

**ANNUAL REPORT OF  
THE HUMANITARIAN/RESIDENT COORDINATOR  
ON THE USE OF CERF GRANTS**

<b>Country</b>	<b>Central African Republic</b>
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<b>Reporting Period</b>	<b>01 January – 31 December 2008</b>

**I. Executive Summary**

When a surge in banditry across the north forced thousands of people to flee their homes and seek shelter in larger towns, in the bush or in neighbouring countries, the members of the Humanitarian and Development Partnership Team (HDPT), which regroups local and international aid agencies, sought CERF rapid response funding to act. Four UN agencies, 12 NGOs and the Ministry of Health used this funding to provide life-saving assistance to cover urgent needs in the three highest-priority sectors – protection, health and water and sanitation – when no other funding was available.

With CERF funding, aid agencies reached 400,000 displaced people and others in need in areas affected by banditry. UNFPA, WHO and UNICEF, together with health authorities and NGOs, provided access to emergency obstetric care to 160,000 women across the north of the country. This included ante-natal advice and care, medical assistance, the referral of pregnant women at risk to health centres or hospitals, as well as post-partum care. International Medical Corps (IMC) supported seven health centres in the northeast to prevent and cure malaria, malnutrition and vaccine-preventable diseases – the main causes of death, in particular among children under five. UNICEF, together with non-governmental organizations (NGOs), rehabilitated water points to provide drinking water to 300,000 displaced and other conflict-affected people across the north. In the northwest, where bandits took to attacking entire villages and kidnapped children for ransom, UNHCR and Norwegian Refugee Council (NRC) implemented a protection programme. Specifically, they trained 505 resource persons and almost 700 soldiers, police officers, gendarmes and militants on the Guiding Principles on Internal Displacement. International Rescue Committee (IRC), Danish Refugee Council (DRC) and Action against Hunger (ACF), in partnership with UNHCR, provided psychosocial and material assistance to survivors of sexual and other violence, and supported women, displaced people's and farmer's associations. UNHCR and Caritas maintained a network of humanitarian observers. These programmes, and the presence of relief workers in conflict areas, have contributed to a decrease in human rights violations in several areas.

The CERF rapid response window also funded about three months of operations of the Humanitarian Air Service in the Central African Republic (CAR). The service directly enabled aid agencies to bring life-saving and other humanitarian assistance to people in need by flying relief workers and items to remote areas in the country. In 2008, the planes transported 2,865 passengers and almost 63 tons of cargo to 20 destinations. Travelling from Bangui to Birao, for instance, takes three hours by plane and up to a week by road. Thus, the air service not only allowed aid workers to save time and travel safely, it also helped to reduce overall logistics costs, despite its own high costs. In addition, large areas in the northeast are completely cut off by road from the rest of the country during the six-month rainy season. Without the air service, many humanitarian programmes would have had to close down.

Funding from the CERF was decreased in 2008 in CAR, compared to the two previous years. In 2008, CERF-funding was US\$ 3.4 million (three percent of Consolidated Appeal Process (CAP) funding), compared to \$ 6.8 million (10 percent) in 2007, and \$ 5.7 million (24 percent) in 2006.

This was due to two main reasons: First, as CAP funding in 2008 increased, CAR no longer qualified for the CERF window for underfunded crises. Second, a locally administered pooled fund (an Emergency Response Fund (ERF) established in 2007 was upgraded to a Common Humanitarian Fund (CHF) in July 2008) grew, and provided \$ 8 million in 2008, in particular to underfunded sectors and emergency response action. Yet, it was clearly crucial in maintaining the air service and in responding to urgent needs caused by a surge in banditry in March and April 2008.

Looking at 2009, the HDPT has updated its interagency contingency plan, which now includes six worst-case scenarios, one of them for the arrival of refugees from Darfur or south-eastern Chad. In case one of these scenarios were to materialize, the contingency plan activated, and the CHF emergency reserve could not cover the entire response, the HDPT would make another submission to the CERF rapid response window.

<b>Total amount of humanitarian funding required and received during the reporting year (as in 2008 CAP)</b>	<b>REQUIRED:</b>	\$	118,670,314	
	<b>RECEIVED:</b>	\$	107,510,875	
<b>Total amount requested from CERF</b>	<b>FUNDS (IN TOTAL REQUESTED):</b>	\$	3,790,582	
<b>Total amount of CERF-funding received by funding window</b>	<b>RAPID RESPONSE:</b>	\$	3,387,014	
	<b>UNDERFUNDED:</b>	\$	0	
	<b>GRAND TOTAL:</b>	\$	3,387,014	
<b>Total amount of CERF-funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</b>	<b>UN AGENCIES/IOM:</b>	\$	2,044,783	
	<b>NGOS:</b>	\$	1,294,716	
	<b>GOVERNMENT:</b>	\$	47,515	
	<b>OTHER:</b>	\$	0	
	<b>TOTAL:</b>	\$	<b>3,387,014</b>	
<b>Approximate total number of beneficiaries reached with CERF-funding (disaggregated by sex/age if possible)</b>	<b>TOTAL</b>	<b>under 5 years of age</b>	<b>Female &gt;5 (est)</b>	<b>Male &gt;5 (est)</b>
	397,984 Another 674,918 indirect beneficiaries	76,330	218,956	102,698
<b>Geographic areas of implementation targeted with CERF-funding</b>	Ouham-Pendé, Ouham, Nana-Gribizi, Kémo, Bamingui-Bangoran, Vakaga, Haute-Kotto (from west to east; with the exception of Kémo, these are conflict-affected prefectures in the north of the country)			

## II. Background

### Context and Priority Sectors

In 2008, the humanitarian situation in the north of the Central African Republic severely deteriorated during the first half of the year before progress was made as the year drew to a close. In February, March and April, brutal bandits and poachers increased their activities, attacking travellers or entire villages in an increasing number of areas of the country. Bandits took advantage of the absence of security forces and the growing circulation of small arms, both a result of the political conflict between rebel groups and the government. The members of the HDPT estimated that up to 100,000 people – one third of the 300,000 displaced Central Africans at that time – had been forced to flee their villages due to banditry rather than the political conflict. To respond to the needs of these people, the HDPT decided to submit a funding request to the CERF rapid response window for relief in the three sectors with the most urgent needs: health, water and sanitation, and protection.

The HDPT had identified these sectors as priority sectors for the 2008 CAP, together with food security and shelter and non-food items. Analysing the needs caused by the surge in banditry, it becomes clear that these sectors continued to be a priority and that assistance needed to be provided quickly to save lives. As donors had generously contributed to the food sector – by the end of the year it was 38 percent over funded with \$ 53.5 million received – and as most needs with regard to shelter and non-food items were covered by the ICRC outside the CAP, the three remaining priority sectors were retained for the submission to the CERF. The CERF, similar to a locally administered Emergency Response Fund/Common Humanitarian Fund, thus helped to better balance funding between CAP sectors. In 2008, about 12 percent of all funding to CAP projects came from these three pooled funds – and still, the health sector was only funded at 43 percent at the end of the year.

While the identification of activities for CERF funding was mainly based on an analysis of the needs produced by an increase in banditry, projects that had been ranked as ‘high’ or ‘immediate’ in the 2008 CAP received special attention. In 2007, the HDPT had been one of the first country teams to rank all projects in their humanitarian strategy for 2008.

An earlier contribution from the CERF rapid response window in January 2008 to the Humanitarian Air Service, which was facing severe funding shortfalls, was crucial in avoiding the grounding of the service’s airplanes. In a country with only 700km of paved roads, where it takes up to two weeks for trucks to reach the most remote areas from the capital Bangui and where large areas are completely cut off during the six-month rainy season, air service is crucial for humanitarian action. Many programmes in the northeast would have to close down without the UN Humanitarian Air Service (UNHAS).

The second half of the year brought improvements in the situation. As 2008 draws to a close the Central African government and armed rebel groups, supported by the international community, have advanced a peace process by concluding an ‘Inclusive Political Dialogue’. This brings hope for peace and improved security, and represents a unique opportunity. In 2008, almost half of the internally displaced returned to their villages. At the end of the year, the HDPT estimated that there were 108,000 internally displaced, 104,000 Central African refugees abroad, and 85,000 recent returnees. Yet, security deteriorated again during the first months of 2009, when fighting between the army and a new rebel group forced thousands in the northeast to flee their houses once more, including 9,200 people who fled to Chad. Whatever peace dividends are secured must be translated into a greater commitment from donors and the international community to help the country transition from a state of conflict to early recovery and development.

### **III. Implementation and results**

#### **HEALTH**

##### **1. Coordination and implementation arrangements**

Health activities were coordinated by the health cluster, which is chaired by WHO together with the Ministry of Health. In 2008, WHO organized monthly meetings of all organizations working in the health cluster, including humanitarian organizations working in northern CAR and development-oriented organizations.

UNFPA, WHO and UNICEF collaborated on the implementation of their joint project to provide emergency obstetric care to pregnant women, which was implemented in Ouham-Pendé, Ouham, Nana-Gribizi and Bamingui-Bangoran prefectures. The government, via its committee on ‘Maternal and Neonatal Mortality Reduction’ also participated in the coordination of these activities.

##### **2. Project activities and results**

The joint UNFPA, WHO and UNICEF project for emergency obstetric care directly benefited more than 160,000 pregnant women thanks to the training of traditional birth attendants and nurses in five conflict-affected prefectures, as well as the rehabilitation of seven (planned for six) maternity wards in the Ouham-Pendé, Nana-Gribizi and Bamingui-Bangoran prefectures. In Haute-Kotto and Vakaga prefectures, access to surgical emergency obstetrical and neonatal care was increased for more than 15,000 pregnant women. WHO worked with ASSOMESCA, a local NGO, to strengthen their capacities to provide emergency obstetric care. Thus, people had better access to basic healthcare, and medical kits were available, including drugs and medical materials. ASSOMESCA could recruit additional medical staff and deploy them to conflict-affected areas. This has also improved the regular availability of updated health information to survey possible epidemics and identify gaps in the response. In addition to two maternity wards, UNFPA rehabilitated two delivery rooms and provided reproductive health drugs for emergency obstetric and neonatal care in Nana-Gribizi and Bamingui-Bangoran. UNFPA also worked with the National Midwife Association (ASFIACA) and the National Family Health Division to train 42 health professionals that are providing emergency obstetric and neonatal care services in the health facilities in those areas. Finally, UNFPA worked with the National Midwife Association to mobilize communities for community-based reproductive health services, such as the identification of risk signs during pregnancy and the timely referrals to health facilities for appropriate medical care.

Generally, the project succeeded in strengthening the management of emergency obstetric and neonatal care, including:

- The provision of obstetric kits to health centres on a regular basis;
- Training and refresher courses for health personnel in charge of obstetric care; and
- The rehabilitation of maternity wards.

All of these activities resulted in better access for pregnant women to quality obstetric and neonatal care.

In Haute-Kotto and Vakaga prefectures in the remote northeast, the International Medical Corps (IMC) supported seven health centres so that they could provide basic healthcare to 30,000 people affected by conflict, violence and displacement, as well as 3,199 refugees from Sudan's South Darfur region. At the health centres, IMC trained medical staff and provided the necessary drugs, vaccination doses and equipment to provide basic preventative and curative healthcare, including emergency obstetric care, vaccination, malaria treatment, HIV prevention, and medical care for survivors of sexual violence.

### 3. Partnerships

The activities of WHO, UNICEF and UNFPA are part of a joint programme on emergency obstetric care. The three organizations developed this programmes together, and closely coordinate their activities with the Ministry of Health, including via the health centre network of ASSOMESCA, which includes an important number of MoH health infrastructures.

Strong partnerships were built for the implementation of health projects. Several international NGOs contributed according to their comparative advantages. IRC was identified for its capacity to support district-level hospitals. IMC was the only NGO working in the south of Vakaga prefecture and the north of Haute-Kotto. Merlin and AMI have solid experience in support to primary healthcare activities, particularly at the community level.

### 4. Gender-mainstreaming

Emergency obstetric care programmes helped improve maternal health in several areas affected by banditry. CAR has one of the highest maternal mortality rates worldwide, at 1,102 deaths per 100,000 live births. The provision of free obstetric care to pregnant women, by ASSOMESCA, IMC and others, has contributed to sensitize women's associations on the importance of early management of obstetric care and empower them.

## 5. Monitoring and evaluation

The organizations that received CERF funding in the health sector have internal monitoring and evaluation mechanisms in place, including mechanisms for regular reporting. Participating UN agencies conducted several missions to supervise the emergency obstetric care project, as well as an evaluation together with the Ministry of Health and ASSOMESCA. As IMC had also received funding from the Emergency Response Fund for complementary health activities in 2008, OCHA conducted a rapid evaluation of its health programme in February 2008, which found that the programme had been successfully implemented.<sup>1</sup>

## **PROTECTION**

### 1. Coordination, implementation arrangements and partnerships

The protection cluster is the principal forum for the coordination of protection programmes in CAR. UNHCR leads the cluster; in August 2008, NRC was chosen as co-lead. UNHCR, NRC, IRC, DRC, ACF and Caritas – the organizations that benefited from CERF funding – coordinated their protection programmes closely to ensure complementarity and avoid overlap. Several of these organizations also have a partnership agreement with UNHCR in place outside of the CERF funded components of their programmes. Members of the protection cluster monitor the displacement and protection situation in their areas of operation, train displaced people, local authorities and members of armed groups on the Guiding Principles on Internal Displacement, Human Rights and other international law bodies, and provide assistance to survivors of violence.

### 2. Project activities and results

The CERF allocated funding to two projects: A relatively small NRC project and a UNHCR project, implemented together with ACF, Caritas, DRC and IRC.

UNHCR and Caritas maintained a network of humanitarian observers to monitor the displacement and protection situation in the northwest, providing information to other programmes and organizations. In partnership with UNHCR, IRC trained hundreds of members of the armed and security forces, as well as members of rebel groups, on the Guiding Principles on Internal Displacement, human rights, international humanitarian law and women's rights. DRC supported more than 5,000 members of 212 farming cooperatives whose members' livelihoods had been destroyed during the conflict, and provided them with tools so that they could resume farming, breeding and other small-scale business activities to create an income. ACF, using a participatory approach, provided psychosocial help for people affected by violence. Together with women, youth and men, they organized listening groups and other forums so that people could exchange thoughts on their experiences.

NRC, as part of its protection and advocacy project, carried out an awareness campaign on the Guiding Principles on Internal Displacement in Ouham prefecture. During the campaign, 505 members of local authorities, civil society groups and IDP committees participated in training sessions on the Guiding Principles and national responsibilities toward displaced people. NRC also provided protection guidance to the protection and early recovery clusters, carried out advocacy initiatives at the national and local level, and designed a data collection methodology for IDP profiling and multi-sector assessment in displacement areas.

The monitoring activities of NRC and UNHCR particularly focused on people who had to flee their villages because of bandit attacks. They showed that displacement patterns were changing as a result of banditry. Rather than scattering into small groups and fleeing into the bush, people who fled bandit attacks sought security in larger towns, which often hosted thousands of

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<sup>1</sup> The report is available at [www.hdptcar.net/ERF](http://www.hdptcar.net/ERF).

displaced people. In many cases, the host community was under immense stress to cope with the needs of displaced people seeking safety. These findings were crucial in informing the humanitarian response to displacement in other sectors, such as health and water.

These activities support a global campaign on internal displacement, launched jointly in CAR by OCHA, UNHCR and NRC. Local actors expressed their satisfaction and stressed that these kinds of activities will lead to a better acceptance of displaced people in host communities, and greater protection within the community.<sup>2</sup>

### 3. Gender-mainstreaming

A module on women's rights is an important part of human rights training workshops, and women counted for about 28 percent of NRC workshop participants. The monitoring mechanisms of both the UNHCR and NRC programmes included reporting on violations of women's rights. DRC particularly supported women's associations as part of its protection, livelihoods and community mobilisation programme.

### 4. Monitoring and evaluation

UNHCR and NRC produced and shared reports based on the findings from their monitoring mechanisms. Both organizations have internal monitoring and evaluation mechanisms in place. UNHCR and Caritas maintained a network of humanitarian observers to monitor the displacement and protection situation in the northwest. IRC shared monthly protection reports with the members of the protection cluster.

## **WATER AND SANITATION**

### 1. Coordination, implementation arrangements

UNICEF, IRC and International Partnership for Human Development (IPHD), the three organizations that implemented the CERF funded project, are active members of the Water, Sanitation and Hygiene (WASH) cluster. UNICEF's partners and contractors implemented integrated emergency water, sanitation and hygiene activities in Ouham-Pendé, Ouham, Nana-Gribizi and Vakaga prefectures for displaced people, conflict-affected communities and refugees. The government and other aid agencies are also members of the WASH cluster and actively participated in meetings to share expertise and field experiences, and to resolve problems, including with regard to this project. The government's General Directorate of Hydraulics and UNICEF had monthly coordination meetings with all contractors involved in the implementation of its activities, including this project. At the field level, UNICEF's offices in Bossangoa and Kaga-Bandoro, and UN offices in Paoua and Ndélé played an important role in coordinating these activities at regular meetings.

### 2. Project activities and results

The CERF allocated funding to one project in the WASH sector, implemented jointly by UNICEF, IRC and IPHD. The project benefited more than 300,000 people, of whom 96,000 (32 percent) were men and boys, 150,000 (50 percent) women and girls, and 54,000 (18 percent) children under five years old. With CERF-funding, the three organizations contributed to the structural and quality improvement of 600 water points and trained 360 members of water point management committees to raise their knowledge and skills with regard to the operation and maintenance of water facilities. The training also aimed at building capacities of committees to raise their own funds to pay for hand pump technicians when facilities break down. The funds contributed to the fabrication and distribution of 2800 slabs for family latrines and the construction of 122 institutional latrines at schools and health facilities. Some 27,000 people

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<sup>2</sup> NRC has recorded testimonies to support advocacy initiatives in the frame of the advocacy campaign ([www.hdptcar.net/IDPcampaign](http://www.hdptcar.net/IDPcampaign)).

received distribution of hygiene kits. With hygiene promotion activities, including health education and the distribution of soap, UNICEF and its partners reached all 300,000 people in the projects' zones.

### 3. Partnerships

With regard to its general WASH programme, UNICEF worked with CREPA, Triangle GH, IRC, IPHD, Solidarités, ACF, IMC, CAM, ICDI, the government's General Directorate of Hydraulics and a private drilling company, CGC-CAM. UNICEF supported the government (DGH) and NGO partners with technical, material and financial support. Despite logistics problems due to long distances, poorly maintained roads, broken bridges, road bandits and general insecurity in the zones of operations, partners and contractors completed their projects and achieved expected results. On some occasions, UNICEF could not immediately deliver projects' materials to partners on time because specific materials such as cement were not available in Bangui. For organizations that purchased their equipment immediately, there were also delays in the delivery of material because of high transport costs, long negotiations with providers, and delays at the country's customs office. To shorten delays for future projects, UNICEF now has the capacity to pre-position materials in Bossangoa, Paoua, Kaga-Bandoro and Ndélé.

### 4. Gender-mainstreaming

For public latrines, UNICEF and its partners constructed two separate latrines with doors facing in opposite directions for women/girls and men/boys. Additional pieces of soap were also given to girls and women for hygiene purposes. Sixty percent of water point management committee members are women.

### 5. Monitoring and evaluation

Monitoring and evaluation (M&E) mechanisms were based on using indicators and standards established by the WASH cluster, as well as international and national standards. Joint field monitoring and evaluation missions were conducted to examine and discuss technical and coordination issues and solve problems. The WASH cluster has also established an M&E tool called 'Tracking for Results' with which each partner reports on results achieved during the month. Partners and contractors provided detailed monthly reports, and ad-hoc reports when necessary. UNICEF and its partners actively participated in HDPT meetings to share information on WASH emergencies and propose appropriate action.

## **COORDINATION AND SUPPORT SERVICES**

### 1. Coordination, implementation arrangements and partnerships

The Humanitarian Air Service is operated by a team at the WFP country office, which is separated from other WFP programmes. It is formally governed by a user group which is open to all organizations that use the service. OCHA chairs the group, and in this position relays decisions to WFP. The user group met ten times in 2008, including in February and March during the time covered by the CERF contribution.

The group formally validates the regular flight schedule, price rates for passengers and cargo, the list of eligible users and general regulations; requests the opening of new destinations (which are then technically evaluated by UNHAS to confirm that they fulfil operational requirements); and comments and advises on the general functioning of UNHAS. In 2008, three new destinations, Boguila, Markounda and Tiringoulou, were added upon requests from the user group.

The UNHAS team also actively participates in general coordination structures such as HDPT meetings and the logistics cluster to ensure that the logistical needs of aid agencies are covered.

WFP implemented the Humanitarian Air Service directly. The implication of humanitarian organizations in the coordination of the service is described above.

## 2. Project activities and results

In 2008, 2,865 passengers – mostly humanitarian workers but also donor representatives and journalists – used the air service (626 during January, February and March 2008, the period covered by the CERF contribution). This was an increase of 53 percent over the previous year. The amount of transported cargo increased even further, by 280 percent to 63 tons. The air service amassed 1,606 flight hours in 2008, including 468 during the three months covered by CERF funding. It serviced 13 destinations on a regular basis and another seven upon request. Eight special flights were organized during the year, including one for a humanitarian assessment in the Obo region in the southeast following LRA attacks in February (see success story below).

## 3. Gender-mainstreaming

The Humanitarian Air Service supported numerous humanitarian projects that contribute to gender equity.

## 4. Monitoring and evaluation

The UNHAS user group meets monthly to review the functioning of the air service and, if necessary, request WFP to make improvements. In early 2008, when users found that the service was not flexible enough in accommodating users' requests, WFP adapted its procedures and can now accommodate most requests, including temporary changes of the plane's schedule and special flights where needed.



## IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
<b>COORDINATION AND SUPPORT SERVICES</b>	<b>08-WFP-009 WFP: “Humanitarian Air Service”</b>	999,983	40 humanitarian organizations (626 humanitarian workers as passengers in Jan – Mar 2008)		<ul style="list-style-type: none"> <li>The humanitarian air service was functioning in end-2007 but was facing severe funding shortfalls</li> </ul>	<ul style="list-style-type: none"> <li>Provide an air service which is efficient in terms of safety, reliability, quality and economic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility of remote regions in CAR all year round</li> <li>Travels in safe conditions to 13 destinations in CAR on a regular basis and another 7 upon demand</li> <li>Eight special flights conducted for humanitarian assessments, e.g. in Obo after LRA attacks, donor and other missions, opening of offices, and other special events</li> <li>40 organizations using the service (UN, NGOs, donors)</li> <li>2,865 passengers in 2008 (626 during three months funded by CERF). This is an increase of 53 percent compared to 2007</li> <li>63 tons of cargo in 2008 (18 tons during three months funded by CERF). Increase of 280 percent compared to 2007</li> <li>Travel time from Bangui to Birao reduced from a week by road to three hours by plane, at \$ 100 per ticket</li> <li>Air service available for medical and security evacuations</li> </ul>
<b>HEALTH</b>	<b>08-FPA-020 UNFPA: “Strengthening emergency obstetric and neonatal care in conflict-affected zones”</b>	356,973	177,041 direct and indirect beneficiaries (75,608 women in reproductive age including 10,622 pregnant women; 27,618 children under five; 73,815 men and boys over five)	ASFIACA (\$ 10,000)	<ul style="list-style-type: none"> <li>In CAR 13 women out of every 1,000 die during delivery</li> <li>176 out of every 1,000 – or one out of every six – children die before the age of five and neonatal</li> </ul>	<p><i>(The expected outcomes are for a joint UNFPA/WHO/UNICEF project on emergency obstetric and neonatal care. Revised for UNFPA.)</i></p> <ul style="list-style-type: none"> <li>Six delivery rooms provided with basic reproductive health equipment</li> <li>Six health facilities supplied with</li> </ul>	<p><i>During the development of the implementation plan, UNFPA revised the expected results of this project to focus on two prefectures (Nana-Gribizi and Bamingui-Bangoran), rather than the five initially planned. With CERF-funding, UNFPA achieved the following results:</i></p> <ul style="list-style-type: none"> <li>Two maternity wards and two delivery rooms rehabilitated. Due to delays in the procurement process, the equipment is being delivered to the sites in March 2009</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
					<p>mortality rate is at 45/1,000 live births</p> <ul style="list-style-type: none"> <li>During an assessment of health services in the Vakaga prefecture in March 2008, a traditional birth attendant in the village of Boromata reported three stillborn deliveries in one week due to a lack of qualified staff and medication</li> </ul>	<p>reproductive health drugs for emergency obstetric and neonatal care</p> <ul style="list-style-type: none"> <li>Six delivery rooms rehabilitated</li> <li>100 percent of district health staff trained on emergency obstetric and neonatal care, including PMTCT</li> <li>100 percent of obstetric complications received in the six supported health facilities, which are adequately managed</li> <li>Six emergency obstetric and neonatal committees support community-based activities</li> </ul>	<ul style="list-style-type: none"> <li>Medical drugs and supplies procured and used for emergency obstetric and neonatal care in health facilities in conflict areas</li> <li>In collaboration with the National Midwife Association (ASFIACA), 42 health professionals trained on emergency obstetric and neonatal care (six midwives, four nurses, 32 birth attendants). They now provide comprehensive emergency obstetric and neonatal care services in the two prefectures</li> <li>In addition, ASFIACA trained 105 community leaders to encourage their involvement in the early identification of danger signs during pregnancies, and timely referral to health facilities for appropriate medical care</li> <li>The National Family Health Division trained 40 health workers on the collection and use of reproductive health data to improve the planning and implementation of reproductive health (RH) programmes. They now collect RH data to help organizations in the planning and implementation of RH programmes in the 2 prefectures.</li> </ul>
	<p><b>08-WHO-029</b> <b>WHO:</b> <b>“Strengthening emergency obstetric and neonatal care in conflict-affected zones”</b></p>	336,486	131,373 pregnant women, 525,493 women of reproductive age	ASSOMESCA (\$123,803)	<ul style="list-style-type: none"> <li>In CAR 13 women out of every 1,000 die during delivery</li> <li>176 out of every 1,000 – or one out of every six – children die before the age of five and neonatal mortality rate is at 45/1,000 live births</li> </ul>	<p><i>(The expected outcomes are for a joint UNFPA/WHO/UNICEF project on emergency obstetric and neonatal care.)</i></p> <ul style="list-style-type: none"> <li>50 percent of delivery rooms of health facilities are provided with basic reproductive health equipment</li> <li>100 percent of health district staff trained on emergency obstetrical and neonatal care,</li> </ul>	<ul style="list-style-type: none"> <li>WHO and ASSOMESCA refunded the costs of obstetric care in conflict-affected areas in northwestern CAR. The project enabled the improvement of access to free emergency obstetric care in Ouham, Ouham-Pendé and Kémo prefectures</li> <li>With the support of the MoH directorate of maternal health, WHO conducted a training of trainers and training of health providers on obstetric care and audit of maternal death to reduce the maternal mortality rate</li> <li>150 health personnel from 3 health prefectures (Ouham, Ouham-Pendé,</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
					<ul style="list-style-type: none"> <li>During an assessment of health services in the Vakaga prefecture in March 2008, a traditional birth attendant in the village of Boromata reported three stillborn deliveries in one week due to a lack of qualified staff and medication.</li> </ul>	<ul style="list-style-type: none"> <li>including PMTCT (prevention of mother to child transmission of HIV) in the northeastern CAR</li> <li>65 percent of deliveries attended by trained health staff</li> <li>Six delivery rooms rehabilitated in health units</li> <li>Six Emergency Obstetrical and Neonatal Committees support community-based activities</li> </ul>	<ul style="list-style-type: none"> <li>Ombella-Mpoko) trained during at three sites (Bangui, Bossangoa, Kaga-Bandoro), including 60 health professionals trained on maternal death audit</li> <li>National health guidelines updated and adapted for the management of obstetric and neonatal emergencies in conflict areas</li> <li>Field monitoring mission conducted to identify strengths and weakness of CERF funded project, which provides free care at participating health centres</li> <li>Acquisition of equipment, consumables and radio communication equipment for WHO field office to support the project</li> <li>Improved ASSOMESCA logistics capacity for project monitoring and reporting</li> <li>Maternity ward and operation theatre in Ndélé rehabilitated</li> <li>ASSOMESCA treated 1,000 pregnant women free of charge</li> <li>21 health partners of ASSOMESCA supervise 51 health centres which provided obstetric care free of charge to pregnant women</li> <li>Skilled staff managed 1,598 births, 109 caesarean sections, 161 therapeutic maternal care visits, 63 obstetric haemorrhages, 18 ectopic pregnancies</li> </ul>
	<b>08-UNICEF-038 UNICEF: “Strengthening emergency obstetric and neonatal care in conflict-affected zones”</b>	304,259	162,479 pregnant women and 649,918 women of reproductive age from the following districts: Ouham-Pendé, Nana-Gribizi, Bamingui-Bangoran, Ouham, Vakaga	<ul style="list-style-type: none"> <li>IMC (\$127,348)</li> <li>AMI (\$41,425.41)</li> <li>Merlin (\$6,076.38)</li> <li>IRC (\$10,886.03)</li> <li>Première Urgence (\$49,709.68)</li> </ul>	<ul style="list-style-type: none"> <li>In CAR 13 women out of every 1,000 die during delivery</li> <li>176 out of every 1,000 - or one out of every six –</li> </ul>	<p><i>(The expected outcomes are for a joint UNFPA/WHO/UNICEF project on emergency obstetric and neonatal care.)</i></p> <ul style="list-style-type: none"> <li>Six maternity wards are rehabilitated</li> <li>50 percent of delivery</li> </ul>	<ul style="list-style-type: none"> <li>Three maternity wards rehabilitated in the Nana-Gribizi prefecture (Grevai, Dissikou and Ndomete) in partnership with Merlin; One rehabilitated in Paoua, Ouham-Pendé prefecture, in partnership with Première Urgence</li> <li>In partnership with IMC, one TBA per 1,000 persons trained in Ouanda-Djallé and one TBA per 5,000 in Sam-</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
				Ministry of Health (\$47,515.37)	<p>children die before the age of five and neonatal mortality rate is at 45/1,000 live births</p> <ul style="list-style-type: none"> <li>During an assessment of health services in the Vakaga prefecture in March 2008, a traditional birth attendant in the village of Boromata reported three stillborn deliveries in one week due to a lack of qualified staff and medication.</li> </ul>	<p>rooms of health facilities are provided with basic reproductive health equipment</p> <ul style="list-style-type: none"> <li>65 percent of deliveries attended by trained health staff</li> <li>Six Emergency Obstetrical and Neonatal Committees support community-based activities</li> <li>100 percent of health district staff trained on emergency obstetrical and neonatal care, including PMTCT (prevention of mother to child transmission of HIV) in northeastern CAR</li> </ul>	<p>Ouandja</p> <ul style="list-style-type: none"> <li>In partnership with AMI, eight AT in rural areas and three nurses working at the Ndélé hospital trained in Nana-Gribizi prefecture</li> <li>65 percent of pregnant women in Ouanda-Djallé received TT2 vaccines in comparison with 30 percent of the pregnant women in Sam-Ouandja. 100 percent of the registered deliveries followed up by at least one postpartum visit in both areas</li> <li>Five health facilities in Bamingui-Bangoran prefecture provided with mattresses in partnership with AMI</li> <li>In partnership with IMC, a basic surgical unit was set up in Sam-Ouandja and Ouanda-Djallé health centres to fill the referral gap generated by the closure of the Birao hospital in Vakaga and the inaccessibility of the Bria hospital in Haute Kotto. 293 surgeries carried out.</li> </ul>
	<b>08-UDP-014 UNDP/IMC: “Reduced morbidity and mortality among people affected by conflict through the rehabilitation of the health system and health infrastructures in Vakaga and Haute-Kotto prefectures”</b>	304,175	30,000 people affected by violence in Haute-Kotto and Vakaga; 3,199 refugees from Darfur in Sam Ouandja; Estimated 5,500 children under five, 13,750 women, 13,750 men	IMC (\$284,276)	<ul style="list-style-type: none"> <li>Overall health clinic utilization rate: 1.8 new consultations per person per year</li> </ul>	<ul style="list-style-type: none"> <li>Increased access to quality healthcare services for 30,000 people affected by violence and 3,000 Sudanese refugees</li> </ul>	<ul style="list-style-type: none"> <li>Vaccination: 95 percent coverage for DPT, 90 percent for CPN, 98 percent for measles among children 6-15 years old</li> <li>Healthcare services provided from seven supported health centres to 15 villages</li> <li>20,000 preventive and curative consultations during the project period</li> <li>85 percent of children under five years screened for malnutrition</li> <li>Data on the number of pregnant women having attended at least two antenatal care visits and the overall health clinic utilization rate was not available.</li> </ul>
<b>PROTECTION</b>	<b>08-HCR-020 UNHCR: “Protection and</b>	457,425	102,000 displaced people in	IRC (165,000)	<ul style="list-style-type: none"> <li>The protection situation of</li> </ul>	<ul style="list-style-type: none"> <li>Training provided on the Guiding Principles</li> </ul>	<ul style="list-style-type: none"> <li>Protection by presence, e.g. thanks to a UNHCR/Caritas network of</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
	<b>Assistance for Internally Displaced Populations in Northern CAR”</b>		Nana-Gribizi and Ouham-Pendé	DRC(130,000) ACF (45,000) Caritas (35,000)	IDPs in north and northwestern CAR is extremely precarious, with large parts of the civilian population living in deplorable conditions after having suffered serious human rights violations, including arbitrary arrest, forced displacement, torture, summary execution, forced recruitment, gender based violence (GBV) and looting and destruction of private property	<p>on Internal Displacement and on human rights, especially those applicable to the protection of women and children, to an estimated 750 civil, military, and non-state actors</p> <ul style="list-style-type: none"> <li>▪ All IDPs in the area of operation with specific protection needs, including SGBV survivors, offered appropriate assistance and counselling</li> <li>▪ Conflict-affected communities conducting economic activities in line with identified priorities. Percentage of target villages adopting the higher-value practices increased. Agricultural skills base enhanced for beneficiaries. Livelihoods for the conflict-affected population improved, including food security.</li> </ul>	<p>humanitarian observers, as well as programmes by other humanitarian organizations such as IRC with various trainings on the human rights, the Guiding Principles and the rule of law for authorities, armed and security forces and rebel movements in close cooperation with other UN agencies, contributes to decrease the various types of the human rights violations in conflict-affected areas. In sum, 680 military actors and 61 civil actors were trained on the Guiding Principles, human rights and the rule of law.</p> <ul style="list-style-type: none"> <li>▪ DRC focused its activities on protection, livelihoods, community mobilisation. DRC trained 5,363 members (2,822 men and 2,541 women) of 212 farming cooperatives, provided them with kits and tools to start up activities of farming, breeding and other small-scale business activities to recover their means of subsistence. The number of indirect recipients from DRC activities is estimated at 26,815 people. A youth cultural centre has been identified in December 2008 for rehabilitation.</li> <li>▪ People with specific needs identified by DRC participated in vocational training and training on HIV/AIDS prevention, women’s rights, safe motherhood, and reproductive health.</li> <li>▪ With the activities of psychosocial counselling implemented by Action Contre la Faim in Paoua, displaced households return to the traditional occupation of farming to meet their basic needs.</li> </ul>
	<b>08-UDP-016 UNDP/NRC: “Protection and Advocacy for IDPs and other communities affected by violence in Ouham</b>	137,129	Direct beneficiaries 505 (142 women, 363 men) Indirect beneficiaries 25,000	NRC (\$128,158)	<ul style="list-style-type: none"> <li>▪ 25,000 displaced people in Ouham prefecture</li> <li>▪ Displaced people, host</li> </ul>	<p>I</p> <ul style="list-style-type: none"> <li>▪ ncreased awareness of the Guiding Principles on Internal Displacement, national responsibilities, protection mechanisms,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Training modules developed using basic concepts</li> <li>▪ Four national trainers from the Bossangoa Centre Régional Pédagogique received intensive training, adapted the content in Sango (the national language) and prepared</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
	prefecture		displaced people in Ouham		<p>communities, civilian and military authorities have very low knowledge of the rights of displaced people</p> <ul style="list-style-type: none"> <li>▪ Rights violations occur frequently</li> </ul>	<p>advocacy methods, by civil society, local communities, local authorities and displaced people</p> <ul style="list-style-type: none"> <li>▪ Increased capacities of IDP committees, local NGOs and local authorities</li> <li>▪ Increased international attention on the human rights crisis in NRC's area of operation</li> </ul>	<p>awareness-raising sessions</p> <ul style="list-style-type: none"> <li>▪ 16 sessions organized in 10 places affected by displacement in Ouham prefecture, for 505 local actors</li> <li>▪ Local authorities informed of the state's responsibility to protect displaced people</li> <li>▪ Civil society members gained knowledge on IDP rights, which they transmit to communities</li> <li>▪ IDP committee members empowered to stand up for their rights</li> <li>▪ Booklets with the Guiding Principles on Internal Displacement in French and Sango, and with a simplified and illustrated version of the principles distributed</li> <li>▪ The sessions allowed communities to share difficulties they face in exercising their rights</li> <li>▪ NRC has produced a report and a presentation with recommendations to the protection cluster, sharing the concerns, difficulties and recommendations of the participants, and giving new advocacy orientations</li> <li>▪ This analysis, the recommendations, as well as profiles of local people, are now being used in the context of an interagency Advocacy Campaign for Internally Displaced People (<a href="http://www.hdptcar.net/IDPcampaign">www.hdptcar.net/IDPcampaign</a>), and will inform the protection cluster's strategy</li> </ul>
<b>WATER, SANITATION AND HYGIENE</b>	<b>08-CEF-037 UNICEF: "Rapid provision of basic WASH services to displaced persons in northern CAR"</b>	490,584	300,000 conflict- affected people (150,000 women, 96,000 men and 54,000	IRC (\$134,179.10) IPHD (\$3,854.84)	<ul style="list-style-type: none"> <li>▪ 197,000 IDPs in 2008</li> <li>▪ Access rate by population in conflict-affected areas at 0-9</li> </ul>	<ul style="list-style-type: none"> <li>▪ Emergency response scaled up by repairing infrastructures, constructing at least ten new traditional shallow wells, and drilling at least ten boreholes fitted with</li> </ul>	<ul style="list-style-type: none"> <li>▪ The project benefited more than 300,000 persons (50 percent women, 18 percent children under five)</li> <li>▪ 181,800 people provided with potable water at 15 litres/person/day</li> <li>▪ 360 people trained on operations and</li> </ul>

Sector/ Cluster	CERF projects per sector	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
			children under five)		litres/person/d ay of potable water (source: field surveys from partners) <ul style="list-style-type: none"> <li>▪ 25 percent of population have access to latrines (MICS3)</li> <li>▪ 800 hand pumps broken down needing repairs (source: government)</li> </ul>	hand pumps <ul style="list-style-type: none"> <li>▪ Distribution of NFI kits to ensure better access, transport and storage of water for households</li> <li>▪ Organization of hygiene campaigns and training sessions for leaders and community health workers to raise their awareness about health, water resources management, sanitation and hygiene education to help reduce the spread of water-borne diseases</li> <li>▪ Enhancement of water, sanitation and hygiene sector leadership</li> </ul>	maintenance of water, sanitation and hygiene facilities <ul style="list-style-type: none"> <li>▪ 19,600 people with improved family latrine facilities</li> <li>▪ 27,000 people received hygiene kits</li> <li>▪ 300,000 people sensitized on hygiene and received soaps</li> </ul>



## V. CERF IN ACTION

### HEALTH

#### **Emergency Obstetric Care: Support to Ndélé hospital encourages patients to return**

In June 2007, Aide Médicale Internationale (AMI, a French NGO) was the first international aid agency to open an office in Ndélé and start programmes in Bamingui-Bangoran prefecture. AMI is supporting staff at the hospital in Ndélé and health posts in the area to improve child and maternal health, provide medication and essential medical equipment, and train health workers.

AMI was able to successfully manage the challenges of working in an isolated region, to reach the people of Ndélé and the surrounding area. Before the arrival of AMI, only 32 percent of births were assisted by trained personnel, today the figure stands at 61 percent. With their emergency obstetric care programme, supported by the CERF via WHO, they have ensured that two thirds of expectant mothers have at least one ante-natal consultation and that more than half of births are attended by trained staff. This is of critical importance in a country with one of the highest figures for maternal deaths in the world: 1,355 women die for every 100,000 live births.

Hospital visits by the local population have also dramatically increased: in January 2007 (prior to AMI's arrival) approximately 50 patients visited the hospital each month; one year later, in January 2008 the hospital received nearly 1,600 patients. There are now 11 cold chains for the safe storage of essential vaccines and medication in health posts managed by AMI compared to none in June 2007.

As the first NGO to establish a base in this isolated region, since June 2007, AMI has facilitated the arrival of other NGOs and UN agencies in the area. Increased presence will provide much needed support to the local population to overcome the vestiges of past conflict and on-going insecurity.

### PROTECTION

#### **UNHCR Humanitarian Observers: "We haven't forgotten them"**

UNHCR and Caritas have hired local humanitarian observers to undertake an assessment of internal displacement in northwestern and central-northern CAR. In the town of Ndim, Mathieu Hebaye (42), Serge Moi-Dgoukoule (34) and Adrien Ngalalari (35) have been recruited to travel across the prefecture to visit villages and ascertain the number of internally displaced people and their protection concerns.

As part of the programme, UNHCR has provided the humanitarian observers with bicycles to facilitate access to remote villages. As Mathieu explains, "We work five to six days a week, travelling to villages 67km away so we can talk to the local population." Prior to launching the survey in October 2008 the humanitarian observers all received training from UNHCR and the questionnaires have been specifically designed by UNHCR and the Protection Cluster to identify the needs and concerns of each village and displaced household interviewed.

Displacement around Ndim is mostly associated with the violent events of 2006 and 2007 between rebel and government forces, and has been further compounded by continued insecurity from attacks by armed bandits, known as *zaraguinas*. For the months of September to October 2008 the humanitarian observers have identified 1,979 internally displaced in the sub-prefecture of Ndilouki.



According to one of the observers, after so much hardship and difficulty the local population are happy to share their concerns, “people want to talk to us, they want to meet us because they have felt forgotten and now they can explain their problems.” These problems include difficulties in re-establishing schools for displaced children, the lack of teachers and pedagogical material, poor sanitation facilities and insufficient water points and access to health services, particularly the lack of mobile clinics to service the more isolated communities. As for their protection concerns, these are summed up by another observer, Adrien, who explains, “Towards Chad they say their problems are with the *zaraguinas*, and towards the west the problems are with the rebels.”



*UNHCR humanitarian observers prepare for their weekly survey of internally displaced people in northwest CAR. Photo: AdLH/OCHA*

UNHCR completed the survey of Ndilouki prefecture by the end of December 2009 and now has a more complete picture of displacement in the region. Despite the physical challenges of the work for Mathieu, Serge and Adrien they say they are pleased to have been able to reach out to the villages in their region, as Mathieu states, “they know we are coming back and we haven’t forgotten them.”

### **NRC Human Rights Training: “We want to help them but we can’t do it alone”**

Martine is the chairwoman of a local women organization in a small town in northern CAR. The local branch of this national organization was created only a year ago. The seven members plan to create a little restaurant and a shop to sell palm oil and homemade soap. This would allow the many women left as head of households by the conflict to earn a living for their families and improve their situations.

“We are isolated because of the long and difficult road, that’s why no one wants to come and help us”.

In 2003 President Bozizé seized power in a coup d’état with help from Chadian troops and Central African rebels. Martine was living near Paoua, north-west CAR, when the rebels threw her and her family out of their house. They had to stay hidden in the bush for weeks, sleeping on leaves, in the cold, without even daring to light a fire, as rebels remained in the region, attacking the population and looting their camps. This was too hard on her elderly father who passed away out there.

Martine knows what it is like to be a displaced person, so when people recently sought refuge in her town, she shared her food with them, giving cassava to those coming to her door. But that was not much, and she did not have enough to help them, as more and more were coming, fleeing violence in villages around Bouca. She talked to the local authorities, and they wrote to the central government, asking for help to provide the displaced with the assistance they needed. There was never an answer. “We want to help them, but we can’t do it alone”.

Martine took part in a training organized by the Norwegian Refugee Council to raise awareness of the local authorities, civil society organizations and displaced communities on the rights of the displaced and the Guiding Principles on Internal Displacement. She was glad to hear that other people are concerned about displacement. “No one should be forced to sleep in the bush like an animal.” She hopes the security conditions will improve, allowing everyone to go home. But she knows that it will take time. She thinks the behaviours will change in Bouca after the training. “It was a great encouragement, we can continue now that we know someone is behind us”. She

will share what she learnt with the members of local organizations and her own children, so that more people understand they have to help the displaced persons.

## **COORDINATION AND SUPPORT SERVICES**

### **Humanitarian Air Service: Reaching remote areas**

In February and March 2008 a foreign armed group launched a series of attacks on the town of Obo and surrounding villages. More than 150 men, women and children were kidnapped. In March, a joint mission assessed the situation and the extent of the protection crisis, laying the groundwork for further assistance. Obo is situated in the far south-east of CAR, 1,300km (approx. one week by road) from Bangui. Here, there is more economic and social exchange with southern Sudan and the Democratic Republic of Congo (DRC) than with the rest of CAR. Due to the lack of government presence, the local population have felt neglected and marginalised.

The Humanitarian Air Service, funded by the CERF, transported the joint mission of UN agencies and NGOs to Obo. Otherwise, reaching this remote area would have taken weeks and cost much more. Soon after their arrival they were able to establish that the attacks had been carried out by the Ugandan rebel group the Lord's Resistance Army, which is roaming across the lawless region and had previously attacked villages in DRC. In these terrible attacks over a one-month period it was established that 157 people were kidnapped. Some of the adults were later released or escaped, however, none of the 55 children between 6 and 18 years had returned to their families. The mission members also brought with them emergency medical kits for the victims of the attacks. Now, with funding from the CHF and other donors, organizations have started to provide more comprehensive assistance to the people in this neglected region in CAR.



## Annex: Acronyms and Abbreviations

<b>ACF</b>	Action against Hunger
<b>a.i.</b>	ad interim
<b>AMI</b>	International Medical Aid
<b>ASFIACA</b>	National Central African Midwife Association
<b>ASSOMESCA</b>	Association of Medical and Health Programmes in the Central African Republic
<b>BONUCA</b>	United Nations Office in the Central African Republic
<b>CAM</b>	Medical Aid Committee
<b>CAP</b>	Consolidate Appeals Process
<b>CAR</b>	Central African Republic
<b>CARITAS</b>	Internal Confederation of Catholic Relief, Development and Social Service organizations
<b>CERF</b>	Central Emergency Response Fund
<b>CHF</b>	Common Humanitarian Fund
<b>CREPA</b>	Regional Centre for Low-Cost Water Supply and Sanitation
<b>DGH</b>	General Directorate for Hydraulics
<b>DPT</b>	diphtheria, pertussis, tetanus
<b>DRC</b>	Danish Refugee Council
<b>DRC</b>	Democratic Republic of the Congo
<b>ERF</b>	Emergency Response Fund
<b>GBV</b>	gender-based violence
<b>HC</b>	Humanitarian Coordinator
<b>HDPT</b>	Humanitarian and Development Partnership Team
<b>HIV</b>	human immuno-deficiency virus
<b>ICDI</b>	Integrated Community Development International
<b>ICRC</b>	International Committee of the Red Cross
<b>IDP</b>	internally displaced person
<b>IMC</b>	International Medical Corps
<b>IOM</b>	International Organization for Migration
<b>IPHD</b>	International Partnership for Human Development
<b>IRC</b>	International Rescue Committee
<b>LRA</b>	Lord's Resistance Army
<b>M&amp;E</b>	monitoring and evaluation
<b>Merlin</b>	Medical Emergency Relief International
<b>MoH</b>	Ministry of Health
<b>NFI</b>	non-food items
<b>NGO</b>	non-governmental organization
<b>NRC</b>	Norwegian Refugee Council
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PMTCT</b>	prevention of mother-to-child transmission (of HIV)
<b>RC</b>	Resident Coordinator
<b>RH</b>	reproductive health
<b>Triangle GH, TGH</b>	Triangle Génération Humanitaire
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	water, sanitation and hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization