

MSF
February 2019

Unprotected **Summary of internal** **review on the** **October 31st events** **in Batangafo, Central** **African Republic**



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on the October 31st events in Batangafo,
Central African Republic.
February 2019**

The Centre for Applied Reflection on
Humanitarian Practice (ARHP) documents
and reflects upon the operational challenges
and dilemmas faced by the field teams of
the MSF Operational Centre Barcelona
(MSF OCBA).

This report is available at the ARHP website:
<https://arhp.msf.es>

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Pictures by Helena Cardellach.

FRONT-PAGE PICTURE:
**IDP site burned, November 1st 2018.
Batangafo, Central African Republic.**

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Acronyms used

AB	Antibalaka
CAR	Central African Republic
DRC	Danish Refugee Council
ES	Ex Séléka
FPRC	Popular Front for the Rebirth of CAR
GoCAR	Government of CAR
HC	Humanitarian Coordinator (UN)
IDP	Internal Displaced People
IHL	International Humanitarian Law
MINUSCA	UN Multidimensional Integrated Stabilization Mission in CAR
MPC	Central African Patriotic Movement
TOB	(UN) Office for the Coordination of Humanitarian Affairs
UN	Temporary Operational Base
UNOCHA	United Nations
UNSC	UN Security Council

Methodology

This report has been elaborated by the MSF's Centre for Applied Research on Humanitarian Practice (ARHP) between November 2018 and early January 2019. Contents are based on semi-structured interviews on Skype and over the phone, as well as on field research conducted in Batangafo, Kabo and Bangui in November and early December 2018. In total, over 40 different people were interviewed or consulted, including MSF staff, other humanitarian actors, internally displaced people, MINUSCA and UN staff, local authorities and representatives of Batangafo. In some few cases, multiple interviews were conducted with the same person to better understand his/her perspective or request specific information.



PICTURE 1. View of huts of displaced people that were not burnt, near the MSF’s house.



PICTURE 2. Burnt IDP site, November 1st 2018.

Executive summary

On October 31st 2018, former Séléka fighters (also known as ex-Séléka, ES hereinafter) attacked Batangafo and proceeded to burn and loot large parts of the city. The violence and fire caused the total or partial destruction of all IDP sites in Batangafo (93 % of all huts were burnt), as well as the market, numerous houses, and part of the presbytery. Fighting continued between ES and Anti-balaka (AB) militiamen over the following six days. In total, these events left at least 15 people dead, 29 injured by weapons and more than 20,000 people displaced (about two thirds of the total population) who lost everything they owned. Humanitarian workers from all aid agencies, including almost all of MSF's 220 Central African staff, were also displaced, many of their houses were burnt and looted, and some were threatened or felt they were.

Over 10,000 people sought refuge within the hospital compound as they felt this was the safest place for them, even if living conditions were far from adequate. This is the fourth time widespread burning and looting has led to massive displacement towards the hospital since 2013. The attacks and the presence of IDPs in the hospital also provoked the closure of medical services and negatively impacted access to the hospital for the population from Lakouanga neighbourhood.

Despite its dramatic consequences, these events are not only recurrent in CAR, but they are also normalised by local and international actors alike, and no longer generate international outrage. In fact, this peak of violence in Batangafo came barely a week after similar events in Bambari and preceded similar attacks in Alindao, Ippy, Bakouma, and Carnot. Six mostly unrelated crises in the span of less than 3 months, in six different locations, which sadly illustrate the volatility of the situation in CAR and the recurrence of violence.

The events in Batangafo occurred in a country engulfed in armed conflict since late 2012, where the central government is absent in a significant part of the territory. While there are government-designated authorities in Batangafo, the state is unable to provide basic protection to the population. Armed groups are the de facto authorities that subdue the population and commit an endless list of abuses against civilians despite the presence UN military troops, and with total impunity. The widespread damage produced on October 31st and subsequent days are not an inevitable hazard, but a deliberate action to inflict collective punishment to thousands of civilians in an environment of impunity. While the UNSC resolutions authorising MINUSCA have insisted that the primary responsibility in the protection of civilians lies with the government of CAR, MINUSCA arrived in Batangafo with the stated objective of protecting civilians. And the mission failed to do so yet again.



FIGURE 1. Map of Batangafo, Central African Republic.

MSF runs the Ministry of Health's hospital in Batangafo and witnessed the widespread violence. This report aims to describe the events, their consequences, the humanitarian response to the new critical needs, and the lack of effective response with regards to the protection of civilians. The underlying causes that explain this peak of violence remain present and, given the palpable tension, any small event could trigger another peak of violence.

MSF remains deeply concerned about the situation of violence in Batangafo and its consequences, and urges all parties to the conflict and other relevant actors to respect the life and dignity of the population, to refrain from harming civilians and to respect the medical praxis, including access to health and referrals, regardless to whom provides medical care and whom receives it.

Brief chronology of events

<ul style="list-style-type: none"> ▶ 3 men and a child attacked on the road to Bouca. Only the child survives. All are brought to the hospital. 	30 Oct	<ul style="list-style-type: none"> ▶ Security meeting between authorities and leaders of armed groups.
<ul style="list-style-type: none"> ▶ 2 people tagged "Peulh" attacked and injured. ▶ A motorcyclist from Kabo who came to deliver vaccines to the hospital is stabbed on his head in a IDP site by people identified as AB. ▶ Retaliation by ES and some individuals against the IDP sites, massive displacement. Hundreds of shelters and huts made of straw are burned, forcing people out first. 	31 Oct	<ul style="list-style-type: none"> ▶ Thousands of people seek refuge in the hospital. MSF reduces activities (only emergencies at the hospital continue). ▶ MSF: Activation of mass casualty and WASH contingency plans. INGOs suspend activities and confine in their compounds and the MINUSCA's compound.
<ul style="list-style-type: none"> ▶ ES and individuals attack and loot other places in Batangafo. 	1 Nov	<ul style="list-style-type: none"> ▶ MSF partial evacuation. ▶ MINUSCA reinforcement with 28 troops from Kaga Bandoro. ▶ Emergency meeting in Bangui. UN press release.
<ul style="list-style-type: none"> ▶ Reinforcement: over 120 ES from Kabo/Kaga Bandoro, some heavily armed; and 50 AB from Ouogo/Kambakota. 	2 Nov	<ul style="list-style-type: none"> ▶ MSF press release. ▶ UN-led coordination meeting with NGOs in Batangafo.
<ul style="list-style-type: none"> ▶ Young people demonstrate against MINUSCA. 	4 Nov	<ul style="list-style-type: none"> ▶ The UN HC visits Batangafo with humanitarian agencies and INGOs.
<ul style="list-style-type: none"> ▶ Continuous shooting and looting, ES-AB fighting. ▶ Reinforcement: around 85 ES from Kabo / Kaga Bandoro. 	5 Nov	<ul style="list-style-type: none"> ▶ The 28-troop reinforcement returns to Kaga Bandoro.
<ul style="list-style-type: none"> ▶ Further reinforcements of ES and AB. ▶ Civilian demonstration requests withdrawal of Pakistani contingent. 	6 Nov	<ul style="list-style-type: none"> ▶ MSF international staff in hibernation. ▶ MINUSCA reinforcement: 18 Cameroonians from Bossangoa.
<ul style="list-style-type: none"> ▶ The situation de-escalates. 	7 Nov	<ul style="list-style-type: none"> ▶ MINUSCA reinforcement: 20 Cameroonians from Bossangoa. ▶ Oxfam press release.
<ul style="list-style-type: none"> ▶ AB barriers disappear. Cameroonian patrols frequent. 	8 Nov	<ul style="list-style-type: none"> ▶ UN press release sets the number of people "who have lost everything" at 30,000, and tents destroyed at 5,100.
<ul style="list-style-type: none"> ▶ Distribution of arms/ammunition in Lakouanga. ▶ AB blocks access to hospital from Lakouanga. ES protest. 	11 Nov	<ul style="list-style-type: none"> ▶ MSF requests AB to stop obstructing access to hospital from Lakouanga.
<ul style="list-style-type: none"> ▶ AB block access from Lakouanga, ES mobilisation. MINUSCA reacts and disperses the AB. High tension. 	12 Nov	<ul style="list-style-type: none"> ▶ A protection team from Bossangoa and Bangui arrives to conduct an investigation.
<ul style="list-style-type: none"> ▶ Women and children demonstrate against MINUSCA's perceived inaction. 	13 Nov	<ul style="list-style-type: none"> ▶ ES leader accuses MSF of being non-neutral and non-impartial.
<ul style="list-style-type: none"> ▶ ES patrols "to free access to the hospital". Tension. 	14 Nov	<ul style="list-style-type: none"> ▶ OCHA requests military capacity and UNPOL.
<ul style="list-style-type: none"> ▶ 48-h ultimatum by FPRC to force the IDPs out of the hospital. Threatens to burn it down otherwise. 	15 Nov	<ul style="list-style-type: none"> ▶ Coordination meeting with OCHA/UN/NGOs. ▶ Meetings with ES on the ultimatum.
<ul style="list-style-type: none"> ▶ Rumours of impending attack to the hospital among IDPs. 	17 Nov	<ul style="list-style-type: none"> ▶ Continuous meetings related to the ultimatum.

Violence-related background of Central African Republic and Batangafo

Current levels of internal displacement in CAR exceed those at the height of the 2014 crisis

The government of Central African Republic (GoCAR) is absent in large parts of the territory. In the last years, armed groups outside the capital have regularly attacked civilians in most parts of the country, including humanitarians. According to the United Nations Security Council (UNSC), in October 2018, there were between 14 and 17 armed groups¹ and many armed “local groups” and armed gangs active in CAR. Many of these groups are referred as either Anti-balaka (AB)² or former Séléka (ES).³ Violence has led to thousands of civilian deaths and massive displacement. More than one in four Central Africans remain displaced and the UNSC stated in October that the crisis “in recent months has caused internal displacement to reach levels exceeding those at the height of the crisis in 2014”.⁴ According to the UN Office for the Coordination of Humanitarian Affairs (OCHA) on October 31st 2018, there were an estimated 642,842 internal displaced people (IDPs) and 573,200 refugees. OCHA also forecasted that, in 2019, out of a population of 4.6 million, 2.9 million people (equivalent to 63% of the population) will need humanitarian assistance (1.5 million of them minors) and 1.6 million (almost 35%) will be in a situation of “acute need”.⁵ This situation of suffering, instability, insecurity, and lack of protection could potentially last years.

Instability, violence, foreign interference, and international military presence have been recurrent since 1960

One can find many positive angles to describe the people, the culture, and the environment in CAR. However, from a political perspective, instability, violence, foreign interference, and international military presence have been recurrent in the country since its independence in 1960. In just the last decade, around 15 international military missions have been deployed in CAR, by the United Nations (UN), the European

¹ The UNSC quotes 14 main armed groups. See UNSC (2018): “Report of the Secretary-General on the Central African Republic, 15 June–15 October 2018”, reference S/2018/922, 15 October, p.3. The Enough Project identifies 17 plus a myriad of AB “local groups”. See attached image from Dukhan Nathalia (2018): “Splintered Warfare II”, *The Enough Project*, November, https://enoughproject.org/wp-content/uploads/SplinteredWarfare2_Enough_Nov2018-web.pdf

² The Anti-balaka militias are often identified as armed groups primarily composed of Christian and animist fighters who fight against perceived Muslim enemies in CAR. Whilst AB may also have assault rifles and other firearms, many of them rely on traditional bladed weapons and homemade hunting rifles.

³ The former Séléka consists of different groups that occasionally ally or fight against each other depending on the context. The two main ones for the purposes of this report are the MPC (strongholds in Kaga-Bandoro and Moyenne-Sido) and the FPRC (largely composed of Gula and Runga people, strongholds in Birao, Ndélé, Bria and Kaga-Bandoro). Both groups are present and active in Batangafo. In general, and in particular in Batangafo, ES groups are much more organised, with a stronger line of command, and much better equipped and armed than groups generally referred as AB.

⁴ UNSC (2018): *Op. Cit.*, pp. 18–19.

⁵ UNOCHA (2018): “Bulletin humanitaire. République centrafricaine”, number 39, October, <https://reliefweb.int/sites/reliefweb.int/files/resources/Bulletin%20humanitaire%20-%20Octobre%202018.pdf>

The scope of MINUSCA goes well beyond peacekeeping and includes state building

Union, the African Union, the Economic Community of Central African States, France, South Africa, and Chad. This means that CAR holds the dubious honour of being one of the countries with the highest number of international military interventions. Today, there are three active official military missions: MINUSCA (UN), EUTM (EU), and a French contingent in bilateral agreement with the government of CAR and in collaboration with MINUSCA. Moreover, other countries are militarily engaged, such as Russia. The scope of MINUSCA goes well beyond peacekeeping and includes a priority of state building, and the UNSC considers that the situation in the country constitutes “a threat to international peace and security in the region”. UNSC resolutions on MINUSCA continuously stress that “first and foremost, national authorities bear the primary responsibility to protect civilians”. But all actors consulted for this review concurred that the GoCAR is not capable of fulfilling its responsibility to protect its citizens.

The GoCAR is not capable of fulfilling its responsibility to protect its citizens in the areas where it is absent

MINUSCA is active since April 2014 under Chapter VII of the UN Charter, with a total of 14,632 staff deployed in November 2018, including contingent troops, police and civilians.⁶ It is a stabilisation force in support to the GoCAR, yet still categorised as a “peacekeeping” mission despite the fact that it is not accepted by all parties to the conflict. MINUSCA’s strategic objective is political stability.⁷ While protection of civilians is listed first among the list of priorities mentioned in UNSC resolution 2448, the mission has three other priorities⁸ and five additional tasks.⁹ This generates a lack of clarity within the mission, particularly with regards to “how to prioritise and sequence mandated tasks”, as highlighted in 2016 in a report by the Centre for Civilians in Conflict (CIVIC).¹⁰

⁶ As per MINUSCA website retrieved on January 2019, 10,768 contingent troops, 2,050 police, 1,162 civilians, 292 staff officers, 207 UN volunteers and 153 experts on mission. See <https://peacekeeping.un.org/en/mission/minusca>

⁷ “To support the creation of the political, security, and institutional conditions conducive to the sustainable reduction of the presence of, and threat posed by, armed groups through a comprehensive approach and proactive and robust posture without prejudice to the basic principles of peacekeeping”, UNSC resolution 2448 (2018), paragraph 36.

⁸ 1) Good offices and support to the peace process, including national reconciliation, social cohesion and transitional justice; 2) facilitate the creation of a secure environment for the immediate, full, safe and unhindered delivery of humanitarian assistance; and 3) protection of the United Nations.

⁹ 1) Support for the extension of State authority, the deployment of security forces, and the preservation of territorial integrity; 2) Security Sector Reform (SSR); 3) Disarmament, Demobilisation, Reintegration (DDR) and Repatriation (DDRR); 4) promotion and protection of human rights; 5) support for national and international justice, the fight against impunity, and the rule of law. In the previous resolution 2387 (2017), there was a sixth task now removed: 6) Illicit exploitation and trafficking of natural resources.

¹⁰ CIVIC (Center for Civilians in Conflict, 2017): *The Primacy of Protection. Delivering on the MINUSCA mandate in the Central African Republic*, p. 5.

BATANGAFO

Intense polarisation
channeled through
the narrative of religion
and culture divide

Batangafo, home to an estimated 30,000 people,¹¹ was taken by Séléka in 2012 and later by AB in the summer of 2014. The abuses against civilians by the different armed groups have progressively led to social division despite close ties and the significant economic interdependence between the different communities. People that today are divided and hostile to each other used to live together and frequently intra-married both in Batangafo ville and Lakouanga,¹² even if people have always grouped under identity affiliations in both areas. In the last few years, a process of polarization has occurred including sectarianism, demonization, and hostility, based on political, economic, and social perceived grievances and interests, and channelled through the narrative of religion and culture divide, armed conflict, ethnicity, and nationality.

From a security standpoint, Batangafo is a dangerous place. An analysis of the security incidents registered by MSF in the first five months of 2018 revealed that 86% of the 188 security incidents affected civilians. 25% were related to gunshots, 14% to bladed weapons, and 61% to beatings and ill-treatment. 29% of cases entailed civilians attacking other civilians. Batangafo was indeed identified by UNOCHA in January 2017 as one of the six CAR's hotspots.¹³ In the analysis of the cumulative data on incidents against humanitarians from January to October 2018 by the sous-prefecture, Batangafo came fourth on the list, with 29 incidents, below Bambari (63), Kaga Bandoro (57) and Bria (38), and above Bangui (23) and Bossangoa (17), all with larger population than Batangafo.¹⁴ Robberies, threats, and evacuations have been frequent for MSF and other INGOs in Batangafo.

Batangafo is
a dangerous place.
Of 188 incidents
analysed, 86%
affected civilians

The government's security and defence apparatus is absent in Batangafo: no armed forces, no police, and no gendarmerie. In practice, security in Batangafo is delegated to MINUSCA, who have been present in Batangafo since October 2014.¹⁵ Still, this deployment is defined as a Temporary Operating Base (TOB), so it is not permanent, which limits its projection and logistical capacity to increase civilian and police components. As of November 1st, there were 100 Pakistani troops in Batangafo,¹⁶ ranking 15th on the list of locations with troop deployment and occupying one of the last spots for cities significantly affected by violence regarding the ratio

¹¹ The last census available for CAR dates back to 2003. Therefore, all current population figures are rough estimations. In 2003, Batangafo had officially 16,420 inhabitants. INGOs currently estimate the total population at around 30,000 people. Many people have fled the Lakouanga neighbourhood and Batangafo in general in the last few years due to the insecurity.

¹² Lakouanga is a neighbourhood of Batangafo known by its economic importance as a trade hub. While the vast majority of its population is not Muslim, all Arab, Peulh and Muslim people in general live in Lakouanga.

¹³ UNOCHA (2017): "24 janvier 2017—Hotspots (Zone Est, Ouest, Centre)", http://reliefweb.int/sites/reliefweb.int/files/resources/2017.01.24_HotSpots.pdf

¹⁴ UNOCHA: "République Centrafricaine. Aperçu des incidents ayant touché les organisations humanitaires", November 7th, <https://reliefweb.int/report/central-african-republic/r-publique-centrafricaine-aper-u-des-incidents-ayant-touch-les-2>

¹⁵ Replacing a MISCA contingent which had arrived a few months earlier.

¹⁶ "Military Strength Summary", MINUSCA, October 2018.

of troops versus estimated population. In the past, these troops were reported as protective and a means to prevent the situation from escalating without using force.¹⁷

Most of people interviewed perceived this MINUSCA contingent as non-neutral

In contrast with other international contexts where UN Pakistani troops have been accused of exploitation and abuse,¹⁸ the contingents in Batangafo are not known for cases of rape,¹⁹ harassment of civilians, trade in illegal arms or significant engagement in local business. In spite of this, the troops are badly perceived by the population in Batangafo. The fact that they do not speak French (and some of them not even English) does not facilitate mutual understanding. Most of people interviewed perceived this contingent as non-neutral and favouring ES, arguing that there are identity and culture similarities, even in military terms, as ES are much more organised and have a stronger line of command and leadership (facilitating interlocution) compared to AB, who are often seen as criminal gangs responsible for the problems in Batangafo. Accusations of connivance and collaboration between MINUSCA and ES in recent events (see later) have further damaged this already negative perception, as interviews confirmed. According to MINUSCA, all contingents tagged as Muslims deal with similar accusations, an indicator of the poor perception and bad acceptance of Muslim troops in areas with Christian majorities.

Pattern of violence: dispersed, often loosely organised, unclear distinctions between criminal/political intentions, blurred lines between civilians/combatants

MINUSCA's UNPOL and civilian presence in Batangafo has been very low, ranging between one to three non-permanent staff, despite the fact that their mandated role is particularly relevant in preventing violence and protecting civilians.²⁰ As stated on the MINUSCA website, "in places where national security forces are not deployed, UNPOL conducts patrols and arrests in the same IDP camps to seize criminals' weapons and arrest them in order to protect populations who have already too much suffered". As opposed to other prioritised insecure areas in the country, in Batangafo, MINUSCA does not have a police unit, and some experts interviewed felt it would be relevant to have one given the patterns of violence in the city: dispersed, often loosely organised, with unclear distinctions between criminal or political intentions, and blurred lines between civilians and combatants. Batangafo-based troops claim that they are deployed for peacekeeping, and not to combat or substitute local police against criminals and gangs. MINUSCA has not carried out any arrests nor has it implemented a weapon-free zone in Batangafo.

¹⁷ See Allison, Simon (2017): "The world's most dangerous peacekeeping mission?", *Reliefweb*, 30 November, <https://reliefweb.int/report/central-african-republic/world-s-most-dangerous-peacekeeping-mission>

¹⁸ "UN: Stop Sexual Abuse by Peacekeepers", *HRW*, 4 March 2016, <https://www.hrw.org/news/2016/03/04/un-stop-sexual-abuse-peacekeepers>

¹⁹ Having said this, allegations of sexual exploitation and abuse against MINUSCA in other locations have been frequent. Only in 3.5 months (between June 15th and October 1st 2018), nine new allegations were registered by the UN. UNSC (2018): *Op. Cit.*, p. 11.

²⁰ According to MINUSCA, the three main areas of work of the civil affairs team are: a) protection and community liaison; b) community dialogue and social cohesion; and c) restoration of state authority. The UNSC authorised MINUSCA Police to use "all necessary means to achieve its mandate, within its capacity and area of deployment". See <https://minusca.unmissions.org/en/civil-affairs>

PRIOR TO THIS PEAK OF VIOLENCE

The situation in Batangafo prior to October 31st was deteriorating

The situation in Batangafo prior to October 31st was deteriorating. ES groups and other individuals considered that AB fighters were using IDP sites as havens. Bladed weapons were widespread, and interviewees also mentioned the existence of firearms, military activity, and high criminality in IDP sites, particularly increasing in July 2018 as many armed AB arrived in Batangafo. In July and August, an indeterminate but significant number of Muslim women and children moved to Kabo and Sido as they felt insecure in Batangafo. There were recurrent rumours on an imminent attack on Lakouanga by AB from Kambakota, Ouogo, and Bouca. Moreover, the line of command of both armed groups changed in September and October, some leaders were killed, newcomers were not from Batangafo (less connected to the local population) and some did not know each other. There were reportedly increasing reinforcements in armed groups, intra-group rivalries, and overall tensions. This coincided with the beginning of the transhumance, a moment of the year that often brings its own set of triggers and tensions. Indeed, major incidents in Batangafo and other places in CAR have very often occurred in this season, as movements of armed people on the routes increase, as routes are important sources of income and their control is a disputed objective among the armed groups.

On October 20th, 11 days before the events analysed in this report, tension increased in Batangafo as two Muslim people (caretakers of patients) were robbed in the area surrounding the hospital. A group of ES met MSF staff near the hospital's main door and warned MSF that from that moment onwards they would protect "their people", also mentioning the possibility of setting up a checkpoint to facilitate their access to the hospital. In the meantime, an AB group observed the scene defiantly from a short distance (both groups could see each other) and MINUSCA arrived shortly after. This situation provoked certain panic and triggered the first displacement towards the hospital since December 2017: around 30–40 people entered the compound as they expected an escalation of tension that did not materialise. The displaced people left the hospital hours later.



PICTURE 3. Fire seen from the hospital, October 31st 2018.



PICTURE 4. Burnt central market, November 1st 2018.

Description and analysis of events

Shooting started and some assailants wearing uniforms and others in civilian clothes set fire to the IDP

On Tuesday October 30th 2018 (the day before the event), two adult men, one young boy (reported in interviews to be 17 years-old) and a child (reportedly 10 years-old) were attacked while travelling towards Gbakaya, on the road to Bouca, 17–19 km South of Batangafo. At least three out of the four people were members of the same family. Only the child survived as he escaped into the bush. The attacks were attributed in interviews to eight men armed with assault rifles, in military uniform and identified as ES, believed to be the same men who assaulted and robbed a UN vehicle earlier that morning on that very same road. The 17-year-old boy, severely injured, died from his wounds on his way to the hospital, reportedly transported by an AB combatant. He arrived at around 13:30 and up to 70 people entered the hospital to mourn the dead. Tension in the hospital was very high but was reduced after the family took the corpse home. At around 14:30, MINUSCA brought the two other corpses and the child to the door of the hospital (the city's only morgue is at the hospital).

Within 30 minutes, approximately ten thousand people entered the hospital compound

On Wednesday October 31st, a motorcyclist from Kabo tagged²¹ as Muslim arrived in Batangafo to deliver vaccines to the hospital. This was a service subcontracted by MSF in Kabo.²² On his way back, he stopped at an IDP site. At around 10:00, he got into trouble with a group of people for a reason that is unclear, and he was finally hit in the head with a machete near the water tower. The injured motorcyclist was brought to the hospital by AB leaders. Rumours spread that the motorcyclist was dead. Tension increased and some ES and hundreds of civilians met at the hospital's main door. The motorcyclist survived and was discharged and transferred to Kabo on November 11th. The very same October 31st, two people identified as "Peulh" were wounded with bladed weapons, reportedly by AB men near the neighbourhood of Lakouanga.

Later that same morning, shooting started and some assailants wearing uniforms and others in civilian clothes set fire to the IDP site next to the hospital (the flames were seen beyond its walls).²³ Within 30 minutes, approximately ten thousand people entered the hospital compound. The perpetrators divided in two groups, one went through the football pitch

²¹ The word "tagged" is used in this report to signify a perceived identity, one that MSF cannot verify. Religion is one of several tags used in Batangafo and many other places in CAR to identify the "us" and the "other". It is also important to highlight that there might be other identities that might be as (or even more) relevant to explain a moment of tension (e.g. "foreigner", "Arab", "Peulh", etc.). It is unclear what perception-related tags were most relevant to frame the violence that followed.

²² Christian moto-taxi drivers can't leave Kabo as ES only allows Muslim or ES-related people to use the roads.

²³ See picture 3.

The attacks totally or partially burned down all IDP sites in Batangafo, and destroyed the market, numerous houses, and part of the presbytery

to around Mentor Initiative's place; the other group went behind the IDP site *Maison des Jeunes* to re-join the first group at Mentor's place. Sites *Alternatif*, *Zibbo-Bagga* and *Ecole Bagga*, *Mission Catholique*, *Maison des Jeunes* and part of the MINUSCA sites were burned (see figure 2). In the neighbourhoods surrounding the IDP sites, such as *Camp Chic*, *Tarabanda*, *Yabéndé* (where the AB base was located) and *Rengai*, many houses were systematically looted, including the houses of the national staff of several INGOs including MSF. People (re)displaced to the MSF hospital, towards the road to Bouca, in front of *Mission Catholique*, *Bercail* and the bush towards the encampments of *Sari and Fafa* (located respectively 3 and 4 km from Batangafo). The INGOs were in hibernation mode (not leaving their compounds), and many hosted their national staff. The next day, ES militiamen and other young individuals burnt and looted the remaining households in site *Bagga* and the quarters of the 2^e *groupement*. Attacks on October 31st and November 1st totally or partially burned down all IDP sites in Batangafo, and destroyed the market, numerous houses, and part of the presbytery.



FIGURE 2. Burnt area in Batangafo.

The attacks by ES were seemingly planned and intentional

Both ES and AB groups significantly reinforced in subsequent days

There was renewed fighting between the AB and ES on November 5th and 6th

MSF is unable to determine the motivations of the perpetrators to inflict such widespread violence and suffering. However, the findings of a recent human rights investigation conducted by MINUSCA are deeply concerning.²⁴ This public report suggested a “determination of the ex-Séléka MPC/FPRC to dismantle IDP camps, which they perceive as a threat to their economic and security interests”. According to this investigation, and relying on witnesses: a) ES considered the IDP sites as AB hideouts and as legitimate targets; b) some Muslim youths claimed that previous IDP camps in Bouca and Bossangoa had been used by AB to attack and force out the Muslim community; c) the attacks in Batangafo were planned by ES and were of “an intentional nature” (noting that this may amount to crimes against humanity as per article 7 of the Rome Statute); d) during the attacks, ES accused people of hiding AB and “stated that they were there to burn down the camp and force the IDPs to return to their places of origin”, and that victims were told by ES to carry whatever belongings they could, because they had been sent to burn down the sites but not to kill anyone; and e) ES seemed determined to permanently drive IDPs out and that they would not allow the reconstruction of the IDP camp on the same sites. Interviews conducted by MSF showed that ES expressly requested women and children to leave the huts before burning them. In fact, out of the nine civilian that lost their lives during the attack, six were identified as physically or mentally handicapped or elderly, and another one was a child; so unable to move fast without assistance.

The violence in Batangafo did not stop on November 1st after the burning and looting of the IDP sites. AB from Batangafo and some young individuals took advantage of the fact that most of the population had fled to loot whatever was left. In the days that followed the attacks, MINUSCA observed that AB harassed and threatened civilians (Muslims and Christians) from Lakouanga and denied them the right to access the hospital and the market. There was renewed fighting between the AB and ES again on November 5th and 6th.

At an OCHA-led meeting in Bangui on November 1st, country representatives from various UN agencies and INGOs with presence in Batangafo forecasted that the most likely scenario in the short term was a deterioration of the situation. Both ES and AB groups significantly reinforced in subsequent days. By November 5th, ES had reportedly tripled their troops with around two hundred additional fighters, while AB had received around a hundred additional fighters. The first MINUSCA reinforcement arrived on November 1st (28 Pakistani troops from Kaga Bandoro) and left four days later.²⁵ On November 6th and 7th, one week after the events, around 38 Cameroonian troops arrived in Batangafo from Bossangoa. Whilst the fighting was already over and it was too late to prevent the suffering, interviews revealed that the Cameroonians were clearly welcome by many Batangafo inhabitants (including AB), some of which said that this was a reason for them to remain in the city and move back to their houses.

²⁴ MINUSCA civil (2018): “Human rights report on the Batangafo incidents. October 30th to November 6th 2018”, December 24th.

²⁵ This reinforcement was reportedly related to the HC visit of the November 4th (see later).



PICTURE 5. IDPs in the hospital in early November.



PICTURE 6. IDPs in the hospital in early November.

Consequences of violence

The events left at least 15 people dead, 29 injured by weapons and more than 20,000 people displaced

The attacks entailed severe consequences for the population of Batangafo, including at least 15 deaths and 29 injured by weapons treated at the hospital from October 31st to November 11th. 14 injured were estimated to be civilians, 12 ES combatants, and 3 AB combatants. Moreover, 20,809 people were displaced and 5,141 huts burnt (93 percent of the total) according to DRC figures, as well as around 200 houses were burnt according to MINUSCA.

TABLE 1. DEAD AND INJURED PEOPLE BETWEEN OCTOBER 31ST AND NOVEMBER 11TH

Deaths: 15 identified

Civilians (9)

1. Woman, blind, burned (site *Maison des Jeunes*)
2. Woman, old and handicapped, unable to walk (site *Alternatif*)
3. Woman, old, burned (site *Bagga*)
4. Woman, old, burned (site *Bagga*)
5. Man with mental problems, he did not escape (*quartier Nago1*)
6. Man decapitated as he was working in his house (*Camp Chic*)
7. Boy, 4 years old, burned at the priest house (site *Catholique*)
8. Man, teacher, decapitated (site *Maison des Jeunes*)
9. Man, blind (site *Bagga*)

People identified (not by MSF) as AB combatants (4)

10. Man, 25
11. Man, 26
12. Man, 26
13. Man, 30

Black cases of people not identified (2)

14. Man burned who died on his way to the hospital
15. Man burned who died in the hospital after palliative care

Total injured by weapons: 29²⁶

Adults (24)

1. Man, 52, green case, superficially injured by bullet
2. Man, 42, injured by bullet in his leg
3. Man, 39, red case, injured by bullet in his thorax
4. Man, 35, red case, hit by machete on his head
5. Man, 34, yellow case, injured by bullet at his chin
6. Man, 32, green case, injured by bullet in his arm
7. Man, 31, injured by bullet in his right leg and on his foot
8. Woman, 30, green case, bullet burst in her foot
9. Man, 30, red case, injured by bullet in his thorax
10. Man, 29, red case, injured by bullet
11. Man, 28, green case, injured by bullet
12. Man, 28, red case, multiples injuries by bullet
13. Man, 28, green case, injured by bullet in his leg
14. Woman, 25, green case, injuries by bullet burst in her foot
15. Man, 25, injured by bullet in his thorax
16. Man, 25, green case, injured by bullet at the iliac crest
17. Man, 23, green case, injured by bullet in his arm
18. Man, 22, red case, injured by bullet
19. Man, 22, green case, injured by bullet in his thorax
20. Man, 21, green case, injured by bullet in his knee
21. Man, 20, red case, injured by a rocket explosion, leg amputated
22. Man, 20, red case, injured by bullet in his thorax
23. Man, 20, red case, injured by bullet in his arm, open fracture
24. Man, 19, green case, injured by bullet in his knee

Minors (5)

25. Boy, 17, green case, injured by bullet
26. Girl, 14, red case, injured by bullet burst in her head
27. Girl, 13, green case, injured by bullet burst in her forehead
28. Boy, 10, red case, injured by bullet in his hand
29. Child, 3, red case, injured by bullet burst in the jaw

Source: MSF Batangafo.

TABLE 2. **DISPLACEMENT CAUSED BY THE ATTACKS****Danish Refugee Council (DRC) estimation of destruction of households and people affected in Batangafo**

	Sites	Sectors affected	Households affected	People affected	Sectors not affected	Households not affected	People not affected
1	Zibbo-Bagga	1-27	548	1,814	0	0	0
2	Alternatif	1-78	1,197	4,988	0	0	0
3	Ecole Bagga	1-79	1,049	4,242	0	0	0
4	MINUSCA	15-45; 49; 55-65 and 70-97	1,084	4,139	1-14; 46-48; 50-54; 66-69	409	1,618 ²⁷
5	Mission Catholique	1-51	450	1,993	0	0	0
6	Maison des Jeunes	1-61	813	3,633	0	0	0
TOTAL			5,141	20,809		409	1,618

Source: DRC Batangafo.²⁸

Between 10,000 and 12,000 people sought refuge in the hospital. This was the fourth time it happened since 2013

Between 10,000 and 12,000 people sought refuge in the hospital compound between October 31st 2018 and the second week of 2019. This was the fourth time it happened since 2013.²⁹ All of MSF's 220 Central African staff were affected by the violence and, with the exception of the few staff tagged as Muslims, all became IDPs in the very same hospital where they work, occupying the same spaces as thousands of IDPs.³⁰ Many of the houses of MSF Central African staff were looted by either ES, AB or other individuals. Many national staff of other INGOs were also displaced to the hospital, whilst some sought refuge in the compounds of their own organisations or within the MINUSCA base. Interviews showed that the main reason for people to seek refuge in the hospital was security.

MSF should not, cannot and does not want to close the doors of the hospital to people seeking refuge, but the massive IDP presence has an undeniable impact on many levels. Firstly, the perception of neutrality and impartiality of MSF and the hospital is affected, as ES militiamen and some other individuals have accused MSF of "hiding" AB in the hospital.

²⁶ Category red accounts for urgent surgery, related to wounded with a good chance of survival if immediate intervention; category yellow accounts for delayed surgery and monitoring of non-critical postoperative cases, meaning that an intervention is required but it is not urgent; category green accounts for no surgical intervention required; and category black accounts for not recoverable, meaning that it is too late to save the life.

²⁷ Certain parts of this site were not burnt reportedly as were inhabited by friends and relatives of ES.

²⁸ DRC and UNHCR (2018): "Rapport d'évaluation rapide des sites des PDI de Batangafo centre", November 1st.

²⁹ In March 2013, 8,000 people displaced into the hospital for almost two weeks. Between July 2014 and the first quarter of 2015, between 3,000 and 5,000 people sought refuge in the hospital as a consequence of fighting between AB and Séléka and with MISCA and French forces. Around 40 MSF staff had to evacuate for two months. Between July and December 2017, some 16,000 people displaced in the hospital due to fighting between AB and ES and between AB and MINUSCA.

³⁰ MSF staff tagged Muslim felt safer in their homes in Lakouanga.

ES commanders stated that the hospital was not neutral and threatened to attack it unless the IDP left

The occupation of hospital spaces make the delivery of services more difficult, and MSF teams need to redirect a significant part of their focus to manage and respond to the emergency displacement crisis inside the hospital

Both in 2017 and recently in 2018, ES commanders have stated that the hospital was not neutral and directly threatened MSF with attacking it unless the IDP left. Secondly, the loss of access to the hospital for people from Lakouanga has also been partly associated with the IDP presence (whilst the proactive blockages by the AB account for part, there is probably also a less tangible element of dissuasion that is associated with the fact that the hospital compound was filled with Christian tagged IDPs). Thirdly, hospital services and MSF activities are also affected. The presence of thousands of people in the compound unavoidably alters the normal functioning of services. MSF medical capacity reduces with the evacuations of medical staff, the occupation of hospital spaces make the delivery of services more difficult, and MSF teams need to redirect a significant part of their focus to manage and respond to the emergency displacement crisis inside the hospital. Teams that are unaccustomed and untrained to deal with crowd control and camp management issues are faced with thousands of scared and traumatised people, who have yet again run for their lives and lost it all, living cramped conditions, with basic needs to cover, open grievances and access to bladed weapons. However, given past experiences of displacement in the hospital, contingency plans were in place, which facilitated a quick response to provide water and build latrines as well as to adopt measures to ensure weapon control at the doors and in the site, and epidemiological surveillance. Fourthly, security and safety in the hospital were also altered. Even if ES visited their people unarmed and with no uniform, their attitude and presence produced tension and even panic among the IDPs. There were also safety concerns such as fire hazards, as IDPs set campfires near the generators and gasoline was found in the hospital. Finally, the displacement towards the hospital also altered economic dynamics in Batangafo. Given that the marketplace was totally destroyed, and in response to the needs related to the massive IDP presence within the hospital, some shops were set up inside the compound to supply the internal demand. MSF requested that these shops be moved out the hospital and the market was set up against the wall of the hospital, whilst some shops still remained inside. These were the only marketplaces in Batangafo for a few weeks after the destruction of the original and larger market.

The MSF's weapon-free policy is widely known in Batangafo and MSF has consistently devoted significant effort and attention to ensure that weapons and/or armed people do not enter the hospital. Whilst ES, AB, and MINUSCA in Batangafo generally respect this policy, they have occasionally violated it. Certain armed actors claim that some IDPs hide weapons in the hospital compound. Yet MSF cannot guarantee the total absence of firearms when the hospital becomes a large IDP camp in a matter of hours, and some artisanal arms were detected. However, MSF stands firm in the rejection of any weapon in the hospital and does not make any exception. MSF recognises that there may be a significant volume of bladed weapons, some used for work (e.g. farming), but MSF teams consider that the presence of firearms is unlikely. Having said that, the difficulty to detect them and implement the policy is also recognised. Shortly after the previous displacement crisis in the hospital compound, the hospital fence was replaced by a 2-metre-high brick wall, which has made the situation comparatively easier to manage.

Humanitarian response

The Humanitarian Coordinator visited Batangafo four days after the attack demonstrating an interest to see first hand the consequences of the violence

The UN humanitarian coordinator (HC) decided to visit Batangafo only four days after the onset of the attacks, on a Sunday, in a moment when further attacks could not be ruled out as violence persisted and in a situation that was forecasted to deteriorate. Considering logistics, bureaucracy, and security clearance for a triple-hatted UN leader, it is actually very significant that she went to visit and that she did it so quickly.³¹ It is unfortunately unusual for people in this position to be so proximate and interested in appreciating first-hand the consequences of such a serious incident. She came with representatives of major UN agencies and INGOs, and upon arrival, the delegation was met by a peaceful demonstration against MINUSCA.

Humanitarian actors reacted quickly to the crisis and demonstrated the ability to adjust and shift priorities

The visit prompted the engagement of various agencies and INGOs in different activities in a matter of few weeks and provided visibility through press releases and other means. Apart from the immediate assessment of needs, UNHCR conducted a NFI distribution through its implementing partner DRC, UNICEF reactivated the school system, WFP and World Vision distributed food and the WHO coordinated a measles vaccination campaign and other activities in collaboration with the MoH. Oxfam proved very reactive and provided several water bladders, WASH experts, and construction materials to respond to the IDPs' needs in the hospital. Among other activities, this organisation provided water to the hospital. When insecurity restricted access to the river, Oxfam introduced a huge truck into the hospital to guarantee the water supply, and as the situation later calmed down, the organisation resumed their regular activities to supply the water tower in the centre of Batangafo. Oxfam also identified WASH needs in the camps to prepare for the return of the IDPs, as all latrines were destroyed. DRC and UNHCR counted the IDPs and registered displaced families for NFI distribution, while DRC also participated in the provision of water to the hospital with a truck that transported it from the Oxfam water plant in the river to the hospital. And both Oxfam and DRC provided staff to reinforce messages on hygiene in the hospital. Mentor set up and ran a mobile clinic at Bercaïl for the Lakouanga population. On November 20th, Oxfam and Solidarités started a NFI distribution. The national NGO Idéal distributed school kits.

³¹ This was the second time she visited Batangafo and people consulted could not remember any prior visit to Batangafo of any humanitarian coordinator since Toby Lanzer's visit in 2007.

MSF activated contingency plans based on lessons learnt from the 2017 displacement towards the hospital

MSF activated the mass casualty plan and the WASH contingency plan, both part of a broader contingency plan elaborated from the lessons learnt of the 2017 displacement towards the hospital.³² There was a partial evacuation of staff towards Bangui, so the team's capacity was temporarily reduced. Therefore, in order to respond to the influx of IDPs, the project's priorities were temporarily redefined. Outpatient activities (non-urgent) were stopped given that there was limited capacity to face the massive IDP influx in the hospital, which required significant additional effort. In order to increase capacity to deal with severe cases, MSF discharged patients with mild injuries or illnesses who could safely continue their recovery at home and who were willing to go and drove them with the MSF cars.³³ As access to the hospital was hampered for people from Lakouanga, MSF conducted medical visits in Lakouanga twice daily on average, where it provided medical care for 212 people and ensured the referral of another 22 between October 31st and December 15th.

³² A contingency plan is activated when the "normal" capabilities of handling a situation are exceeded. In the context of Batangafo, disasters triggering these plans are mainly violence-related (particular guides exist for epidemics). These plans include pre-defined priority tasks and responsibilities intended to prevent improvisation and ineffective response.

³³ It is habitually included in the contingency plans to accelerate the discharge of patients that can continue recovery at home. This of course following medical criteria and in cases where transport home is safe.

A hospital at the centre of the power struggle

An ES commander gave an ultimatum with two requests: the IDPs had to leave the hospital within 48 hours, and the new market had to move closer to Lakouanga

On November 15th 2018, a high-ranking ES/FPRC commander gave an ultimatum with two requests: the IDPs had to leave the hospital within 48 hours, and the new market had to move closer to Lakouanga, arguing that access of Muslim from Lakouanga was hampered. He threatened to burn down the hospital otherwise. He put all INGO activities on standby until those two conditions were met, in particular the non-food item distributions. Some UN implementing partners and INGOs stopped activities, but MSF did not and maintained activities related to emergencies, medical visits, and water and sanitation. In 2017, MSF was also threatened with attacks against the hospital due to the presence of IDPs.

AB groups proactively blocked access to the hospital

AB groups proactively blocked access to the hospital. MINUSCA reported that civilians and ES representatives “complained of impeded access to the hospital and to the market and warned that, should MINUSCA fail to resolve this problem, there could be a new wave of violence”, and that “the reinforced presence of armed anti-Balaka around the hospital, and threats against persons seeking treatment at the hospital, had a negative impact on access to health care in the area”.³⁴

Access to the hospital for people from Lakouanga was clearly hampered during the recent events in Batangafo, in particular for adult Muslim men as none came to the hospital in almost six weeks, until December 11th. Even Muslim MSF national staff from Lakouanga were unable to come work at the hospital for weeks, as the security risk was considered too high. This review could not determine if access to the hospital was hampered for people with tags other than religion (e.g. ethnicity, nationality or lifestyle), but can confirm that some people preferred to be assisted by the team conducting medical visits in Lakouanga rather than coming to the hospital.

Access to the hospital for people from Lakouanga was clearly hampered during the recent events in Batangafo

MSF knows the case of three injured ES who refused to be referred to the hospital and were taken instead to Kabo.³⁵ Yet, despite the active blockages by AB directed at preventing access to the hospitals for residents of Lakouanga, and despite the presumed dissuasive impact of the presence of IDPs in the hospital compound, MSF knows of no cases, even after enquiring proactively, of people in need of health care who were unable to access such care (either through home visits in Lakouanga, MSF facilitated referrals to the hospital in Batangafo, or people finding other means to get to the hospital in Kabo which is also run by MSF). It appears that the strategy of medical visits and referrals overcame the real difficulties.

³⁴ Quotes from MINUSCA civil (2018): *Op. Cit.*, p. 7.

³⁵ Not by MSF.

MSF condemns any attempts of using access to the hospital as a tug of war

In the last years, both ES and AB groups have used access to the hospital (blocking it or forcefully securing it) as a tool and leverage for power relations. Both have provoked each other, from setting barricades and assaulting patients to-be and caretakers (in the AB side) to using the limitations of access as excuses to use violence (in the ES one). Both ES and AB militiamen resort to threats against the hospital, threats against people in the hospital and harm people trying to get to the hospital as ways of pursuing their own ends. MSF condemns any attempts of using access to the hospital as a tug of war and reminds ES and AB that the denial of access to medical facilities on the basis of religion or ethnicity may amount to a crime and an international humanitarian law violation.



PICTURE 7. The hospital on the evening of events, October 31st 2018.



PICTURE 8. Demonstration against MINUSCA on November 4th, the very same day of the HC visit.

Civilians UN-protected?

MINUSCA did not prevent the widespread burning and looting, and failed to protect the civilians who died or were injured

MINUSCA did not protect civilians in the way the population of Batangafo expected, and some in the humanitarian sector have also shared this view. MINUSCA did not prevent the widespread burning and looting, and the displacement of more than 20,000 people and failed to protect the civilians who died or were injured on October 31st and subsequent days. MINUSCA claims that it ensured the protection of “the local authorities, humanitarian organisations and the Catholic priest”, that it helped extinguish fires in the IDP camp and transported some of the wounded to the hospital, and that, in the aftermath of the attacks, the mission increased physical protection measures including stopping armed groups from receiving reinforcements and ensuring unimpeded access to the MSF hospital and to the market for civilians in Lakouanga.³⁶

Interviews clearly revealed strong feelings among the population of Batangafo against what was not only perceived as inaction to protect civilians, but also as connivance with the perpetrators. Whilst opinions significantly vary with the identity affiliations of the interviewees, a series of accusations were recurrent. Apart from complaints for inaction including the absence of any deterrent warning shots when events started unfolding, the population has voiced concerns related to perceived negotiations between MINUSCA and ES; to MINUSCA “escorting” the perpetrators, providing weapons & ammunitions, informing them about AB positions and helping them transport looted items; and even MINUSCA providing the perpetrators with lighters and gasoline to burn the IDP sites. This is not the first time that these rumours circulate, and even the government of CAR has complained in the past.³⁷

MSF staff witnessed MINUSCA troops near the perpetrators as they remained roving passive spectators

MSF as an organisation cannot provide any level of credibility to any of these rumours and has found no evidence to support these claims. Nor can the organisation suggest how MINUSCA should have reacted to the events in Batangafo. However, during the attacks, MSF staff did witness MINUSCA troops near the perpetrators as they remained roving passive spectators.

³⁶ MINUSCA civil (2018): *Op. Cit.*, pp. 8–9.

³⁷ See, for instance, “Central African Republic: Deadly Raid on Displaced People”, *Human Rights Watch*, November 1st 2016, <https://www.hrw.org/news/2016/11/01/central-african-republic-deadly-raid-displaced-people>. Some similar accusations were reported by Amnesty International regarding the massacres in Alindao on November 15th 2018.

Conclusions

These events left at least 15 people dead, 29 injured, and more than 20,000 people displaced

On October 31st 2018, ES fighters attacked Batangafo and proceeded to burn and loot large parts of the city. The violence and fire caused the total or partial destruction of all IDP sites in Batangafo (93% of all huts were burnt), as well as the market, numerous houses, and part of the Catholic presbytery. Fighting continued between ES and AB militiamen over the following six days. In total, these events left at least 15 people dead, 29 injured, and more than 20,000 people displaced (about two thirds of the total population) who lost everything they owned. Humanitarian workers of all aid agencies, including almost all of MSF's 220 Central African staff were also displaced, many of their houses were burnt and looted, and some were threatened or so they felt. More than 10,000 people sought refuge in the hospital as they felt this was the safest place for them, even if living conditions were not adequate. This was the fourth time that widespread burning and looting led to massive displacement to the hospital, after earlier episodes in 2013, 2014–15, and 2017. The attacks and the IDP presence in the hospital provoked the closure of medical services and access to the hospital for the population from Lakouanga neighbourhood was hampered by armed groups.

The widespread destruction and violence was intended to inflict collective punishment to thousands of civilians

Isolated attacks attributed to armed actors (against a Muslim-tagged motorcyclist from Kabo and two Peuhls, preceded the day before by an attack against four Christian-tagged people on the road to Bouca that resulted in three deaths) triggered a disproportionately large and harsh response of collective punishment by ES. MINUSCA has identified as a main motivation for the attacks the intention to destroy the IDP sites that ES considered as AB hideouts and as legitimate targets. The situation in Batangafo is far from settled, and the potential for renewed violence remains ever present. New episodes of widespread burning and looting, and massive displacement including influxes of people in the hospital, are expected in the future if the conditions and underlying factors that made possible massive violence on October 31st remain. Particular moments of concern that may trigger violence relate to the transhumance, but given the current levels of tension, any incident at any moment may trigger a crisis.

The events in Batangafo happened in a country in armed conflict where the state is absent in a significant part of the territory. While there are government-designated authorities in Batangafo, the state is unable to provide the population with basic protection. Armed groups are the de facto authorities that subdue the population and commit an endless list of abuses against civilians with total impunity. The widespread destruction and violence that occurred on October 31st and the following days are not an inevitable hazard, but a deliberate action to inflict collective punishment to thousands of civilians.

Events in Batangafo were one of six unrelated crises that took place in CAR in less than three months, all indicative of the high volatility of this crisis

While the UNSC resolutions authorising MINUSCA state that the primary responsibility in protection of civilians lies with the Government of CAR, MINUSCA arrived in Batangafo with the declared objective of protecting civilians. However, MINUSCA did not protect civilians the way the population expected. MSF cannot and does not want to judge whether MINUSCA had any impact in avoiding further damage, nor can the organisation corroborate or dismiss any of the numerous rumours that spread in the aftermath of the attacks accusing MINUSCA of connivance with the perpetrators. But MSF did witness that the mission failed to protect civilians.

MINUSCA in Batangafo lacks a considerable civilian contingent to prevent and manage what are essentially criminal activities that escalate into confrontations between armed groups. This is clearly a challenge for MINUSCA in many parts of the country, as the events in Batangafo were one of six unrelated crises that took place in CAR in less than three months — the peak of violence in Batangafo followed events in Bambari and preceded attacks in Alindao, Ippy, Bakouma and Carnot, all indicative of the high volatility of this crisis.

The perceived respect (or restraint) from the different armed actors regarding attacks to the hospital could shift at any moment in this highly charged environment

MSF has struggled to deliver impartially in Batangafo, in particular to people in Lakouanga whose access to the hospital was hampered. The team succeeded in ensuring that despite the presence of over 10,000 overcrowded IDPs, the hospital remained safe and incident free. Critical needs of IDPs were covered thanks to the responsiveness of the various humanitarian actors involved.

Efforts over time to ensure that the neutrality of the hospital is not compromised and to keep it consistently weapon free have resulted in the generalised perception that the hospital is a safe place. Its legal protected nature is thus matched with a genuine sense of safety. However, the perceived respect (or restraint) from the different armed actors regarding attacks to the hospital could shift at any moment in this highly charged environment.

The population of Batangafo probably feels more unprotected than ever

As a whole, the humanitarian actors in Batangafo reacted quickly to the crisis and demonstrated the ability to adjust and shift priorities in order to respond to the immediate critical needs that were generated in this local emergency.

Many actors claim that they protect, either in theory or in practice: the GoCAR and local authorities; the armed groups; MINUSCA military, police and civil; the hospital and even humanitarian organisations. Yet, the population of Batangafo probably feels more unprotected than ever.

To all armed actors:

- As requested by IHL, to respect the life and dignity of civilians and refrain from harming them.
- As requested by IHL, to respect the medical praxis, including access to health and referrals, regardless to who provides medical care and who receives it.
- As requested by IHL, to respect impartial humanitarian action, installations, and staff.
- To reaffirm IHL and commit to a hospital free of weapons, uniforms, and hostility.

To ES:

- To respect the life and dignity of civilians and refrain from harming them. Collective punishment is against any logic of justice and the deliberate attacks against civilians and forced displacement are IHL violations that may amount to war crimes.
- To stop threats against the hospital and medical-humanitarian action.
- To avoid any military presence or activity in the hospital and its surroundings.

To AB:

- To respect the life and dignity of civilians and refrain from harming them.
- To allow free access with no harassment or intimidation to any person seeking health care on their way to the hospital.
- To avoid any military presence or activity in the hospital and its surroundings.

To the government of CAR:

- To assess how the GoCAR can effectively protect the population in Batangafo. MSF is a medical-humanitarian organisation and is not in a position to recommend how to effectively protect civilians. But MSF believes that the population has a need and a right to safety and security, not conditioned upon advancing on other priorities.

To MINUSCA:

- To conduct an investigation to assess whether MINUSCA (civil, police or military) in Batangafo or beyond could or should have done something different to protect the civilian population, before and during the attacks. The results of the investigation should be made public. This topic was not addressed in the MINUSCA's public report released in January 2019 as it focused only on human rights violations by the belligerents.
- To review MINUSCA's setup in Batangafo to effectively protect civilians in a context where the central government is absent.

MSF in CAR and Batangafo

MSF has been working in CAR since 1997. Independently of all political, military, and religious powers and exclusively with private funds, MSF manages 12 projects in 7 out of the 17 prefectures of CAR. All MSF-run hospitals with only one exception belong to the Ministry of Health. In the first quarter of 2018, MSF provided more than 377,000 free outpatient consultations and treated over 270,000 malaria patients throughout the country. In 2017, MSF's expenditure in CAR was €57.8 million.

Batangafo is the oldest and most important project of MSF OCBA in the country. Whilst MSF did an emergency intervention in 2003, the current project initially started in 2006 as an emergency project related to the armed conflict, and it soon became a project with comprehensive medical services. MSF manages the general hospital (165 beds) and has supported in the recent past five health centres located on the outskirts of the town. MSF decided to withdraw its support to these 5 health posts in 2017 and 2018 and switched to a system of community health workers covering the area and providing preventive and curative packages (malaria, sexual and reproductive health, acute respiratory infections) and referring to the structures when required. The project employs 220 staff and costs around €3.4 million every year.

