

27 localities² across 14 health districts of the country are currently showing alarming levels of global acute malnutrition among children under five³. Based on the most recent humanitarian data, on average more than two per cent of children in these areas suffer from severe acute malnutrition. Nutrition services have been severely disrupted: one in five nutrition units, 30 health facilities were closed, and a dozen mobile clinics remained temporarily suspended due to conflict and insecurity. Acute malnutrition in CAR represents a major public health problem and one of the leading causes of morbidity and mortality in children under five.

The concomitant increase observed in food insecurity levels and in GAM/SAM prevalence among IDPs is alarming. In addition, the nutrition problem could also be deeper among hard-to-reach populations and displaced communities, as we are witnessing an upsurge in measles cases in 4 out of 14 high priorities health district, and an increase in diarrhoea, pneumonia and malaria cases.

Safe and unhindered humanitarian assistance by air and road to areas of the northwest, Ouham and Ouham-Pendé, as well as in the South-east, such as the Basse Kotto, Haut-Mbomou et Mbomou, is hampered by active conflict, shifting frontlines and the presence of explosive devices. The rainy season has begun, thus further hindering the humanitarian community's ability to deliver at scale by road in the most affected areas.

What are we doing

During the first quarter of 2021, one million people have received sustained life-saving food assistance in 61 sous-prefectures. Given the deterioration of the security situation and the access constraints, only half a million have been reached and assisted with food assistance during the second quarter of 2021 in 49 sous-prefectures.

The humanitarian actors have no or very limited access to food assistance to the following areas: Ndim, Ngaoundaye, Bocaranga, Paoua, Obo, Zemio, Mobaye, Pavika, Tagbara, bokolobo, Langandji, Mingala, Mongala, Satema, Zangba, Bambari.

During the course of the current agricultural season, 60,900 food insecure households (or 305,000 people) are receiving urgent support to re-establish agricultural livelihoods through: direct distribution of agricultural inputs (seeds and tools), agricultural input fairs, re-stocking of fast-maturing livestock (poultry, sheep, goats and pigs) and cash transfers to replace assets lost due to insecurity or extreme poverty. Although this critical support covers the most vulnerable households in fourteen out of the sixteen prefectures in CAR, the level of support remains too low in relation to needs.

From January to May 2021, the nutrition cluster has reached more than 529,000 people (61 of HRP target) in need of life saving treatment and prevention of malnutrition including 14,000 SAM (28 of the target), 24,041 MAM (30 of the target) cases and 19,000 pregnant and breastfeeding women with therapeutic feeding products, essential micronutrients, essential drugs and blanket supplementary feeding. The nutrition cluster has developed and strengthened multisectoral systems and partnerships for the treatment and prevention of malnutrition in order to support more efficient and effective delivery.

² Dekoa, Kaga-Bandoro, Bambari, Grimari, Bouca, Kouï, Bocaranga, Paoua, Markounda, Bouar, Gamboula, Amadagaza, Nola, Carnot, Gadzi, Mingala, Alindao, Nzangba, Mobaye, Kembe, Satema, Gambo, Pombolo, Ouango, Bakouma, Rafai, Bangassou.

³ Data from three rapid SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys and nutrition assessments.

What do we need to prevent a catastrophic situation

1. Access

Without safe, sustained and unimpeded humanitarian access to the areas of highest food insecurity, these areas will slip into a food security catastrophe in key pockets of the country.

2. Urgent funding

The Humanitarian Response Plan is currently funded at 40 which is insufficient compared to the scale of needs.

Given the increasing needs and gaps, and in line with the ICC/HCT prioritization exercise, the food sectors urgently required \$22.5 million to provide life -saving full ration food assistance for 3 months for 250 000 people at high risk of a catastrophic food situation.

Unless funding for nutrition actors is urgently redressed, the quick and effective scale-up of prevention and response activities will not be possible, thus leading to a further deterioration of the malnutrition. \$ 13.2 million are urgently needed to meet the immediate and medium-term needs of the most affected populations (IDPs, returnees and host community). Of those, \$7.2 million are required to ensure sustained supply chains as pipeline breaks are expected by September both in terms of supplies, while the remaining \$6 million are to beef up operational capacities.

3. An agile and flexible multisectoral response package

In light of the increased security and access constraints, further compounded by the rainy season, and notwithstanding the ongoing assessments by the logistic cluster to open alternative routes, such as the Oubangui river to cover parts of the Basse Kotto, humanitarian actors anticipate that in some of the priority hard-to-reach area, access by air will be required, thus leading to a sharp increase in costing. It is expected four times more the cost of transport by air drop to assist e.g. 20 000 beneficiaries with 1 Metric Tonnes of full food ration; while it will cost roughly on average 237 thousand USD using roads in the different area prioritized (from different hubs).

Humanitarian actors will also require to scale-up their footprint and presence in key area, by mutualizing resources and mitigating risks. Effective CMCOORD and access negotiations will also be key enablers to preserve and sustain access to those most in need.

4. Advocacy

With no end in conflict, the vast majority of conflict-affected people will continue to rely on humanitarian assistance in the coming months. Unless an urgent scale up of the humanitarian response take place, by the harvest time in September, at least 2 million people will remain in IPC Phase 3 and above with 900,000 in phase 4 and at least 250,000 are likely to fall in Phase 5.

Investment in domestic agricultural production and strengthened food value chains are essential to achieving sustainable and cost-effective solutions for food and nutrition security in CAR and should thus be prioritized.

Based on recent consensual analytical exercise, Nutrition partners estimated that the number of under five children suffering from severe acute malnutrition could increase from 62,400 (as initially presented in the 2021 HRP) to 80,000 (17,600 additional) by the end of 2021 and the number under five children suffering moderate acute malnutrition could increase by 19 per cent, passing from 143,000 to over 177 000 during the lean season (May-September).

More investments in sustainable solutions for the prevention and management of malnutrition are needed to promote the availability, access and use of nutritious, safe, affordable and sustainable foods. Optimal infant and young child feeding practices, including exclusive breastfeeding in the first six months of life and good feeding practices for children, adolescents, pregnant and breastfeeding women should be prioritized. Multisectoral response related to the provision of quality basic social services (WASH, Food, Health, Protection.) should be scaled up to better protect those most at risk.