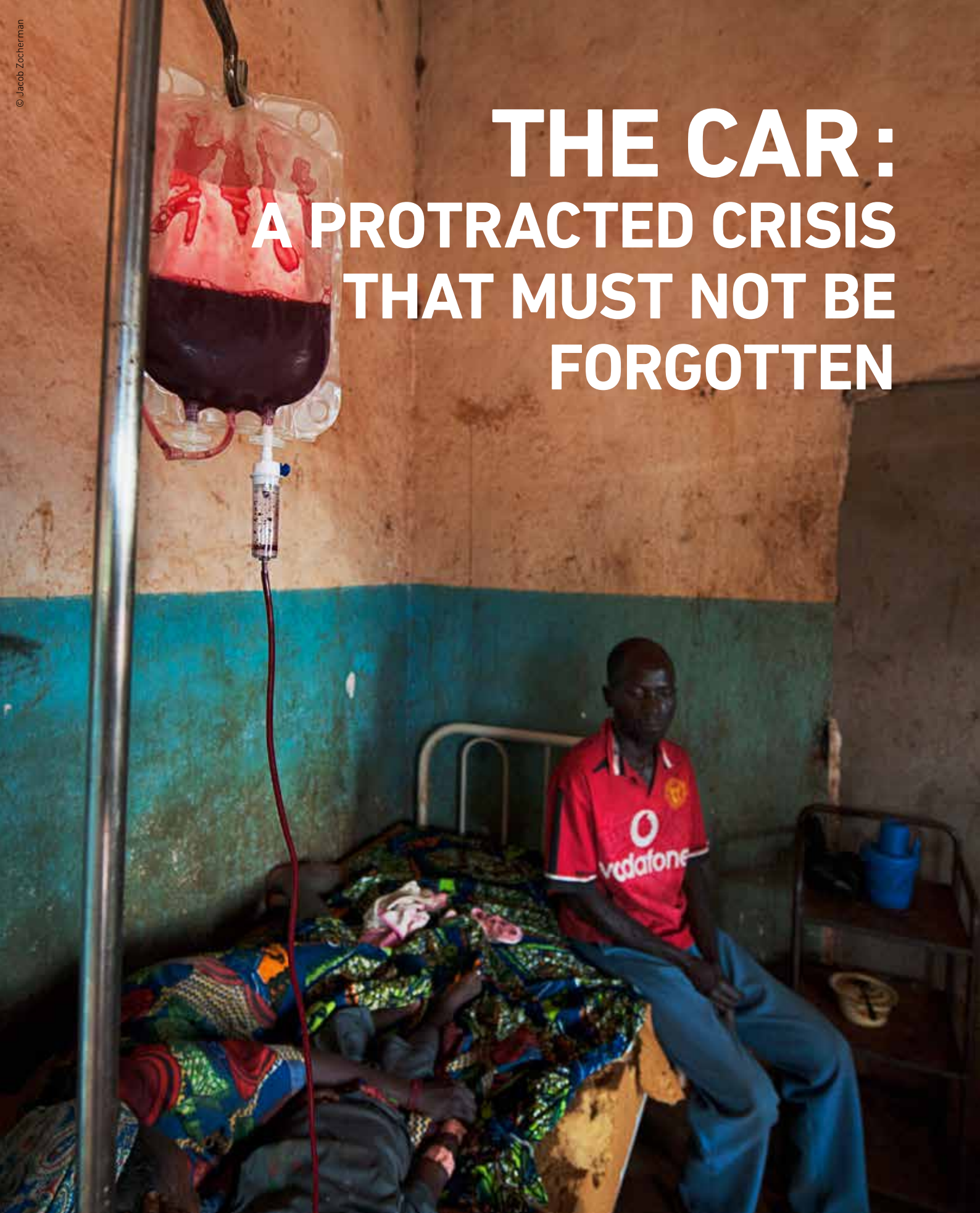


# THE CAR: A PROTRACTED CRISIS THAT MUST NOT BE FORGOTTEN



November 2016





## INTRODUCTION

At a time when international donors are planning to meet to decide on the future of the Central African Republic, Médecins Sans Frontières wishes to bring to the attention of Central African Republic authorities and their partners, States and supporters the deplorable health and humanitarian situation faced by the population that unfortunately still prevails. A premature withdrawal of the international community or lack of prioritisation of the uncovered and urgent needs could have catastrophic consequences for the 4.4 million inhabitants of the Central African Republic by leaving them vulnerable to a political, security and humanitarian situation that is far from "normalised."

## MSF IN THE CENTRAL AFRICAN REPUBLIC

MSF is present in CAR since 1997. In 2016, MSF is managing seventeen projects spread out over 9 of the country's 17 provinces. Our missions support 13 hospitals, 3 maternity clinics and 47 health care centres and health posts. In most cases, we work within and co-operate closely with Ministry of Health facilities. In 2016, there is more than 2,900 Central African staff working with 230 international staff. Given the scale of MSF's activities in CAR, we are convinced of the necessity to continue to respond to the health care needs of this vulnerable population, still living in extreme precarity.

### MSF IN NUMBERS: 2015 (WITH A BUDGET OF 55 MILLION EUR)

**1,050,000**  
medical consultations conducted, 57% of which were for malaria

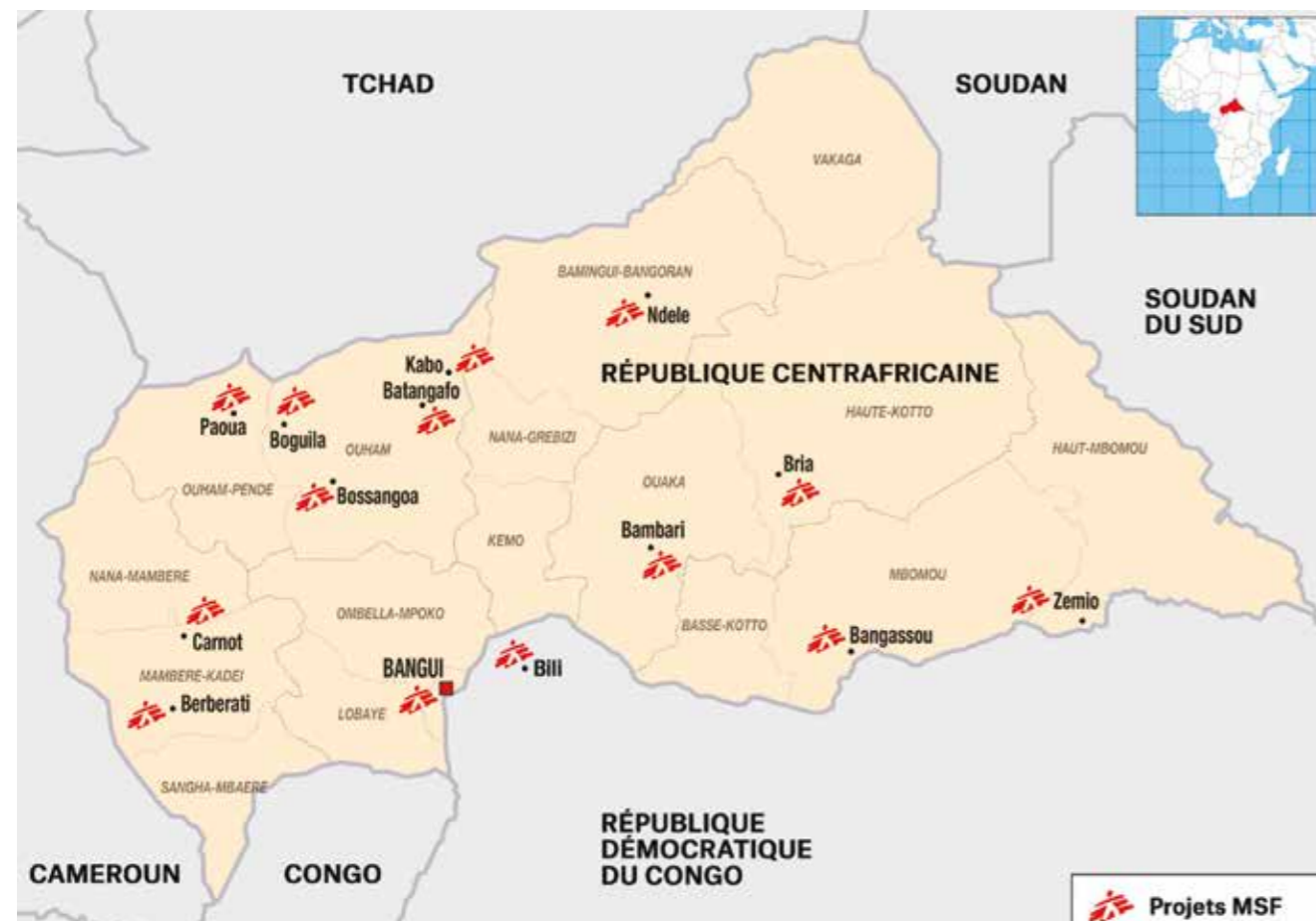
**18,000**  
deliveries

**7,100**  
actes chirurgicaux

**10,200**  
enfants malnutris pris en charge

**1,100**  
victimes de violences sexuelles pris en charge

**4,300**  
personnes vivant avec le VIH/Sida initiés sous ARV



## "NORMALISATION": THE TROUBLING DISCOURSE ON THE SITUATION IN CAR

More than three years after the 2013 coup, the Central African Republic still finds itself in an extremely troubling situation. After democratic elections were held in 2016, some international players began to talk of a "normalisation" of the situation after many years of violence. A troubling discourse that is used to justify a gradual shift toward development at the expense of humanitarian response capacity has begun among donor governments and agencies that became involved at the height of the crisis. Every day, Médecins Sans Frontières witnesses a very different reality on the ground. The vast majority of CAR's 4.4 million inhabitants are still prisoners of violence and fear, and still don't have access to basic services, such as housing, food, potable water and sanitation, health care and protection.





## THE REALITY: A PROTRACTED EMERGENCY SITUATION

According to OCHA (see humanitarian dashboard for 2<sup>nd</sup> quarter of 2016): [Translation] "The humanitarian situation in the Central African Republic (CAR) remains extremely critical. Close to one-half of the country's population, or more than 2.3 million inhabitants, requires humanitarian assistance. According to the Population Movement Commission (CMP, July 2016) close to 380,000 persons are still internally displaced within the country and 468,000 persons have found refuge in neighbouring countries, primarily Chad, the DRC, Cameroon, Sudan and South Sudan." Protracted crises all too often tend to revert to acute crises, violence, or other disrupted states. These crises have a long term impact on the precarious nature of a population's health status and mortality rates.

There are a number of factors that contribute to this reality:

### 01/ SECURITY HAS NOT BEEN RESTORED IN MOST OF THE COUNTRY

Some international contingents have withdrawn from the country and the Disarmament, Demobilization, Reintegration and Repatriation (DDRR) process has come to a halt. The weakness of the national security forces and MINUSCA leave the population exposed to the brutality of certain armed groups or banditism, both in urban and rural areas. Neither the State nor its partners have been able to protect the population of CAR.

On a daily basis, the MSF teams witness violence against civilians in a large number of the country's regions. Clashes among armed groups, intercommunal tensions, and extortion and harassment continue to diminish the ability of the populations to survive. In Batangafo, in the first 6 months of the year, there were over 75 cases of physical violence recorded in the community. In that same period, all health structures supported by MSF treated more than 3,500 patients experiencing trauma from violence and more than 500 surgical interventions were carried out in cases related to violence. Further, since 2015, MSF has cared for over 1,700 survivors of sexual violence.

Between January and July 2016, INSO (International NGO Safety Organisation) recorded 2,058 security-related incidents in CAR, of which 174 of these targeted humanitarian organisations ([http://www.ngosafety.org/country/central\\_african\\_republic](http://www.ngosafety.org/country/central_african_republic)).

As far as MSF is concerned, providing assistance remains complicated, and despite the adoption of new operational strategies, since 2013, we deplore the deaths of 5 collaborators in the course of their work: 2 drivers in 2016 and 3 staff members in the 2014 massacre in Boguila.



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### 02/ BASIC SERVICES ARE NOT AVAILABLE THROUGHOUT MOST OF THE TERRITORY

Basic public services, such as health care or education, are insufficient or even non-existent in a large number of the country's regions. In the Batangafo region, the only two authorities in place are the Sub-Prefect and the Head of the Sub-prefecture hospital, plus 7 MSPP staff members for the entire sub-prefecture. In Bambari, the Director of the Health Zone and the Hospital Director are the only health authorities present. Without the presence of MSF or other humanitarian actors, the health care facilities would not function. The regions bordering Sudan and South Sudan (Vakaga, Haute Kotto and Haut Mbomou) are areas completely devoid of any state authorities, and where even humanitarian aid actors have very limited access.

### 03/ POPULATION DISPLACEMENT PERSISTS

Close to 380,000 Central Africans, or 8% of the country's population, are still currently internally displaced and, due to fear, cannot return home. In case of rising insecurity or when armed clashes occur, people flee their villages to safer areas, whether it may be camps or into the forest, where they live in unacceptable conditions. Batangafo now has 30,000 internally displaced persons, and there

are 15,000 in Kabo, and 50,000 in Bambari. Bangui alone still has some 50,000 displaced persons, including close to 30,000 in the M'Poko camp. These numbers are in addition to those who have taken refuge in the bush, and whose numbers remain uncertain.

The population living in rural areas flee into the forest whenever an armed group passes through, leaving their houses and belongings behind to survive. Displacement has become a "way of life," and after more than three years, neither the state authorities nor the international forces have been able to reverse this trend. According to an investigation by the UNHCR in May 2016, those persons who have been displaced are reluctant to return to their homes because of the lack of security or the lack of infrastructure and basic services, because their homes have been destroyed, because of a lack of subsistence activities, and the trauma they have suffered due to violence.

Uncertainty also persists in regards to the return of the approximately 468,000 CAR refugees that are currently in Chad, the DRC and the Republic of Cameroon. Does the country currently have the basic resources and services it requires to facilitate and absorb the return of 10% of its population?



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## POPULATIONS ARE TREMENDOUSLY DEPENDENT ON HUMANITARIAN AID

According to OCHA, there are currently 117 humanitarian aid organisations working in CAR responding to the basic needs of the population, but certain major humanitarian actors, specifically in the health care field, are starting to withdraw from certain areas of the country due to lack of funding, leaving the most vulnerable to an unenviable fate. In Bambari, where there are 21 organisations working, Save the Children has disengaged from the regional hospital and 13 health centres, while the French Red Cross, which had been supporting nine health centres, has also left. As a result of this, Médecins Sans Frontières decided to take over support of the hospital, which does not have the capacity to provide free of charge quality healthcare to the 344,000 persons dependent on it.





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## THE HEALTH CARE SITUATION REMAINS ALARMING

The Central African Republic is being faced with a protracted health care emergency for the past several years. The political crisis and the violence that have shaken the country since 2013 have exacerbated an already fragile situation.

In the first quarter of 2016, MSF treated 6,700 malnourished children, which is more than half of the 10,200 cases treated in 2015. Families needing to take refuge by fleeing into the bush due to insecurity do not have the means to care for the needs of their own children.

The public health care system is dysfunctional and INGOs have, with a few exceptions, little choice but to take over. Furthermore, those health care facilities that do operate are doing so under a severe shortage of medical staff, especially in the rural areas. Despite recent political events, a major proportion of the CAR's population still does not have access to basic health care.

### BARRIERS PREVENTING ACCESS TO CARE

**Physical barriers linked to security:** the fear of being attacked or stopped at checkpoints by armed groups or bandits. People do not dare, or don't have the means, to safely move around in rural areas, and sometimes even in urban areas, which limits their access to the health care facilities. Those who are most vulnerable, children under age five and women, are the primary victims of this lack of access. This type of barrier also affects the patient referral system. All too often, the patient referral system does not function adequately because of the taxes demanded at checkpoints, or due to passage restrictions imposed by certain armed groups. This is particularly grave as the referral system assists patients who are seriously afflicted or who need urgent medical assistance. From our

projects, we have observed both situations: patients do not get to the health care facilities or patients cannot be referred or even decline to be referred due to insecurity along the roads.

**Financial barriers:** a major portion of the population does not have the means to pay for medical care because they have no source of income. However, the health care system functions based on cost recovery. Immediately guaranteeing access to free of charge care is therefore crucial for population across the country. MSF is concerned about decisions that could jeopardize the presence of humanitarian actors in the health sector, who are currently the only ones providing free of charge access to care to a particularly vulnerable population.

MSF is particularly concerned by the fact that in January 2017 heralds the end of the free of charge healthcare targeted to children under 5 and pregnant women, which would be catastrophic for the thousands of Central Africans who do not have the means to pay for healthcare.

Lack of access to healthcare also affects people living with HIV/AIDS. CAR has one of the highest prevalence rates of the region. However, only 18% of patients have access to ARV treatment. MSF is treating 4,895 patients in a region of Africa where HIV/AIDS does not receive a lot of attention.

**Barriers in the provision of care:** already in decline prior to 2013, most health care facilities are non-functioning (72% of public health care structures were damaged or destroyed by violence or pillaging). They also lack qualified human resources and medical equipment and have been experiencing constant shortages of drug supplies. Drug supply at national level is a crucial issue and is heavily supported by humanitarian actors. In 2015, MSF carried out 1,050,000 medical consultations. The situation is not improving, with 489,482 consultations in the first half of 2016—a period that does not include the malaria peak, which causes the number of consultations to rise dramatically. In 2015, 57% of medical consultations were for malaria, the largest morbidity in CAR.

The urgent medical needs are indeed massive and have not diminished in the last three years, as seen by the volume of MSF activities since 2013. Despite the latest political situation in the Central African Republic this year MSF has not seen a decrease in health care needs across the country.

## THE PERSISTENT HUMANITARIAN NEEDS OF THE POPULATION OF THE CENTRAL AFRICAN REPUBLIC MUST BE MAINTAINED AS A HIGH PRIORITY ON THE INTERNATIONAL AGENDA

- > In this context, it remains imperative to act urgently to lift the barriers that still prevent the most vulnerable populations have access to health care. The insecurity, insufficient resources and inadequate health policies remain major obstacles. Contrary to the current discourse, humanitarian needs are still not covered. The humanitarian response must improve and must not forget the Central African population in a country devastated by decades of persistent violence.
- > The degradation and collapse of the health system is such that it will take years to rebuild. We urge the Central African Government and donors to allocate resources that are worthy and representative of the humanitarian and development. In 2016, MSF, with funds from private donors spent 58 million USD (38,048,000,000 XAF) to support 17 medical programs in 9 prefectures. This amount is much larger than the national health budget and considerably more important than the amounts invested in health care by the main donors.
- > At the same time, Central African representative authorities need to commit to a long-term approach for responding to the country's structural needs (especially as regards the health care system), at least in the pacified areas of the country. If current assistance models are not adapted, new modus operandi will need to be developed, based on the contextual specifics applicable to the Central African Republic.
- > Finally, we call upon all parties to the conflict, including the government and the MINUSCA, to fully take up their responsibilities of protection of the civilian populations and to guarantee humanitarian access, in both the urban areas and the more remote parts of the country, ensuring access to health care and respect of health care workers and health care facilities.



### MSF IN CAR



NUMBERS	ACTIVITIES
# projects	17
# Central African staff	2900
# international staff	230
2015 Budget (EUR)	55 M
2015 Budget (XAF)	36 Billion

- Primary health and hospital services
- Vaccination
- Mother and child health
- Surgery
- HIV/Aids
- Mental Health
- Emergency surveillance and response
- Laboratory
- Support to victims of violence
- Health promotion and prevention
- Training

In 2015, CAR was the 3rd largest budget for MSF following DRC and South Sudan

FREE HEALTH CARE



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