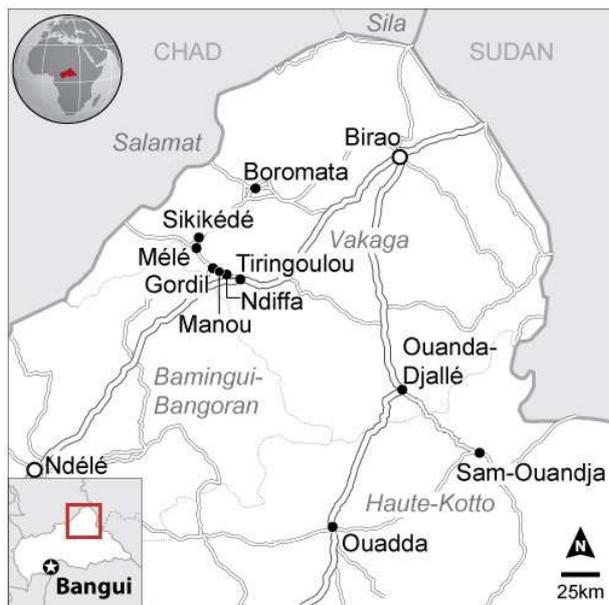


HIGHLIGHTS

- Birao: firefight amongst the tripartite Force
- Refugees, IDPs and returnees updated figures
- The protection and the empowerment of women

Background and Security

Birao: firefight amongst the tripartite Force



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined.

During the night from 14 to 15 November, a firefight broke out amongst the tripartite Force in Birao (Vakaga prefecture, north-east). A misunderstanding is the cause of this clash which killed 4 Central Africans, injured 4 Chadians, 2 Central Africans and 1 Sudanese. The shooting provoked the displacement of the population in the bush and neighboring regions.

In the afternoon on 15 November, Chadian elements broke into the NGO International Medical Corps (IMC) compound and assaulted one of the employees. Although calm has returned to Birao, IMC has temporarily suspended its activities in the town.

Established in 2011 the Tripartite Force based in Sudan monitors common border security on the three countries.

LRA attacks on civilians

On 14 November, in the Goubéré village, 7 km away from the town of Obo (Haut-Mbomou prefecture, south-east) a man was abducted by the Lord's Resistance Army (LRA). The man was afterwards killed by the LRA and his body was found by the CAR and Ugandan army (UPDF) while they were trying to hunt down the rebels.

On 15 November, once again in Goubéré, a 20 year old man was abducted by the LRA.

According to the UN Office for the Coordination of Humanitarian Affairs (OCHA) latest report on the LRA activities in Central Africa, released on 16 November by the Enough Project, LRA attacks have slightly decrease .

To date, 52 in comparison with 75 in quarter two and 53 in quarter one. Forty-three of these attacks took place in the Democratic Republic of Congo (DRC) and nine other in CAR. Thirty-nine deaths were attributed to LRA attacks since January and 66 kidnappings were reported since July. More than figures it is important to remember that each LRA incident has a long term psychological impact on entire communities.

The full report is available at: <http://www.enoughproject.org/blogs/new-stats-humanitarian-impact-lords-resistance-army> .

Humanitarian / Development activities

CLTS for a healthy environment

Poor sanitation remains one of the biggest barriers to reaching the Millennium Development Goals, impacting the country's progress in health, education, gender equity, and social and economic development.

37% of Central Africans have access to basic sanitation, according to the 2010 edition of the Multiple Indicator Cluster Survey (MICS4). The lack of basic sanitation facilities significantly affects children and is the second leading cause of infant mortality after malaria.

Acute respiratory infections and diarrheal diseases are linked to unsafe water and lack of hygiene and sanitation. Following a cholera outbreak in September 2011, the need to improve sanitation was particularly urgent in Mongoumba (Lobaye prefecture, south-west). To prevent the spread of cholera and other diseases, a project agreement was signed in November 2011 between the United Nations Children's Fund (UNICEF) and the NGO Un Raggio di Luce to conduct Community-Led Total Sanitation (CLTS) which mobilizes communities to put an end to open defecation.

"For people living in remote areas, the link between basic sanitation and improved health is not always obvious. These initiatives will only work if they are led and supported by communities themselves", said UNICEF CAR Representative Souleymane Diabate.

UNICEF is committed to working with the Government of CAR to support community approaches to basic sanitation, especially in rural areas difficult to access.

To date, 798 households in 14 villages out of 41 targeted in Mougoumba use latrines and stopped defecating in open spaces. CLTS is being implemented in 27 other villages in the prefecture. CLTS is implemented in other parts of the CAR and ongoing engagement with

communities, partners and Government at all levels is essential to improve sanitation and hygiene in the country.

Contact Freddie Mantchombe: fmantchombe@unicef.org for more information.

Refugees, IDPs and returned updated figures (31 October)

Refugees and asylum seekers (by country):

Location		Number
Bambari (Sudanese)		1,967
Batalimo (Congolese)		5,956
Mboki (Congolese)		1,366
Obo (Congolese)		989
Zemio (Congolese)		3,653
Bangui	Refugees (different nationalities)	2,480
	Asylum seekers	2,448
Total		18,859

Other statistics:

Population	Number	Assisted by UNHCR
Internally displaced persons (IDPs)	51,659	36,736
IDPs Returnees	35,433	7,045
Refugees returnees	11,280	2,900
Persons at risk of statelessness	60,000	25,000
Total	158,372	71,681

Data on internally displaced persons and returnees is collected by OCHA in collaboration with other organizations including the United Nations High Commissioner for Refugees (UNHCR).

Contact Mbaioem@unhcr.org contact for more information.

The protection and the empowerment of women

The International Rescue Committee (IRC) is in CAR since 2007 and is one of the few partners to have a program against Gender Based Violence (GBV). From 2008 to 2010, in Nana-Gribizi (north-central) and Ouham-Pendé (north-west) prefectures, the NGO has conducted programs with emergency responses to immediate needs through a range of direct services and quality to GBV survivors.

From 2011 to date, the security situation has relatively become stable, IRC has changed its program component focusing on the protection and the empowerment of women. A particular attention is also dedicated to communities building capacity in the prevention and response to GBV issues.

The financial support of the UNHCR, UNICEF, the Common Humanitarian Fund (CHF), the Central Emergency Response Fund (CERF) and Roches Foundation, enabled IRC to provide: medical and psychosocial support to survivors; building women's leadership capacity in learning community groups and income-generating activities; educating communities about GBV consequences, women's and girls' rights; training leaders, soldiers and police on GBV issues, women's rights and their role and responsibilities; training medical staff on the clinical management of GBV cases and guidelines.

IRC plans in the upcoming months: to collaborate with health centers managers on GBV issues; to strengthen the referral system by providing training to community focal points consisting of 20 women and 20 men; to train midwives and nurses on GBV psychosocial care cases.

Some statistics:

- In 2007: 1,146 cases identified including HIV positive cases and unwanted pregnancy;
- In 2008: 49 cases identified including 34 minor girls, 2 minors boys and 13 adults;
- In 2009: 44 cases identified including 19 minors;
- In 2010: 40 cases were identified, of which 70% of minor;
- In 2011-2012: 96 cases identified.

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