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Assessment registry: https://car.humanitarianresponse.info/fr/assessment-registry

Following the Seleka coalition offensive, the security situation in the country remains volatile and unpredictable, rendering humanitarian access challenging and limiting coordinated assessments and response in many parts of the country.

1 Multisectoral needs for highly vulnerable affected populations related to displacement including host communities

The vulnerability analysis conducted by clusters show a correlation between population movement and increased needs in the following sectors: health, WASH, protection, and food security.

Armed groups’ activities throughout the country, and recently in the Northwest, continue to cause displacement, destruction of livelihoods, and violation of fundamental human rights.

According to last update from UNHCR, and OCHA (September 2013), it is estimated that about 395,000 IDPs require assistance in health, foods, NFI, WASH, shelter and protection. The latest upsurge of violence in the Northwest resulted in the displacement of 178,800 people in Ouham prefecture, the worst since the 24 March coup d’état. Fifty per cent of the IDPs are moderately or severely food insecure according to the Emergency Food Security Assessment (EFSA) conducted in September 2013.

2 Protection needs related to exactions carried out by armed and non-armed groups

As result of the former Seleka offensive throughout the country in December 2012 and seizure of power on 24 March, sexual and gender-based violence against women and girls, rape, destruction of livelihoods, remains widespread in CAR.

Armed groups continue to commit grave violations against children, primarily abductions and forced recruitment. Recent reports from humanitarian organisations and international human right organisations (Amnesty international, HRW) have pointed out the urgent need to provide protection assistance to the population. Sector based needs identified through the vulnerability mapping correspond to prioritised needs in the conflict areas

3 Isolated sectorial crises identified through the vulnerability mapping

Periodical peaks across sectors are likely and require humanitarian attention. In addition, due to the volatile and fragile situation in CAR, urgent action is needed for safeguarding or restoring livelihoods and assets enabling vulnerable communities to withstand further shocks.
IMPACT OF THE CRISIS

HIGHLIGHTS

Since the Seleka offensive started on 10 December 2012, leading to the overthrow of President Francois Bozize on 24 March 2013, the situation has evolved from a protracted crisis into a complex emergency. So far, an estimated 800 people have been killed and 864 injured since the beginning of the military offensive by the Seleka and subsequent counter-offensive by other armed groups. The scope of the crisis affects directly and indirectly, 4.6 million people with 2.2 million people vulnerable, unable to cope with the situation, and in need of humanitarian assistance, including more than 394,900 IDPs and about 20,300 refugees. Continued displacement is reported in the Northwestern part of the country. Some 217,916 people have sought refuge in neighbouring countries including 64,717 new arrivals since December 2012. EFSA estimates that 30 per cent of the population, or roughly 1.3 million people, are food insecure.

Background

The former President François Bozizé seized power in a 2003 military coup supported by the government of Chad. After leading a two year transitional government, he won the 2005 presidential election with 64 per cent of the vote.

However, the new government was perceived by a section of the population as having failed to develop the north of the country economically and socially. This fuelled resentment and led to armed conflict between government forces and two main rebels groups in the Northwest of the country along the border with Chad. These are: the Popular Army for the Restoration of Democracy (Armée Populaire pour la Restauration de la Démocratie or APRD) and the Central African Democratic Front (Front Démocratique du Peuple Centrafricaine or FDPC); and two in the Northeast of the country along the border with Sudan – the Convention of Patriots for Justice and Peace (Convention des Patriotes pour la Justice et la Paix or CPJP) and Union of Democratic Forces for Unity (Union des Forces Démocratiques pour le Rassemblement or UFDR).

The fighting took place intermittently until 10 December 2012 when all the rebel groups formed an alliance called Seleka. Together, they took the strategic cities of Ndele and Sam-Ouandja in Northeastern CAR. They encountered little opposition as they pressed on towards the capital, Bangui.

Seleka captured Bangui and seized power on 24 March 2013. Thereafter, Michel Djotodia proclaimed himself President. However, while marching on to Bangui, the Seleka committed grave human rights violations in addition to extensive, looting, and extortion, and sexual based violence.

Since then, the CAR has been caught up in an unprecedented spiral of an absence of public order and a breakdown in the rule of law. This is manifested by widespread human rights violations, arbitrary arrests and detention, gender-based violence, torture, rape, extrajudicial killings, recruitment and use of children in armed groups, looting, carjacking, armed robberies and attacks against civilians.

The persisting crisis and growing violence severely impact the civilian population. Violent incidents, compounded by arbitrary taxation and human rights violations by Seleka have prompted the setting up of community based self-defense groups. Tensions and violence between Seleka and these armed groups remain high throughout the

1 Estimation from the vulnerability ranking tools (Vulnerability mapping exercise carried out in September 2013)
2 UNHCR Fact Sheet, September 2013
3 Small Arms Survey, December 2008
4 HRW, 14 September 2007
region, including the emergence of a sectarian and ethnic dimension to the conflict in the country. Attacks and reprisals along these lines remain a major cause of concern and new displacement in the Northwest and West of the country.

The humanitarian consequences of the latest conflict and ongoing lawlessness are considerable. Administrative offices, hospitals, health centres and schools have been pillaged across the country and in Bangui, thus worsening the vulnerability of communities that had already been significantly deprived of basic services. Grave violations against the civilian population continue while the political and security situation remains fragile and unpredictable despite stabilization efforts since establishment of a Government of National Unity. There has been a significant resurgence of criminal activity. Arrests and executions have taken place with total impunity.

To escape the violence, many civilians have been displaced more than once. People are afraid of speaking out, going to their fields or going home after dusk. Some do not even dare to go home at all, but remain hidden in the bush, as reported by the HRW5.

Drivers of the crisis

1. **Insecurity is the main driver of the Central African crisis.** The proliferation of weapons and the impunity with which armed actors operate continue to cause widespread civilian casualties, loss of and damage to properties and livelihoods, displacement, deterioration of basic social services, and lack of access to government services and humanitarian aid. Internal displacement induced by conflict and banditry has increased the vulnerability of thousands of people.

2. **Deep political crisis that began long before the Seleka coalition seized power.** The State administration is largely absent and there is currently a power vacuum across the country that has been filled by armed groups. This has also led to complete breakdown of already weak public services and collapse of the formal economy. The political and security crisis in CAR, if not addressed rapidly, may put at risk the already fragile stability of the whole region.

3. **Presence of Lord’s Resistance Army (LRA):** The coup d’état staged by the Seleka rebels has stalled international efforts to track down the LRA and its leader Joseph Kony, who is wanted by the International Criminal Court. The mayhem brought about before and after the Seleka coup has afforded the LRA an opportunity to regroup and revamp its criminal activities, including killing, maiming and abduction of civilians.

4. **Grim economic outlook:** The conflict has further exacerbated the plight of the people in the Central African Republic. Economic decline as a result of lack of investments, destruction of productive assets, damage or destruction of property and livelihoods, and continuously increasing unemployment, etc., have all together contributed to heightened vulnerability among large sections of the population. Consequently, lower purchasing power, along with significant price hikes affecting basic staples has increased reliance on humanitarian assistance. The country has a per capita GDP of $486, the fifth lowest in the world in 2012. The poverty level is among the highest well, with 63 per cent of households living below the poverty line (on less than $1.5 per day). Over two thirds of the population relies on agriculture for their livelihoods and this years’ harvest is under threat due to conflict.

5. **Natural Disaster:** Cyclical flooding occurs in CAR in the middle and towards the end of the rainy season every year. Floods tend to be acute and localised, but they can affect directly or indirectly the entire country and cause significant damage and destruction to homes, properties and public infrastructures. Humanitarian access often gets seriously constrained during this period as well.

5 HRW report, 5 August 2013
Critical events timeline

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* Harvest timeline for cassava can be spread throughout the year based on the varieties and also the planting period that may lead to a progressive harvesting period.
** Main hunger season is in July-August. However, in the South of CAR where crops are limited in quantity, January to March are also a difficult periods due to the dry season and absence of vegetables or animal food.

Scope of the crisis and demographic profile of the affected people

The humanitarian situation in the Central African Republic has seen a marked deterioration due to renewed insecurity and a deepening political crisis. This has led to internal displacement and increased vulnerability of the local population. Each of the 4.6 million Central Africans has been affected in one way or the other by the breakdown of law and order, as well as by the disintegration of families, entire communities, and the basic infrastructure. The humanitarian community has estimated the number of people requiring humanitarian aid and surveillance following the outcomes of the vulnerability ranking exercise that were validated during the HNO workshop. The estimation focuses on people affected by ongoing conflict, internally displaced and refugees on Central African soil.

Approximately 2.2 million people across the country require humanitarian assistance. This shows an increase to as much as 186 per cent of people in need in October 2013, as compared to approximately the same period (December) last year.

Beyond this, each cluster has its own tools and/or methodologies for identifying and targeting people in need of assistance relevant and specific to its sector. Data should be disaggregated as it is being collected, but if this is not possible the Ministry of Planning recommends the following may be used for general estimations: 49 per cent adult population (of whom 51 per cent are females and 49 per cent are males) and 51 per cent child population (of whom

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6 Link to the methodology used: https://assessments.humanitarianresponse.info/guidance
51 per cent are girls and 49 per cent are boys). Some clusters used this method when further targeting people in need of assistance.

**Figure 1: Statistics of the population in 2013**

<table>
<thead>
<tr>
<th>CENTRAL AFRICAN REPUBLIC</th>
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<tr>
<td><strong>Total population</strong></td>
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<tr>
<td>4.6 million</td>
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<td><strong>Est. number of people affected by the crisis</strong></td>
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<td>4.6 million</td>
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<tr>
<td><strong>Est. number of people in need of assistance</strong></td>
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<td>2.2 million</td>
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Source: Clusters, Partners, Government

**Internal displacement**

The number of Internal Displaced People (IDPs) was also triangulated from RRM evaluations and UNHCR rapid assessment in April-March. The estimates indicated 395,000 IDPs; some among them are displaced for the third time. Half of the IDPs are minors (under 18 years of age). In the Northwest IDPs are displaced in a pendulum manner seeking refuge for security protection mostly into bush, deemed more secure than staying in host communities. In the bush, they lack the basic services. According to mission reports half of the IDPs live with host communities. Data on IDPs is difficult to obtain due to insecurity situation, bad road conditions, especially in the rainy season.

**Refugees in CAR**

The current number of refugees in CAR is estimated at 20,336\(^7\) including 16,947 DR Congolese and 3,336 Sudanese from which new arrivals in 2013 is estimated to 3,648. Over 60 per cent of the refugees are living in the camps in Bambari, Zemio and Batalimo. The most recent influx of nearly 3,389 refugees has come from UmDukum, Darfur into the Vakaga region of CAR. Despite their extreme living conditions in the camps, these refugees were not spared from Seleka looting and exactions.

**Central African refugees abroad**

Central African refugees are 218,000\(^8\) in neighbouring countries as a result of years of fighting and instability including 65,000 new arrivals since the beginning of the current conflict.

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\(^7\) Statistics from UNHCR, 30 September 2013  
\(^8\) UNHCR fact sheet 30 September 2013
Status of populations living in affected areas

Displacement

According to the last update from UNHCR, and OCHA\(^9\), it is estimated that about 395,000 IDPs require assistance in health, foods, NFI, WASH, shelter and protection. This implies facilitation for a durable solution for their local integration or a safe and dignified return to their places of origin. In addition, host communities need support to lessen the burden on their already fragile situation that has been exacerbated by a sudden population increase. Needs may be specific to the different types and scopes of displacement and to the distance of displaced families from their location of origin, which can range from 1 kilometre to hundreds of kilometres in CAR. Displaced people may be in camps, in the bush or with host families.

\(^9\) Update conducted in September 2013
Ultimately, returnees during 2014 will need multi-sector assistance until they reach a durable solution. Priority areas include support to rebuilding their shelters and acquisition of basic NFIs; provision of necessary inputs, including food, seed, cash to restart their livelihoods, and support to reacquire their legal documentation. Besides, basic services need to be rehabilitated as well to enable the affected local communities to better bear the weight of the sudden population increase.

Sudanese and Congolese refugees in CAR need multi-sector humanitarian aid to ensure they receive appropriate assistance and protection from the international community. Refugees in Haut-Mbomou and Ouaka camps would require support throughout 2014, just as would require those in Batalimo until their voluntary repatriation planned for 2014.

Urban refugees and asylum seekers in Bangui are equally faced with a fragile existence. However, their needs are mostly associated with legal documentation, local integration or finding a durable solution.

**Protection**

As a result of breakdown in law and order, protection needs have soared in CAR. The country has been caught up in an unprecedented spiral of violence prior and after the ouster of President Bozize. Widespread human rights violations, arbitrary arrests and detention, gender-based violence, torture, rape, extrajudicial killings, recruitment and use of children in armed groups, looting, carjacking, armed robberies and attacks against civilians are all prominent features of the protection needs’ profile of CAR. The underlying factors include the presence of armed and self-defense groups (FDPC Ex-APRD etc.), score settling by former Seleka, identity conflict, structural problems, large population movements, limited presence of humanitarian actors and lack of civil authorities.

As a result of the going conflict, the death toll has surpassed 800 individuals in 2013 according to triangulated information from Rapid Response Mechanism (RRM) evaluations and UN Department of Safety and Security (DSS.) The estimated number of those severely injured stands at 864, while more than 1,000 houses are reported burnt down across the country. These figures are likely underestimated, owing notably to security reasons hindering proper assessments and information collection. It is worth noting that among the victims of property damage and/or looting are many humanitarian agencies, including six UN agencies. It is estimated that 3,500 children have been recruited into armed forces or groups since the coup and more than 66,000 others are separated or unaccompanied among the internal displaced persons and refugees. The numbers of girls aged 12 to 14 years forced to marry has increased in the country. Many children in most of the conflict-affected areas are now showing signs of psychosocial distress. The birth registration has declined considerably as a result of lack of specialized structures.

The main needs include enhancing assistance to displaced people and those affected by their displacement, preventing and resolving ethnic identity and community-based conflicts. It is also essential to increase monitoring and reporting, strengthening prevention and response mechanisms at the community level, psycho-social care, family tracing and reunification, socio-economic reintegration, legal protection for survivors.

Humanitarian programmes addressing these issues are direly needed in all affected areas, including Ouham, Ouham Pende, Lobaye, Nana-Mambère, Nana-Gribizi, Kemo, Ombella-Mpoko, and Mbomou. Protection activities need to be mainstreamed across all sectors using a holistic approach, and community tensions and conflicts as well as migration and displacement trends need to be better understood and closely monitored, facilitating appropriate mitigation programmes.

**Food security and livelihoods**

The conflict has dramatically eroded the purchasing power and the coping strategy of average households (more than 80 per cent of the population). This has had a significant negative impact on access to basic commodities. The food basket price has dwindled by 42 per cent from May to October 2013, according the Emergency Food

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10 HRW report, August 2013
Security Assessment\(^{11}\) (EFSA) conducted nationwide. The findings revealed also that 91.5 per cent of the population faced difficulties to purchase food.

The conflict has also forced people to abandon their crops and plantations. With 94 per cent of farming in CAR being of the subsistence type, and with 74 per cent of the population engaged in agriculture, disrupted planting seasons would inevitably lead to an immediate negative shock in food security and malnutrition rates. The IPC forecasts in July indicated a drop in crop production, leading to food shortage country wide. In 2013, the whole country was affected at different scales, except the Vakaga region which has less of conflict-induced displacement. The most affected regions in 2013 include Ouaka, Kemo, Basse Koto, Mambere Kadei, Sangha Mbaere and Lobaye as disclosed by the WFP rapid assessment in June 2013.

According to EFSA analysis 30 per cent of the Central Africans face moderate or severe food insecurity. Households under this category showed dependency on market to feed their families. The most affected prefectures disclosed by the EFSA findings are Vakaga, Ouham, Lobaye, Haut Mbomou in order of severity. The findings gave a better understanding on the status of the vulnerable population. Of the interviewed households, 77 per cent have suffered from either death or grave sickness of one of their family members, as well as violent conflicts. It was disclosed that 50 per cent of the interviewed Internally Displaced Persons (IDPs) are in moderate or severe food insecure situation. The assessment’s concluding forecast indicates a sharp deterioration in food security in the coming months if pervasive insecurity persists.

**Health**

The health system has not been spared by the ongoing conflict. Ministry of Health facilities\(^ {12}\) have been robbed and looted of drugs, diagnostic tools, patient records, even furniture. Most medical staff have fled their posts, especially those working outside the capital. These attacks have deprived an already vulnerable population – 4.6 million people spread across a country bigger than France – of access to even basic medical treatment. Additionally, the country’s health system suffers a chronic lack of facilities, skilled medical staff, diagnostic and treatment equipment, medicines, supplies, and surveillance tools, making it to all intents and purposes a phantom system, which cannot really be said to function.

Health needs are the most widespread of all sectors, as the needs are caused or exacerbated by conflict, notably the influx of internal displaced people, war casualties, seasonal outbreak of disease with high potential epidemics, destruction and looting of health facilities. All reasons have a direct impact on morbidity and mortality. CAR has the world’s fifth highest death rate from infectious and parasitic diseases,\(^ {13}\) and the health-care system is inadequate to respond. CAR is part of the 10 out of 194 countries with the shortest life expectancy (48 years) and of those with the world’s worst mortality indicators\(^ {14}\):

- Infant mortality rate (probability of dying by age one) of 112 per 1,000 live births (2009).
- Under-five mortality rate (probability of dying by age five) of 171 per 1,000 live births (2009).
- Maternal mortality ratio of 850 for 100,000 live births (a 95 per cent confidence interval [490-1400]; 2008).
- Under-five mortality is due to malaria (28 per cent), pneumonia (17 per cent), diarrhea (14 per cent), prematurity (8 per cent), birth asphyxia (7 per cent), HIV/AIDS (4 per cent), neo-natal sepsis (4 per cent), congenital anomalies (1 per cent) and injuries (1 per cent). Other causes represent 15 per cent of deaths.

The needs are threefold. They include immediate and life-saving health care, vaccinations, and support to health structures.

\(^{11}\) The assessment was conducted in September and early October 2013 by WFP, FAO, UNICEF and ACF

\(^{12}\) While the hospitals in Bossangoa and Mbaiki were completely looted during the Seleka offensive, other health facilities around the country (Allindao, Bangassou, Gambo, Grimari, Kembe, Kongbo, Mala, Mobaye, Ouango) were damaged during the weeks preceding and following the coup.

\(^{13}\) WHO. Global Health Observatory Data Repository Online Database. Assessed 15 Oct 2012.

\(^{14}\) WHO, Global statistics 2011.
Priority needs are in immediate and life-saving health care to people affected by difficult or extremely limited access to care, particularly emergency care (including access to emergency obstetrical care, EmOC), endemic diseases, malnourished children, epidemics and injury from conflict, and complications during childbirth. Peak malaria season is during the rainy season, mostly concentrated in July and August but prevalent all year round. The risks of cholera and diarrheal diseases are highest during the rainy season in densely populated areas along major rivers. The risk of meningoencephalitis is heightened during the dry season between December and April. Northern prefectures bordering Chad, located in the Sahelian meningitis belt, are the most at risk, but an outbreak of meningococcal meningitis already affected other parts of the country. The risk of an outbreak of meningococcal meningitis will continue, including the risk of an outbreak linked with serotype A, given that vaccination with the long-lasting conjugate vaccine A has not begun yet in CAR.

The health structure in CAR has been described as extremely weak. The needs are numerous and global, but priority needs are as follows:

- Disease control with a functional Early Warning System,
- Emergency basic health care, Emergency obstetric care,
- Pentavalent /measles immunization

The needs are most critical in the conflict-affected regions of Ouham, Ouham Pende, Nana-Gribizi, Haut-Mbomou, Lobaye. However, they are also dire in regions suffering from extremely poor socioeconomic conditions.

**Nutrition**

According to MSF’s recent exploratory mission in Southwest CAR, in the areas of Nola, Boda, Berberati, Gamboula and Gadzi, revealed an increase in levels of global acute malnutrition (GAM), which ranged from 6 percent to 10.3 percent. Severe acute malnutrition (SAM) levels ranged from 1.3 to 5 percent. (GAM refers to the total rate of acute malnutrition in a given population, while SAM is a sub-category of GAM.) This situation, together with the malaria peak, increases the vulnerability of children in CAR. Children under age five are among the worst affected.. In the area of Boguila, in Western CAR, for example, malaria accounted for 61 percent of outpatient consultations for the under-five in the first quarter of 2013, compared to 41 percent over the same period in 2012.

The growing needs resulted in lack of humanitarian access due to insecurity, lack of resources & low capacity of local structures, lack of partner support for recovery or opening ITPs and OTPs and low capacity for nutritional screening at the community level in some areas; all associated with extreme poverty. Therefore, it is essential that needs are addressed using a multi-sector holistic approach.

The critical needs are as follows: urgent support to (re)opening ITPs/OTPs (4 ITP/49OTPs), support to maintain the operation of existing units (Kemo, Ouham, Ouham Pende, Nana Gribizi, Ouaka, Basse Kotto and Ombella Mpoko) and creating a contingency stock of essential drugs and nutritional inputs at country level (for securing a period of 3 months).

**Water and sanitation**

Despite the efforts of the humanitarian and development community and civil society, access to safe drinking water is still a challenge in CAR. Only 30.5 per cent of the population (28 per cent in urban areas and 32 per cent in rural areas) has access to safe drinking water. The sanitation situation is even worse: only 5 per cent of the population (11 per cent in urban areas and 2 per cent in rural areas) have access to a functional family latrine. In most cases, the water-and-sanitation facilities in community centres (schools, health posts and hospitals) also do not meet basic international standards. Despite sensitization efforts, hygiene-risk behaviours have not changed. Poor water-and-sanitation conditions have a direct negative impact on a population’s health as it facilitates the contraction of waterborne parasites and the spread of cholera and diarrhoea-related diseases.

WASH indicators are well below standards throughout CAR. However, the most critical needs are in the conflict-affected regions of Ouham, Ouham Pende, Mbomou, Kemo, Obo, Haut Mbomou, where structures may have been damaged or destroyed during violence and displacement. This has increased the stress on already weak structures. This is also the situation for isolated zones Haut-Mbomou, where structures may have never been in place to begin with. Community structures, such as schools, health posts and hospitals, must have immediate access to drinking water and improved sanitation.
WASH practices have a direct impact on people’s health, and structures need to be carefully planned in accordance with social norms and gender needs. Therefore, programmes must be mainstreamed with education, health, nutrition, and food security and protection activities.

Education

Following the coup d’état on 24 March 2013, the education system has been severely affected. Schools closed (and many remain closed) throughout the country; directors, teachers and students have fled and schools and offices have been looted. The Education Cluster conducted a joint education assessment in order to more fully evaluate the impact of this most recent crisis on education, identify potential needs within the education sector, and inform the planning process for a coordinated response.

The assessment findings revealed that prefectures were affected very differently by the crisis; seven prefectures in particular stand out as having been hit the hardest: Bamingui-Bangoran, Haute-Kotto, Kémo, Nana-Grébizi, Ombella-M’Poko, Ouaka and Bangui. Bangui however, can be considered relatively “advantaged” in terms of response by its infrastructure, short distances and proximity to authorities. The last four prefectures (Sangha-Mbâéré, Mambéré-Kadié, Nana-Mambéré and Haut-Mbomou) do not appear to have been as significantly impacted by the crisis.

Since December 2012, 86 per cent of all schools assessed were closed at least once. This figure is even higher (96 percent) when Haut-Mbomou is factored out. At the time of data collection, 49 per cent of the schools assessed were still closed. Prefectures of concern for schools still closed: Kémo, Ombella-M’Poko, Haute-Kotto, Ouaka, Nana-Grébizi, Bamingui-Bangoran.

The findings disclosed also that many schools have been closed for an average of 25 weeks, or approximately 6 months (mostly those closed since Dec 2012), and saving their academic school year may be very difficult. These schools are from prefectures of Kémo, Ouaka, Bamingui-Bangoran, Nana-Grébizi, Ombella-M’Poko, Haute-Kotto. As all assessed schools in Kémo were still closed, this is prefecture with the highest percentage of absent students (100 per cent). Of the prefectures with schools that are open, Sangha-Mbâéré (93 per cent), Haute-Kotto (72 per cent), Ouaka (71 per cent), Bamingui-Bangoran (70 per cent) have the highest absentee rate.

Of the schools assessed, 64 per cent report having been looted or vandalized during the crisis. Haut-Mbomou and Nana-Mambéré report that no looting took place which significantly drops the overall percentage (Kémo and Haute-Kotto report 92 per cent and 91 per cent, respectively). Looting was perpetrated by both armed groups/forces as well as civilian populations. Infrastructural damage caused during looting typically involved breaking of doors and windows. Items that were stolen/destroyed most include: desks, blackboards, school cabinets, textbooks, official school documents and canteen equipment and food.

Education throughout the entire country is in need of support and assistance from international and national actors and stakeholders. This assessment finds, however, that not all prefectures have been equally affected by the crisis and particular priority should be given to the prefectures of Bamingui-Bangoran, Haute-Kotto, Kémo, Nana-Grébizi, Ombella-M’poko and Ouaka. The critical needs of the sectors are as follows:

- Support the restart of education activities through the rehabilitation of schools and canteens which have been damaged or destroyed during the crisis, replacement of furniture in schools that have been heavily looted, provision of teaching and learning materials to the most vulnerable communities and in schools where enrolment is low.
- Resume school feeding activities especially in prefectures with schools that have the lowest return of students.
- Provide psychosocial support through training of teachers on symptoms of distress, positive coping mechanisms, life skills, creating a supportive educational environment, especially in the areas where schools report being targeted/hit the hardest.

15 Joint assessment conducted between 15 and 30 August 2013
Advocacy to government authorities, MoE, military and civil authorities for the reopening of schools and the general improvement of security

Vulnerability mapping exercise and prioritisation of needs

The use of a prioritisation tool has helped the humanitarian community in CAR to condense large (although incomplete) amounts of humanitarian information to a format that facilitates comparison, ranking, and discussion of data. The tool also promoted structured and transparent paths towards establishing priorities, and the findings were validated in a workshop in Bangui.

It is of paramount important to state that this exercise was based on truncated information, collected through different mechanisms during a varying timeline. The extremely volatile situation prevailing at the moment implies that the vulnerabilities (especially those linked with displacement) are likely to evolve quickly, possibly rendering the presented prioritisation obsolete. The results are thus to be treated with care, and are to be used only as one of several element on which to base decision-making.

The vulnerability analysis results are the following:

- A strong correlation between the displacement of people and vulnerability in the following sectors: health, WASH, food security and protection. Vulnerability caused by the displacement requires multisector assistance.
- A strong correlation between the areas with active armed groups, access constraints and protection needs, specifically child protection and sexually based violence rates are high in these areas.
- There are specific zones that have a high seasonal vulnerability rating in health, food security, and education and nutrition sectors.

In addition to these outcomes, the synthesis of the vulnerabilities across sectors indicated that the most affected zones are: Alindao, Bambari, Bangassou, Batangafo, Bossangoa, Bouca, Brimari, and Ouango with a rating of over 70 per cent.

However, certain areas exist where there is little information due to inaccessibility and insecurity. These areas are prioritised by the clusters to be evaluated either rapidly or in depth. The compilation of data shows that the Northwest and the East remain highly vulnerable across sectors.

The sector based vulnerability mapping and the prioritisation exercise resulted in three overarching priorities for CAR:

- Multisector needs for people affected by displacement including host communities.
- Protection
- Response to spikes in acute needs in certain sectors.

For details, please see the annexed vulnerability maps.

Link to the methodology used: https://assessments.humanitarianresponse.info/guidance
Map 1: Heatmap of sectorial vulnerability hotspots

<table>
<thead>
<tr>
<th>Prefectures</th>
<th>Average of Access Score</th>
<th>Average of Displacement Score</th>
<th>Average of Protection Score</th>
<th>Average of Food sec Score</th>
<th>Average of Child Protection Score</th>
<th>Average of SGBV Score</th>
<th>Average of Nutrition Score</th>
<th>Average of Health Score</th>
<th>Average of WASH Score</th>
<th>Average of Education Score</th>
<th>Average per prefecture</th>
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<tr>
<td>Ouaka</td>
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<td>65</td>
<td>74</td>
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<td>60</td>
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<td>Oubam</td>
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<td>48</td>
<td>93</td>
<td>69</td>
<td>61</td>
<td>81</td>
<td>8</td>
<td>87</td>
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<td>100</td>
<td>0</td>
<td>57</td>
<td>69</td>
<td>100</td>
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<tr>
<td>Nana Mambéré</td>
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<td>69</td>
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<td>67</td>
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<td>20</td>
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<td>84</td>
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<td>16</td>
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<td>98</td>
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<td>15</td>
<td>60</td>
<td>80</td>
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<td>61</td>
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<tr>
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<td>60</td>
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<td>43</td>
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<td>Sangha Mbaéré</td>
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<td>100</td>
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<td>78</td>
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<td>38</td>
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<td>60</td>
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<tr>
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<td>0</td>
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<td>53</td>
<td>90</td>
<td>54</td>
<td>15</td>
<td>40</td>
<td>30</td>
<td>17</td>
<td>36</td>
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<tr>
<td><strong>Average</strong></td>
<td><strong>42</strong></td>
<td><strong>17</strong></td>
<td><strong>64</strong></td>
<td><strong>69</strong></td>
<td><strong>73</strong></td>
<td><strong>35</strong></td>
<td><strong>73</strong></td>
<td><strong>55</strong></td>
<td><strong>72</strong></td>
<td><strong>56</strong></td>
<td><strong>56</strong></td>
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</tbody>
</table>
Map 2: People in need of assistance by prefecture

People in need

- Ouham
- Haute-Kotto
- Ouham
- Mbomou
- Vakaga
- Haut-Mbomou
- Bamingui-Bangoran
- Kémo
- Lobaye
- Ouham Pendé
- Ombella MPoko
- Nana-Mambéré
- Nana-Gribizi
- Basse-Kotto
- Bangui
- Sangha-Mbaéré
- Mambéré-Kadéï
- Bamingui Bangoran
- Haute-Kotto
- Haut Mbomou

People in need (in thousands):
- > 400
- 300-400
- 100-200
- 50-100
- 10-50
RESPONSE CAPACITY

While the humanitarian needs in the country have dramatically increased as a result of the conflict, humanitarian coverage has dwindled. This especially in the aftermath of President Bozize’s ousting in March 2013. However, a number of NGOs have maintained presence and operations both in Bangui and upcounty despite the persistent insecurity. Overall, most humanitarian organisations have scaled down activities in the country.

National and local capacity and response

The national and local capacity has been reduced and/or completely crippled by the breakdown of ministries, social infrastructures, directories, national records, etc., as a result of wanton destruction and looting following the military overthrow in Bangui. According to MSF, the current healthcare system, including both the government and nongovernmental service providers, covers only around 10 to 20 per cent of the national caseload.

International capacity and response

On 24 March, when the Seleka took control of Bangui, the United Nations and some international NGOs evacuated their non-critical staff to Yaounde due to insecurity. Only 40 critical UN staff members were left in Bangui to ensure business continuity. International NGOs kept their presence in CAR, but restricted their operations in Bangui. The international community’s ability to respond was also impeded with the looting of UN and NGO offices and warehouses containing emergency supplies in the interior of the country (mostly between December and March), in Bangui (at the end of March) and in the West of the country post-coup d’état (April-June).

Over the last two months, UN agencies are reinforcing their presence in the field through permanent teams (Paoua, Bouar and Zemio) or though mobile teams (Kaga bandoro, Bambari, Bossangoa). INGO activities have resumed in regions beyond the capital, Bangui and permanent teams have been redeployed since May in most of the regions. In total, there are more than 43 organisations involved in the assistance efforts in cooperation with the UN agencies in CAR.

In order to enhance humanitarian presence in country, UN agencies have agreed on a position paper which allows for an adaptive and flexible assistance delivery mechanism for vulnerable population in need. Three humanitarian hubs have been cleared by Department of Safety and Security DSS, notably Zemio, Paoua and Bouar.

Updated: 24-Oct-2013
Source: Clusters and Partners
Humanitarian Air Transport (UNHAS)

UNHAS is the sole transport mode to reach most parts of CAR which are inaccessible due to very weak infrastructure and poor road networks. More than 40 humanitarian organisations depend on UNHAS to transport aid workers to the deep field. WFP is furthermore launching a new special operation to increase the logistics and telecommunication capacities in CAR.

UNHAS has two aircrafts and can land in more than 20 airfields.

Funding analysis:

As of 25 October 2013, CAR is the second least funded crisis, in proportion to requirements, among all the humanitarian appeals globally. CAP funding stands so far at 40 per cent or $78.5 million, in support of 1.6 million people in need. Funding across the clusters is uneven. Of funding received, 86 per cent was channelled to UN agencies and only 14 per cent to NGOs. At the same time, funding amounting to $36 million has been provided to humanitarian actors in CAR, in parallel to the CAP.

Of the contribution to the CAP, the CERF underfunded emergency window represents 10 per cent or $ 7.1 million, while the CHF accounts for 5 per cent equalling $ 4 million.

In total, 12 donors have contributed to the CAP of which the top four donors have contributed 50 per cent of the funding as reported on FTS web portal. They include the United States, European Commission, Japan, and Sweden.
HUMANITARIAN ACCESS

HIGHLIGHTS

Humanitarian access in CAR is mostly impeded by two main factors: insecurity and impassable roads during the rainy season. Over 43 humanitarian organisations with over one thousand humanitarian workers are currently grounded in CAR. Albeit a very limited humanitarian access, the UN, International and national NGOs continue to deliver life-saving assistance and protection to thousands of individuals throughout the country.

Insecurity

The prevailing insecurity and absence of law throughout the country restrict humanitarian access. Violence and looting have triggered significant displacement of the population, sometimes to areas not easily accessible. In 2013, the number of incidents has increased as a result of the volatility of the security situation in the country. Already, over 436 incidents have been reported, while the accumulative number of incidents recorded for the last three years (2010, 2011 and 2012) is 480.

Insecurity is mainly fuelled by the proliferation of small arms, the breakdown of law and public order, and the virtual collapse of the state. An increasing number of violent incidents attributed to armed local self defense groups as response to the Seleka has also occurred.

The ability of international forces, the national and local administrations to promote an enabling environment for humanitarian action will remain a key factor to humanitarian access. This includes a greater understanding of respect for humanitarian principles, and the establishment of regulatory frameworks that facilitate rather than constrain humanitarian action. A proper interface mechanism between humanitarian actors and military operations (MICOPAX, MISCA) is key to promoting better access to all areas with critical humanitarian needs. This requires clear guidelines and operating procedures to be put in place to ensure efficiency and appropriate coordination in delivering assistance and protection to the people in need.

The security situation in the country remains volatile and unpredictable, rendering humanitarian access challenging and limiting response in some parts of the country. Despite persistent insecurity, some organizations have maintained their activities and others are resuming activities as the security situation permits. The United Nations is facilitating access negotiations with Seleka authorities outside Bangui, enabling humanitarian actors to assist people affected by the crisis and promoting a gradual return to the provinces. Humanitarian access is vital to ensure that the needs of the most vulnerable and affected groups are identified and met.

Physical access

More than 97 per cent of the road network is not paved and subject to degradation at each rainy season. Lack of maintenance renders the barges inoperable and causes bridges to collapse or become unsafe. The UN Humanitarian Air Service (UNHAS) has become all the more central for aid workers and assistance to people in remote and isolated areas.
ASSESSMENT PLANNING

HIGHLIGHTS

Clusters have identified through the HNO exercise areas with gaps or lack of information and credible data due to the dramatic changes in the situation and the sharp deterioration of the operational environment that impedes on the partners’ presence in remote areas and the ability to assess the needs. As a matter of priority an assessment plan needs to be defined by the clusters to be submitted to the HCT, taking into consideration current security reasons hindering proper assessments and information collection.

<table>
<thead>
<tr>
<th>Cluster(s)</th>
<th>Name/type of assessment</th>
<th>Implementing agencies (lead)</th>
<th>Planned dates</th>
<th>Geographic areas and population groups targeted</th>
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<tbody>
<tr>
<td>Food Security</td>
<td>EMERGENCY FOOD SECURITY ASSESSMENT</td>
<td>WFP/FAO</td>
<td>October 2013</td>
<td>Nation wide</td>
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<tr>
<td>Protection</td>
<td>PROTECTION ASSESSMENT</td>
<td>UNHCR/DRC</td>
<td>First quarter 2014</td>
<td>Basse Kotto, Haut Mbomou, Kemo</td>
</tr>
<tr>
<td></td>
<td>IDP PROFILING</td>
<td>UNHCR/DRC</td>
<td>First quarter 2014</td>
<td>Ouham, Ouham pende, Ouaka, Mbomou</td>
</tr>
<tr>
<td>Education</td>
<td>SECTOR NEEDS ASSESSMENT</td>
<td>UNICEF</td>
<td>Last quarter 2013</td>
<td>Vakaga, Ouham, Ouham Pende</td>
</tr>
<tr>
<td>WASH/Shelter/NFI</td>
<td>SECTOR NEEDS ASSESSMENTS</td>
<td>UNICEF/UNHCR/ACTED/ACF</td>
<td>November 2013, First quarter 2014</td>
<td>Bangui, Haute Kotto, Haut Mbomou et Vakaga</td>
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<tr>
<td>Early Recovery</td>
<td>UPDATING THE NATIONAL REPORT ON HUMAN DEVELOPMENT IN THE LIGHT OF THE HUMANITARIAN CHALLENGES</td>
<td>UNDP</td>
<td>November December 2013</td>
<td>Nation Wide</td>
</tr>
</tbody>
</table>
INFORMATION GAP

Central African Republic

HUMANITARIAN NEEDS OVERVIEW
HUMANITARIAN NEEDS OVERVIEW

Central African Republic

REVIEW OF 2013 ACHIEVEMENTS

HIGHLIGHTS

Despite facing a number of challenges, humanitarian actors have recorded several achievements. However, depending on funding level, gaps exist across all the sectors.

Figure 1: Number of people in targeted and in need per sector (in thousands)

Figure 2: Number of people reached and targeted per sector (in thousand)
Central African Republic

HUMANITARIAN NEEDS OVERVIEW

Protection

Limited access, ex post Coup d'état, has hindered full assessment of internal displacement.

- Survivor referral mechanisms to medical, legal, and psychosocial assistance are established and sustained.
- Displaced and affected population needs are identified and addressed.

 needs

reached / in need

reached / target

people reached

people targeted

1 % 2 %

0.02M 1.5M

2.9 million people in need

0.02M people reached

1.5M people targeted

For more information, contact: Francesco@unhcr.org

Food Security

CAR's economy, primarily based on agriculture, has suffered repeated shocks, negatively impacting food security.

- Supply of inputs and basic material for the resumption of agricultural activities in the affected areas.
- Ensure food distribution to people faced with severe food insecurity.

 needs

reached / in need

reached / target

people reached

people targeted

1.6 million people in need

0.1M people reached

0.4M people targeted

10 % 34 %

For more information, contact: Etienne.NgounioGabia@fao.org

Response

- 1,408 survivors referred.
- 41 community based protection committees established.

- 88,500 people supported to safeguard their agricultural production.
- 60,190 people have received food assistance, 68,585 people have received livelihood support.
- 3,000 people received seeds, peanuts and paddy rice.
**Nutrition**

Children are exposed to malnutrition and a higher risk of mortality.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acutely malnourished children with medical complications are treated</td>
<td>Due to insecurity community based screening has been limited.</td>
</tr>
<tr>
<td>90 per cent of children under five in emergency area are screened using MUAC by the end of 2013.</td>
<td>91 nutrition units have been reopened out of 120. And 21 therapeutic units are also reopened out of 24.</td>
</tr>
</tbody>
</table>

**Water, Sanitation, and Hygiene**

<table>
<thead>
<tr>
<th>Needs</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict and post-conflict affected populations have unrestricted access to sufficient amounts of potable water</td>
<td>6 per cent of population with access to 15 litres of potable water per person per day</td>
</tr>
<tr>
<td>Conflict and post-conflict affected populations have access to improved sanitation</td>
<td>39 per cent of population sensitized on good hygiene practices at critical locations and times</td>
</tr>
</tbody>
</table>
Health

3.2 million people in need

7% reached / in need

17% reached / target

0.2M people reached

1.2M people targeted

The health care system in near complete collapse requires urgent support to re-build, re-staff, and re-provision health facilities country wide.

Needs

- Insufficient / absence of medicine, basic equipment and medical material in health facilities, including epidemic prone disease surveillance.
- Response to the existing Measles outbreak and risk of Meningitis outbreaks during the coming dry seasons

Response

- Deployment/distribution of IEHK (basic, supplementary and Malaria modules; Kit supports 10,000 persons / 3 month), reproductive health kits, trauma management kits, PEP kits.
- 123,122 children under five have been immunised for Measles.

Early Recovery

3.0 million people in need

1% reached / in need

3% reached / target

0.04M people reached

1.6M people targeted

Over two third of the population are adversely affected and in need of livelihood support.

Needs

- Increasing affected population access to rehabilitated/new basic communication and socio-economic infrastructures.
- Affected population need access to more income generating activities.

Response

- 45 km of rural road rehabilitated; 10 workshops for making peanut butter and sheanut oil extraction.
- 180 households supported through training and income generation activities.
## Education

### Needs

- Children between 3-17 years displaced due to conflict, are provided with temporary safe spaces to resume emergency education activities.
- Early childhood development (ECD) spaces built and provided with early childhood kits and whose educators are trained.

### Response

- 1,500 teachers (contractors) return in 9 areas.
- Distributions of school kits to 14 re-opened schools.
- 24,800 children benefited from emergency interventions, UNICEF have shared 499 school kits.

### Ongoing preparations for academic year 2013-2014.
ANNEXES

NB – Indicators and their weights were discussed within each cluster. Indicators and their weights used in the Prioritisation Tool.

<table>
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<tr>
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<td>60</td>
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<tr>
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<td>Protection: Part or all of Admin Level affected by insecurity potentially leading to population displacement or Human Rights violation.</td>
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<tr>
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<td>3</td>
<td>Protection: Part or all of Admin Level affected by armed conflict leading to population displacement or Human Rights violation.</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Protection: Part or all of Admin Level affected by armed conflict leading to population displacement or Human Rights violation, with limited or inexistant humanitarian access/presence</td>
</tr>
<tr>
<td>Child Protection</td>
<td>1</td>
<td>Unaccompanied children : Few</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Unaccompanied children : Medium</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Unaccompanied children : High</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Children associated with armed groups and forces (CAAF): Few</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Children associated with armed groups and forces (CAAF): Medium</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Children associated with armed groups and forces (CAAF): High</td>
</tr>
<tr>
<td>SGBV</td>
<td>1</td>
<td>SGBV: Nb of SGBV incidents registered 1-10 cases/Quarter</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>SGBV: Nb of SGBV incidents registered 11-30 cases/Quarter</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>SGBV: Nb of SGBV incidents registered 31-50 cases/Quarter</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>3</td>
<td>SRT: % coverage: Less than 60%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>No functional UNT?</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>No functional UNTA?</td>
</tr>
<tr>
<td>Food Security</td>
<td>2</td>
<td>Limited food access</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Limited coping strategy</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>People in humanitarian situation &gt; 50%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Markets are dysfunctional</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td># Epidemics or Endemics outbreak</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Functional health centers &lt; 50%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Immunization coverage (Pentavalent, Measle) &lt; 50%</td>
</tr>
</tbody>
</table>
## HUMANITARIAN NEEDS OVERVIEW

### Central African Republic

<table>
<thead>
<tr>
<th>WASH</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4.85</td>
<td>WASH: IDP presence</td>
</tr>
<tr>
<td></td>
<td>5.29</td>
<td>WASH: Is water coverage less than 50%</td>
</tr>
<tr>
<td></td>
<td>4.86</td>
<td>WASH: Many cases of diarrhea in children under 5 in the last 15 days?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>% of pupils absent (compared to Sept. 2012) &gt; 40%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>% of teachers absent (compared to Sept. 2012) &gt; 20%</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>% of schools closed is &gt; 20%</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Nr. of weeks of interruption of education &gt; 8</td>
</tr>
</tbody>
</table>

### TOTAL SCORE

139  TOTAL SCORE (MAX 139)
Disclaimer:
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

The data shown through these maps is to be analysed carefully, taking into consideration that the collection period may vary across clusters, that the reliability or coverage within a prefecture may differ, and in general, that information may be incomplete. Due to the volatility of the ongoing crisis, the situation illustrated below may evolve rapidly and these maps may not reflect the most updated snapshot of the humanitarian vulnerabilities.
HUMANITARIAN NEEDS OVERVIEW

Central African Republic

Nutrition - Hotspots

Protection - Hotspots

SGBV - Hotspots

WASH - Hotspots

COMPIL - Hotspots