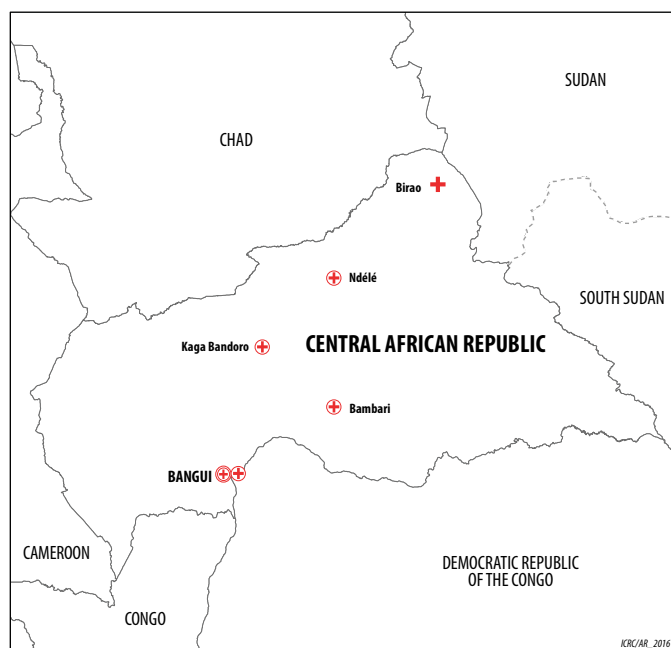


CENTRAL AFRICAN REPUBLIC



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office

KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Violence-affected people, including the wounded, obtained health care at two ICRC-supported hospitals; victims of sexual violence received medical attention and psychosocial support at ICRC-backed facilities.
- ▶ Returnees and IDPs supported their families through livelihood activities undertaken with ICRC support, such as growing food with donated seed and tools or participating in cash-for-work projects.
- ▶ Communities in both urban and rural areas had a more reliable water supply after local authorities and the ICRC renovated or built water infrastructure; IDPs in camps benefited from water trucked in by the ICRC.
- ▶ People separated from their families restored contact with them through Central African Red Cross Society and ICRC family-links services; minors formerly associated with armed groups were reunited with their families.
- ▶ During dialogue with them, the ICRC reminded the authorities and weapon bearers of their obligations under IHL, particularly in relation to protecting medical personnel and facilities, and ensuring people's access to basic services.
- ▶ Detainees received hygiene items and medical care from ICRC teams. Detention authorities and the ICRC engaged in discussions on ensuring detainees' access to quality health care.

EXPENDITURE IN KCHF

Protection	4,213
Assistance	28,458
Prevention	3,223
Cooperation with National Societies	2,756
General	182
Total	38,831
<i>Of which: Overheads</i>	<i>2,367</i>

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	83
Resident staff (daily workers not included)	367

The ICRC opened a delegation in the Central African Republic in 2007, but has conducted activities in the country since 1983. It seeks to protect and assist people affected by armed conflict and other situations of violence, providing emergency relief and medical and psychological care, helping people restore their livelihoods and rehabilitating water and sanitation facilities. It visits detainees, restores links between separated relatives, promotes IHL and humanitarian principles among the authorities, armed forces, armed groups and civil society, and, with Movement partners, supports the Central African Red Cross Society's development.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action **HIGH**

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	528
RCMs distributed	555
Phone calls facilitated between family members	269
Tracing cases closed positively (subject located or fate established)	816
People reunited with their families	107
<i>of whom unaccompanied minors/separated children</i>	<i>96</i>
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,249
Detainees visited and monitored individually	91
Number of visits carried out	88
Number of places of detention visited	34
Restoring family links	
RCMs collected	131
RCMs distributed	28
Phone calls made to families to inform them of the whereabouts of a detained relative	136

ASSISTANCE	2016 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	113,970
Essential household items	Beneficiaries	40,000
Productive inputs	Beneficiaries	90,500
Cash	Beneficiaries	65
		8,752
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	632,500
		787,942
Health		
Health centres supported	Structures	5
		2
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
		2
Water and habitat		
Water and habitat activities	Number of beds	643
Physical rehabilitation		
Projects supported	Projects	1
		1

CONTEXT

In the Central African Republic (hereafter CAR), socio-political tensions and pockets of insecurity persisted despite a decrease in the prevalence of violence during and after the elections held in the first quarter of 2016. Clashes between armed groups resumed – with particular intensity in the latter part of the year, and especially in rural areas.

As a result, most of the hundreds of thousands of families displaced within the country and elsewhere were unable to return to their places of origin. Starting or resuming livelihood activities continued to be difficult for residents and returnees. The availability of health care and other public services remained limited.

France withdrew its troops from the country, with the exception of some soldiers in Bangui. The mandate of the UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) was extended to November 2017.

ICRC ACTION AND RESULTS

The ICRC helped people in the CAR cope with the effects of conflict and other situations of violence, carrying out some of its activities with the Central African Red Cross Society. In order to maintain access to communities in need of assistance, the ICRC developed its dialogue with the parties to the conflict. However, logistical and security constraints arising from incidents of communal violence and preparations for elections affected the implementation of the ICRC's activities in some areas.

The ICRC maintained its efforts to help prevent abuses by encouraging respect for IHL and broadening support for humanitarian action among weapon bearers, such as Central African soldiers, *gendarmes* and policemen, and members of armed groups. It reminded these groups, through briefings and confidential dialogue, of their obligation to: protect civilians, including medical personnel; facilitate people's safe access to medical and humanitarian aid; and prevent sexual violence. The ICRC documented allegations of abuse reported to it and, whenever possible, shared these with the parties concerned.

In areas where poor security conditions and limited resources affected the availability of health care, the ICRC helped health-care providers ensure the continuity of their services. Wounded, sick and malnourished people thus obtained primary health care and other medical services at ICRC-backed facilities. Some patients were transported to these facilities, via plane or other means, with ICRC assistance. An ICRC surgical team continued to help treat critically ill and injured patients at the community hospital in Bangui. Assistance to the hospital in Kaga Bandoro, which was suspended in October 2015, resumed after the signing of an agreement between the ICRC and hospital authorities. People suffering from violence-related trauma, including in relation to sexual violence, also received health care and psychosocial support at ICRC-supported facilities. At ICRC information sessions, communities learnt more about the importance of referring victims of sexual violence for appropriate care. Displaced children shared their experiences during group discussions, helping them ease their emotional distress. The ICRC continued to equip the workshop of a local organization that produced assistive devices for disabled people.

The ICRC helped people affected by conflict and other violence to restore their livelihoods. Vulnerable households were provided with

plant cuttings, seed and tools, which enabled them to grow more food; vaccination campaigns helped pastoral households keep their herds healthy. Infrastructure upgrades carried out by local authorities, with ICRC support, ensured the availability of clean water for household consumption and livelihood purposes. IDPs met their basic needs with the help of ICRC-provided food, household essentials and water.

People separated from their families restored or maintained contact with their relatives through National Society and ICRC family-links services. Several minors, including some formerly associated with armed groups, were reunited with their families. During ICRC training sessions, National Society volunteers honed their capacity to restore family links, helping them to provide such services in areas where the ICRC had limited access.

During information sessions and other ICRC-organized activities, community members and traditional leaders learnt more about their role in protecting people affected by conflict and other violence. They also discussed ways to develop and implement community-based strategies to reduce their exposure to risks. Dissemination sessions and a multimedia campaign helped to heighten public awareness of issues related to the protection of medical personnel and facilities. Members of the media, representatives of international organizations, parliamentarians and others received regular updates on Movement activities.

Following visits to detainees within its purview, the ICRC conveyed its findings and, where necessary, its recommendations confidentially to the detaining authorities. It continued to support the authorities' efforts to improve detainees' living conditions and access to health care, and supplemented these efforts with material assistance. ICRC surgical teams treated some wounded detainees.

The ICRC gave the National Society financial, material and technical support to strengthen its capacities in emergency response, restoring family links and managing human remains, and its coordination with Movement partners.

CIVILIANS

Authorities and armed groups were reminded, through dialogue, of their obligations under IHL and other applicable laws, particularly to respect medical personnel and facilities, and prevent sexual violence (see *Wounded and sick* and *Actors of influence*). The ICRC documented allegations of abuses reported to it, including of ill-treatment and sexual violence; when appropriate, it discussed these confidentially with the parties concerned.

At ICRC-facilitated workshops, people living in violence-affected areas discussed, among themselves and with ICRC staff members, ways to develop and implement community-based approaches to reducing their exposure to risks.

Violence-affected people obtain primary health-care services at ICRC-supported clinics

Poor security conditions and limited resources sometimes hampered the work of health-care providers in Nana-Grébizi. The ICRC thus continued to provide health facilities with various forms of support – such as medical supplies, additional staff and infrastructural upgrades – to help ensure service continuity. Plans to deploy mobile clinics to remote areas did not push through, owing to the security situation.

As a result, people were able to avail themselves of primary-health-care services at two ICRC-supported health centres, which

carried out 53,308 consultations in all. One hundred and forty-three patients who required emergency medical attention were referred to an ICRC-supported hospital (see *Wounded and sick*).

Under a national programme carried out with the help of ICRC teams, young children in Nana-Grébizi were vaccinated against disease. Children were also screened for malnutrition; over 2,400 who were found to be severely malnourished underwent therapeutic feeding at five health facilities, including an ICRC-run feeding unit in Kaga Bandoro (see *Wounded and sick*). These children and their families (around 8,700 people) were given food rations or financial assistance to help them meet their needs.

In the town of Birao and in three villages, of the 10,500 people who availed of free malaria testing, 9,334 received the necessary treatment from ICRC-trained community health workers. Families in Nana-Grébizi were provided with mosquito nets, which helped prevent the spread of disease.

Victims of sexual violence receive care within 72 hours of their assault

Victims of sexual violence availed themselves of the services offered by the two ICRC-supported clinics; at these clinics and at a counselling centre in Kaga Bandoro, more than 292 victims of sexual violence received psychosocial support from ICRC-trained counsellors.

Community members deepened their awareness of the consequences of violence – particularly the importance of post-exposure prophylactic treatment for victims of sexual violence within 72 hours of an assault – at ICRC information sessions. These sessions aimed to prevent the stigmatization of victims and to encourage their referral for suitable care. Following these efforts, 78% of the victims of sexual violence treated at ICRC-supported facilities received care within 72 hours of their assault, from an average of 38% in the latter half of 2015.

Displaced children in Kaga Bandoro eased their emotional distress by sharing their experiences with their peers during therapeutic group sessions.

Conflict-affected households work towards restoring their livelihoods

Some 12,700 households (around 63,000 people) – notably returnees and IDPs – in Bambari, Kaga Bandoro and Paoua used ICRC-provided seed, tools and disease-resistant cassava cuttings (see below) to grow more food. They also received two rounds of food aid, which helped them avoid consuming seed meant for planting and harvesting crops early. Nearly 5,700 herding households (some 28,500 people) maintained or improved the health and market value of their livestock after 59,600 animals belonging to them were vaccinated against disease through initiatives organized by the authorities and the ICRC.

Some 1,000 breadwinners (supporting some 5,000 people) covered part of their household expenses with money earned through cash-for-work projects to cultivate cassava cuttings for their communities; another 394 (supporting 1,970 people) repaired cattle corrals used during vaccination activities.

Urban and rural communities have a more reliable water supply

Some 615,000 people in urban areas had a better supply of safe water after local authorities upgraded infrastructure and treated their water supply with ICRC support, which included

water-treatment chemicals. Work progressed on projects set to similarly benefit people in Bangui.

More than 68,200 people living in rural and semi-urban areas had more clean water for household consumption and livelihood purposes after wells and pumps were constructed and repaired by the ICRC, and maintained by the National Society.

Displaced people meet their basic needs with emergency aid from the ICRC

Some 72,700 IDPs had more clean water after the ICRC trucked it in and repaired facilities at their sites. They also had access to latrines maintained by the ICRC, and learnt more about good hygiene practices at National Society information sessions.

Returnees and IDPs received food rations (1,445 households; 7,225 people) and essential household items (52,300 people) to help them meet their immediate needs; among them, around 330 households (over 1,500 people) who had returned to their places of origin rebuilt their homes using ICRC-provided shelter materials.

Minors formerly associated with armed groups reunite with their families

Members of families separated by conflict and other violence, or detention, reconnected using RCMs and phone calls facilitated by the Central African Red Cross, National Societies in neighbouring countries, and the ICRC. A total of 96 unaccompanied minors, 47 of whom were formerly associated with armed groups, were reunited with their families.

The ICRC engaged the authorities in discussions on their role and responsibilities in managing human remains and providing answers to the families of missing persons; some officials from the pertinent ministries learnt more about the subject at a conference.

National Society volunteers received training and other support (see *Red Cross and Red Crescent Movement*) that helped them offer family-links services in areas where the ICRC had limited access.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees contact their relatives through family-links services

More than 1,200 people held by the authorities and armed groups were visited by the ICRC, in accordance with its standard procedures. Particular attention was given to vulnerable detainees, such as minors, those suffering from medical conditions or people held in relation to the conflict; 91 detainees were followed up individually. After its visits, the ICRC gave the authorities confidential feedback and, as necessary, recommendations for improving detainees' living conditions and treatment, including respect for judicial guarantees. The ICRC sought access to all detainees, including those held by armed groups.

Detainees contacted their relatives through family-links services; several foreign detainees were helped to notify their embassies of their detention.

Authorities take steps to ensure the availability of health care in places of detention

The ICRC made oral and written representations to the authorities concerned to bring their attention to issues related to detainees' access to health care. Particularly, justice ministry officials learnt more about detainees' nutritional needs. Efforts of the authorities to

guarantee the availability of health care in prisons were augmented by the ICRC with medical supplies and technical advice.

Six wounded detainees were referred to Bangui hospital and treated by ICRC surgical teams. Some 650 detainees had better health conditions and were less at risk of illness or disease after the ICRC conducted campaigns to eradicate scabies and prevent cholera outbreaks. Over 1,200 detainees were provided with hygiene items, to help ease their conditions. Thirty detainees had improved access to sanitation facilities following infrastructure upgrades; other similar projects were under way.

WOUNDED AND SICK

Some 7,050 people – including community members and weapon bearers – developed their first-aid skills at training sessions organized by the National Society and the ICRC; this helped ensure the availability of prompt care for wounded people. Patients familiarized themselves with matters related to the protection of the wounded and the sick (see *Actors of influence*).

Wounded patients undergo emergency surgery at Bangui hospital

Critically wounded and ill patients were treated at Bangui community hospital, where ICRC surgical teams performed 879 operations. Over 140 wounded people were evacuated to the facility via an ICRC plane; 289 of the patients treated at the hospital had weapon wounds.

The hospital improved its services with ICRC technical and material assistance. It set up a room for stabilizing patients in critical condition, and developed procedures for managing these patients. Staff members and patients benefited from more sanitary conditions following infrastructural upgrades and staff training that helped improve the hospital's waste management system. The hospital's blood bank replenished its supply of safe blood for transfusions. Upgrades to the electrical system ensured a more reliable power supply, and support for the maintenance team helped them respond promptly to specific problems.

Some patients and their caretakers received meals cooked by hospital staff, which the ICRC supplemented with food rations.

Malnourished children are treated at an ICRC-run therapeutic feeding unit

The ICRC resumed its support – suspended in October 2015 – to Kaga Bando hospital after signing an agreement with hospital authorities in April 2016. It provided drugs and other medical supplies, and covered financial incentives for staff and other costs, with a view to ensuring free health care for patients.

The hospital's paediatric department increased its capacities to treat sick and malnourished children with help from ICRC-backed infrastructural improvements and other assistance. Nearly 350 children were treated at the ICRC's temporary therapeutic feeding unit in Kaga Bando (see *Civilians*); they were referred to the hospital after completion of the facility's upgrades.

Patients and staff at Ndele prefectural hospital had a more sustainable supply of clean water after the ICRC constructed a well on hospital premises.

Students continue their education in prosthetics and physiotherapy

Disabled people benefited from the services of a prosthesis/orthosis workshop run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique. The workshop was renovated and supplied with materials and equipment by the ICRC.

Eight students studying prosthetics or physiotherapy continued their education with ICRC support. Discussions with the authorities, on the possibility of constructing a new physical rehabilitation centre, continued.

ACTORS OF INFLUENCE

Weapon bearers familiarize themselves with their obligations under IHL

At ICRC-organized briefings, more than 800 military and peace-keeping personnel, and over 1,200 members of armed groups, developed their understanding of IHL and other applicable laws, and their obligations under them. Some 400 members of the police and the *gendarmerie* familiarized themselves with internationally recognized standards applicable to law enforcement. All sessions and briefings emphasized the necessity of facilitating safe access for people to medical and humanitarian aid, and of preventing sexual violence during armed conflict and other violence.

Communities learn more about their role in contributing to the protection of violence-affected people

Dialogue with the authorities, weapon bearers, traditional leaders and community members focused on the humanitarian consequences of conflict and other violence, the need to protect civilians and the Movement's neutral, impartial and independent humanitarian action. Multinational forces and armed groups, newly elected members of parliament, diplomats and representatives of international organizations received regular updates from the ICRC on issues of humanitarian concern and Movement activities, at meetings and other events. Members of media reported on humanitarian issues with the help of information from briefings and interviews with ICRC delegates.

Dissemination activities, such as meetings and information sessions, helped strengthen acceptance for the ICRC among local communities, and thus also facilitated the organization's humanitarian activities. More than 4,800 people – including community and religious leaders, students, and members of women's associations and youth groups – learnt more about their role in contributing to the protection of people affected by violence, and to the safety of humanitarian personnel. Over 3,800 patients and the people accompanying them familiarized themselves with matters related to the protection of people seeking or providing medical assistance. Members of the general public learnt more about the latter through a public dissemination campaign carried out by the ICRC through radio broadcasts, mobile text messages and printed materials.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society continued to carry out its work, and develop its operational and managerial capacities, with material, financial and technical support from the ICRC. In particular, its staff members and volunteers learnt more about restoring family links, preparing for and responding to emergencies, and fostering awareness of and respect for IHL. The National Society distributed household items to people affected by natural disasters and, during the election period, put ICRC-trained first-aid teams on standby to tend to wounded people. With ICRC support, it assisted the government in evacuating casualties and managing human remains. National Society branches coordinated with headquarters – particularly in emergency response – and constructed or renovated office spaces with ICRC help.

The National Society incorporated elements of the Safer Access Framework in training for its staff.

Regular meetings and bilateral dialogue helped ensure effective coordination between Movement components. The National Society presented a five-year strategic development plan to Movement partners and, with the ICRC, reviewed joint activities and defined priorities for action.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
RCMs and other means of family contact			UAMs/SC		
RCMs collected		528	102		
RCMs distributed		555	76		
Phone calls facilitated between family members		269			
Reunifications, transfers and repatriations					
People reunited with their families		107			
	<i>including people registered by another delegation</i>	50			
People transferred or repatriated		5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		181	7	54	92
	<i>including people for whom tracing requests were registered by another delegation</i>	129			
Tracing cases closed positively (subject located or fate established)		816			
	<i>including people for whom tracing requests were registered by another delegation</i>	737			
Tracing cases still being handled at the end of the reporting period (people)		1,435	287	280	244
	<i>including people for whom tracing requests were registered by another delegation</i>	594			
Unaccompanied minors (UAMs) /separated children (SC), including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		88	26		70
UAMs/SC reunited with their families by the ICRC/National Society		96	36		47
	<i>including UAMs/SC registered by another delegation</i>	45			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		94	36		32
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		1,249	80	44	
			Women	Girls	Boys
Detainees visited and monitored individually		91	2		4
Detainees newly registered		73	1		3
Number of visits carried out		88			
Number of places of detention visited		34			
RCMs and other means of family contact					
RCMs collected		131			
RCMs distributed		28			
Phone calls made to families to inform them of the whereabouts of a detained relative		136			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	95,315	47,460	20,494
	<i>of whom IDPs</i>	2,069	839	958
Essential household items	Beneficiaries	52,309	21,479	13,609
	<i>of whom IDPs</i>	10,146	4,081	2,219
Productive inputs	Beneficiaries	91,810	27,860	13,395
Cash	Beneficiaries	8,752	3,196	1,123
	<i>of whom IDPs</i>	276	120	119
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	787,942	25,446	21,811
	<i>of whom IDPs</i>	72,704	23,446	21,811
Health				
Health centres supported	Structures	2		
Average catchment population		30,750		
Consultations		53,308		
	<i>of which curative</i>	48,755	7,382	36,297
	<i>of which antenatal</i>	4,553		
Immunizations	Patients	14,114		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	7,024		
Referrals to a second level of care	Patients	202		
	<i>of whom gynaecological/obstetric cases</i>	22		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	46	46	
Essential household items	Beneficiaries	1,242	73	4
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	680	68	
Health				
Visits carried out by health staff		87		
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	2,608	637	1,164
	<i>of whom weapon-wounded</i>	289	18	9
	<i>(including by mines or explosive remnants of war)</i>	16	4	
	<i>of whom surgical cases</i>	403	65	20
	<i>of whom internal medicine and paediatric cases</i>	1,660	302	1,131
	<i>of whom gynaecological/obstetric cases</i>	256	252	4
Operations performed		879		
Outpatient consultations	Patients	15,453	2,623	8,348
	<i>of whom surgical cases</i>	7,134	2,616	36
	<i>of whom internal medicine and paediatric cases</i>	8,312		8,312
	<i>of whom gynaecological/obstetric cases</i>	7	7	
Water and habitat				
Water and habitat activities	Number of beds	643		
Physical rehabilitation				
Projects supported	Projects	1		