This report is produced by OCHA CAR in collaboration with humanitarian partners. It covers the period between 15 and 21 July 2014. The next report will be issued on or around 31 July 2014.

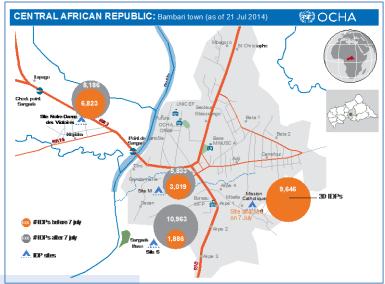
Highlights

In Bambari, the latest figures show 8,186 internally displaced people at the Notre Dame des Victoires site, 10,963 at the S site (close to the Sangaris base) and 5,833 at the M site (close to the MISCA base).

CENTRAL AFRICAN REPUBLIC (CAR) Situation Report No. 35 (as of 21 July 2014)

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- An estimated 103,400 IDPs remain in Bangui. This is a slight increase of 400 compared with the previous week.
- FEWS NET warns that despite the start of the harvesting period for some crops, food insecurity at crisis levels (Phase 3) is expected to continue until December.



528,400

IDPs in CAR, including

103,400

IDPs in Bangui (slight increase of 400 from 103,000 last week)

38%

Funding available (about U\$\$212 million) against the revised SRP requirements of \$565 million

4.6 million
Population of CAR

0.5 ''''

2.5 million

People in need of assistance

Sources: OCHA, CMP, Protection Cluster and FTS

Situation Overview

Due to renewed armed violence on 7 July in Bambari (Ouaka Province), the number of IDPs increased at the three main sites. There are now 8,186 IDPs at the Notre Dame des Victoires site (NDV), 10,963 at the S site (close to the Sangaris base) and 5,833 at the M site (close to the MISCA base).

Humanitarian partners continue to provide life-saving assistance to affected people. WHO and UNICEF support work by MSF and Save the Children to offer health services at all three sites. Save the Children treated about 860 patients, of whom 358 children were below age 5, at the M and S sites.

About 13,200 IDPs received 20 m³ of water/day provided by ICRC. Ten chlorination facilities are available around water points used by IDPs in the three sites. Triangle Generation Humanitaire/UNICEF built 30 new latrines for men and women and 18 latrines for children in site S. CRF built 10 latrines out of a targeted 48 at the NDV site. Three solid-waste pits were dug in the S site and five at the NDV site. CRF collected about 15 m³ of solid waste and transferred it to the disposal area close to the M site. CRF carried out hygiene-promotion activities addressing hand washing, environmental and food hygiene for 3,900 IDPs in the M site. UNICEF/RRM and UNHCR, through their partners ACTED and COOPI respectively, assisted 3,200 households in the S, M and NDV sites with NFI kits.

The humanitarian community in CAR condemns the persisting looting and arbitrary lynching of civilians. On 18 July, a convoy of trucks hired by UNHCR and WFP transporting humanitarian supplies was attacked and looted on the

road from Bangui to Bossangoa (Ouham Province). All parties involved in the conflict are called upon to respect the protection of civilians and to ensure unhindered access of humanitarian assistance to the people affected.

On 16 July, a group of 58 Chadian returnees from CAR, including three children, were allowed into the country by Chadian authorities. They had arrived in Moyen Sido (CAR) at the border with Chad with their own vehicles. After undergoing a rapid medical screening at the MSF health centre in the Sido transit site, they continued to the Maingama temporary site. The border to CAR is officially closed and security forces have been strengthened along the border.

The Commission on Population Movement (CMP) reports a new estimate of 103,400 IDPs in Bangui, reflecting a slight increase of 400 from 103,000 the previous week. The M'Poko airport site continues to hold the largest number of IDPs in the city (37,400), pending the opening of new relocation sites.

The Government of Mali is sponsoring an evacuation flight from Bangui to Bamako (dates to be confirmed) for their nationals. IOM is providing logistical support and transportation. It provided registration, health screening and transportation of 88 Malians from Boda to a transfer site in Bangui on 19 July under MISCA escort. The Red Cross is providing food and water, while the IOM health clinic provides medical consultations. IOM conducted registration and fit-for-travel health checks for 224 Malians residing in Bangui.

IOM is providing registration, health checks, civic education training and transportation to ex-Seleka elements cantoned in Bangui and who accepted to be disarmed and demobilized. The IOM team conducted a preregistration of 2,114 ex-Seleka elements and other conflict-related groups at the three cantonment sites. Construction of the departure centre" is now complete at the RDOT (military camp) cantonment site in PK11, where IOM is targeting 1,041 ex-combatants (ex-Seleka). They will be processed in groups of 200 in the next two to three months.

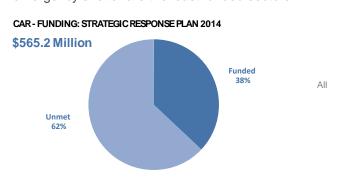
The Famine Early Warning Systems Network (FEWS NET) warns that IPC Phase 3 conditions continue in areas most affected by the conflict because of the decline in food availability and fall in incomes. Despite the start of the harvesting period for some crops, food insecurity at crisis levels (Phase 3) is expected to continue up to December.

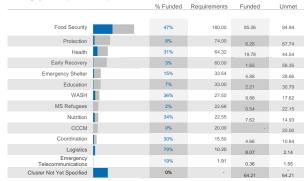
The latest market-development surveillance carried out by ACF in Bangui and in the provinces revealed that limited prospects of economic recovery and the evolution and fluctuation of prices remain largely dependent on the following factors: i) crime and illegal barriers controlled by armed groups limit risk-taking and financial margins; ii) difficulties gaining access to areas with high agricultural production due to insecurity; iii) lack of transport and; iv) declining purchasing power of households, which is expected to worsen during the lean season.

Funding by Sectors(in million \$US)

Funding

The CAR Strategic Response Plan (SRP) is 38 per cent funded. Early recovery, education, nutrition and emergency shelter are the least funded sectors.





Humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - http://fts.unocha.org) of cash and in-kind contributions by e-mailing: fts@un.org

Humanitarian Response



Camp Coordination and Camp Management (CCCM)

Needs:

Alternative solutions, including alternative sites, need to be identified and assessed for IDPs living in the most at-risk sites, and who are unable to return home before the rainy season.

501,980 People targeted in 2014.

- Coordinate provision of assistance and protection in IDP sites in Bangui and support site authorities.
- Assess sites and strengthen the capacity of CCCM actors and partners outside Bangui.

Response:

- The cluster continues to monitor assistance and protection concerns in sites in Bangui. It is referring gaps in assistance and protection to the relevant clusters; supporting site authorities towards resolving problems; and liaising with the national and local authorities. Site facilitators visited 37 sites in Bangui and referred needs to the relevant clusters for follow-up.
- A new site, "Fédération des déplacés" is being established in Bangui, hosting IDPs from Nasradine and Ecole Islamique. WASH and Shelter assistance is ongoing.
- Mobile clinics were dispatched to Ndjongo, Eglise Lutherien and St Antoine de Padou sites. They carried out more than 330 consultations.
- In Kaga Bandoro, the cluster conducted assessments on the Eveche, Nativité and Bissingale sites. The
 capacity of 129 CCCM stakeholders and partners was also strengthened. A new site plan was prepared for the
 Eveche site to mitigate the fire risk.
- The cluster conducted an assessment of IDPs sites in Bambari and studied the possibility of setting up a new site in order to transfer the IDPs staying in or close to two military bases.

Gaps and constraints:

- The rainy season requires most CCCM actors and partners to quickly find solutions for IDPs living in the most at-risk sites.
- More funding is required to better address the needs in site management countrywide and improve communication with IDPs.
- Assistance in shelter, WASH and food remain the most requested in Bangui IDP sites.



Needs:

• Temporary safe learning spaces (ETAPEs) with age-sensitive educational and recreational activities and child-protection services for 362,000 people are needed.

350,000 Vulnerable people targeted in 2014 with emergency

education out of 400,000.

- Emergency recreational, teaching and learning materials for ETAPEs and schools are required for 362,000 people.
- A total of 5,000 teachers need psychosocial training.
- School-feeding activities, particularly in provinces with a low rate of student returns, are required for 400,000 people in need.
- Psychosocial trainings for teachers in order to ensure that children have access to adequate trauma care.

Response:

- Since January, 33,221 children benefitted from learning and protection activities in 132 ETAPEs in Bangui, Bossangoa and Boda. Children aged between 3 and 18 received access to basic education in displacement sites and refugee camps.
- A total of 327 teachers and instructors were trained in psychosocial support to children.
- School-feeding programmes are ongoing countrywide. So far, 201,399 students have benefitted from these programmes in 12 provinces and Bangui.

Gaps and constraints:

- To date, the cluster is only 7 per cent funded.
- Population movements are challenging the provision of structured education and child-protection activities.



Needs:

 According to the April multi-agency IPC, the food security situation remains precarious throughout the country. Some 45 per cent of the rural population (1.7 1.25 million

Vulnerable people targeted in 2014

- million people) is food insecure. Increased food assistance, nutrition support and agricultural inputs are needed throughout the country to assist food-insecure vulnerable people and to support crisis-hit farmers to plant for the current agricultural campaign in order to avert a large-scale food and nutrition crisis in the coming months.
- Rainfall data from April to June indicates that the weather has been drier than average. There have been significant rainfall deficits in the north-west, particularly in the main agricultural areas of Ouham and Ouham Pendé and areas north of Bangui. Food needs in these areas are expected to continue throughout the agricultural season.
- The results of the markets and food security assessment, carried out in April 2014 by FAO and WFP, warned that CAR needs a long and expensive humanitarian operation over at least the next 18 months to stem the growing toll, and to help rebuild livelihoods.

Response:

- WFP assisted an estimated 177,200 people between 1 and 20 July, of whom nearly 50 per cent were in IPC 4 emergency food insecure areas. Alongside the general food distribution to vulnerable groups, IDPs and food insecure farmer households, 17,000 children under age 5 received nutritious blanket-feeding packages
- Between 1 and 20 July, WFP distributed seed-protection rations to 92,300 people, of whom 60 per cent were in IPC 4 areas. These are also some of the main agricultural regions.
- Approximately 22,500 primary-school children received hot meals so far this month, and 2,400 malnourished children aged 6 to 59 months, pregnant and lactating women and people living with HIV/AIDS received nutritious meals.
- A joint Food Security Cluster/Shelter Cluster rapid assessment on the vulnerability and food security situation of vulnerable people was carried out in the past week in certain areas of the PK5 neighbourhood in Bangui.
- FAO distributed crop seeds and tools to 80,000 farming families for the current planting season. This was part of the countrywide distribution projects targeting the most food insecure rural families in time.
- Distributions focused particularly on the north-west provinces of Ouham (14,000 families) and Ouham-Pende (18,900 families), which are considered as emergency zones (IPC 4). More than 11,900 families in Ombella-Mpoko, including the Bangui and Bossangoa areas, also received agricultural kits.
- The main planting season ended at the end of June, but FAO will continue to support an additional 40,000 families with seeds (sorghum, beans, sesame and millet) and tools for the short-cycle agricultural season. This is expected to last through the end of July or mid-August, depending on the geographical areas.
- FAO secured extra support from donors to reinforce the resilience of an additional 50,000 families, most of whom are enrolled in women's associations, to help them strengthen their financial capacities, agriculture techniques and social protection towards improving food and nutrition security.

Gaps and constraints:

- Despite increases in deliveries and the number of people assisted, the rainy season, poor road conditions, insecurity along the roads and at distribution sites continue to represent the main challenges.
- WFP requires US\$1 million to strengthen the Food Cluster's support for six months in collaboration with FAO.
- The 2013 November IPC indicated that 1.2 million people were food insecure. The April IPC concluded that the number of food insecure people is 1.7 million, meaning that there has been an increase of 500,000 people who need food security assistance countrywide in the past eight months.
- Under the SRP, FAO requested \$45 million to support 150,000 farming families. To date, only \$30.5 million¹ has been received. Funds received to date have enabled FAO to assist 120,000 farming families for the current agricultural season in 14 of the 16 provinces. However, an additional \$14.5 million is still required to achieve the SRP objectives.



Health

Needs:

878,000 People targeted in 2014.

Need to increase medical assistance in Muslim IDP sites in Boda. Strengthen the functioning of the hospital in Bimbo to better handle referral cases

from IDP sites in this area with about 20,000 displaced people. Organize mass vaccination against measles in IDP sites in Kaga Bangoro (Evêché, nativité and Bissingualé

sites) and in Bambari (M., NDV and S sites) despite the volatile security situation.

Response:

¹ \$3 million is committed for activities not covered by the SRP: aquaculture, cluster coordination, training, rice irrigation, etc.

- Essential drugs, consumables and equipment, including trauma and malaria kits, were supplied to six health facilities: the hospital and Muslim sites in Boda, the Complexe pédiatrique in Bangui, hospitals in Bossembélé, Boali and Yaloké.
- WHO will provide 100,000 rapid malaria tests to the International Federation of the Red Cross, which is the implementing organization of The Global Fund for Malaria, Tuberculosis and HIV in CAR. This will enable distribution to health-care facilities
- The NGO Emergency is supplying free and safe blood units to eight health centres in Banqui and its
- On 19 July, an inter-sectoral meeting was held on mental health programmes, focusing on identifying current priorities. They include the need to continue training health workers, particularly those within humanitarian organizations, on the basic skills of listening and detecting cases that fall within mental-health concerns. The need to expand mental-health activities outside Bangui in six other prioritized locations, including Bambari Yaloké, Boda, Kabo, Kaka Bandoro and Paoua, was discussed. In these locations, IDPs have experienced traumatic situations.
- In Banqui, the IOM mobile health clinic provided 338 consultations at three IDP sites, of which 96 consultations were related to malaria. In Boda, the IOM mobile health clinic provided 459 medical consultations in four IDP host communities; 66 cases were related to malaria, while 49 were respiratory infections.

Gaps and constraints:

Difficulties in supplying Bambari with various inputs and in referring patients to Bangui due to security constraints.



Logistics

Response:

- Since January, the cluster has supported the operations of 24 partner organizations throughout the country.
- The cluster continues to collect, compile and share information regarding road transportation from Bangui to various field locations.
- The cluster shared information with partners about the status of entry points, road access and constraints, and contact details of customs offices and suppliers.
- The cluster and WFP coordinated transportation of two mobile storage units; one to Batangafo and the other to Kabo, to support humanitarian activities.
- Despite fuel constraints, UNHAS transported 769 passengers and 11.1 mt of supplies between 1 and 20 July. UNHAS also provided eight security relocations and organized one special flight over the past week.
- 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 remain a logistical challenge, obstructing the humanitarian logistics chain.
- The rainy season will make operations more difficult, as the road conditions will worsen and prolong transportation time.
- The disruption in jet fuel has not yet been resolved.



Multi-sector assistance to refugees

Needs:

- Physical protection is required for refugees during the persisting CAR crisis.
- Protection activities required by refugees include SGBV prevention and response, verification/registration in order to find suitable durable solutions and child protection.
- Provide multi-sectorial assistance to urban refugees and refugees living in camps, including primary and secondary health care, reproductive health, HIV/AIDS, nutrition and capacity-building.
- Vulnerable people targeted in 2014.

501,980

- Implementation of the durable solutions strategy in CAR.
- Refugees require capacity-building.

Response:

- UNHCR in Bangui continues to advocate a permanent presence of a force around the Pladama Ouaka refugee camp in Bambari. The camp is hosting 1,967 Sudanese refugees. International forces in Bambari are patrolling
- UNHCR's medical partner Mercy Corps provided medical and psychosocial assistance to three GBV victims and material assistance to two GBV victims in Bangui.
- In Zemio, the camp health centre registered two newborns during the reporting period. UNHCR submitted four birth declarations to the civil status office in Zemio for the issuance of birth certificates.
- IMC. UNHCR's partner in charge of health, SGBV activities, WASH and nutrition for refugees in Zemio. organized awareness sessions on the principles of non-discrimination, school enrolment and reproductive health, targeting 584 refugees (124 households).
- In Zemio, IMC performed medical screening on 382 patients, of whom 192 were from the host community and 131 were children under age 5. The main disease diagnosed remains malaria, with 67 per cent of the overall screened patients and affecting 65 per cent of children under age 5. A nutrition screening was performed on 127 refugee children consisting of 78 boys and 49 girls. Only two moderate malnutrition cases were found within the host communities.
- UNHCR's protection section interviewed three families composed of nine people, who opted for voluntary repatriation to Kinshasa (DRC), Abidjan (Côte d'Ivoire) and Ouagadougou (Burkina Faso). UNHCR will proceed with its departure procedures once positive tracing information is received from UNHCR offices in the countries
- UNHCR's health partner IMC organized focus groups targeting 140 women of childbearing age on mother-tochild HIV transmission. Twenty-one medical staff and auxiliaries in Zemio camp were trained on the maintenance of cold chain.
- About 700 CAR spontaneous returnees from the Mole camp in DRC out of the estimated 1,600 (figures shared by CAR officials) are hosted in one of the IDP sites in Bangui. To avoid clashes between the spontaneous returnees and IDPs in the sites, UNHCR organized meetings with community leaders to sensitize them on peaceful coexistence with the newly arrived returnees.

Gaps & Constraints:

- Absence of a permanent international force to secure the Pladama Ouaka refugee camp in Bambari.
- Lack of access to the Sudanese and Chadian refugees of Muslim faith living in Banqui's PK5 neighbourhood for a verification exercise due to prevailing insecurity.



Needs:

Some 28,000 children will suffer from severe acute malnutrition (SAM) in 2014, and 75,500 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) and the start of the rainy season/hunger gap.

361,011 Vulnerable people targeted with nutrition services in 2014.

- About 16,800 children suffering from SAM are targeted for treatment in 2014.
- An estimated 159,000 children under age 5 need highly nutritious foods. A consistent and adequately funded pipeline is needed to prevent a deterioration of nutritional status during the rainy season.

Response:

- Since 1 January, 13,255 children have been admitted for SAM treatment across the country, of whom 6,343 have already recovered. The performance rates are as follows: recovery: 81 per cent (>=75 per cent); death: 3 per cent (<5 per cent); default: 16 per cent (<15 per cent). This represents 79 per cent of the SRP target of 16,800 children suffering from SAM.
- Since the beginning of the year, 14,156 children were treated from MAM with the following performance rates: recovery rate: 73.3 per cent (>75 per cent); death: 0.03 per cent (<3 per cent); default: 17.96 per cent (<15 per cent). This represents 19 per cent of the SRP target of 75,000 children suffering from MAM. Nutrition supplements were also provided to 2,768 malnourished pregnant and lactating women. A total of 3,200 people living with HIV/AIDS and on ARTs enrolled in the food-by-prescription activity.
- Since 1 January, 111,779 children have been screened for malnutrition. This represents 31 per cent of the SRP target of 360,000 children. Children received treatment through on-site mobile out-patient therapeutic programmes (OPT). Some were also referred for treatment to existing health structures with OTP and supplementary feeding programme (SFP) components.

- According to Nutrition Cluster mapping, there are 152 OTPs, 29 in-patient therapeutic programmes (ITPs) and 91 targeted supplementary feeding programmes (SFP) functional in CAR.
- INTERSOS in Bangui screened 175 children in the Don Bosco, Guitangola, St Charles Lwanga and St Jaques Keptene sites. Findings revealed 25 MAM cases and 11 SAM cases.
- A nutrition survey (SMART) was completed on 15 July in Bangui. A report is being compiled.
- Blanket supplementary feeding is ongoing to prevent a spike in malnutrition in infants aged between 6 months and 59 months. WFP distributes nutritious Plumpy'Sup to each child under age 5 per household. In June, 46,000 children were assisted under this programme, which represents an increase of 68 per cent compared to earlier in the year. Since access to people in need remains a challenge, every opportunity is seized to reach different groups of children countrywide every month. From January to June, 315 mt of Plumpy'Sup was distributed.
- WFP and partners are providing fortified blended food for PLW, together with messages on good nutrition practices through postnatal and prenatal medical consultations. This is to help protect the crucial 1,000-day window of opportunity for nutrition interventions.

Gaps and constraints:

- Coverage of community-based management of acute malnutrition services outside of Banqui remains low due to security constraints.
- There is a gap in the provision of activities aimed at supporting appropriate infant and young child feeding.



Needs

- Increase protection for people affected in Bambari, notably IDPs.
- Identify solutions for two IDP sites in Bambari where IDPs (mainly women, girls and children) are living in difficult conditions in the immediate vicinity of international military forces.

Vulnerable people targeted

- Provide psychosocial support for women, children and other vulnerable people affected by the violence.
- Advocacy with armed groups needs to be strengthened to ensure respect for basic human rights, including UN frameworks governing children in armed conflict.

Response

- From 18-29 July, the Protection Cluster, with the support of the Global Protection Cluster and UNHCR, organized a workshop on protection mainstreaming with 40 participants, including humanitarian actors and local authorities in Bouar (Nana Mambere Province). The workshop will enable participants to integrate protection principles within their area of work and in their assessments.
- On 18 July, the UNHCR team in Bossangoa led a joint mission Bakassa to assess the situation of IDPs Boguila and Nana. An estimated 300 IDPs were identified in Boguila and 381 in Nana Bakassa. The mission's findings also revealed that some GBV cases had been identified and referred to humanitarian actors for medical and psychosocial support.
- In Batangafo (Ouham Province), UNHCR and its partners reported that 7,895 IDPs had been identified, including 6,513 at the Catholic Church site; 1,100 at Centre Bercail site; 167 at the hospital and 115 at the DRC base. Some 2,464 IDPs were also registered in Boya 1 and 2,673 IDPs in Bozacon (Ouham Province).
- On 19 July, a UNHCR team in Paoua organized a mission to Ngaoundaye to assess the protection situation of 40 women and children identified as at risk and blocked at the CAR-Cameroon border after Cameroonian authorities denied them entry into the country. The mission's findings revealed that access into Cameroon through Mbéré village was suspended by a decision taken by Cameroonian local authorities at the border. The mission reported that after three days at the border, these people were transferred to Chad by their relatives from the Peulh community.
- In Kaga Bandoro (Nana Gribizi Province), the regional Protection Cluster has finalized the identification of IDPs in host families. A total of 4,970 families of about 24,850 people were identified.
- From 16 to 21 July, the Child Protection sub-cluster actors organized several sensitization and awarenessraising activities for 905 people in Kaga Bandoro, Bangui and Bouar on issues relating to family separation, violence against children including sexual violence. Following the sensitization sessions, four communitybased networks on violence against children were established in the three locations.
- From 16 to 21 July, a new child-protection project relating to the establishment of seven child-friendly spaces (CFS) was launched in Boali and Yaloke (Ombella Mpoko Province). The project will target about 2,500 children and will be implemented by Caritas-Bangui with UNICEF support.

- Some 22 unaccompanied or separated children were identified by UNICEF, IRC and Save the Children International. Family tracing procedures for seven cases of unaccompanied children have been initiated. Two children were reunified with their families.
- In response to the crisis in Bambari, one mobile CFS managed by Save the Children is operational. Awareness-raising and sanitization activities were initiated to prevent family separations, referrals of children who need assistance, as well as other protection issues.
- The psychosocial and mental health programme, a joint effort of IOM, COOPI and DRC, is now running six listening/community centres and three mobile centres in Bangui's 3rd, 4th and 7th districts.

Gaps and constraints

- Persistent fighting and general violence against civilians in Bambari caused massive population displacement.
- The temporal relocation of humanitarian staff, including protection actors from Bambari to Bangui, hampered protection interventions and response to the emergency protection needs of IDPs and other affected communities.
- The tense security situation in and around Batangafo, Markounda, Kouki and in other parts of the country, such as Abba, Amada Gaza and Gadzi, impeded access to areas where protection activities are required.



Emergency Shelter and Non-Food Items (NFI)

Needs:

A recent UNICEF/RRM assessment carried out by PU-AMI on the shelter and NFI
needs of returnees and IDPs in several villages on the Carnot – Gadzi axis and the
Peulh community revealed the need for shelter repair.

703,975

Vulnerable people targeted in 2014 with emergency shelter and NFIs.

Response:

- In Bangui, PU-AMI continues to support the rehabilitation of Frères Castor and Grand Séminaire, and shelter
 construction on Grand Séminaire, the Malian transit site and the Quartier Sénégalais. Community shelters are
 being dismantled at the Saint Charles de Luanga site. ACTED has identified 300 households that will receive
 housing repair materials and NFI kits.
- In Boda, emergency shelter and NFI needs were assessed by IOM. IFRC/CRCA are distributing 1,000 NFI kits to the identified people in need.
- In Kaga-Bandoro, UNICEF/RRM's partner Solidarités International assisted 2,000 households with NFI kits. It continues to conduct multi-sectoral assessments in the area.
- PU-AMI, ACTED and Solidarités International are carrying out assessments to ensure housing reparation and reconstruction assistance outside Bangui.
- To promote mainstreaming of protection issues within shelter & NFI assistance projects, the cluster supported the organization of a protection mainstreaming workshop for its partners, which was facilitated by the Global Protection Cluster.
- To fast track response to new alerts in terms of NFI and emergency shelter needs, the cluster is strengthening coordination efforts among its partners and the wider humanitarian community.

Gaps and constraints:

• Through its partners, the cluster is constantly monitoring needs in house-rehabilitation support. Funding needs for house repair are expected to increase considerably.



Emergency Telecommunications

Response:

- ETC staff are in Bambari to carry out a secure telecoms assessment mission.
- ETC is ensuring Internet connectivity in the WFP compound in Bambari.
- All ETC information is available at: http://ictemergency.wfp.org/web/ictepr/emergencies2013/central-african-republic

Gaps and constraints:

- The lack of secure compounds and/or adequate office space in some common operational locations (Bambari, Ndélé and Kaga Bandoro) prevents the installation of ETC equipment and deployment of services.
- 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.
- The funding situation remains critical. The joint ETC/Logistics Cluster operation is only 36 per cent funded. Additional funding is required to maintain operations at their current level.



Needs

In Bossangoa, 300 IDPs require WASH support.

900,000 Around Bossangoa, IDPs in host communities and returnees (number not yet estimated) need WASH support, particularly access to water.

- Following attacks around Batangafo, 5,137 people are seeking refuge in two villages near Bouca, Boya 1 and Bozacon. WASH support is required due to open defecation and the lack of clean water sources in this area.
- In Kaga Bandoro 11,554 IDPs in the Eveche site and 2,455 IDPs in the Nativite site require WASH support.
- In Grimari, 8,117 IDPs in the Paroisse site need WASH support.
- In Bambari, about 13,200 IDPs in three sites require WASH support.

Response

- In Bossangoa (Ouham Province), through the support of SODECA and UNICEF, 35,000 people are receiving 530 m³ of potable water/day. In addition, 300 IDPs received 10 m³ of potable water/day (about 33 litres/person and per day).
- In Kaga Bandoro (Nana Grebizi Province), 11,554 people at the Eveche site have access to potable water through water trucking. ICRC, CARITAS and UNICEF distributed 251 m³ of water over the past week. The rehabilitation of a well equipped with a hand pump is ongoing. The construction of 10 new latrines was completed. So far, 60 latrines have been constructed out of a targeted 116 (or 232 if IDPs remain for over three months on the site). About 20 new showers have been constructed out of a targeted 35. Two solid waste pits were dug and 12 hygiene promoters from the Central African Red Cross provided hygiene-promotion activities to IDPs. In Kaga Bandoro, 2,455 people in the Nativite site have access to potable water through water trucking. Over the past week, ICRC distributed 70 m³ of water. A WASH assessment was carried out by CARITAS and Vitalite Plus.
- In Grimari (Ouaka Province), 8,117 IDPs at the parish received 30 m³ of drinking water/day and hygienepromotion services, including hand washing, food hygiene and usage of latrines.

Gaps and constraints

- WASH partner presence in correlation to the Shelter Cluster members is being assessed to identify gaps.
- There are no WASH partners in critical areas.
- No WASH contingency plan exists for the regions outside Bangui.
- The lack of coordinated operational response in key areas with people at risk hampers the synergy between humanitarian actors and the application of the "Do No Harm" approach.
- A clear integrated strategy for humanitarian assistance to returnees in Bangui is lacking.
- Solid-waste and sludge-disposal facilities are inadequate around Bangui and they need to be rehabilitated.

General Coordination

In response to a request from the humanitarian country team (HCT) in CAR, the inter-cluster coordination group is setting up a mechanism to monitor the movement of people affected by the crisis in Bambari. This will enable rapid IDP data collection in Bangui and other affected towns. The OCHA office in Bambari is the focal point for data collection.

The findings of an assessment mission conducted by the OCHA office in Paoua in Ngaoundaye and Koui revealed that there are over 1,950 IDPs on the Ngouandaï axis, including 350 households of peuhl ethnicity in Koui and 52 Muslim households in Bocaranga.

The OCHA office in Bouar held a mission to Garoua Boulaï (Cameroon) to assess the possibility of setting up an information-sharing mechanism with the actors in Bouar. Initial discussions focused on the process and establishment of terms of reference for this collaboration.

The task force meeting on returns and sustainable solutions was held on 20 July, during which the designation leads for the seven main objectives were discussed. These objectives include: 1) secure neighbourhoods and districts; 2) restoration of the rule of law; 3) access to basic social services; 4) re-launch of socioeconomic activities; 5) assistance for returns and sustainable solutions; 6) protection; 7) social cohesion.

Discussions also focused on establishing an operational framework for returns and sustainable solutions for IDPs. The arrival of a dedicated Coordinator is expected.

A MINUSCA-led meeting on the Protection of Civilians focused on the strategy, communication between various stakeholders and the identification of activities and priority geographic zones for joint assessments.

For further information, please contact:

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