

HIGHLIGHTS

- Fighting in Am-Dafock displaces hundred people
- Malaria is the number one cause of death in the CAR
- Early Recovery Cluster

Background and security

Fighting in Am-Dafock displaces hundred people

On 17 April, the Sudanese Armed Forces and a group of armed men, claiming to be from Darfur called Tora Bora, clashed in Am-Dafock, a town on the border of Sudan and CAR (in the northeastern prefecture, Vakaga). The attacks left 12 Central African soldiers dead and three injured.

The fighting reportedly continued for three days before the Sudanese Army regained control of the area. While it is difficult to obtain information on this very remote region of CAR, it is reported that following these events over one hundred people have fled to Tissi in Chad and others have sought refuge in the bush.

Humanitarian / Development activities

WFP distribution to IDPs in Kabo and Farazala

Between 12 and 20 April, the World Food Programme (WFP) distributed 135 tons of food (corn flour, vegetable oil, pulses, corn-soya blend and salt) to 8,466 internally displaced persons (IDPs) in Farazala and Kabo (north-central CAR). This food ration will cover their daily requirements of 2,100 kcal per day for a one month period.

Populations in this region were displaced in January 2012, following the joint Central African-Chadian military operation on the Front Populaire pour le Redressement (FPR) in Gondava and Ouandago (north-central).



Distribution to IDPs in Kabo B Site. Photo: Albert Bango-WFP

WFP has planned two more distributions for the displaced during the lean months in May and June.

Contact Albert Bango (albert.bango-makoudou@wfp.org) or Susan Bounford (susan.bounford@wfp.org) for more information.

Women's prisons in the CAR

Since August 2010, prisons for women are operational in four cities in the CAR: Bossangoa (north-west), Bozoum (north-west), Kaga-Bandoro (north-centre) and Sibut (central). The United Nations Development Programme (UNDP) through the Project for Strengthening the Rule of Law (PRED) set up this initiative in partnership with the Ministry of Justice and Public Security. *"The women's prison is a very good initiative. I'm safe and at peace. I have no fear of being harassed or being a victim of an assault or sexual abuse as when I was in the men's prison in Bozoum"*, said one woman inmate.

These prisons consist of a building with two cells, a parlor, a lounge, an open courtyard, a bathroom, toilet, store, guard room and the stage manager's office. UNDP has provided to these prisons, bedding mats, benches for visitors and various equipment such as wheelbarrows, shovels, hoes, machetes, watering and other tools. This equipment allows inmates to maintain gardens, where they may plant their own crops for food.

In Bossangoa, most inmates are recorded for fraudulent claims, assault and intentional homicide. Among them, 14 are held as a preventative measure and 7 convicted of a crime. There is only one women's prison in Bangui, which was rehabilitated by PRED. In addition to women's jails, PRED also supports the rehabilitation of men's prisons, construction or rehabilitation of police stations and houses of law in regions where the project is implemented.

Contact Christian Ndotah: christian.ndotah@undp.org for more information

Malaria is the number one cause of death in the CAR

On World Malaria Day (25 April), Medecins Sans Frontières (MSF) reminds all that malaria is the major public health problem in the CAR and the leading cause of death among children.

In 2011, MSF treated more than 212,000 people with malaria. MSF data indicate a high number of cases throughout the year, with a significant peak during the months of July and August (called "peak malaria" season). In Paoua (north-west), the average number of pediatric admissions is 220 per month. During the "peak malaria" season, the number is augmented by 55%, 338 admissions per month.

Malaria is also the leading cause of death for patients admitted in hospital that are supported by MSF. Across the country in 2009 of close to 2,000 deaths,

approximately 670 were due to severe malaria and 330 to anemia (most likely caused by malaria). The proportion was even higher among children under five years old, where of 1,375 hospital deaths, 544 were due to malaria and 270 to anemia. Malaria cases are underreported and many left untreated. It is reported that only about 6.4% of cases are detected and cured.

The CAR has established a policy of free malaria treatment for children under five, but the system does not work as the country is plagued by shortages of essential drugs, logistical constraints and disincentives.

"Our teams in Kabo and Batangafo (north-central) noticed a significant increase in malaria cases this year. The conflict in this region has led to the displacement of nearly 12,000 people whose villages were burned and looted several times. These people are homeless and have no means to protect themselves against mosquito bites. This explains the increase of malaria cases." said Jeff Mutombo, medical coordinator of MSF in the CAR.

MSF teams are organizing mobile clinics to reach people in remote areas and provide care in different structures. MSF also supports community health workers to sensitize communities and refer all suspected cases to the different structures of the organization. For displaced populations, MSF provides distribution of essential items including mosquito nets.

Contact Pablo Marco Blanco: msfe-bangui-cg@barcelona.msf.org for more information.

Coordination

Early Recovery Cluster

The early recovery cluster has been working to ensure strategic planning and coordination amongst the partners participating in the cluster. The cluster promotes socio-economic activities and infrastructure rehabilitation.

One of the main objectives of the cluster is to increase the diversification of income generation by target populations. It also aims to strengthen the organizational, technical and educational capacity of local communities and build capacity amongst local actors (civil society, national and local authorities).

Achievements in 2011:

- 12 cluster meetings were held with the participation 732 people from 32 organizations
- Organization of two meetings for the evaluation of nine projects including five funded by the Common Humanitarian Fund (CHF)
- Rehabilitation of 11 structures on the Markounda road (north-west) allowing vehicular traffic

- In Ouham-Pende (north-west) and Bamingui-Bangoran (north-centre), 70 women's groups (about 600 women) received improved savings kits; 45 women's groups (about 1,100 women) are beneficiaries of income generating activities (IGA) kits
- 30 investment plans written for the creation of micro enterprises in Berberati, Carnot and Nola (south-west)
- Capacity building of 21 associative and financial management groups
- Two Advancement of Women centers built in Ndim and Ngaoundaye (north-west)
- Training on "Business Planning Project" organized between 30 June and 6 July 2011 and between 29 September to 5 October, 2011 on the "Tracking program / project". These trainings were funded by the Embassy of France in Bangui and beneficiaries included 20 staff from national NGOs and seven national employed by international NGOs

Prospects 2012:

- Ensure the construction and/or rehabilitation of rural roads in order to revitalize the local economy
- Support the structuring and functionality of production chains
- Revitalize trade and rehabilitation efforts for local economic development (market, promotion of IGA, networking, etc.)
- Capacity building of local and non-state actors and local governance with a particular emphasis on aspects related on gender and social cohesion
- Promote financial services access to vulnerable populations;
- Organize a workshop for the implementation of the Early Recovery Network in the CAR;
- Seek a more active participation of the national counterpart to the cluster activities;

Contact Brou Djekou: djekou.brou@undp.org for more information.

For more information or to contribute to this bulletin, please contact:
OCHA Bangui, CAR

Laura Fultang, Information & Donor Liaison Officer fultangl@un.org
+236 70 18 80 64

Gisèle Willybiro-Maidou, Information Assistant
willybiro@un.org
+236 70 18 80 61