One of the world’s poorest countries, the Central African Republic (CAR) has been plagued with political turmoil and unrest since it won independence from France in 1960. Since the country’s latest round of violence began in 2013, one in four Central Africans has been forcibly displaced, contributing to a major crisis that has grown in the region. International Medical Corps provides lifesaving services to internally displaced persons (IDPs), refugees and conflict-affected host communities in four prefectures (Hautte-Kotto, Ouaka, Vakaga and Bangui) in CAR, and remains one of the few international organizations with a presence in the country’s troubled northeastern region.
In 2019, several signs pointed to improvements in the sociopolitical situation in CAR: after the signing of the Political Agreement for Peace and Reconciliation, the humanitarian situation shifted from emergency to recovery in most regions. However, following presidential elections in December 2020, the security situation in CAR deteriorated significantly, with increasing violence in much of the country, including the capital, Bangui. The country is currently under a state of emergency and permanent curfew, and remains one of the most dangerous countries in the world for humanitarian actors.

Roughly 2.8 million people out of a population of 4.9 million are in need of humanitarian assistance and protection, with 1.9 million in acute need. More than half of all IDPs are children. However, the increasing number of security incidents have affected the ability of humanitarian organizations to reach those most in need.

Needs are increasing not only for the displaced, but also for their host communities, which already share limited resources. Some 70% of health structures have been damaged or can no longer function due to conflict, and access to basic social services remains severely limited. Banditry is widespread and increases the difficulty of delivering commodities such as medicines and equipment to program sites, while aid organizations face being targeted by armed groups along supply roads.

International Medical Corps began working in CAR in 2007, providing services to Sudanese refugees in the Vakaga region. Today, International Medical Corps provides services in the Vakaga, Haute Kotto and Ouaka regions, including basic health services, reproductive health services, counseling and testing for HIV, treatment for acute respiratory infections, psychosocial and clinical support to survivors of gender-based violence (GBV), protection activities, mental health and psychosocial support (MHPSS) services, and nutrition services and treatment for malnutrition. In 2020, to address the staffing gap of qualified health staff in the country, we began supporting health education for auxiliary midwives.

COVID-19 RESPONSE
Since the beginning of the pandemic, International Medical Corps has focused on screening for COVID-19 in the health facilities we support and training frontline staff in COVID-19 case management and prevention. In addition, we have procured and distributed infection protection and control supplies and personal protective equipment for health staff, community health workers and traditional birth attendants. Our awareness-raising activities include messages on COVID-19, health and hygiene, and community wellbeing, and continue to be part of International Medical Corps’ ongoing COVID-19 response programming.

WHERE WE WORK

- VAKAGA PREFECTURE
- HAUTE KOTTO PREFECTURE
- OUAKA PREFECTURE
- BANGUI PREFECTURE
PRIMARY HEALTH CARE

International Medical Corps provides lifesaving health services in CAR through 56 health facilities as well as mobile medical units that can reach the most remote communities in CAR. In 2020, we conducted 232,092 health consultations in CAR, of which 76,669 were for children under 5 years old. Our primary healthcare services in CAR include:

► Curative and preventive consultations
► Provision of essential drugs
► Integrated management of childhood illnesses, based on expanded immunization programs, prevention and care
► Prevention and response activities for common diseases (e.g., malaria, acute respiratory infection and diarrhea)
► Access to referral services, especially for pregnant women needing emergency obstetric and newborn care, and children with complicated severe acute malnutrition
► Health promotion and education
► Health systems strengthening, including disease surveillance, improvement of the management capacity of health facility management committees and joint supervisions with the Ministry of Health
► Epidemiological surveillance and emergency preparedness and response, including a COVID-19 response

REPRODUCTIVE, MATERNAL & CHILD HEALTH

Maternal and child health services are desperately needed in CAR, where there are only 2.6 nurses and midwives per 10,000 people and maternal mortality remains high. To address this gap, International Medical Corps provides the following services:

► Antenatal and postnatal care
► Clean and safe deliveries
► Emergency obstetric care
► Integrated family-planning services
► Immunization services for pregnant and lactating women and children under five
► HIV prevention and syndromic management of sexually transmitted infections, including prevention of mother-to-child transmission of diseases
► Integrated management of childhood illnesses
► Clinical management of sexual assault cases

In 2020, more than 4,000 women delivered in International Medical Corps-supported health facilities, and more than 9,000 women received at least one antenatal consultation. More than 4,000 men and women were diagnosed with and treated for sexually transmitted infections. To expand access to these services and ensure the long-term delivery of care to reduce maternal, neonatal and child mortality, International Medical Corps continues to provide capacity-building for traditional birth attendants and community health workers, who represent the direct link between health services and the community. Additionally, in 2019, we began working with the Ministry of Health to support an auxiliary midwife school in Bria city, to address the staffing gap of qualified health staff in CAR.

NUTRITION

Roughly 1.1 million people require food assistance in CAR today. Conflict has greatly affected people’s ability to move freely, which diminishes their ability to grow crops, buy food and access healthcare. In these types of complex conflict situations, vulnerable populations—such as pregnant women and children under 5—are often at an increased risk of acute malnutrition. International Medical Corps’ nutrition program includes:

► Community mobilization to increase the understanding, engagement and participation of the target population
► Supplementary feeding programs (SFPs)
► Outpatient therapeutic programs (OTPs) for those with severe acute malnutrition
► Stabilization centers (SCs) for those with severe acute malnutrition with medical complications
► Surveillance of malnutrition to ensure that vulnerable individuals receive appropriate and timely treatment

In 2020, International Medical Corps helped provide community management of acute malnutrition programs in 25 SFPs, 41 OTPs and two SCs. We admitted 1,773 malnourished children aged 6–59 months to our OTP units, 1,110 to our SFP units and 448 to our hospital SCs, where 75% were cured. To prevent further malnutrition, International Medical Corps provides community-based support to mothers, grandmothers and other community members on breastfeeding and complementary feeding through trained “model mothers,” as well as community health workers, traditional birth attendants and general health staff. At the community level, model mothers provide education through culinary demonstrations on proper nutrition and diet diversification. In 2020, model mothers trained by International Medical Corps reached 25,443 caregivers.
GENDER-BASED VIOLENCE (GBV) TREATMENT & PREVENTION

GBV is widespread in CAR, with an estimated 93% of women affected, due to gender discrimination that perpetuates weak decisionmaking power, financial dependence and unequal access to resources. Psychosocial distress remains a major issue for women and girls. COVID-19 presents an additional risk factor for GBV and further complicates access to response services for survivors. International Medical Corps in CAR trains medical staff on the clinical management of rape, works with local communities to raise awareness of GBV, provides basic psychosocial support, distributes information on relevant available services and provides referrals as needed. We also work to build community resilience by training community health workers and protection committees, both to improve identification and referral of medical and GBV cases, and to empower communities. In 2020, 2,663 GBV survivors and vulnerable women received individual psychosocial and/or case management support in International Medical Corps-supported health facilities, and 269 survivors of rape received appropriate medical care. In addition, International Medical Corps reached 10,464 people through social behavior-change communication sessions on GBV prevention.

CAPACITY BUILDING

By building the capacity and awareness of community groups, International Medical Corps ensures community resilience and independence, as well as the ability to manage healthcare, nutrition and GBV programs locally. In CAR, this includes:

► providing ongoing on-the-job training for nurses, midwives and protection assistants to increase management and clinical knowledge;
► leveraging a network of community health workers and traditional birth attendants—already trusted assets in the community—to encourage the use and expand the scope of healthcare and nutrition services;
► strengthening national health-facility, service-delivery and supply-chain systems through the support of local health-facility management committees and village health committees, as well as coordinated efforts with the Ministry of Health; and
► training sessions for healthcare providers.

A pre-eminent first responder since 1984, International Medical Corps delivers emergency medical and related services to those affected by conflict, disaster and disease, no matter where they are, no matter what the conditions. We also train people in their communities, providing them with the skills they need to recover, chart their own path to self-reliance and become effective first responders themselves.

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