Médecins Sans Frontières in Central African Republic

Crisis update June 2014

Overview of MSF’s medical activities in CAR, January-May 2014*

- 453,507 outpatient consultations
- 13,678 patients hospitalized
- 1,731 wounded by violence treated in outpatient service
- 138,338 consultations for children under 5 years old
- 171,990 consultations due to malaria
- 2,177 wounded by violence treated in hospital level services
- 4,182 deliveries
- 10,564 antenatal consultations

*provisional figures
HIGHLIGHTS JUNE 2014

• In the month of May alone MSF treated 114 people wounded by violence in its outpatient clinics, and 354 patients with violence-related injuries in its emergency rooms and inpatient wards. Around 70 percent of our patients wounded by violence in May came either from Ouaka province or from Bangui.

• Fighting increased drastically in June in the area of Bambari and Grimari town in central Ouaka province between ex-Seleka and anti-Balaka groups. International forces are also present and have engaged several times in fighting with the two groups. A number of villages were partially or totally burnt down. By the end of June, the MSF team in Ouaka had received a total of 129 war-wounded since starting activities on 16 April. Thirty-nine emergency cases have been transferred to hospitals in Bambari, Sibut and Bangui. Meanwhile MSF teams have treated 1,675 patients during mobile clinics, 81 percent of whom tested positive for malaria.

• Tension also increased in Batangafo as anti-Balaka groups move closer to the town. Some 4,000-5,000 people have resorted to sleeping at the MISCA base and in the compounds of the hospital, churches and other buildings.

• MSF teams are seeing an increase in malaria cases in several projects across the country, most notably in Bossangoa, where the number of malaria consultations has more than tripled from 1,402 in April to 6,507 in May, 65 percent of which (4,254 patients) were for children under the age of five.

• MSF teams are carrying out a vaccination campaign amongst a number of nomadic communities in the Kabo area and in Moyenne-Sido transit camp. Teams are vaccinating children with the pentavalent vaccine as well as against measles and polio. The campaign will continue for some weeks. So far, more than 3,400 children have been vaccinated and 586 children have been screened for malnutrition. Four children were found to be severely malnourished and 19 were moderately malnourished.

• In Bangui MSF opened two new projects in June. MSF has reopened a project in Castor Maternity providing primary healthcare and obstetric care, while remaining ready to treat wounded if needed. Another team has started mobile clinics at the St Jacques parish health centre where more than 7,000 displaced Christians have gathered.

BANGUI

Bangui General Hospital – emergency surgery
Since the end of February, MSF has been carrying out emergency surgery at the General Hospital in Bangui. On 25 May, our team (including 18 international staff and 250 Central African staff) received 16 wounded in just one day. Following the attack on the Church of Fatima, an MSF ambulance went to the site to arrange referral of patients; nine wounded were received during the night of 28 May and the early morning of 29 May. In February, 80 percent of the injured received at the hospital had bullet wounds. In the following months, the number of people with bullet wounds declined, and our teams received a lot of patients injured in road accidents. However, due to renewed clashes in late May and early June, we are again receiving victims of violence. At the beginning of June, the occupancy rate of the 104-bed hospital (including four intensive care beds) was 90 percent. In May, our teams carried out 447 surgeries, treated 64 patients for violence-related injuries (including bullet, knife and grenade wounds), admitted 158 people as inpatients and received 331 patients in the emergency room.
M’Poko airport camp – primary and secondary healthcare
According to the latest official figures, more than 30,000 people are still staying in this camp next to the international airport, too afraid to return to their homes. MSF continues to run a hospital as well as three health posts on the site. With the arrival of the rainy season, living conditions are deteriorating, and are reflected in particular by an increase in malaria cases. This is the main disease in the country, and we are seeing it in one-third of children under five in M’poko. In total, between January and June, 119,230 consultations were carried out, of which 41,319 were for malaria. There were 1,400 births and more than 1,000 malnourished children were admitted to the nutrition programme. In the same time period, 1,018 victims of violence were treated, mainly for machete wounds or lost bullets. MSF psychologists carry out about 100 consultations per week both in the medical facilities and inside the camp community. They also organise mental health support sessions for larger groups.

Castor – primary healthcare and maternity
Castor neighbourhood in Bangui has been one of the most affected by violence over recent months. MSF supported the local health centre between December and March, offering free care for obstetrical emergencies and stabilisation of war-wounded. In June, MSF started working in the 23-bed maternity ward of Castor health centre, providing free care for deliveries and obstetrical emergencies. MSF teams also carry out primary healthcare consultations and stand ready to respond to any influx of wounded patients in the event of renewed violence.

Mamadou M’Baiki health centre, PK5 Muslim area – primary healthcare
This project has been open since early January. In May, 687 consultations were conducted for malaria patients, 19 malnourished children were referred to Action Against Hunger (ACF) and 49 people were received with violence-related injuries. On 1 July, the Ministry of Health will take over the provision of medical care for adults, although MSF will continue to provide free care to children aged 0-15 years, as well as supplying free drugs to both children and adults. An 24-hour ambulance service, set up by MSF, will continue to provide emergency transport and transfers to the hospital for all patients.

Grand Mosque, PK5 Muslim area – primary healthcare and mobile clinics
Since the beginning of February, MSF has been running mobile clinic several times a week in Bangui’s Grand Mosque, in the PK5 district, where thousands of displaced people have gathered, most of them too afraid to travel to Mamadou M’Baïki health centre for medical care. In May, our teams provided 583 consultations, 93 of them for children under five and 89 for malaria cases; 19 victims of violence have been admitted. On 21 June, 526 women received distributions of essential relief items including mosquito nets, soap and blankets.

Kpéténé Christian area – new project providing primary healthcare and mobile clinics
Since mid-June, an MSF mobile clinic teams has visited St Jacques parish health centre every Friday, where 7,349 displaced people are gathered. The team is focusing on care for children aged from 0 to 15 years, life-threatening emergencies and transport for patients requiring transfer to hospital.

MAMBERE KADEÏ PREFECTURE

Carnot – primary and secondary healthcare
Since 2010, MSF has been working in Carnot hospital as well as supporting three nearby health centres, where patients mainly suffer from malaria, respiratory infections and diarrhoea. In 2012, the team expanded its activities to include paediatric care, outpatient and inpatient care, support for routine vaccinations, internal medicine and malaria treatment. From 14 to 27 April, 1,362 consultations were provided and 41 malnourished children were admitted to our nutrition programme. On 15 June, 138 displaced adults and around 50 children who were sheltering in Carnot’s church left the city, escorted by MISCA. They stopped in Berberati until late June, swelling the numbers of displaced people already in the city, before finally leaving for Cameroon.

Berberati – primary and secondary healthcare
In January 2014, MSF began activities at Berberati Regional University Hospital to meet the health needs of the displaced and to treat victims of violence. Although violence in the town has reduced since January,
health needs remain massive. In May, there were more than 3,000 outpatient consultations, 2,450 of them for patients suffering from malaria. There were 427 patients admitted to the inpatient department, more than 300 surgeries were carried out, and 320 babies were born. Mental health activities also began in Berberati in May. Weekly mobile clinics are also carried out for 350 Muslims who are living in enclaves. Additionally, MSF is providing support for the testing and treatment of malaria in nine nearby health centres. Teams are also planning medical activities in surrounding villages to treat malnutrition, and will refer severe cases to the hospitals in Berberati or Carnot.

SANGHA MBAÉRÉ PREFECTURE

Nola – measles vaccinations
In May, MSF carried out a measles vaccination campaign for children aged six months to 15 years. Over three weeks, 32,000 children in the Nola sub-prefecture were vaccinated.

OUHAM PENDE PREFECTURE

Paoua – primary and secondary healthcare
MSF has been working in Paoua’s 173-bed hospital since 2006. Working alongside the Ministry of Health, our team’s activities include the outpatient and inpatient departments, internal medicine, paediatrics, maternity/obstetrics, HIV/TB care (with some 865 HIV-positive patients on antiretroviral medicine), surgery and routine vaccinations. MSF also supports a health centre in the city. In April, 803 patients were seen in the emergency room, including 445 under fives; there were 39 cases of measles and 12 cases of meningitis; 496 patients were admitted as inpatients (69 to the surgical ward, 185 to the paediatric ward, and 49 cases of severe malaria); 252 surgical procedures were performed (including 14 caesareans); 21 victims of violence were received; 703 antenatal consultations were provided and 127 deliveries were assisted.

Bocaranga – primary and secondary paediatric healthcare
MSF activities in the hospital officially opened on 15 May. In May, 1,460 consultations were provided, 1,341 of them for children under five and 989 for malaria cases; 158 patients were referred to the hospital from the surrounding area; 75 malnourished children were admitted to our nutritional programme; two cases of measles have been received; 395 under-fives were received in the emergency room, 255 of them for malaria; and 238 patients were admitted to hospital including 152 cases of severe malaria. In June, MSF mobile teams assessed the health situation in several locations around Bocaranga, and provided support to a number of health centres, including medical supplies for detecting and treating malaria, logistics support, as well as establishing a system for referring patients to hospital in Bocaranga.

OUHAM PREFECTURE

Batangafo – primary and secondary healthcare
Tension has increased in Batangafo as anti-Balaka groups move closer to the town; currently they are about 5 km away. Some 4,000-5,000 people have resorted to sleeping at the MISCA base and in the compounds of the hospital, churches and other buildings. MSF manages the 165-bed general referral hospital and supports five peripheral health facilities. Following renewed tensions in the surrounding area, the hospital has become a refuge for the population, as happened in March during a surge in violence. In May, 7,597 consultations were provided at the hospital and in the health centres 3,200 of which were for children under five. In June, 7,863 consultations were carried out, 3,100 of which were for children under five.

Boguila – Limited primary healthcare
MSF continues to evaluate the situation in Boguila area since suspending activities after the attack on 26 April, when 21 civilians, including three MSF staff members, were killed by elements of ex-Seleka. Currently malaria is the biggest threat to the population of 45,000 people in the project area, and MSF is running limited primary healthcare posts for the community as the security situation does not allow the team to do more.
The hospital in Boguila including the HIV/TB programme remains closed. MSF had been working in at the Boguila area since 2006.

**Bossangoa – Primary and secondary healthcare**
Since May 2013 MSF has been working in Bossangoa hospital, conducting 9,379 consultations in May alone, including treating 6,507 people for Malaria as well as performing 85 surgeries. Mobile clinic activities continue to the west, southeast and northwest of the city.

**Kabo – primary and secondary healthcare**
The medical assistance provided by MSF teams in Kabo since 2006 is crucial for more than 50,000 people. In late April, about 1,200 people living in the Muslim enclave of PK12 in Bangui arrived in Kabo and in a transit camp for people fleeing to Chad, located in Moyenne-Sido. In May, MSF carried out 6,716 consultations, 2,286 for children under five. In June, MSF carried out 10,943 consultations, 4,288 for children under five.

**BAMINGUI BANGORAN PREFECTURE**

**Ndélé – primary and secondary healthcare**
The most recent influx of wounded to this referral hospital supported by MSF since 2010 took place in March. In May and June, other activities continued, including obstetrics, outpatient care, HIV treatment, and support to four nearby health centres. In May, MSF teams provided 2,705 consultations, 2,017 of them for children under five. In June, MSF teams provided 6,834 consultations, 3,130 of them for children under five.

**KEMO PREFECTURE**

**Dekoua – New project supporting the parish clinic**
At the beginning of May, MSF began supporting the Dekoua parish clinic, focusing on outpatient consultations, deliveries and treatment of malnutrition. MSF is also conducting mobile clinics. As of mid-May, more than 400 consultations were carried out in one week, and four wounded had been treated. MSF is also planning a distribution of relief items for about 2,000 people who have sought refuge at the parish.

**OUAKA PREFECTURE**

**Grimari and Bambari – Primary healthcare and war-wounded**
MSF started treating vulnerable communities in mid-April in this area of extreme conflict, first in Grimari and then additionally in neighbouring Bambari. So far, MSF has treated 1,675 patients during mobile clinics and at malaria treatment points (palu points). Between mid April and end of June some 129 war-wounded patients were stabilised by MSF and when necessary referred for further care at hospitals in Bangui, Bambari or Sibut. Malaria also poses a threat, constituting 81 percent of all consultations. There has been active fighting in the area between ex-Seleka, anti-Balaka and international forces since April, and more than 20,000 people are displaced from their homes. Several villages around Bambari and Grimari town have been attacked and burned down. MSF teams are carrying out measles vaccinations, constructing emergency water and sanitation structures and providing limited distributions of relief items for the newly displaced.

**HAUTE KOTTO PREFECTURE**

**Bria – primary and secondary healthcare**
Since August 2013, MSF has been providing paediatric and nutritional care in the rehabilitated hospital operating theatre and recovery room. In May, a tent was set up to deal with the peak in malaria cases; 3,212 consultations were provided, 2,509 of them for malaria; 317 children were admitted to hospital, including five with measles.
MBOMOU PREFECTURE

Bangassou – primary and secondary healthcare
In late-February, 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 maternity, paediatric and surgical wards – and offers primary and secondary healthcare services for an estimated population of 120,000 in the area. Between February and June, 3,373 patients were admitted to the emergency room and 887 patients were hospitalised. Some 40 percent of children under five years of age were hospitalised for malaria. Over the same period, 465 babies were delivered in the 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. In the first four weeks of activities, MSF carried out 4,899 primary healthcare consultations, half of which were for malaria. About 40 percent of the consultations were for children under five years, 5.3% of whom were diagnosed as severely malnourished during a rapid nutritional screening.

HAUTE MBOMOU PREFECTURE

Zémio – primary and secondary healthcare
This project opened in 2010 following an influx of Congolese refugees and Central Africans displaced by attacks by the Lord’s Resistance Army (a rebel group from Uganda). MSF supports the town’s health centre, four outlying health posts and a health centre in Mboki. In May, 1,788 people were treated for malaria, while MSF is also providing treatment for over 600 HIV-positive patients. The prevalence of HIV in this area is one of the highest in the country.

Response to refugee situation in neighbouring countries

CAMEROON – Garoua-Boulai, Gado Badzere and Gbitti
According to the latest figures, 77,000 refugees from CAR have settled in the east of Cameroon. MSF, supporting the Ministry of Health, is providing medical care in Garoua-Boulai District Hospital, and in Gado Badzere and Gbitti refugee sites. Since January 2014, MSF has been providing an average of 3,000-3,500 medical consultations per week, mostly for malaria, diarrhoea and respiratory infections. The surveillance system set up in Gado and Gbitti still indicates high rates of malnutrition, with global malnutrition rates of 35-40 percent in both camps and severe malnutrition at 6 percent. In Batouri, MSF has admitted 80 children to hospital with severe malnutrition and another 100 to the intensive therapeutic feeding centre in Garoua-Boulai. MSF also provides outpatient treatment to 900-1,000 malnourished children per week.
MSF has sent mobile teams to Garoua-Boulai district, Ketté district and to the border area close to Yokadouma to reach potential pockets of refugees who have not yet received assistance, and to refer complicated cases for immediate medical treatment.

CHAD – Sido, Gore and Danamadj
More than 101,000 people have fled CAR to find refuge in Chad since December, although the borders between Chad and CAR have been closed since 12 May. According to the International Organization for
Migration, as of mid-May, 45,561 people from CAR were in southern Chad. Although they have no relatives in Chad and nowhere to go, they are generally considered by the Chadian authorities as returnees and are not registered as refugees. In most areas, aid is insufficient and underfunded. In Sido, MSF is running an outpatient clinic and a hospital. In Gore, MSF is running an inpatient service. In May, MSF began mobile clinics in the villages of Kumba and Bethel, in Gore district. The authorities are trying to relocate refugees to a new site, Danamadja, where MSF has built latrines and showers.

DEMOCRATIC REPUBLIC OF CONGO – Molet and Zongo

Approximately 60,000 refugees from CAR have been registered in Equateur and Orientale provinces. Half of the refugees live outside the camps. MSF is providing psychological care in Molet camp (Equateur province) where more than 12,000 people live. In Zongo, across the Ubangi river from CAR’s capital, Bangui, MSF is supporting the paediatric hospital, where the number of beds has increased to 84. Most of the children admitted are treated for malaria. From January to June, 1,735 children were admitted to the hospital. MSF is also running mobile clinics in four different locations around Zongo, providing medical care to refugees and host families living along the river. The mobile teams are providing some 600 consultations every week, with a total of more than 11,000 patients treated since January.