



Reporting Period: 1-15 April 2020


 for every child
Central African Republic
Coronavirus (COVID-19)
Situation Report n°1

Highlights

CAR has registered 12 confirmed cases of COVID-19 since 13 March, with no casualties. Despite this low figure, the country is one of the world's most fragile and could be on the brink of a major health crisis should the virus spread.

An initial national prevention and response plan, focusing on public interventions was released in March and activities are ongoing. Prevention measures announced by the President on 26 March include the temporary but ongoing closure of schools, bars, airport and borders. School closures affect over 1,370,000 pupils. A multi-sectoral plan, including educational and child protections measures is being developed to more fully apprehend the impact of the looming crisis.

UNICEF CAR's COVID-19 response plan for children in CAR is in line with the Government's plan and UNICEF's global appeal, and currently amounts to 19 million USD.

To date, UNICEF and partners:

- Printed and distributed over 20,000 leaflets, posters and billboards with COVID-19 sensitization messages
- Supported mass sensitization through spots and other programs on 2 national and 12 community radios, as well as through blast SMS messaging
- Provided 4,000 people with emergency access to water and distributed 100 hand washing devices and soap to public institutions in Bangui
- Reinforced water supply at the country's only isolation ward (15 beds), located in a public hospital in Bangui
- Worked to scale up distance/home-based learning opportunities for children during school closures through radio education, and purchased 2,985 solar radio sets for poor families on core funds to kick-start the process
- Ordered 1.8 million USD worth of supplies for the COVID-19 response, including personal protection equipment, essential drugs, tents, WASH and education supplies
- Carry on with non-COVID-19 essential emergency and humanitarian response activities.

Situation in Numbers

12 COVID-19 confirmed cases*



0 COVID-19 deaths*

*WHO/MoHP, 15 April 2020

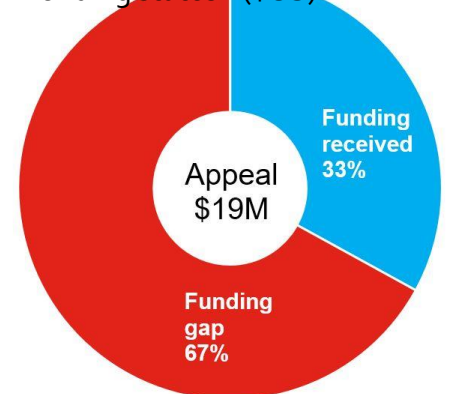


850,000

estimate target of children affected by COVID-19

UNICEF Appeal COVID US\$ 19 million

Funding status* (\$US)



On 13 March 2020, the Central African Republic (CAR) registered its first confirmed case of COVID-19. As of 15 April, the country has 12 confirmed cases including 5 imported, 6 locally transmitted and 1 under investigation. The first patient developed symptoms in Mbaiki (Lobaye prefecture) about 110km Southwest of the capital Bangui, upon return from abroad, and all the subsequent cases were recorded in Bangui.

All the patients have been treated in Bangui, including within a specially rehabilitated treatment/isolation ward at the Amitié Hospital in Bangui. At the time of writing, according to the Ministry of Health and Population (MoHP) there have been neither COVID-19 related deaths in CAR, nor severe cases. Systematic tests are being conducted on suspicious cases by the Institut Pasteur de Bangui, a reference laboratory in the WHO classification. Surveillance for COVID-19 at some key ports of entry (PoE) into the country, including Bangui M'poko International Airport has been in place since January, building on the set up put in place in 2018 for Ebola virus disease (EVD) prevention.

In March, the MoHP with support from partners including WHO and UNICEF developed a national Coronavirus Preparedness and Response Plan, which was endorsed by the CAR Government. The plan was built on five pillars: Coordination and intersectoral coordination; Surveillance and laboratory; Infection prevention and control (IPC); Risk Communication and community engagement (RCCE). The plan's design and implementation have been coordinated by the MoHP's Operations Center for Public Health Emergencies (COUSP), with participation from UNICEF. UNICEF is also actively involved in supporting the CAR government and on the coordination, RCCE, IPC and logistics aspects of the plan. For the last two weeks, multi-sectoral dimensions of the national response plan are being developed under the aegis of a Technical Committee chaired by the Prime Minister.

According to the MoHP's own assessment in the response plan, CAR is highly vulnerable to the spread of COVID-19, due particularly to its porous borders, weak surveillance and case management capacities as well as the population's low access to water and sanitation and limited knowledge of good hygiene practices. Bangui and its urban area, as well as the Southwestern prefectures of Ombella Mpoko, Lobaye, Nana-Mambere and Mambere-Kadei (between Bangui and the Cameroon border) are considered particularly high risk.

On 26 March, therefore, and as the country had only recorded 4 cases, President Faustin Archange Touadera announced a set of preventive measures. They include the closing of borders; the suspension of commercial flights; the closing of all pre-schools, schools and universities; the closing of bars and nightclubs; the restriction of religious services and social gatherings (e.g. funerals); social distancing in public transport; the restriction of movements between Bangui and the rest of the country. These measures, initially taken for 15 days, have been extended.

Humanitarian Leadership, Coordination and Strategy

UNICEF, alongside WHO and other actors, has been supporting the CAR government since the outset of the crisis. Since early March, UNICEF technical staff, have participated in the different technical commissions working on the preparation of the national plan. UNICEF management has also been actively involved in the design of the overall strategy, participating in high-level mechanisms chaired by the President (Crisis Committee), the Prime Minister (Technical Committee), and the Health Minister (Strategy and Methodology Committee).

UNICEF CAR's COVID-19 response plan focuses on RCCE and IPC (in particular WASH aspects), but also on ensuring continuous access to healthcare, nutrition services, education, child protection and gender-based violence (GBV) services. It is fully aligned with both the CAR Government's plan and [UNICEF's global COVID-19 response plan](#).

In this time of pandemic, UNICEF continues to lead the WASH, Nutrition, Education Clusters and the Child Protection Sub-Cluster, thus ensuring that the needs of children and their mothers are fully taken into account in the broader CAR humanitarian community's COVID-19 strategy and response.

Funding Overview & Partnerships

UNICEF CAR's COVID-19 response plan currently stands at 19 million USD (see Annex B for the sectoral requirements) and is regularly being updated.

Contributions have been confirmed from the World Bank to support the procurement of WASH and essential medical supplies and potentially RCCE activities. In addition, the Education Cannot Wait (ECW) Fund is contributing to the scale-up of radio education programs. The United States Agency for International Development (USAID/OFDA) confirmed a contribution to rapidly implement an emergency WASH response and to support RCCE coordination. The contribution from the United Nations Central Emergency Response Fund (CERF) will support UNICEF's COVID-19 response in general, including the delivery of essential medical supplies to priority health districts.

In addition, a portion of funds previously received from the Government of the Netherlands (DGIS), the Global Partnership for Education, the Humanitarian Fund in CAR have been reallocated to support the COVID-19 response. Discussions are underway with Gavi, the Vaccine Alliance, and the Government of Germany to also reallocate part of current funding for Health, Education, WASH and Child Protection interventions.

Despite generous responses from donors through swift agreement to reallocations and new contributions, child protection, health, WASH, and education needs are increasing as a result of the socio-economic impact of prevention measures, compounded by decreasing water supply due to the peak of the dry season. While UNICEF currently has enough funds to initiate the response, scaling it up and sustaining it will require additional means.

SUMMARY ANALYSIS PREPAREDNESS AND RESPONSE ACTIONS

Risk Communication and Community Engagement (RCCE)

Under the auspices of the MoHP, UNICEF worked with two major national radio stations, Ndeke Luka and Sewa to develop and air various radio products on issues pertaining to COVID-19, which have been relayed by twelve community radios based in Berberati, Bouar, Bozoum and Ndele. While the audience is difficult to measure, several hundreds of calls were received during phone-in radio programmes.

As soon as the first case was confirmed, UNICEF supported the development, printing and dissemination of key materials such as posters (98), flyers (20,000) and ready-to-go billboards. All 35 health districts have received a set of these materials.

The C4D team was heavily involved in technical support to the MoHP's COUSP to develop and coordinate the implementation of a comprehensive RCCE plan including sets of key official sensitization messages. UNICEF was also instrumental in supporting dialogue with mobile phone operators which resulted in bulk SMS and voice messages sent across networks countrywide.

Infection Prevention & Control (IPC)

The COVID-19 outbreak coincides with the last months of the dry season, during which water supply in Bangui is particularly affected, with widespread and increasing shortages, as volumes distributed by the national water operator decrease, and many private wells and boreholes dry up. This situation impacts the population's capacity to implement some of the prevention measures, while compounding their negative socio-economic impact.

To date, UNICEF and the Direction Générale des Ressources Hydrauliques (DGRH) have set up two emergency water supply systems in Gobongo and Yembi neighborhoods, heavily affected by the shortages. These systems, which benefit 4,000 people, were installed on new boreholes previously built by the Agence Nationale de l'Eau et Assainissement (ANEA), and originally equipped with handpumps. Each system consists of a submersible pump, a generator, a bladder and a distribution ramp. 10 additional systems are planned in Bangui and surroundings. In addition, 22 boreholes are planned for the COVID-19 response, including 11 in Bangui and 11 in Nana Mambere prefecture (West). The drillings will first target health facilities designated for COVID-19 case management.

In collaboration with ANEA and WHO, UNICEF rehabilitated the water supply system for the country's only isolation ward for COVID-19 patients (15 beds) located in the public Amitié hospital in Bangui, installing a bladder and replacing the submersible pump equipping the borehole. In collaboration with the DGRH, 100 hand washing devices were manufactured and distributed to public services in Bangui. Each device was accompanied by a pack of 40 pieces of soap.

UNICEF also ordered protection equipment including 72,000 masks of different types, 24,000 coverall protections, 5,510 face shields, 1,200 surgical gowns and 98 infrared thermometers for health and community workers.

Continued access to essential Healthcare

Since the beginning of the pandemic in CAR, UNICEF has maintained its support to basic health and nutrition services. In March, nearly 12,500 mothers and other parents of children aged 0-23 months have been sensitized on infant and young child feeding practices in the context of COVID-19. In addition, 11,701 people benefited from free essential care in Bouar, Kaga-Bandoro, Bambari, Nana Gribizi and Lobaye. More specifically, 5,337 children under 5 benefitted from curative care, 5,108 children aged 0-23 months from routine vaccination and 1,256 pregnant women from prenatal care. These activities are funded under the 2020 CAR Humanitarian Action for Children (HAC), and not included in UNICEF CAR's COVID-19 response budget.

To sustain this effort in a pandemic context, UNICEF recently ordered drug kits for the treatment of common diseases to cover the needs of 100,000 for three months.

In addition, it should be noted that all the other critical healthcare and nutrition activities planned and financed under the 2020 CAR HAC are continuing. They include measles and polio vaccination campaigns; treatment of severe acute malnutrition (SAM); treatment and support for HIV-positive children and mothers. Reporting on these and all other UNICEF emergency and humanitarian response activities will continue through the regular HAC-based sitreps.

Access to continuous education, child protection and GBV services

All of the country's 3,690 public and private schools and preschools are currently closed, affecting over 1,370,000 pupils and 18,547 teachers according to MoE data.

UNICEF started piloting radio education in Bambari (Ouaka) in 2019 and estimates that around 4,205 primary school pupils from this city are currently using this service. UNICEF is working on scaling-up radio education to mitigate the impact of school closures. To kick-start this effort, and pending the availability of new funding, UNICEF used core funds to locally purchase 2,985 solar radio sets and is currently working on the distribution plan with the Ministry of Education and the Education Cluster. It is expected that this first batch of radio sets will enable around 14,925 children [nationwide?] to benefit from the radio programs and also COVID-19 sensitization messages.

UNICEF is also supporting the MoE with the development of the Education component of the COVID-19 national response plan to be funded by special allocations from the GPE, ECW and the World Bank.

Child Protection

UNICEF and the Child protection working group drafted national guidelines for the operation of Child Friendly Spaces in the context of COVID-19 to minimize protection concerns (such as child recruitment, gender-based violence, including sexual exploitations of girls) that may rise following the closure of schools. The minimum standards have been shared with the Ministry for the Promotion of Woman, Family and child protection for official endorsement and will be used as a document for all child protection actors implementing CFS in the context of COVID-19.

A series of messages aimed at raising awareness on the key protection concerns for children in this context have also been drafted and shared widely through the network of partners and other members of the Child protection working group. Considering the country context, specific messages on prevention of child recruitment and gender-based violence (including sexual exploitation of girls) have also been developed in collaboration with MINUSCA child protection section. UNICEF is also providing technical support to the Ministry for the Promotion of Woman, Family and Child Protection for the development of the child protection component of the national response plan in the context of COVID-19.

In partnership with the NGO Triangle Génération Humanitaire, outreach activities for children living on the street in Bangui has been initiated to raise awareness on the COVID-19 and how it can be prevented.

Supply & Logistics

In the past few weeks, using core funds and more recently newly available funding, UNICEF CAR has ordered 1.8 million USD in supplies for its COVID-19 response plan, including WASH supplies; personal protection equipment; essential drugs and medical equipment; solar radios to support distance learning; tents. Supplies procured locally and in the sub-region have already been delivered to the implementing partners, while a first offshore air shipment is expected to arrive before the end of this month.

The challenge of the suspension of most of the air traffic globally is compounded by the pre-existing poor cargo service to Bangui, an underserved destination. A UN-coordinated alternative solution for a humanitarian air lift is under discussion.

UNICEF CAR: www.unicef.org/infobycountry/CAR.html

UNICEF CAR Facebook: www.facebook.com/UNICEFCAR

UNICEF CAR Twitter: <https://twitter.com/UNICEFCAR>

UNICEF CAR Humanitarian Action for Children Appeal: <http://www.unicef.org/appeals/car.htm>

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* These activities are funded under the pre-existing CAR Humanitarian Action for Children (HAC), and not included in UNICEF CAR's COVID-19

	UNICEF and IPs		
	2020 Target (March – Dec20)	Total Results	Change since last report ▲ ▼
RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)			
Number of people reached on COVID-19 through messaging on prevention and access to services	2,000,000	N/A yet	
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms.	9,000		
INFECTION PREVENTION AND CONTROL (IPC)			
Number of people reached with critical WASH supplies (including hygiene items) and services	175,000	4,000	
Number of healthcare facilities reached with (one or more) WASH services and IPC equipment	60	1	
Number of healthcare facilities staff and community health workers provided with Personal Protective Equipment (PPE)	1,654		
Number of healthcare facility staff and community health workers trained in Infection Prevention and Control (IPC)	1,654		
CONTINUITY OF HEALTHCARE*			
Number of children & women receiving essential healthcare services, including immunization, prenatal, postnatal, HIV & GBV* care in UNICEF supported facilities	71,000	11,611	
Number of primary caregivers of children aged 0-23 months who received IYCF counselling through facilities and community platforms	138,000	12,427	
ACCESS TO CONTINUOUS EDUCATION, CHILD PROTECTION & GBV SERVICES			
Number of children supported with distance/home-based learning	850,000	4,205	
Number of children without parental or family care provided with appropriate alternative care arrangements	300		
Number of children, parents and primary caregivers provided with community based mental health and psychosocial support	2,500		
Number of UNICEF personnel & partners that have completed training on GBV risk mitigation & referrals for survivors, including for PSEA	TBD		
SOCIAL PROTECTION			
Number of households (affected by COVID-19) receiving humanitarian multi-sector cash grant for basic needs	5,000		

response budget.

Annex B: Funding Status

Sector	Requirements	Funds received/ reallocated/ Confirmed	Funding gap	
			\$	%
Risk Communication and Community Engagement (RCCE)	600,000	860,000	-	-
Infection Prevention & Control (IPC)	6,000,000	3,010,000	2,990,000	50%
Health & Nutrition	3,100,000	900,000	2,200,000	71%
Child Protection	1,500,000	0	1,500,000	100%
Education	5,300,000	1,820,000	3,480,000	66%
Humanitarian Cash Transfer	2,500,000	0	2,500,000	100%
Multisector	-	1,200,000	-	-
Total	19,000,000	7,790,000	12,770,002	67%