MEDECINS SANS FRONTIERES

BRIEFING PAPER
March 2014

Central African Republic

A year of continuing violence against civilians

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A year of continuing violence against civilians

Central African Republic (CAR), a country already bled dry by conflict, has experienced a major political crisis over the last year, resulting in considerable and unprecedented consequences for the population in terms of displacement and violence.

In recent months, the Muslim minority has been particularly affected and has been forced to flee en masse to the neighbouring countries of Chad, Cameroon and the Democratic Republic of Congo (DRC). However, the entire population of the country has been affected to varying degrees.

The crisis in CAR dates back much further than recent media coverage would suggest. Médecins Sans Frontières (MSF) has been working in the country since 1997. Over the last three years, the organisation has continued to highlight the consequences of the rapidly deteriorating humanitarian situation.

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2011: the silent crisis

CAR has faced decades of political–military crisis. Over the years, it has become one of the world's lowest-ranked countries in terms of public health indicators. According to the World Health Organization (WHO), the country's life expectancy – 48 years – is the world's lowest. There is only one doctor per 55,000 inhabitants (doctors are based almost exclusively in the capital, Bangui) and one nurse or midwife for every 7,000.[1] Many women die during pregnancy or childbirth, and 129 out of every 1,000 children die before the age of five,[2] mainly from malaria, chronic malnutrition, diarrhoeal illnesses, measles or meningitis.

Several studies conducted in 2011 by MSF and other research organisations in the prefectures where the majority of the population live revealed mortality rates three times higher than the emergency threshold.[3] In a report published in December of that year, MSF, who has worked continuously in CAR since 1997 and has thereby become a key healthcare provider, denounced this "silent crisis". The report outlined the inadequacies of aid and called on the Central African government and the international community to mobilise additional medical aid.

"The country's health system has been decimated by years of instability, major structural problems and insecurity in the eastern half of the country. For a long time, the health situation in CAR has been extremely concerning. The health system was already very weak before the last coup d'état in 2003 and it has deteriorated since then. Now, it seems to have broken down entirely. There is significant dysfunction at all levels. The Ministry of Health has virtually no presence outside Bangui, where very few health facilities are operating. There are a limited number of healthcare workers and skills are lacking. Access to medical care is therefore very limited and, in some regions, non-existent. CAR is caught between emergency and development phases, but development organisations are not investing in the country."

Olivier Aubry, MSF head of mission. December 2011

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December 2012: the Séléka[4] offensive in northern CAR

In December 2012, military movements and clashes between rebels and CAR armed forces resulted in death, injury and displacement of villagers. People had to seek refuge and were forced to hide in the bush. Already weakened by a decade of violence and a failing healthcare system, they no longer had access to basic services, particularly medical care.

> ***"When we heard that the rebels were approaching, everyone left to take refuge in the bush. My four children and I fled, heading 15 km from Damara. We haven't returned since then. We sleep outside and it's cold. We drink water from streams. Under these conditions, both children and adults quickly become ill. I would like to take my children home as soon as possible, but I'm afraid of all the soldiers in the town."***
> **Anita (22), a displaced person living in the bush, originally from Damara, January 2014**

MSF's field teams and programmes, mainly hospital-based, were in towns affected by the conflict, such as Ndélé, Kabo and Batangafo. Emergency activities were launched to assist displaced people in the bush, and to provide surgical care for the wounded in areas where medical care was no longer available, such as in Kaga Bandoro. MSF also donated drugs and medical supplies to several provincial health centres.

On 24 March 2013, the Séléka seized the capital. The president, François Bozizé, was stripped of power and left the country. Many people died in the clashes in Bangui, and MSF treated the wounded at the Community Hospital, which was to become the only functioning surgical facility in the city. Over those three months, MSF treated 1,072 wounded (36 per cent with bullet wounds) and operated on 149 people.

In the outlying provinces, particularly in the towns taken by the Séléka, people who had fled the conflict and were hiding in the bush still lacked access to medical care. MSF therefore expanded its emergency response. In March 2013, teams conducted an initial exploratory assessment in Bossangoa, where much of the violence occurred. The town's hospital was looted and its

1 United Nations, July 2012; 2 WHO, 2013; 3 The emergency threshold corresponds to one death per day/10,000 inhabitants for the general population and two deaths per day/10,000 inhabitants for children under five years of age. F. Checchi et al (2007) Public health in crisis-affected populations: A practical guide for decision-makers. ODI-HPN: London; 4 A coalition formed in August 2012 and included Central African political parties and rebel forces opposed to then-President Bozizé.

healthcare workers fled. MSF's "regular" projects (Batangafo, Boguila, Ndele, Boguila, Zemio, Carnot and Paoua) continued to operate, although some functioned at a limited capacity. In some areas MSF suspended activities in outlying health centres due to the insecurity.

As armed groups spread chaos throughout the country, local people were the main victims but international NGOs working in CAR, including MSF, were also affected. Insecurity hampered the organisation's ability to provide assistance. On 25 March 2013, an MSF press release called on all those engaged in the fighting to grant the population access to healthcare.

Since the beginning of the conflict, healthcare facilities receiving MSF support have been looted several times and teams have been robbed and threatened. In a press release on 10 April 2013, MSF emphasised that after the evacuation of its teams, humanitarian aid and medical activities were blocked, depriving many people of medical care. It also stated that the ongoing insecurity was exacerbating the population's already fragile coping mechanisms.

Village-based self-defence groups, known as the anti-Balaka, began to form in several areas, specifically around Bossangoa and Paoua. MSF continued to carry out assessments in May in areas that were hard-hit during the Séléka offensive, particularly in the eastern part of the country such as in Bria.

Marie Noelle, a young mother, told MSF staff that she fled the village of Gbadéné with her neighbours in mid-April, after hearing that pastoralists were going to set fire to the village. She spent the night in nearby fields, and her village went up in flames the following day.

Everything was burnt, including the tools villagers needed to tend their crops.

Some weeks later, an MSF team carrying out a mobile clinic to help displaced people, identified her one-year-old child as malnourished.

Between February and May 2013, around 20 villages were burnt to the ground within a radius of 14 to 89 kilometres from Batangafo. Over 8,000 people fled into the bush or fields, or sheltered in nearby villages where they were taken in by relatives or neighbours. MSF teams carried out mobile clinics and distributed essential relief items to thousands of displaced people.

"The collapse of health facilities and the lack of access to medical care have been worsened by violence, looting and abuses. Most staff have deserted the health centres, taking refuge in the bush or travelling to Bangui. Nearly all the facilities have been looted. There is no longer an ambulance and the routine vaccination programme has ceased. No medications have arrived since MSF donated drugs in December 2012 to Bria. We received reports of a resurgence of malaria in the areas we visited. With the start of the rainy season, the population movements and the lack of medicine, we are concerned about malaria epidemics and diarrhoeal diseases."

Brigitte Doppler, nurse in charge of the MSF evaluation in the eastern region, May 2013

© Benoit Finck/MSF

Summer 2013: an acute crisis worsens a chronic emergency

Many healthcare facilities had been looted or destroyed since December 2012. Healthcare workers had fled to Bangui, and the few healthcare facilities still operating in the country had run out of medicines, vaccines and medical supplies as these were blocked in the capital due to lack of transportation and financial resources. Against this backdrop, the rainy season began, and along with it, the seasonal peak of malaria, a disease endemic in CAR and the leading cause of death in the country.

The number of malaria patients in MSF's hospitals and healthcare centres rose sharply and teams were concerned that already-high mortality rates would continue to increase. MSF launched emergency projects, including one in Bria, where MSF now provides paediatric care to children up to 15 years of age. One month after the programme opened, MSF teams had already carried out 4,180 consultations, 71 per cent of which were for malaria. There were 205 children hospitalised, 61 per cent of whom had severe malaria. Other common conditions were respiratory infections and diarrhoea, a result of living conditions in the bush.

> ***"We are very concerned about the unmet needs of a population that was already extremely vulnerable prior to the Séléka offensive. There are thousands of displaced people who now live in extremely precarious conditions, without medical care, shelter, food or water. The health situation is critical in several regions, with serious shortages of drugs and supplies. Medical facilities lack staff. If we look at our latest admission figures, the seasonal epidemic of malaria, which is endemic in CAR, appears to have begun and will only increase during the rainy season."***
> **Serge St Louis, MSF head of mission, May 2013**

Stories from patients

We live like animals – it's hard. The water we drink is not healthy and there is a lot of malaria. We can't protect ourselves. If I hadn't come to the hospital I would've lost my one-year-old child. He had malaria."

Etienne, a displaced person who took refuge in the bush in Bria, September 2013

Someone has got to realise what is going on in this situation. We want to travel freely, without fear, without a rifle pointed at our head."

Vivianne, a displaced person who took refuge in the bush in Bria, September 2013

We are living outside in the rain with the children, and are being stung by mosquitoes. We have to struggle to get something to eat. The men can no longer hunt in the bush for their family because of the armed men there. It's the gunpowder that is making us sick."

Chantal, a displaced person who took refuge in the bush in Bria, Sept 2013

Photos: © Benoit Finck/MSF

“I am very concerned about my country. Weapons have taken over and we live under their law. We have become strangers in our own country. Why is this happening to us? What is the purpose of all this? What have the Central African people done to deserve this?”
Martin, a displaced person who took refuge in the bush in Bria, Sept 2013

“The children are often ill and we don’t have medicine for them. The pregnant women are having miscarriages. We are overwhelmed by illness. The diffiulties we are having are linked to the sound of the gunfire.”
Doris, a displaced person who took refuge in the bush in Bria, September 2013

“Since this all started, we flee, we sleep in the bush, we don’t eat well, we are bitten by mosquitos. There are too many illnesses. We are always running. You can see for yourself what state we are in. We want peace.”
Josianne, a displaced person who took refuge in the bush in Bria, September 2013

Stories from patients

In a press release on 9 July 2013, MSF stated that it was concerned about the deterioration of the situation and the effective abandonment of the population: "CAR's health authorities have long been unable to address the country's needs. Now, as CAR plunges into chaos, MSF calls on the United Nations to meet its commitments and resume humanitarian operations immediately. It also calls on donors to fund the activities of other NGOs to strengthen aid operations and meet the increasingly desperate needs. CAR, low on international political agendas, must receive help so that it can recover."

Six months after the March 2013 coup d'état, France mobilised troops and tension and violence increased, including in areas that had previously been spared.

> ***"We are surprised by the absence, lack of action and silence of UN agencies which, citing lack of security and stability, currently have no international presence in the field."***
> **Dr Mégo Terzian, President of MSF, July 2013**

On the night of 27 August, 4,000 to 5,000 people, fleeing new incursions by the Séléka in a northern Bangui neighbourhood, took refuge on the tarmac of the city's airport, where the French army was based.

In early September, the anti-Balaka launched attacks on the Bossangoa area. Hundreds of people sought safety in the city's Catholic mission compound, and this soon grew to thousands. Fighting between the anti-Balaka and ex-Séléka forces[5] flared in the northwestern region of the country. In Paoua, MSF teams treated an increasing number of patients – up to six per day – with wounds resulting from the violence.

The town of Bossangoa experienced mass population displacement. Nearly 30,000 people fleeing the ex-Séléka sought refuge in the Catholic mission. Another 8,000 people from the Muslim community took shelter in a school, fearing reprisals. The living conditions in these improvised camps were very poor, with little access to clean water and sanitation services.

MSF denounced renewed attacks against the civilian population, such as in Bouca, 325 km north of Bangui. In September, MSF treated 26 people with bullet or machete wounds, including eight women and six children. Around 1,000 people left their homes in Bouca for the bush. A few weeks later


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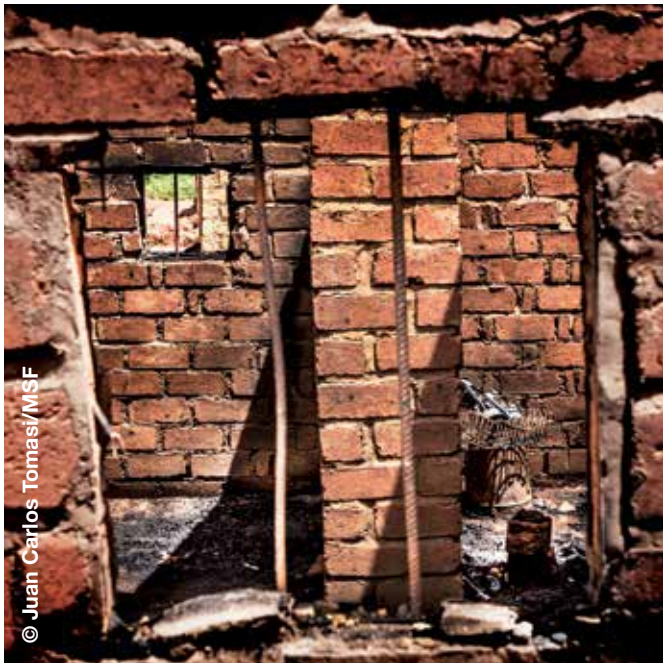
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they sheltered in the Catholic mission while the Muslim population sought protection in the mosque.

According to the UN,[6] 395,000 people (10 percent of the population) fled to the bush following these clashes. However, aid deployment remained inadequate in face of the needs, and UN agencies were still entirely absent from the field. In many areas of the country, MSF adapted its existing activities or launched new projects to address those needs. Mobile emergency medical teams criss-crossed the country, in particular along the road between Batangafo and Bouca, around Bossangoa and in the south-western part of the country. Their objective was to reach areas as quickly as possible where clashes were occurring, such as in Bouar, in order to treat the wounded and provide assistance to the displaced.

> ***"In the last month, we have treated more than 60 people in Bossangoa for injuries that are the result of violence, largely gunshot and machete wounds, including women and children. More than 80 percent of surgeries have been for wounds that are conflict-related. MSF is horrified by what we are seeing, including burnt villages and appalling scenes of murder. Those who are fleeing are in desperate need of assistance, as well as the sense of protection that the presence of aid agencies brings."***
> **Erna Rijinierse, MSF surgeon in Bossangoa, October 2013**

Clashes based on inter-communal, ethnic or religious differences, as well as fighting between farmers and pastoralists, occurred regularly, particularly in the north and north-west regions (in Bossangoa, Bouca, Bangassou, Gaga and Bouar). Civilians, as well as medical and humanitarian workers were victims of this violence. On 7 September, two Central Africans working for the Agency for Technical Cooperation and Development (ACTED) were killed in Bossangoa.

5 On 14 September, Michel Djotidia announced the immediate dissolution of the Séléka
6 October 2013

© William Daniels

December 2013: urban guerrillas and extreme violence in Bangui

On 5 December 2013 – the day the French military launched Operation Sangaris – anti-Balaka forces attacked Bangui. Hundreds of people were wounded and residents fled,[7] seeking protection in places such as the city airport.

> ***"We heard shooting. The situation felt chaotic, which it was. You had to be very careful travelling through the city. It was dangerous. There were corpses on the roads. It felt as though the city had been emptied out – there was no-one in the street. People had fled or hid at home."***
> **Dr Sabine Roquefort, MSF doctor at the Community Hospital in Bangui, December 2013**

Over two days, 16 medical staff treated 190 wounded people at the Community Hospital, where MSF was working in the emergency, surgery and hospitalisation units. Emergency responses were implemented to support several of the city's health centres and hospitals.

MSF was also working at several sites for displaced people. Patients with minor wounds were treated directly on site, while more serious cases were referred to the Community Hospital. On 7 December, MSF provided medical care to approximately 14,000 displaced people who were gathered at two of the main areas in Bangui, including the camp at Mpoko airport.

As of late December, MSF teams working in the city's surgical facilities had already treated more than 1,000 victims of violence.

MSF teams working in Bangui at this time observed an extreme level of violence. Despite the presence of the MISCA and Sangaris international armed forces in Bangui, clashes, attacks, lynchings, abuses and reprisals occurred daily. The situation in the city, in the grip of urban guerrilla warfare, felt out of control. Wounded patients who came to the hospital presented with increasingly severe injuries and MSF started to see cases of torture and attempted lynching.

This extreme violence did not spare healthcare facilities and posed serious obstacles to the deployment of aid. On 5 December, the Amitié Hospital was attacked. Patients were killed and the facility was looted and deserted. The situation at the Community

7 In mid-December, according to the United Nations, 189,000 people were displaced, representing one out of every four inhabitants of Bangui.

> ***"There are more and more displaced families gathered at different sites around the city. They are living in fear and under extremely precarious conditions. More actors must mobilise immediately to provide them with aid. While MSF has the capacity to provide medical assistance, there are many other needs such as food, shelter and protection not being met. Water and sanitation are a catastrophe and there is a high risk of epidemics. The situation is untenable."***
> **Marie-Elisabeth Ingres & Rosa Crestani, MSF emergency coordinators, December 2013**

Hospital was also very tense. Patients, MSF and Ministry of Health staff were threatened by armed men. In a press release on 30 December 2013, MSF restated its call to all parties involved in the conflict in CAR "to allow the sick and wounded to receive the medical care they need. MSF calls for an immediate end to violence against civilians, patients and medical staff working in health-care facilities in Bangui and in the rest of the country."

In mid-December, UN agencies decided to mobilise more resources to address the humanitarian crisis in CAR. On 12 December 2013, in an open letter to Valérie Amos, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, MSF expressed its "deep concern about the unacceptable performance of the United Nations humanitarian system in CAR over the last year" and urged that "this late decision have a real impact and that there is a radical and immediate change to the way UN humanitarian agencies have responded thus far. MSF has been speaking out about the catastrophic humanitarian situation in CAR, and has shown that it was possible to work and expand humanitarian activities in the country, despite difficult security conditions." Despite the breadth of the efforts undertaken, MSF and the few NGOs present in CAR were unable to address all of the needs alone.

> ***"What struck me was the large number of wounds I would see on a single person, their severity and, above all, the relentlessness they conveyed. You really felt the attacker's will to hurt and kill. Honestly, I have never seen such serious wounds. You tell yourself that this isn't possible. It requires tremendous hatred to reach that point."***
> **Dr Eugène Planet, MSF doctor and anaesthesiologist, January 2014**

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“We are accustomed to working in very violent environments, but this organised, wilful intent to mutilate, wound and kill shocked me. The level of violence and suffering has struck me more powerfully than in any other conflict setting where I have worked.”
Dr Sabine Roquefort, MSF doctor at the Community Hospital in Bangui, December 2013

“It was really difficult to see this relentless drive to kill and mutilate. The wounds and cuts – especially the knife wounds – were horrific.”
Jessie Gaffric,MSF project coordinator at the Community Hospital in Bangui, December 2013

“Armed men were coming and going into the hospital. Things were very tense. There were threats and pressure. We couldn’t stay there after curfew (6pm) because it was too dangerous. We were afraid that patients would be killed during the night …This constant influx, and the mix of people – wounded people, armed men, family members, staff – was quite stressful.”
Dr Sabine Roquefort, MSF doctor at the Community Hospital in Bangui, December 2013

“While bullet wounds are quite similar in any setting, the knife wounds I saw in Bangui were really something else. They were mutilating, causing the victims unimaginable suffering.”
Jean-Louis Mary, MSF nurse-anaesthesiologist at the Community Hospital in Bangui, December 2013


© Mathieu Fortoul/MSF

“We were overwhelmed. We had to manage the situation under extremely difficult conditions. It was chaos.”
Jessie Gaffic, MSF project coordinator at the Community Hospital in Bangui, December 2013

"It's really bad. I don't think there was a single day while I was there that we didn't receive casualties at our clinic. In December there were clearer frontlines, with heavy fighting and shooting between the two main armed groups, the anti-Balaka and ex-Séléka.But over the weeks this changed into more low-intensity fighting every day, where various smaller groups just slaughtered each other in the street even in broad daylight."
Lindis Hurum, MSF coordinator in Bangui, January 2014

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"It is unacceptable for armed men who constitute a threat to patients and medical teams to disrespect healthcare facilities and to violate those premises. It is difficult to move around – both for us, when we want to pick up wounded patients, and for patients who want to get to where we are. This violence is unacceptable and constitutes a serious infringement of international humanitarian law. It has a clear impact on the delivery of care. Aid as we define it – neutral, impartial and independent – cannot be delivered under threats and violence."
Thomas Curbillon, MSF head of mission, December 2013

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January to March 2014: violence in the west of the country; the plight of the Muslims

Violence spread from Bangui throughout the rest of CAR, particularly into the northwestern region of the country. As with Operation Sangaris, MISCA was unable to regain control of the situation and the fighting between the ex-Séléka and anti-Balaka continued.

Inter-communal tensions increased. The ex-Séléka retreated from Bangui and cities in the west, and looting and violence ensued, including in places such as Bouar and Sibut. Following this, the anti-Balaka carried out attacks and reprisals against the Muslim populations, causing them to flee. Massive numbers of people left Bouca, Bocaranga, Carnot, Berberati, Baoro and Bossangoa. Between late January and 5 February, the entire Muslim population of Bozoum – nearly 5,000 people – arrived in Chad under Chadian army escort. In addition to these spontaneous departures, transit zones were established for Muslims waiting to leave by plane or truck.

In several areas where MSF was working, thousands of civilians – the majority Muslim – gathered at hospitals, churches and mosques, fearful of being killed by armed groups and unable to leave the city. In Bozoum, where MSF had worked at the local hospital since mid-January, Muslims unable to flee were confined to the city's "Arab" neighbourhood. Many villages and health posts around Bozoum were destroyed and/or looted. The people fled into the bush. Many children contracted malaria and other parasitic diseases, but families were too afraid to go to the city hospital.

Since 1 February, nearly 1,000 Muslims, mostly Fula women and children, have been trapped in Carnot, surrounded and threatened by anti-Balaka groups. In Carnot, MSF

> ***"When I was in Bozoum, we found 17 people with gunshot, machete and grenade wounds hiding in a tiny courtyard. They did not dare go to the hospital for fear of being attacked again. They had serious wounds and some were losing blood, but they were all there, seated and silent, without any hope."***
>
> **Dr Joanne Liu, MSF International President, February 2014**

teams have witnessed violence and abuse against the city's displaced Muslim population.

Access to medical care is difficult for these people. In January 2014, MSF conducted assessments to evaluate the situation and needs in Bossemptélé, Baoro and Bocaranga. However, insecurity along several roads where the presence of international forces is lacking (unlike along the road between Bangui and Bouar) complicates access to care as well as the transport of wounded patients. Muslim patients who fear for their lives therefore often refuse to be transferred.

MSF opened emergency medical projects in areas where the Muslim population had regrouped, such as the PK5 and PK12 neighbourhoods in Bangui, as well as in enclaves such as the "Arab" neighbourhood in Bozoum, and in Carnot and Bouar. A mobile surgical team was sent to areas lacking healthcare structures to treat the wounded.

In January in Bouar, around 8,500 Muslims were trapped fearing for their lives. Since then, thousands have fled and around 2,000 remain today.

> ***"Our primary concern is protection. Even as we treat thousands of wounded patients, we are powerless in the face of this extreme violence. We see hundreds of thousands of people fleeing from their homes. That is their only option if they want to avoid being killed."***
> **Dr Joanne Liu, MSF International President, February 2014**

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"Bocaranga is a ghost town. It's empty, destroyed, looted. It's frightening. Our contacts in the province are reporting extreme levels of violence and population displacements. People are terrorised. Unfortunately, the insecurity is hampering our ability to provide aid at the very time when the situation calls for an emergency response to meet the needs of the people."
Delphine Chedorge, MSF emergency coordinator, January 2014

Since 21 January, thousands of Bouar's minority Muslim population have gathered around the mosque. The Hausa district has become an enclave and people are afraid to leave because they are victims of abuse and intimidation. Armed men threatened residents and extorted money in exchange for security. People fear for their lives. Several have lost family members, killed during the recent weeks of violence. Most have lost their belongings and can no longer operate their businesses. Many see fleeing as their only option.

According to the UN, in January 2014 more than 935,000 people were displaced throughout the country (more than 20 percent of the population), including more than 400,000 in Bangui. An estimated 245,000 refugees have left CAR. Hundreds of thousands of people are still in the bush, particularly in areas still under ex-Séléka control, and in the cities' religious centres. Despite disastrous living conditions, they are still too fearful to return home. The absence of the deployment of any level of significant aid is only exacerbating the impact of violence for the people of CAR.

> ***"The human crisis we are witnessing today is unprecedented in Central African Republic, a country that has been neglected for years. A mobilisation must come now, not in one month, or six months down the line. We see atrocities every day. This is a massive catastrophe unfolding in full view of international leaders. To not respond is a conscious and deliberate choice to abandon the people of Central African Republic."***
> **Dr Joanne Liu, MSF International President, February 2014**

“People – mostly the Muslim minority – are afraid to leave their neighbourhood to go to the hospital because of insecurity in the town and the presence of armed men on the roads. A health centre was set up at the site to provide primary healthcare. However, people with gunshot and knife wounds have no choice but to go to the hospital, which is a kilometre from the site. They take considerable risks on the road when they travel to seek treatment.”

Florent Uzzeni, deputy emergency programme manager in Bouar, February 2014

“MSF teams have seen tens of thousands of Muslims fleeing or transported by truck to neighbouring countries, escorted by international forces that were incapable of protecting them. Others have been evacuated from the northwestern region to Bangui and are now trapped in camps that have become enclaves, where they continue live in terror. Fear of persecution has pushed tens of thousands of civilians from all communities to flee to the bush, without access to any form of protection or humanitarian assistance.”

Dr Joanne Liu, MSF International President, February 2014

8. Source OIM Tchad (Organisation internationale pour les migrations), rapport de situation du 10 mars 2014.

Crisis extends across CAR's borders: refugees flee en masse

© MSF

In late December 2013, Chad evacuated its nationals from CAR, mobilising unprecedented resources to transport tens of thousands of men, women and children – primarily Muslim – by plane and road. Cargo planes operated 60 flights, transporting 16,000 refugees to N'Djamena. Eight military convoys carried 30,000 people from Bangui to Sido, in southern Chad, and 30,000 more people, escorted by MISCA or ex-Sélékas, arrived in Bitoye and Goré. In total, more than 82,000 people fled to Chad in barely two months.[8]

On 20 February, Chad announced that it was ending its repatriation operation. While its efforts managed to save thousands of people, the services on the other side of the border were inadequate for the refugees. Despite the mobilisation, Chadian authorities were overwhelmed by the number of refugees and quickly exhausted their resources.

MSF has opened three emergency projects in Chad, in Bitoye, Goré and Sido. Services include medical consultations, vaccination

> ***"Most of the refugees in Bitoye come from Bocaranga or Paoua. The vast majority are women. The ones with resources came by truck, with a few personal possessions, and the others walked. They have nothing.There are also approximately 50 children who arrived alone. Along the road, people are so crammed into trucks that some have fallen and broken bones. I saw a man arrive at the hospital with an open fracture of the tibia, sewn up hurriedly, with four or five centimetres of bone sticking out."***
>
> **Anthony Thouvenin, MSF coordinator in Chad, February 2014**

8 Source: IOM Chad, 10 March 2014 situation report.

> ***"I've never seen anything like this. Several children had machete wounds to the skull. A little girl had had two fingers cut off with scissors – 'as a reminder' – and there were multiple bullet wounds and cases of torture. One patient told me about the day when the anti-Balaka attacked his village, near Bouar. He was home alone. They set his house on fire. He managed to escape but as he fled he saw the bodies of several people who'd been killed by machete. He wondered how many others had been burnt alive in their house. In the end, the anti-Balaka caught him. They forced him to put his bare feet on a half-barrel that had been heated until it was white-hot, and threatened to kill him if he refused. Then they left. An old man took him to the road and a truck picked him up. He doesn't know what became of his family but he doesn't have much hope."***
> **Dr Aaron Zoumvoumai, MSF doctor in Bitoye, Chad, February 2014**

campaigns, hospitalisation units, distribution of basic supplies and drug donations. The main conditions patients are presenting with are malaria, diarrhoea and acute respiratory infections.

In Sido, the Central African refugees described the chaos of boarding the trucks and the attacks they experienced along the road. There were between 200 and 300 people crammed into every vehicle. Many were separated from a child or parent when they departed. More than 1,000 unaccompanied minors were registered in southern Chad, not including "separated" children who were in the care of a neighbour or another convoy passenger.

In southern Chad, nearly three months after the first flights and convoys arrived, humanitarian aid is still insufficient. In addition, the refugees are no longer considered as such by the Chadian government or the UN High Commission for Refugees (UNHCR). New categories have been created, such as "Chadian returnee without ties" or "livestock farmer of Chadian origin", and little responsibility has been taken to provide humanitarian aid to these refugees who fled the violence and killings in CAR.

Cameroon has also seen an influx of refugees with around 43,000 people arriving, but the registration process is slow and is hampering the provision of aid. MSF has rapidly deployed aid in four different sites, including at the Garoua Boulai transit camp. Initial medical consultations show an alarming rate of acute malnutrition, present in 10 per cent of children under five. Humanitarian needs are far from covered, mainly due to the refugees gathering over such a large area.

In January 2014, MSF teams went to Zongo in DRC. Since December 2013, the number of refugees arriving has increased. Around 62,500 refugees are registered in Oriental and Equateur provinces, with about half of them living outside the camps. In the Molet camp, a few dozen kilometres from the border, nearly 9,500 people have sought refuge. MSF has assessed the mental health needs and will soon begin conducting psychosocial consultations. Emergency response capacity has also been established, in case of a mass influx of wounded from Bangui. MSF is also carrying out mobile clinics for refugees, returnees and the host population in several villages in the region.

> ***"They stole our belongings, and what they were not able to carry off, they set fire to. When you flee, you can't take clothes or any other belongings. we decided to leave, and find someplace safe."***
> **Christine, from Bria in CAR, September 2013**

“Where we were, there was no security. If you stay there, the anti-Balaka appear and say that they have to kill us because we are animals. We have to leave, because they don’t want any Muslims in CAR. We couldn’t stand it, because they killed our brothers, who we had to bury, and we told ourselves that if we stay here, we would be killed ourselves. That’s why we decided to leave, and find someplace safe.”

Ousmane, from Guen in CAR, March 2014

“When our truck broke down, the convoy, which was escorted, did not stop. The anti-Balaka attacked us immediately. All the men were killed by machete in front of the women and children. Some of the women were raped. My little 10-year-old sister was trampled on. Since then, she says that her whole body hurts. They burnt our belongings. They said that we would be cut in pieces and devoured. Then they left us in the middle of the night.”

A young Fula refugee in Sido, Chad, February 2014

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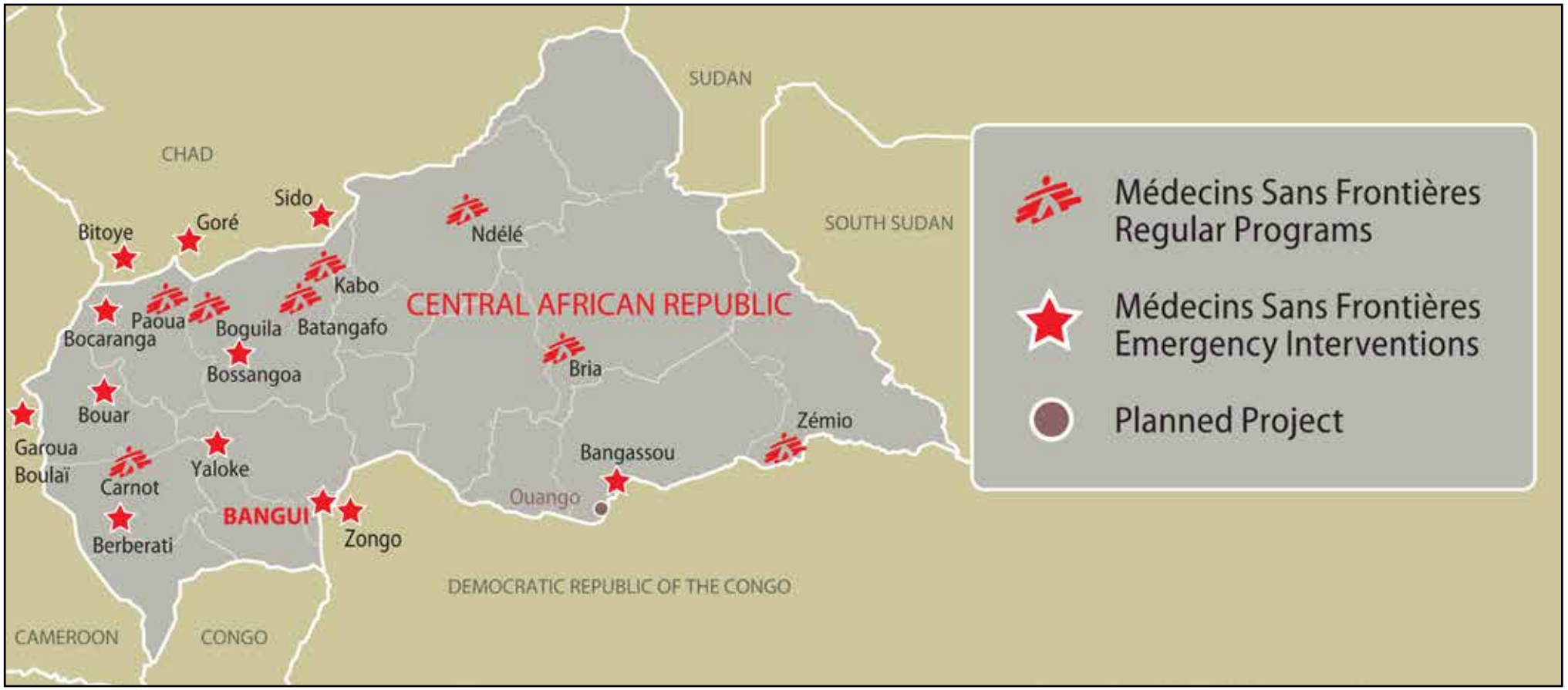
"When the store was looted and my father was killed, my mother and sister decided to leave in our own truck. But I didn't want to leave. Go to Chad? What for? My country is Central African Republic. I was born here and my parents were, too. I learnt that the convoy in which my mother and sister were travelling was attacked. I don't know whether they are alive. Later, my neighbourhood was attacked. I found my older brother, and our neighbours agreed to take us in their truck. Along the road, two grenades hit the two trucks just ahead of us. We managed to get to the airport. It was horrible. Everyone was running. I ran, too, to get onto the plane and that's when I was separated from my brother. I don't know where he is."

Mahmat (18), a refugee in N'Djamena, Chad, February 2014

Although security incidents pose a daily threat to the delivery of aid, the large-scale operations that MSF has carried out have demonstrated that humanitarian aid can be provided in CAR today.

Since early December 2013, MSF teams have treated nearly 4,000 people with bullet, grenade, machete and knife wounds and other violent trauma in Bangui and across the country (Bozoum, Bossemptélé, Carnot, Bouar, Bossangoa, Berberati and Bocaranga).

MSF has more than 300 international staff and 2,000 Central African staff, including over 1,000 medical staff, working in the country. MSF is running eight regular projects (in Batangafo, Boguila, Carnot, Kabo, Bria, Ndéle, Paoua and Zémio) and eight emergency projects (in Bangui, Bouar, Bozoum, Bossangoa, Bangassou, Berberati, Yaloké, Bocaranga), as well as mobile clinics in the northwest of the country. MSF teams are also providing assistance to Central African refugees who have fled to Chad, Cameroon and Democratic Republic of Congo.



MEDECINS SANS FRONTIERES

ANNEX - MSF EMERGENCY RESPONSE SINCE DECEMBER 2013

LOCATION	MSF ACTIVITIES
	In the year since the 24 March 2013 coup d'état in Central African Republic (CAR), fighting and turmoil has increased significantly and continues to spread. Caught up in the chaos is a civilian population, vulnerable to violence, starvation and disease. Since 5 December 2013, when the violence escalated even further, Medecins Sans Frontieres (MSF), present in the country since 1997, has continued to work in emergency mode, complementing its regular projects on the ground. Over 4,000 wounded have been treated in the country by MSF teams, and the organisation is now working in and around 15 towns in the north, west, central and southeast regions, in addition to the capital, Bangui. MSF is running eight emergency projects to respond to the war-affected in Bangui, Bouar, Bozoum, Bossangoa, Bangassou, Berberati, Yaloké, Bocaranga, and eight regular projects, in Batangafo, Boguila, Carnot, Kabo, Bria, Ndéle, Paoua and Zémio. The medical staff is treating those critically injured by guns, machetes and spears, as well as those suffering from illness exacerbated by a lack of access to care due to the violence, such as CAR's number one deadly disease, malaria. Patients also come to MSF clinics with chronic malnutrition, diarrhoeal illnesses, measles and meningitis. Here is an overview of MSF activities:
Bangui	In Bangui, fighting, lynching and looting has intensified since December. At Mpoko camp at the airport, where over 100,000 people took refuge at the peak of the violence, MSF carries out up to 5,000 consultations weekly at its hospital and health centres. By March the number of people in the camp fluctuated around 60,000 people. MSF handed over its Hôpital Communautaire project to the International Committee of the Red Cross in February, after completing 1,946 surgeries since December. Teams have conducted 121 surgeries after starting up in Hôpital Général in late February. MSF is also running a surgical and maternal health project in Site Paroisse Saint Sauveur as well as in Centre de Santé Castor. In the volatile PK 5 neighbourhood, where the displaced Muslim minority is living, MSF conducts up to 4,600 general consultations monthly, and has carried out over 11,000 consultations in Don Bosco camp since December, where the number of displaced has declined from its peak of 27,000. MSF conducts mobile clinics in the PK12 neighbourhood, which has 1,500 Muslims hiding from angry mobs outside. The Transit camp and Boy Rabe monastery are both sites where MSF treated civilians, but the populations have since left – either to find refuge elsewhere, or back to their homes. MSF continues to provide measles vaccinations for those who are displaced and vaccinated up to 67,000 children in February alone.

ANNEX - MSF EMERGENCY RESPONSE SINCE DECEMBER 2013

LOCATION	MSF ACTIVITIES
	Outside Bangui, the violence has spread to the north and west.
Bossangoa	In Bossangoa, thousands have been forced to flee from the bloodshed since September, and are only starting to return home. Around 8,000 of the Muslim community, on the other hand, have evacuated from the town to neighbouring countries since January, with 7,000 left behind. MSF has conducted 45,000 consultations – of which over half were malaria cases – and carried out over 240 surgeries since October.
Batangafo	In Batangafo further east, the tense environment has driven hundreds of people to seek refuge within the hospital grounds at night. MSF performs an average of 10,000 consultations a month.
Boguila	The northern town of Boguila is experiencing increased instability, with hundreds of residents still displaced. MSF carries out up to 13,000 consultations and treats up to 10,000 people for malaria per month.
Bozoum	Bozoum, in the northwest, has witnessed its remaining 2,500 Muslim inhabitants flee to Chad. Until mid-February, MSF teams performed 2,200 consultations, and 141 patients were hospitalised.
Bouar	In western CAR, the town of Bouar is calmer since French troops arrived. Around 2,000 Muslims remain, while thousands of others have fled to Cameroon. In the second week of March, MSF carried out 37 surgeries, and is now also conducting mobile clinics to outlying areas.
Berberati	Berberati remains extremely tense. Near the Cameroon border to the west of Bangui, the town is suffering from targeted attacks. MSF medical teams completed 89 surgeries in February alone, as well as 2,426 outpatient consultations.
	In addition to these stand out emergency projects, MSF continues to provide regular medical services to the population in CAR – stretching from the northwest to the southeast.
Carnot	Since 2010, MSF has been running an HIV/TB project (10% prevalence in the area) and provides support to three health centres. Since 1 February, nearly 1,000 people (mostly Muslim) have been trapped in the church of Carnot, threatened by anti-Balaka. MSF has directly witnessed violence carried out against the population and treated around 70 wounded between 21 January and 8 February. On March 1, the flying surgical team arrived in Carnot where clashes have brought new injuries. Ten patients will be admitted directly in Carnot and ten others need to be referred to other hospitals.