

Central African Republic

Health Sector Needs Assessment

More than 200 000 Central Africans are still too scared to return to their villages. Concentrated in the northwest, 108 000 people live in internal displacement, most of them now for two or three years. Many others were recently forced to flee their villages because of banditry, renewed conflict between militant groups and government forces or incursions of foreign armed

groups such as the Lord's Resistance Army, which kidnapped at least 55 children in Obo and other places in the south-east in early 2008. Some 101 000 Central Africans continue to live as refugees in Cameroon and Chad. People who have lived through the conflict have experienced a total lack of health services and clean water.

In the conflict areas in the north, many health facilities have been destroyed or looted and many health staff have fled. Access to basic health care, including maternal and infant care, is limited. According to WHO, there were only 137 medical doctors (three for every 100 000 people), 294 state-licensed nurses and 240 midwives working in the entire country in 2006. As a result, the national vaccination coverage rate, which had reached a record level of 84.6% for DTP3,¹ could not be maintained. According to the Ministry of Health's disease surveillance reports, malaria remains the leading cause of morbidity (40% of consultations) and mortality (13.8% of deaths). Less than one family in five owns an impregnated mosquito net and only 15% of children under five sleep under a net.² Diarrhoeal diseases, often resulting from dirty water, are widespread in the north and south-east.

All indicators point to the gravity of the situation. Maternal mortality is one of the highest in Africa, at 1355/100 000 live births. The infant mortality rate is 106/1000 live births; under-five mortality is 176/1000.³ This means that almost one child in five will not live to his or her fifth birthday. More than half of the population dies before their fortieth birthday, often a result of lack of clean drinking water and unhygienic conditions. More than 35% of Central Africans have to resort to unhealthy water sources such as surface water from rivers or ponds, and unprotected wells and springs. Only 26% have access to clean drinking water, and only 27% have adequate sanitation facilities.

HIV/AIDS prevalence is one of the highest in the sub-region: 6.2% of all Central Africans between 15 and 49 years (7.8% of women and 4.3% of men) are infected.⁴ In



conflict areas, the vulnerability of adolescents to sexual violence is particularly high, with victims exposed to a heightened risk of sexually transmitted infections, HIV, unwanted pregnancies, unsafe abortions and psychological distress. The deterioration of health services hinders access to information and drugs for prevention, voluntary counselling and testing, and reproductive health services. Moreover, access to psychological care and support is extremely limited.

Health information among health organizations in the humanitarian community in CAR needs to be better coordinated, analysed and disseminated. Better capacity for conducting rapid assessments during emergency situations and identifying and filling gaps will help improve the timely and effective delivery of humanitarian assistance to vulnerable people.

Health Sector Priorities for 2009

To provide an adequate response to urgent health needs generated by the crisis, humanitarian efforts will be concentrated on four areas:

1. Assessment

- Assess humanitarian needs, identify gaps, monitor and prioritize health programmes.

2. Coordination

- Strengthen the coordination of humanitarian activities in the health sector, particularly in emergency situations and with regard to vulnerable people;
- Decentralize coordination mechanisms by empowering regional health directorates;
- Establish a health information system and database;
- Reactivate the health technical sub-group on integrated disease surveillance and response, as well as disaster and crisis management committees at national and district levels.

3. Gap filling

- Improve access to primary health care including the management of obstetrical and neonatal emergency care with referral and counter-referral systems, as well as kits, contraceptive and drug supplies;
- Improve access to sexually transmitted infections and HIV prevention services including voluntary counselling and testing, prevention of mother-to-child transmission of HIV and safe blood transfusion in conflict areas;
- Improve the capacity of health facilities to prepare for and respond to crises;
- Provide medical and psychosocial care to survivors of sexual violence, improve initiatives to prevent sexual violence and advocate for the establishment of an effective legal system.

4. Capacity building

- Rehabilitate and revitalize health units by providing kits, equipment, communication systems and ambulances, and revamping communication, supervision and monitoring;
- Strengthen the capacity of health structures for active surveillance of diseases and adequate emergency response during epidemics and disasters;
- Decentralize hospital preparedness and response plans, involving local and national authorities;
- Promote community participation in the prevention of and response to sexually transmitted infections, HIV/AIDS and sexual violence;
- Train health organizations on the management of emergencies.

WHO Proposed Projects in the CAP 2009

| Project titles | Requested funds * | Implementing partners |
|--|-------------------|---|
| Strengthening emergency obstetric and neonatal care in conflict affected zones CAF 09/H/20573/122 | 1 047 530 | ACABEF, AMI, ASSOMESCA, IMC, IRC, JUPEDEC, MERLIN, MoH |
| Supporting the Health Cluster to better coordinate health activities during emergency situations CAF 09/H/20579/122 | 502 900 | MoH, IRC, IMC, CAM, AMI, ASSOMESCA, ACABEF, CARITAS, ACF, MERLIN, CRS, CRCA, ICRC |
| Prevention and management of childhood illnesses in the conflict affected areas CAF 09/H/20578/122 | 823 900 | ACABEF, ACF, AMI, ASSOMESCA, IMC, IPHD, IRC, JUPEDEC, MERLIN, MoH |
| Control of vaccine preventable diseases CAF 09/H/20625/122 | 823 900 | AMI, ASSOMESCA, IMC, IRC, JUPEDEC, MERLIN, MoH |
| Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict affected zones CAF 09/H/20570/122 | 576 730 | ACABEF, Assomesca, AMI, Caritas, COOPI, IMC, IRC, JUPEDEC, MoH, MoYouth |
| Support the national information health system CAF 09/H/20593/122 | 271 299 | MoH |
| Post traumatic stress disorder and substance abuse management in conflict affected prefectures CAF 09/H/20592/122 | 329 560 | |
| Prevention of and medical, psychosocial and community based CAF 09/H/20569/122 | 388 410 | ACABEF, ACF, AMI, CAM, CIFAD, IRC, JUPEDEC, MERLIN, NRC |

| Project titles | Requested funds * | Implementing partners |
|---|--------------------------|------------------------------|
| Strengthening the integrated disease surveillance system for better support to the International Health Regulations in CAR CAF 09/H/20575/122 | 1 165 230 | MoH and NGOs |
| Decentralize prevention and preparation activities for a prompt response to disasters and crises CAF 09/H/20581/122 | 775 750 | |
| Preventive chemotherapy for neglected tropical diseases (NTDs) CAF 09/H/21995/122 | 648 248 | |

* Amounts given in US dollars.

Total funds requested: US\$ 7 353 457

Notes: 1) Diphtheria/tetanus/pertussis vaccine, 3rd dose. 2) WHO (August 2008): *World Malaria Report 2008*. 3) MICS-3 (2006). 4) MICS-3 (2006).