

### **COUNTRY PROFILE**

# CENTRAL AFRICAN REPUBLIC

The decade-long conflict in the Central African Republic (CAR) has created acute humanitarian needs, with the OCHA Humanitarian Needs Overview (HNO) 2024<sup>1</sup> estimating that 2.8 million people nearly half of the population - require assistance.

Clashes between government forces, government allies and armed groups are causing the humanitarian situation to continue to deteriorate and many people to be displaced, often multiple times. One in five Central Africans has been forcibly displaced since the latest round of violence began in 2013<sup>2</sup>.

The crisis has sharply reduced access to essential services. As of October 2021, only 22% of CAR's health facilities were functioning, and one in five nutritional feeding units are closed<sup>3</sup>. The global acute malnutrition rate is at 6.6%. In 2022, the country recorded epidemics of measles, whooping cough, yellow fever, vaccine-derived poliomyelitis and COVID-19. A case of guinea worm disease was also identified in Basse Kotto in January 2023<sup>4</sup>.

These epidemics are in addition to the year-round heavy burden of malaria, respiratory tract infections and diarrheal diseases that cause most deaths and suffering.

These diseases place an additional burden on already strained health services, which are severely lacking. Over a third of Central Africans must walk more than an hour to reach a health facility.

There is also a scarcity of skilled health workers, a lack of essential treatments and management capacities, and limited-service delivery, including access to secondary health, sexual and reproductive health services<sup>5</sup>. Young children and pregnant women are especially vulnerable to disease, illness and death in this setting. Mortality rates are unacceptably high.

The Global Nutrition Report and the WHO give similar prevalence on undernutrition indicators

Recent data show the **alarming rates of malnutrition in the country**, likely exacerbated by the many years of armed conflict. The World Bank<sup>6</sup> reports:

- 20% of underweight (weight for age) in 2018
- 40% of stunting (height for age) in 2018
- 5.2% of wasting (weight for height) in 2019
- 72% of anemia in 2019 among children under five years of age.

(stunting, wasting and underweight) for under-fives<sup>7</sup>. A cross-sectional study in southwest CAR found an anemia prevalence of 85% among under 5s in 2020. These figures of undernutrition and anemia in CAR indicate a severe public health problem.

Young children and pregnant women are especially vulnerable to disease, illness and death in this setting, and mortality rates are unacceptably high. Children's immune systems develop slowly, from birth, not reaching capacity until 5-8 years old, which exposes them even further to malaria.

Infant mortality rates have increased since 2012, from 41 to 75 deaths per 1,000 live births, as access to health services has deteriorated. Malaria is the most common cause of morbidity and mortality in CAR, accounting for 44% of deaths<sup>8</sup>.

MENTOR started its CAR programme in 2008 and has been working extensively in the western areas of the country to improve access to healthcare and prevent diseases. We currently have operational bases in the cities of Bangui, Paoua, Bocaranga, Alindao and Batangafo. Our activities also extend to the whole of the sanitary regions 1 and 3 and Basse-Kotto.

#### **IMPACT FIGURES 2023**



227,040

malaria cases diagnosed and treated (CHWs and health facilities)



malnutrition diagnoses



210,340

consultations by supported health facilities



mosquito nets distributed



consultations by community health workers



Human African Trypanosomiasis tests done

#### Our activities include:

- Support to selected health facilities with drugs, training, data collection and supervision / quality control.
- Support to Community Health Workers: selection, training and monthly drug distributions, data collection and supervision / quality control.
- Support to community focal points who do IEC sessions in communities regarding hygiene promotion and health prevention. Screening of malnourished children (under five years old).
- Continuous training and support to the selected health structures in the use of data collection tools and respective analysis.
- Improvements to water and sanitation systems in supported health facilities. Rehabilitation of structures, installation of equipment and improving spaces to ensure the provision of care (for example, delivery beds, beds and mattresses)

- Improvements to water and sanitation systems in supported communities including water points and community-led sanitation.
- Diagnostic and treatment of severely malnourished patients in communities and in health facilities.
- Sensitisation sessions on adequate nutritional plans for all age groups in communities including culinary demonstrations and women-led focus groups discussions.
- Logistical support to distribute medical supplies in hard-to-reach areas.
- Mass Drug Administration in targeted areas.
- Distribution of mosquito nets.
- Pilot project for diagnosing Human African Trypanosomiasis in rural communities.



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  2. https://reports.unocha.org/en/country/car/
- 3. https://reliefweb.int/report/central-african-republic/central-african-republic-violenceagainst-health-care-conflict-2022
- 4. Central African Republic: Humanitarian Needs Overview 2024- OCHA: https:// reliefweb.int/report/central-african-republic/republique-centrafricaine-apercu-des-
- besoins-humanitaires-janvier-2024 **5.** https://www.doctorswithoutborders.ca/beyond-headlines-canadian%E2%80%99stestimony-central-african-republic

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