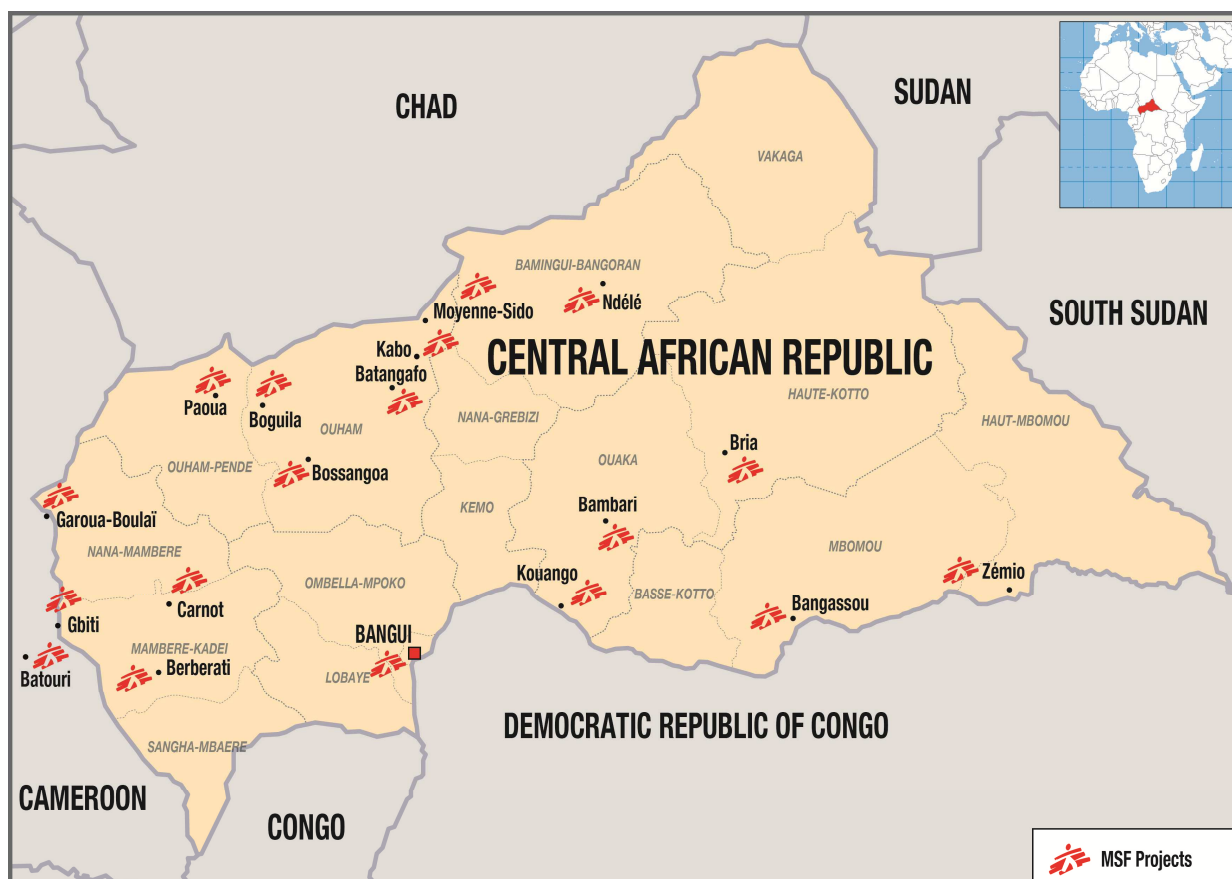


# Médecins Sans Frontières in Central African Republic (CAR)



## ACTIVITY UPDATE

May 2015



### ACTIVITIES OF MSF TEAMS IN CENTRAL AFRICAN REPUBLIC IN 2014



Malnutrition  
(hospitalisation):  
**12,459**



Number of  
patients admitted  
to MSF facilities:  
**59,059**



Outpatient  
consultations:  
**1,319,603**  
Including 62% malaria



Antenatal  
consultations:  
**59,286**  
Deliveries  
assisted:  
**17,118**



Surgical  
procedures  
performed:  
**13,070**



Victims of sexual  
violence treated  
and supported:  
**740**

## 2015 HIGHLIGHTS

- Although violence has now subsided in some parts of CAR, the **security situation in 2015 remains volatile**, and armed groups are still active. There are more than **450,000** Central African refugees in Cameroon, Democratic Republic of the Congo, Republic of the Congo and Chad, while an estimated of **436,000** persons are internally displaced.
- Persisting insecurity in many areas continues to impede MSF's ability to reach people in need through its 16 projects. MSF's mobile clinics have been stopped by armed elements on numerous occasions around cities like **Batangafo, Kabo, Bambari** and **Boguila**, hindering access to people in more remote locations where there are no functioning health facilities.
- Even though the situation seemed calmer by March, there was actually an increase in incidents mostly in the north-west of the country near the Chadian border. The incidents are more directed at civilians than NGOs.
- Towards the end of 2014, armed clashes between rebel groups with the implication of nomadic Peuhl cattle herders drove a growing number of displaced people into the **camp in Batangafo**. By the end of April 2015, approximately **35,000** people were residing in the camp. Besides running a hospital, MSF has deployed seven health agents to closely monitor the sanitary and health situation of the displaced.
- The two years of political crisis have exacerbated the country's pre-existing shortage of health services, leaving Central African Republic in a state of a **protracted chronic health emergency**, or *desert sanitaire*. In some areas like Kouango, routine vaccinations have not been carried out for two years, and fewer than **50%** of children in CAR have been vaccinated against infectious diseases. As a result of the conflict, **72.5%** of the country's facilities are either destroyed or not functioning. Moreover, epidemiological surveillance in CAR is currently non-existent.
- In February, the government announced measles, rubella and rabies epidemics. In response, MSF organised three **mass measles vaccination campaigns** for children under 15 in the town of Bria, at the displaced people camp in Batangafo, as well as in Batangafo town and the cities of Nzako and Bakouma. By the end of March, **33,000 children had been vaccinated**.
- **Malaria** remains a major killer throughout MSF's projects in CAR, in some areas accounting for **90% of cases**, taking the greatest toll on children below the age of five. The protracted conflict and displacement, lack of resources and access to basic health care are the biggest obstacles to fighting malaria in CAR.
- In February, following reports that around **30,000 people from Kouango** province in the south of CAR had fled into neighbouring DRC and other parts of CAR, MSF travelled to the area to evaluate humanitarian needs. MSF have put in place mobile clinics, as well as support for the hospital in Kouango, providing secondary healthcare.
- For more than a year Muslim populations have remained locked within enclaves in cities like Berberati or Carnot, among others. MSF continues to support the enclaves with mobile clinics and referrals to the hospital for both children and adults, and continues to closely monitor the situation and needs.
- January and February saw a lot of **tension and recurrent clashes in Bambari** (Ouaka), not only between the different armed groups, but also within those groups. In April and May the situation remained highly volatile and the underlying tensions have not improved. People are often afraid to move and MSF has tried to reach the different communities by providing healthcare to all sides. Local attacks on different villages by various elements occurred, during which the population was harassed.

## BANGUI

### **General Hospital – emergency surgery**

MSF's project in Bangui General Hospital (103 beds) opened in February 2014 and serves as a trauma centre for adults. Whereas in 2014 the main reason for admission was violence, in 2015 our teams have mainly been providing care for victims of road accidents. However, an average of 15% of all cases are caused by violence.

In 2015 MSF's team in the hospital admitted 2,180 patients and performed 925 surgeries. Some 35% of patients received were in a serious condition (with their life at risk if not treated within three hours). The occupancy rate of the hospital remains high (750 patients per month, on average). Our teams also provide wound dressing services to an average of 1,400 patients every month.

### ***Providing treatment to victims of sexual violence***

A support programme for victims of sexual violence started in July 2014. Our teams provide both medical and psychosocial support for victims, including a consultation with a midwife and voluntary HIV test. Since January 2015, 135 victims of sexual violence were received, among them 35 minors. The majority of patients arrive to MSF a couple of months after the incident, and only 15% of cases arrive within 72 hours.

### **M'Poko airport camp - primary and secondary healthcare**

In 2015, the hospital in Mpoko camp reduced certain activities following the growing number of functional health centres in Bangui's neighbouring districts and the return of displaced persons to their places of origin. However, the hospital still runs an external consultation service, with 28,859 consultations delivered since the beginning of the year. MSF also operates a 16-bed stabilisation unit which received 612 patients between January and March. A total of 3,408 wound dressings were also performed during that period. Following the growing number of malaria cases, MSF has started distributing mosquito nets to vulnerable patients. According to official figures, there are still 18,656 people living inside the camp and the government has repeatedly expressed a desire to close the site. MSF will remain present in the camp as long as the needs of displaced persons persist.

### **Castor – primary healthcare and maternity**

Castors maternity project (56 beds) was opened in June 2014. Since then MSF team provides quality and free healthcare, focusing on deliveries and obstetric complications. In addition, a team of medical and psychosocial counselors provides care to victims of sexual violence.

Since January 2015, the activities of the project have grown considerably. Maternité de Castors remains the only health structure in Bangui with free maternal care available 24 hours, seven days a week. In the first quarter of 2015, there were 1,641 deliveries, 12% of which were caesareans, and 73 victims of sexual violence received medical and psychosocial support. In March, mother-to-child HIV transmission prevention activities were started. A refurbishment of the centre is being planned for the coming months.

### **PK5 Muslim area - primary healthcare and mobile clinics**

The MSF project in the Mamadou Mbaiki health centre in the heart of the Muslim district of PK5 provides free healthcare for children below the age of 15. Free medicine is also available for children at the centre. At the same time MSF manages an ambulance, available for urgent referrals.

Since the beginning of 2015, our teams have provided 7,244 consultations for children coming from all areas of Bangui. Moreover, 527 consultations for both adults and children were provided by a mobile clinic that visits the Grand Mosque of Bangui once a week.

## MAMBERE KADEÏ PREFECTURE

### **Carnot – primary and secondary healthcare**

MSF has supported Carnot hospital (90 beds) since 2009 with paediatrics and nutrition, neonatology, internal medicine and HIV/TB care services. MSF is also in charge of external consultations for children and adults, and has provided 7,276 consultations since the start of 2015.

During the first quarter of 2015, 693 children were admitted to the paediatric ward, with 76% of admissions relating to malaria. In addition, 168 children were treated for malnutrition and 158 patients were admitted to internal medicine.

MSF also supports two health centres (Charpente and Mboula) with external consultations. Since January 2015, our teams at the centres have delivered 4,347 consultations, 50% of which were related to malaria. In order to reduce the number of cases relating to malaria, 14 malaria outreach workers are present in the communities and refer severe cases to the hospital.

### ***Mobile clinic in the Muslim enclave***

MSF remains present in the enclave of the Carnot Catholic church, where 520 Muslims have been trapped for more than one year. A community health worker and malaria outreach worker present in the enclave refer severe cases to the hospital on a daily basis. Once a week, a mobile clinic provides free consultations for children and adults. Since the beginning of 2015, 844 consultations were provided, the majority of which were related to intestinal parasites.

### **Berberati – primary and secondary healthcare**

MSF has been working at Berbérati Regional University Hospital since January 2014, responding to the needs of displaced people, victims of violence, pregnant women and children. Today, MSF works in the paediatric and nutrition emergency units. In 2015, 1,272 children were admitted to the paediatric unit, 72% of which were due to malaria, and 224 children were treated for malnutrition. In addition, MSF provides primary healthcare and women's healthcare to a remaining 400 people who sought refuge inside the compound of Berbérati's bishopric following violence last year. MSF also runs outreach activities to support five health centres, providing healthcare to surrounding villages. Malnutrition, malaria, diarrhoea, respiratory tract infections and measles are the main health concerns. In 2015, MSF provided 4,613 outpatient consultations, 90% of which were related to malaria.

## OUHAM PENDE PREFECTURE

### **Paoua – primary and secondary healthcare**

MSF has worked in Paoua hospital (173 beds) since 2006. We provide services in the emergency room, internal medicine and paediatric ward, maternity, HIV and tuberculosis care as well as surgery and routine vaccination. MSF also supports one urban health centre in Paoua, which provides external consultations and emergency paediatric care for children.

Since January 2015, 168 surgeries were performed; 596 children were hospitalised, and 84 treated for severe malnutrition. A total of 480 patients were admitted to the maternity and 80 newborns were treated in the neonatology. In addition, 1,389 HIV/AIDS patients have been followed.

On the outskirts of Paoua, MSF supports seven health centres (Beboura, Bedamara, Bedaya, Betoko, Gouze, Pende and Pougol) with free medical supplies and nutritional treatment. It also supports the implementation of vaccination programmes.

From April, MSF is planning a reduction of its activities in the hospital, with the Ministry of Health taking over maternity and surgery services.

## OUHAM PREFECTURE

### **Batangafo – primary and secondary healthcare**

MSF manages the 165-bed general referral hospital and supports five peripheral health facilities. In 2014 more than 96,000 outpatient consultations were performed; between January and March 2015 more than 26,000 consultations and 147 surgeries were carried out.

Tension remains as high in Batangafo as last year, when several clashes between rival militias and international forces forced thousands to seek refuge in the hospital and the African Union peace forces' headquarters. By early 2015, most of Batangafo's population was in an IDP camp, along with thousands of others from surrounding areas. Approximately 35,000 people currently reside there.

To respond to the measles outbreak, MSF teams carried out a mass vaccination campaign in February for more than 12,000 children.

### **Boguila – limited primary healthcare**

On 26 April 2014, 19 Central Africans, including three MSF staff members, were killed during an armed robbery in the grounds of MSF's hospital in Boguila. Since then, there has been no permanent presence of international staff in Boguila. The team is now based in Paoua and regularly visits and supervises the project, run by the local staff who continue to provide healthcare.

One year on, MSF continues to answer people's medical needs in an area where insecurity and violence persist and no other healthcare is available. The structure now functions as more of a health centre than a hospital and MSF is currently supporting it with OPD consultations, HIV/TB services, an observation room with six beds, a maternity ward, a dressings room, a pharmacy and a laboratory. Complicated cases are referred to Paoua Prefectural Hospital. In 2015 the Health Centre team provided 18,945 consultations, 68% of which were relating to malaria; 126 children were admitted to the malnutrition programme and 882 ante-natal consultations were offered. There are presently 237 HIV patients in Boguila hospital cohort. The Boguila project also supports four provincial health centres, where malaria is a main focus.

### **Bossangoa – primary and secondary healthcare**

MSF has been working in Bossangoa hospital since May 2013. Following the closure of two large camps in Bossangoa where MSF had been implementing water and sanitation activities, the organisation is now focussing on supporting the Ministry of Health hospital. MSF now has a 24/7 presence in the OPD, with consultation, reproductive health, ambulatory treatment feeding centres (ATFC), mental health, and IPD with reproductive health and surgery. Bossangoa project also runs mobile clinics and supervises four malaria treatment sites (palu points). Since the beginning of 2015 the hospital team has performed 30,433 consultations, 67% of which were of which were due to malaria, and 465 children were treated for



malnutrition. Some 2,182 ante-natal consultations were provided and 345 deliveries performed. In addition, 163 surgeries, of which 91% were emergency surgeries, were performed.

## **Kabo - primary and secondary healthcare**

Since 2006, MSF teams have been providing crucial medical assistance in Kabo to more than 50,000 people. Between January and March 2015 MSF delivered 28,988 consultations to patients in the Kabo hospital (88 beds) and performed 381 deliveries.

Following a series of convoys organized by the authorities to evacuate the Muslim population in April 2014, the number of IDPs coming from the Muslim enclave of PK12 in Bangui to Kabo and to a camp in Moyon-Sido (near the Chadian border) increased. After an improvement of the security situation improved in the second half of 2014, tensions increased again in early 2015 and MSF facilities in Kabo were attacked by armed men, resulting in part of the team being temporarily evacuated.

## **BAMINGUI BANGORAN PREFECTURE**

### **Ndélé - primary and secondary healthcare**

After a significant influx of wounded people to the 83-bed Ndele referral hospital in 2014, tension increased in February 2015 after the intervention of French troops in the town. Activities in this project include obstetrics, outpatient care, HIV treatment, and support to four provincial health centres. More than 91,000 outpatient consultations were performed during 2014. From January to March 2015, almost 19,000 consultations were carried out and almost 5,700 cases of malaria were detected. Ndele referral hospital has been supported by MSF since 2010.

## **HAUTE KOTTO PREFECTURE**

### **Bria – paediatric primary and secondary healthcare**

Following the ex-Seleka rebellion takeover, in August 2013 MSF opened a project dedicated to medical care provision for children below the age of fifteen at Bria hospital. As is the case elsewhere in CAR, healthcare services in the region are barely functional, so MSF decided to extend its activities for a longer period.

Since January 2015, MSF provided 4,452 consultations, of which 75% were for children below the age of five. A total of 388 children were hospitalised, 36% of which were due to severe malaria and 22% of which were due to measles.

Following an epidemic outbreak alert, MSF in March implemented a mass vaccination campaign against measles, with a total of 16,630 children below the age of 15 being vaccinated in the city of Bria.

## **OUAKA PREFECTURE**

### **Bambari – primary healthcare and war-wounded**

Since the beginning of the year, the number of IDPs in the prefecture has risen from around 30,000 in 2014 to a current figure of around 45,000 - 60,000. This includes people living in IDP camps but not smaller groups in villages along the axes, or the population living in the bush. The actual number of displaced is unknown.

To support the displaced populations, MSF has run since the beginning of 2015 three mobile clinics per week on the north-south axis of Bambari, including regular consultations, ante-natal and post-natal care, ambulatory malnutrition program, and vaccination. In addition, MSF also supports one health centre in Bambari town, six malaria treatment sites (palu points), and one wound dressing point. Since the start of

2015, the mobile clinics have provided 18,858 consultations, 64% of which were due to malaria. Some 184 children were admitted to the ambulatory malnutrition program, and 927 ante-natal consultations were offered. In addition, 40 war-wounded were managed and transferred to hospitals in Bambari and/or Bangui.

## **Kouango - Emergency Response**

Following recurring reports about mass displacement of the population in Kouango (an estimated 30,000 people) towards the Democratic Republic of Congo and elsewhere in CAR, MSF's Emergency Response Team (Eureca) set up an emergency intervention with mobile clinics and support for inpatient care (12 beds) for urgent referrals. The region is currently more or less cut off from the rest of the country, and significant numbers of people are living in the bush after many houses and most health structures in the vicinity were looted and burned.

## **MBOMOU PREFECTURE**

### **Bangassou – primary and secondary healthcare**

Since MSF began working in Bangassou Hospital in February 2014, its activities have grown considerably, and MSF now supports all major services in the hospital. These include external consultations, with 3,651 performed since January 2015, internal medicine, with 229 patients admitted since January 2015, surgery for 275 patients, maternity (including neonatal care), with 334 deliveries performed, and a paediatric ward with 741 admissions, including malnutrition treatment, which was provided to 26 children during the first quarter of 2015. The hospital also offers medical care to victims of sexual violence, with 12 such cases registered so far this year. In March, MSF also began supporting provincial health centres in Niakari and free healthcare will be offered also at Yongofongo health centre starting at the end of April. In March, MSF carried out 1,005 external consultations and 158 pre-natal consultations in Nyakari. Following a measles epidemic alert in February, MSF started a vaccination campaign north of Bangassou in Nzako and Bakouma in March. Some 4,700 children under 15 have been vaccinated so far.

## **HAUTE MBOMOU PREFECTURE**

### **Zemio - primary and secondary healthcare**

MSF has worked in Zemio since 2010, following an influx of Congolese refugees and Central Africans displaced by attacks by the Lord's Resistance Army (an armed group from Uganda).

The prevalence of HIV in Zemio is one of the highest in the country and MSF provides care for a cohort of 1,112 HIV patients. MSF supports the outpatient department (OPD) including reproductive health care, sexual and gender-based violence, and vaccination activities. The project also supports the inpatient department (IPD) including reproductive health, intensive treatment feeding centre (ITFC) and post-operative care. Outreach activities cover the town's health centre and four remote health posts. So far in 2015 Zemio hospital and the four health posts have provided 8,119 consultations, 44% of which were due to malaria. Some 299 patients were admitted to the hospital, 502 ante-natal consultations were offered and 129 deliveries were performed.

## **RESPONSE TO REFUGEE SITUATION IN NEIGHBOURING COUNTRIES**

### **CAMEROON – Garoua-Boulai, Batouri and Gbiti**

Since December 2013 more than 130 000 Central African refugees have crossed the border into Cameroon. MSF supports Cameroon's Ministry of Health by providing medical activities focused on primary healthcare and malnutrition treatment for refugees in Garoua-Boulai, Batouri and Gbiti.

With the number of new arrivals of refugees diminishing in the second semester of 2014, MSF started to transfer some of its activities. Medical activities in Gado-Badzéré and all MSF's activities in the district

hospital in Garoua-Boulai were handed over to the French Red Cross in October 2014. The teams are currently proceeding with the handover of the intensive therapeutic feeding centre in Garoua-Boulai to the same organisation. This transfer should be finalised at the end of July. Meanwhile the activities of medical support for the refugee patients in the intensive therapeutic feeding centres in Batouri and Gbiti will continue until the end of this year.

Over the last few months, the admissions to the structures supported by MSF in Gbiti stabilised, with 100 cases of moderate malnutrition on average per month, and 50 cases of severe malnutrition on average per month. In the intensive therapeutic feeding centre in Batouri we observed an increase in the admissions, with 175 new patients. Malaria remains the main pathology observed, representing 47% of cases. In Garoua-Boulai, Batouri and Gbiti MSF is also offering psychosocial support to the refugees.

MSF has ended its mobile activities in Mbonou and will soon also close the activities in Kwele.



*MSF has been working in CAR since 1997 providing free of charge healthcare for those most vulnerable. Around 2 500 Central African employees are working for MSF around the country in collaboration with the Ministry of Public Health and Population.*