2014 - Crisis Update

ACTIVITIES OF MSF TEAMS IN 20 LOCATIONS, BETWEEN JANUARY AND OCTOBER 2014:

- **13 286** surgical procedures performed
- **15 131** deliveries assisted
- **618 188** consultations for malaria provided
- **485** victims of sexual violence treated and supported
2014 HIGHLIGHTS

- Nineteen civilians, including three Central African MSF national staff members, were killed during an armed robbery in the grounds of MSF’s hospital in the northern town of Boguila, on 26 April 2014. After the tragedy, MSF reduced its activities to essential services only. In October, armed men raided Boguila town again, twice, with shooting and fighting. The armed men entered the hospital by force looking for valuables, but hospital staff was able to escape unharmed. The insecurity caused by various armed groups is seriously affecting the population, who hide in the bush. The risks associated with delivering medical and humanitarian aid are still high.

- Since April, Bambari town and prefecture have been affected by fighting, leading to large population displacement (over 30,000 people are in camps). Fighting erupts frequently in Bambari town and the surrounding area. Houses and villages have been looted and burned. Sectarian violence has led to many casualties and wounded. In a recent wave of violence in December, 60 houses were burned, 14 people were killed and 14 wounded by bullets and machetes.

- Zemio had been spared by the violence that erupted in the rest of CAR, but a sudden cycle of sectarian violence started at the end of November. Shooting started in town and barricades were erected. The situation calmed down after a few days. The violence pushed people to temporarily leave their homes because of fear of retaliation.

- Like the rest of the country, Ouham prefecture has witnessed periodic violence outbreaks through the year. MSF projects in Batangafo and Kabo, in northern CAR, have suffered repeated attacks that have severely interfered activities leading to temporary withdrawal of expatriates from both places. Clashes between armed forces and militias have brought repeatedly to civilians occupying the hospital in Batangafo and some violent episode included attacks against health structures and muslim patients.

- Since July 2014, MSF has been treating and supporting victims of sexual violence at the General Hospital in Bangui.

- In Bangui, the authorities have announced that they want to close Mpoko camp by February 2015 in order to allow the construction of a fence around the airport and to extend its parking. MSF will continue to provide support to the IDPs while continuing to adapt its services to the needs.

- The insecurity caused by the upsurge of violence that occurred in Bangui in August and October made it extremely challenging for MSF’s teams to reach out to the wounded. Patients, victims of violence and the sick also had difficulty accessing health facilities and our teams.

- The insecurity has also impacted MSF personnel and other aid workers. Over the past few months, they have been subjected to an increase in acts of violence of varying degrees.

- On 4 December 2014, almost one year to the day after anti-Balaka rebels launched an attack on Bangui, the French Minister of Defence stated that the “job was done” and that the country was returning to “normal.” He then announced the partial withdrawal from CAR of the French peacekeeping force Sangaris. MSF’s view is very different, particularly from a security and humanitarian perspective, and considers that the situation remains extremely serious.

MSF has been working in CAR since 1997. Since December 2013, in response to the crisis, MSF has doubled its medical assistance in CAR and is running additional projects for Central African refugees in neighbouring countries.
BANGUI

General Hospital – emergency surgery

At the end of February, MSF began to provide support to the adult emergency surgical unit in refurbished General Hospital in Bangui. Our teams provide surgical care, notably to victims of violence and fighting (bullet, machete and grenade wounds, etc.).

On 20 August, following disturbances in Bangui’s PK5 district, where several thousand Muslims remained trapped, fighting broke out between local militias and the international forces. The team at the General Hospital admitted 31 casualties in one single day and performed surgery immediately on 10 patients. According to the United Nations, during the upsurge of violence that occurred between 7 and 17 October, 13 people were killed, 242 wounded, some 6,000 fled from the fighting and 1,600 took refuge in DRC. Medical supplies and drugs were sent to the General Hospital and the mass casualty plan was activated and reinforced. Forty-eight hour shifts were implemented to enable our Central African personnel to eat and sleep at the hospital and avoid the fighting in the streets. The lack of security made it very hard for the teams to work, but in ten days they managed to treat 90 casualties who mostly arrived at the hospital by their own means, often several days after having been wounded.

Between January and October, 4,429 patients were treated in the emergency room, 1,783 for violence-related injuries; 3,688 procedures were performed, 1,956 for violence-related injuries; and 1,579 patients were admitted to the hospital.

General Hospital – providing treatment to victims of sexual violence

Since July 2014, MSF has been treating and supporting victims of sexual violence at the General Hospital in Bangui.

In three months, almost 200 people, mainly women but also young girls and several men, received treatment (from pregnancy tests to screening for sexually transmitted diseases) and psychological support.

M’Poko airport camp - primary and secondary healthcare

According to the latest official figures, some 20,000 people are still staying in this camp next to the international airport. MSF continues to run a hospital as well as one health post on the site, and is reducing activities as the population of the camp has decreased substantially over the past months. Meanwhile, the team continues organizing patient referrals to other structures in Bangui after they are stabilized.

In total, since 2013, 88,000 malaria cases were registered, and about 2,800 deliveries performed. Eighty-one sexual violence cases were recorded during that period. In November, there have been on average 300 consultations per week. About 30% of the cases were related to malaria, 30% to trauma and the rest to other diseases. MSF psychologists carry out about 200 consultations per week both in the medical facilities and inside the camp community. They also organize mental health support sessions for larger groups.

About 67% of patients seeking care in MSF health structures located in Mpoko camp come from Bangui neighborhoods. This shows that access to primary healthcare is still insufficient in the capital.

Castor – primary healthcare and maternity

From December to March, MSF gave support in maternal health and surgery at the Castor health centre. Only in January and February the teams assisted 829 trauma patients affected by violence and they also performed 211 obstetric complications, 472 deliveries and conducted 51 minor surgeries.

In June 2014, MSF started working inside the 35-bed maternity ward of the health centre, providing free care for deliveries and obstetrical emergencies. Since June, MSF has registered 1250 natural deliveries and carried out 84 consultations for survivors of sexual violence.
As 75% of victims of sexual violence come after 72 hours, MSF will reinforce sensitization campaigns toward the communities.

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

*Mamadou M’Baiki health centre - primary healthcare and mobile clinics*

Opened in early January, this programme provides free healthcare to children under 15. Drugs are provided free of charge to adults as well as children. An ambulance is available 24/7 to transport emergency cases to the hospital, regardless of age.

Due to the security conditions prevailing during the upsurge of violence in August and October, the MSF team at Mamadou M’Baiki health centre had to suspend its medical activities and pull out.

During the seasonal malaria peak, Mamadou M’Baiki health centre treated up to 800 children every week.

**Grand Mosque - primary healthcare and mobile clinics**

Since the beginning of February, a mobile MSF clinic has been visiting the Grand Mosque in Bangui’s PK5 district several times a week as the thousands of displaced Muslims who have converged there are too afraid to go to Mamadou M’Baiki health centre.

**Kpéténé Christian area - primary healthcare and mobile clinics**

Since mid-June, an MSF mobile clinic has been making weekly visits to the St Jacques parish health centre where thousands of displaced people have converged. MSF’s team is focusing on delivering care to children under 15, emergency treatment and transporting patients referred to the hospital.

**Don Bosco camp - primary healthcare**

From December 2013 to March 2014 MSF ran an emergency OPD clinic at Don Bosco camp, where almost 30,000 displaced people sought protection after the violence erupted.

Initially intended for groups at risk (children under 15 & pregnant women), the clinic was opened to all patients due to the displacements. 11,105 consultations were carried, mainly for malaria (around 30%), diarrhea, parasitic and respiratory infections.

**MAMBERE KADEÏ PREFECTURE**

**Carnot – primary and secondary healthcare**

Since 2010, MSF has been working in Carnot hospital, supporting several nearby health centres and running mobile clinics where patients are mainly treated for malaria, respiratory infections and diarrhea. MSF expanded its activities in 2012 to include paediatric treatment, inpatient and outpatient care and support with routine vaccinations, internal medicine, HIV-AIDS and malaria treatment.

Between January and October, 34,950 consultations were provided in Carnot hospital and the two peripheral health centres (Mbonnet and Mboula), principally to children under five. In Carnot town and the surrounding areas, 13 malaria workers provided 20,662 consultations for confirmed cases of malaria and referred 852 severe cases to the hospital, which admitted 3,392 patients (including 2,086 suffering from severe malaria to the paediatric unit). Some 908 children were admitted to our nutrition programme and 2,651 were vaccinated against measles. There are 18,543 patients receiving treatment for HIV-AIDS and 8,888 are on antiretroviral treatment (ART).

Since February, MSF has also been working at the church in Carnot where 582 displaced Muslims are still trapped. Once a week, an MSF mobile clinic provides primary healthcare at the church. Between February

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Between January and October, our various programmes in PK5 district provided 37,573 consultations, with 10,607 for confirmed cases of malaria. 273 victims of violence were also treated.
and October, 3,940 consultations were provided, including 737 cases of confirmed malaria and 60 cases of violence-related injuries. There were 61 patients referred to the hospital. Since March, mobile clinics also make regular visits to areas around Carnot. Between March and October, 2,848 consultations were provided, 999 for confirmed cases of malaria and 26 to patients with violence-related injuries.

**Berberati – primary and secondary healthcare**

In January 2014, MSF began activities at Berberati Regional University Hospital to meet the health needs of the displaced, treat victims of violence and provide health care to the most vulnerable (pregnant women and children below the age of 15). MSF works in the maternity, pediatric and surgery wards of the hospital. Although violence in the town has reduced since January, health needs remain massive. From January to November, there were 25197 outpatient consultations in the pediatric department of the hospital, 2,942 children were hospitalized, and 2,116 babies were born, 796 malnourished children admitted in the ITFC and 2856 surgeries have been performed, of which 887 were major surgical interventions. Weekly mobile clinics were also carried out for 350 Muslims who are living in the Eveché of Berberati. In July, teams started medical outreach activities to support 7 health centers in surrounding villages to treat the most common pathologies malnutrition, malaria (test and treat), diarrhea, respiratory tract infections and measles. By February 2015 the teams will be expanding their support to 11 health centers in the surrounding area of Berberati. The team currently prepares a measles vaccination campaign starting in December 2014 targeting 30,000 to 40,000 children between the ages of 6 months to 10 years.

**OUHAM PENDE PREFECTURE**

**Paoua – primary and secondary healthcare**

MSF has been working in the hospital in Paoua (173 beds) since 2006. Working alongside the Ministry of Health, our activities include emergency care, outpatient and inpatient treatment, internal medicine, paediatrics, obstetrics/maternity, HIV-AIDS and tuberculosis treatment, surgery and routine vaccination. MSF also supports a health centre in the town. Between March (when MSF took over the emergency room at the hospital) and October, 9,640 consultations were provided at the hospital and 50,617 in the surrounding areas, 103 of which were for violence-related injuries. In total, an average of 59% of consultations concerned children under five and 76% were for malaria. There were 6,489 patients hospitalised in Paoua, including 1,208 suffering from malaria in the paediatric unit and 123 with violence-related injuries. Also, 1,976 surgical procedures were performed, 329 for violence-related injuries, and 1,213 children were admitted to our nutrition programme. MSF provided 7,890 antenatal consultations, assisted 1,354 natural deliveries and performed 128 caesareans. There were 6,148 children vaccinated against measles. MSF is treating 13,288 patients with HIV/AIDS and 8,730 are on antiretroviral treatment. In mid-December, following significant social tensions related to wage demands and threats, all the project’s expatriates (9 people, including the surgeon and the anesthetist) were evacuated. Some staff continues to run the project. MSF is waiting from both community and authorities to commit to respect staff, patients, structures, etc. - before deciding to send back - or not - international staff in Paoua.

**Bocaranga – primary and secondary paediatric healthcare**

MSF’s activities in the hospital in Bocaranga officially opened on 15 May. Donations were delivered to several health centres in the area to facilitate malaria screening and treatment and logistical support was provided. A system for referring patients to the hospital was also set up. Opened to provide medical care during the seasonal malaria peak, the programme was closed at the end of September. In six months of activities, 9,077 consultations, 58% for confirmed cases of malaria, were provided and 1,945 patients, all aged under five, were hospitalised. Of these, 1,019 were suffering from severe malaria. There were 798 children admitted to our nutrition programme.
OUHAM PREFECTURE

Batangafo – primary and secondary healthcare
MSF manages the 165-bed general referral hospital and supports five peripheral health facilities. Tension has been high in Batangafo throughout the year since the village became part of the front-line. In August, strong clashes between Seleka militias and the international forces caused the death of at least 15 people and injured dozens more. Thousands looked for refuge in the hospital and the African peace forces headquarters and some militiamen tried to seize Muslim patients and MSF members. Since December 2013, more than 36,700 people have received health assistance - mostly for malaria-related consultations – and almost 500 surgical interventions and more than 1,000 deliveries were performed.

Boguila – limited primary healthcare
MSF has been working in the Boguila area since 2006. Six months after the attack that took place in MSF’s hospital on 26 April, a reduced local staff team is still working in Boguila, where health needs remain as urgent as ever. Activities focus on essential services: OPD consultations, maternity, HIV testing and treatment. MSF provides support to four health centers (the malaria treatment sites have been handed over). Numbers of consultations remain high, despite the fact that the population often flee into the bush due to insecurity. MSF team also seek shelter in the bush. Malaria is the main disease, with around 90% positive cases at the ‘Malaria Sites, almost half of them are children aged under five.

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 implemented water & sanitation activities, the organization redirected its attention on the MoH hospital. MSF now has a 24/7 presence in the OPD and IPD. In October, 5,629 OPD consultations were provided, among which more than 3,400 were positive malaria cases. In the IPD, around 67 major emergency surgeries were performed. In the first ten months of 2014, MSF provided an average of 500 antenatal consultations per month. At the same time, a team ran mobile clinic activities on the most deprived roads outside Bossangoa where we see growing malaria and malnutrition cases (1290 admission since beginning of the year). Malnutrition rates increased dramatically and the hospital was confronted with a steep increase in malnourished children between July and September (180 admissions for malnutrition in August).

Kabo - primary and secondary healthcare
The medical assistance provided by MSF teams in Kabo since 2006 is crucial for more than 50,000 people. The number of IDPs coming from the Muslim enclave of PK12 in Bangui to Kabo and to a camp in Moyenne-Sido (near the Chadian border) increased, following a series of convoys organized by authorities to evacuate the Muslim population in April. Part of the MSF team left Kabo in February after a series of attacks and robberies, but situation has stabilized in the second half of 2014. Health assistance has been provided during the year to more than 46,000 patients, most of them for malaria.

BAMINGUI BANGORAN PREFECTURE

Ndélé - primary and secondary healthcare
The influx of wounded to this referral hospital supported by MSF since 2010 increased significantly in March, but still in July, 43 people received medical attention because of violence-related injuries. Other activities included obstetrics, outpatient care, HIV treatment, and support to four nearby health centres. More than 36,700 people received health assistance since December 2013.
HAUTE KOTTO PREFECTURE

Bria – paediatric primary and secondary healthcare
Since August 2013, MSF has been providing outpatient paediatric and nutritional consultations to children under 15 in the refurbished hospital in Bria. Between January and October, 40,280 consultations, including 26,859 for malaria, were provided; 71% were for children aged under five. Some 3,579 children were hospitalised, 70% for severe malaria. Two hundred and one children were admitted to our nutrition programme and 3,343 were vaccinated against measles.

OUAKA PREFECTURE

Bambari – primary healthcare and war-wounded
MSF started providing mobile clinics and vaccination for the vulnerable communities that were affected by violence in mid-April. Project sites were opened in Bambari and Grimari, and the latter was closed in October. The Bambari project runs mobile clinics, malaria treatment sites and supports health posts, including the ones in the IDP camps. The camp population increases after every wave of violence (30,000 IDPs in the whole prefecture). Main morbidities are: malaria (between 80 and 90% are positive), respiratory infections, parasitosis, diarrhea, and eye infections. Activities include also NFI distribution (plastic sheeting, mosquito nets). Since mid April, 172 war-wounded patients were stabilised by MSF and when necessary referred for further care at hospitals in Bangui, Bambari or Sibut. MSF teams carried out measles and polio vaccinations to 4000 children under five years. A second large measles vaccination campaign started in December, targeting 12,000 children.

MBOMOU PREFECTURE

Bangassou – primary and secondary healthcare
In late-February 2014, MSF started working in Bangassou referral hospital to help restart medical services, which had been severely disrupted by the recent crisis. The hospital has a capacity of 80 beds – including internal medicine, maternity, pediatric and surgical wards – and offers primary and secondary healthcare services for an estimated population of 120,000 in the area. Between February and November, 755 surgical acts were performed, 955 deliveries were assisted and more than 800 malaria cases were registered. A focus is on ensuring that capacity is available for emergency and complex medical cases after MSF’s withdrawal from the nearby Ouango hospital.

Ouango – primary and secondary healthcare
In mid-May, MSF started to support the 30-bed hospital in Ouango, which provides services for a regional population of nearly 80,000. MSF has rehabilitated the maternity, paediatric, internal medicine and surgical wards, as well the operating theatre and the laboratory. From May to end November 2014, MSF recorded 7,950 malaria cases, 400 deliveries and about 200 surgical acts. Because the larger secondary hospital where MSF is working in Bangassou is relatively nearby, in December, MSF has handed over activities in Ouango to the local health authorities to put in place a patient referral system.

HAUTE MBOMOU PREFECTURE

Zemio - primary and secondary healthcare
MSF supports the OPD and the IPD of the town’s health centre, 4 outlying health posts (another health centre in Mboki is now handed over). In October MSF performed 3000 consultations, the majority of them for malaria. Reproductive health is included in the activities with an average of 40 deliveries per month. The
prevalence of HIV in this area is one of the highest in the country and MSF provides 750 HIV patients with ARV treatment. This project opened in 2010 following an influx of Congolese refugees and Central Africans displaced by attacks by the Lord's Resistance Army (an armed group from Uganda).

**KEMO PREFECTURE**

**Dekoua – emergency project in the parish clinic**

At the beginning of May, MSF started supporting the Dekoua parish clinic after clashes between militias in the area led to displacement of civilians. Activities focused on outpatient consultations, deliveries and treatment of malnutrition. MSF also conducted mobile clinics. From May to July, more than 5,500 consultations were carried out, most of them for children under 5, and almost 300 people were hospitalized in this period. At the beginning of August the emergency project closed after most of the IDP population – whose attention was the main goal of the project - left the area.

**RESPONSE TO REFUGEE SITUATION IN NEIGHBOURING COUNTRIES**

**CAMEROON – Garoua-Boulaï, Batouri and Gbiti**

There are officially over 130,000 Central African refugees in Cameroon who have crossed the border since December 2013. MSF is supporting the Cameroon Ministry of Health with primary health care and treatment of malnutrition of refugees in Garoua-Boulaï and in Batouri and Gbiti.

However, since July, the number of new arrivals has slowly decreased and MSF has now started to hand over some activities. The treatment of malnutrition and OPD consultations in Gado-Badzéré were transferred to the French Red-Cross at the end of October, as well as all the activities (OPD, IPD) in Garoua-Boulaï district hospital.

Fourteen suspected cases of cholera were recorded in Gado in November and MSF immediately gave its support to the Ministry of Health by setting up a cholera treatment center (CTC). However, no further cases were detected in recent weeks. The CTC should be dismantled by early December.

In October and November, MSF teams carried out an average of 300 to 400 consultations per week in Gbiti. Malaria still remains the main disease, sometimes accounting for more than 40% of cases in some of the facilities supported by MSF.

MSF provided intensive nutritional treatment in our inpatient facilities (Garoua-Boulaï Protestant hospital and Batouri CNTI) to an average of 60 to 80 children with severe acute malnutrition each week. We also provided outpatient care in Gbiti to around 550 malnourished children.

MSF stopped its mobile clinics in the Kadei and Boumba-Ngoko areas in October as other actors were present in the zone. Outreach activities are ongoing in Yokaduma and Koele until the end of January to ensure an adequate handover and support to the Ministry of Health in treating nutritional cases.

In Garoua-Boulaï, Batouri and Gbiti, MSF still provides psychosocial support to the refugees.

**CHAD – Sido**

Since December 2013, more than 200,000 people from CAR needing assistance have sought refuge in southern Chad. The relatively stable security situation on the Chadian side of the border allows humanitarian response. Several camps are currently under various states of construction, and there are actors present for many basic needs.

MSF started providing assistance to the people fleeing violence and persecution in CAR in January 2014. In Sido, the largest concentration of refugees (17,000), MSF is providing primary health care to both the refugee and host populations, with vaccination support to the Ministry of Health. MSF also conducted a Seasonal Malaria Chemoprevention (SMC) for children under five, which is one of the most vulnerable groups, in response to the high number of consultations due to malaria (60%). There is also a system of referral to other Chadian health structures in case patients are in need of further care. To meet the needs of CAR’s refugees in southern Chad, MSF also ran projects in Bitoye until March, and in Gore, with mobile...
clinics in three villages along the border, until October. These projects were closed because of the improvement of the health situation and presence of other humanitarian actors. Since the beginning of the refugee interventions in southern Chad, MSF carried out more than 35,000 consultations, mainly for malaria, admitted around 1,000 patients to its health structures and referred more than 500 patients to other health structures if they were in need of further care.