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Coordination Saves Lives

CENTRAL AFRICAN REPUBLIC (CAR):
Situation Report No.11 (as of 5 February 2014)

This report is produced by OCHA CAR in collaboration with humanitarian partners. It covers the period between 30 January and 5 February 2014. The next report will be issued on or around 12 February 2014.

Highlights

- Extreme violence took place in Bangui and other localities during the past week. More people from various communities are exposed to attacks and remain stranded in IDP sites or homes.
- Sibut became the epicentre of violence, which triggered a massive MISCA/Sangaris operation leading to the reopening of the Bangui-Sibut axis.
- Insecurity hinders humanitarian operations. From 28 January to date, four violent incidents have been recorded, including carjacking and looting of international NGOs.
- In January, WFP provided approximately 1,760 mt of food to nearly 280,700 people. This represents an increase of 9 per cent in beneficiaries and 4 per cent in tonnage compared with December.
- The measles-vaccination campaign launched on 3 January in 70 IDP sites in Bangui reached almost 140,000 children against a revised target of some 150,000.
- FAO urgently needs funding to assist 110,000 vulnerable families in crisis-hit areas to implement agricultural assistance for the planting season, which begins in March. The funding gap is US$37 million.
- Due to the security situation and stock depletions, WFP will only be able to serve the most vulnerable people with half food rations in February. A total of $95 million is urgently required.

| 838,000 | $551 million | 11% | 4.6 million | 1,118 |
| IDPs in CAR | Revised 2014 Strategic Response Plan (SRP) requirements | funding available (about $60 million) against the revised SRP | People who need assistance | People killed in Bangui since early December. |
| 413,094 | Vulnerable people targeted by SRP for humanitarian aid | | 2.5 million |

Sources: OCHA, CAR Red Cross, Protection Cluster and FTS

Situation Overview

The security situation in CAR remains extremely volatile and unpredictable. During the past week, most acts of violence and criminality were committed in the 8th, 5th and 3rd districts of Bangui, in the neighbourhoods of Miskine, Kilometre 5 and Combattants. Sporadic shooting was heard in the nation’s capital on a daily basis.
Reprisal operations in the capital and in the north-western region by Seleka and anti-Balaka militias, in Bozoum, Bossangoa, Mbaiki, Bossembele, Nana-Bakassa and Yaloke, are endangering the lives of an increasing number of people in various communities. They are unable to leave and are stranded in displacement sites or in their homes.

Sibut in Kemo Province, 118 km north of Bangui, became the epicentre of violence due to its occupation and control by ex-Seleka members. This affected humanitarian access, as all UN movements by road through Sibut were suspended for 48 hours from 31 January. Ex-Seleka members left the region after the intervention and negotiation of the African-led peacekeeping force, MISCA, and the French forces, Sangaris. As a result, the UN lifted restriction movements on 3 February. An initial assessment in the region revealed acute health-care and WASH needs for residents who are slowly returning.

Due to the persisting insecurity and inter-community tensions, there is an increasing need to strengthen the presence of international forces in the regions outside Bangui to provide much-needed protection to civilians and allow the scale up of humanitarian presence. MISCA forces are deployed in the north-western regions of Paoua, Bozoum, Baoro, Bouar, Bossangoa, Bouca and Kaga Bandoro. They are also present in Bangui (south-west), Yakoke (centre), Boali (south), Bambari (centre), Ndele (north-centre) and Bangassou (south-east). French forces are present in Bangui, Bossangoa and Ndele. From 28 January to date, four violent incidents have been recorded. They include carjacking, looting and violence against international NGOs.

The African Union (AU) summit opened on 29 January in Addis Ababa with a call for greater support to end the conflict in CAR. Mr. Abdou Dieng, the Senior Humanitarian Coordinator in CAR, stressed the interconnection between humanitarian needs and insecurity, and advocated for additional protection to civilians. During the donor conference to raise funds for MISCA, the AU Commission announced over $314 million in pledges.

On 3 February, the Transitional President, Catherine Samba-Panza, visited three IDP sites in Bangui, namely the Monastery, Saint Paul and the Central Mosque, accompanied by Government ministers and representatives of UN agencies. The President relayed messages of hope to the population and emphasized the urgency of restoring security.

As of 1 February, 31,483 third-country nationals have been evacuated from CAR. Since December 2013, there are 86,084 Central African refugees in neighbouring countries. UNHCR has registered 428 refugees (90 families) who have chosen to voluntarily repatriate to 11 different localities in DRC, including Kinshasa. During this week, 328 refugees will be repatriated by boat.

**Funding**

The humanitarian community in CAR is requesting $551.3 million to provide assistance to 1.9 million people in all sectors during 2014 as part of the revised CAR Strategic Response Plan (SRP). The revision builds on the initial SRP and the programmatic aspects of the 100-day plan for priority humanitarian action. During the high-level meeting organized on 20 January in Brussels by OCHA and the European Commission on the humanitarian crisis in CAR, about $496 million was pledged, of which about $200 million will support humanitarian action in CAR. To date, $127 million has been received, including $60 million allocated to specific projects in the SRP.

In response to needs identified during multi-sectoral assessments (MIRA) on 14 January, the Senior Humanitarian Coordinator launched a special allocation for the Common Humanitarian Fund (CHF). The CHF Advisory Board met on 30 January to discuss the list of projects submitted by clusters for funding. The board prioritized 13 projects, including one multi-sectoral project, which have been submitted to the Humanitarian Coordinator for approval. These projects, requesting more than $5 million, are in health, WASH, protection, emergency shelter and non-food items.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA’s Financial Tracking Service (FTS - http://fts.unocha.org) of cash and in-kind contributions by e-mailing: fts@un.org

**Humanitarian response**

**Food Security**

**Needs:**
- Food and cash contributions are needed to continue food-distribution operations throughout the country.
- Security improvements are imperative to enable sufficient access to people in

Required to provide food to 1.25 million targeted vulnerable people in 2014.
the provinces outside Bangui.

- Agricultural inputs are urgently required to assist crisis-hit farmers ahead of the upcoming planting season, beginning in March. IDPs who cannot return due to insecurity would require tools and seeds to plant around their makeshift sites.

**Response:**

- In January, WFP provided approximately 1,760 MT of food to nearly 280,700 people. This represents an increase of 9 per cent in beneficiaries and 4 per cent in tonnage compared with December.
- Due to continuing transportation problems at the Cameroon border due to insecurity in CAR, WFP is preparing to initiate an air lift from Douala to Bangui. It hopes to bring 1,800 MT of food into Bangui during February.
- Building on the SRP, the Food Security Cluster (FSC) is developing a more detailed action plan for 2014, highlighting possible synergies between different food-security actors.
- A working group on monitoring, assessments and analysis has been created to identify indicators to be monitored and the monitoring modalities.
- Cluster members will coordinate the procurement and distributions of seeds and tools in the coming weeks to allow farmers to plant.
- FAO is preparing to distribute seeds and tools in March to 15,000 families located in and around Bouar, Bossambélé and Bossangoa (Nana-Mambere, Ouham and Ouham Pendé Provinces).
- Distributions of vegetable seeds and tools are ongoing in the outskirts of Bangui. Farmers will be able to harvest in six to eight weeks for their own consumption, and to generate income by selling their produce.

**Gaps & Constraints:**

- Due to the security situation, funding shortfalls and stock depletions, WFP will only be able to serve the most vulnerable people with half food rations in February. To avoid cutting rations further or discontinuing assistance, $95 million is urgently required.
- A key challenge is to maximize food pre-positioning in key locations during the dry season, while roads remain accessible.
- WFP requires $1 million to reinforce FSC support in collaboration with FAO for six months.
- FAO urgently needs funding to assist 110,000 vulnerable families in crisis-hit areas. Agricultural assistance is urgently needed in accordance with the planting periods starting in March. There is a funding gap of $37 million.

**Protection Needs:**

- Increased presence of humanitarian partners, civil-society actors, State representatives and international forces in north and south-western CAR to provide protection by presence, assistance and security.
- Information on groups of people whose physical safety has been threatened by armed elements and mobs in north and south-western CAR.
- Supporting conditions conducive to voluntary return for IDPs in certain areas of Bangui, while supporting local authorities and civil society to rebuild their communities and obtain basic services.
- Additional mediation and peaceful coexistence initiatives in hostile environment.
- Social-cohesion and reconciliation activities to rebuild communities.
- Definition of a strategy on how to work with armed elements, assuming the roles of local authorities in rural areas.
- Better analysis of information on displacement and protection to coordinate faster protection response.
- The capacity to accurately identify, document, trace and reunify children who have been separated from their families is stretched due to the limited number of child-protection responders, particularly in locations outside Bangui. There is need for technical training and capacity-building of focal points countrywide. Psychosocial support to children remains a priority.
- Coordinated GBV support at national level, and widely disseminate updated GBV-referral pathways.

**Response:**

- Deployment of international forces in Mbaiki to protect people at imminent risk.
- Provision of support by UNHCR and DRC to mediation initiatives by local authorities, religious leaders and community representatives. This stabilized tension and confrontations between communities in Mbaiki.
- Development of a “safe haven” for IDPs returning in the 5th district of Bangui through an accompanying return platform employing 200 youths.

$74 million
Required to assist 2 million targeted vulnerable people in 2014.
Social-cohesion activities in Bangui by the Danish Refugee Council (DRC). Ten committees were formed, out of which six were trained.

Network building with local civil society and communities to understand the situation in the field in real time.

Organization of a joint training led by UNHCR on IDP guiding principles for Muslim and Christian site committees and reconciliation efforts in Bossangoa.

Participatory assessment with women and men from rural and urban areas in Bossangoa to better understand their concerns, capacities and plans.

Thirty child-protection agency focal points, including representatives of the Ministry of Social Affairs, were trained on identification, registration, temporary care and coordination of unaccompanied and separated children in Bangui. ICRC organized a session on re-establishing family links and family reunification.

Children’s psychosocial-support needs continue to be addressed by the child-protection sector. UNICEF is funding seven child-friendly spaces in Bangui, attended by 12,635 children, three child-friendly spaces in Bossangoa, three in Kaga Bandoro, two in Bouar and two in Bambari. Three self-funded local NGOs (OPID in the 5th district, AFPE in Fateb and SOS Village) are catering for 900 children.

Mobile strategy for GBV medical and psychosocial assistance by UNFPA and DRC.

Multisectoral psychosocial and medical response provided by IMC and Mercy Corps.

Psychosocial response services delivered by IRC in seven IDP sites.

Direct response service delivery and sensitization efforts in 19 IDP sites.

Orientation of 42 IOM data-collection agents on guiding principles for working with survivors of GBV and GBV referral pathway.

Gaps & Constraints:

- Lack of information on at-risk populations, especially in remote locations including LRA-affected areas, due to very limited partners’ presence in the field.
- Lack of partners conducting social-cohesion and community-reconciliation activities outside Bangui.
- Limited capacity of international forces to deploy outside Bangui.
- The child-protection response has largely focused on Bangui, with the exception of UNICEF-funded child-friendly spaces in Bossangoa, Kaga Bandoro, Bouar and Bambari. Interventions are needed in other locations countrywide.
- Lack of an updated GBV information system.
- Lack of medical and psychosocial services at IDP sites.
- Lack of referral system for mental health.

Water, Sanitation, Hygiene

Needs:

- The WASH situation in the majority of IDP sites does not meet required minimum standards.
- The MIRA results and health monitoring indicate an increasing number of diarrhoea cases among displaced people.

Response:

- In Bossangoa, distribution of 10 liters of water per person per day to 35,000 IDPs at the Eveche site. The ratio for latrines is 1 per 39 people. For showers, the ratio is 1 per 76 people. The Liberte site in Bossangoa, home to 6,000 IDPs, provides an average of 12 litres per day, one latrine per 46 people, 69 people per shower.
- In Bossangoa, the SODECA distribution system is being connected to the Liberte site.
- In Bangui, WASH partners are implementing a full WASH package in 32 per cent of IDP sites that host 83 per cent of the IDP population. Other IDPs have received a partial WASH package.
- At the M’Poko airport site, which shelters an estimated 100,000 IDPs, the activities of eight WASH partners are coordinated by a dedicated Wash Cluster Coordinator to improve access to water and sanitation infrastructures. Three more bladders are being connected to the SODECA network to increase water delivery. New latrines are under construction in all zones of the camp. The airport site has an average of 3.4 litres of water per day per person and one latrine per 104 people. About 181 m$^3$ of solid waste is collected weekly and evacuated from the site.
- Cluster members organized several distributions of WASH NFIs to assist 3,600 IDPs settled at PK 13 and 1,500 IDPs at the Central Mosque site in Bangui.
- Five WASH projects have been selected by the CHF Advisory Board totalling $1.5 million. Two projects will be implemented in Bangui and three in the Ouham and Ouham Pende Provinces. This will enable a WASH response to be implemented outside urban areas.

$27.5 million
Required to provide WASH services to 900,000 targeted vulnerable people in 2014.
• The WASH Cluster launched two technical working groups to improve preparedness in view of the upcoming rainy season and the related risk of acute watery diarrhoea/cholera, and to address the growing problem of emptying full latrines.

Gaps & Constraints:
- Limited number of actors and limited capacities compared with the significant number of beneficiaries, especially outside Bangui.
- Limited services/suppliers/transporters available.
- Security concerns affect implementation and monitoring activities in Bangui and on road axes.
- Limited space in displacement sites limits emergency sanitation interventions.
- Water production and distribution capacity will continue to decrease with the dry season.

Emergency shelter and NFI

Needs:
- Emergency shelter support and NFIs to be provided within three months and before the rainy season to meet the needs of IDPs living in urban and rural areas in various locations, including spontaneous and organized sites.
- Basic domestic household items are needed to meet the needs of displaced families living with host families.

Response:
- Two-hundred households assisted with NFIs in Lando village (Bossangoa/Bouca axis). Assessments are ongoing in other axes.
- The cluster validated the rural shelter return kit. The average cost will be between $160 and $220.
- A total of 10,875 (54.34 per cent) households assisted in Bangui M’poko airport from 7 to 27 January.
- In coordination with the WASH Cluster, the number of soap bars distributed has increased to four per family in Bangui and six per family in rural areas. Previously it was two per family in urban areas.

Gaps & Constraints:
- The percentage of households assisted with shelter remains low, as 62 per cent of the total IDP population in Bangui are settled in churches.
- The construction and amount of shelters are determined by the space available in each site.

Camp Coordination and Camp Management

Needs:
- Site managers urgently need to provide dedicated coordination and communication support in Bangui prior to the rainy season. This will facilitate communication on return possibilities and needs.
- MIRA identified communication with affected communities as a priority need for the majority of displacement sites throughout Bangui.
- CCCM actors must establish or support existing communication and leadership structures in displacement and transit sites. They must also involve all affected people, especially the most vulnerable.
- Coordination support is required for humanitarian service providers working with IDPs seeking refuge in displacement and transit sites.
- Facilitate returns by disseminating effective information and ensuring that measures are in place for site closure. Ensure that peace and reconciliation, livelihoods, shelter and other required social infrastructure measures are in place.

Response:
- Following rains on 1 and 2 February, the findings of an initial rapid assessment in the most affected sites were discussed during an emergency meeting. A plan of action was also discussed for IDPs at the Bangui M’Poko airport site in anticipation of the rainy season.
- Premiere Urgence and DRC are responsible for site-management activities at the M’Poko and Don Bosco sites respectively.
- CCCM actors are working with other clusters, with support from the CAR Red Cross Society, to distribute family ration cards at the M’Poko site.

$31.7 million
Required to provide emergency shelter and NFIs to 703,975 vulnerable people in 2014.

$20 million
Required to assist all 501,980 vulnerable people in 2014.
• The CCCM Cluster is engaging with site facilitators, displacement site actors and other CCCM stakeholders to provide capacity-building opportunities in communication, coordination and site-management activities in Bangui and Bossangoa.

Gaps & Constraints:
• Some neighbourhoods are calm and are witnessing returns, but insecurity within and around sites remains high, with regular and random attacks on people.
• There are few CCCM actors and reduced capacities to coordinate activities and monitor gaps at the site level.
• Limited funding renders communication and coordination at the site level challenging.
• Extremely limited space and planning in displacement sites restricts humanitarian interventions.

Nutrition

Needs:
• Nutrition Cluster partners are concerned about increasing levels of vulnerability outside Bangui in areas affected by displacement and violence, particularly in the Ombella M’Poko, Ouham, Ouham Pende, Kemo and Nana Mambere. This could affect the nutritional status of vulnerable people. Returnees also face the same vulnerability due to weakened food security, inadequate shelter and WASH facilities.
• An estimated 28,000 children will suffer from severe acute malnutrition (SAM) and 75,500 children will suffer from moderate acute malnutrition (MAM) in 2014. However, these numbers could rise given ongoing displacement, poor food security, deteriorating access to clean water and sanitation, increased morbidity and lack of health-care services. Community management of acute malnutrition services is not sufficient to meet needs in priority provinces.
• Nutrition Cluster partners are designing a cross-sectional nutrition survey, based on SMART methodology, which is planned for March. It will provide an update on the nutrition situation in CAR and reconfirm needs for the nutrition response.

Response:
• Since the beginning of January, 46,000 children have been screened for malnutrition in Bangui’s IDP sites. A total of 593 severely malnourished children and 1,154 moderately malnourished children were detected and treated through on-site mobile out-patient therapeutic programmes (OTP), or referred for treatment to existing health structures with OTP and supplementary feeding programme (SFP) components.
• Nutrition Cluster partners (ACF, IMC, MSF-Belgique, MSF-Espagne, MDM, UNICEF, WFP) currently cover 18 of Bangui’s biggest IDP sites with malnutrition screening, referral and treatment activities.
• The capacity of the nutrition stabilization centre at the Bangui Paediatric Complex is being expanded with support from ACF and the provision of supplies from UNICEF. This includes the construction of additional physical space for the care and treatment of severely malnourished children with medical complications and strengthening the supply chain for essential medicines.
• MSF-H provided nutrition screening and treatment at PK12 in response to reports of increased nutrition vulnerability in this area. MSF-H detected and admitted for treatment 37 SAM cases and 14 MAM cases. It estimates that 25 per cent of needs have been covered. The response is ongoing, with additional mobile-clinic activities planned for the coming days.
• Nutrition Cluster partners are advocating for CAR’s national extended programme of immunization to extend coverage of measles vaccinations to severely malnourished children over 11 months old.
• Nutrition Cluster partners continue to provide support to community management of acute malnutrition (CMAM) services in communities and IDP sites across the country.

Gaps & Constraints:
• Four OTP sites (Boy Rabe, Malimaka, Dispensaire Sante pour Tous and Gobongo) in Bangui remain closed due to ongoing insecurity, looting and displacement of medical staff.
• Active case-finding of malnutrition cases in regions outside Bangui needs to be scaled up, particularly in localities affected by ongoing violence and areas with a high number of returnees.
• Many partners are supporting CMAM services at the provincial level, but the coverage of health centres with CMAM services remains low in priority provinces, particularly Ombella M’Poko, Ouaka, Basse Kotto, Ouham and Oubangui-Pende.

$22 million
Required to provide nutrition services to 361,011 targeted vulnerable people out of 628,000 in need in 2014.
• There is a lack of activities in IDP sites addressing the protection, promotion and support of appropriate infant and young-child feeding in emergencies, which is a life-saving intervention. Nutrition Cluster partners are concerned about the impact of psychosocial trauma on the care practices of young children.

• Partners implementing nutrition activities are limited in CAR. The Nutrition Cluster is encouraging Health Cluster partners to integrate nutrition screening and treatment into mobile health clinics.

Health

Needs:

• Ensure delivery of free life-saving health care to affected people in priority areas, including provision of essential medicines, laboratory supplies, safe blood and deployment of health workers.

• Prevent disease outbreaks through immunization of vulnerable children, and strengthen early warning system and response in and out of Bangui.

• Respond to measles cases detected in Bria, yellow fever in Ouaka and Ouham, and whooping cough in Nana-Grebizi health prefectures.

• Update the 3W among Health Cluster partners to enhance mapping of gaps and improve service delivery to people in urgent need; conduct health-resource availability mapping to strengthen prioritization of services to restore.

Response:

• Health partners have conducted more than 68,000 medical consultations among IDPs in Bangui.

• The ongoing measles-vaccination campaign, launched on 3 January in 70 IDP sites in Bangui, has reached 139,087 children (6 months to 15 years) against a revised target of 150,397. A total of 30,907 children under age 5 have also received the oral polio vaccination against a target of 66,800.

• NGOs’ continued measles-vaccination campaign in sites is ongoing to reach targeted children.

• Preparations are ongoing to respond to the measles outbreak in Bria (north-east). Four experts will be deployed on 7 February.

• The proposal for a comprehensive Health Resource Availability Mapping System has been finalized.

• IFRC has provided ACT drugs to NGOs to enhance treatment of malaria cases in their intervention sites.

• Save the Children/Merlin have been appointed as co-facilitators for the Health Cluster during the cluster’s meeting on 4 February.

Gaps & Constraints:

• Funding is still required to support free health care in selected priority areas for three months.

• Additional resources are required to ensure medical care for GBV, mental health and chronic diseases (hypertension, diabetes, HIV/AIDS, tuberculosis), and restoring/rehabilitating priority health facilities and areas.

• There is a lack of laboratory equipment for safe blood for transfusion in the country.

• Insecurity is still hampering health-service delivery to beneficiaries.

Logistics

Needs:

• Humanitarian organizations need secure and reliable access to beneficiaries by road to maintain their operations inside the country.

• Due to prevailing insecurity in the provinces and along the roads, the provision of air services has been deemed indispensable to support humanitarian operations by providing safe access for staff to project implementation sites, and to transport vital cargo internally and internationally.

Response:

• WFP and the Logistics Cluster are coordinating with MISCA regarding the provision of escorts from the Cameroon border to Bangui. MISCA forces left for Cameroon at midday on 2 February.

• The Logistics Cluster has completed the matrix for coordinated movements of humanitarian supplies to field locations.

$56.4 million
Required to assist 878,000 targeted vulnerable people out of 2.5 million who need urgent health care in 2014.

$10 million
Required to support emergency response in 2014.
Gaps & Constraints:

- Logistical challenges persist due to poor infrastructure and insecurity along the main roads.
- A significant number of bridges and barges are damaged and out of service. Detailed assessments are needed for reparation.
- Fuel is not available in all regions and requires pre-positioned stocks and resupplying by road.
- Adequate and safe storage facilities can be a bottleneck in Bangui and in the provinces. Security issues can affect the option of erecting mobile storage units.
- UNHAS activities face a shortfall of some $7 million for 2014.
- To increase support to the ETC and Logistics Cluster, $3 million is required to alleviate shortfalls.

Emergency Telecommunications

**Needs:**

- The Country Minimum Operating Security Standards (C-MOSS) requirements state that communication centres (COMCENs) need to be functioning 24/7 in all common operational areas. However, outside Bangui, requirements are not met due to a lack of radio operators and the security situation.

**Response:**

- The ETC is supporting radio programming for humanitarian organizations operating in Bangui. NGOs are encouraged to contact the ETC team or UNDSS to request assistance in using the dedicated NGO radio channel, which is now operational.
- Assessment missions in Kaga-Bandoro, Bossangoa and Bambari took place last week. These missions were conducted with UNDSS and with UNICEF’s assistance. The missions assessed the locations’ readiness for planned deployment of the radio rooms, as part of the planned roll-out and re-enforcement in these locations.
- Pre-positioning of equipment has been carried out in Paoua.
- The ETC is planning radio training for NGOs, in conjunction with UNDSS. A plan will be circulated to the members of the local ETC Working Group.
- All ETC information is available at: [http://ictemergency.wfp.org/web/ictextern/central-african-republic](http://ictemergency.wfp.org/web/ictextern/central-african-republic)

Gaps & Constraints:

- The lack of secure compounds in some common operational locations prevents the installation of ETC equipment and deployment of services.
- Outside Bangui, the lack of radio operators and the security situation are hampering the fulfillment of the C-MOSS requirements for COMCENs. The ETC and UNDSS will look at starting the recruitment process for additional radio operators with UNDP.
- The ETC is critically underfunded.

$1.9 million
Required to support humanitarian response in 2014.

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