

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

Country	Central African Republic
Humanitarian / Resident Coordinator	Toby Lanzer
Reporting Period	1 January – 31 December 2007

I. Executive Summary

The people in the north of the Central African Republic (CAR) faced shifting threats in 2007. The political conflict between rebel groups and the Government did not end throughout the north, but in the north-central and north-east of the country its intensity lessened after a peace deal was signed with the two main militant groups in the area. At the same time the conflict between rebels and the CAR government in the northwest continued unabated and was compounded by the activities of armed criminal gangs who - in this part of the country - became more vicious, forcing thousands of people to seek safety in the larger towns. Indeed, banditry increasingly emerged as the major cause of human suffering in CAR. Bandits started looting and burning whole villages; they kidnapped children for ransom, and killed people at random. An estimated one third of the 300,000 internally displaced people (IDP) and refugees have fled these bandit attacks, rather than the political conflict between rebels and Government. As a consequence, displacement patterns became more complex – while in some areas people returned to their villages and started to rebuild their houses, others continued to flee. Over the course of the year, thousands of new Central African refugees were registered in Chad, Cameroon and Darfur. By October, the Humanitarian and Development Partnership Team (HDPT) had to open the country's first internally displaced people site in Kabo.

In response, humanitarian organisations multiplied their efforts in 2007 to assist and protect one million people directly struck by conflict and violence and another one million at risk. By the end of the year, the number of international non-governmental organizations (NGOs) working in the country had increased from five to eighteen, and the number of field offices from seven to thirty-five. Together, HDPT members assisted more than 2.5 million people. Of these, two million were struck by or at risk of violence in the north, e.g., refugees and internally displaced people, victims of bandit attacks, survivors of sexual violence, and others living in conflict areas. A further 500,000 belonged to other particularly exposed groups, such as ethnic minorities, people living with HIV/AIDS, children under five, and pregnant women.

This effort was only possible thanks to the support from donors. The 2007 Coordinated Aid Programme (CAP) was funded at 76 percent, and with \$69 million for the CAP, more funds were received than in the four previous years combined. Thanks to donor contributions to the Central Emergency Response Fund (CERF), the fund was the second-largest channel of humanitarian funding to the CAP, contributing \$6.8 million under the window for underfunded crises. CERF funds enabled United Nations agencies and NGOs to assist 1.2 million people, providing them with drinking water, food, and shelter; supporting schools and health centres; demobilizing child soldiers, assisting survivors of sexual violence, and protecting the rights of displaced people. Thus, CERF funding helped humanitarian organisations in CAR to shift gears, brought higher quality assistance to more people, and consolidated programmes in 2007.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$89,122,904 (2007 revised CAP) Received: \$67,615,870 (76 percent)			
Total amount of CERF funding received by funding window	Rapid Response: \$0 Under funded: \$6,778,722 Grand Total: \$6,778,722			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	Total UN agencies/IOM: \$4,492,235 Total implementing partners: \$2,286,486 See table below for details by UN agency			
Approximate total number of beneficiaries reached with CERF funding	Total	under 5 years	Female	Male
	1,208,518	241,704	656,866	551,652
Geographic areas of implementation	Nana-Mambéré, Ouham, Ouham-Pendé, Nana-Gribizi, Kémo, Lobaye, Ombella-Mpoko, Bamingui-Bangoran, Haute Kotto, and Vakaga			

UN agency	Funding			UN agency	Beneficiaries			
	UN	Partners	Total		Total	under 5	female	Male
UNICEF	\$955,394	\$826,576	\$1,781,970	UNICEF	195,000	195,000		
UNHCR	\$176,250	\$528,750	\$705,000	UNHCR	60,000		30,000	30,000
WFP	\$1,554,679	\$194,870	\$1,749,549	WFP	220,059	23,106	88,024	55,015
UNDP	\$1,161,809	\$87,448	\$1,249,257	UNDP	314,480			
WHO	\$449,103	\$66,842	\$515,945	WHO	1,208,518	241,704	656,866	551,652
UNFPA	\$195,000	\$582,000	\$777,000	UNFPA	1,166,486		658,845	507,641
Total	US \$4,492,235	US \$2,286,486	US \$6,778,721					

II. Coordination and Partnership-building

(a) Decision-making process:

In August 2007, the Emergency Relief Coordinator (ERC) approved the roll-out of the cluster approach in CAR. For the second CERF allocation, the cluster system was used to allocate funding to priority projects within sectors. Even before the official launch of the cluster system, and during the first allocation, sectoral groups were operational and involved in the decision-making process.

The prioritization for submitting projects to the CERF was based on the priorities in the 2007 Coordinated Aid Programme (CAP): promoting human security, protecting and assisting internally displaced peoples, reinforcing local and national capacities, and integrating coordination mechanisms. Needs assessments carried out in the north helped better to target humanitarian activities and to identify gaps in the response. One of the assessments carried out, a United Nations Population Fund (UNFPA) study on the number of internally displaced persons in the north and their most urgent needs, was financed by the CERF. The project selection was also based on funding levels, reported by the Financial Tracking Service and

updated with financial data gathered locally from organisations participating in the CAP. After reviewing identified activities, the Humanitarian Coordinator (HC) recommended priority sectors and projects to the Emergency Relief Coordinator.

(b) Coordination among the humanitarian country team

The HDPT grew much bigger in 2007, from 13 to almost 30 non-governmental and United Nations organisations. This meant a greater need for coordination, within and between sectors. The implementation of the cluster approach was one major achievement. By the end of the year, eight of ten clusters were operational, and cluster leads were meeting regularly with the HC for inter-cluster coordination. Thus, the Humanitarian Coordinator and cluster leads could monitor achievements in each sector, including those related to CERF -funded projects. Information sharing and management was improved to monitor the achievements on the ground. HDPT members now share and access information on the intranet on a daily basis, including detailed maps, sector databases, and needs assessments; (www.hcpt.jot.com). A blog provides a great deal of information to the public; (www.hdptcar.net).

(c) Partnerships

Collaboration among NGOs, United Nations agencies, and the Government was strengthened. Virtually all CERF projects included partnerships between the UN agencies, NGOs or Government ministries. Other projects, like the World Food Programme (WFP) Humanitarian Air Service or the UNFPA internally displaced people study, provided services which helped all HDPT members to carry out their activities and better to direct them to those most in need.

(d) Prioritization process

For the 2008 CAP, all included projects were ranked according to their priority, taking into account six criteria. In 2007, however, no overall prioritization process had been developed, and projects and sectors were thus prioritized on an ad hoc basis for CERF funding. Still, three criteria were taken into account, in addition to the general conditions for CERF funding (particularly the lifesaving criterion):

- Projects that addressed gaps in the humanitarian response were taken into account.
- Projects had to be aligned with the strategic priorities and the relevant sector objectives in the 2007 CAP.
- And the funding level of sectors and projects in the CAP was considered.

III. Implementation and Results

Under-funded emergency projects

In 2007, more humanitarian funding was received to realise the strategic priorities in the CAP than in the four previous years combined. The CERF was the third-largest funding channel, after the United States and European Union. Without CERF funding, the shifting of gears in the humanitarian response would not have been possible. Only in some areas in the north are people now living in greater security. But many more have now access to basic services: drinking water, schools, health centres, household items, shelter, and care for survivors of violence.

Coordination and support services

The two CERF -funded projects in this sector were crucial to enable most other humanitarian action. The Humanitarian Air Service (UNHAS) transported more than 2,500 passengers – Central African and international humanitarian workers, donor representatives, and journalists – and more than 20 tonnes of cargo to 23 destinations, many of which are unreachable by road during the rainy season. Even during the dry season, it takes five days to reach Birao in the northeast by road, but only three hours by plane. Directed by a user group and in response to new emergencies such as the arrival of 3,000 Darfur refugees in Sam Ouandja, the Humanitarian Air Service continuously adapts its schedule to the needs of humanitarian organisations and is flexible to individual requests. With a second CERF allocation of \$599,982, a second aircraft was chartered to respond to the sudden increase in demand for its services. UNFPA, with funding from the CERF and the Emergency Response Fund (ERF) produced a comprehensive report on displacement patterns and the living conditions of displaced people. The report helped other humanitarian organisations better to tailor their action to the needs of the most vulnerable.

Education

The United Nations Children's Fund (UNICEF), working together with numerous partners in the field, brought 67,000 children back to school in 2007. UNICEF used CERF funding to support Cooperazione Internazionale (COOPI), an Italian NGO and one of its partners in the education cluster, for the establishment of bush schools for displaced people in the Paoua area, the rehabilitation of schools in villages, the distribution of education materials, and the training of parent-teachers. Thus, the whole school system in Paoua sub-prefecture was restarted. Overall, COOPI supported 104 schools, 34 of them in the bush. Twenty-eight teachers were trained and in turn trained 301 parent-teachers. In Paoua town, COOPI rehabilitated a school building, equipped the two class rooms with tables and benches.

Food Security

World Food Programme (WFP), working together with several NGOs in conflict areas in the north, distributed food to more than 220,000 people affected by violence, many of them displaced. In many cases, food rations were distributed along with seeds and agricultural tools so that people could save the seeds for planting and improve their food security.

Health and Nutrition

Several members of the health cluster, AMI, the French Red Cross, the Global Fund, the International Medical Corps, International Rescue Committee, the Ministry of Health, UNFPA, UNICEF, and World Health Organization (WHO), worked closely together and regularly shared information on epidemiological surveillance and health activities. Together, they more than doubled the share of pregnant women in Bamingui-Bangoran prefecture who get antenatal care (from 30 percent in 2006 to 75 percent in 2007) and who deliver their babies with skilled medical help (from 20 percent to 55 percent). At the end of the year, three quarters of the people in this prefecture had access to primary health care. In Nana-Gribizi, International Rescue Committee established mobile clinics and supported the hospital in Kaga-Bandoro which had hardly been functioning before. In several areas, organisations provided medical care to survivors of sexual violence.

Health partners sensitised over 114,000 young people in the conflict areas in the north on HIV/AIDS prevention and trained peer educators. As a result, the number of people who volunteered for HIV testing increased by as much as 50 percent in some testing centres.

One of the main areas of focus for 2007 was to increase vaccination coverage, against polio, tetanus, measles, and other diseases. In Ouanda and Voukouma communes in the Vakaga, for instance, two thirds of all children under one are now fully vaccinated. In the whole country, more than half a million mosquito nets were distributed and about half of all children received vitamin A supplements and were dewormed, partly with CERF funding. UNICEF, Action Contre La Faim (ACF) and International Partnership for Human Development together treated 1,361 malnourished children under five.

Overall, more people in the north now have access to basic health care, more drugs and medical material are available, and more qualified health staff have been recruited. Building on achievements of health projects funded by the CERF in 2006, health organisations further improved emergency obstetric care and strengthened the disease surveillance system in 2007. (The surveillance system was tested in February 2008 when a meningitis epidemic broke out Kaga-Bandoro sub-prefecture.) The lead of the health cluster, WHO, and its members collected more and better data in 2007, allowing them to map planned activities and identify gaps. The 2008 CAP includes a strategic plan of the health cluster to fill these gaps.

Multi-Sector Assistance

Solidarités was one of the many organisations to open offices and extend their field presence. With funding from the CERF and other sources, Solidarités could open two bases in Kabo and Bangui. In the triangle linking Kabo, Batangafo, and Ouandago in Ouham prefecture, Solidarités distributed basic household items, food, seeds and tools to about 10,000 displaced people, including 4,300 at a site in Kabo. Not all people in this area could be reached because of security concerns. Solidarités also has water and sanitation and a road rehabilitation programme in place. In Vakaga prefecture, bordering Darfur and Chad in the northeast, Triangle Génération Humanitaire distributed seeds and agricultural tools to almost 35,000 people and food to 25,000. Triangle also rehabilitated schools and wells, and these activities are ongoing.

After opening an office in Markouda and extending its field presence in the sub-prefectures of Markounda and Boguila, Ouham, ACF distributed seeds and tools to 3,000 households, as well as food rations for seeds protection. Together, 14,000 persons, including 10,000 displaced, 2,000 returnees, and 2,000 residents, benefited from an integrated project that also included early recovery and water and sanitation aspects. ACF supported 33 community groups for income-generating activities and distributed 1,250 hygiene kits to develop better hygiene practices.

Protection

In collaboration with UN agencies, particularly UNICEF, and partner NGOs (International Rescue Committee, Danish Refugee Council, and Caritas), United Nations High Commissioner for Refugees (UNHCR) monitored displacement patterns, analysed the protection situation in the northwest, and trained armed and security forces on the Guiding Principles on Internal Displacement. The International Rescue Committee also trained non-state actors on rule-of-law principles and provided medical care and counselling to survivors of sexual violence. To provide material assistance to displaced people, UNHCR entered into ad hoc partnerships with Caritas-Bozoum, the International Medical Corps, Première Urgence, and Solidarités. UNICEF started the demobilisation process for 500 children associated with the UFDR militant group in the Gordil and Tiringoulou area in the northeast.

Non-Food Items and Shelter

UNICEF and its partners distributed plastic sheeting for shelter and basic household items such as blankets, water, hygiene and sanitation kits, soap, and kitchen utensils to 150,000 displaced people – about three quarters of all internally displaced people in the north.

Water, Sanitation, and Hygiene

The French Red Cross, UNICEF, and their partner's rehabilitated boreholes, installed water pumps, and disinfected wells so that 63,350 people had better access to drinking water. UNICEF and its partners also constructed latrines for 9,000 refugees and internally displaced peoples in Kobo, Sam Ouandja, and elsewhere.

(a) Monitoring and evaluation

Overall, the implementation of the cluster approach in CAR in August 2007 greatly improved monitoring of achievements. During the year, the HDPT increased its capacity to collect data and screen progress towards the CAPs sector objectives. Yet, at the end of the year, important gaps in monitoring and data availability remained and cluster leads agreed to concentrate their efforts on closing those gaps during their first half of 2008. They committed to having standard monitoring and evaluation tools in place in each cluster by June.

The HDPT carried out a comprehensive review of sector achievements during the mid-year review of the 2007 CAP in June and at a planning workshop in September defined strategic priorities for the 2008 CAP and took stock of the situation. As displacement patterns in the north were becoming increasingly complex, the HDPT improved monitoring of the living conditions of displaced people. The CERF funded two such projects: A UNFPA study on the number of internally displaced peoples in each prefecture and their living conditions; and a UNHCR network of humanitarian observers in the northwest, whose reports were collected on a continuous basis. From the data, HDPT members identified gaps in the humanitarian response. One clear result was a huge gender gap in many areas. For instance, in the north almost twice as many women as men have never gone to school, as a result, five in ten men can read and write but only two in ten women. Other organisations implementing CERF-funded projects also released reports on humanitarian conditions and action, including WFP for food distribution and the air service, Danish Refugee Council for protection and recovery activities in Paoua, and Solidarités on the situation of internally displaced peoples in Kobo. UNICEF published monthly reports on humanitarian activities, including those funded by the CERF.¹

UNICEF also carried out several nutritional surveys and evaluations and set up a rapid alert system and a community-based surveillance approach in priority areas. The results from these surveys are continuously shared with the members of the nutrition cluster. In case of an alert, they further investigate to confirm an existing risk and take appropriate action. In the health sector, WHO and UNICEF support an epidemiologic surveillance system, as well as routine monitoring of EPI coverage. The routine monitoring of EPI coverage is regularly tested with an independent Data Quality Assessment as required by the Global Alliance for Vaccination and Immunization. Finally, the reproductive health programme is continuously monitored.

At the project level, NGOs like Solidarités followed up on the results of their activities in the field on a monthly basis. Those NGOs that worked together with United Nations Development Programme – ACF, AMI, International Medical Corps, International Rescue Committee, Solidarités, and Triangle GH, as well as the French Red Cross – developed detailed work plans with quantitative, specific indicators. In interim and final financial and narrative reports, they traced their progress towards those indicators. Some of these reports, however, were compiled too late for a timely follow-up on the situation and a few have not yet been submitted.

United Nations agencies applied their internal monitoring and evaluation guidelines to follow up on project activities. The International Rescue Committee, one of UNHCR partners for its protection project, elaborated monthly protection reports for a close follow-up on the provision of medical assistance and

¹ Most reports are available on the HDPT intranet or blog, at (www.hdptcar.net). Some public reports are also available on (www.reliefweb.int)

psycho-social counselling to survivors of sexual violence, as well as rule-of-law trainings organized for armed non-state actors in Nana-Gribizi prefecture. Information gathered by Caritas humanitarian observers on the protection situation and displacement patterns of internally displaced peoples was entered into the UNHCR database on a monthly basis. Quarterly and yearly financial and narrative reports indicated expenditure and implementation rates for funding provided by the UNHCR. Concurrently, the UNHCR staff conducted regular visits to the field to monitor achievements of its partners on the ground.

Several organisations carried out joint monitoring missions to areas where CERF -funded projects, particularly in the health, nutrition, education, food security, and education sectors, were being implemented. Together, the health, nutrition and Water, Sanitation, and Hygiene (WASH) clusters adopted a multi-sector rapid assessment tool for emergency interventions to the local context and tested it in the field. For the joint WHO, UNICEF, and UNFPA project on neonatal and obstetric care, four monitoring and evaluation missions were carried out in Ouham and Ouham-Pendé to reinforce the capacity of partner organisations and to make sure that sufficient materials, health kits, and condoms are available.

(b) Initiatives complemented by CERF-funded projects

Projects were only selected for CERF funding if they closely fit with the strategic priorities and sector objectives in the 2007 CAP. Thus CERF -funded projects contributed to a jointly defined strategy for humanitarian actions and were complementary with other initiatives. Throughout the year, activities were discussed in sectoral groups, and then clusters, to make sure that project do not overlap and that they respond to priority needs.

The Humanitarian Coordinator set up a locally managed Emergency Response Fund (ERF) to provide additional flexible, quick, and predictable funding, particularly to NGOs which do not have direct access to the CERF. The HDPT also increased its advocacy efforts with other donors. In 2007, international interest in the humanitarian crisis in CAR increased and new donors were brought on board.

Concretely, each project that the CERF funded in 2007 was complemented by follow-up funding to the same project, or by other projects in the same sector.

- Parallel to the Humanitarian Air Service, WFP increased its logistical capacity with a fleet of 25 trucks to transport food and other goods to conflict areas. The UNHAS also received funding from the ERF and the Humanitarian Coordinator, WFP and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) are working together to secure follow-up funding from other donors in 2008.
- UNFPA's internally displaced people study and UNHCR's monitoring network helped organisations to better direct their activities towards those with the most urgent needs. The studies were complemented by many smaller assessments.
- Numerous NGOs were involved in UNICEF's back-to-school project. After UNICEF used CERF funding to support COOPI's education activities in the Paoua area, follow-up funding was secured for education activities in other areas, including Nana-Gribizi and Ouham (Norwegian Refugee Council) and International Rescue Committee), Sam Ouandja in Haute-Kotto (Triangle GH), and Ngaoundaye in the far northwest (Caritas). Overall, 67,000 children were brought back to school in 2007.
- Food assistance from WFP was distributed by numerous NGO partners in all of northern CAR. In many cases, seeds protection rations were handed out together with Food and Agriculture Organization seeds and tools.
- The different health and nutrition projects, by AMI, International Medical Corps (IMC), International Rescue Committee, UNFPA, UNICEF, and the WHO, covered virtually the whole north of the country. In addition to the nutrition activities funded by the CERF, humanitarian organisations set up centres to treat malnutrition elsewhere in the country, e.g., IMC in Sam

Ouandja and Ouanda-Djallé. UNFPA's project to prevent sexual violence and provide care for survivors was complemented by a well-functioning IRC programme in Nana-Gribizi.

- In addition to the CERF, other donors funded ACF, Solidarité, and Triangle GH's multi-sector assistance to displaced people and others affected by violence, including food security, water and sanitation, and education aspects, in Markounda and Boguila sub-prefectures, in the Kabo area, and in Vakaga prefecture.
- The situation was similar for the UNHCR and UNICEF protection projects. UNHCR, for example, also received contributions from Canada, Japan, and US for its human rights protection programme for 60,000 internally displaced people's in the northwest.
- UNHCR, the International Committee of the Red Cross (ICRC), and other organisations distributed basic household items and plastic sheeting in areas not covered by UNICEF's project, which received CERF funding.
- UNICEF and the French Red Cross made great efforts to provide 63,350 people with access to drinking water. In 2008, the members of the WASH cluster plan to extend their coverage and reach some 250,000 people.

IV. Lessons learned

The CERF funding enabled humanitarian organisations to set up an office in CAR, to increase their presence in the field, and to reach more people affected by violence than ever before. In 2007, the HDPT in CAR shifted gears, and instead of CAR being an underfunded crisis, the CAP was funded at 76 percent. The main lesson learned is that more efforts are needed to sustain this level in 2008 – without contributions from the CERF's window for under funded crises. Maybe the most important endeavour in this regard is the extension of the locally managed Emergency Response Fund, which attracted almost as much funding (in pledges) before the end of March 2008 as in all of 2007.

Another lesson learned is the value that the clusters can add to the coordination of activities, the monitoring of activities and the evaluation of achievements. The health cluster, facilitated by WHO, also served as a coordination platform for the distribution of emergency medical kits and the local purchase of medicines. WHO has a stock in place which was used, in 2007, by most international NGOs providing health services. This allowed for a quicker response, as NGOs could avoid lengthy shipments and customs clearances. Yet, much more needs to be done at cluster level. At the end of 2007, there were big differences between the performances of clusters. For humanitarian coordination, bringing all clusters up to speed is one of the objectives for 2008. Clusters should also make more efforts to include local NGOs and the Government.

As with all humanitarian action in northern CAR, insecurity regularly was a concern for the implementation of activities. The HDPT expanded humanitarian access and most of northern CAR can now be reached – but organisations still need to assess the security situation on a day-to-day basis to make decisions on whether or not it is safe to travel to certain areas.

Organisations conducting joint projects, like UNFPA, UNICEF, and WHO, realized that more needs to be done in terms of collecting best practices and developing common approaches to, for example, HIV peer education. Furthermore, at prefecture level, UNFPA's HIV prevention programmes did not sufficiently benefit from the experience and human resources developed by other agencies and organisations. Overall, however, coordination of HIV prevention programmes in conflict affected areas worked relatively well between agencies at the central level due to the cluster system.

V. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Coordination and support services	WFP 07-WFP-009 and 07-WFP-024 Humanitarian Air Service (HAS) in CAR	1,099,982 in two instalments of 500,000 and 599,982	500 staff of humanitarian organisations donors, and others	None	<ul style="list-style-type: none"> A safe, cost-effective, fast and reliable air service in the CAR 	<ul style="list-style-type: none"> In 2006, WFP's UNHAS started providing its service to humanitarian organisations in CAR with a Caravan 208B. Due to the increasing need for air services, a Beechcraft King Air was added to the fleet in September 2007. During 2007, the UNHAS transported 2,563 passengers, almost 50 percent more than the 1,800 initially planned. UNHAS also transported 20,520 kg of cargo which had not been planned when the service started. UNHAS flew to 19 destinations in CAR and to four in neighbouring countries. Many of these destinations are several days by road from Bangui or are completely cut off during the rainy season. 11 UN agencies, 25 NGOs, and the ICRC benefited from the service.
	UNFPA 07-FPA-002 Identification of IDPs in the prefectures of Ouham, Ouham-Pendé, Bamingui-Bangoran, Nana-Gribizi and Vakaga	195,000	Humanitarian organisations in CAR enabled to better target their activities	Caritas	<ul style="list-style-type: none"> A database on IDPs, their area of origin and their immediate needs is available, as a basis for protection and humanitarian assistance with a view to an eventual return and reintegration of IDPs 	<ul style="list-style-type: none"> Survey results estimation of 121,419 IDPs and 918,437 returnees in seven prefectures in the north (Nana-Mambéré, Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Haute-Kotto and Vakaga). Database on the living conditions of IDPs and returnees set up. Draft analytical report of the IDP survey elaborated.
Education	UNICEF 07-CEF-009 Back-to-school campaign in the conflict zones in CAR	200,000	88,688 school-aged children	Ministry of Education, parent-teacher associations, COOPI	<ul style="list-style-type: none"> 88,688 school-aged children from the three targeted prefectures are back in school and benefit from optimum learning conditions 	<ul style="list-style-type: none"> Nearly 67,000 school-aged children resumed schooling in the conflict areas in the north of the country. Specifically, CERF funds for education were used to: <ul style="list-style-type: none"> Together with COOPI, establish and support bush schools in the Paoua area, including by building shelter, providing teaching materials, and training parent-teachers.

						<ul style="list-style-type: none"> Reinforce the capacity of staff and partners in emergency preparedness and response in education. Organise monitoring missions Contribute to project support from Bossangoa field office. Organise the visit of international journalists to the north of the country.
Food security	WFP 07-WFP-010 Assistance to populations affected by armed conflicts	649,567	347,270 people affected by conflict	Central African Red Cross, COOPI, IPHD, MSF	<ul style="list-style-type: none"> Provision of food assistance to a total of 250,000 beneficiaries Improved nutritional status of beneficiaries Resumption of normal agricultural activities 	<ul style="list-style-type: none"> Food distributed to 220,059 people, including 55,015 men, 88,024 women, and 23,106 children under five (9,242 boys and 13,864 girls). People generated additional income, e.g. by selling firewood.
Health	WHO 07-WHO-007 Strengthening emergency obstetric and neonatal care in conflict-affected zones	215,945	131,373 pregnant women, 525,493 women of reproductive age	Ministry of Family, Social Affairs and National Solidarity, MoH, MSF-Holland, MSF-France, ACABEF	<ul style="list-style-type: none"> 50 percent of health facilities are equipped and their staff trained on emergency obstetrical and neonatal care package 65 percent of deliveries attended by a skilled provider (base line: 40percent) Sub-districts Emergency Obstetrical and Neonatal committees support community-based actions 	<ul style="list-style-type: none"> National guideline on management of obstetric and neonatal emergencies at field level produced and adopted. Emergency delivery assistance kits distributed to all selected health centres in conflict zones WHO's logistical capacity for the distribution of medical kits and follow-up improved.
	UNICEF 07-CEF-008-02 Strengthening emergency obstetric and neonatal care in conflict-affected zones	194,740				<p>Bamingui-Bangoran:</p> <ul style="list-style-type: none"> The antenatal care rate increased from 30 percent in 2006 to 75 percent in 2007 The share of deliveries attended by a skilled provider increased from less than 20 percent in 2006 to 55 percent in 2007 Specifically, CERF funds were used to train nurses, matrons and traditional birth attendants
	UNFPA 07-FPA-003-02 Strengthening emergency	321,000				<p>Ouham and Ouham-Pendé</p> <ul style="list-style-type: none"> ACABEF provides IDPs in Bozoum with free reproductive health services. During the last quarter of 2007, the clinic registered almost 700 consultations related to reproductive health including treatment of STIs, HIV testing and support to GBV survivors Staff in 20 health facilities in Bossangoa and Bozoum including the prefecture hospitals trained on HIV-IEC, prevention and counseling, and GBV management 23 reproductive health staff in 50 health facilities

affected zones						<p>trained in hygiene and HIV/AIDS prevention, and to manage complicated deliveries and ensure safe motherhood</p> <ul style="list-style-type: none"> ■ In Ouham, Ouham-Pendé, and Ombella-Mpoko, 64 health staff trained on the management of obstetric and neonatal emergencies, based on an agreement between the MoH, Bangui University, and WHO ■ Facilities provided with essential equipment, drugs, and RH/HIV/AIDS kits to assist deliveries and treat STIs, opportunistic infections, etc. ■ 23 maternity wards are set up and are providing pre- and post natal consultations and assistance for deliveries ■ 90 peer-educators undertook awareness activities, reaching some 6,000 people in Bossangoa. <p>Haute-Kotto</p> <ul style="list-style-type: none"> ■ WHO provided basic health care, including emergency obstetric and neonatal care, to 3,003 Darfur refugees in Sam Ouandja and strengthened the capacity of the health centre there
UNICEF 07-CEF-008-01 Prevention and management of childhood illnesses in the most conflict-affected districts	133,193	389,730 children under five	MoH, ACF, IPHD, MSF-France, MSF-Holland	<ul style="list-style-type: none"> ■ 50 percent of identified cases of malaria, diarrhea, and pneumonia among children under five are correctly managed at community and PHC centres levels ■ 60 percent of children under five sleep under ITN, are supplemented with vitamin A, and receive de-worming pills twice a year 	<ul style="list-style-type: none"> ■ Together with AMI, IRC, and the French Red Cross, 51percent of the children aged between 6 and 59 months were supplemented with Vitamin A twice in 2007, 44 percent of those aged between 12 and 59 months were de-wormed with Mebendazole ■ In partnership with the Global Fund for the Fight against AIDS, Tuberculosis and Malaria, 527,800 mosquito nets were distributed to children under five and pregnant women ■ Specifically, CERF funds were used to support: social mobilization activities and the operational costs of AMI, IRC, and the French Red Cross 	

<p>UNICEF 07-CEF-008-03 Prevention and management of malnutrition among children under five in most conflict-affected prefectures</p>	<p>252,000</p>	<p>318,349 children under five and 117,228 pregnant and post-partum women</p>	<p>MoH, ACF, Assomesca, MSF-H</p>	<ul style="list-style-type: none"> ■ 80 percent of malnourished children under five are early detected at community and health structures levels and referred to the nutritional centres ■ 75 percent of severe acute malnutrition and moderate acute malnutrition cases are correctly managed in targeted revitalized feeding centres ■ 60 percent of caretakers adopt five Infant and Young Child Feeding Good Practices 	<ul style="list-style-type: none"> ■ Together with ACF and IPHD, 30 percent of children suffering from severe acute malnutrition (1,361 children under five) were referred to the seven Therapeutic Nutritional Centres set up during 2007 (In addition, 3,118 malnourished children benefited from community-based approaches) ■ The average cure rate was 70 percent ■ CERF funds were used to purchase therapeutic foods, to train health workers, and to support the operational costs of ACF and IPHD
<p>UNFPA 07-FPA-003-01 Prevention and medical and psychosocial response to gender-based violence</p>	<p>161,000</p>	<p>2,000 survivors of gender-based violence (1,980 women, 20 men)</p>	<p>MoH, CIFAD</p>	<ul style="list-style-type: none"> ■ 80 percent of identified GBV survivors receive effective medical and psychosocial care ■ 100 percent of targeted districts have an operational GBV community-based prevention structure 	<ul style="list-style-type: none"> ■ 50 educators trained on BCC/GBV animation techniques and 400 community leaders sensitized to prevent GBV

	<p>UNDP/IRC 07-UDP-014 and 07-UDP-024 Emergency Health Care for Displaced and Conflict- Affected Populations in Nana- Gribizi</p>	<p>249,458 in two instal- ments of 149,458 and 100,000</p>	<p>26,000 IDPs</p>	<p>IRC, MoH</p>	<ul style="list-style-type: none"> ■ Primary and reproductive health care services at the Ouandago health centre supported, operational and made accessible, in cooperation with the Ministry of Health ■ Quality of care at the Ouandago health centre increased ■ Reproductive health services, most notably the Minimal Initial Service Package (MISP), implemented at the Ouandago clinic ■ Confidential and effective referral and reporting systems in place for GBV survivors 	<ul style="list-style-type: none"> ■ Mobile clinic services were provided three times per week and the former hospital facility was reconstructed. 4,002 consultations made during the project period, with no ruptures of essential medications. ■ Ouandago clinic staff participated in 8 formal trainings to improve clinical skills ■ Special 'preventative' clinics conducted once a week to provide antenatal care and immunizations. ■ 137 antenatal care consultations were conducted during project period ■ Immunization campaigns conducted for tetanus and measles ■ GBV medical and psychosocial services provided to population: 57 survivors were identified and received support during project period ■ Activities are ongoing as the project period has been extended until June 2008
	<p>UNDP/AMI 07-UDP-015 Re-launch of mother-and- child protection, immunization and primary health care in Bamingui- Bangoran prefecture</p>	<p>150,000</p>	<p>Primary health care for 46,620 people, of these: 8,065 children vaccinated, 12,354 pregnant women</p>	<p>AMI, MoH</p>	<ul style="list-style-type: none"> ■ DPT3 coverage is at least 70 percent ■ The maternal mortality rate in health facility reaches the national level ■ 60 percent of pregnant women have an antenatal consultation ■ 100 percent of health staff in facility correctly use the national protocol against malaria ■ The attendance rate for primary health care in the hospital is 75 percent at the end of the project period 	<ul style="list-style-type: none"> ■ In the covered area, DPT3 coverage was at 71.5 percent in 2007 ■ Almost all women in the project area had an antenatal consultation ■ All AMI and MoH health staff trained to correctly use the national malaria protocol ■ The attendance rate for primary health care in the hospital was higher than 75 percent

<p>WHO 07-WHO-047 Prevention of STI/HIV/AIDS amongst adolescents</p>	<p>100,000</p>					
<p>UNFPA 07-FPA-023 Prevention of STI/HIV/AIDS amongst adolescents</p>	<p>100,000</p>					
<p>UNICEF 07-CEF-062-D Prevention of STI/HIV/AIDS amongst adolescents/youths in conflict-affected zones of Ouham-Pendé, Ouham, Nana-Gribizi and Kémo</p>	<p>100,000</p>	<p>1,035,962 adolescents</p>		<p>MoH, Ministry of Youth and Sports, ACABEF, Assomesca</p>	<ul style="list-style-type: none"> ■ 60 percent of youths have access to youth friendly spaces and services ■ 70 percent of youths counselled undertake VCT 	<ul style="list-style-type: none"> ■ ACABEF rehabilitated youth-friendly spaces and put in place youth-friendly services ■ Medicines for people with HIV/AIDS distributed to health centres in conflict areas ■ Communication activities related to HIV among young people, including HIV prevention during armed conflict situations, were extended in 2007 to 2008 prefectures in the north, reaching more than 114,000 young people ■ HIV peer education activities resulted in an increase in people going for STI/HIV testing, in some months by up to 50 percent, after their training manual was revised ■ Tests for STIs and HIV, STI kits, and condoms distributed ■ CERF funds were used for capacity building on HIV/AIDS prevention in armed conflict situations, in particular to train teachers, community relays, peer educators, and supervisors ■ CERF funds were also used to rehabilitate the Information, Education and Listening Centre (CIEE) of the Lycée d'Etat des Rapides, Bangui ■ Sensitisation activities are ongoing, a training of prostitutes and drivers of motorbike taxis is planned for March 2008

<p>UNDP/IMC 07-UDP-017 and 07-UDP-032 Reduced morbidity and mortality among conflict-affected populations, through the provision of mobile curative and preventative primary healthcare services</p>	<p>250,000 in two instalments: 150,000 and 100,000</p>	<p>12,000 IDPs and other people affected by the conflict in Voukouma and Ouandja communes, Vakaga</p>	<p>IMC, MoH</p>	<ul style="list-style-type: none"> ■ 15 percent increase in children screened for malnutrition ■ 50 percent of pregnant women have attended at least two ANC visits ■ 75 percent of women vaccinated with tetanus toxoid (TT2) ■ 50 percent immunization coverage for children under one (DPT3, polio3) ■ 60 percent measles immunization coverage for children between nine months and two years 	<ul style="list-style-type: none"> ■ 90 percent coverage for nutrition screening for children 6-59 months, pregnant and lactating women ■ 85 percent of pregnant women have attended two antenatal care visits before delivery ■ 85 percent of deliveries are assisted ■ 90 percent of women at reproductive age have received a second dose of TT2 ■ 65 percent of children zero to eleven months fully vaccinated ■ 95 percent measles immunization coverage ■ Health utilization rate: three consultations/pers/year ■ CMR: 0.35/10,000/day; U5MR:0.77/10,000/day ■ 90 percent ITN coverage for children under five ■ Activities are ongoing as the project duration was extended until end-May 2008
<p>UNICEF 07-CEF-062-A Control of EPI preventable diseases epidemics</p>	<p>160,500</p>	<p>389,730 children under five, 550,207 pregnant women</p>	<p>MoH, Assomesca, MSF-H</p>	<ul style="list-style-type: none"> ■ 95 percent of children aged 6-59 months are correctly immunized against measles ■ 80 percent of child-bearing women receive a minimum of two valid doses of anti-tetanus vaccine ■ 80 percent of infant children receive three valid DPT and polio vaccines 	<p>In the five targeted districts, the achieved immunization coverage was:</p> <ul style="list-style-type: none"> ■ For measles: 67 percent in Vakaga, 90 percent in Ouham, Ouham-Pendé, Nana-Gribizi and Bamingui-Bangoran ■ For protection against maternal and neonatal tetanus: eight percent in Vakaga, 55 percent in Ouham and Ouham-Pendé, 90 percent in Nana-Gribizi and Bamingui-Bangoran ■ For DPT3 and polio vaccines: 13.6 percent in Vakaga, 70 percent in Ouham and Ouham-Pendé, 90 percent in Nana-Gribizi and Bamingui-Bangoran ■ CERF Funds were used to purchase vaccines and support operational costs

	<p>WHO 07-WHO-057 Decentralized presence to better provide medical care to displaced and vulnerable populations in northern CAR</p>	200,000	912,451 people in Ouham et Ouham-Pendé, including 182,490 children, 465,350 women, 50,000 IDPs	MoH, Assomesca, Caritas, Merlin	<ul style="list-style-type: none"> ■ Health information available for planning and gaps filling ■ Epidemiological data are available and response to any outbreak is supported ■ Health sector field response to emergency situations is well coordinated ■ Medical kits are available to support the humanitarian organisations health activities ■ Humanitarian agencies health workers are trained on disaster management 	<ul style="list-style-type: none"> ■ Assomesca strengthened the capacity of 43 health centres in conflict areas, using WHO basic medical kits ■ Assomesca health staff in northern CAR were trained on the management of medical emergencies ■ Merlin supported health posts and centres in the Kaga-Bandoro area and improved access to health care, with a WHO emergency health kit for 10,000 persons during three months ■ Health information and mapping of health activities available and continuously updated ■ MoH national integrated disease surveillance system supported with health staff training and the implementation of the International Health Regulation ■ Vaccinations and drugs purchased to respond to a meningitis outbreak in northern CAR ■ Assessment and evaluation missions conducted on regular basis to identify gaps in the response ■ WHO's communication network strengthened for the surveillance of health crises
Multi-sector	<p>UNDP/ACF 07-UDP-016 Food security and Water & Sanitation in Markounda and Boguila sub-prefectures</p>	150,000	14,000, incl. 10,000 IDPs, 2,000 returnees, and 2,000 residents	ACF	<ul style="list-style-type: none"> ■ Access to basic commodities is improved ■ Access to basic agricultural inputs (planting materials and tools) is increased ■ Agricultural production system is diagnosed and farmer groups are restructured 	<ul style="list-style-type: none"> ■ 3,003 households have each received ten kg of maize seeds and five kg of sorghum seeds for the planting season ■ 70 percent of maize seeds and 88 percent of sorghum seeds have been used for planting (versus eight percent for maize and 68 percent of sorghum in 2006) ■ 2,811 households have received agricultural tools ■ 13,549 persons have received food rations for seed protection

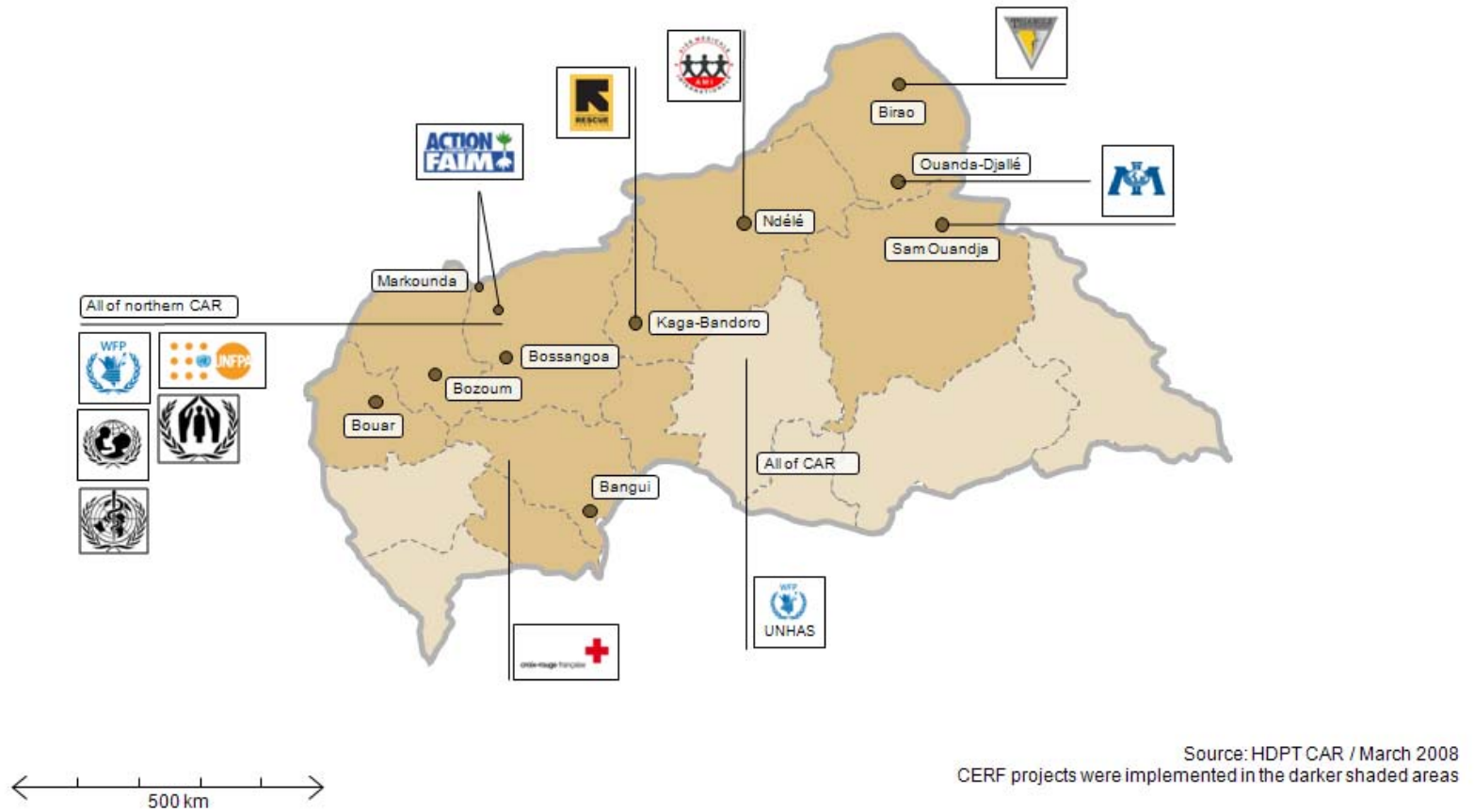
					resettlement made easier, in view of recovering their autonomy	
	UNDP/ Solidarités 07-UDP-011 Emergency aid for the conflict-affected population in Ouham, CAR	150,000	10,000 IDPs	Solidarités	<ul style="list-style-type: none"> ■ Both Solidarités bases (Bangui and Kabo) are fully operational ■ Beneficiaries have access to basic drinking water supply systems (10l of safe drinking water per person per day) and have improved their hygiene practices ■ Beneficiaries have access to non-food items and improve their living conditions ■ Beneficiaries have access to food items and have the means to increase their food security through improved self-sufficiency 	<ul style="list-style-type: none"> ■ Both Solidarités bases are functional and operational ■ Thanks to the establishment of these bases and to support from partner organisations, Solidarités could quickly respond to new emergencies. In October 2007, thousands of IDPs arrived in Kabo, where the first larger IDP site in the country had to be opened ■ Beneficiaries received food and non-food items to cover their most urgent needs and to improve their self-sufficiency (mainly through seeds-and-tools distribution) ■ Awareness sessions organized ■ Unfortunately, due to insecurity not all expected results could be fully reached. Beneficiaries still need humanitarian support in this area. Regular follow-up with people displaced in the bush was not always possible during project period
	UNDP/ Triangle GH 07-UDP-010 Emergency assistance to the population affected by the crisis in Vakaga, CAR	150,000	30,000 people affected by the crisis in Vakaga	Triangle GH	<ul style="list-style-type: none"> ■ Support of 30,000 persons in seeds and agricultural tools ■ Support of 12,500 persons in food rations during four months ■ Rehabilitation of six elementary schools for 2,064 children ■ A TGH base in Birao is operational 	<ul style="list-style-type: none"> ■ Seeds and agricultural tools distributed to 34,554 people in Vakaga ■ 445 tonnes of food rations for four months provided to 25,075 people in Vakaga ■ Rehabilitation of 6 classes of elementary schools for 634 children in Birao. Rehabilitation of additional schools in Ouanda-Djallé and other villages is ongoing ■ Rehabilitation and protection of ten wells in Birao and Ouanda-Djallé ■ Triangle's office in Birao is fully operational, including logistical support, communications, and staffing
Protection	UNHCR 07-HCR-004 and 07-HCR-020	705,000 in 2 instalments:	60,000 IDPs, including 30,000 children and	Caritas, DRC, IRC	<ul style="list-style-type: none"> ■ Analysis of the overall situation in the area of coverage on trends in internal displacement 	<ul style="list-style-type: none"> ■ Data gathered by Caritas humanitarian observers on the protection situation and displacement patterns of IDPs was collected and analysed

					<ul style="list-style-type: none"> ■ areas ■ Sensitisation of political and military actors on the Guiding Principles on Internal Displacement and on human rights, especially those applicable to the protection of children ■ Reduction of the number of violations of IDPs' human rights ■ Establishment of programs on prevention of and response to SGBV ■ Provision of material and non-material assistance to survivors of human rights violations, including SGBV 	<ul style="list-style-type: none"> ■ Organisation of six sensitisation trainings by UNHCR and UNICEF on the Guiding Principles on Internal Displacement and human rights for members of the armed and security forces, as well as contingents of the regional peace-keeping force, FOMUC ■ The IRC trained armed non-state actors in Nana-Gribizi prefecture on rule-of-law principles ■ The IRC provided medical assistance and psychosocial follow-up to more than 1,100 survivors of sexual violence between May and December 2007 ■ Creation of an SGBV Technical Group to ensure that SGBV issues are properly addressed by all the relevant actors within the framework of the Protection Cluster ■ Provision of material and non-material assistance to survivors of human rights violations, including SGBV survivors ■ Decrease in human rights violations thanks to an increased 'protection by presence' of humanitarian organisations in the north ■ Activities are ongoing as the project duration was extended until end-May 2008
	<p>UNICEF 07-CEF-062-B Prevention of child recruitment, protection and assistance for family and community-based reintegration of demobilised children</p>	203,300	1,000 demobilised children	<p>IRC, Central African Human Rights League (LCDH), Central African Women Jurists (AFJC), Commission épiscopale Justice et Paix (CEJP), MDHAH, Caritas, Ministries of Interior, Defense and Education</p>	<ul style="list-style-type: none"> ■ Effective social reintegration of 1,000 demobilised child soldiers ■ State and non-state armed groups are aware of child protection standards during conflict ■ 40,000 girls and boys of the most affected areas of Vakaga, Bamingui-Bangoran, in the north of Haute-Kotto, Nana-Gribizi, in the north of Kémo, Ouham and Ouham-Pendé prefectures are able to attend schools and have a better protected environment 	<ul style="list-style-type: none"> ■ On 16 June 2007, the UFDR militant group, the Central African Government and UNICEF signed a tripartite action plan for the release of children associated with the armed group in Gordil, Vakaga ■ The community reintegration process of 500 demobilized children aged from 11 to 17 years is ongoing ■ CERF funds were used to reinforce response capacities, including logistics equipment, and for the provision of recreational kits ■ For school attendance rate, please see UNICEF education project above
Shelter/ non-	UNICEF	107,000	90,000 IDPs,	CARC,	<ul style="list-style-type: none"> ■ NFI kits adapted to 	<ul style="list-style-type: none"> ■ In partnership with several NGOs, more than

food items	07-CEF-010 Non-food items pre-position and distribution to conflict-affected populations		including 65,000 children and women	Caritas, IPHD, MSF-H	<p>security context distributed to 10,000 families</p> <ul style="list-style-type: none"> ■ UN effective rapid response and contingency measures for assisting 5,000 families/25,000 children and women to further humanitarian situation deterioration ■ The 90,000 most vulnerable and IDP children, women and families are effectively assisted 	<p>150,000 IDPs received NFI and shelter kits adapted to the security context (blankets, water, hygiene and sanitation kits, soap, kitchen utensils for families, etc.)</p> <ul style="list-style-type: none"> ■ CERF funds were used to purchase NFIs and plastic sheeting, and to support operational costs
Water, sanitation, and hygiene	UNDP/FRC 07-UDP-012 Sustainable management of water access points and sensitisation on sanitation facilities in Ouham prefecture	149,800	130,000 people	French Red Cross, General Directorate for Hydraulics, CARC, ICDI, IPHD	<ul style="list-style-type: none"> ■ Reduced water-related sicknesses among people in the project zones ■ Improved general living conditions of communities ■ Increased proper use of latrines 	<ul style="list-style-type: none"> ■ The bacteriological and chemical quality of water was improved at 17 boreholes in Kémo and Lobaye prefectures ■ Initial turbidity of more than 130 NTU was reduced to less than five NTU ■ Disinfection against worms and germs with chlorine at identified locations ■ 4,250 people have improved access to drinking water; water-related sicknesses are reduced ■ Activities are ongoing as the project duration was extended until end-May 2008

	<p>UNICEF 07-CEF-062-C Water and sanitation response for displaced persons, returnees and other conflict-affected populations of Region three, four and five</p>	431,237	175,000 people	<p>General Directorate of Hydraulics, ACF, CREPA, IRC, ICDI, IPHD, Caritas</p>	<ul style="list-style-type: none"> ■ At least 175,000 children living in programme coverage areas have access to and use safe water and sanitation facilities ■ Improved hygiene knowledge and practices within the communities and schools settings ■ General Directorate of Hydraulic is able to manage similar situations in the future and alleviate people's suffering 	<ul style="list-style-type: none"> ■ At least 25,000 people regained access to safe water after the rehabilitation of 100 boreholes and construction of bush wells ■ Access to safe water for another 27,500 people at ten new boreholes equipped with hand pumps in Bamingui-Bangoran prefecture ■ 944 households out of the 2,400 planned have access to traditional improved family latrines ■ Emergency WASH assistance in Kabo for 3,600 IDPs; in Sam Ouandja for 2,000 Sudanese refugees; and in Bossangoa for 92 families following the September floods ■ Hygiene conditions improved for 2,350 households in Markounda and Boguila sub-prefectures after distribution of hygiene kits ■ Effective sector coordination by the General Directorate for Hydraulic was ensured with strong participation of organisations providing WASH services. This process was strengthened by the decision to roll-out the cluster approach in CAR.
--	---	---------	----------------	--	--	--

Recipients of CERF funding in 2007



VI. CERF IN ACTION: Success stories

Protection and Recovery

With the CERF funds, UNHCR supported the Danish Refugee Council's (DRC) programme for protection and early recovery activities targeting internally displaced people and returnees in Paoua. The sub-prefecture of Paoua, in Ouham-Pendé prefecture bordering Cameroon and Chad in the north-west of CAR, has been the scene of violent fighting between APRD rebels and the Central African armed forces (FACA), leading to brutal reprisals against the local population. Attacks by armed bandits (*coupeurs de route*) against the locals have further led to a deterioration of security in the area. Civilians suffer a variety of human rights violations, including arbitrary arrests, torture, summary executions, forced recruitment, sexual violence and looting of private property by all sides, leading to the forced displacement of more than 50,000 people in this prefecture.

The Danish Refugee Council launched its programme in Paoua, with CERF funding from UNHCR, as well as funding from the Emergency Response Fund, to help the people affected by conflict. Despite the insecurity, communities around Paoua have managed to maintain their collective initiatives and to continue income-generating activities. To this end, the Danish Refugee Council is supporting local women's groups, called *tontines* in French or *kelimba* in Sangho, which offer micro-credit schemes in the form of small loans for the start-up of income-generating activities.



Germaine is a returnee who belongs to the *tontine* "Atoba". Thanks to Danish Refugee Council support to her group, she received a credit of 25,000 FCFA (\$55), which allowed her to invest in 500 kg of sorgho and 200 kg of sesame. She sold these stocks on the market in small portions, making between 5,000 and 7,000 FCFA per week. This allowed her to keep some money for herself, to reinvest in her commerce, and to repay the loan to the *tontine*, giving another woman the possibility to receive a credit. With her remaining profits, between 2,000 and 4,000 Central African armed forces per month, she can pay for the schooling of her children and buy clothes and food for her family.

Thanks to funds provided by the CERF, the Danish Refugee Council and UNHCR have been able to provide Germaine with the means of creating a brighter future for her and her family.

Health and Nutrition

Malnutrition:

Fatoumata sits clutching her newborn infant. It's her first child, and she rocks gently as she tries to feed her baby in the glare of the mid-day sun. Heritier is just 10 days old and like many of CAR's internally displaced people children, he is severely malnourished. Weighing just 2.7 kg, it's a miracle he's survived at all. Heritier also suffers from a cleft-palate, something which can drastically affect a child's ability to feed. A difficult condition at the best of times, but for a young mother living in the bush, with no



support or access to medical services, a cleft-palate can be life-threatening in this case because of Heritier's inability to suckle. His inability to suckle has left Heritier dehydrated and lacking nutrients vital for his growth and survival.

In partnership with IPHD (International Partnership for Human Development, an international NGO), UNICEF supports a community-based nutrition project. When the extension workers found Fatoumata, the baby was in a critical condition. Because of their isolated location and complete lack of medical facilities in the bush, Fatoumata's options for her newly born son were limited. With unsafe water sources, the use of baby-formula was also not a viable or sustainable option. Fatoumata was still producing breast milk, what her baby had to do was just to swallow it. The volunteer's team gave Fatoumata a plastic cup, a spoon and a piece of soap. In addition, the mother was given advice on how to improve the nutritional status of her child. This involved using the plastic cup and spoon to feed the child by hand. The soap was used for hygiene purposes.

The team returned to see Fatoumata two weeks later. Heritier was visibly larger, his weight had almost doubled to just over 4 kg, and he was no longer dehydrated. A few days later the baby was baptized. The mother decided to change the child's name from Heritier to "Malaika" (Angel), convinced a miracle had taken place.

Five months later, Malaika received vitamin A capsules and de-worming pills from the community-based nutrition programme. This is just one example of how a simple, community-based intervention can save lives. UNICEF strongly believes in building on existing coping strategies to deal with problems such as malnutrition. In this case, we resorted to a cup, a spoon and soap – something which costs less than a dollar – and a ten-minute conversation with the mother.

During 2007, in three districts (Ouham, Ouham-Pendé, and Nana-Gribizi), 3,118 children under five suffering from malnutrition were managed at community levels and received ready-to-eat therapeutic spread. During the same period, the programme provided another 4,500 children under five with vitamin A supplements, and 4,000 with Mebdendazole de-worming medication. Interventions included also water and sanitation activities in an effort to reduce the incidence of disease which in many cases is related to the incidence of malnutrition while increasing overall access to safe water and basic sanitation.



Mother-and-child healthcare

In November 2007, a young pregnant women waiting in queue for her prenatal consultation at the hospital in Ndélé tells her story: 'I have given birth five times before, but this is the first time I have been able to come to the hospital. I gave birth in my house three times. The other two times, I went into labour while working the land. No one was there to help me, just some children. So I gave birth on the ground and had

to cut the umbilical cord myself. Later on the children died, both times.’ With the support of UNFPA, UNICEF, WHO, and AMI, the hospital in Ndélé is now able to offer her free prenatal consultations and assist her when she delivers her baby. This time she is going to deliver in the hospital.

HIV/AIDS prevention and response

“I want my daughter to be a doctor” explains Aingns, “Marie is so bright; I hope one day that she will be able to help other families.” Aingns is 34 years old and lives in the north-western town of Bossangoa. Like many of the town’s parents, she worries about the future of her children, and more so because she was recently diagnosed with HIV. Today, she is attending a RECAPEV meeting at Bossangoa Hospital. The organisation was set up several years ago by parents living with HIV. It has since grown to more than 100 members. They grow vegetables in a large community garden to sell them at the local market. All profits are given back to the families who, where possible, deposit the money in a savings account to secure the future of their children.

In CAR, 6.2 percent of adults are HIV-positive, the highest rate in the region. And the problem is growing. In several of the country’s northern prefectures, HIV prevalence rates have increased to almost 10 percent in recent years. Preventing its spread, particularly among young people who are the most affected (8.3 percent among young adults in university), remains vital if the country is to win the battle against the disease.

Raiesa is 22 years old. She is one of 400 peer-educators in Bossangoa who have been trained by UNICEF to promote HIV prevention within their communities. “Educating youths is so important” explains Raiesa, “it is us who are most affected by the disease.” Raiesa has worked for three years as a peer-educator, a voluntary position which she manages alongside her school work. Raiesa is just about to complete her final year of school. It is not uncommon to find high school students in their early twenties – years of instability have led to the disruption of classes for many, in some cases for up to two years. Like Aingns’ daughter, Raiesa too would like to become a doctor some day. “We need more doctors in Bossangoa, people get so sick here. I want to be able to make a difference.”

UNICEF provides material support to national programmes for the prevention of mother-to-child transmission with HIV tests, nevirapine and cotrimoxazole, laboratory equipments and PEP kits, mosquito nets, blankets, mattresses, etc. UNICEF also provides training and equipment to doctors, nurses, and other Ministry of Health staff, and supports the use of peer-educators. UNICEF also helps to provide emergency education and material support to the many of the region’s schools. This is something which will hopefully someday, allow youths such as Marie and Raiesa, to turn their dreams into reality.

Health response for 3,000 Darfur refugees

In May 2007, 3,000 people fled an attack on Daffak, a town in South Darfur, and sought refuge in Sam Ouandja in the northeast of the CAR. WHO was one of the first organisations to respond to a serious deterioration of the health and nutritional conditions among the refugees, who were without shelter, safe drinking water or latrines. Mounting a response in Sam Ouandja was a challenge; during the rainy season, it takes ten days by road to get there from the capital Bangui.

Given the urgent needs of the Darfur refugees and the risk of a humanitarian crisis if no immediate assistance were provided, WHO decided to use some of the CERF funds for emergency obstetric and neonatal care to instead provide basic emergency health care for Darfur refugees and the people of Sam Ouandja, themselves struck by conflict. Only one traditional birth attendant and two community health workers were working at the health centre, there was no cold chain, no vaccinations, no medicines, hardly any equipment and no running water. No EPI activities had been carried out for six months. Thus, WHO organized trainings on the spot, visited each refugee family, and provided technical support, essential drugs, and delivery assistance kits to improve reproductive health, before handing over to two nurses from the Ministry of Health. Within six weeks, 412 consultations had been made, mainly for respiratory infections, malaria, diarrhea, and clinical malnutrition. The outbreak of an epidemic was avoided.

Education

Agnès Sadoua still remembers the fateful morning when she left her home behind. Her mother woke her up early. Agnès recalls how she hurriedly dressed as they prepared to leave the house. Getting up so early was unusual for Agnès; she had not attended school for many months. The ongoing conflict meant many teachers had fled and the school had closed. As they left the house they witnessed all the other villagers doing the same. Men, women and children of all ages were beginning to gather together in the village's dusty streets. Clutching her younger brother's hand, Agnès solemnly began the long walk with her mother. The only luggage the family was able to carry was the small bundle that Agnès' mother carried on her head, a baby strapped to her back. They walked slowly through the village in silence. When asked about the trip, Agnès said the trip was a blur. All she remembers is the long march through thick bush without any real paths – the villagers were purposely avoiding the roads. She remembers stumbling several times and the pain in her legs. In the evening they stopped at a hut close to an abandoned field. It is here where they have stayed ever since, living solely from the cassava growing nearby. Agnès described the loneliness she felt, there were no other children for miles around and her mother insisted it was too dangerous to go and look for them.

After a few weeks “some people with matching hats” came to talk to her mother. Two days later she returned to the hut in the evening to find a blanket, kitchen utensils and cereals. Some of the parents from other families in the forest had cleared a space in the surrounding wood and had set-up a shelter made of forks and a tarpaulin. Then “the people with hats” returned with blackboards, stationary and other equipment which they then distributed to the children. A teacher arrived to teach them under the tarpaulin. Agnès recalls fondly the memory of being reunited with the other children from her village and being given the ability to go to school again. The joint programme between UNICEF and COOPI made it possible for Agnès along with tens of thousands of other children to attend school in the bush, a temporary solution in a region that has long been ravaged by violent conflict. UNICEF hopes to extend its programme, establish more permanent schools, and promote a far-reaching ‘Back-to-School Programme’. For the moment, however, the bush schools provide both schooling and a sense of normalcy for some of the country's most vulnerable children.

List of Acronyms:

ACF - Action Contre La Faim

CAP -Coordinated Aid Programme

CAR - Central African Republic

CERF- Central Emergency Response Fund

COOPI- Cooperazione Internazionale

DRC -Danish Refugee Council's

ERC -Emergency Relief Coordinator

FACA -Central African armed forces

HC- Humanitarian Coordinator

HDPT-Humanitarian and Development Partnership Team

ICRC- International Committee of the Red Cross

IDP- Internally Displaced People

IMC - International Medical Corps

IPHD- International Partnership for Human Development

IRC -International Rescue Committee

NGOs -Non-Governmental Organization

NRC- Norwegian Refugee Council

OCHA -Office for the Coordination of Humanitarian Affairs

UNICEF - United Nations Children's Fund

UNDP- United Nations Development Programme

UNFPA -United Nations Population Fund

UNHAS - United Nations Humanitarian Air Service

UNHCR -United Nations High Commissioner for Refugees

WASH- Water, Sanitation, and Hygiene

WFP -World Food Programme

WHO- World Health Organization