Central African Republic

Introduction

The humanitarian situation in the Central African Republic (CAR) remains extremely serious more than three years after the crisis erupted in December 2013. Alongside recovery needs, humanitarian needs persist and have been increasing since a new upsurge of violence earlier in 2017. Access constraints hinder the delivery of aid to the people in need.

What are the needs?

Some 2.4 million people – almost half of the population – are in need of humanitarian assistance. Around 2.1 million people are food insecure. The situation of the very high number of internally displaced is of particular concern.

The national health system collapsed due to the widespread violence, destruction of public infrastructure and looting. Safe drinking water is scarce and less than 35% of the population has access to it. Sanitation is challenging due to lack of latrines and proper waste management in congested IDP camps. Emergency shelter and basic construction materials and tools remain a priority.

There is no national capacity to assist those affected, and humanitarian organisations are still providing the bulk of essential services across the country, but relief efforts take place under very challenging conditions. Protection of civilians is a major issue with regular summary executions of men and rampant violence against women.

The spill-over of the crisis to neighbouring countries (in particular Chad and Cameroon) remains significant. The needs of the refugees there have to be properly addressed.
How are we helping?

With over €395 million provided since 2014, the European Union and its Member States is the largest donor of humanitarian assistance to Central African Republic. The European Commission alone has provided €129 million in humanitarian aid inside the country since December 2013, in addition to over €38 million for refugees in neighbouring countries. The Commission’s humanitarian assistance primarily targets needs in the areas of nutrition, health, emergency shelter, water, sanitation and protection of civilians. Relief assistance is mainly focused on displaced people both inside and outside IDP camps.

The EU funds humanitarian projects to enable free access to primary health care services, notably through mobile clinics, with a main focus on life-saving interventions and the control of epidemic-prone infectious diseases. Projects seeking to improve the protection of civilians are also being supported, including tracking of incidents, medical, psychosocial and legal support to victims as well as actions offering a protective environment for children.

Food assistance is also a priority, so as to prevent a nationwide crisis. Relief efforts aim at combining in-kind assistance and cash transfer initiatives once commercial activities can resume. Moreover, EU humanitarian aid is supporting integrated actions to provide safe drinking water, re-establish decent sanitation facilities and promote better hygiene practices (WASH). In crowded IDP camps, this is crucial to prevent diseases and epidemic outbreaks. Emergency shelter and non-food items such as blankets and mosquito nets are also made available.

In 2017, the European Commission also supports the UN humanitarian air services (UNHAS) in order to facilitate the transport of humanitarian personnel to remote locations which would otherwise remain inaccessible due to insecurity and very poor infrastructure.