

CENTRAL AFRICAN REPUBLIC (CAR)

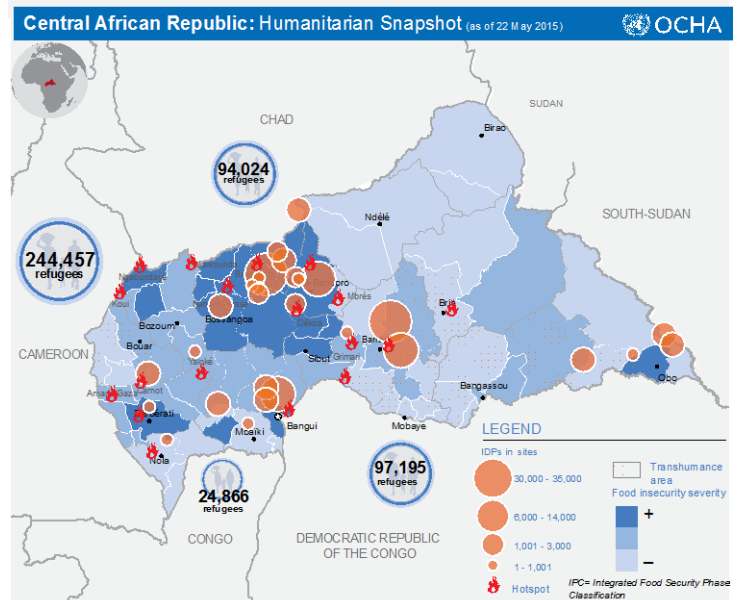
Situation Report No. 55 (as of 27 May 2015)



This report is produced by OCHA CAR in collaboration with humanitarian partners. It covers the period between 12 and 26 May 2015. The next report will be issued on or around 10 June 2015.

Key Points

- On 13 May, the IASC deactivated the Level 3/L3 Response, initially declared in December 2013. The mechanism aimed at scaling up the systemic response through surged capacities and strengthened humanitarian leadership, resulting in a doubling of humanitarian actors operating in country.
- On 27 May, the Emergency Relief Coordinator, Valerie Amos, designated Aurelien Agbénonci, Deputy Special Representative of the Secretary-General and Resident Coordinator in the CAR, as Humanitarian Coordinator (HC). A Deputy HC will be also be nominated.
- An international conference on CAR humanitarian needs, recovery and resilience-building was held in Brussels on 26 May under the auspices of the European Union. Preliminary reports tally pledges for humanitarian response at around US\$138 million, with the exact proportion of fresh pledges yet to be determined.
- More than 300 children were released from armed groups following a UNICEF-facilitated agreement by the groups' leaders to free all children in their ranks.
- The return and reinsertion process for IDPs at the Bangui M'poko site continues. As of 22 May 1,173 of the 4,319 households residing at the site have been registered in the 5th district of Bangui and will receive a one-time cash payment and return package.
- More than 36,000 people remain trapped in seven enclaves with limited access to basic services and at risk of violence and abuse.



426,240
IDPs in CAR

36,930
in Bangui

2.7million
People in need of assistance

4.6 million
Population of CAR

79%
Unmet funding requirements

US\$131 million
pledged against requirements of \$613 million

Situation Overview

On 13 May, the Inter-Agency Standing Committee (IASC) deactivated the Level 3/L3 Response that had been declared in December 2013 to mobilize capacity (leadership, staffing and funding) and to enable accelerated and scaled-up delivery of assistance and protection to people in need. The L3 was initially declared for three months and was then extended for three times. A Senior Humanitarian Coordinator (ASG) was appointed as accompanying measure. These measures allowed humanitarian actors to surge capacities while the system was being brought to the scale needed, the humanitarian leadership was being strengthened with the deployment of senior staff with

experience in emergencies, and the presence of humanitarian actors operating in country was doubled. The L3 is a system intended to surge capacities, not to address the root causes of complex emergencies and it will remain crucial that, beyond the surge capacity that has been injected, the level of response and commitment to the crisis by both humanitarian actors and donors will be maintained or all the security, political and humanitarian gains of the past year could be lost.

On 27 May, the Emergency Relief Coordinator, Valerie Amos, also appointed Mr. Aurelien Agbénonci, Deputy Special Representative of the Secretary-General and Resident Coordinator in the Central African Republic, to assume the HC functions. A Deputy HC will be also be nominated.

Population movements

On 15 May, 10 people were found dead and many wounded in the villages of Site-Nana, Bissingalé and Ndémayo, located on the Dékoa axis near Kaga Bandoro (Nana Grebizi Province). The villages were attacked by an unidentified armed group, sending some 1,900 IDPs and 2,500 residents fleeing to the Evêché site in Kaga Bandoro.

According to the CAR Population Movement Commission (CMP) there are 426,240 IDPs in the country including 36,930 in 34 IDP sites in Bangui as of May 5. The CMP estimates that since October 2014 some 131,000 people have returned to their regions of origin, mainly in the Ouham Pendé, Ouham, Kemo and Nana Gribizi Provinces. Protection actors continue to monitor returns countrywide and it should be noted that people often face displacement multiple times because of renewed conflict. According to IEDA Relief, spontaneous returns in the Ouham Pendé province peaked in January with some 1,914 people returning to prepare for the farming season.

Since the launch of the return process at M'Poko airport site, 1,173 out of the 4,319 households have been registered with the mayor's office in the 5th district of Bangui, their supposed return area. Each returnee household receives a cash allocation of equivalent of USD 150, mosquito nets, plastic sheeting, food and dignity kits.

Child soldiers released

In the single largest release of children associated with armed groups in CAR since violence erupted in 2012, 357 children, including several under age 12, were released from anti-Balaka militias and the ex-Seleka armed groups on 15 May near Bambari (Ouaka Province). UNICEF had facilitated an agreement by the groups' leaders to free all children in their ranks. The agency and its partners have begun providing medical and psychosocial support, reunify children with their families and will be supporting their reintegration into their communities. When security conditions permit, children with relatives in the area will be reunited with their families while others will be placed with foster-caregivers until their families are traced.

Protection

As of 15 May, more than 36,000 people are still trapped and at risk of violence and abuse in seven enclaves countrywide: in Bangui's PK5 (24,000), Boda (9,000), Bouar (1,600), Carnot (522), Berberati (456), Yaloke (372) and Dekoa (105). Most belong to religious and ethnic minorities and have limited access to basic services. Forced encampment constitutes a grave violation of human rights. The Protection cluster calls for greater freedom of movement of populations at risk in enclaves and for giving IDPs the freedom to choose where to reside, a right all Central African citizens should equally enjoy.

Meanwhile, protection advocacy for civilians in other hotspots continues. These include: Ngaoundaye, Markounda, Moyon Sido and Batangafo (Ouham Province); Bambari, Kouango (Ouaka Province), Gamboula, the Gamboula-Noufou axis including Dilapoko and Banga Boumbe (Mambere Kadei Province) where recurrent attacks on civilians persist resulting in population movements, Site-Nana, Bissingalé, Ndémayo and Mbrès (Nana Gribizi Province).

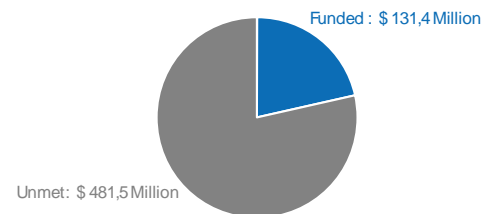
Following the attempted robbery of an international NGO's vehicle on 22 May by two armed men on the Yaloké-Boali axis, MINUSCA and Sangaris forces are organizing patrols in Damara, aiming to curtail persisting high crime rates in the region, particularly on the Damara-Sibut-Bambari axis. The international forces shared free hotline numbers with the population.

Funding

As of 27 May, the Strategic Response Plan is 21 per cent funded with a total of US\$131 million allocated. This represents an increase by four points or an additional 21 million contributed in support of the humanitarian response over the last two weeks. In total, US\$51 million was contributed during the month of May and confirms the trend noted in the previous report of a significant increase in the contributions during this month whereby 39 per cent of the total contributions were received.

The Country based Pooled Fund has received US\$12.4 million in new contributions since the beginning of the year, paving the way for the launch of the second standard allocation in 2015.

Timely reporting of contributions to the OCHA Financial Tracking System is critical, either by email to fts@un.org or through the online contribution report form at fts.unocha.org. Donors and partners are strongly encouraged to continue reporting their contributions on the Financial Tracking System on a regular basis.



Humanitarian Response



Camp Coordination and Camp Management (CCCM)



Shelter and Non-Food Items (NFI)

Needs:

- Emergency shelter rehabilitation assistance is required in Bangui and Boda IDP sites with the start of the rainy season. These projects should also include sanitation activities such as drainage rehabilitation.
- Health assistance is required in Bangui's Saint Joseph de Mukassa and Grand seminaire sites hosting between 2,500 and 4,000 IDPs.
- The cluster has reached only 7 per cent of its owner-driven housing reconstruction project. While more funding is required, projects should not only focus on housing issues but should include sanitation and hygiene infrastructure rehabilitation, agricultural activities, vocational trainings, NFI fairs, social reconciliation and social cohesion components. This will increase resilience within communities.

600,000

Vulnerable people targeted in 2015 with emergency shelter and NFIs.

Response:

- As of 22 May, IOM has deregistered 1,472 IDP households from the M'poko displacement site of which 1,173 households are now registered at their place of return in Bangui's 5th district. Of those registered, 864 households have received food and NFI assistance and 112 households received cash payments.

Gaps and constraints:

- The cluster requires more funding to provide minimum support to site management activities in the Bangui and Bambari IDP sites.



Education

Needs:

- Temporary safe learning spaces (ETAPes) with age-sensitive educational and recreational activities are needed for 60,000 children.
- Ensure that, 568,500 students have returned to schools by the end of the 2014-2015 school year. About 660,000 students countrywide were enrolled in schools prior to the crisis.
- Vocational training is required for 2,000 youths by the end of 2015.
- School-feeding activities, particularly in provinces with a low return rate of students, are required for 250,000 people.

551,000

Vulnerable people targeted in 2015 with emergency education.

Response:

- Since the 2014-2015 school year began, 35,756 children, including 17,295 girls, benefited from learning and protection activities in 168 ETAPes in the capital Bangui, Bimbo and Yaloké (Ombella-Mpoko Province), Batangafo and Bouca (Ouham Province), Dékoa (Kémo Province), Kaga-Bandoro (Nana-Grébizi Province), Bambari and Grimari (Ouaka Province). These include additional ETAPes in Bambari (eight) and Batangafo

(seven) to reinforce the ongoing emergency education activities, as well as new ETAPes in displacement sites in Bouca.

- So far, 458 ETAPes teachers and supervisors participated in the revised Education in Emergencies training facilitated by members of the Ministry of Education.
- In collaboration with the GenCap and GBV sub-cluster, the Education Cluster organized a one-day workshop on programming, focusing on gender issues, GBV and the gender-marker. The training was attended by 45 participants belonging to 40 different organizations; with a representation of 75 per cent national NGOs and 25 per cent international NGOs.
- Since the 2014-2015 school year began, 1,038 youth benefited from literacy and numeracy classes in Bangui, Kémo and Mambéré-Kadéï, of whom 302 are undergoing professional training.
- School feeding programmes are ongoing for 168,552 children including 77,720 girls in 313 schools in Bangui and Ombella-Mpoko, Lobaye, Mambéré-Kadéï, Ouham-Pendé, Nana-Grébizi and Kémo provinces.

Gaps and constraints:

- Constant population movements and the volatile security situation in central and eastern provinces especially in Nana-Grébizi province are hindering the provision of structured education, child-protection activities and the timely delivery and distribution of school supplies.



Emergency Telecommunications

Response:

- A radio training was conducted on 21 May in Bambari for the humanitarian community.
- A maintenance mission was carried out on 21 May in Bangui to solve technical problems on Channel 5.
- ETC continues to provide radio programming and IT support for the humanitarian community.
- All ETC information is available at: <http://ictemergency.wfp.org/web/ictopr/emergencies2013/central-african-republic>

Gaps and constraints:

- Outside of Bangui, the lack of radio operators and the security situation are hampering the fulfilment of the C-MOSS requirements for COMCENs. Planned recruitments have been delayed due to funding constraints.



Food Security

Needs:

- According to the November 2014 Integrated Food Security Phase Classification (IPC), an estimated 1.5 million people require food assistance including 209,978 in Bangui. About 19 per cent of the rural population are in IPC phase 3 (crisis) and 12 per cent in phase 4 (emergency).
- Due to widespread insecurity, crop production in 2014 was 58 per cent lower than the pre-crisis average.
- Food reserves in rural areas are 40 to 50 per cent lower than average and life-saving assistance to severely food insecure people will be key in the coming months to support households towards the lean season.
- Support to boost agriculture will also be critical to save livelihoods and reduce vulnerable families' dependency on humanitarian aid. The promotion of vegetable production, small livestock rearing and fish farming is a priority.
- The distribution of seeds and tools is required ahead of the planting season.

1.2 million

Vulnerable people targeted in 2015

Response:

- Between 1 and 24 May, preliminary reports reveal that WFP distributed over 2,600 mt of food to nearly 402,000 people.
- Available funding will enable 147,837 households or 59 per cent of the 250,000 targeted households to receive seeds and tools assistance for the main crop season. This represents an estimated 70,000 mt of food production shortfall compared to the target. Livelihoods assistance to households that will not be able to produce sufficient food to cover their needs till the end of the next season is crucial. The conservation of agricultural products is also necessary to ensure food security.

Gaps and constraints:

- Insecurity along the roads and at distribution sites continues to represent the main constraints. The looting of trucks along certain key routes continues to impede access to people in need.



Health

Needs

- Health facilities in the Kouango sub-district require health assistance including: medicines, implementation of routine vaccination activities, strengthening the laboratory reagents; training of health personnel in support of rape victims and equipping the surgical unit.
- Deficiency in antiretroviral therapy treatment, voluntary test screening and TB testing was reported in the district Ouaka. Immediate assistance is required due to the HIV prevalence rate which increased from 12 per cent in 2014 to 14 per cent in 2015 according to data from the volunteer screening centre.
- Over 563,314 people living in health priority areas in 16 sub-districts do not have access to basic health services.

1.4 million

People targeted in 2015

Response

- A Save the Children team visited Kpadou village, Alindao district following a reported 21 cases of deaths among children less than age 5. Between 11 and 15 May, the team consulted and treated 414 patients of whom 60 per cent were children less than age 5. 92 children aged between 6 and 59 months were vaccinated against measles.
- WHO supplied over 5 tons of medicine and health emergency kits to health centers in: Bozoum, Bouca, Batangafo and Kabo to ensure emergency assistance to people affected by the crisis in these regions.

Gaps and constraints:

- Humanitarian access, the deployment of health staff health and the provision of medical equipment remains difficult in some areas due to recurrent attacks by armed groups.
- Insufficient funding impedes the decentralization of blood transfusion activities outside of Bangui and the monitoring and evaluation of the humanitarian projects being implemented by health actors.



Logistics

Response:

- The cluster is preparing a list of roads that require rehabilitation in CAR and will share the information with MINUSCA.
- The cluster has requested partners to submit their logistics strategy for the second half of the year and for 2016; including common storage, common transport, common offices and bases.
- Updated information was shared on the Logistics Cluster website regarding UNHAS flights and Logistics Cluster information: <http://logcluster.org/ops/caf13a>

Gaps and constraints:

- Poor infrastructure and insecurity along the main roads are hampering the humanitarian logistics chain.
- Access to national service providers remains an issue in Bangui and the provinces.



Nutrition

Needs:

- Some 32,348 children will suffer from severe acute malnutrition (SAM) in 2015, and 78,335 children will suffer from moderate acute malnutrition (MAM). These numbers could rise, given ongoing aggravating factors (displacement, poor food security, deteriorated access to clean water and sanitation, increased morbidity and lack of health-care services).
- About 22,700 children suffering from SAM and 47,000 children suffering from MAM

119,900

Vulnerable people targeted with nutrition services in 2015

are targeted for treatment in 2015.

Response:

- Since the beginning of the year, 7,044 children have been admitted for SAM treatment countrywide. This represents 31 per cent of the SRP target of 22,700 children suffering from SAM. Overall performance indicators of case management remain within global standards.
- With regards to targeted supplementary feeding, 17,127 children (9,518 girls; 7,609 boys) aged between 6 and 59 months and 21,350 PLW, 1,394 malnourished people living with HIV under ARV treatment and 2,828 (1,876 male; 952 female) caregivers of people with SAM in health facilities. To prevent spikes in malnutrition, WFP is carrying out a large-scale integrated general food distribution and blanket feeding intervention.
- IMC screened 4,704 children aged between 6 and 59 months in Bria (Haute Kotto Province). Findings revealed 193 MAM cases and 74 SAM cases.

Gaps & Constraints:

- Coverage of community-based management of acute malnutrition services outside of Bangui remains low due to security constraints and destroyed health facilities.
- The integration of acute nutrition management into the national health system needs to be strengthened.
- There is a gap in the provision of activities to support appropriate infant and young child feeding.



Protection

Needs:

- Protection response needs to be increased to people affected in hotspots, particularly in the regions of Mbres, the Kaga Bandoro – Mbres axis, Batangafo, Kouango, the Batangafo-Bouca axis, the Chadian border areas including Markounda, Ngaoundaye and Moyen Sido; and areas affected by LRA attacks particularly the Haut Mbomou province.
- Specific response programmes need to be established by humanitarian actors and MINUSCA for the kidnapping of women and girls and for forced and early marriage by elements of armed groups particularly in the Ouaka and Mambéré Kadei provinces.
- According to the GBV sub-cluster's alert systems, the areas at most risks of gender-based violence particularly sexual violence, early and forced marriages with insufficient GBV response are: Bambri (Ouaka Province), Mbres and Kaga-Bandoro (Nana-Gribizi Province), Kabo and some isolated villages in the Nana Mambéré province, hosting pockets of IDPs.
- Advocacy with armed groups and international forces needs to be strengthened to ensure respect for basic human rights and protection of civilians.
- IDP sites countrywide remain hotspots for GBV incidents including sexual violence by armed groups present in/or in the vicinity of the sites and negative coping strategies such as commercial sex practiced by minors.
- Psychosocial support and recreational activities are required for children affected by the crisis. Many children traumatized or with difficulties concentrating and extremely nervous or aggressive continue to be identified.

2 million

Vulnerable people targeted in 2015

Response:

- The Protection Cluster has initiated collaboration with the FAO/Food Security Cluster, and MINUSCA's protection of civilians (POC) unit in order to integrate the protection of civilians dimension linked to pastoralism and in relation to violence. Under UNHCR's leadership, the Protection Cluster and FAO/Food Security Cluster proposed the set-up of an early warning/alert matrix within the Transhumance Working Group, aimed at identifying areas at risk of violence. This system would integrate both protection and pastoralism related criteria.
- Following joint POC missions led by MINUSCA and UNHCR in areas around Yaloke, Baoro and Gadzi where Fulani herders were released from anti-Balaka leaders, the Protection Cluster is discussing ways to improve humanitarian and protection standards based on lessons learned with the MINUSCA POC working group. The Protection Cluster has developed assessment tools and a checklist to be used in line with its existing SOPs on relocation and movement of communities at risk in CAR in order to streamline protection mainstreaming principles and to clarify the role and responsibilities in preparedness and response phases.
- The GBV sub-cluster reported 85 incidents of sexual violence in the Nana Gibrizi province in April. This is the highest spike registered since the beginning of the year. Survivors' access to services and prevention activities need to be reinforced.
- According to the GBV sub-cluster's information system trimestral report, 127 cases of rape, 120 cases of sexual violence, 258 cases of physical aggression, 63 forced marriage, 50 cases of denial of resources, and 51 cases of psychological violence were reported in eight provinces. This result is only based on cases documented through service providers, and cannot be extrapolated countrywide.

Gaps & Constraints:

- More support is required from some local authorities, particularly on issues related to protection and the fight against impunity.
- Difficult and deteriorating infrastructure hinders access to communities, particularly children and women who require protection.
- Violence, insecurity and banditry continue to impede humanitarian access and protection interventions particularly in areas identified as hotspots.

**Water, Sanitation, Hygiene****Needs:**

- The following sites require WASH assistance: Bambari site S (9,866 IDPs), M (2,614 IDPs), NDV (10,028 IDPs), Bambari airport (8,922 IDPs and host communities), Ngakobo (7,965 IDPs), Bambari neighborhoods of Hadji and Bornou (9,400 IDPs and host communities), Grimari (135 IDPs and 7,000 returnees), Kouango (about 6,000 IDPs and host communities), Bossangoa (35,000 returnees require water), Petit Seminaire (480 IDPs), site C in Kabo (1,269 IDPs and host communities), Kaga Bandoro site Eveche (12,500 IDPs), Paroisse Nativite (245 IDPs), in Kaga Bandoro (2,850 IDPs in host families), Bissingale (212 IDPs), Moyen Sido (2,159 IDPs), Batangafo (33,149 IDPs in 4 sites) and its axes (23,260 IDPs in 23 sites), Bangui (44,168 IDPs in 37 sites), Carnot (587 IDPs), Yaloke (562 IDPs) and Boda (10,341 IDP's).

1,400,000

People targeted in 2015

Response:

- In Bambari, ICRC and TGH are delivering 150 m³ of potable water per day by water trucking and bucket chlorination to 70 wells in sites and host communities. TGH, ANEA and Vitalite Plus supported by UNICEF are maintaining sanitation facilities, ensuring access for 41 to 67 people per latrine and 65 to 84 people per shower. Community-hygiene promoters provide hygiene-promotion services. 202 households which returned to the neighborhood of Akge in Bambari center were sensitized on water treatment with aquatab and quality management. Each household received aquatabs to treat water over a two-month period.
- In Bambari airport, ANEA has set-up two water point management committees, and ensured regular maintenance of 30 gender-segregated latrines for IDPs and host communities.
- In Ngakobo, water is supplied by the SUCAF water system. UNICEF established an agreement with the CAR Sucrierie Africaine (SUCAF) company to ensure water supply for 10,000 IDPs in Ngakobo site for seven months. UNICEF provided water treatment supplies. TGH is maintaining sanitation facilities and 4 solid waste collection pits, ensuring access of 66 people per latrine and 114 people per shower.
- Through the ANEA-UNICEF partnership, five boreholes were rehabilitated, targeting at least 6,000 people IDPs and residents and five water point management committees were established.
- In response to a diarrhea epidemic in Kpadou village, Alindao, Save the Children received NFIs from UNICEF including 876 aquatabs, 40 bars of soap and 120 jerry cans of 20 liters for a population of 690 most affected people.
- In Bossangoa, the national society for distributing water SODECA on UNICEF funding, is supplying 564 m³ of potable water per day (with a ratio of 15 liters per person, per day) to the local population and IDPs at the Petit Seminaire site. In Bossangoa, two pumps have been repaired by ANEA providing water to over 1,028 people. Five hygiene awareness sessions were organized in the neighborhoods of Bossangoa center, targeting 565 people including 339 women.
- In Kaga Bandoro, ICRC and CARITAS are providing 250 m³ of water to 12,500 IDPs daily. ICRC continues to ensure maintenance, awareness campaigns on hygiene promotion for 9,000 people and operation of the Eveche site's WASH facilities.
- In Batangafo DRC distributed 120 m³ of water through trucking in complement to the town's 18 handpumps, and it maintained and built 284 latrines and 130 showers. 1,345 m³ of solid waste were collected and disposed outside of the sites. ANEA repaired 2 handpumps targeting 1,500 people in three IDPs sites (1 in Batangafo and 1 in Bolhom) as well as 2 handpumps in the municipality of Bouca. ANEA distributed aquatabs to treat 6,450 litres of water targeting 348 households surrounding Batangafo town. The construction of 2 blocks of 3 cabins of latrines in Ndougou site and 5 door-to-door and mass awareness sessions were organized, targeting 1,280 people affected including 695 women.
- IOM is maintaining sanitation structures in Moyen Sido.
- In Carnot, potable water is supplied by the SODECA network. MSF is in charge of sanitation, ensuring access for (35 people per latrine and 42 per shower).
- In Bangui, ANEA, ACTED and Oxfam with UNICEF support have maintained access to sanitation for 39,045 people across 29 sites in Bangui. ACTED have improved sanitation on Bangui sites via the evacuation of 450

m3 of waste on UNICEF funding. Awareness campaigns were conducted for 7,230 people on basic hygiene practices. Oxfam, with UNICEF support, provided 400 liters of diesel to pump water in four IDP sites (Carmel, Padre Pio, Camboni and Grand Séminaire). This support allowed the supply of 376,000 liters of safe drinking water to 10,333 people which represents 9.22 liters per person per day. Support provided to SODECA in terms of chemicals and fuel has allowed production of 1 million m3 of water for an estimated population of 442,000 people in Bangui.

- In Bouar, UNICEF supported SODECA with fuel and treatment chemical to supply 400 m3 of water per day to 52,000 people. ICDI drilled 8 boreholes (2 in Baboua, 4 in Beloko and 2 in Foro).

Gaps & Constraints:

- Lack of funding to maintain WASH services in IDPs sites in Bangui.
- Funding and equipment for drilling new water point to replace water trucking in Bangui, Bambari and Batangafo. Only five drilling machines are available in CAR, which is not sufficient to cover needs.
- More funding and implementing partners are required for the maintenance of WASH infrastructures in IDPs sites hosting people for long periods.
- Lack of funding to continue water trucking in Bangui.



Multi-sector assistance to refugees

Needs:

- Refugees require protection assistance through the provision of birth certificates.
- Multi-sectoral assistance to refugees and asylum seekers is required in rural and urban settings.
- Durable solutions are required for refugees.

Response:

- Due to persisting insecurity and logistical challenges, WFP and UNHCR agreed to provide food vouchers to refugees in Zemio (Haut Mbomou Province) instead of general food distributions. During a joint mission to Zemio, WFP and UNHCR met with refugees to assess their food habits and preferences. They also met with 15 local traders to evaluate their supply capacity. The new voucher system is scheduled to start at the end of May, implemented by COOPI, UNHCR's partner in Zemio.
- IMC's sensitization campaigns aimed at detecting on children under age symptoms of malaria, respiratory diseases, measles etc. among refugees and host communities through two approaches: a door to door approach reaching 161 refugee households/335 persons and through sensitization at the health center reaching 60 refugees and 47 people from host community. The aim of this campaign is to fight against the mortality of children under age five. The campaign reached out to 221 refugees out of the 3,388 refugees in the camp during the reporting period.
- Discussions are ongoing between UNHCR and the Bria (Haute Kotto Province), Prosecutor on the need to obtain remedial orders for birth certificates for 249 refugee children born in Sam Ouandja (Haute Kotto Province) prior to their relocation to Pladama camp in 2010.
- It is worth noting that 13 Sudanese refugee households from Sam Ouandja (Haute Kotto Province), the first settlement camp for Sudanese refugees in CAR, have arrived to Pladama Ouaka camp in Bambari since December 2014. These refugees did not choose to relocate to Bambari in 2010. UNHCR and the CAR national committee for refugees are monitoring their situation.
- In response to the recurrent theft of small stock reported by refugees in Pladama Ouaka camp, the national committee for refugees, UNHCR's government partner reinforced security in the camp by providing security equipment including torches, raincoats, whistle and boots to the camp's guards.
- Within the framework of the repatriation process of Congolese refugees in Zemio camp, a flight was organized by UNHAS to test Zemio airfield rehabilitated by UNHCR on UNHAS request. The test went well, however another flight is scheduled on May 27 in order to test a plane with a greater capacity which will consequently reduce costs.

Gaps and constraints:

- Absence of a permanent international force to secure the Pladama Ouaka refugee camp in Bambari.
- A relocation country needs to be identified for Sudanese refugees at the Pladama Ouaka camp in Bambari.

General Coordination

On 20 May, a joint delegation led by the CAR Prime Minister with the participation of CAR Ministers, the Special Representative of the UN Secretary General in CAR, Representatives of UNICEF, UNHCR and OCHA visited the

Yaloké enclave. The main objective was to take stock of the situation of IDPs and to discuss their plans. The Prime Minister informed residents that the Transitional Government respects the freedom of movement of persons and goods and stated that all Central Africans have the right to free movement. The Prime Minister emphasized that the. The delegation visited the pediatric and nutritional wards at the Yaloké health centre and the new IDP site.

Within the framework of an emergency response plan launched on 8 May by humanitarian partners in Kaga Bandoro, (Nana Grebizi Province) on 13 May, a joint mission consisting of WHO, UNICEF, OCHA, Save the Children and Caritas visited Mbrès and surrounding regions following recent conflicts in the region. Preliminary findings revealed that priority needs include: food security assistance including seeds and tools; non-food items such as clothes, kitchen utensils, blankets; potable water and educational activities that stopped in the region. three-years ago. The mission also noted difficulties with access to potable water and inter-community cohesion. The mission reiterated messages on humanitarian principles including independence and the neutrality of humanitarian actors to anti-Balaka elements and the local population in the area.

Country-specific Civil Military Coordination Guidelines were finalized following an extensive consultation process led by OCHA CMCoord and based on global civil-military guidelines prepared by IASC and DPKO that address MINUSCA civilian and military assets, UN CIMIC activities, QUIPs, and assessment missions.

Background on the crisis

The coup by the coalition known as Seleka in March 2013, which ousted President Francois Bozize after a 10-year rule, plunged the country into a cycle of escalating violence. Security conditions in CAR further deteriorated on December 5, 2013, when clashes erupted between militants associated with the now dissolved Séléka alliance and anti Balaka groups, composed of armed fighters that oppose Ex Séléka forces. The conflict has acquired a sectarian dimension taking place between both groups. In April 2013 Michel Djotodia was recognized as the transitional head of government at a regional summit in N'Djamena. In January 2014, President Djotodia resigned and was replaced by Catherine Samba-Panza but the conflict continued. In May 2015, rival armed groups agreed to a peace accord requiring them to disarm and potentially face justice for war crimes committed during two years of conflict.

In 2015, the security situation throughout CAR remains volatile, with continuing attacks against civilians and humanitarian workers. While relief agencies are working to assist conflict affected populations, on-going insecurity and logistics constraints impede humanitarian operations in Bangui and in more remote areas of CAR hampering seriously humanitarian space.

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For more information, please visit www.unocha.org/car or reliefweb.int