

Central African Republic

2004



*ENGLISH AND FRENCH DOCUMENT
DOCUMENT EN ANGLAIS ET FRANÇAIS*

Consolidated Appeals Process (CAP)



Central African Republic

2004



ENGLISH VERSION

Consolidated Appeals Process (CAP)



In Tribute

*In 2003 many United Nations, International Organisation, and
Non-Governmental Organisation
staff members died while helping people in several countries struck by crisis.*

Scores more were attacked and injured.

*Aid agency staff members were abducted.
Some continue to be held against their will.*

*In recognition of our colleagues' commitment to humanitarian action
and pledging to continue the work we began together
We dedicate this year's appeals to them.*

FOR ADDITIONAL COPIES, PLEASE CONTACT:

UN OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS

**PALAIS DES NATIONS
8-14 AVENUE DE LA PAIX
CH - 1211 GENEVA, SWITZERLAND**

**TEL.: (41 22) 917.1972
FAX: (41 22) 917.0368
E-MAIL: CAP@RELIEFWEB.INT**

THIS DOCUMENT CAN ALSO BE FOUND ON [HTTP://WWW.RELIEFWEB.INT/](http://www.reliefweb.int/)



UNITED NATIONS
New York and Geneva, November 2003

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1. EXECUTIVE SUMMARY

The Central African Republic (CAR) has experienced repeated mutinies and attempted coups in recent years, which have tragically aggravated the already perilous living conditions for a major part of the population of this poor and landlocked country. On 15 March 2003, an unprecedented politico-military crisis has exacerbated the situation since the last attempted coup of 25 October 2002, resulting in further political changes on 15 March 2003.

With the participation of the opposition and other political forces in the country, including the party of the former President, the political and military situation changed with the installation of a transitional government. The new authorities suspended the constitution, dissolved the National Assembly, and adopted new measures for the restoration of security through disarmament operations and the recuperation of looted goods. The creation of a National Transitional Council and a government assigned to re-launch growth and prepare for forthcoming elections was initiated. The majority of the population and the political classes have supported these measures by the new political authorities, particularly the appointment of a charismatic leader from the opposition as Prime Minister.

The conflict of October 2002 was unlike previous crises in that the effects of the fighting were not limited to the capital, but were also widespread in the interior, resulting in the withdrawal of former rebels who had occupied a part of the national territory. For five months, the country was divided into different areas:

- an area under the control of government (named the “green zone”);
- an area under the direct control of the insurgents (“red zone”); and,
- a third area with little or no access and isolated from any communications with the capital (“yellow zone”).

This partition caused a significant deterioration in the humanitarian condition of at least two million people as a direct or indirect consequence of the conflict.

The partition of national territory during the last crisis as well as the gravity and extent of the looting significantly disrupted the socio-economic situation in the country. Production was crippled, and the health and education systems were deeply disrupted and even destroyed in some administrative areas. At the present time, 200,000 displaced persons have been identified inside the country and about 42,000 in the south of neighbouring Chad, despite the progressive return of people to CAR. The persistence of insecurity is one of the major constraints to the resumption of normal life and to economic and social development.

Following the joint assessment missions carried out by United Nations (UN) agencies and international non-governmental organisations (NGOs) working in the country, the UN has taken these realities into account in the development of a strategic assistance framework for CAR in this transitional period. Three core strategies have been established: good governance, post-conflict relief and recovery, and the fight against Human Immune-deficiency Virus / Acquired Immune-deficiency Syndrome (HIV/AIDS). The current Consolidated Appeal (CA) corresponds to the implementation of the second core strategy whose objective is to help people affected by the most recent crisis, by improving food security, improving their income, and ensuring equal and sustainable access to basic social services (health, education, water and sanitation) to levels last seen in the year 2000.¹

While being aware of the enormous needs of the entire population, the Consolidated Appeal is focusing strategically on areas that have been severely affected by the conflicts and which are still unsafe. These areas are also a potential source of destabilisation for the whole country. Therefore, actions planned under the Appeal are designed to reach just over one million people.

The Consolidated Appeal is being launched at a time when the “National Dialogue” forum is taking place. This event is particularly sensitive and strategic for the Central African Republic (CAR), and it is desirable that this forum permits a genuine national reconciliation and reinforces a credible and long-term process of peace, stability and security. The dialogue in the thematic commissions has

¹ The last Multiple Indicator Cluster Study (MICS) dates from 2000.

already allowed the expression of major divisions in the political community, particularly on social and humanitarian issues. An opportunity is, therefore, available to prevent a deterioration of the situation and to support the transitional process in order to avoid a new crisis.

In this respect, the CA proposes a wider range of activities than those contained in the Flash Appeal launched in April 2003: it extends into post-conflict recovery. The proposed sectors of action are health, food security, education, protection, and community rehabilitation. The planned actions in these sectors will provide an emergency response to support the most vulnerable groups. The fundamental objective is to reduce the extreme precariousness of living conditions. These efforts have been defined in accordance with the national strategy to eradicate poverty, and efforts undertaken by the Government to reach the objectives of the Millennium Development Goals (MDG).

The UN system is launching this Consolidated Appeal to the international community to mobilise a total amount of **US\$ 16,818,752** of which US\$ 4,291,292 is for health; US\$ 6,335,415 for economic recovery and food security; US\$ 2,242,045 for education and protection; and US\$ 3,000,000 for community rehabilitation. The Appeal also emphasises the security of humanitarian operations (US\$ 690,000) and to the strategies related to crisis prevention, national capacity building and coordination (US\$ 260,000).²

The UN Country Team (UNCT) is taking the opportunity to launch the Consolidated Appeal internationally, hearkening to the global theme of "Hear Our Voices". The voices of the forgotten people of CAR, for whom a more concrete and consistent assistance programme is required, need to be heard. The Consolidated Appeal is launched this year to counter the despair of the population by bringing justice.

² The United Nations High Commission for Refugees (UNHCR) participates as a member of the UNCT, and currently maintains a programme in the south of the country. UNHCR will plan and appeal for a programme for the return of CAR refugees in Chad as the situation may allow for such a return.

**UN Consolidated Inter-Agency Appeal for
Central African Republic 2004**

Summary of Requirements
By Appealing Organisation
as of 31 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|--------------------------------|-----------------------|
| FAO | 2,366,700 |
| UNDP | 3,260,000 |
| UNDP/UNSECOORD | 690,000 |
| UNFPA | 1,197,686 |
| UNICEF | 4,156,817 |
| UNO in Central Africa (BONUCA) | 250,000 |
| WFP | 3,968,715 |
| WHO | 928,834 |
| Grand Total | 16,818,752 |

**UN Consolidated Inter-Agency Appeal for
Central African Republic 2004**

Summary of Requirements - by Sector
as of 31 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|-----------------------|
| AGRICULTURE | 2,366,700 |
| COORDINATION AND SUPPORT SERVICES | 260,000 |
| EDUCATION | 1,622,727 |
| FOOD | 3,968,715 |
| HEALTH | 3,893,565 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 3,619,318 |
| SECURITY | 690,000 |
| WATER AND SANITATION | 397,727 |
| Grand Total | 16,818,752 |

Summary of Projects

| Sector/Activity | | US\$ | Agency |
|---|--|-----------|--------|
| Health | | | |
| Project 1 | Restart Expanded Programme of Immunisation (EPI) | 1,125,000 | UNICEF |
| Project 2 | Revitalise the health care system for women and children | 528,409 | UNICEF |
| Project 3 | Combat HIV/AIDS: strengthen public information to promote changes in behaviour with regards to the epidemic | 113,636 | UNICEF |
| Project 4 | Reinforcement of prevention and detection of epidemics: cholera, meningitis, measles, malaria and <i>Shigellosis</i> | 220,256 | WHO |
| Project 5 | Reinforcement of the control of Sexually Transmitted (STI) Illnesses in RCA | 165,193 | WHO |
| Project 6 | Reinforcement of promotion of favourable behaviour towards health | 92,555 | WHO |
| Project 7 | Reinforcement of the hospitals ensuring safe blood transfusions | 110,129 | WHO |
| Project 8 | Reinforcement of the national laboratories and the biological clinics of public health | 165,193 | WHO |
| Project 9 | Support mental health and hygiene in Bangui Hospital | 110,134 | WHO |
| Project 10 | Support the coordination of health interventions | 65,374 | WHO |
| Project 11 | Strengthen basic reproductive health (RH) services | 1,197,686 | UNFPA |
| Project 12 | Water and Sanitation | 397,727 | UNICEF |
| Economic Recovery/ Food Security | | | |
| Project 1 | Food assistance for the populations affected by the armed conflicts | 3,968,715 | WFP |
| Project 2 | | 950,900 | FAO |
| Project 3 | | 740,800 | FAO |
| Project 4 | Support vegetable gardens in conflict zones | 675,000 | FAO |
| Education | | | |
| Project 1 | Re-establish equitable access to primary education in conflict zones | 975,000 | UNICEF |
| Project 2 | Re-establish access to pre-school education in conflict zones | 647,727 | UNICEF |
| Human Rights and Protection | | | |
| Project 1 | Open a law clinic and support legal system for the protection of vulnerable groups in Bossangoa and Bozoum | 100,000 | BONUCA |
| Project 2 | Training of security and defence forces in human rights and humanitarian law | 150,000 | BONUCA |
| Project 3 | Child protection | 369,318 | UNICEF |
| Security | | | |
| Project 1 | Promote security, rebuild communities, and reduce circulation of small arms | 3,000,000 | UNDP |
| Coordination | | | |
| Project 1 | Security for humanitarian programmes | 690,000 | UNDP |
| Project 2 | Conflict prevention, strengthening capacities and coordination | 260,000 | UNDP |

2. THE YEAR IN REVIEW

2.1 Crisis and humanitarian response

The armed conflict that started with the events of October 2002, preceded by the attempted coups of May and November 2001, had an impact not only on the capital where the initial fighting took place, but also on the interior regions, as the rebels, after the fighting in Bangui, withdrew and organised an armed occupation of a large part of the territory, thus causing the partition of the country and the isolation of more than half of the Central African population.³

Emergency humanitarian aid should have been provided to the destitute people during the past months, in particular to those living in the northern part of the country affected by the direct consequences of the armed conflict, and to those living in the eastern areas, isolated from the capital with no supply of basic goods. The structure established at the national level to manage crisis and emergency assistance to affected people failed due to prevailing insecurity. The UNCT and other humanitarian partners operating in the country have tried, for their part, to organise coordination mechanisms and humanitarian assistance. An informal group of all actors working in the humanitarian sector (UN agencies, international and national NGOs) was created under the supervision of the Resident Coordinator, to analyse the situation and to ensure follow-up through working groups, and to promote information-sharing on the evolution of the conditions in the interior. The United Nations Children's Fund (UNICEF) was able to mobilise almost US\$ 600,000, which was used to purchase medicines, HIV testing kits, and other emergency materials for the population of six provinces served by local health clinics (known as FOSA – *formations sanitaires*).

It is in the context of a coordination framework and a common analysis that the UN System and other partners working in humanitarian affairs have initiated an advocacy process towards the international community to decry the present dramatic situation facing the Central African people as a result of the armed conflict. A Flash Appeal for the Central African Republic covering emergency needs for a period of three months, from April to July 2003, was prepared by the UN agencies under the aegis of the Office for the Coordination of Humanitarian Affairs (OCHA).

2.2 Changes in the Humanitarian Situation

The necessity to take humanitarian action in favour of destitute and conflict-affected people has not changed to date despite the establishment of a transitional government, the definition of a calendar-related to the return of constitutional order, and the preparation of a programme for economic recovery. The situation in the former fighting areas and in those that are still isolated remains of deep concern.

The last UN Inter-Agency missions that went to the field reported that the situation is still very tense in the eastern part of the country, where basic social structures have not been rehabilitated because of lack of funds. The situation is similar in the northern part of the country.

These areas are certainly most affected by the consequences of the last crisis. In addition to the deterioration of living conditions caused by the conflict, there has been systematic looting of basic infrastructure (hospitals, health centres, schools) and of public administration structures (town halls, prefectures).

In addition, despite the significant efforts made by the military forces (supported by the contingent provided by the Economic and Monetary Community [CEMAC] countries), the insecurity in the eastern and northern parts of the country remains a major problem. This lack of confidence is impeding the return of the civil authorities to these regions and disrupting the launch of normal activities, thus discouraging people from returning home.

The response to the emergency needs of the people living in these areas remains a priority for humanitarian actors and for the whole UN system. The UNCT has decided to prepare a Consolidated Appeal for CAR in order to raise awareness among the international community

³ This document follows local parlance and uses 'Central African' as the adjectival form of the country's name. Such usages are not to be taken as referring to the broader central African region in which the country is situated.

about the still deplorable situation of the population in the affected areas. Accordingly, the UN system met to define a common analysis of the prevailing humanitarian situation, and a coordinated response strategy to cover the emergency needs of the people.

2.3 Financial Overview

The Flash Appeal to support the CAR that was launched in April 2003 did not receive a direct response from external donors towards the UN agencies for emergency actions to help affected people. However, there were indirect effects of this Appeal, such as: (a) the response by the emergency funds of the European Union's (EU) European Community Humanitarian Office (ECHO), which provided the UNHCR US\$ 1 million to assist the Central African refugees in southern Chad; (b) the actions by international NGOs in the area of health (approximately US\$ 1.5 million provided to Cooperazione Internazionale [COOPI]); and (c) the material contribution of the French Cooperation to the Government's efforts to resume education for the school year 2002-2003. The Flash Appeal thus served to draw the attention of local bilateral and multilateral donors to the dramatic situation of a destitute people.

Many reasons have been identified by the UNCT to explain the lack of reaction vis-à-vis the terrible situation of CAR during the months that followed the end of hostilities. The international context in these last months has played an important role. The lack of visibility as well as the weak interest in CAR of many donors is structural factors that impair the resource mobilisation process.

The participation in the launch process of CA for 2004 is, therefore, essential to the continued effort of the UN system to support the emergency needs. Its importance coincides with that of the National Dialogue, which is a very sensitive and essential event for the transitional process in CAR. The Consolidated Appeals Process (CAP) is one of the tools that can provide a prompt and concrete response to the needs expressed during the debates of the commission, especially on social issues, and to contribute to pacification and a successful transition.

2.4 Lessons Learned

The need to draw the attention of national and external partners to the deterioration of the humanitarian situation in the country stems directly from the living conditions of the population. On one hand, the common analysis that was adopted to draft the Flash Appeal has had a strategic impact on the coordination of humanitarian assistance in the country. The financial assistance of ECHO towards the international Non-Governmental Organisations (INGOs) and UNHCR is one of the indirect effects of the Flash Appeal. In the absence of an OCHA field office in CAR, the efforts made by the UNCT and the Inter-Agency Technical Committee in charge of the conception of the document has necessitated a substantial effort to reinforce the principles, the concepts, and the application of the joint programme within the UN agencies based in the field.

In addition, the Flash Appeal is one of the few reference documents that give in-depth analysis on the humanitarian situation in CAR following the end of the conflict. The document was drafted with the active involvement of various partners working in the country, namely the international and national NGOs.

Building on this, the CAP, like the Flash Appeal launched in April 2003, will constitute a tool for monitoring and updating the analysis and sectoral plans.

3. HUMANITARIAN CONTEXT AND PROBLEM ANALYSIS

3.1 Political and Military Situation

3.1.1 Politico-military crisis and insecurity

Over the last ten years, the Central African Republic has been shaken by a series of recurrent politico-military crises. Mutinies and attempted *coups d'état* have multiplied. The last of these, which lasted from 25 October 2002 until 15 March 2003, was particularly murderous and dramatic, in both the number of victims and the extent of the damage. More than a third of the country and more than two-thirds of the population, meaning approximately 2 million people, were affected.

With the support of CEMAC troops and in cooperation with France, the new authorities are slowly reinforcing security. While security conditions are generally improving, a lot remains to be done. Many isolated acts of murder, rape, armed assaults and robberies have been reported not only in Bangui but also in the interior of the country. Peace and protection of people and their belongings has not been achieved. Worse still, rumours of continued rebel attacks have resulted in security measures in the city and countryside, impeding circulation of people and goods.

3.1.2 National Dialogue and a search for consensus

The political landscape has substantially evolved since 15 March 2003, when the constitution was suspended, and the National Assembly and the Government were dissolved. Inside the country, temporary political structures were put in place, such as the National Transitional Council, a consultative structure. The national government is focusing on restarting the economy, preparing elections within a reasonable period, restructuring the army, restarting negotiations with international financial institutions, weapons collection and the fight against HIV/AIDS. Practical measures have been taken, in particular the disarmament of unauthorised elements, the collection of looted goods in order to restore security in Bangui, and the declaration of a curfew. These measures constitute signs of a return towards normalcy. The multiplication of meetings between the new head of State and national political, social and economic leaders (political parties, trade unions, religious groups, local authorities) are designed to reassure them and engage them in national reconstruction. The national dialogue opened on 16 September 2003 and has been considered a significant step towards a consensus on durable solutions to the multiple crises. There is much hope for this work, which should become the basis for a new Central African society.

With regards to external relations, the new authorities have engaged in a policy of openness and reconciliation with countries and institutions in order to obtain international recognition. Through active diplomacy, they succeeded in mobilising the support of the CEMAC. During the April 2003 session, the heads of state of the sub-region confirmed their support by revising the mandate of the CEMAC troops and providing 5 billion CFA (approximately US\$ 8,893,000). The new authorities began a dialogue with the African Union (AU) for recognition. A dialogue has begun with the EU through which a road map has been established for a return to democracy.

3.2 Socio-Economic Situation

Progress on the security and political front are far from having an impact on the nation's economy. The situation has worsened due to the devastation of means of production. Many efforts have been made, but the imbalance between fiscal revenues and expenditures, in particular for salaries, is worrying. Revenues are insufficient in proportion to the extent of the constraints and the general situation remains precarious.

The Central African Republic (CAR) is a landlocked country, a territory of 623,000 kms, bordered on the north by Chad, on the west by Cameroon and the Republic of Congo (Brazzaville), the Democratic Republic of Congo (DRC) to the south, and the Sudan to the east. The majority of the estimated population of 3.7 million citizens are young, half of whom are under 18 years of age. Despite the presence of natural resources (diamonds, lumber, cotton, coffee, etc.), the country is in chronic socio-economic crisis, and the Government is unable to honour its financial commitments – for example, civil servants have not been paid for 34 months. (The last salary payment was in December 2002 for April 2001 wages). The 12% of the national budget to be invested in social

services has never been disbursed. The CAR is, therefore, dependent on external financial assistance to support its destitute populations. On top of this, political instability over the past seven years has hampered agreement with Bretton Woods' financial institutions.

The impact of the economic crisis on living conditions has been disastrous. Between 1990 and 2000, the Human Development Index (HDI) for the CAR has not changed, at 0.374. Its rank has fallen over these last ten years, qualifying the CAR as among the least developed countries in the world. In 1995 it ranked 154 out of 174 countries, falling to 165 in 1996 (still its current rank), the year the country suffered a succession of politico-military crises.

Human Development Index and Trends (HDR 2002)

| Year | 1975 | 1980 | 1985 | 1990 | 1995 | 2000 | 2001 |
|------|-------|-------|-------|-------|-------|-------|-------|
| HDI | 0.333 | 0.351 | 0.371 | 0.372 | 0.369 | 0.375 | 0.363 |

A summary of the three components of this indicator reveals the source of this under-performance:

- First of all, life expectancy at birth, which was 43 years in the 1970s, is now 44.3 years (a gain of barely 18 months in 25 years, while in the rest of the world life expectancies were extended by ten years over the same period). While under-five infant mortality rates declined from 248 to 194 per thousand, the CAR remains the country with the highest maternal mortality rate (948 women die out of 100,000 births).
- The very weak economic growth over the past 25 years has resulted in a serious deterioration of living conditions for the majority of the population. According to the Human Development Report in 2000, 67% of the population are under the poverty threshold of 1 US\$ per day. Since this last estimate, and in the absence of recent household surveys, one can extrapolate that poverty rates are even higher, given that national revenues have shrunk, and the multiple crises have only aggravated the vulnerability of the population. In effect, annual Gross Domestic Product (GDP) per inhabitant declined from US\$ 349 in 1995 to US\$ 255 in 2001.
- Widespread vulnerability affects rural populations the most, who in normal times already have poor access to social services, in particular health care, primary education, potable water, etc. Most social indicators have gotten worse over the past eight years, as demonstrated in the table below:

| Indicator | 1995 | 2000 (MICS) |
|--------------------------|-------------|-------------|
| Infant Mortality Rate | 157/1,000 | 194/1,000 |
| Maternal Mortality Rate | 683/100,000 | 948/100,000 |
| EPI Vaccination Coverage | 37% | 19% |
| Malnutrition | 28% | 38% |
| School Attendance Rates | 63% | 43% |
| HIV/AIDS prevalence | 10% | 15% |

To this dire situation, one must add that the CAR has been hard hit by the spread of HIV/AIDS. Infection rates in pregnant woman show a prevalence of 15% in this population, as shown in a study published in December 2002. This ranks CAR among the ten countries with the highest infection rates; it has the highest infection rate in the Central African sub-region. Continued spread of the disease will erode social fabrics already made fragile by growing poverty.

3.3 Humanitarian Situation

3.3.2 Health Sector

As the hostilities ended, inter-agency assessment missions in the field allowed evaluations of the degree of damage caused by the war and looting. It was found that the situation in combat zones was unbearable: infrastructure and health care equipment had been destroyed, resulting in a complete lack of medicine, including complete loss of vaccines due to disruptions to the cold chain.

It should also be noted that the public health system was in chronic crisis even before the last conflict (October 25 2002 to March 15, 2003), illustrated by the marked deterioration of the principal health indicators, currently among the lowest in the world. The conflict has aggravated this dramatic situation. The analysis of the needs, on the basis of the missions to the field and information collected by the United Nations, is as follows:

In the "red" zone:

The "red" zone consists of the prefectures directly affected by the conflict: Ouham-Pendé, Ouham, Kémo, Nana-Grébizi and some parts of Ombella-Mpoko. The population in the red zone is approximately 1.3 million people. This zone was the scene of fighting and of troop movements that have, throughout the conflict, occupied the cities and villages often provoking displacement by people looking for refuge in the bush. Some of these cities knew fierce fighting (Bossangoa, Sibut, Bozoum). Others were occupied in turn by the forces of the General Bozizé and by the troops of the *Mouvement de Libération Congolais* (MLC) of Jean-Pierre Bemba who were supporting the forces of the ex-president Patassé. Either to flee the fight or to escape the occupation of their cities and towns, a high percentage of inhabitants of the principal cities of this zone (Damara, Sibut, Dékoa, Kaga Bandoro, Mbres, Bossangoa, Bozoum, Bocaranga, Paoua) and of towns located on the principal routes spent extended periods in bush. The population is gradually returning to the cities and villages of origin to the extent that security conditions are met. Some 40,000 of them are thought to have taken refuge in Chad and have not returned to CAR.

Collected information showed a clear deterioration of the health situation, in particular that of the more vulnerable ones, notably women and children. This deterioration is blamed on the following three factors:

1. the deterioration of living conditions and notably the extended exposure to bad weather increased the population's exposure to the more frequent diseases (diarrhoeas, acute respiratory infections, sexually-transmitted diseases [STDs], parasitosis). The populations' lack of access to potable water, either because of the destruction of local infrastructure (Bozoum and Bossangoa) or because of movements to zones without boreholes or with broken pumps, is a factor that greatly contributed to the deterioration of the population's health conditions;
2. weakening of the immune system linked on one hand to poor nutrition caused by lack of items of first necessity (an increase of child malnutrition cases has been reported) and deficiencies in essential micro-nutrients, and on the other hand to the stress provoked by the insecure situation. This weakening contributes to an increase of vulnerability to disease episodes;
3. unavailability of curative and preventive primary health care, and the inaccessibility of the population to these facilities.

Usually, health care is provided by the health formations (FOSAs) – prefectorial or regional hospitals, health centres and health posts. Their function depends on two principal elements: the presence of health staff and the availability of medicines and necessary equipments for the health care. With regards to the latter element, usually the FOSAs get their supplies of medicines from the regional storehouses that, in turn, get their supplies from the Unit of Transfer of Medicines (UCM) in Bangui. This distribution circuit was interrupted for five months, at the level of supply as well as demand. The lack of circulation prevented the renewal of supplies to the regional medicine storehouses from the UCM, and to the FOSAs from the regional storehouses. Moreover, some regional and prefectorial storehouses (in particularly those of Kaga Bandoro, Bossangoa, Paoua, Bocaranga and Bozoum) were looted, thus preventing them from operating and from generating the necessary resources to acquire new supply of medicines. Looting also affected an estimated 35% to 45% of FOSAs in the zone. The result of these situations is that at the moment there is no medicine for any of the FOSA in this zone and there are no financial resources at their disposal allowing them to obtain fresh supplies.

In conclusion, health facilities in the red zone are no longer functional and therefore can no longer meet the most basic health needs of the population.

To this situation, add the looting and even destruction of certain FOSAs in the red zone. Equipment ensuring the functioning of the expanded programme of immunisation (EPI), particularly

vaccination and cold chain equipment, disappeared in many of the health facilities. Similarly, access to emergency obstetric care is highly compromised because of the lack of equipment or the extended absence of the nurses.

The imposition of a cost-recovery system makes people's access to health care proportionate to their income. Here too, an in-depth study could not yet be undertaken. Nevertheless, the abandonment of income-generating activities caused by the population movements and by occasional looting of means of production, property losses and the interruption of transport causing a notable reduction of commercial activities, are many elements that explain a significant decrease of household purchasing power. Families are thus obliged to meet their immediate needs and do not have extra resources for health care, which therefore remains inaccessible for many even where it exists.

In the "yellow" zone:

The "yellow" zone consists of prefectures that were not directly affected by the conflict but that have become inaccessible due to fighting: Ouaka, Basse Kotto, Haute Kotto, Mbomou, Haut Mbomou, Vakaga, Bamingui Bagoran. The population of this zone is of about 900,000 persons. These prefectures are linked to Bangui by a route going through the cities of Sibut and Damara, which was rendered inaccessible for five months. Therefore, from a health standpoint, these zones share a lot of the above-mentioned characteristics with the so-called red zone.

In these zones the population's vulnerability to disease is certainly less acute, as they did not directly experience the weakening factors linked to the war and to the movements of population. Nevertheless, a similar unavailability of health care and, to a lesser extent, access to these cares, is applicable to this zone.

Here also, the restocking circuit in medicines was interrupted for several months, both at the supply and demand levels.

The purchasing power of households was also severely affected in this zone, mainly because of the interruption of traffic that induced the paralysis of commercial activities between these prefectures and Bangui. By way of example, the sale of cotton and coffee (the basic sources of income of the population) was not carried out and the harvest of the sugar cane too was suspended. Despite the fact that the population has largely preserved the means of production and their property, the depressed monetarisation over recent months implies that application of cost recovery for health care would be inappropriate and would impair accessibility of the most vulnerable groups to health care.

On top of the difficulties linked to the functioning of the FOSAs and access to basic health care, the conflict also had consequences on the safety of medical treatment (especially safety of blood transfusions, particularly important in CAR considering the very high rate of HIV/AIDS, up to 15% according to the latest data), on capacity for response to epidemics, and on the functioning of reference institutions such as the National Laboratory of Clinical Biology and Public Health, or the psychiatric service. The lack of access to health information for the promotion of healthy practices has as a corollary the rapidly increasing incidence of STDs and of some common avoidable diseases.

3.3.3 Education

The military events of October 2002 to March 2003 worsened the already deteriorated education sector, marked particularly by a teachers' strike. Until May 2003, most primary and secondary schools in the northern parts of the country remained closed, while the eastern parts remained mostly inaccessible together with parts of the southwest. The destruction of school infrastructures, the looting of schools and educational equipment as well as the flight of hundreds of teachers who took refuge in Bangui further worsened the access of children to education. Altogether, 58 pre-schools, 891 primary schools and 40 secondary schools were closed, leaving out 1,779 pre-school age children, 152,443 primary school students, and 16,652 secondary students. 45 instructors, 2,119 teachers and 328 lecturers were also affected.

The political and military instability was accompanied by social tension provoked by irregular payment of salaries to civil servants (many of whom having accumulated up to 32 months of arrears). The impact of this situation is disastrous for the education sector: the net enrolment rate deteriorated from 63% in 1995, to 43% in 2003 (46% for the boys and 39% for the girls). Only 48% of the population is literate, with large disparities: 34.8% in the rural areas vs. 66.8% in the urban areas; 64.7% for men vs. 33.5% for women.

Due to the firm political will of the Government, the situation in the education sector evolved in June 2003 with the effective resumption of the academic year 2002-2003 in the entire country. The academic year is divided in 2 zones: the capital Bangui and the zones of the southwest of the country where it covers the period from October 2002 to July 2003, and the rest of the country from May to December 2003. The final exams (Certificates of High Schools, A-Level, etc.) were actually organised in the first zone.

Problems continue regarding the collapse of the institutional capacities of the Ministry of Education (MoE) as their offices have been burnt and archives destroyed; local school inspectorates have been looted, supplies and school manuals for students in the former conflict zones are unavailable, educational manuals for teachers are lacking, doors and windows of schools buildings have been looted and tables and benches that have been broken and used by the fighters as firewood in some areas are also lacking. Education for All (EFA), the framework for action that was drafted by the international community in 2000 in Dakar, is not being pressed by the responsible authorities, who it seems do not give it high priority.

The parents are completely impoverished and their economic capacities have been wiped out by the events. Two bad cotton harvests as well as lack of agricultural produce, looted and stolen by the fighters for their survival, have left parents without resources to pay teachers from their own pockets.

The lack of effective communication to parents on the benefits for the community of their children's education, together with the risks and insecurity of trying to access schools, constitute a handicap for school attendance. In addition, schools are perceived by the communities as an institution to attend in order to be able to integrate into the public administration of the country. Yet most of the vacancies do not appear openly on the job market. This situation contributes to reinforce the parents' reluctance to enrol their children in an educational system they consider as useless, as it is not resulting in concrete job offers for their children.

Early childhood care and education equally calls for urgent action. Many under-five children are left unattended in their villages. No structure is envisaged to take care of them: the parents leave them alone in the village while working on the fields. Many children are suffering from malnutrition or malaria, and are exposed to various dangers such as road accidents and snakebite. Some of the children have been hurt causing fires while playing. This lack of protection for small children and of early childhood education is a result of a lack of policy in this domain.

PRIORITIES

- assistance in school supplies and educational tools for the coming 2003-2004 academic year;
- training of teachers;
- initial economic assistance to communities in the conflict zones that have a school available to them;
- social mobilisation and awareness-raising of families and communities to send their children to school and to ensure effective participation of the communities in school rehabilitation and management;
- support to the rehabilitation of damaged schools (tables, benches, door and windows, etc..)
- advocacy for better coordination and partnership of actors in the education sector at the central, regional and community levels.

ACTIONS UNDERTAKEN SINCE THE CONFLICT

The education sector was not taken into account in the initial Flash Appeal due to the prevailing situation at the time (schools were closed) and the lack of information of the situation in the field. In addition, there are few actors in the education system in CAR – only the United Nations Children's Fund (UNICEF), the United Nations Education, Scientific and Cultural Organization (UNESCO), and the World Food Programme (WFP).

The financial assistance to UNICEF (about US\$ 90,000) was used during the 2002-2003 school year as follows:

- transport of teachers who took refuge in Bangui with their families towards their respective posts in five areas of the country: East, North-east, Centre, North and West. Specifically: 7 large trucks were put at the disposal of the Ministry, and the French Cooperation offered chalk boxes to the teachers;
- purchase of school stationery to assist about 50,000 students in the 3 northern counties (prefecture) that have suffered tremendously from the conflicts (Ouham Pendé, Ouham and Nana-Grébizi);
- logistic support with seven 4-wheel drive vehicles for organising the examinations in July 2003;
- organise a data collection mission to update the EFA National Plan of Action which is under preparation;
- the continuation of actions in favour of girls' education in 15 towns of the southwest of the country (Boda) as well as ongoing rehabilitation of 20 communities in partnership with the Ministry of Education and Social Welfare.

The French Cooperation assisted with school stationery and an institutional support to the Ministry of Education in order to resume the school year.

WFP started up its nutritional provision to primary school pupils in the main cities that have suffered seriously during the conflicts. These school canteens contributed to reducing nutritional vulnerability of the students in the former zones of conflict and increasing children's success at school.

3.3.4 Economic Recovery and food security: deterioration of income and living conditions at the household level

The political and military events of October 25 2002 to March 15 2003 have deeply affected the production in the food security sectors. Unlike the past mutinies (1996 and 1997) and the May 2001 coup, which remained localised, the events of October 2002 and of March 2003 have caused more loss of life, huge material damages and destruction of production with their intensity, impact and duration. The continued fighting in the counties of l'Ouham, Ouham-pendé, Nana-Gribizi, Kemo and Ombella M'Poko (commonly called the **red zone**) and the long occupation of this zone by armed groups, induced massive population movements into the bush and in the fields as well as the surrounding towns of Chad, followed by looting and heavy losses of goods resulting in the deterioration of household income and living conditions.

The forecast for agricultural production in the affected regions gives a deficit of about 120,000 MTs of grain.

In economical terms, this zone is considered to be the breadbasket of the Central African Republic where some 85% of the active population lives on agricultural activities. During the hostilities, more than three-quarters of the population abandoned their homes and their belongings including small livestock and agricultural production equipment (vegetable production and aquaculture). In zones of temporary shelter, displaced families hardly manage to satisfy their food needs. In towns of the surrounding regions, the displaced depend on humanitarian assistance and host communities who themselves are confronted with food insecurity. The displaced stayed a long time in the bush, where the food and nutritional conditions have significantly deteriorated. Currently, the population's diet is limited nearly exclusively to vegetable products.

As a consequence of continuous occupation of towns and urban centres by the military, several houses were burned, 274 alone in the city of Bossangoa at the time when the city was taken by loyalist forces supported by the Mouvement pour la Libération du Congo (MLC) rebels of Jean Pierre Bemba of the DRC. Almost all the doors of the city were broken, leaving free access to systematic looting of goods and small livestock.

In their temporary exile, the displaced were confronted with frightful living conditions: drinking stagnant surface water (in the dry season), eating leaves and roots of bitter manioc and other plant products. They had to face a constant lack of basic products (salt, soap, sugar, etc.) and of animal protein, as well as a lack of shelter. As a result, serious nutritional and health problems (malaria, intestinal parasites, etc.) arose even after their return to the village. The living conditions of the returnees are more or less precarious, as there remains a critical absence of means of subsistence. As far as nutrition is concerned, the vulnerable population (children, pregnant or breastfeeding women and elderly persons) appears more affected than other groups. Consultations with the paediatric services revealed that an average of 10 to 13% prevalence of cases of malnutrition was detected. Those could unfortunately not be appropriately attended to due to a lack of systematic supplementary and therapeutic feeding in health centres and hospitals.

The situation is even more worrisome as cotton, a cash crop, was not bought during the two last harvests (2001 and 2002). Purchasing power is very weak due to weak monetarisation. The lack of liquidity is more serious in the rural areas as there are no profitable non-agricultural products. With the exception of the weekly markets that facilitate the circulation of goods for basic needs, the supply of small livestock (poultry and goats) to the urban centres, and the weak stock of agricultural products (groundnuts, corn, maize, honey etc.), commercial exchanges between the production centres and consumers remain weak, as traders avoid risk.

Attempts of massive return of displaced people and of the 40,000 CAR refugees from Chad were observed during the second trimester of 2003, but have not been successful as administrative authorities remained absent in the country's interior, insecurity prevailed, and rural financial markets continued to be inert. Progress can be envisioned with the deployment of the military forces of the CEMAC and Elements of the Regular Army (FACA) to secure the country's interior and re-establish state authority through the return of the administration, judicial system and police. This could enable the resumption of economic activities and the eventual return of the displaced including the repatriation of refugees for the beginning of the next agricultural season in March 2004.

Despite the return towards stability and the slow return of security in several regions, conclusions of different evaluation and assessment missions on food availability and nutrition levels led by representatives of the Food and Agriculture Organization (FAO) and WFP state that the poverty level continued to increased in CAR.

Currently, 65% of the Central African Republic population is unemployed and depends largely on foreign emergency aid in order to achieve agro-rural development. In fact, several years of debilitating politico- military crises, culminating in the *Coup d'état* of March 15, 2003, have seriously eroded the basis of subsistence of CAR citizens. Famine and chronic malnutrition persist in various social groups notably in certain refugee and displaced environments. The position of women, children and elderly persons in the regions affected by the events is particularly worrying.

Owing to financial difficulties of the Government, almost all food needs would have to be provided locally to support the income of farmers, the local prices and create employment, and it is in this direction that UN and partner activities should go.

Although the climate has remained favourable for pastures, small farms were decimated by the armed conflicts, the unavailability of seeds and occupation of pastures by soldiers. A substantial flow of resources is required to rehabilitate the agricultural sector, including agricultural infrastructure and economy, to fight growing poverty and the state of malnutrition of a large part of the CAR population. These include malnourished children, members of their families, pregnant and breastfeeding mothers, and AIDS patients (the prevalence rate stands at about 15%). Food assistance from WFP remains necessary for the short and medium-term, as the agro-rural sector

will need some time to be rehabilitated. Nevertheless, concerted coordination between WFP and FAO activities will result in synergies.

3.3.5 Human Rights and protection

GENERAL HUMAN RIGHTS SITUATION

After the crisis that took place in May 2001 until March 2003, human rights have been highly affected: factions systematically committed exactions on the population.

Since the *coup* that took place in March 15th, 2003, the Central African Republic lives in a particular situation since the establishment of a new constitution on 14 January 1995. However, the Government has recently affirmed that it had ratified most of the international agreements concerning human rights. Article 6 of the Constitutional Act n°1, signed the 15 March 2003, declares that international conventions will be followed over national laws. The Ministry of Justice, Human Rights and Good Governance, directed by a high magistrate, was created on 31 March 2003. In addition, a committee in charge of human rights and international humanitarian law has been installed within the transition national council. However, one can notice that the nomination of a new representative may create a certain diarchy. In fact, no real task distribution has been done and their roles have not been defined yet.

In compliance with the Transition National Council, the present authorities have been engaged in a process redefining constitutional texts and electoral codes in order to provide a better return to constitutional order. The penal code has been recently revised with the support of UN Office in Central Africa (BONUCA). The signing of an Amnesty Decree (April 23th, 2003) and its subsequent laws, as well as the establishment of National Committee for Welcome and Reintegration of Repatriates, have engendered the return of numerous Central African refugees. A symbolic ceremony, in which weapons and bullets were burnt, took place on 25 July 2003. More than 300 old members of the Central African Army were reintegrated.

On the other hand, in compliance with Article 96 of the European Union / African, Caribbean and Pacific (EU/ACP) Cotonou agreements 2000, the Government has ratified an agreement that would engage them to respect human rights. The establishment of a national dialogue involving 350 delegates from different socio-economic sectors, and the announcement of upcoming elections including Presidential elections in 2005, are creating a propitious framework for democracy and respect for human rights on the part of the State. The new authorities have engaged to promote a consensual and peaceful transition, and to guarantee a return to constitutional legality from January 2005.

Nevertheless, security remains one of the most dangerous problems, despite the campaign of demobilisation, disarmament, and reintegration on the part of BONUCA, UNDP and CEMAC. The human rights situation seems to be of secondary concern compared to security concerns in provinces where the lack of authority structures leaves the population prey to grave human rights violations. Extra-judicial executions, thefts and extortion, torture, kidnapping, vigilantism, and looting have become commonplace in some regions, perpetrated by uncontrolled army elements as well as highway bandits (locally called "*Zaraguinas*").

The security situation is further aggravated by the presence of **700 returned refugee soldiers, elements of the former Presidential Security Unit**, combatants of Colonel Abdoulaye Miskine (former ally of President Patassé), and hundreds of students excluded from the Gendarmerie school. The human rights office has received reliable information on violations of the right to life, arbitrary arrests, torture, and cruel, inhuman, or degrading treatment. **Insecurity and the lack of state authority enables the spread of private justice and other arbitrary forms of violent vigilantism, and contribute to the worsening of the precarious humanitarian situation, especially in the regions formerly under control of the former rebels (Ouham-Pendé, Ouham, Kemo, Ombella-Mpoko, Nana-Gribizi and Ouaka).** In addition, due to the voluntary looting of public services and the increase of acts of vandalism, it is difficult, for example, to find administrative documents (birth certificates) in the devastated civil administration.

This security situation may dangerously undermine achievements in the promotion and protection of human rights. In fact, the numerous and frequent violations of human rights, notably right to life violations by non-state armed actors, the presence of some 41,000 CAR refugees in the south of the Chad, and a dysfunctional justice, security and penal system, are likely to weaken the national reconciliation process and peace.

National as well as international human rights organisations (the International Federation of Human Rights, the CAR League of Human Rights, the ACAT, Amnesty International) **were able to report on the human rights situation in the formerly accessible zones.**

SPECIAL SITUATION OF WOMEN AND CHILDREN

During the fighting, many families were scattered, and abandoned children were vulnerable to rape and coercion, deprived of shelter and family life.

Many continued to suffer from psychological trauma, even after family reunification. This may be due to having had to walk for many kilometres, or their parents having suffered from armed threats.

Other families were forced to seek refuge in Chad or in the Republic of Congo (Brazzaville) and the DRC (Kinshasa) under particularly difficult conditions. Some children lost their parents, becoming orphans.

In addition, children born during or after the conflict have not been registered with local authorities due to the destruction of public institutions. Mayor's offices have suffered enormous losses of archives, depriving the population of its civic records.

REFUGEES

The northern regions of the country were devastated during the successive rounds of fighting between 2001 and 2003. Millions of inhabitants of the area were displaced, some fleeing across borders. Thus, some 40,000 Central Africans took refuge in southern Chad in the sub-prefectures of Goré, Sido, Maro and Danamadji. They arrived in several waves beginning in November 2001.

Following the March 2003 *coup d'état*, there is no longer a rebel force that threatens the security of the country. However, the increase of armed banditry prevents the return of displaced persons to their homes.

Serious obstacles to stabilising the country include the absence of administrative authorities in the interior, and under-equipped and inadequate security forces.

3.4 Constraints on the effectiveness of humanitarian action

3.4.1 Insecurity is the major constraint on humanitarian action

For several years, political instability in CAR has caused chronic insecurity in Bangui and (to a lesser extent) in the entire country. Politico-military crises (mutinies and attempted coups) as well as the context of regional conflict (DRC, South Sudan, Southern Chad, and the Republic of Congo) have also generated massive illegal circulation of arms, accelerated the degradation of security situation, and deeply affected the army and security forces, to the detriment of the population and infrastructure.

Apart from these crises, the phenomenon of road closures (mostly due to uncontrolled armed banditry) has long constituted an aggravating factor of insecurity for local populations as well as development partners trying to operate throughout the country. This situation has made the work of government services and humanitarian organisations difficult and dangerous.

The insecurity threatens not only the staff of humanitarian agencies, but also humanitarian materials and inputs, which are often at risk of robbery en route to vulnerable groups who need it most. The practice of looting goods from individuals and from the state, by regular soldiers as well as bandits (and sometimes by the population itself), impairs the viability of purchasing and distributing goods of first-order necessity to the population or to basic social service structures like

health centres and schools. It is thus urgent for the authorities to take measures to reassure its partners that it will put a definitive end to these practices, and for the UN to contribute the necessary means to assure continuous security monitoring and analysis in the intervention zones in order to support humanitarian partners.

The only structured system of security support for humanitarian action in CAR is the UN Security Management Team, led by a Field Security Coordination Officer (FSCO). In liaison with national authorities, the responsible parties of the CEMAC contingent and the partners of the UN system, this unit obtains and shares information useful for the security of the UN system, notably concerning travel in the interior of the country. However, the unit currently does not possess the necessary means to adequately secure the UN system in cases where large-scale humanitarian actions are initiated, and still less to UN partners, especially international NGOs. The greatest problem that the security unit currently confronts is the absence of a reliable information network that can permit a continuous monitoring and analysis of the security situation and its implications for humanitarian partners.

3.4.2 The Coordination System

ABSENCE OF A NATIONAL INTERLOCUTOR FOR HUMANITARIAN COORDINATION

Even before the events of 25 October 2002, the coordination of external aid in general and humanitarian aid in particular constituted a weak link in CAR government action. The government had put in place a national structure presided over by the Prime Minister's Office, charged with coordination of humanitarian action. Unfortunately this structure was never operational, and was particularly absent from the scene after the outbreak of conflict on 25 October 2002. This absence, due in part to the focus of all government attention on security for state institutions in face of the attempted coup, left humanitarian partners without an effective interlocutor. The UN's coordination structure, led by the Resident Coordinator (RC), was therefore constrained from enlarging its scope of action to ensure coordination not only of UN agencies' humanitarian actions but also those of its national and international partners.

ESTABLISHMENT OF AN EXPANDED HUMANITARIAN GROUP

In order to confront the enormous humanitarian problems experienced by the city of Bangui and other towns in the interior of the country following the attempted coup of 25 October 2002, the UN system informally established an Expanded Humanitarian Group at the initiative of the RC, with the objective of better coordinating with the authorities to ensure emergency aid for victims of the conflict. This informal Group, which continues to function, comprises UN agencies (United Nations Development Programme [UNDP], UNICEF, WFP, United Nations Population Fund [UNFPA], UNHCR, FAO, World Health Organization [WHO], BONUCA), international NGOs (Médecins sans Frontières [MSF], COOPI, Oxfam-Québec, HALO Trust, etc.) and national NGOs (National Red Cross, etc.).

Some emergency initiatives

The victims of conflict who benefited from aid from members of the Group include the injured and victims of theft and violence, notably sexual assaults and other crimes committed against members of the public, especially women. The Group was also able, thanks to the actions of UNHCR, to protect and repatriate 1,600 Congolese (DRC) living in Bangui who were being targeted for acts of vengeance on the part of the local population for violence perpetrated by the Congolese rebel troops of Jean-Pierre Bemba. The Group also led actions in concert with the National Red Cross to permit the burial of abandoned corpses and the proper re-burial of hastily interred cadavers. In this, the Group and its partners succeeded in sparing the city of Bangui from what could have easily become an epidemic. Although the actions in other CAR cities were less decisive because combat prevented full access, the actions of NGOs like MSF, COOPI, and others did prevent the situation from becoming worse.

CONSTRAINTS TO HUMANITARIAN COORDINATION

Despite the successes of the Expanded Humanitarian Group, it encountered problems on the technical and financial levels, and also the political level, in accomplishing its objective of facilitating humanitarian action. Coordination has the role of facilitating the connection between humanitarian resources and needy populations, but constraints on information gathering limited the ability of Group members to monitor the humanitarian situation and allocate resources optimally. Lack of human and logistical resources, the absence of a national interlocutor, frequently low capacity of national institutions, and the paucity of humanitarian partners operational in CAR, has all been important constraints to humanitarian action.

4. RESPONSE PLAN

4.1 A post-crisis strategy supporting transition

4.1.1 Risk factors

The following elements serve to illustrate the most likely scenario and determine an overall Appeal strategy:

Factor 1: Security. Security is returning progressively throughout the entire territory thanks to the bilateral and multilateral partners (France and CEMAC); this is combined with a durable return of local authorities and local members of administration, as well as displaced populations.

Factor 2: Constitutional order. Decisions and policies made during the transition are respected, in particular national dialogue and electoral issues; this contributes to establishment and strengthening of stability and social peace.

Factor 3: Foreign aid. The international community recognises the results obtained during transition, and this is reflected in terms of assistance in key sectors.

Factor 4: Stability. The possibility of political or military events slowing down transitional dynamics cannot be excluded. Hence, potential perturbations during the electoral campaigns could disrupt the peaceful transition.

4.1.2 Most likely scenario

It is reasonable to expect a return to peace and stability, with a mutual reinforcement of the first three factors mentioned above (return of constitutional respect, security and support of the international community). In fact, the realisation of these points is likely to encourage the international community to support the process. This virtuous circle should take spread through the whole country, in particular by enabling the organisation of elections. The national dialogue, which is under consolidation at the time of writing, should be the first significant sign of this process. Return of security should also enable humanitarian access and facilitate assistance.

4.1.3 Transition and post-conflict strategy

A key element of the strategy is to focus all efforts on the most affected areas, which happen to be the most populated zones and a potential source of destabilisation. The border with Chad is also an important issue since it involves incursions and return of Central African refugees. Normalisation on both sides of the border could engender stability. An integrated approach concerning living conditions would encourage displaced groups (whether they are internal or outside the country). Through this Appeal, different sectors such as health, education, rural development and food security are targeted. Crisis prevention is also stressed; an "observatory for prevention of all forms of crisis" should be created in order to avoid any kind of critical situation. This holistic project is based on qualitative and quantitative indicators; it represents a tool that would be helpful in reinforcing national capacities and coordination. It will also facilitate evaluations, optimisation and exchange of information concerning humanitarian issues.

4.2 Response Plans by Sector

4.2.1 Health response plan

In the post-conflict situation, UN efforts are aimed at improving and generalising health care in the affected areas, whether directly affected ("red zones"), or indirectly affected ("yellow zones"). UN action consists of improving quality and quantity of health care in order to reduce the mortality rate in these zones. Operations will be implemented throughout the country with a particular emphasis on the cities located in the "red zones."

The main causes of death in the CAR are well known: malaria, respiratory infections, diarrhoea and measles are the diseases that affect the most vulnerable populations (women and children). They have become easy to identify and treatable by the local health clinics or (FOSAs). Consequently, the primary objective will be to reduce the mortality rate in these areas by supporting the FOSAs in terms of prevention and cure. As noted in the situation analysis, these organisations do not provide their services in the majority of the country, and application of cost recovery creates an obstacle for populations who can no longer afford health care. The FOSAs are also a useful entry point for a variety of other programmes, such as nutritional therapy for malnourished children.

To support the activities already carried out, programmes will focus on prevention, vaccines and emergency health care to children and women. This includes immunisation of children through the "Expanded Programme of Immunisation" (EPI), which features six different antigens in order to protect children from the most common and dangerous diseases. Mass campaigns will be conducted to avoid epidemics. They will be combined with the "National Immunisation Days" against polio, which were supposed to take place in December 2002, but were delayed due to the conflict. Preventative activities will be focused on pregnant women and obstetrical emergencies, as well as distribution of impregnated mosquito nets. It should be remembered that the CAR has one of the highest mortality rates in the world. These FOSAs, through their action, can provide micro-nutrients that are essential to the harmonious development of children.

The operation will also be aimed at rendering the FOSAs more active, and providing better access to health care to the most vulnerable populations such as women and children. One of the main objectives is to reduce the mortality rate that is already very high. Since purchasing power has been seriously affected in the "red" and "yellow" zones, an agreement has been made in collaboration with the Ministry of Health to revise the cost recovery system: in the revised system, patients will make a lump sum payment per disease episode, at a strongly subsidised rate compared to previous rates. This project will also imply an effort from the "*comités de gestion*" (management committees, or COGEs) that manage these FOSAs to control their own costs in view of the diminished revenue expected under the new system.

Providing access to potable water is also one of the main objectives of these interventions. Under normal circumstances, 30% of the population in the CAR has access to safe water. Therefore, the intervention will ensure that displaced people have access to potable water, and that existing water points are not overwhelmed by unusually excessive use. Two main activities will address this. First, the main part of the intervention will consist of distributing supplies for water purification (tablets and jerry cans). Secondly, broken water points will be repaired, accompanied by training in environmental hygiene.

In the preventive domain, the fight against HIV/AIDS represents a particular case. The latest statistics show median prevalence among pregnant women of 15%. The crisis situation, with its population movements and non-functioning of structures contributing to prevention, exacerbates HIV transmission. Hence, campaigns have to be led throughout the country in order to inform populations of the different services related to prevention, as well as the HIV testing centres. Finally, the regional and prefectural hospitals must be equipped to ensure safe blood transfusion.

The emergency response should also pay attention to restoration of reference capacities at the central and peripheral levels. In such a situation where vaccines campaigns have been interrupted, it becomes important to restore capacity for prevention and for central-level response to possible epidemics of cholera, meningitis, and shigellosis. The National Laboratory of Clinical Biology and Public Health plays an indispensable part in this capacity for epidemic response: such response depends on its analysis, and therefore its technical capacities have to be reinforced.

Another section of the project is represented by the Bangui psychiatric and mental health service. It acts as a national centre that takes care of the most serious cases, which have been on the rise in terms of numbers with the latest conflicts that ended in March 2003.

The last aspect of this project will consist of devising and implementing communication strategies for good health practices among the population. This would serve to create an alliance with communities and developmental partners to roll back common diseases and encourage the adherence of beneficiaries to developmental programmes.

ROLES AND RESPONSIBILITIES

The health interventions planned by the UN in CAR complement those of the Central African Government as well as other partners. The UN system does not plan to perform all the work, but rather to support the Government and its partners when necessary, and to ensure joint analysis of needs and existing emergency health responses. The interventions will be implemented in partnership with government, NGOs, and community-based organisations, with all attention to coordination.

UNICEF will provide targeted actions aiming to guarantee the right to survival for women and children. UNICEF's interventions will be focused on four main fields:

- vaccination and EPI re-launch. The main work will consist of restoring vaccination materials and equipment where it is necessary; providing vaccines and kerosene to the EPI centres; supporting mass campaigns against measles and the polio National Immunisation Days which could not be held in 2002 because of the crisis;
- provide essential care to women and children through the revitalisation of the primary health care system. This revitalisation will also allow use of the FOSAs as gateways for a series of other interventions, curative and preventative, aiming at the most vulnerable populations. This action will be realised in coordination with partners operating in the health sector (NGO COOPI, ASSOMESCA, EU, WHO, UNFPA);
- facilitate access to potable water and basic sanitation;
- fight against HIV/AIDS (in coordination with UNFPA and WHO).

WHO will support the coordination of health activities and information analyses. It will stress detection and response to epidemics by reinforcing its surveillance and response activities, including reconstitution of security stocks. WHO will also ensure the reinforcement of the National Laboratory of Clinical Biology and Public Health, blood transfusion safety, and the psychiatric services. It also plans to support the development of communication strategies to promote good health practices, and the treatment of STIs.

UNFPA will provide kits, materials and equipment for reproductive health, as well as providing psychological and medical support to victims of rape and violence in Bossangoa.

Targeted groups

The populations of the "red zones" (which were occupied) and "yellow zones" (which were inaccessible), approximately 2,200,000 people, will benefit from the ensemble of health interventions. The summary project proposals (in Annex) explain the various interventions in more detail.

Financial needs

This 12-month operation requires **US\$ 4,291,292**, including **US\$ 2,164,772** for UNICEF, **US\$ 928,834** for WHO and **US\$ 1,197,686** for UNFPA.

4.2.2 Economic Rehabilitation and Food Security Response Plan

Under normal conditions of production, the CAR only barely succeeds in meeting alimentary needs of the population in spite of the country's agro-ecological potential. In general, not taking into

consideration distribution inequalities, food availabilities cover an average of 1,930 kcal/jour. This coverage is by far below the average norm of 2,700 kcal/jour recommended by the FAO. Facing the current grain deficit, estimated by the PAM and the FAO at 86,852 MTs at its best and at 149,420 MTs at its worst: there is a real risk of food insecurity. The degradation of the food security and nutritional situation is linked with the scarcity of improved seeds and other resources to respond to the needs of development projects financed by FAO, UNDP, IDAF and bilateral cooperation, and the recourse to “ordinary seeds” in low quantities, untreated and in poor condition with high risk of insect attacks.

In fact, the political and military events of October 2002 took place during the harvest period, hence deeply affecting production and infrastructures (stores, silos, processing equipment). The food producing cultivars (groundnuts, corn, sorghum, paddy, millet), with the exception of manioc, saw their productions and stocks practically destroyed during the events. Very weak quantities are reserved for the next agricultural season. This is the case for a number of manufacturers of food-producing seeds in the towns around the agricultural research station in Soumbé that neither have seeds for sale to Central African Agronomic Research Institute (ICRA) for wider distribution, nor the necessary stocks to reimburse the capital stock provided by this research institute for the multiplication process for the next season.

These risks should also be considered for animal products since the number of livestock has decreased considerably. The small livestock that exist on the market originate from villages that were not visited by armed men and are insufficient to assure production in short, medium and long terms. Keepers of larger livestock (cattle) were often looted and fled from urban centres to about 30 to 40 km in the bush, where they were prey to attacks of road bandits and other armed groups.

In the context of humanitarian assistance and of the return of economic activities to allow self-sustainability for vulnerable groups, the immediate humanitarian needs are evident. On the basis of the needs expressed during synthesis meetings and from the reports of UN inter-agency missions, the priority sectors for quick intervention have been identified as the following, among others:

- emergency food distribution targeting affected children, and food provision targeting the most vulnerable (women and children) and the small producers in supporting the resumption of production;
- re-launch of agricultural and animal production by the supply of seeds and fertilisers, veterinary products, agricultural tools, fishing equipment, and by support to the functioning of the Research Institute in order to remove the agricultural sector's major current constraint—the spread of improved seeds and new and adapted technologies for enhancement of soil and labour productivity.

The proposed humanitarian actions should have a punctual character to address precise needs, and should be limited in time (one year) to allow for phase-over to development activities. They must equally take into account possible strategies for future phases, to guarantee the durability of the actions and an increased responsibility on the part of the targeted groups.

The strategy of intervention will also have to rely on peasant organisations or “Rural Interest Groups” (GIRs) to monitor the modalities of seed provision and repayment to community seed banks, with a view to reaching the maximum number of beneficiaries. It is important to ensure that donations of inputs be managed so as to generate circulating funds that can pay for re-stocking the inputs. Collaboration with NGOs for capacity-building, follow-up and management of emergency aid is equally important.

ROLES AND RESPONSIBILITIES

The humanitarian organisations intervening in this sector have not only decided to coordinate their actions to gain synergy, but also decided to allocate tasks and responsibilities to achieve greater efficiency, according to their respective mandates and comparative advantages:

- WFP will coordinate food distribution and related logistics;
- UNICEF will be in charge of nutrition, in particular for women and children; and

- FAO will coordinate the supply of agricultural inputs, composed essentially of alimentary seeds, breeding stock and fish fry for animal protein, and small tools of primary necessity. FAO will also proceed with training of beneficiaries in order to perpetuate the assistance and assure ownership of programmes and objectives.

TARGET GROUPS

The population of the CAR is 3.7 million inhabitants. From the food security point of view, more than two-thirds of the Central African population are directly affected by the recent events or by cut-off of supply routes due to military presence and armed conflicts. The population in Bangui has furthermore suffered from a slowdown in economic activities related to the reduction of food supplies on the market. The targeted groups are the most vulnerable rural populations of affected zones, in particular the prefectures of Nana-Mambéré, Ombella-Mpoko, Ouham and Ouham-Pendé in Kemo, which together represent about 60% of the Central African population and surrounding areas, or 1,400,000 vulnerable persons. Some 1,200,000 persons are in need of emergency food rations, and 150,000 cultivators are among the most vulnerable in those zones. This represents about 90,000 ha of land for the agricultural sector to cultivate, to save the agricultural season and preserve the seed stock for the next agricultural season.

SPECIFIC RESPONSES

Within the framework of agricultural assistance to be provided by FAO to groups of food-producing farmers, livestock keepers and fishermen, every family will receive a complete kit of small agricultural tools, food producing seeds (corn, groundnut, paddy, sorghum, beans, and manioc propagates), one-day-old imported chicks, and breeding stock of small livestock and fish. In terms of strategy of intervention, the primary beneficiaries of these inputs will have to repay the received quantity in kind (revolving system) at the end of the production cycle to multiply assistance to other peasants and ensure the sustainability of the intervention, as well as the synergy among the interventions of WFP, UNICEF and FAO.

The project will build on local expertise to bring an adequate training allowing the beneficiaries to reinforce their capacities and resume production activities in order to reduce the risks and extent of food insecurity, marked by the deficit in animal protein and the lack of food-producing seeds. As such, the project will be carried out in close collaboration with the Ministry of Agricultural Modernisation and Development, the Ministry for Development of Livestock Breeding and its Institutions (ICRA, ACDA, ANDE, etc.), the Ministry for Water, Forests, Hunting and Fishing, the Ministry of the Environment, Sustainable Development and Social Economics, the UN Agencies, and the national and international NGOs involved in agricultural aid to the populations affected by the recent events, in order to benefit from synergy effects.

This assistance will thus reinforce the intervention capacity of FAO that already has years of experience in management of humanitarian crises in the country, through the installation of the Sudanese, Congolese and Chadian refugees, as well as the re-launch of agricultural activities among displaced Central Africans following the *coup d'état* of May 2001.

FINANCIAL NEEDS

FAO hopes to launch a 12-month project for the supply of agricultural inputs to save the agricultural season of 2004 in support to 170,000 producers plus 30,000 refugees, on a budget of **US\$ 2.4 million**. WFP proposes a project for food aid to 150,000 households for an initial period of three months, for a budget of **US\$ 4.0 million**. The interventions of FAO will mutually reinforce the interventions of WFP and UNICEF and put an emphasis on synergy in the coordination of the interventions of the different agencies of the UN operational system.

4.2.3 Education Response plan

UN actions in the educational sector aim to ensure the respect of the right to education of all children of school age, in particularly girls. This will allow for reestablishment of equal access to basic education for boys and girls to at least the level reached in 2000 (the national net rate of primary education in 2000 was 43%) in the zones most severely affected by the conflicts, i.e. about 250,000 school aged children (41% of school-aged children in the country).

The coordination at the central and peripheral levels of the complementary actions of the different interventions is an essential element of the resolution of educational problems for the Central African children. It is therefore necessary and even imperative that the role of each intervening actor be clearly defined, to construct a true partnership on education among communities, the government, civil society, the UN agencies, and other bilateral or multilateral partners so as to ensure a sum of interventions necessary to achieve the targeted results.

Assistance in the area of rehabilitation and equipping of school buildings will be a major advance for the return of educational activities in villages. The lack of shelter at schools constitutes a demotivating factor for the parents as well as for the children exposed to the weather during classes. Due to lack of tables and benches, the children sit on the ground, which does not favour serious and productive learning. Also, parents must worry about the security of their girls who are exposed to aggressions if they must travel kilometres due to lack of schools in their area.

In the domain of pre-school development, it is important to support communities in order to construct and equip shelters in local materials to protect and stimulate the development of young children left alone during the day when adults are occupied by survival activities.

To respond to one of the more urgent needs mentioned above, it would be necessary to train teachers, for lack of whom many schools have been closed. In the existing schools, a single teacher sometimes attends two to three multi-grade classes, sometimes helped by assistants recruited on the spot in the villages, who have received no teacher training and yet are expected to take care of the other classes.

The school texts constitute a key element of quality learning. Without this educational material of first necessity, educational action is in vain: the decrease in levels noted in recent years is closely linked to this lack of books which should be available to every child in order to learn to read, write and count. Support at this level is crucial to allow the teachers to raise the level of children's learning. The books in community schools should be conceived with consideration of the local realities of the learning environment, and it will be essential to support the department concerned in undertaking the necessary development of curricular materials to this end.

The engagement of communities and parents remains an essential factor in the success of educational actions. The social mobilisation and the redynamisation of community associations and organisations broken up during the conflict remain necessary for participation in school rehabilitation and effective management of the schools by the communities. Because the possibilities for post-school employment seem dim, parents do not see a reason for sending their children to school, in particular the girls. At this level, all the defined and foreseen actions in this plan of intervention must necessarily be accompanied by communication and social strategies adapted to the social cultural context aiming to convince the parents and the children of the benefits of education. This work will be conceived and carried out with the assistance of partners who are credible and have an influence on the communities: in particular, local youth and women's associations, religious groups, and NGOs working in community development. The services of the religious NGOs will thus be mobilised for follow-up in the communities carrying out child education activities.

The last and very important aspect that reinforces the capacities of the beneficiaries and can engage communities in educational activities is that of community participation. It is essential to assist the communities, not only by contributing to the costs of education of their children, but by encouraging them to take ownership of these actions and internalise them. The development of income-generating activities would be the entry point of this strategy that could serve as lever to the populations for analysing and resolving their problems. Training and financial support are necessary for this to take place.

The operational results expected from carrying out these strategies can be summarised as restoring complete function of the 891 primary schools and 52 preschools as well as geographical access to quality teaching for school-age children in the affected zones. The specific outputs are:

- 100% of schools damaged during the conflicts will be rehabilitated and equipped with benches, tables, boards and furniture;

- 891 schools affected by the crisis will be provided with school supplies and books;
- teachers will be trained and supervised, with a preference for women as role models for girls;
- school-related community associations and organisations will be redynamised, mobilised and strengthened for rehabilitations and community management of the schools;
- parents will send their children to school, in particular girls;
- half of the students benefit from nutritional support rendering the school environment more appealing;
- service structures for follow-up of community interventions are established in a dynamic partnership with NGOs, local groups or services;
- institutional capacities of the Ministry of Education and Academic Inspection are reinforced for coordination, planning, follow-up and evaluation of the interventions and teaching.

Monitoring and evaluation of the results attained will be carried out by:

- a baseline evaluation in the concerned zones (a General Census of the Population is foreseen in December 2003; as well as an in-depth evaluation mission carried out in the field);
- quarterly coordination meetings of actors in the educational sector, presided over by the Minister of Education;
- constant monitoring of communities by religious NGOs and professional plus local animators;
- field trips (supervision missions) by the central and decentralised services;
- collection and dissemination of routine data on school attendance and exam results by the Directorate of Statistics and School Cards;
- final evaluation during the first quarter of 2005: a UN inter-agency quantitative and qualitative evaluation will take place, and a National MICS III investigation at household level will be realised in 2005 in partnership with the European Union conforming to the CAP's general monitoring and evaluation guidelines.

While working with development partners to support the education sector, UNICEF will play its coordination role concerning the interventions in the domain of the "Education for All" programme (in the absence of UNESCO in the country) and girl's education. It is, however, essential that all actions be followed up at all levels: at the central level, the national committee of monitoring must play a permanent role in the conception, implementation and evaluation that will allow the readjustments needed to attain the objectives. At the intermediary and peripheral levels, the implementing and supervising entities (the Prefectorial Implementation Committee and the local Management Committees for the schools) will be in charge of the implementation.

4.2.4 Human Rights and Protection Response Plan

Besides the daily work of monitoring and investigating the human rights situation and advocating to the Government for the protection the victims, other concrete actions have been carried out by the UN in partnership with national and international NGOs concerned with human rights. Thus, a Sub-Committee of Human Rights was created on 8 November 2002 with the objective, among others, of collecting reliable information concerning certain violations of human rights. Concretely, a psycho-social project to the benefit of survivors of rape, piloted by UNDP and the Ministry of Social Affairs, with the participation of UNICEF and UNFPA, has been implemented. Moreover, there is agreement to develop training projects towards sensitisation and awareness-raising linked with the general problematic of promoting and protecting human rights in the post-conflict situation. In general, the following projects are envisioned: the sensitisation and the strengthening of capacities of judicial actors, military officers and law enforcement agencies related to the respect of human rights; the protection of women and children during periods of armed conflict; taking charge of victims through legal assistance programmes; and training of decentralised authorities in human rights.

RETURN OF REFUGEES

Under the supposition that the Government will succeed in restoring lasting security and will ensure the return of local administration, UN agencies and NGOs to the north of the country, conditions will

be favourable for carrying out organised returns of the 40,000 Central African refugees in this part of the country.

The areas of origin of these refugees are mainly Bozoum, Paoua, Bossangoa, Botangofo, Kabo, Kaga Bandoro and Sibut.

If the conditions for return are favourable by early 2004, repatriation could be carried out after the harvest season of March-April 2004.

Within this perspective, UNHCR and other agencies will assist the Government of the CAR with reception and reintegration of repatriated persons through rehabilitation of community infrastructure such as health centres, schools, potable water, agriculture and micro-projects in the areas of return. This reintegration could be carried out during a period of six months prior to a progressive exit of UNHCR. For the organisation of voluntary return of refugees to their country, UNHCR will ensure transport to the sub-prefecture of origin and distribute repatriation aid of US\$ 100 per person. By experience, it is known that return and reintegration operations cost are of an average US\$ 50-75 per person annually.

Assuming that 40,000 refugees will return and the operation of reintegration will last six months, US\$ 1 million will be needed to cover the costs of repatriating and reintegrating Central African refugees from Chad. These numbers will of course be adjusted upon evaluation of the situation in the north before implementing the operations.

UNHCR will ensure that the return of refugees is carried out on a voluntary basis, in security and with dignity. Once returned to the country of origin, UNHCR will ensure that repatriated Central Africans will regain their land, home and other goods. In collaboration with BONUCA, organisations protecting human rights, and the Government, UNHCR will ensure that teachers, nurses and other service providers are reintegrated to the extent possible in the former positions.

Before repatriation occurs, UNHCR will negotiate agreements with the governments of CAR and Chad in order to guarantee a voluntary return in security and with dignity.

Within this framework, awareness campaigns, peace and reconciliation conferences and training workshops on human rights will be organised in the areas of return of refugees and IDPs, in collaboration with BONUCA and the Government. The cost of such activities can be estimated at **US\$ 250,000**.

WOMEN AND CHILDREN

The emergency interventions of UNICEF in the social sector will be focused on two domains:

1. the reinsertion and socio-familial reintegration of orphans living in conflict zones;
2. the re-establishment of Civil Service centres looted during conflict, with a view to re-starting birth registration of children born during and after the political and military events, in particular:
 - identification, registration and hosting within foster families of orphans without relatives;
 - rapid evaluation of needs allowing a good definition of community intervention strategies;
 - psycho-social support to traumatised children by religious NGOs, specialists and others;
 - support to Civil Service centres for reconstruction of civil registers that have been destroyed;
 - making available the civil registers in order to facilitate registration of the births taken place during and after the events.

The strategies consist of social mobilisation, community participation and strengthening of structural operational capacities.

The expected results are:

- all civil service centres of the 12 prefectures are operational;
- the children in the 12 prefectures born during or after the events are registered;
- the orphans in the 12 prefectures are reintegrated in a family environment;
- the children in the 12 prefectures are emotionally stable.

Technical staff of the Department of Social Affairs of the Ministry of Interior will carry out Monitoring and evaluation of the different activities.

UNICEF is appealing for **US\$ 369,318** in order to carry out the activities towards protection of children affected by the political and military events and promotion of birth registration in the conflict zones.

4.2.5 Strategies to overcome constraints to effective humanitarian action: strengthening security

ACTIONS

The Government bears the primary responsibility for security of all humanitarian partners operating in the country. A plan of action to re-establish constitutional order over the national territory as a whole was effectively elaborated but its implementation has been somewhat delayed owing to lack of sufficient means. For example, efforts were achieved regarding the re-deployment of FACA, the training of its new recruits, recruitment and the training of national and military police respectively, the setting-up of local police stations and patrols, and the establishment of mixed brigades (FACA / gendarmerie / police / CEMAC). The CEMAC also supports the Government in the framework of security for the interior and France has announced a significant aid package in the form of logistic support and training.

Nevertheless, there remains a lot to do to secure the interior of the country where humanitarian operations will be conducted. This means that the UN System will have to continue to reinforce its capacities for analysis and information sharing regarding the security situation inside the country, not only of UN agencies, but equally of international organisations wishing to integrate into the security network of the UN.

Therefore, the establishment of an effective and widened security system is planned through a reliable communications network operating 24 hours a day, supported by three Regional Security Officers, each supported by an Administrative Assistant, a radio base, a quick intervention unit, and means of transportation, working under the direct supervision of the FSCO as well as under the Designated Officer (DO). This would allow the adequate strengthening of security for the UN System as well as NGO implementing partners within the framework of the Appeal, while ensuring the security of humanitarian operations. In addition, an escort system is planned which also could benefit other agencies and active partners in the humanitarian sector taking part in the expanded security system being put in place.

ROLES AND RESPONSIBILITIES

- Security Management Team (SMT): The security system of the UN in CAR as in all other countries is directed by the Designated Officer for security (DO), who acts in close consultation with Heads of UN agencies in the country under the framework of the Security Management Team. This team is presided by the DO and is composed of all Heads of UN Agencies represented in CAR. It can be extended to Heads of Mission of other organisations that wish to be part of the security network of the UN.
- The Designated Officer represents the UN Security Coordinator designated by the Secretary General of the United Nations to manage on his behalf the security system of the UN. He presides the SMT meetings.
- The Field Security Coordination Officer: The FSCO is responsible for the security of the UN System on the operational plane. His mandate encompasses the management of all the operational aspects of the broadened security system, as well as the overall security indicators for the international humanitarian actors in the country.

TARGET GROUPS

UN agencies, community groups (NGO, civil society, local authorities), national authorities responsible for the management of humanitarian assistance, concerned parties (such as the UN and international NGO experts) operating in the sector.

FINANCIAL NEEDS

US\$ 690,000 is needed for 12 months to set up a security management system for humanitarian operations.

4.2.6 Conflict Prevention strategy, strengthening of coordination and capacities

PROBLEM ANALYSIS

Following the April 2003 Flash Appeal, an expert on crisis prevention and recovery as well as on humanitarian affairs strengthened the coordination cell of the UN system. The expanded Humanitarian Group has therefore continued its periodic meetings. During the post-crisis transition phase it is imperative to go beyond immediate information sharing and define a common vision supported by a shared strategy and work plan. This includes strengthening national capacities, capitalisation and sectoral follow-up and evaluation. It is also important to make the connection between the underlying vulnerability and poverty of the population and humanitarian needs.

From this perspective, a Centre on Conflict Prevention is proposed that would be an all-encompassing project: it simultaneously addresses humanitarian consequences of the politico-military crisis as well as socio-economic breakdown. Such a tool depends on a range of quality and quantitative indicators it links politico-military crises (causes) and their consequences (humanitarian needs), and illustrates how social unrest undermines stability at all levels of society. The implementation of such a project requires not only the expert on humanitarian affairs within the coordination cell, but also international and national expertise to carry out sectoral diagnoses.

PARTNERSHIP STRATEGY, ROLES AND RESPONSIBILITIES

A wide participation of partners from the international community as well as local partners, in particular government representatives, is key to fulfilling the strategic and participatory dimensions of the project.

The UNDP, as the coordinating agency for operational activities, will elaborate the project.

Each UN agency will play a lead role in their sector of operation.

The Transition Government, with the responsibility to coordinate all external assistance to the CAR, will establish the necessary policy framework, with the support of the UN, to achieve the expected results.

FINANCIAL REQUIREMENTS

UNDP appeals for **US\$ 260,000** to finance international and national expertise.

4.3 Monitoring and Evaluation

To ensure that humanitarian programmes carried out by agencies, in partnership with NGOs, have the expected results for beneficiaries, an impact evaluation is necessary.

Monitoring and evaluation of programmes will therefore be carried out in the framework of humanitarian coordination. The monitoring and evaluation plan includes:

4.3.1 Monitoring system

- Establishment of a weekly inter-agency meeting extended to include NGOs in collaboration with the government and partners.

- A semi-annual status reports on the implementation of activities under the leadership of the government (Planning Ministry).
- Supervisory missions to the field with shared reports.
- A final report.
- A monthly humanitarian situation report prepared by the Resident Coordinator.
- Semi-annual and annual reports focusing on implemented humanitarian actions on behalf of affected populations.

4.3.2 Evaluation system and expected results

An evaluation of the humanitarian situation (baseline information) through inputs deriving from:

- inter-agency and NGO assessment missions in the field;
- mapping of the current humanitarian situation in the designated field (Childinfo/Devinfo);
- survey on urban and rural household living-conditions in 2003;
- general census of the population and of living conditions which will be finalised in December 2004;
- routine data coming from directories or sectoral statistical bulletins.

A final evaluation of expected results (impact) for beneficiaries will be compiled by an independent consultation on the basis of data from:

- various field assessment missions conducted by the CAP inter-agency technical committee for humanitarian assistance;
- MICS 2004 or 2005 household survey in partnership with the European Union;
- routine inputs emanating from bulletins or sectoral statistical directories;
- participative independent evaluation by consultants with the communities in the field.

The indicators that will be used to measure results by sector are presented in the following table:

| Strategic Sector | Expected Result (objectives) | Indicators | Constraint |
|------------------|--|---|---|
| 1. Health | <p>Outcome</p> <ol style="list-style-type: none"> 1. To prevent epidemics due to the target diseases of the EPI (in particular measles) and to ensure the operation of EPI centres in the zones affected by the conflict. 2. Particularly to secure access to essential care for the general population and those living in the zones most seriously affected by the conflict, particularly children and women. 3. The risk of propagation of HIV/AIDS in the post-conflict situation is reduced in the general population and in particular among youth by the development and the implementation of an Integrated Communication Plan. 4. To support the medical diffusion of information throughout the national territory closely connected to prevent the current diseases. <p>Output</p> <ul style="list-style-type: none"> • The health centres are able to inoculate children with the six antigens of the PEV. • At least 90% of the children vaccinated against measles in the targeted zones. • At least 90% of the children vaccinated at the time of the polio NID. • The health centres formations (FOSAs) are functional. • The population has access to curative and preventive health care from FOSAs. • Interventions will contribute to the prevention of increase in the rate of prevalence of the HIV/AIDS in the post-conflict situation. • The technical capabilities and material of the health centres are reinforced to allow them to effectively treat STIs. • The national population is sensitised to the current diseases. • The technical capabilities and material of the qualified services of the Ministries for Health and Communication are reinforced to enable them to diffuse medical information rationally. | <ul style="list-style-type: none"> • Number cases of measles. • Number (%) of PEV centres becomes functional. • % children vaccinated against measles and the polio in the area. • % health centre become functional again. • Rate of accessibility to health centres within a 5km radius. • Number of cases of traumatism related to the conflict in affected zones. • Number new cases intervention of HIV in zones of conflicts in 2004. • The logistic and human capacities in communication are restored within the institutions concerned. • Number of centre PEV which carried out the routine vaccination. • Alert System; analysis and fast response to epidemics is functional at the central and peripheral levels. • Most health centres are supplied in drugs and other consumables. • % of the population which attends FOSAs. • Significant number of health sector coordinating meetings held. • Number of FOSAs equipped in materials for testing and treatment of STIs. • Numbers of FOSAs equipped with materials for HIV testing. • % of the population informed on the risks of epidemic diseases • Significant number of radio and television broadcasts on good health practices. | <p>A minimum of security to allow the agents health to be at their station and the populations' access with the FOSA.</p> <p>Populations have the financial resources allowing them to contribute for their own health.</p> <p>Acquisition of the resources to overcome the insufficient levels of human resources for sensitising campaigns.</p> |

| | | | |
|--|--|---|--|
| 2. Economic revival and food safety | <p>Outcomes</p> <ol style="list-style-type: none"> 1. Food security of the populations affected by the wars is restored. 2. The requirements in foodstuffs of first necessity of more than 65% of the total population and nearly 80% of the rural population are covered. 3. The surge of prices of first-necessity products and the deterioration of incomes of households is stopped. 4. The living conditions of the households in the zones of conflicts are improved. 5. Economic independence of displaced people is assured. 6. Integration and the reinstatement of all the people affected/moved in their communities are facilitated. 7. The Importation level of foodstuffs is reduced thus improving the balance of payments. <p>Outputs</p> <ul style="list-style-type: none"> • Food aid brought to the most vulnerable households of the zones of conflict. • Farming is resumed among 150,000 producers in the affected zones. • The deficits in seeds, tools and fertilisers are filled in zones of conflicts. • The capacities of the Central African Institute of Agronomic Research (CRA) are reinforced for the resumption of the production of food seeds. • Hatcheries for the production of chicks in urban centres (Bangui and Bouar) are installed with the stockbreeders. • Small breeders (goat, sheep, pig, and poultry) is developed in rural pilot villages. • Breeding fish and food are provided to the pisciculturists as well as small equipment for fishermen. • Logistical and technical assistance is provided for the implementation of the projects. | | |
| 3. Education | <p>Outcome</p> <ul style="list-style-type: none"> • Equitable accessibility to basic education is restored for boys and girls to at least the level of 2000 (net national rate of primary schooling of 43% in 2000) in the zones most affected by the conflicts, containing approximately 250,000 school-age children (41% of school-age children in the country). <p>Output</p> <ul style="list-style-type: none"> • 100% of the schools damaged by the conflicts are rehabilitated and equipped with tables and benches. • 891 schools affected by the crisis are equipped with school stationery and texts. • Teaching is trained and supervised, with a preference for women | <ul style="list-style-type: none"> • Net rate of education per sex. • School access rate within 5 Km. • Operating and rehabilitated equipped schools. • School (%) having received furniture. • Teachers trained with teachers /students ratio. • % of parents who send their children to school. • Number of school that have | |

| | | | |
|---------------------------------------|---|---|--|
| | <p>teachers.</p> <ul style="list-style-type: none"> Community associations and organisations are instigated, mobilised and reinforced for the rehabilitation and community management of the schools. Parents send their children, in particular girls, to school. Half of the pupils benefit from school feeding programmes. Services for follow-up of community interventions are established in a dynamic partnership with the NGOs, local communities or services. Institutional capacities of the Ministry of Education and the School inspectorates are reinforced for in coordination, planning and follow-up-evaluation of interventions and teaching. | <p>received the school canteens.</p> <ul style="list-style-type: none"> Protocol of collaboration signed with religious NGOs. Training or equipment / financial support to the ministry. | |
| 4. Human rights and protection | <p>Outcome</p> <ol style="list-style-type: none"> Victims of abuse and violence receive appropriate legal assistance. 100% of all children born during and after the conflict are registered with civil authorities in the zones affected by the conflicts. <p>Output</p> <p>National capacities reinforced in the promotion and the protection of the human rights especially for children and women in post-conflict situation.</p> <p>Capacity of the Civil Service centres of the conflict zones and previously inaccessible zones reinforced; all population from the targeted zones informed and educated on importance of birth registration.</p> | <ul style="list-style-type: none"> Number of victims of abuse or violence having benefited from legal assistance. Number of children born after the conflict in the affected zone having received civic registration. Number of authorities trained in human rights. Number of affected Civil Service centres rehabilitated. Percentage of people sensitised about the importance of the civic registration. | |
| 5. Insecurity reduction | <p>Outcome</p> <p>Analyse capacities with information division on the situation of safety; security support for UN System for humanitarian action on the ground is reinforced.</p> <p>Output</p> <ul style="list-style-type: none"> Reliable information network on the security situation established. Three Regional Security units are installed. | | |

ANNEX I.

DONOR RESPONSE TO THE APPEAL 2003

**Table I : UN Consolidated Inter-Agency Appeal for
Central African Republic 2003**

Summary of Requirements and Contributions

By Appealing Organisation

as of 13 October 2003

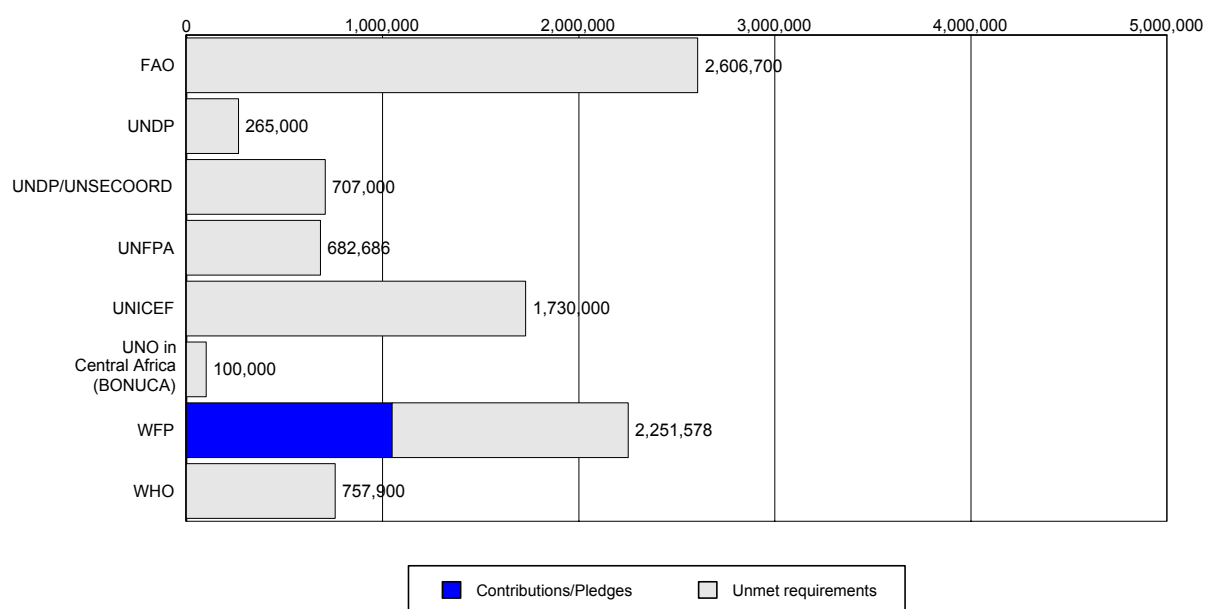
Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements | Revised Requirements | Contributions | Pledges | Carryover | Total Resources Available | Unmet Requirements | % Covered |
|-----------------------------------|-----------------------|----------------------|------------------|---------|-----------|---------------------------|--------------------|---------------|
| FAO | 2,606,700 | 2,606,700 | 0 | 0 | 0 | 0 | 2,606,700 | 0.00% |
| UNDP | 265,000 | 265,000 | 0 | 0 | 0 | 0 | 265,000 | 0.00% |
| UNDP/ UNSECOORD | 707,000 | 707,000 | 0 | 0 | 0 | 0 | 707,000 | 0.00% |
| UNFPA | 682,686 | 682,686 | 0 | 0 | 0 | 0 | 682,686 | 0.00% |
| UNICEF | 1,730,000 | 1,730,000 | 0 | 0 | 0 | 0 | 1,730,000 | 0.00% |
| UNO in Central Africa (BONUCA) | 100,000 | 100,000 | 0 | 0 | 0 | 0 | 100,000 | 0.00% |
| WFP | 2,251,578 | 2,251,578 | 1,048,702 | 0 | 0 | 1,048,702 | 1,202,876 | 46.58% |
| WHO | 757,900 | 757,900 | 0 | 0 | 0 | 0 | 757,900 | 0.00% |
| GRAND TOTAL | 9,100,864 | 9,100,864 | 1'048'702 | | 0 | 1,048,702 | 8,052,162 | 11.52% |

**Revised UN Consolidated Inter-Agency Appeal for
Central African Republic 2003**

Updated financial summary

By Appealing Organisation



**Table II : UN Consolidated Inter-Agency Appeal for
Central African Republic 2003**

Donor breakdown of Contributions through Appealing Organisation
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Part A - Non food

| Donor | Channel | Project Code | Sector/activity | Amount US\$ |
|-----------------------|---------|--------------|-----------------|-------------|
| | | | | |
| Total non food | | | | |

Part B - Food aid

| Donor | Food type | Food (MTs) | Amount US\$ |
|-----------------------|------------|------------|------------------|
| Germany | Maize Meal | 647 | 538,213 |
| Sweden | Various | 668.4 | 510,489 |
| Total food aid | | | 1,048,702 |

| | |
|--------------------|------------------|
| Grand total | 1,048,702 |
|--------------------|------------------|

**Table III : UN Consolidated Inter-Agency Appeal for
Central African Republic 2003**

Listing of Project Activities - By Sector
as of 13 October 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Project code | Sector/activity | Appealing agency | Original requirements | Revised requirements | Contributions/ Pledges/ Carryover | Unmet requirements |
|--|---|--------------------------------|-----------------------|----------------------|-----------------------------------|--------------------|
| AGRICULTURE | | | | | | |
| CAF-03/A01 | Emergency needs of agricultural inputs to rescue the 2003 crop year and produce basic products for more than 65% of the Central African Republic | FAO | 2,606,700 | 2,606,700 | 0 | 2,606,700 |
| Sub total for AGRICULTURE | | | 2,606,700 | 2,606,700 | 0 | 2,606,700 |
| COORDINATION AND SUPPORT SERVICES | | | | | | |
| CAF-03/CSS01 | Coordination, monitoring and evaluation of the humanitarian situation in Central Africa | UNDP | 265,000 | 265,000 | 0 | 265,000 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 265,000 | 265,000 | 0 | 265,000 |
| FOOD | | | | | | |
| CAF-03/F01 | Food assistance to people affected by conflicts | WFP | 2,251,578 | 2,251,578 | 1,048,702 | 1,202,876 |
| Sub total for FOOD | | | 2,251,578 | 2,251,578 | 1,048,702 | 1,202,876 |
| HEALTH | | | | | | |
| CAF-03/H02 | Emergency health care for children and women through the restoration of the basic health care system | UNICEF | 680,000 | 680,000 | 0 | 680,000 |
| CAF-03/H03 | Emergency humanitarian assistance to HIV/AIDS control for people affected by the conflict that took place from October 2002 to March 2003 | UNICEF | 50,000 | 50,000 | 0 | 50,000 |
| CAF-03/H05 | Emergency humanitarian assistance to women and adolescents affected by the events of 25 October 2001, 15 March 2003 | UNFPA | 682,686 | 682,686 | 0 | 682,686 |
| CAF-03/H01 | Emergency immunisation and restoration of the Expanded Programme on Immunisation for the children affected by the conflict of October 2002- March 2003 | UNICEF | 580,000 | 580,000 | 0 | 580,000 |
| CAF-03/H04 | Support to the coordination of sanitarian interventions; prevention and control of epidemics; emergency humanitarian assistance to health institutions, to the national laboratory, to the blood transfusion centre and to the centre for psychiatry and mental | WHO | 757,900 | 757,900 | 0 | 757,900 |
| Sub total for HEALTH | | | 2,750,586 | 2,750,586 | 0 | 2,750,586 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | | | | |
| CAF-03/P/HR/RL01 | Family reunion and rehabilitation of civil status registration centres | UNICEF | 120,000 | 120,000 | 0 | 120,000 |
| CAF-03/P/HR/RL02 | Legal and judicial assistance to victims of human rights violations during the armed conflicts | UNO in Central Africa (BONUCA) | 100,000 | 100,000 | 0 | 100,000 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 220,000 | 220,000 | 0 | 220,000 |
| SECURITY | | | | | | |
| CAF-03/S01 | Protection of humanitarian action | UNDP/ UNSECOORD | 707,000 | 707,000 | 0 | 707,000 |
| Sub total for SECURITY | | | 707,000 | 707,000 | 0 | 707,000 |
| WATER AND SANITATION | | | | | | |
| CAF-03/WS01 | Emergency humanitarian assistance for access to drinking water and sanitation for the benefit of the people affected by the conflict that raged from October 2002 to March 2003 | UNICEF | 300,000 | 300,000 | 0 | 300,000 |
| Sub total for WATER AND SANITATION | | | 300,000 | 300,000 | 0 | 300,000 |
| Grand Total: | | | 9,100,864 | 9,100,864 | 1'048'702 | 8,052,162 |

**Table IV: Additional Humanitarian Assistance to
Central African Republic**
Outside of the Framework of the UN Consolidated Inter-Agency Appeal
as of 13 October 2003

Note that this table is comprehensive to the extent that decisions have been reported to OCHA

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| Date | Donor | Channel | Description | Value US\$ |
|---|---------------------|---------|--|------------------|
| 6-Jun-03 | European Commission | NGOs | To assist vulnerable people directly affected by the recent armed conflict in the CAR; to provide basic healthcare | 1,177,856 |
| Subtotal for European Commission | | | | 1,177,856 |
| 12-Sep-03 | United States | UNHCR | For refugee feeding, relocation and repatriation | 300,000 |
| Subtotal for United States | | | | 300,000 |
| Grand Total: | | | | 1,477,856 |

**Table V: UN Consolidated Inter-Agency Appeal for
Central African Republic 2003**

Major donors by contributions
(carry over not included)
13-October-2003

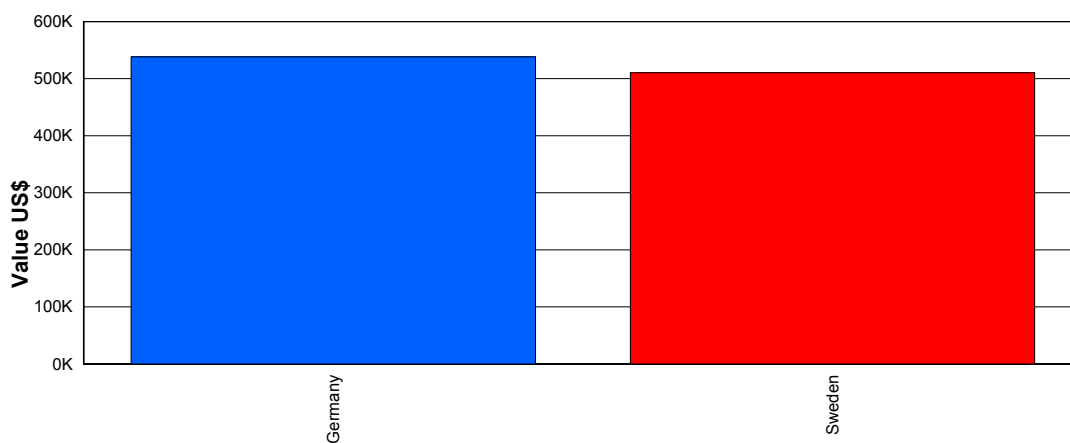
| Donor | Value US\$ | % of funding |
|---------|------------|--------------|
| Germany | 538,213 | 51.32% |
| Sweden | 510,489 | 48.68% |

| | | |
|---------------------|------------------|-------------|
| Grand Total: | 1,048,702 | 100% |
|---------------------|------------------|-------------|

*) This includes unearmarked or broadly earmarked donor contributions which have been allocated by UNHCR to this appeal, as well as contributions from private and other non-government donors

Major donors by contributions

(carry over not included)



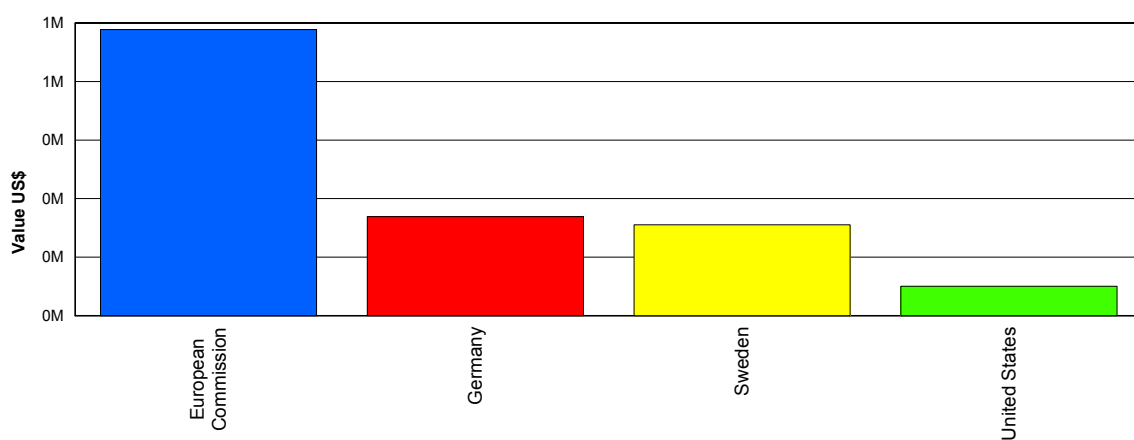
**Table VI: Total Humanitarian Assistance for
Central African Republic 2003**

Major Donors by Total Contributions*

(carry over not included)

13 October 2003

| Donor | Value US\$ | % of funding |
|---------------------|------------------|--------------|
| European Commission | 1,177,856 | 46.62% |
| Germany | 538,213 | 21.30% |
| Sweden | 510,489 | 20.20% |
| United States | 300,000 | 11.87% |
| Grand Total: | 2,526,558 | 100% |



* includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc...)

ANNEX II.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

The Federation's mission is to improve the lives of vulnerable people by mobilising the power of humanity. It is the world's largest humanitarian organisation and its millions of volunteers are active in 178 countries.

For details on the programme outlined below, please refer to the Federation's website <http://www.ifrc.org> where the entire 2004 Annual Appeal will appear on 25 November, 2003.

The International Federation is an operational partner with the Central African Red Cross Society (CARCS), working in close collaboration and coordination with UN agencies, the ICRC, and NGO's. The Federation emphasises the importance of, and commitment to the CAP, not only as an important strategic planning and coordination tool related to the CHAP, but also as an appropriate avenue to advocate on behalf of critical issues which impact humanitarian efforts in this and other areas.

PRIORITIES OF THE CENTRAL AFRICAN RED CROSS

The CARCS country team comprising the managing officers at the national headquarters, representatives of local committees and the CARCS' President have analysed the country's difficult economic and socio-political context and determined the following priorities:

Strengthening of operational capacities through:

- The development of local branches, with better organisation and appropriate training and utilisation of volunteers.
- The ability of officers to elaborate and manage essential, pertinent and coherent programmes.

The promotion of community health:

- Raising the population's awareness about HIV/AIDS;
- Efforts to combat epidemic diseases by involving volunteers in awareness campaigns;
- Improvement of hygiene (water and sanitation).

Disaster and conflict preparedness and response:

- Training in community-based first aid and disaster preparedness;
- Training and establishment of early warning teams of volunteers (for epidemics);
- Promotion of principles and humanitarian values.

PRIORITIES FOR THE RED CROSS AND RED CRESCENT IN THE SUB-REGION

A cooperation agreement strategy (CAS) has not yet been adopted by the CARCS with its other partners because there has not been a strategic plan fixing priorities with coherent, pertinent and long-term objectives. This is one of the elements that account for the small volume of operations supported by the Red Cross partners and the inadequacy of resources to carry out activities.

In 2003, the process that could lead to the drafting of a strategic plan was initiated with the establishment of a country project team supported by the BRAC. The work of this country team will make it possible to produce by the end of 2003:

- a VCA in priority localities.
- a stakeholders' analysis of the national society's work.
- a SWOT analysis.

PRIORITIES OF RED CROSS PARTNERS IN THE SUB-REGION

The CARCS has benefited from the support of the Federation through the capacity building fund (CBF), and the French Red Cross and the ICRC have provided other support.

The French Red Cross: establishment of an outpatient treatment centre for the screening and management of STI/HIV/AIDS. This project is being carried out in collaboration with the Government and the Swedish Red Cross.

The ICRC, with an office in Bangui, is carrying out a conventional ICRC programme, involving:

- cooperation;
- emergency preparedness (conflicts);
- information / dissemination of international humanitarian law; tracing agency.

PRIORITY PROGRAMMES FOR SECRETARIAT SUPPORT

Secretariat support to the CARCS will consist of coordinating internal and external support to enable it to **improve its institutional base** and capitalise on the comparative advantages of the Movement through the activities of a **network of volunteers in the fields of community health, disaster management and the promotion of humanitarian values.**

In the field of **community health**, the Secretariat will give technical assistance to the CARCS to establish mechanisms to facilitate successful action. In 2003, the volunteer programme of the appeal did not receive any funding, so no support was given for the establishment of a coaching mechanism. In 2004, the volunteer programme, born of the ARCHI 2010 initiative, will help the national society to expand its numbers in both quantity and quality. A special effort will be made to attract volunteers in the rural areas so as to facilitate the involvement of the national society as from 2005 in food security activities.

A project for the **prevention of HIV/AIDS** using the theatre company concept will be started in the capital, Bangui, in 2004.

The regional disaster management programme will continue the efforts of the past year to strengthen the disaster preparedness and response skills and capacities of the Disaster Response Team of Central Africa (ERDAC), and hence of the national society. The expertise acquired in each NS in water and sanitation and in the management of epidemics will be strengthened through full-scale practical exercises. A set of procedures (contracts, insurance, financial procedures) will be developed to guarantee a rapid deployment of regional disaster response teams in the field and to facilitate the deployment of international teams if necessary (ERU, FACT).

In collaboration with the ICRC, expertise in preparedness for conflict emergencies will also be developed within the national society.

Visualising the connection between international, regional and national structures, the ERDAC will give the CARCS an excellent opportunity to strengthen its operational capacities through the training of its volunteers, the preparation of communities for greater awareness of dangers and a high level of preparedness that takes account of the potential risks in the country.

To guarantee that its activities will continue, the national society must step up its **efforts to seek resources within communities**; these should be both human (strengthening of the volunteer base in both quantity and quality, collaboration with experts and local partners) and material (quest for local funding) to make up for the scant interest shown by the rest of the world. A new fundraising programme is proposed to find partners in industry and commerce so as to complement the funds obtained from traditional donors.

Greater attention will be paid to the international representation of the Federation (contacts with the Government, the diplomatic corps and representatives of international organisations) and sustained information campaigns on the principles, activities and humanitarian positions of the national society will result in strengthening the links between the CARC, the Government and the international representatives of potential institutional donors.

ANNEX III.

ACRONYMS AND ABBREVIATIONS

| | |
|-----------|--|
| ACDA | Service providers of Agricultural Development and the Ministry of Animal Husbandry |
| AFVP | Association française des Volontaires du Progrès |
| AIDS | Acquired Immune-deficiency Virus |
| ANDE | Associação Nacional para o Desenvolvimento Comunitário |
| ASSOMESCA | Association des Oeuvres Médicales des Églises en Centrafrique |
| AU | African Union |
| BONUCA | UN Office in Central Africa |
| BRAC | Bangladesh Rural Advanced Committee |
| CAP | Consolidated Appeals Process |
| CAR | Central African Republic |
| CARS | Central African Red Cross Society |
| CAS | Cooperation Agreement Strategy |
| CBO | Community-based Organisations |
| CBF | Capacity Building Fund |
| CBR | Community-based Rehabilitation |
| CHAP | Common Humanitarian Action Plan |
| CFA | Franc of the African Financial Community |
| CRA | Centrafricaine Agronomic Research |
| CSB | Corn and Soya Blend |
| CEMAC | Economic and Monetary of Central African States |
| COGES | State or by management boards |
| COOPI | Cooperation Italian |
| DO | Designated Officers |
| DRC | Democratic Republic of Congo |
| DREF | Disaster Relief Emergency Fund |
| ECHO | European Community Humanitarian Office |
| EFA | Education for All |
| EHG | Enlarged Humanitarian Group |
| EPI | Expanded Programme of Immunisation |
| ERDAC | Disaster Response Team of Central Africa |
| ERU | Emergency Response Unit (Non-Governmental Organisation) |
| EU/ACP | European Union/African, Caribbean and Pacific |
| FACA | Elements of the Regular Army |
| FAO | Food and Agriculture Organization |
| FOSA | Health Institution – local health providers |
| FSCO | Field Security Coordination Office |
| FSO | Field Security Office |
| GDP | Gross Domestic Product |
| HAC | |
| HDI | Human Development Index |
| HDR | Human Development Report |
| HIV | Human Immune-deficiency Virus |
| ICRC | International Committee of the Red Cross |
| ICRA | Central African Agronomic Research Institute |
| IDP | Internally Displaced Persons |
| IEC | Information, Education and Communication |
| IHRF | International Human Rights Federation |
| MLC | Mouvement pour la Libération Du Congo |
| MICS | Multiple Indicator Cluster Study |
| MoH | Ministry of Health |
| MSF | Médecins sans Frontières |
| MSPP | Ministry of Public Health and Population |

| | |
|--------|--|
| NEHK | New Emergency Health Kit |
| NFCB | National Federation of Centrafrican Breeders (FNEC in French) |
| NGO | Non-Governmental Organisation |
| NIDS | National Immunisation Days |
| NS | National Society |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| ONG | Organisation-nongouvernementale (Non-governmental Organisation) |
| OXFAM | Oxford Committee for Famine Relief |
| PAM | Programme alimentaire mondial (World Food Programme) |
| PEV | Programme élargi de vaccination (Expanded programme of immunisation) |
| PPRO | Police Public Relations Officer |
| PRAI | Prolonged and Recovery Assistance Intervention |
| RC | Resident Coordinator |
| RCA | République centrafricaine |
| RH | Reproductive Health |
| SNU | Système des Nations Unies |
| SMT | Security Management Team |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Illness |
| SWOT | strengths, weaknesses, opportunities, and threats |
| UCM | Medications Delivery Unit in Bangui |
| UNDP | United Nations Development Programme |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| US\$ | United States Dollar |
| VIH | Virus de l'immunodéficience humaine - Human immunodeficiency virus) |
| WFP | World Food Programme |
| WHO | World Health Organization |