



# First steps towards urban understanding: the Central African experience

Results of a Link NCA study carried out from February to June 2016, in the Prefectures of Mambéré-Kadeï and Sangha-Mbaéré.

*In 2016, the French Red Cross and Première Urgence Internationale conducted a Link NCA with the support of the Link NCA Technical Unit. The study shows that the conflict produced a certain degree of homogeneity in the factors of undernutrition in vulnerable areas of the town of Berberati and the nearby rural areas located around the main road. In this abstract, the analyst mentions some of these similarities.*

In the central district of Berberati, we find a deprived group cornered in a residential area of civil servants with a strong sense of belonging to the neighborhood. There is no system of solidarity or trade between the two groups. These vulnerable families are, largely, dependent on a precarious rental system, from which they are excluded, forcing them to regularly move house.

Due to a real pressure on the availability of cultivable plots, downtown families tend to rely on small, remote cassava fields. They can rarely trade what they manage to produce because they are fully dependent on it for their own consumption. While the families of civil servants manage to do extra gardening, vulnerable households are unable to do so. Similarly, while wealthier households have both the time and the financial means to drill for sources of water, the fragile populations are entirely dependent on alternative sources.

In the central district, we came across a new social group with a distinct social status that is absent from other districts or villages: the "housewives". This status defines a young woman whose goal is to stay at home and have children. This status legitimizes girls dropping out of school as well as early and repeated pregnancies. A relatively recent status, only around 10 years old, it is generally dictated by the family but finally claimed by young girls themselves.

In the periphery, we also found many women who have immigrated from the surrounding villages and regions for marriage. Whatever the longevity of their union, these women or couples no longer wish to return to their village of origin. Unlike the vulnerable population downtown, almost all peripheral households depend on a cultivated field and the ability to access a small trade nearby.

Due to the inability to drill for water in these neighborhoods, all of the households depend on alternative sources of water. Solidarity is more prevalent amongst neighbors. In the same way, extended families are present although the situation is difficult to maintain for the central couple.

In either case, both in the central neighborhood as well as the periphery, easy access to health facilities and schools seems to be an asset, although school structures are in poor condition and care is not free. In addition, shared latrines can cause social tensions. Finally, in both locations, information and means of communication seem technically accessible but remain in most cases out of financial reach.

Surprisingly, we do not observe more prostitution, alcoholism, or drug use in urban areas compared to rural areas. Nevertheless, these practices, which are present in rural areas, tends to be more hidden in urban contexts that may bias our observations.

In general, the most severe cases of undernutrition were observed in the central district and in the "Muslim" neighborhoods. Some age groups were less exposed than others were but not significantly so. On the contrary, what was evident was that farm families, single women with children, girls with very low levels of education, and large families were the most vulnerable. Moreover, in urban areas, it seems that when a child falls into a state of undernutrition, the entire family becomes at risk since they pool and spend all of their resources on medical care. In addition, despite the support of NGOs or family members, especially grandparents, the child may regularly relapse.

Although local beliefs toward undernutrition are similar in rural and urban areas, practices remain slightly different: in particular, we note the purchase of rice porridge for fragile children as well as a higher diversity of weaning practices in urban neighborhoods. Overall, in both rural and urban contexts, the same causes produce the same effects: early feeding, traditional treatment, and exposure to water disease and malaria lead to cases of undernutrition.

*@bout the analyst: Marie Noelle Ottavi is a Doctor in anthropology. Her work especially concentrates on social interactions. She led the Link NCA in CAR and is now conducting another one in Nigeria, in the state of Yobe for Action Against Hunger.*