

Central African Republic

Executive Summary 2006

After holding internationally recognized elections in 2005, which ended a two-year transition, and against the backdrop of a stable presidency and Government in Bangui, the northern part of the Central African Republic (CAR) again fell into political turmoil and violence in January 2006. Violence first began in Bétoko (a large entry point for Chadian and Cameroonian goods and market), then in Paoua and again in Bétoko.

Though ties between the two rebels groups with Chad and Sudan remained unclear, it was obvious that CAR was strongly affected by regional dynamics. Scorched earth techniques, which left villages burnt to the ground, were consistent with those seen in Darfur and Eastern Chad.



In 2006, the future of the CAR remained uncertain. As the political and security situation deteriorated, the CAR once again seemed to be on the verge of chaos. Because of the politico-military situation, the humanitarian community in CAR estimated that almost one million people were affected by hostilities in the north, at least 100 villages were burnt in 2006, and over 220,000 were forced to flee their homes (150,000 internally displaced; 70,000 left the Central African Republic).

Throughout 2006, unrest escalated, leading to acute protection needs and lack of access to basic services, food insecurity, as well as a further spread of HIV/AIDS and poverty. To meet the pressing new humanitarian needs in the north and address the issue of chronically under-funding of its projects, the Humanitarian and Development Partnership Team¹ in CAR appealed to the Central Emergency Response Fund (CERF) to fund life-saving activities in the north-west of CAR. This would also prevent the extension of the turmoil to the south, endangering attempts at recovery in the “non-conflict areas.”

During the reporting period, CAR received \$5,509,034 of CERF funding to implement programmes in the health, food security, and protection sectors. CERF funding contributed to better the lives of over 100,000 persons in the Central African Republic.

Table 1: Agencies that received funds in 2006

Total amount of humanitarian funding required - 2006	■ \$ 38,015,050	
	Rapid Response	
Total amount of CERF funding received by window (rapid response/under-funded)	Agency	Total
	■ FAO	\$ 193,200
	■ UNHCR	\$ 416,149
	■ UNICEF	\$ 450,000
	■ WFP	\$1,200,000 ²

¹ Humanitarian and Development Partnership Team comprising UN agencies, the International Organization for Migration, NGOs and donors

² \$184,330 transferred to UNHAS is not included in the total

	WHO	\$ 247,170		
	Sub-Total	\$2,506,519		
	Underfunded Emergencies			
	Agency	Total		
	FAO	\$ 100,000		
	UNDP	\$ 149,300		
	UNFPA	\$ 466,450		
	UNHCR	\$ 300,000		
	UNICEF	\$1,104,051		
	WFP	\$ 150,000		
WHO	\$ 732,714			
Sub-Total	\$3,002,515			
Grand Total	\$5,509,034			
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	Direct funding to UN/IOM	\$5,359,734		
	Forwarded to implementing partners	\$ 149,300		
	Total	\$5,509,034		
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age)	Organization	Beneficiaries		
		5<	Female	Male
	FAO	N/A	N/A	N/A
	UNDP	N/A	N/A	N/A
	UNFPA	35,000	45,000	70,000
	UNHCR	N/A	N/A	N/A
	UNICEF	177,693	6,795	N/A
	WFP	5,197	8,661	8,427
WHO	628,893	N/A	N/A	
Geographic areas of implementation	Ouham, Ouham Pendé, Nana Grébizi, Bamingui Bangoran, Vakaga			

Decision-making

Rapid response window

The project selection was based on a multi-agency needs assessment. Missions to the northwest and assessment carried out by NGOs, notably Medecins sans Frontieres (MSF)-Holland, formed the basis for selecting projects in the consolidated appeal or development of projects that would cater for newly identified needs. A series of meetings were held with all partners to ascertain that there was a common understanding of the situation and of the needs in the locations assessed. As such, food security (\$1,200,000), protection (\$496,399) and non-food items (\$369,750) were identified as sectors where much needed to be done.

Under-funded emergencies window

The project selection was based on the review of the data available, including the Financial Tracking Service, updated with financial data gathered locally from organizations in the consolidated appeal. The Humanitarian and Development Partners (HDPT) then recommended priority sectors and projects to the CERF based on their funding levels and priority.

Needs assessments in CAR were slowed down because of the lack of logistics (relating to lack of funding of organization and poor development of infrastructures), the lack of organizations in the field, and the insecurity, which limited most UN agencies in 2006 to travel with armed military escorts, effectively denying them access to IDPs and other vulnerable population.

The basis of the prioritization for submitting projects to CERF was based on the Common Humanitarian Action Plan (CHAP). Needs assessments carried out in the northwest helped to target better activities in the CHAP and often expanded them to areas where needs had become acute because of insecurity.

Implementation

The table below shows the various partnerships established to implement projects funded by the CERF. These partnerships were either already established within the consolidated appeal framework or were formed as emergencies required responding and new organizations arrived in country.

Table 2: Partnerships in CAR

Agencies	Partners	Sector
FAO	<ul style="list-style-type: none"> ■ Ministry of Agriculture 	Agriculture
UNDP	<ul style="list-style-type: none"> ■ COOPI 	Food Security basic health
UNFPA	<ul style="list-style-type: none"> ■ Ministry of Health ■ MoSA ■ CARITAS ■ MSF-H 	Health
UNHCR	<ul style="list-style-type: none"> ■ COOPI ■ MSF-H ■ MSF-S ■ NRC ■ CNR ■ IOM 	Protection, multi-sector assistance to refugees
UNICEF	<ul style="list-style-type: none"> ■ Ministry of Health ■ General Directorate for Hydraulic, Ministry of Youth ■ MoSA ■ ACF, MSF-H, MSF-F, AFJC, CARITAS, IRC, Solidarités, WHO 	Water and sanitation, health, nutrition, protection
WFP	<ul style="list-style-type: none"> ■ COOPI ■ CARITAS 	Food
WHO	<ul style="list-style-type: none"> ■ COOPI ■ MSF-S/B ■ UNICEF 	Health

Partnerships allowed recipient agencies to extend their reach in the field through agreements with NGOs or Government agencies. The main hurdle with the partnerships was a result of the late arrival of funds. Most organizations received funding between June and October 2006, frustrating agencies, and their partners. NGOs also complained that they could not access CERF funding directly.

Table 3: Forward disbursement of funding

Agency	Cooperating partner	CERF Project	Total (US\$)	Share to Implementing partner (US\$)
FAO	N/A	06-FAO-064	\$ 193,200	N/A
	N/A	06-FAO-279	\$100,000	N/A
UNDP	COOPI	06-UDP-281	\$149,300	\$149,300
	CARITAS	06-FPA-083	\$251,450	\$73,830
UNFPA	Ministry of Social Affairs	06-FPA-181	\$100,000	\$15,000
	CARITAS	06-FPA-182	\$115,000	\$47,080
UNHCR	N/A	06-HCR-081	\$100,000	N/A
	N/A	06-HCR-147	\$150,000	N/A
	N/A	06-HCR-160	\$266,149	N/A
	N/A	06-HCR-188	\$200,000	N/A
UNICEF (Reported having transferred \$ 1,166,029.63 to partners, including contractors (\$402,576.04))	N/A	06-CEF-084	\$ 66,044	\$736,454
	N/A	06-CEF-187	\$169,152	
	N/A	06-CEF-185	\$213,134	
	N/A	06-CEF-278	\$140,000	
	N/A	06-CEF-085	\$320,998	
	N/A	06-CEF-149	\$80,250	
	N/A	06-CEF-062	\$369,750	
WFP	N/A	06-WFP-280	\$ 150,000	N/A
	N/A	06-WFP-061	\$1,200,000	N/A
WHO	N/A	06-WHO-060	\$ 247,170	N/A
	N/A	06-WHO-082	\$ 261,294	N/A
	N/A	06-WHO-183	\$ 130,000	N/A
	N/A	06-WHO-184	\$ 341,420	N/A
Grand Total			\$5,509,034.00	\$1,021,664

Results

Table 4: Results achieved in 2006

Sector	Activities
Health	<ul style="list-style-type: none"> ■ Procured supplies and equipment to cover the reproductive health needs of 150,000 persons for a three-month period ■ Trained health workers to provide safe childbirth, identify, and treat life-threatening complications. Referral was ensured in Paoua through provision of an ambulance ■ UNFPA produced information and education materials, which were used in community sensitization activities carried out by 38 facilitators from six different zones that UNFPA trained in collaboration with the Ministry of Family and Social affairs ■ Improved the national immunization coverage for children under five (African Award from the Task Force on Immunization): the DTC3 has improved from 44 percent to 84 percent after three round of the acceleration of the immunization campaign ■ Improved health care access for IDPs in war-affected zones: 1,806 consultations in 50 days by COOPI mobile clinics ■ WHO sub-office was implemented in conflict affected zones-one international staff (HAC focal point) ■ Rapid health assessments conducted in conflict-affected zones in northwest and northeast CAR ■ Provided medical kits to Ministry of Health's health facilities in Ouham, Ouham Pendé, Bamingui-Bangoran, Nana Gribizi to improve access to health care and management of war wounded persons ■ Provided emergency drugs and material for initial treatment of critical life threatening cases ■ Strengthened the national immunization programme to reduce morbidity and mortality due to preventable childhood disease ■ Delivered an integrated health/nutrition high impact intervention to children under 5 years in the six most affected districts of the country (Ouham, Ouham Pendé, Nana Gribizi, Vakaga, Bamingui Bangoran and Haute Kotto) ■ Altogether 99.42 percent children under 1-year received DPT3 and 54.4 percent of children between 6 and 59 months were supplemented with Vitamin A, 49.15 percent of children between 12 and 59 months were de-wormed with Mebendazole and 16,800 children under five were protected from malaria through the distribution of LL/ITNs ■ Procured routine EPI vaccines
Food Security	<ul style="list-style-type: none"> ■ 3,000 children under 5 years suffering from moderate malnutrition received adequate care, including an ambulatory treatment, through a community-based Nutrition Project, implemented with an international NGO (IPHD) ■ Procured 1,031.21 metric tons of food commodities under the CERF allocation ■ 22,485 IDPs (out of a planned 50,000) were assisted during the reporting period, of which 8,735 were men and 13,750 women
Protection	<ul style="list-style-type: none"> ■ Established and/or strengthened existing mechanisms and systems to monitor and report on violations, including a pilot child protection network as well as a pilot database on child rights violations ■ Assessment, analysis and documentation of cases of severe violation of human rights and their trends, particularly against women and children to enable effective and well targeted advocacy efforts ■ Trained military forces, rebels, law enforcement officials and other relevant actors on child and women's rights, including special protection accorded to children in conflict situations and protection from sexual abuse and exploitation at all levels
Water and Sanitation	<ul style="list-style-type: none"> ■ Trained 280 members of schools clubs and parents-teachers committees in school environment issues from education to hygiene ■ Trained 40 local masons, 499 members of 142 water management committees (33 percent female), and 20 technicians. Trained all Caritas

Non Food Items	<p>communicators (including 20 educators) for the diocese of Bozoum</p> <ul style="list-style-type: none"> ■ Procured equipment, materials and other items (including pump spare parts, complete sets of pumps, water table sensors, GPS, coordination vehicle, pump tool kits, bicycles, cement, galvanized iron sheet, timber, fuel, masons kits, hygiene kits and IEC materials) ■ Distributed 500 WES emergency family kits to the most vulnerable families in Bozoum. Each kit covered ten families providing each one 2 collapsible water containers PVC/PE (10 liters), 1 plastic bucket with covers (14 litres type OXFAM), 5 bars of toilet soap (110 gr) and 1 pack of 50 water purification tablets (33 mg). ■ Repaired 81 hand pumps (70 in Bozoum region and 11 in Paoua region) and construction of 150 latrines
	<ul style="list-style-type: none"> ■ Altogether 75,000 displaced persons (15,000 households) benefited from NFI and LL/ITNs distribution, through a partnership with international NGOs, in the districts of Ouham, Ouham Pendé and Nana Gribizi

The CERF was the biggest donor to the CAR in 2006 with a 21.3 percent allocation to the total funding received, and was instrumental to most humanitarian operations in the country.

Projects were monitored during inter-agency missions and other data collection exercises and the findings were used to provide guidance to project implementers and to redress targeting where necessary. Monitoring and evaluation was hampered by a small presence (or no presence at all in the case of OCHA) outside the capital.

CERF funding enabled UNHCR to implement a protection strategy based on the three pillars - the sensitization of key actors on IDPs' rights, especially the Guiding Principles on Internal Displacement, the monitoring of the protection situation and displacement patterns, and the material and non-material assistance to victims of human rights abuses.

CERF funding made it possible for the health sector to initiate essential reproductive health activities to ensure safe and clean childbirth, the provision of contraceptives, treatment of sexually transmitted infections (STIs), prevention of HIV, and management of sexual violence.

Having received \$1,200,000 of CERF funds, WFP was able to save lives and reinforce the food security of thousands of beneficiaries, especially in the most vulnerable areas of northwest CAR. It was possible for IDPs to eat at least two meals a day and improvements were observed in the nutritional status. Prior to these food distributions, IDPs were consuming less than one meal per day. Food distributions to displaced populations acted as a pull-factor because, for many displaced people, the distributions in abandoned villages were the first time they had seen each other in months. These distributions clearly had a positive impact on the population as they saved lives and marked the resumption of daily life in their villages.

CERF funds enabled UNICEF to fulfill its mandate as cluster lead for water and sanitation. Water and sanitation stakeholders met several times to discuss priorities in the allocation of funds and progress of ongoing projects. In the nutrition sector, the CERF funds gave the opportunity to foster partnerships with international NGOs working in the emergency areas. In the area of child protection, CERF funds allowed UNICEF to disseminate and advocate at the international level CAR's humanitarian situation and CAR's protection crisis.

Lessons Learned

As the CERF was new, there were misunderstandings. One significant constraint to project implementation progress was the late availability of funds. The late signing of agreements, the annual deadline of closure of accounts and suspension of placement of orders affected the programme. Consequently, spare parts and equipments ordered abroad had not yet been delivered at the end of the reporting period.

For WFP, the late approval of proposal and allocation of funds contributed to the delay in purchasing food internationally, followed by the late arrival of these commodities. The country office was forced to borrow from its development project to start distributions.

The weak domestic and international transport capacity was another complication. The throughput of the Douala corridor had to be increased considerably or it would become a significant logistical bottleneck. As of 2006, provision needed to be made to increase the in-country logistical capacity and the increased need for services showed that the number of providers was not adequate. There was a limited capacity of operating partners to implement food distribution activities, and although some new international NGOs began working in CAR, at that time they were not operational.

CERF in Action

Strengthening the prevention of childhood communicable disease

CAR was recognized as one of the African countries where immunization coverage was very low (less than 50 percent). The Ministry of Health expressed its concern about the childhood disease prevention and requested support from WHO and UNICEF. The CERF funds filled a financial gap of almost \$75,619, making the vaccination campaign possible. With different sources of funds, the President launched an immunization campaign. National authorities were involved for better sensitization and social mobilization. The third round of the immunization campaign contributed effectively to improvement of the immunization campaign. For example, the DTC3 (which is the main indicator of improvement) was improved from 43.99 percent to 84.33 percent after the immunization campaign. The Task Force on Immunization in Africa awarded the team in CAR for its outstanding performance.



Water and Sanitation



With its 2006 CERF allocation, UNICEF used \$473,133.19 to implement a water and sanitation project in Ouham Pende to help at least 62,500 people.

Three NGO partners implemented activities such as school sanitation and hygiene education in 19 schools. Other activities included the repair, operation, and maintenance of 81 water pumps, the strengthening of management of 142 water committees, the construction of 150 improved family latrines, as well as

the sensitization of communities to good hygiene practices.

The story of Marie Ledjounoun

Twenty year-old Marie Ledjounoun described the dire living conditions in the bush, especially for children who were in desperate need of clothing, blankets, drugs, food, and safe water. She said: “Now that our food reserves have run out, the children, like the older people, eat only once a day, mainly cassava leaves, cereals and wild roots. We have not eaten meat for months. We need to go deeper and deeper into the bush to find our drinking water, as the dry season leaves out pools empty. The women and children are most at risk then as rebels threaten and abuse them.”

The situation of Marie, mother of two small children, wearing rags and covered with skin rashes was typical of the suffering. Marie did not see a piece of soap for a month because the markets had been destroyed. She washed the family by heating water from the ponds, which also supplied their drinking water and cooking. “We are dependent on what is being distributed but the last distribution was more than five months ago. We are really missing soap and salt,” she said.



The WES project funded through CERF allowed in some way to alleviate the suffering of people such as Marie. The community-based nutrition project aimed to improve the nutritional practices at community level and reinforce partnerships between health and rural development services. The communities of 30 villages in Ouham and Lobaye Prefectures were selected to improve the knowledge of the people in terms of nutritional and sanitation status of their children and women. They were able to analyze the main nutritional problems and correct them with local available means. Volunteers from the 30 selected villages were approached to improve health care in order to facilitate the growth of children younger than five years with vaccination, treatment for basic diseases such as diarrhea, pneumonia or malaria and antenatal care. All the children suffering from moderate acute malnutrition were treated at community level and children with severe acute malnutrition were referred to an adequate health centre.

The main activities achieved the following outcomes:

- A Knowledge, Attitudes, and Practices (KAP) survey,
- Trainings,
- Communication, and
- Donation of bicycles to community volunteers.

The key actors for the success of this project were the mothers identified in the community to influence positively nutrition, health, and sanitation. People were also trained to communicate and sensitize the community about messages for healthy behavior.

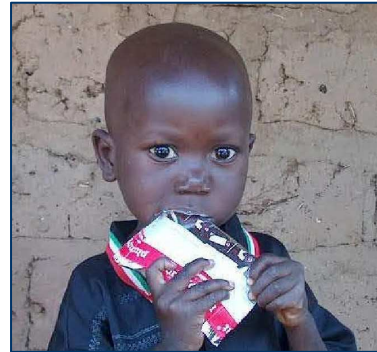
The community-based nutrition programme of IPHD supported by UNICEF in Bossangoa since January 2007 – The story of Dieuconsole

Both parents of Dieuconsole are alive but only two of their six children survived. With their only income from the farming activities and selling sand during the dry season, they were also taking care of eleven other people every day. Their staple food was leaves

and fermented manioc. They barely ate twice a day and had to share their food among the whole group, the children and mother getting the leftovers, after the men ate.

For the last two months, Dieuconsole was part of the NGO International Partnership for Human Development (IPHD)/UNICEF community-based nutrition programme.

Together with 684 children, and 290 children with a severe or moderate loss of weight, Dieuconsole received every week the recommended rations of Plumpy nut in the sub-district of Bossangoa. Today he is healthy and he weighs his target weight.



Regina, a community worker, was in charge of the under-fives' growth monitoring and health education among groups of mothers, children, and fathers.

Central African Republic 2007

The CAR hovers - pinched between Darfur and Chad on the one hand, with an armed rebellion and a bankrupt Government on the other. A quarter of the country's four million people are affected directly; a further million stand at the edge of risk. Regional dynamics and the success or failure of democratic consolidation and socio-economic recovery make the CAR one of the world's most fragile yet unknown crises, and potentially a hotspot threatening international peace and security in Central Africa.

Until 2005, the humanitarian drama in the CAR was one of the world's most neglected emergencies. International attention rose in 2006 but the situation deteriorated severely in the north, leading to greater suffering there. Unless pressing humanitarian need in the north is addressed, it risks seeping south and endangering current attempts at recovery. For CAR, 2007 is critical for helping both those struck by waves of violence in the north and the most destitute working to re-establish their livelihoods elsewhere. The democratically elected Government also needs to prove its resilience. The international community therefore has an enormous role to play.

The Government and the aid community have agreed on four strategic priorities: improving human security by alleviating suffering; providing assistance and protection to internally displaced persons; enhancing local capacities with particular attention to risk reduction; and improving coordination. Humanitarian organizations plan to give life-saving assistance for up to one million people in the CAR: food; drinking water; health services and supplies; shelter; and non-food items.

The Coordinated Aid Programme, as embodied in the Consolidated Appeal for the Central African Republic is, first, a joint attempt by non-Governmental organizations and United Nations agencies to alleviate suffering and address dire human need. At the same time, it aims to address the link between suffering and survival; it engages the hopes of people for a brighter future as espoused by the Millennium Development Goals. Aid agencies working in the Coordinated Aid Programme are accountable to people, and sensitive to the need to reinforce local and national capacities and reduce risk.

In 2007, the CERF provided support to the Coordinated Aid Programme through its first round allocation of \$ 4.5 million within the underfunded window of the CERF. The CERF funded 17 projects in the life-saving sectors of protection intervention, food security, health, provision of non-food items, water and sanitation, and coordination and support services.

With the CERF grant, UNHCR will provide increased protection interventions for internally displaced people (IDPs) in the northern parts of the country. WHO, UNICEF and UNFPA will provide a range of health interventions, including strengthening emergency obstetric and neonatal care in conflict-affected zones and specific interventions for children under five of age. The CERF grants enable WFP to continue humanitarian air services to reach remotely located affected populations. WFP will also provide emergency food assistance to the most vulnerable of populations. UNDP will provide food security and water and sanitation facilities in two sub-prefectures of the CAR, and set up improved water access points in one other prefecture. UNDP will also provide emergency health care for displaced and conflict-affected population in Nana Gribizi, including seeking to reduce morbidity and mortality amongst the affected population.