompanied minors/separated children

People wounded in the fighting benefited from National Society first-aid services, emergency medical treatment in ICRC-supported health structures, and evacuation by plane as necessary. Distributions of food and safe drinking water and the construction of latrines and temporary shelter helped IDPs in Ndélé meet their immediate needs.

With seed, tools and training, resident and displaced farmers in a more stable situation and market gardeners in Birao undertook or expanded agricultural activities, boosting their families' income. In rural villages, local workers and committee members improved or broadened community services thanks to ICRC donations of tools, mills, bicycles and other items.

Throughout the year, conflict/violence-affected communities in rural and urban areas benefited from National Society/ICRC improvements to water/sanitation facilities carried out in coordination with local water authorities. This enabled their access to clean water and helped improve sanitation conditions. As part of National Society-run hygiene-promotion programmes, communities underwent training in how to maintain the improved facilities. With technical guidance and tools, residents built their own latrines. Such efforts led to better hygiene practices and a decrease in the rate of diarrhoea, especially among children. People whose homes had sustained damage during clashes made repairs with tools and materials provided by the ICRC, and residents in the north-west affected by severe weather phenomena/bush fires received temporary shelter and essential items.

To help improve community health, residents/IDPs in the south-east exhibiting relevant symptoms were tested for malaria and given free treatment thanks to a mechanism established in 2011 to help detect/treat the disease at an early stage, preempting the need for hospitalization. In the same region, conflict/violence-affected people benefited from psychological support from ICRC-trained community members.

Meanwhile, the National Society/ICRC continued to help dispersed family members restore or maintain contact, including children formerly associated with weapon bearers and people separated from their families by detention.

Delegates pursued visits to detainees countrywide to monitor their treatment and living conditions. They shared confidential feedback and any recommendations for improvements with the relevant authorities, and maintained dialogue with them on ICRC access to all detainees within its purview. To help improve detainees' treatment, living conditions and general health, work with the penitentiary authorities focused on respect for judicial guarantees, nutrition, health/medical care and hygiene.

The ICRC encouraged the authorities to ratify IHL instruments and enforce existing legislation. This led to the production of a draft decree establishing a permanent IHL committee to oversee IHL implementation. Following efforts to assist the armed forces in integrating IHL into their training curricula, an IHL module was incorporated into the training of military cadets and company commanders.

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	62,032	30%	46%
	<i>of whom IDPs</i>	44,663		
Essential household items	Beneficiaries	15,098	24%	36%
	<i>of whom IDPs</i>	9,023		
Productive inputs	Beneficiaries	104,522	39%	24%
	<i>of whom IDPs</i>	25,714		
Cash	Beneficiaries	2,060	30%	49%
	<i>of whom IDPs</i>	1,669		
Water and habitat activities	Beneficiaries	61,950	30%	45%
Health				
Health centres supported	Structures	2		
Average catchment population		15,500		
Consultations	Patients	13,451		
	<i>of which curative</i>		1,828	5,917
Referrals to a second level of care	Patients	190		
Health education	Sessions	8		
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	218		
Essential household items	Beneficiaries	7,218		
Productive inputs	Beneficiaries	126		
Water and habitat activities	Beneficiaries	510		

CIVILIANS

Conflict/violence-affected civilians approached the ICRC with allegations of violations of IHL and national law. Once documented, their claims formed the basis of confidential oral/written representations to the parties concerned. Whenever feasible, the authorities and weapon bearers received reminders of their responsibilities under IHL and other applicable laws to protect civilians and their property, the wounded and sick, and humanitarian and medical personnel/infrastructure and to prevent forced or child recruitment by fighting forces. Dialogue aimed to prevent further abuses and obtain safe access of National Society and ICRC staff to people in need.

Employing a multidisciplinary approach, National Society/ICRC teams addressed the short-term, emergency needs of conflict/violence-affected victims, while helping longer-term IDPs and returnees rebuild their lives. The National Society therefore expanded its services over a wider area and strengthened its emergency response capacities with ICRC financial, material and technical support, organizing training, particularly in emergency response, first aid, the Safer Access approach and restoring family links, for team leaders, instructors and volunteers.

IDPs/returnees meet their emergency needs and improve their economic security

Insecurity owing to sporadic armed conflict or violence and subsequent erratic access to grazing/farming land prevented many IDPs from returning home and in some cases led to further displacement. To help them cope with their situation, 24,492 IDPs (and vulnerable members of host communities) in the north and south-east received food rations and 5,195 in the north also received essential household items.

With National Society assistance, 9,903 individuals in three remote north-western villages, whose homes had been damaged during severe weather phenomena, such as thunderstorms/flooding, or during bush fires, received tarpaulins and essential household items to help them cope in the short term.

With ICRC technical support, seed, tools and other materials, 46,970 resident and displaced farmers (9,393 households) in a more stable situation undertook farming activities on nearby plots, temporarily boosting their household income. Food rations helped tide them over between harvests. Among them, 10 cassava farming groups (246 households) in the south-east tilled their land and grew cassava with donated tools and disease-resistant cuttings, benefiting from ICRC training and supervision in so doing. The harvest helped restore economic security and thus self-sufficiency. After receiving five vegetable seed types, agricultural tools and six pedal pumps for irrigation, 337 market gardeners in farming groups in Birao expanded agricultural activities and supplied fresh vegetables to the community, generating income to support their families (1,348 people).

Using ICRC-donated multigrain mills, bicycles, bicycle push-carts, draft animals and/or high-quality toolkits, 53 trained committee members and 90 local workers in eight conflict/violence-affected rural villages improved or boosted community services, such as cereal grinding and the provision of affordable transport, benefiting 57,552 people. In Batangafo, 2,000 IDPs and vulnerable residents boosted their incomes by participating in cash-for-work community projects.

In Paoua, staff of a veterinary pharmacy attended a final course on financial management organized with the national stockbreeding federation, as part of efforts to ensure the quality and sustainability of services for local pastoralists. Recurrent weaknesses in the federation's project management led to the withdrawal of ICRC support.

Rural and urban communities' water supply, sanitation and shelter improve

In Ndélé in December, around 1,400 IDPs benefited from deliveries of safe drinking water and the construction of latrines, combined with hygiene-awareness sessions. After two weeks, sanitary conditions improved as the majority of IDPs adopted good hygiene practices. Some of them also benefited from temporary shelter protecting them from the hot sun and cold nights.

Throughout the year, conflict/violence-affected communities saw their water supply, sanitation and in some cases housing conditions improve, thanks to National Society/ICRC support provided in coordination with local water authorities. In the north-east, north-west, including at a hospital in Kabo, and south-east, some 60,000 people gained or improved access to clean water following the construction/rehabilitation of wells and boreholes. These included 39,954 people in rural areas returning to their villages after months or years of displacement. In urban areas, such activities helped ensure that IDPs settled in zones without water points had access to clean water or eased the pressure IDPs placed on host communities as they used the same water points.

As part of National Society-run hygiene-promotion programmes, communities (some 20,000 people) underwent training in maintenance of the improved facilities. In the south-east, newly established water committees took charge of maintaining the facilities and promoting good hygiene practices. With technical guidance and tools, residents built their own latrines, contributing the materials and labour. Particularly in Rafai and the north-west, these efforts led to better hygiene practices and a decrease in the rate of diarrhoea, especially among children.

Some 8,000 people whose homes had sustained damage during clashes made repairs with donated tools and materials. Among them, 37 elderly or disabled people received help from National Society volunteers in reconstructing their homes.

Conflict/violence-affected people have access to emergency medical/psychological care and malaria treatment

Health facilities in northern and central CAR received drugs and medical materials with which to treat the weapon-wounded. Using donated motorcycles, medical supplies and body bags, National Society teams reached the injured and administered first aid and/or dealt with human remains appropriately. A plane evacuated the severely wounded to Bangui for treatment.

Displaced and resident communities in Obo and Rafai benefited from a mechanism established in 2011 in coordination with the Health Ministry to detect/treat malaria at an early stage, preempting the need for hospitalization. ICRC-trained community health workers provided malaria testing and treatment free of charge, leading to the diagnosis and treatment of some 7,500 people out of 8,015 who complained of symptoms at consultations. Particularly vulnerable people, such as pregnant women and children under five, received mosquito nets after learning about malaria prevention during health information sessions.

In the same region, despite delays for staffing-related reasons, four mental health workers were recruited and some 100 key community members underwent training in mental health as first steps towards creating an effective community psychological support network for conflict/violence-affected people. They started to provide counselling to community members traumatized by violence, while some 1,600 people, the majority of them women, attended awareness-raising sessions on trauma-related symptoms.

Relatives separated by conflict re-establish or maintain contact

Dispersed family members restored/maintained contact through family-links services. They included people in towns overtaken by armed groups in December who were left without means of contacting relatives following telephone network shutdowns, and Sudanese

refugees at Bambari camp and in Sam Ouandja who had lost contact with their relatives after fleeing Darfur (Sudan) in 2007.

By year-end, 27 unaccompanied minors, including 21 formerly associated with weapon bearers, rejoined their families in the CAR and elsewhere. Four children formerly associated with the LRA received psychological support in preparation for or after their reunification with their families.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 1,300 detainees countrywide, including those held by armed groups, received ICRC visits, conducted according to the organization's standard procedures, to check that their treatment and living conditions complied with internationally recognized standards. People held in connection with armed conflict or for State security reasons received individual follow-up, while special attention was paid to other vulnerable inmates, such as women and children. Where necessary, inmates maintained contact with relatives through RCMs. Following visits, the detaining authorities received confidential feedback and, where relevant, recommendations for improvements.

Delegates pursued efforts to obtain access to all detainees in the custody of the Defence, Justice and Security Ministries, as defined in a 2011 agreement, and to those held by armed groups. However, such access had yet to become systematic by year-end.

Detainees enjoy improved nutrition, hygiene and health care

While mobilizing the support of international actors for penitentiary/judicial reform in the CAR, the ICRC worked with the authorities to improve detainees' treatment and living conditions. The Justice Ministry received a reminder of its obligation to ensure inmates' pre-trial detention did not exceed the legal limit, resulting in the release of 52 detainees on these grounds.

Despite taking initial steps to improve prison food supply and allocate more to the budget, the Justice Ministry still needed to go further in this respect. Meanwhile, 218 detainees in four facilities benefited from ICRC nutritional assistance and those in two others grew vegetables with ICRC-donated seed and tools, thus increasing their food supply and diversifying their diet. Inmates continued to undergo regular nutritional health monitoring, helping prevent malnutrition. In one prison, detainees benefited from small-scale rehabilitation work. Regularly visited inmates improved their general health and sanitation conditions thanks to donations of hygiene products and, along with prison staff, learnt good hygiene practices during awareness-raising sessions.

Meetings with the relevant authorities served to encourage implementation of the Health Ministry's new regulation on local health centres providing medical care to sick inmates, and helped ensure all detainees had access to national HIV/AIDS and TB prevention and treatment programmes. Meanwhile, medical staff benefited from training in diagnosing and treating diseases according to national protocols. Donations of consumables to two prison dispensaries helped ensure inmates received treatment for common ailments. As necessary, detainees benefited from ad hoc medical assistance.

AUTHORITIES

Following the outbreak of non-international armed conflict in December, the parties to the conflict were reminded of the applicability of IHL and its accompanying obligations. Throughout the year, regular meetings with local/national authorities and

representatives of regional/international bodies, including the African Union, ECCAS and UN agencies, aimed to raise their awareness of humanitarian issues and enhance their understanding of and support for the Movement. As a result, ECCAS sponsored the translation into Sango, the most widespread local language, of 4,000 IHL leaflets and brochures on the conduct of hostilities for distribution to a wide variety of audiences.

In coordination with UNHCR/UNICEF, contact with the government and a briefing for parliament members served to encourage the ratification or implementation of IHL instruments and help enforce existing legislation. The authorities produced a draft decree establishing a permanent IHL committee to oversee IHL implementation and submitted it to the National Assembly for consideration. To address abuse, the National Society/ICRC decided that an awareness campaign to encourage respect for the emblem would be more helpful than a decree implementing the 2009 law protecting it.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Owing to the continued insecurity, the need remained to familiarize all weapon bearers with IHL and the Movement's neutral, impartial and independent humanitarian action. Bilateral dialogue with and briefings for some 1,900 armed forces members, including the presidential guard, the *gendarmerie*, the Ugandan armed forces, MICOPAX and the tripartite CAR/Chadian/Sudanese force, and renewed contacts with armed groups served to familiarize them with these topics and remind them of their responsibilities to protect civilians and allow humanitarian workers unhindered access to conflict-affected people. Officers and non-commissioned officers also deepened their IHL knowledge during seminars at Bouar training centre.

The armed forces continued to draw on ICRC expertise to integrate IHL into their training curricula. Thirty-nine future instructors honed their IHL teaching skills at tailored training courses, and Bangui's military academies incorporated an IHL module into the training of cadets and company commanders. Two officers attended IHL courses abroad, including the director of Bouar training centre, who enhanced his IHL expertise at a course for high-level military officials (see *International law and cooperation*).

At National Society-run training sessions, some 90 armed forces and 30 armed group members learnt about first aid and the Movement's emblems so that they could assist those wounded during armed clashes (see *Civilians*).

CIVIL SOCIETY

Over 600 influential community members, including religious leaders, and more than 9,000 villagers increased their awareness of humanitarian principles and the Movement during National Society/ICRC briefings and culturally adapted events. For example, some 450 residents in the north-east attended three open-air film screenings on ICRC activities followed by question and answer sessions; in the north-west, residents in 11 towns participated in plays on humanitarian themes.

Using ICRC press releases/conferences and radio interviews, local and international media generated regular and accurate coverage of humanitarian issues and associated Movement activities. Twenty-four journalists from Bangui and seven from the main media in the south-east practised their humanitarian reporting skills at workshops. Others participated in five field trips,

interviewing beneficiaries of Movement initiatives. Resulting articles/radio spots helped raise awareness of the Movement among the public at large.

In academic circles, continued cooperation with the University of Bangui and the National School of Administration and Magistracy aimed to teach IHL to future decision-makers. Trainee magistrates thus deepened their IHL knowledge at three workshops run with the support of a lecturer from each institution and national and international legal experts. The libraries of both institutions received updated publications on IHL. Moreover, during presentations/discussions, over 200 students learnt more about IHL and the Movement.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross, as the ICRC's primary partner in assisting conflict/violence-affected people, strengthened its operational capacities, benefiting from financial, logistical and material support, training and improved/new infrastructure (see *Civilians*). It reinforced its management and governance skills through the attendance of key staff at Movement meetings abroad. In December, the National Society and the ICRC drafted a contingency plan defining their roles/responsibilities in case of escalated fighting. To help it implement the plan as necessary, the National Society received vehicles and communications and other equipment.

Movement partners met regularly to coordinate activities and harmonize their respective assistance approaches.