

# Central African Republic

## 2005



**Consolidated Appeals Process (CAP)**





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The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters occur, a Flash Appeal. The CHAP can also serve as a reference for organisations deciding not to appeal for funds through a common framework. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies, and standing invitees, i.e. the International Organization for Migration, the Red Cross Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is presented to donors in June of each year.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts)

In sum, the **CAP is about how the aid community collaborates to provide civilians in need the best protection and assistance available, on time.**

### ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2005:

AAH	CPA-LIRA	HIA	Non-Violence Int'l	TEWPA
ABS	CPAR	Horn Relief	NPA	UNAIDS
ACF/ACH	CPCD	HWA	NRC	UNDP
ACTED	CRC	IFRC	OCHA	UNESCO
ADRA	CREAF	ILO	OCPH	UNFPA
Africare	CRS	IMC	OHCHR	UN-HABITAT
Alisei	DDG	INTERMON	Open Continent	UNHCR
AMREF	DENAL	INTERMOS	Orphan's Aid	UNICEF
ARC	DRC	IOM	OXFAM-GB	UNIFEM
Atlas Logistique	EMSF	IRC	PAPP	UNMAS
AVSI	ERM	IRIN	PIN	UNODC
CAM	FAO	Islamic Relief	PRC	UNRWA
CARE Int'l	Fondn. Suisse D�minage	JVSF	RUFOU	UNSECOORD
CARITAS	GAA	KOC	SBF	VESTA
CEASOP	GPI	LIBA	SCF / SC-UK	VETAID
CESVI	HA	LSTG	SCU	WACRO
CIRID	HABEN	MAG	SERLO	WANEP/APDH
COLFADHEMA	Handicap Int'l	Mani Tese	SFP	WFP
COMED	HDIG	MAT	Solidarit�s	WHO
COOPI	HDO	MDA	TASO	WV Int'l
CORDAID	HFe.V	NE	TEARFUND	

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PROJECT SHEETS ARE LOCATED IN THE “PROJECT” BOOKLET





## 1. EXECUTIVE SUMMARY

The objective of the 2005 Consolidated Appeal for the Central African Republic (CAR) is to help ensure that the most vulnerable segments of the Central African population (estimated to be 1.1 million people – roughly one third of the population) have at least a minimal level of access to health care, proper nutrition, and basic education, while awaiting a stabilization of government institutions and improved security – expected to take place in 2005, and key to enabling sustained internal transition as well as structural support from abroad.

During 2004, the combined burdens of physical insecurity, poor health conditions, and economic vulnerability weighed heavily on the daily lives of Central Africans, particularly those in the north western regions of the country, which were hardest-hit by the civil war of October 2002 to March 2003. The troubling resurgence of cases of trypanosomiasis (Sleeping Sickness), polio, meningitis and tropical ulcers is the direct result of ever-increasing poverty that has resulted in the majority of households having no access to modern health care facilities, and which has made the CAR an epidemic corridor among several endemic regions of Africa. A globally reduced nutritional health status, a public school system accommodating less than half of school-aged children, and access to clean drinking water limited to only one-third of the population: these are among the defining characteristics of a society rendered highly vulnerable by past crises. Add to this the daily exactions by armed groups along roadways, the cross-border flow of light arms, kidnappings for financial gain in rural areas, street children, urban prostitution, and an HIV/AIDS prevalence estimated to have eclipsed 15%, and the resulting picture is terribly alarming. Furthermore, the CAR is currently host to some 30,000 refugees – 20,000 from Sudan, about 7,000 from the Democratic Republic of the Congo (DRC), and 1,900 from Chad – of whom approximately 24,000 are assisted by the Office of the United Nations High Commissioner for Refugees (HCR).

Despite this harsh reality, the courageous efforts of several agencies and non-governmental organizations (NGOs) – supported since March 2003 by the European Commission's Humanitarian Aid Office (ECHO) and operating in an area of insecurity and a crisis largely forgotten by the rest of the world – have saved many lives and enabled the rehabilitation of some 100 health centres.

In the medium term, the outlook is good for a gradual return to a state of security for many Central Africans, with an electoral process due to culminate in March 2005 following 18 months of transition; the beginning of regular payment of civil servants and debts linked to cotton harvests of past years; the presence of the UN Office in the CAR (BONUCA) and troops from the Central African Economic and Monetary Community (CEMAC); and the training by France of the first elements of a restructured public security service. The European Union and China are also deeply involved in efforts to support this period of transition, together with Bretton Woods institutions and the UN Development Programme (UNDP), which has developed a community-based program for economic rehabilitation. Furthermore, efforts to address the devastating effects of AIDS have been undertaken through an initial disbursement by the Global Fund.

For the short term, however, it is essential to provide the desperate lifeline needed by vulnerable populations until institutional and programmatic efforts prove themselves through key indicators regarding access to basic social services (health, access to clean water and hygiene, food security and education). This is the driving imperative underlying this appeal. For this to be accomplished, emergency humanitarian action in support of vulnerable communities must be augmented through teams deployed in the field and security mechanisms that are at the same time sufficient and coherent with the principle of independence of humanitarian actors.

The two prior appeals launched in 2003 and 2004 were met with a response far short of needs. In 2004 (19 July), 17% of the roughly US \$17 million needed to meet the most urgent needs in the areas most affected was received. These figures reflect not only a weak response, but the lack of means required to transform donor support in the CAR, whereby survival capacities could be reinforced while awaiting the advent of a new institutional order and the economic dynamic this would bring.

The agencies of the United Nations system and its partners are launching this appeal to the international community in order to mobilize a total sum of **US\$ 23,610,439** to assist the most vulnerable segments of the population of the CAR.

**Consolidated Appeal for  
Central African Republic 2005**  
Summary of Requirements - By Appealing Organisation  
As of 22 October 2004  
<http://www.reliefweb.int/fts>

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

Organization	Funds needed
CARITAS	55,000
COOPI	1,367,000
FAO	2,432,284
OCHA	534,861
UNDP	1,325,000
UNDP/UNDSS	864,000
UNFPA	1,272,560
UNHCR	1,942,105
UNICEF	6,871,334
WFP	4,505,901
WHO	2,440,394
<b>Grand Total</b>	<b>23,610,439</b>

**Consolidated Appeal for  
Central African Republic 2005**  
Summary of Requirements - By Sector  
As of 22 October 2004  
<http://www.reliefweb.int/fts>

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

Sector	Funds needed
AGRICULTURE	3,347,284
COORDINATION AND SUPPORT SERVICES	1,227,761
EDUCATION	1,995,455
FOOD AID	3,590,901
HEALTH	8,759,633
MULTI-SECTOR	1,942,105
PROTECTION/HUMAN RIGHTS/LEGAL PRINCIPLES	1,325,000
SECURITY	864,000
WATER AND SANITATION	558,300
<b>Grand Total</b>	<b>23,610,439</b>



## 2. THE YEAR 2004 IN REVIEW

### **A multi-faceted complex humanitarian crisis: forgotten, silent and atypical**

To describe the humanitarian crisis in terms sufficiently clear and convincing so as to elicit the necessary response from the international community is a very challenging undertaking. Prior appeals in 2003 and 2004 were met with very little enthusiasm: in 2004 (22 October), for example, only 38% of the funds requested were received. This deficit of support needed by the CAR persists despite the widespread suffering of vulnerable populations of the country. In fact, relatively speaking, only a modest amount of funding had been previously requested: in the original 2004 appeal, US\$ 16,818,752 was requested; in the 2004 mid-year revision, only US\$ 7,629,331 was requested.

Thus the term “forgotten crisis” used for the 2004 consolidated appeal still accurately describes the situation in the CAR today. After a little more than one year of transition, the country is entering an electoral period due to culminate in presidential elections in March 2005. If this important test so anticipated by the international community is successful, it would herald a return to constitutional legality and thereby open the path to normalizing relations with international financial institutions.

To overcome the silence that surrounds the humanitarian dilemma in the CAR, the UN Country Team and its partners have tried since the earliest days of the current crisis to give a voice to the voiceless through efforts to inform donors and mobilize resources. These efforts received the support of the UN Assistant Secretary General in charge of Humanitarian Affairs, Jan Egeland, who in February 2004 designated a Humanitarian Special Envoy, Ramiro Lopes Da Silva, to evaluate the humanitarian situation and devise a plan of action. The mission led by Lopes Da Silva in February-March 2004 had as part of its mandate the objective of waking the conscience of the international community regarding the difficult humanitarian situation in the CAR. The report produced by this mission became a key reference text on the current humanitarian context in the country. Other high-level technical missions also warned of the continued and alarming deterioration of social indicators for more than a decade and the emergence of rare illnesses typical of catastrophic sanitary conditions, such as the epidemic of “tropical ulcers” affecting thousands of students in former conflict zones. The conclusions of these various studies highlighted three priority sectors: an acute health crisis, a breakdown of the education sector, and a deterioration of the nutritional status of children and certain adults and elderly persons, in a context of increasing insecurity that limited humanitarian access.

Therefore, during the mid-year revision of the 2004 CAP, three priority areas were emphasized:

- Re-establishing access to basic health care for populations in the affected zone, particularly with regard to the fight against contagious diseases, emergency obstetric and neo-natal care, access to clean water and improved nutrition;
- Access to basic education;
- Improvement of coordination of the humanitarian response and the security of populations living under the constant threat of violence and extortion committed by uncontrolled armed groups.

### **Results achieved in 2004**

The response of humanitarian agencies in 2004 was severely limited both by the lack of resources provided by donors, and by diminished capacity for intervention by humanitarian agencies. There are few humanitarian actors on the ground, and their numbers are decreasing. The few international NGOs who have remained have to gradually withdraw from the country owing to a lack of financial support. Thus, as more humanitarian actors are forced to withdraw due to a lack of financial means, needs of the people of the CAR are increasing, leading to greater vulnerability.

Certain noteworthy results have been achieved, however:

- In the health sector, the World Health Organization (WHO), the UN Children’s Fund (UNICEF), the World Food Programme (WFP) and the UN Food and Agriculture Organization (FAO) have undertaken efforts to make data available on the level of rehabilitation of infrastructure and health equipment, as well as on the impact of the malnutrition crisis. WHO and UNICEF joined their efforts to organize supplementary vaccination campaigns against polio and meningitis, as well as to revitalize the Systematic Enlarged Vaccination Program. UNICEF and Cooperazione Internazionale (COOPI) repaired half the cold chain and central cold room equipment of Bangui. UNICEF provided ambulances, motorcycles, and communication equipment, and supported the installation of 5 boreholes and 18 pumps;

- The Office of the United Nations High Commissioner for Refugees (HCR) ensured access to primary health care for DR Congolese refugees in the Molangue site and Sudanese refugees in the Mboki site by financing the personnel and equipment of on-site health centres. HCR also covered the costs for transfer and monitoring of refugees requiring treatment at the hospitals of Mbaiki and Bangui. The refugees organized themselves into committees that contribute funds to meet such expenses;
- In the domain of food security, FAO carried out the distribution of high-quality seeds and small tools to 5,400 farmers. WFP focused its efforts on school children (1,190,595 MTs of food to 93,836 children in 350 schools), malnourished children (27,438 MTs of food to 1,199 children) and pregnant and breastfeeding women (34,251 MTs of food to 1,595 women);
- In the education sector, UNICEF supported the evaluation of the school systems in 11 departments with low student enrollment rates. Desks and construction material was provided to numerous schools, training was provided to school administrators, and computer equipment was provided to the center for school statistics. Primary education in refugee camps was overseen by HCR, who disbursed secondary school study grants to qualified refugee children at Mbaiki High School and provided school supplies to Mboki High School (built by HCR).

### **Lessons learned**

Despite a deteriorating humanitarian situation, the three prior appeals for the CAR were met with a very weak response by the international community. This has necessitated a closer look at underlying reasons and a readjustment of strategy. The reasons for the poor response are not only geopolitical, but can also be found in the very nature of the crisis, which some have categorized as a structural crisis, for which the solution can not be found through a humanitarian response. This view has led a number of partners of the CAR to condition the resumption of assistance on the restoration of a democratic government. Yet whatever the nature and causes of the crisis, most agree that the consequences are humanitarian in nature for a large segment of the population and that a response is needed until the end of the transition period.

As for the priority areas of intervention, while maintaining focus on key sectors targeted in this and previous appeals, it is necessary that the nature and magnitude of humanitarian needs be subjected to periodic review and revision, involving all humanitarian actors, including NGOs.

## **3. COMMON HUMANITARIAN ACTION PLAN FOR 2005**

### **3.1 HUMANITARIAN CONTEXT AND CONSEQUENCES**

#### **3.1.A. Context**

The CAR is faced with a complex and persistent structural crisis, of which the humanitarian consequences have been worsened by several years of chronically poor governance and aggravated by the armed rebellion of October 2002-March 15, 2003. The CAR has suffered from more than a decade of institutional instability marked by a series of mutinies and coup attempts.

By March 15, 2004, a year after the armed rebellion had ended, its devastating effects remained very much in evidence on the political, military and especially social levels. The few existing public infrastructures, particularly health centres and schools have been subjected to almost systematic pillage and destruction. Very little could be repaired, and the damage could be seen throughout the country.

The holding of the National Dialogue and the inauguration of a national unity government form the basis of improved political relations in the country. Electoral deadlines have been set for March 2005. However, if the establishment of the Joint Independent Electoral Commission (CEMI) was seen as a significant step forward, recent divergent views between the National Transition Council (CNT) and the Government on fundamental texts (Constitution and Electoral Law) are indicative of the fragility and instability of the current consensus.

State revenue remains limited, owing to a major economic recession. This has resulted in the non-payment of salaries, with several months of arrears already accrued.

With regard to security, national defense and security forces are in the process of being restructured thanks to the support of France, China and the CEMAC Multinational Force (FOMUC). Noticeable improvement has been made with the redeployment of defense and security forces.

However, recurrent insecurity persists, characterized by the illegal circulation of arms and by exactions against the civilian population by uncontrolled armed groups. Instances of kidnapping of children and armed robbery are regularly reported.

The capital remains in Security Phase III while most of the rest of the country remains in Phase IV. UN field missions must have military escorts.

The mission of the UN Humanitarian Special Envoy, Ramiro Lopes Da Silva, as well as numerous technical missions of UN agencies have highlighted the extent of the humanitarian problems of the CAR. The availability of new statistical and other information in the domains of education, nutrition, and health have enabled a better targeting of the needs of populations.

The CAR was recently declared eligible for emergency post-conflict assistance from the International Monetary Fund (IMF) and has begun to benefit from US\$ 4,000,000 in emergency aid under the framework of the World Bank's Low Income Countries Under Stress (LICUS) Initiative in support of governance, health, education and security. These activities are part of a series of reforms and actions to be carried out during the transitional period.

### **3.1.B. Humanitarian Consequences**

The provinces of Ouham, Ouham Pende, Nana Gribizi, Kemo and Ombella-Mpoko, with about 1,100,000 inhabitants, or 35% of the total population of the CAR, are the most affected areas of the country and will continue to be so in the absence of sustained humanitarian assistance.

#### **A deepening crisis in the health sector**

The health sector is illustrative of the precariousness of the situation in the CAR, with an untenable contradiction in the short-term between a cost-recovery policy – based on the hope of more prosperous times – and decreasing health consultations due to prohibitive costs beyond the means of the most vulnerable communities (67% of the CAR's population lives on less than one dollar per day).

Seventy-five percent of health infrastructure, including the cold chain, has been destroyed. A WHO mission in July 2004 found that 57% of health infrastructure in Kemo Province and 38% of health infrastructure in Nana Gribizi Province remained closed and/or unrepaired.

Limited health facility coverage, poor health care capacity, the cost-recovery system, and a health system that depends on 85% of its funding from foreign aid has resulted in a rapid decline of indicators since 1995: general mortality is 16.7/1,000. From 1995 to 2000, life expectancy fell from 49 to 43 years, while maternal mortality rose from 680 to 948/100,000 and infant mortality rose from 97 to 130/1,000.<sup>1</sup>

HIV/AIDS prevalence is 15%, one of the highest in the sub region; 300,000 Central Africans of whom more than 130,000 women, live with HIV/AIDS and 110,000 children are orphans.

Added to this is a worrisome increase in the risk of epidemics, in a country with a limited monitoring capacity that has only been restored to one-third of its potential.

Preliminary results from studies underway have found the spread of illnesses that were being brought under control, such as human Sleeping Sickness and River Blindness. A polio epidemic has been declared since December 2003, in a country that had succeeded in stopping its spread since 2001. Since the beginning of 2004, 12 new polio cases have been reported.

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<sup>1</sup> EDS 1995 and MICS 2000.

**1. Sanitation**

- 68% of the rural population does not have access to clean water.
- 32% of the rural population lives in precarious hygienic conditions.

**2. Death rate**

- 1.5 deaths/day/10,000 people in rural areas.
- 2.7 for children under 5 years of age.
- Maternal mortality rate: 948/100,000 live births.
- Mortality rate for children under 5 years of age: 194/1,000.

**3. Vaccination coverage**

- Vaccination coverage is less than 30%.

**4. Nutrition**

- 30% of children in rural areas suffer from chronic malnutrition.
- 14% of children in rural areas suffer from severe malnutrition.
- Moderate emaciation affects 8% of children.
- Severe emaciation affects 1% of children.

**Food security: an acute crisis in perspective**

The pillaging and insecurity that followed the events of October 2002-March 2003 caused major disruption of economic and agricultural activity. In November 2003, FAO and WFP undertook a joint mission in areas that had been most affected to evaluate the food security situation. Preliminary results found a food grain deficit of 71% of total production in the provinces of Nana Gribizi, Kemo, Ouham and Ouham-Pende, thereby confirming the vulnerability of the rural population and the precariousness of the food situation in the areas visited. Further analysis resulted in the production of a map of food insecurity vulnerability in the CAR (see below).

Populations robbed of their seed stocks and tools are experiencing the greatest difficulties in re-establishing their means of production. The livestock sector was also seriously affected, as animals were either stolen or consumed during the crisis.

The seed production system put in place by the Institut Centrafricain de Recherches Agronomiques (ICRA) during the 1990s under the auspices of the World Bank was totally destroyed during conflicts. Farmers were forced to abandon their activities due to insecurity.

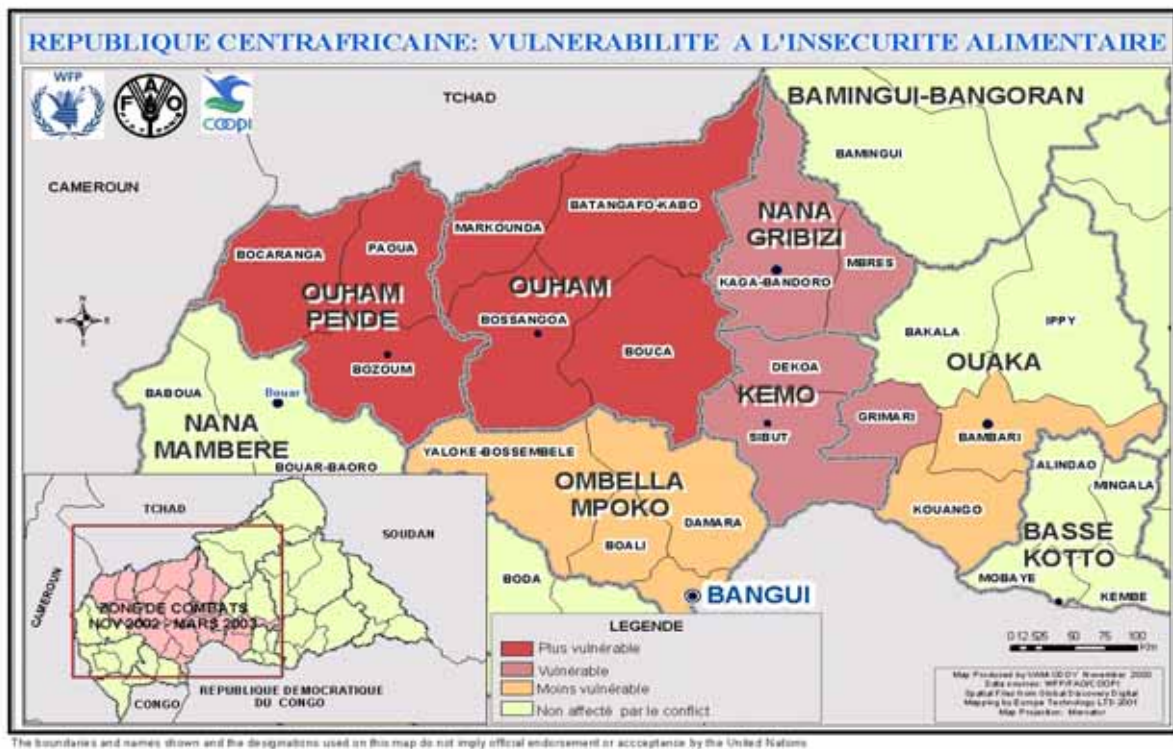
In Bangui as well as in the provinces, much of the farming and livestock regions and infrastructure was destroyed. Small livestock (goats, sheep, pigs, poultry) were the hardest hit by the successive crises, to such a degree that the CAR now imports poultry products from neighboring countries, South Africa and Europe. Livestock activity is concentrated around Bangui and the Mbaiki-Bossemsbele and Damara axis. People living in the former red zone have no access to poultry products.

The low output of the agriculture sector and the continued limited means of production, especially in the conflict zones, have had dire consequences for the most vulnerable populations, particularly children and women.

WFP's Vulnerability Assessment Mapping (VAM) from March to May 2004 in the targeted provinces found a continued deterioration of the food security situation, as more than 50% of households had lost their already meager sources of income.

FAO recently reported the serious deterioration of the general state of health of livestock in the northern and eastern regions of the country, particularly in Vakaga Province, which borders on Chad and Darfur, Sudan. This situation could not only directly affect the resources of pastoral populations in this region, but risks spreading to neighboring regions during migration to fresh grazing areas.

## CENTRAL AFRICAN REPUBLIC: FOOD INSECURITY VULNERABILITY



This information was confirmed by the National Agency for Development and Livestock (ANDE), which is responsible for epidemiological monitoring in the country, under the auspices of the European PACE Program. ANDE reported a sharp rise in the number of animals affected not only by trypanosomosis but also by babesiosis and anaplasmosis in Vakaga Province, with suspected cases in Haut Mboumou in the southeast of the country. Highly contagious and high-mortality cross-border diseases have also been reported.

During the dry season, Vakaga Province is a grazing region for animals from Sudan and Chad. Now, with the conflict in Darfur, herders have kept their livestock in Vakaga, increasing the risk of contamination.

The vast distances and the difficulty of access to this eastern region during 6 to 7 months of the year make the costs of intervention very expensive. Paradoxically, the security situation in this region has been relatively under control, and it was not until recently that the province was hit by humanitarian crisis, as international organizations and the CAR Government – due to lack of means – could not monitor and control the animal health situation. Nevertheless, if nothing is done in the very near future, all the conditions are in place for a major humanitarian crisis to strike this region, which would have a direct impact on neighboring Chad and south Sudan.

#### A devastated education system

About 400,000 of 600,000 school-aged children do not have access to basic education. Physical infrastructure was devastated by repeated pillage. The current situation of the education system is characterized by a shortage of teachers and desks; a school enrolment rate among the lowest in Africa (67%, compared with 82% in the CEMAC zone and 95% overall in Africa); low quality indicators – notably an effectiveness index rating far below that of neighboring countries and the rest of Africa (.35 compared with .64 in the CEMAC zone and .73 overall in Africa).

Recent missions to evaluate the education system in 11 of the 13 departments having a very low enrolment rate have revealed different weaknesses with regard to access to basic education and the quality of instruction. The most important of these are:

- Very limited accommodation capacity. At present, there are an average 17 students for each desk, normally built to accommodate 2 or 3 students. According to data recently gathered from the field compared with the year 2000 Multiple Indicator Cluster Surveys (MICS), 36,000 desks disappeared from schools in the former conflict zone. The ratio of students to desks rose from 1.71-1.80 before the conflict to 4.66-10.04 after the conflict. In 8 other low enrolment-rate departments that were not affected by the conflict, there is a shortfall of 19,000 desks, resulting in a grand total shortage of 55,000 desks, estimated to cost 1,650,000,000 CFA francs (roughly US \$ 3,400,000) to replace. There is also a shortfall of 233 classrooms compared with year 2000 figures.
- Deplorable environment and conditions for instruction, teachers and students. In the former conflict zone, the ratio of teacher/students has risen from 60-85 before the conflict to 102-293 after the conflict. When this ratio is calculated with regard to certified teachers, in some departments the figures rise to an almost unbelievable 1 certified teacher for 879 students. To deal with the destruction and pillage of school equipment, some communities have erected makeshift shelters to serve as schools.

#### Impact of the conflict on the quality of education in affected areas

Affected Provinces	Before the conflict <sup>2</sup>		After the conflict <sup>3</sup>	
	Students/Teacher	Students/Certified Teacher	Students/Teacher	Students/Certified Teacher
Ouham	72	216	116	348
Kemo	60	180	102	306
Ouham Pende	80	240	293	879
Nana Gribizi	85	255	199	597
Notes	Certified Teachers/Teachers: 1/3			

<sup>2</sup> MICS 2000.

<sup>3</sup> Survey 2004.



*Makeshift shelter serving as a school*  
**UNICEF/MARCH 2004**

#### Impact of the conflict on access to primary education and the level of enrolment

Affected Provinces	Before the conflict <sup>4</sup>			After the conflict <sup>5</sup>		
	Ratio of Students/ Classroom	Ratio of Students/ Desk	Students Enrolled	Ratio of Students/ Classroom	Ratio of Students/ Desk	Students Enrolled
Ouham	58.43	1.73	26,061	88.87	5.17	17,773
Kemo	51.72	1.71	10,448	76.91	10.04	12,460
Ouham Pende	68.17	1.79	35,448	67.73	7.13	39,689
Nana Gribizi	76.21	1.80	13,337	91.29	4.66	14,789
Notes	Total number of classrooms: 1,143 Total number of desks: 48,370			Total number of classrooms: 1,110 Total number of desks: 13,416 Number of classrooms destroyed: 233 Shortfall of desks: 36,000 Number of desks built after the conflict (UNICEF, 2003 and 2004): 6,300 of which 1,000 have already been distributed		

<sup>4</sup> MICS 2000.

<sup>5</sup> Survey 2004.



### **Development projects pillaged and destroyed**

Each military crisis in the CAR has been followed by the pillage of public and private goods. Two of UNICEF's sub-offices in Kaga Bandoro and Bosongoa were looted of an estimated US \$250,000 - \$300,000 of goods. In Kaga Bandoro, WFP lost the entire food stock from its warehouse and its fleet of vehicles. The project for public works and rural development in Pasua – a bilateral effort of the CAR and GTZ in the provinces of Ouham and Ouham Pende – lost more than US \$1 million of materials.

### **Paralysing insecurity in the countryside**

Today, insecurity remains the most visible threat to the well-being of the population. People regularly find themselves victims of exactions and extortions by well-organized armed groups, equipped with modern means of communication and weapons. Crimes against civilian populations include:

- Carjacking of transport vehicles, during which passengers are robbed of all their belongings, even their clothes and shoes;
- Kidnapping of children, especially of the ethnic Peul (Fulani) herders, who must pay ransoms for their safe return;
- Armed robberies at home and even in the fields.



*Self-defense group in a village of Ouham*  
**UNICEF/MARCH 2004**

Improvement of the security situation is imperative to enable all other forms of intervention on behalf of affected populations.

Consensus on problems related to humanitarian access is far from being reached. During the drafting of the Common Humanitarian Action Plan (CHAP), CEMAC, the national police, UN agencies and even NGOs recognized that it was still necessary for the majority of humanitarian actors to use military escorts for travel to the interior.

Access by humanitarian actors to vulnerable populations living in affected zones has become increasingly difficult, not only because of dilapidated road infrastructure, but also because of the need to have military escorts, the costs of which are paid from project funds.

Coordination of the activities of various actors is problematic due to a number of factors, notably the absence of an effective communication system and the difficulty of data collection. Due to insecurity, many agencies' liaison offices in the interior of the country have been closed, making coordination efforts even more difficult.

### **3.2 SCENARIOS**

During a strategizing session held on 16 September 2004, which brought together UN agencies, international NGOs, CEMAC and the CAR Government, it was recognized that the ingredients for a major humanitarian disaster in the CAR still exist.

The best-case scenario, based on a marked improvement in the security situation together with a consensus being reached on electoral texts, foresees steady progress towards credible and transparent elections in March 2005, which would return the country to a state of constitutional legality, deemed essential for renewing ties with the international community.

The worst-case scenario envisages the failure of the transitional process by delays caused either by urban unrest or an increase in violence, which would in turn lead to continued deterioration of basic social indicators. Also taken into account were the inherent risks of a rejection of the electoral calendar by political actors. Such a situation, combined with any increase in regional instability (Chad, Sudan/Darfur, DRC) could plunge the country into total chaos.

The most-likely scenario foresees the holding of elections in January 2005, but which would not result in any major changes to the political status quo. Moreover, the deep level of mistrust among different political actors left participants to conclude that a return to peace and stability throughout the country would be a long-term undertaking.

### **3.3 STRATEGIC PRIORITIES OF THE HUMANITARIAN RESPONSE**

UN agencies are deeply concerned by the increasing gap between the reality on the ground and the funds being made available to address this reality. The gap is such that UN agencies – and all the more so the CAR Government – are unable to ensure even a basic lifeline of support for the people of the CAR. Given that the disbursement of development funds depends on improved security, good governance, proper management of public monies and the provision of basic social services by the Government, the 2005 CAP must therefore serve as the bridge during this post-crisis period which is in the process of stabilizing. This will enable the consolidation of fragile gains made since the implementation of the April 2004 accords and create conditions favorable to a return to a normalized development scenario. The improvement of the situation in certain regions of countries bordering the CAR could enable the repatriation of the majority of refugees currently living in the CAR, namely Sudanese from south Sudan and DR Congolese from Equateur Province. At the same time, the CAR and humanitarian actors must remain vigilant, particularly with regard to a possible influx of refugees from Darfur, Sudan.

The Common Humanitarian Action Plan (CHAP) is focused on four priority domains, namely:

- Access to basic health care: priority will be given to the fight against avoidable illnesses, through vaccination of children, in particular; the provision of emergency obstetric and neonatal care; improved nutrition; access to clean water; the prevention of HIV/AIDS in vulnerable situations; psychosocial care for victims of violence.
- Food security, which is key to the control of malnutrition and its consequences for health.
- Access to basic education.
- Coordination of humanitarian action and the security of populations.

The strategic approach for 2005 will be highlighted by programmatic innovations and the close collaboration with UN agencies of international NGOs, donors and international financial institutions in both identification of needs and the development of strategies to meet commonly agreed objectives. These innovations will include:

- Increased partnership with international NGOs, who have participated in the identification of needs and the development of response strategies. This CAP's inclusion of international NGO projects signals a willingness to expand such partnership and a better reflection of the work of all humanitarian actors in the country. This increased partnership takes place amid growing discouragement among several international NGOs active in the CAR, some of whom even foresee withdrawing from the country owing to a lack of funding.
- Donors have become more involved in the CHAP, in order to provide a greater synergy and to develop a mutual understanding of the humanitarian crisis.

- A systematized use of rapid evaluation techniques. In a context of insecurity and limited humanitarian access, these techniques enable the monitoring of the evolving humanitarian situation at any given time, and the reflection of this in strategies for the mobilization of resources.
- A reinvigoration of coordination efforts for a better response to emergencies. Since May 2004, OCHA has deployed a Humanitarian Affairs Officer (HAO) in Bangui to reinforce the efforts of the Resident Coordinator and Country Team. This has resulted in a noticeable improvement in the monitoring of the evolution of the humanitarian context. This HAO will be supported by an Information Officer, one of whose tasks will be to reinforce the sharing of information and to put in place mechanisms for information collection and dissemination.

The activities of the 2005 CAP will be complementary to those of the 2004-2006 UNDAF, of which the overriding emphasis is on the return to good governance.

Indicators will essentially be those that measure the improvement of present conditions. With regard to health and food, the indicator will be the number of people having access to essential health care and sufficient food. The education sector will be measured by the number of children attending school. The freedom of movement of people and goods will be one of the security indicators.

### **3.4 RESPONSE PLANS**

#### **3.4.A. Health**

##### **Objective**

The primary objective will be to make basic health services available to 70% of the affected population between January-December 2005, in order to reduce avoidable illness and death linked to disease and malnutrition.

##### **Strategy**

This sector's strategy will be based on the reinforcement of primary health care, including epidemiological surveillance, prevention of illness through vaccination, access to prenatal care and assisted childbirth, improved nutrition and access to clean water and hygiene facilities.

##### **Expected results**

- The primary health care system is revitalized, and the Minimum Package of Activities (PMA) is implemented in areas affected by conflict;
- The fight against preventable illnesses through vaccination is reinforced;
- Epidemic monitoring and response are reinforced;
- Access to clean drinking water and basic hygiene is improved;
- The spread of HIV/AIDS and sexually-transmitted diseases (STDs) is reduced;
- Emergency obstetrical care is made available;
- Cases of malnutrition are addressed;
- Women who have been victims of abuse and sexual violence are identified and provided with psychosocial and medical treatment;
- The health information system is restarted.

##### **Indicators**

Indicators for monitoring and evaluation will be the following:

- Percentage of the vulnerable population having access to basic health care;
- Number of malnourished children who recover;
- Number of vaccination centres restarted and 80% operational;
- Number of emergency obstetric treatment rooms restarted and 80% operational;
- Information campaigns and condom distribution reaching at least 75% of the population;
- Percentage of women who have been victims of abuse and sexual violence who receive assistance.

### **3.4.B. Agriculture**

Agencies active in this sector will concentrate their efforts on quality seeds and poultry production to respond as soon as possible to the basic food requirements of the population.

#### **Objectives**

The strategic objective of this sector is to promote the resumption of crop and livestock production so as to enable the progressive return of food self-sufficiency among affected populations, while at the same time establishing the groundwork for sustainable development. Finally, given the latest information received by FAO, the international community must help the CAR to bring under control the major health crisis-affecting cattle that has been reported along the border with Darfur, Sudan.

The specific objectives of this sector are:

- To support farmers in the affected regions to rebuild their seed stocks and small tool supplies;
- To enable the production and distribution of animal proteins through the repopulation of poultry stocks by supplying each of the targeted provinces with chicken hatcheries;
- To help schools to provide students with a balanced diet, and to provide schools with market gardens as an income-generating mechanism;
- To evaluate and bring an end to the major health crisis affecting livestock in eastern and northeastern CAR.

#### **Strategy**

Given the limited financial and human resources available, the CAP proposes to focus its action on both the cultivation of staple crops (manioc, groundnuts, maize and cowpeas) and on poultry production, with the objective of meeting the needs of the most vulnerable segments of the population in the affected zones. The implementation of these projects will involve pre-existing administrative structures, so as to enable these structures to gradually resume their role among rural populations. In order to enable farmers and schools to conserve seed stocks and harvest yields, food ration distributions through "Food-for-Work" programs are foreseen during both the planting and harvesting periods. This aid will be based on the principle of repayment in the form of products (crops or livestock) of all or part of the aid received by each of the beneficiaries in order to create a development fund, with the goal of ensuring a multiplier effect and the sustainability of the system. Therefore, all of the inputs from FAO and WFP will serve not only to ensure food self-sufficiency in the short-term for the primary producers, but will also and especially ensure its sustainability and gradual extension to neighboring regions.

The final area in which FAO is likely to intervene, alongside WFP and UNICEF, is that of schools, which were widely vandalized. Children of affected villages are often left to fend for themselves. So that these children might nonetheless attend classes, it is important not only that they receive a sufficient food ration, but that the structure of the school day corresponds as best as possible to their current reality, enabling them to participate in agricultural production efforts.

#### **Indicators**

The projects should enable more than 50% of households to achieve a level of income sufficient to ensure their food security. Specifically:

- 5,000 farmers will have received seeds, tools, technical assistance and food aid to ensure the production of 500 mt of seeds;
- A development fund will have been created in partnership with targeted communities to ensure the extension and sustainability of humanitarian action as it becomes development action;
- 5 hatcheries will have been created, enabling the distribution of 2,000 new-born chicks together with necessary food supplies to some 5,500 farmers;
- 5,000 households will be targeted for seed production activities and 5,500 will be targeted for poultry production activities;
- Some 100 schools will have been equipped with supplies necessary to begin market gardens;
- The health crisis affecting cattle will be brought under control through the treatment of all cattle in Vakaga Province and close surveillance in Haut Mboumou.

### 3.4.C. Coordination and Support Services

OCHA's mandate is to mobilize and coordinate humanitarian action in partnership with national and international actors, with a view toward reducing human suffering caused by catastrophes and crises, by advocating for respect of the rights of affected populations, by promoting preparation and prevention efforts, and by facilitating sustainable solutions. In order to make humanitarian intervention most effective, response must be conceived and carried out in a coordinated and complementary manner. To this end, the OCHA office in the CAR will be reinforced.

#### Objectives

- Assist the Country Team in the elaboration of a coordinated and sufficient response to humanitarian crises.
- Consolidate and enlarge humanitarian operating space.
- Facilitate the transition from a period of humanitarian aid to one of post-crisis development assistance.

#### Strategy

- UN agencies foresee not only the re-opening of sub-offices and antennas throughout the country, but also the implementation of a reliable information network on the security situation through the deployment of an FSO and FSA and the integration into this network of other organizations working in the domain of humanitarian assistance.
- Draw greater attention to humanitarian action through intensive advocacy (internally, locally, sub-regionally and internationally), a policy of proximity and on an integrated, joint and participatory approach.
- Exploratory and rapid assessment missions as well as regular meetings to monitor the humanitarian situation and to gauge the level of response.

#### Indicators

- Geographic and sectoral coverage of needs by humanitarian actors.
- Quantifiable percentage of humanitarian needs that have been met.
- Availability of reliable humanitarian information.
- Number of exploratory, evaluation and supervisory missions conducted.
- CAP document and contingency plans are produced.

### 3.4.D. Education

#### Objective

The priority of this sector is in the revitalization of education. So as to enable equitable access to basic and quality education for girls and boys in the 13 departments with a low rate of school enrollment, the CAR needs 2,725 new classrooms, 55,000 desks and 2,725 teachers to be trained.

#### Strategy

The following actions aim to provide at least half of the target population the means to receive an education:

- Support community initiatives to build or rehabilitate school structures. In the absence of government officials, initiatives could be led by village, religious or grassroots leaders who would act as liaisons between the schools and development agencies. Targeted results: at least 500 classrooms are built or rehabilitated and equipped with blackboards and desks;
- At least 2,725 parents of students will undergo rapid training or retraining to address the shortfall of teachers (accelerated training period of 3 months instead of the normal 2 years);
- Supply school kits to 2,725 classes; supply essential school texts (French and Mathematics) to the teachers and students of these 2,725 classes;
- Train community representatives in school management;
- Facilitate the smooth functioning of schools by encouraging the return and reinforcement of technical and logistical capacities of Inspectors of the 'Fondamental 1' (Primary Education Inspectors) and heads of school districts, for an effective training of non-certified teachers;
- Reinforce the technical and operational capacity of the Ministry of Education in the areas of planning, monitoring and evaluation, with a particular emphasis on the management, dissemination and use of data.

**Indicators**

- Number of fully functional schools and classrooms.
- Number of children enrolled in, and regularly attending, classes.
- Number of children per desk.

**3.4.E. Security of personnel and operations**

Despite the gradual return to normality in the CAR following the redeployment of defense and security forces in both Bangui and the interior of the country, insecurity remains a major concern. With elections approaching, security incidents have intensified, due in large part to non-payment of salaries and arrears.

This insecurity poses risks not only for the personnel of humanitarian agencies, but also for goods and materials, which risk not reaching their destinations and the vulnerable groups who most need them. The unfortunate practice of pillage of individuals and the State by soldiers, highway robbers and even by the population itself often raises questions regarding the purchase and distribution of goods to the population or to structures providing basic social services.

While recognizing the efforts of the Government to respond to these concerns, it is necessary and imperative for the UN to have sufficient means to continually monitor the security situation in areas where it is active, in order to adequately support humanitarian partners.

The only such support structure system for humanitarian activities in the CAR is the UN Security Unit, headed by a Field Security Coordination Officer (FSCO). In collaboration with national authorities, CEMAC representatives, and partners from the UN system, this unit is able to obtain and share important information with UN agencies, particularly with regard to travel to the interior of the country. However, the unit does not currently have the means necessary to adequately come to the aid of the UN system – let alone UN partners, particularly international NGOs – for large-scale humanitarian operations. The greatest problem the unit is currently facing is the absence of a reliable network of information to enable a continual analysis of the security situation and its implications for humanitarian partners in the country.

**Strategy**

- Promote and facilitate humanitarian presence in the interior of the country.
- Deployment of FSOs and FSAs.
- Genuine partnership with NGOs.
- Information exchange meetings.

**Indicators**

- Actual presence of FSOs, FSAs and humanitarian actors in the field.
- Level of access to vulnerable populations.

**4. STRATEGIC MONITORING PLAN**

Monitoring will be made possible through the following tools and actions:

- A monthly inter-agency meeting that includes NGOs, in consultation with the Government and other partners;
- A 2005 year-end review to evaluate the implementation of activities, under the leadership of the Government (Ministry of Planning);
- Joint supervisory meetings to the field;
- A monthly report produced by the Resident Coordinator that provides an update of the humanitarian situation;
- Regular reports on the progress of implementation of humanitarian efforts on behalf of targeted populations;
- A final evaluation of results achieved or the impact on beneficiaries will be produced through independent consultation.

## **5. CRITERIA FOR PROJECT PRIORITIZATION**

The following criteria were used in the prioritisation and selection of projects:

- Targeting of provinces having been affected by the conflict: Ouham, Ouham Pende, Nana Gribizi, Kemo and Ombella-Mpoko; only projects covering these areas were chosen, after having met sectoral, institutional and demographic criteria;
- Projects capable of being rapidly implemented and producing measurable results in 12 months;
- Complementarities and synergy with other projects already underway, financed or not through the CAP;
- Projects likely to reduce the mortality, morbidity and suffering of the population, especially women, children and refugees.



## 6. SUMMARY: STRATEGIC FRAMEWORK OF THE HUMANITARIAN RESPONSE

Strategic Priority	Objectives of response plans		Associated Projects
Reduction of suffering and deaths by ensuring basic health care, food supply, education and security for approximately 1,100,000 people in the affected areas as well as 30,000 refugees living in sites in Mboki, Molangue and in the capital, Bangui	Health	Improve access to essential health services for 70% of the affected population	WHO, UNICEF, UNFPA and COOPI, HCR
	Food	Enable more than 50% of households to have sufficient revenue to ensure their food security. Control the health crisis among cattle in the northeast of the country.	FAO, WFP, HCR and CARITAS
	Education	Enable 381,526 children to attend school.	UNICEF, WFP, FAO, HCR and CARITAS
	Security and coordination	Provide a coordinated and sufficient response through the transition period.	OCHA, UNDP, HCR and UNFPA

**Table II: Consolidated Appeal for  
Central African Republic 2005**  
List of Projects - By Appealing Organization  
As of 22 October 2004  
<http://www.reliefweb.int/fts>

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

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>CARITAS</b>			
CAF-05/H12	HEALTH	Minimum package of services for the elderly	55,000
<b>Sub-total for CARITAS</b>			<b>55,000</b>
<b>COOPI</b>			
CAF-05/E02	EDUCATION	Reinforcement of efforts to fight discrimination against the Aka pygmy minority and to promote their socio-cultural identity	200,000
CAF-05/H11	HEALTH	Support improvement of health of the population in the provinces of Ouham and Ouham Pende	877,000
CAF-05/H10	HEALTH	Reinforcement of activities of the rehabilitation center for handicapped persons of Bangui and promotion of their economic and social integration	290,000
<b>Sub-total for COOPI</b>			<b>1,367,000</b>
<b>FAO</b>			
CAF-05/A02A	AGRICULTURE	Support for the rehabilitation of the seeds production and distribution system in the affected areas	663,000
CAF-05/A01A	AGRICULTURE	Support for the development of small gardens at about 100 schools in the areas most affected by the crisis	752,000
CAF-05/A04	AGRICULTURE	Epidemiologic and socio-economic evaluation of the cattle health emergency in the north and east of the country and preliminary treatment measures	536,484
CAF-05/A03	AGRICULTURE	Restart of poultry breeding activities in urban and suburban areas through the installation of hatcheries in Bangui, Bouar, Berberati and Bambari and Bossangoa	480,800
<b>Sub-total for FAO</b>			<b>2,432,284</b>
<b>OCHA</b>			
CAF-05/CSS01	COORDINATION AND SUPPORT SERVICES	Coordination of humanitarian activities	534,861
<b>Sub-total for OCHA</b>			<b>534,861</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNDP</b>			
CAF-05/P/HR/RL02	PROTECTION/HUMAN RIGHTS/LEGAL PRINCIPLES	'Security for development' component of the Reintegration of ex-combatants and Community Support Project (PRAC)	1,075,000
CAF-05/P/HR/RL01	PROTECTION/HUMAN RIGHTS/LEGAL PRINCIPLES	Establishment of a center for the prevention, management and resolution of conflicts	250,000
<b>Sub-total for UNDP</b>			<b>1,325,000</b>
<b>UNDP/UNDSS</b>			
CAF-05/S01	SECURITY	Provide security for humanitarian action	864,000
<b>Sub-total for UNDP/UNSECOORD</b>			<b>864,000</b>
<b>UNFPA</b>			
CAF-05/CSS02	COORDINATION AND SUPPORT SERVICES	Identification of characteristics of displaced persons in the CAR	249,700
CAF-05/H05	HEALTH	Prevention of STDs/HIV/AIDS among male and female members of the security forces	169,060
CAF-05/H08A	HEALTH	Medical and psychological care for victims of sexual violence	246,800
CAF-05/H06B	HEALTH	Reduction of the spread of STDs/HIV/AIDS	188,300
CAF-05/H09A	HEALTH	Improvement of emergency obstetric care	418,700
<b>Sub-total for UNFPA</b>			<b>1,272,560</b>
<b>UNHCR</b>			
CAF-05/MS01	MULTI-SECTOR	Multi-sector assistance for refugees residing in CAR	1,942,105
<b>Sub-total for UNHCR</b>			<b>1,942,105</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>UNICEF</b>			
CAF-05/CSS03	COORDINATION AND SUPPORT SERVICES	Re-opening of sub-offices in KAGA BANDORO and BOSSANGO	443,200
CAF-05/E01	EDUCATION	Restoring equitable access to basic education for students in the 5 least-accessible provinces in the CAR	1,795,455
CAF-05/H13	HEALTH	Treatment of malnutrition cases	443,182
CAF-05/H06C	HEALTH	Reduction of the spread of STDs/HIV/AIDS	63,590
CAF-05/H07	HEALTH	Reduction of the spread of STDs/HIV/AIDS by the Prevention of Parent-to-Child Transmission	245,227
CAF-05/H02A	HEALTH	Restart the Expanded Program on Immunization	2,840,340
CAF-05/H01	HEALTH	Restart primary health care in affected areas	540,340
CAF-05/WS01A	WATER AND SANITATION	Improve access to clean water and basic sanitation	500,000
<b>Sub-total for UNICEF</b>			<b>6,871,334</b>
<b>WFP</b>			
CAF-05/A02B	AGRICULTURE	Support for the rehabilitation of the seeds production and distribution system in the affected areas	531,000
CAF-05/A01B	AGRICULTURE	Support for the development of small gardens in about 100 schools in areas most affected by the crisis	384,000
CAF-05/F01	FOOD AID	Food aid to populations affected by the conflict	3,590,901
<b>Sub-total for WFP</b>			<b>4,505,901</b>

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Project Code	Sector Name	Sector/Activity	Original Requirements
<b>WHO</b>			
CAF-05/H04	HEALTH	Coordination of health programs in emergency situations in the CAR	116,600
CAF-05/H08B	HEALTH	Medical and psychological care of victims of sexual violence	106,600
CAF-05/H06A	HEALTH	Reduction of the spread of STDs/HIV/AIDS	71,620
CAF-05/H02B	HEALTH	Restart the Expanded Program on Immunization	1,049,400
CAF-05/H09B	HEALTH	Improvement of emergency obstetric care	86,442
CAF-05/H03	HEALTH	Reinforcement of the epidemic monitoring and response system	951,432
CAF-05/WS01B	WATER AND SANITATION	Improvement of access to clean water and basic sanitation	58,300
<b>Sub-total for WHO</b>			<b>2,440,394</b>
<b>Grand Total:</b>			<b>23,610,439</b>

**Table III: Consolidated Appeal for  
Central African Republic 2005**

List of Projects - By Sector

As of 22 October 2004

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

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>AGRICULTURE</b>			
CAF-05/A01A	FAO	Support for the development of small gardens at about 100 schools in the areas most affected by the crisis	752,000
CAF-05/A01B	WFP	Support for the development of small gardens at about 100 schools in the areas most affected by the crisis	384,000
CAF-05/A02A	FAO	Support for the rehabilitation of the seeds production and distribution system in the affected areas	663,000
CAF-05/A02B	WFP	Support for the rehabilitation of the seeds production and distribution system in the affected areas	531,000
CAF-05/A03	FAO	Restart of poultry breeding activities in urban and suburban areas through the installation of hatcheries in Bangui, Bouar, Berberati and Bambari and Bossangoa	480,800
CAF-05/A04	FAO	Epidemiologic and socio-economic evaluation of the cattle health emergency in the north and east of the country and preliminary treatment measures	536,484
<b>Sub-total for AGRICULTURE</b>			<b>3,347,284</b>
<b>COORDINATION AND SUPPORT SERVICES</b>			
CAF-05/CSS01	OCHA	Coordination of humanitarian activities	534,861
CAF-05/CSS02	UNFPA	Identification of characteristics of displaced persons in the CAR	249,700
CAF-05/CSS03	UNICEF	Re-opening of sub-offices in KAGA BANDORO and BOSSANGO	443,200
<b>Sub-total for COORDINATION AND SUPPORT SERVICES</b>			<b>1,227,761</b>
<b>EDUCATION</b>			
CAF-05/E01	UNICEF	Restoring equitable access to basic education for students in the 5 least-accessible provinces in the CAR	1,795,455
CAF-05/E02	COOPI	Reinforcement of efforts to fight discrimination against the Aka pygmy minority and to promote their socio-cultural identity	200,000
<b>Sub-total for EDUCATION</b>			<b>1,995,455</b>
<b>FOOD AID</b>			
CAF-05/F01	WFP	Food aid to populations affected by the conflict	3,590,901
<b>Sub-total for FOOD AID</b>			<b>3,590,901</b>

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List of Projects - By Sector

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Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>HEALTH</b>			
CAF-05/H01	UNICEF	Restart primary health care in affected areas	540,340
CAF-05/H02A	UNICEF	Restart the Expanded Program on Immunization	2,840,340
CAF-05/H02B	WHO	Restart the Expanded Program on Immunization	1,049,400
CAF-05/H03	WHO	Reinforcement of the epidemic monitoring and response system	951,432
CAF-05/H04	WHO	Coordination of health programs in emergency situations in the CAR	116,600
CAF-05/H05	UNFPA	Prevention of STDs/HIV/AIDS among male and female members of the security forces	169,060
CAF-05/H06A	WHO	Reduction of the spread of STDs/HIV/AIDS	71,620
CAF-05/H06B	UNFPA	Reduction of the spread of STDs/HIV/AIDS	188,300
CAF-05/H06C	UNICEF	Reduction of the spread of STDs/HIV/AIDS	63,590
CAF-05/H07	UNICEF	Reduction of the spread of STDs/HIV/AIDS by the Prevention of Parent-to-Child Transmission	245,227
CAF-05/H08A	UNFPA	Medical and psychological care for victims of sexual violence	246,800
CAF-05/H08B	WHO	Medical and psychological care for victims of sexual violence	106,600
CAF-05/H09A	UNFPA	Improvement of emergency obstetric care	418,700
CAF-05/H09B	WHO	Improvement of emergency obstetric care	86,442
CAF-05/H10	COOPI	Reinforcement of activities of the rehabilitation center for handicapped persons of Bangui and promotion of their economic and social integration	290,000
CAF-05/H11	COOPI	Support improvement of health of the population in the provinces of Ouham and Ouham Pende	877,000
CAF-05/H12	CARITAS	Minimum package of services for the elderly	55,000
CAF-05/H13	UNICEF	Treatment of malnutrition cases	443,182
<b>Sub-total for HEALTH</b>			<b>8,759,633</b>
<b>MULTI-SECTOR</b>			
CAF-05/MS01	UNHCR	Multi-sector assistance for refugees residing in CAR	1,942,105
<b>Sub-total for MULTI-SECTOR</b>			<b>1,942,105</b>



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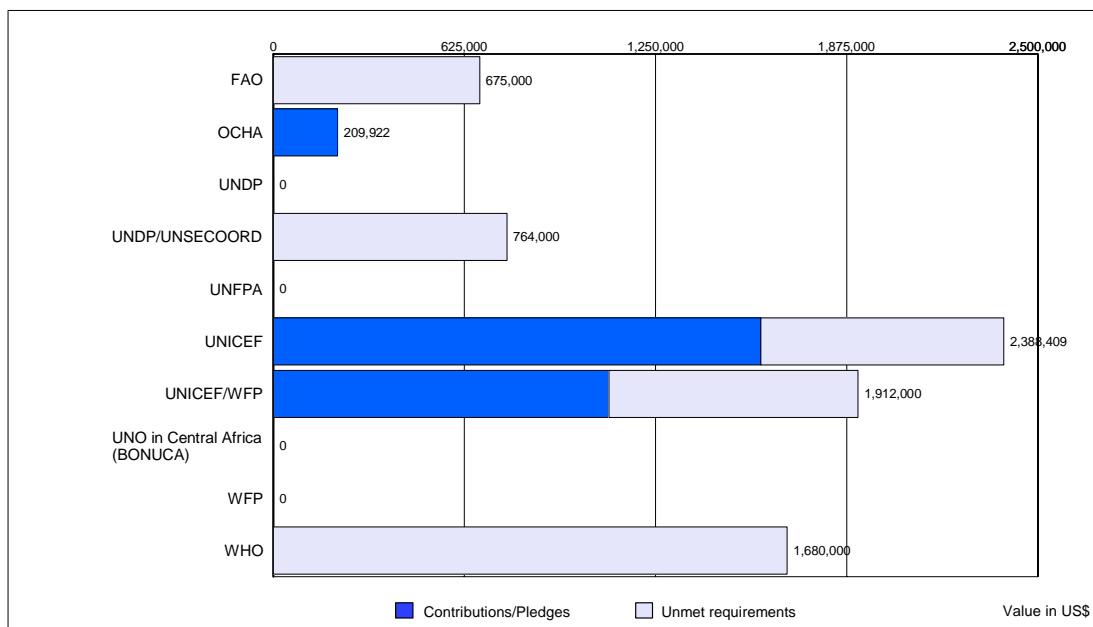
Project Code	Appealing Agency	Sector/Activity	Original Requirements
<b>PROTECTION/HUMAN RIGHTS/LEGAL PRINCIPLES</b>			
CAF-05/P/HR/RL01	UNDP	Establishment of a center for the prevention, management and resolution of conflicts	250,000
CAF-05/P/HR/RL02	UNDP	'Security for development' component of the Reintegration of ex-combatants and Community Support Project (PRAC)	1,075,000
<b>Sub-total for PROTECTION/HUMAN RIGHTS/LEGAL PRINCIPLES</b>			<b>1,325,000</b>
<b>SECURITY</b>			
CAF-05/S01	UNDP/UNDSS	Provide security for humanitarian action	864,000
<b>Sub-total for SECURITY</b>			<b>864,000</b>
<b>WATER AND SANITATION</b>			
CAF-05/WS01A	UNICEF	Improve access to clean water and basic sanitation	500,000
CAF-05/WS01B	WHO	Improve access to clean water and basic sanitation	58,300
<b>Sub-total for WATER AND SANITATION</b>			<b>558,300</b>
<b>Grand Total</b>			<b>23,610,439</b>

## ANNEX I. RESPONSE TO THE 2004 APPEAL

**Tableau I : Appel Global**  
**République Centrafricaine 2004**  
 Fonds requis et contributions par organisation  
 au 22 octobre 2004  
<http://www.reliefweb.int/fts>

Informations compilées par OCHA sur la base de données fournies par les donateurs et les organisations participantes

Organisation	Fonds requis	Fonds révisés	Contributions	Promesses de dons	Reports	Ressources totales disponibles	Besoins non-financés	Taux de couverture des besoins
FAO	2 366 700	675 000	-	-	-	-	675 000	0.0%
OCHA	-	209 922	210 000	-	-	210 000	(78)	100.0%
UNDP	3 260 000	-	-	-	-	-	-	0.0%
UNDP/UNSECOORD	690 000	764 000	-	-	-	-	764 000	0.0%
UNFPA	1 197 686	-	-	-	-	-	-	0.0%
UNICEF	3 181 817	2 388 409	1 594 210	-	-	1 594 210	794 199	66.7%
UNICEF/WFP	975 000	1 912 000	160 000	937 000	-	1 097 000	815 000	57.4%
UNO in Central Africa (BONUCA)	250 000	-	-	-	-	-	-	0.0%
WFP	3 968 715	-	-	-	-	-	-	0.0%
WHO	928 834	1 680 000	-	-	-	-	1 680 000	0.0%
<b>GRAND TOTAL</b>	<b>16 818 752</b>	<b>7 629 331</b>	<b>1 964 210</b>	<b>937 000</b>	<b>0</b>	<b>2 901 210</b>	<b>4 728 121</b>	<b>38.0%</b>



**Table II: Global Appeal**  
**Central African Republic 2004**  
 List of Contributions  
 As of 22 octobre 2004  
<http://www.reliefweb.int/fts>

Information compiled by OCHA based on data provided by donors and organizations participating in the appeal

### Part A - Non Food

Donor	Agency	Project Code	Activity	Amount US\$
Allocations of unearmarked funds by UN agencies	UNICEF	CAF-04/H01	EPI	805 000
Denmark	OCHA	CAF-04/CSS02	Coordination of humanitarian assistance	210 000
Germany	UNICEF/ WFP	CAF-04/E01	Re-establish equitable access to primary education in conflict zones	468 500
Italy	UNICEF/ WFP	CAF-04/E01	Re-establish equitable access to primary education in conflict zones	468 500
Private	UNICEF	CAF-04/H01	EPI	489 210
Private	UNICEF	CAF-04/UNICEF	Awaiting field office advice	300 000
Private	UNICEF/ WFP	CAF-04/E01	Re-establish equitable access to primary education in conflict zones	160 000
<b>Total Non Food</b>				<b>2 901 210</b>

### Part B – Food Aid

Donor	Food type	Food (MTs)	Amount US\$
<b>Total Food Aid</b>			

<b>Grand total</b>	<b>2 901 210</b>
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**Tableau III : Appel Global**  
**République Centrafricaine 2004**

Liste des Projets par secteur, avec statut financier  
au 22 octobre 2004  
<http://www.reliefweb.int/fts>

Information compilée par OCHA sur la base des données fournies par les donateurs et les organisations participant à l'appel

Page 1 de 2

Code du projet	Activité	Agence	Fonds requis	Fonds révisés	Contributions/ Promesses de dons/ Reports	Besoins non-financés
<b>AGRICULTURE</b>						
CAF-04/A01	Agricultural inputs to restart activities in the most affected zones in Central Africa	FAO	950,900	-	-	-
CAF-04/A02	Emergency assistance for the revival of the activities of fishing and pisciculture	FAO	740,800	-	-	-
CAF-04/A03	Support vegetable gardens in conflict zones	FAO	675,000	675,000	-	675,000
<b>Sous-total pour AGRICULTURE</b>			<b>2,366,700</b>	<b>675,000</b>	<b>-</b>	<b>675,000</b>
<b>COORDINATION AND SUPPORT SERVICES</b>						
CAF-04/CSS01	Conflict prevention, strengthening capacities and coordination	UNDP	260,000	-	-	-
CAF-04/CSS02	Coordination of humanitarian activities	OCHA	-	209,922	210,000	(78)
<b>Sous-total pour COORDINATION AND SUPPORT SERVICES</b>			<b>260,000</b>	<b>209,922</b>	<b>210,000</b>	<b>(78)</b>
<b>EDUCATION</b>						
CAF-04/E01	Re-establish equitable access to primary education in conflict zones	UNICEF/WFP	975,000	1,912,000	1,097,000	815,000
CAF-04/E02	Re-establish access to pre-school education in conflict zones	UNICEF	647,727	-	-	-
<b>Sous-total pour EDUCATION</b>			<b>1,622,727</b>	<b>1,912,000</b>	<b>1,097,000</b>	<b>815,000</b>
<b>FOOD</b>						
CAF-04/F01	Food assistance for the populations affected by the armed conflicts [REVISED ACCORDING TO MOST RECENT NEEDS ASSESSMENT]	WFP	3,968,715	-	-	-
<b>Sous-total pour FOOD</b>			<b>3,968,715</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>HEALTH</b>						
CAF-04/H01	Restart Expanded Programme of Immunisation (EPI)	UNICEF	1,125,000	1,125,000	1,294,210	(169,210)
CAF-04/H02	Revitalise the health care system for women and children	UNICEF	528,409	528,409	-	528,409
CAF-04/H03	Combat HIV/AIDS: strengthen public information to promote changes in behaviour	UNICEF	113,636	-	-	-
CAF-04/H04	Reinforcement of prevention and detection of epidemics: cholera, meningitis, measles, malaria and shigellosis	WHO	220,256	570,000	-	570,000
CAF-04/H05	Reinforcement of the control of STI in RCA	WHO	165,193	-	-	-
CAF-04/H06	Reinforcement of promotion of favourable behaviour towards health	WHO	92,555	-	-	-
CAF-04/H07	Reinforcement of the hospitals ensuring safe blood transfusions	WHO	110,129	-	-	-
CAF-04/H08	Reinforcement of the national laboratories and the biological clinics of public health	WHO	165,193	-	-	-
CAF-04/H09	Support mental health and hygiene in Bangui Hospital	WHO	110,134	-	-	-
CAF-04/H10	Support the coordination of the health interventions	WHO	65,374	-	-	-
CAF-04/H11	Strengthen basic reproductive health services	UNFPA	1,197,686	-	-	-
CAF-04/H12	Restoration of urgent obstetric care	WHO	-	350,000	-	350,000
CAF-04/H13	Propagation for reduction of HIV/AIDS and STDs	WHO	-	380,000	-	380,000
CAF-04/H14	Psychological support to victims of sexual abuse and violence	WHO	-	150,000	-	150,000
CAF-04/H15	Prevention of malnutrition	WHO	-	230,000	-	230,000
<b>Sous-total pour HEALTH</b>			<b>3,893,565</b>	<b>3,333,409</b>	<b>1,294,210</b>	<b>2,039,199</b>

**Tableau III : Appel Global**  
**République Centrafricaine 2004**  
 Liste des Projets par secteur, avec statut financier  
 au 22 octobre 2004  
<http://www.reliefweb.int/fts>

Information compilée par OCHA sur la base des données fournies par les donateurs et les organisations participant à l'appel

Page 2 de 2

Code du projet	Activité	Agence	Fonds requis	Fonds révisés	Contributions/ Promesses de	Besoins non-financés
<b>PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>						
CAF-04/P/HR/RL01	Open a law clinic and support legal system for the protection of vulnerable groups in Bossangoa and Bozoum	UNO in Central Africa (BONUCA)	100,000	-	-	-
CAF-04/P/HR/RL02	Training of security and defence forces in human rights and humanitarian law	UNO in Central Africa (BONUCA)	150,000	-	-	-
CAF-04/P/HR/RL03	Child protection	UNICEF	369,318	-	-	-
CAF-04/P/HR/RL04	Promote security, rebuild communities, and reduce circulation of small arms	UNDP	3,000,000	-	-	-
<b>Sous-total pour PROTECTION/HUMAN RIGHTS/RULE OF LAW</b>			<b>3,619,318</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>SECTOR NOT YET SPECIFIED</b>						
CAF-04/UNICEF	Awaiting confirmation	UNICEF	-	-	300,000	(300,000)
<b>Sous-total pour SECTOR NOT YET SPECIFIED</b>			<b>-</b>	<b>-</b>	<b>300,000</b>	<b>(300,000)</b>
<b>SECURITY</b>						
CAF-04/S01	Security for humanitarian programmes	UNDP/UNSECO ORD	690,000	764,000	-	764,000
CAF-04/S02	Reopening of offices situated in the conflict zone	UNICEF	-	215,000	-	215,000
<b>Sous-total pour SECURITY</b>			<b>690,000</b>	<b>979,000</b>	<b>-</b>	<b>979,000</b>
<b>WATER AND SANITATION</b>						
CAF-04/WS01	Water and sanitation	UNICEF	397,727	520,000	-	520,000
<b>Sous-total pour WATER AND SANITATION</b>			<b>397,727</b>	<b>520,000</b>	<b>-</b>	<b>520,000</b>
<b>Grand Total</b>			<b>16,818,752</b>	<b>7,629,331</b>	<b>2,901,210</b>	<b>4,728,121</b>

**Tableau IV: Global Appeal  
Central African Republic 2004**

List of Contributions by Sector

As of 22 octobre 2004

<http://www.reliefweb.int/fts>

Information compiled by OCHA based on data provided by donors and organizations participating in the appeal.

Donor	Agency	Project Code	Amount US\$
<b>COORDINATION AND SUPPORT SERVICES</b>			
Denmark	OCHA	CAF-04/CSS02	210,000
<b>Sub-total for COORDINATION AND SUPPORT SERVICES</b>			<b>210,000</b>
<b>EDUCATION</b>			
Germany	UNICEF/WFP	CAF-04/E01	468,500
Italy	UNICEF/WFP	CAF-04/E01	468,500
Private	UNICEF/WFP	CAF-04/E01	160,000
<b>Sub-total for EDUCATION</b>			<b>1,097,000</b>
<b>HEALTH</b>			
Allocations of unearmarked funds by UN agencies	UNICEF	CAF-04/H01	805,000
Private	UNICEF	CAF-04/H01	489,210
<b>Sub-total for HEALTH</b>			<b>1,294,210</b>
<b>SECTOR NOT YET SPECIFIED</b>			
Private	UNICEF	CAF-04/UNICEF	300,000
<b>Sub-total for SECTOR NOT YET SPECIFIED</b>			<b>300,000</b>
<b>Grand Total:</b>			<b>2,901,210</b>

**Tableau V & VI : Contributions totales à l'appel global et assistance humanitaire totale, par donateur**  
**République Centrafricaine 2004**  
 au 22 octobre 2004

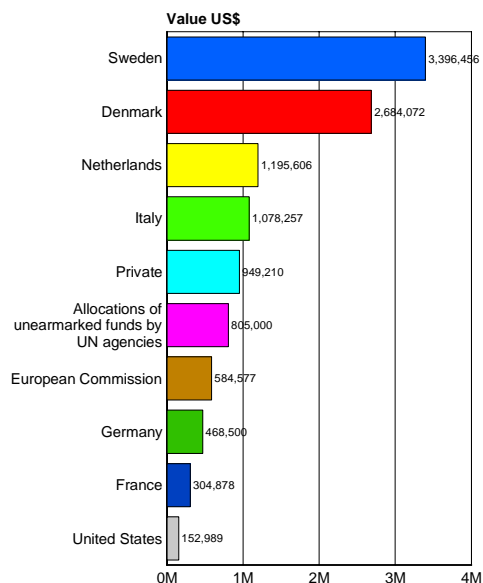
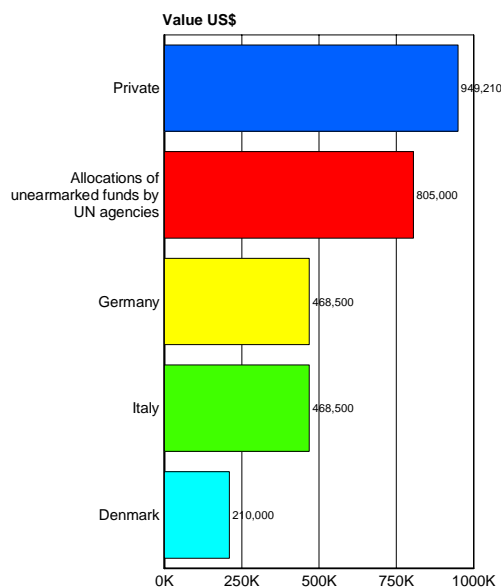
**Tableau V: Appel Global**  
 Contributions par donateur [reports non-inclus]

Donateur	Montant US\$	% of funding
Private	949,210	32.7%
Allocations of unearmarked funds by UN agencies	805,000	27.7%
Germany	468,500	16.1%
Italy	468,500	16.1%
Denmark	210,000	7.2%
<b>Grand Total:</b>	<b>2,901,210</b>	<b>100.0%</b>

**Tableau VI: Assistance humanitaire totale**  
 Contributions totales à l'assistance humanitaire, par donateur \*  
 (reports non-inclus)

Donateur	Montant US\$	% of funding
Sweden	3,396,456	29.2%
Denmark	2,684,072	23.1%
Netherlands	1,195,606	10.3%
Italy	1,078,257	9.3%
Private	949,210	8.2%
Allocations of unearmarked funds by UN agencies	805,000	6.9%
European Commission	584,577	5.0%
Germany	468,500	4.0%
France	304,878	2.6%
United States	152,989	1.3%
<b>Grand Total:</b>	<b>11,619,545</b>	<b>100%</b>

\*) Ce tableau inclut les contributions pour l'appel global ainsi que les contributions reçues en dehors du processus des appels globaux (bilatéral, Croix Rouge, etc...)





**Tableau VII : Appel Global**  
**République Centrafricaine 2004**  
Autres contributions (aux projets humanitaires non-listés dans l'appel global)  
**au 22 octobre 2004**  
<http://www.reliefweb.int/fts>

Note : ce tableau n'inclue que les contributions rapportées à OCHA

Date	Donateur	Agence	Description	Montant US\$
<b>Denmark</b>				
8 Jun 04	Denmark	UNHCR	Humanitarian assistance	2 474 072
<b>Sous-total pour Denmark</b>				<b>2 474 072</b>
<b>European Commission</b>				
11 Feb 04	European Commission	COOPI	Humanitarian assistance	584 577
<b>Sous-total pour European Commission</b>				<b>584 577</b>
<b>France</b>				
1 Apr 04	France	Secours Catholique	Humanitarian assistance	304 878
<b>Sous-total pour France</b>				<b>304 878</b>
<b>Italy</b>				
30 Apr 04	Italy	WFP	Food aid	609 757
<b>Sous-total pour Italy</b>				<b>609 757</b>
<b>Netherlands</b>				
30 Sep 04	Netherlands	WFP	SUGAR 365MT; OIL 189MT	497 882
30 Sep 04	Netherlands	WFP	SUGAR 150.15MT; VEG OIL 188.80MT	697 724
<b>Sous-total pour Netherlands</b>				<b>1 195 606</b>
<b>Sweden</b>				
20 Apr 04	Sweden	FAO	Agricultural inputs to restart activities in the most affected zones in CAF	75 410
23 Jan 04	Sweden	FAO	Agricultural inputs to restart activities in the most affected zones in CAF	193 911
23 Jan 04	Sweden	UNICEF	Protection OEV	404 310
30 Sep 04	Sweden	WFP	CSB 202MT; MAIZE MEAL 1,000MT; SUGAR 43MT; YELLOW SPLIT PEAS 351MT	1 292 160
30 Apr 04	Sweden	WFP	Food aid	1 430 665
<b>Sous-total pour Sweden</b>				<b>3 396 456</b>
<b>United States</b>				
26 Aug 04	United States	UNHCR	Humanitarian assistance to refugees	152 989
<b>Sous-total pour United States</b>				<b>152 989</b>
<b>Grand Total:</b>				<b>8 718 335</b>

**ANNEX II. ACRONYMS AND ABBREVIATIONS**

ACABEF	Central African Association for Family Health
ACDA	Central African Agency for Agricultural Development
AFAFSI-SWAA	African Women's Association against AIDS
AFJC	Women Jurists' Association
ANDE	National Agency for the Development of Livestock
ASSOMESCA	Association for Church Medical Efforts for Health In CAR
BONUCA	UN Office in the CAR
CAR	Central African Republic
CARITAS	Catholic Charity
CEMAC	Central African Economic and Monetary Community
CEMI	Joint Independent Electoral Commission
CFA	Franc of Financial Cooperation in Central Africa
CHAP	Common Humanitarian Action Plan
CIFAD	International Collective of African Women for Development
CNR	National Refugee Commission
CNT	National Transition Council
COOPI	Cooperazione Internazionale
CRCA	Central African Red Cross
DRC	Democratic Republic of the Congo
ECHO	European Commission Humanitarian Office
EPI	Expanded Program on Immunization
FAO	UN Food and Agriculture Organization
FOMUC	CEMAC Multilateral Force
FSA	Field Security Assistant
FSCO	Field Security Coordination Officer
FSO	Field Security Officer
HCR	Office of the UN High Commissioner for Refugees
HF	High Frequency
ICRA	Central African Institute for Agronomic Research
IDP	Internally Displaced Person
IMF	International Monetary Fund
IPHD	International Partnership for Human Development
LICUS	Low Income Countries Under Stress
MAE	Ministry of Agriculture and Livestock
MDRP	Multi-Country Demobilization and Reintegration Program
MICS	Multiple Indicator Cluster Survey
MOSS	Minimum Operating Security Standards
MSP	Ministry of Public Health and Population
MT	Metric Tonnes
NGO	Non-Governmental Organization
OCHA	UN Office for the Coordination of Humanitarian Affairs
PACE	Performance And Competency Enhancement
PRAC	Reintegration of ex-combatants and Community Support Project
STD	Sexually Transmitted Disease

UNDAF	UN Development Assistance Framework
UNDP	UN Development Program
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
UNSECOORD	Office of the UN Security Coordinator
VAM	Vulnerability Assessment Mapping
WFP	World Food Programme
WHO	World Health Organization

## **Consolidated Appeal Feedback Sheet**

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: [CAP@ReliefWeb.int](mailto:CAP@ReliefWeb.int) your comments will help us improve the CAP for 2006. Thank you very much for your time.

### **Consolidated Appeals Process (CAP) Section, OCHA**

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**Please write the name of the Consolidated Appeal on which you are commenting:**

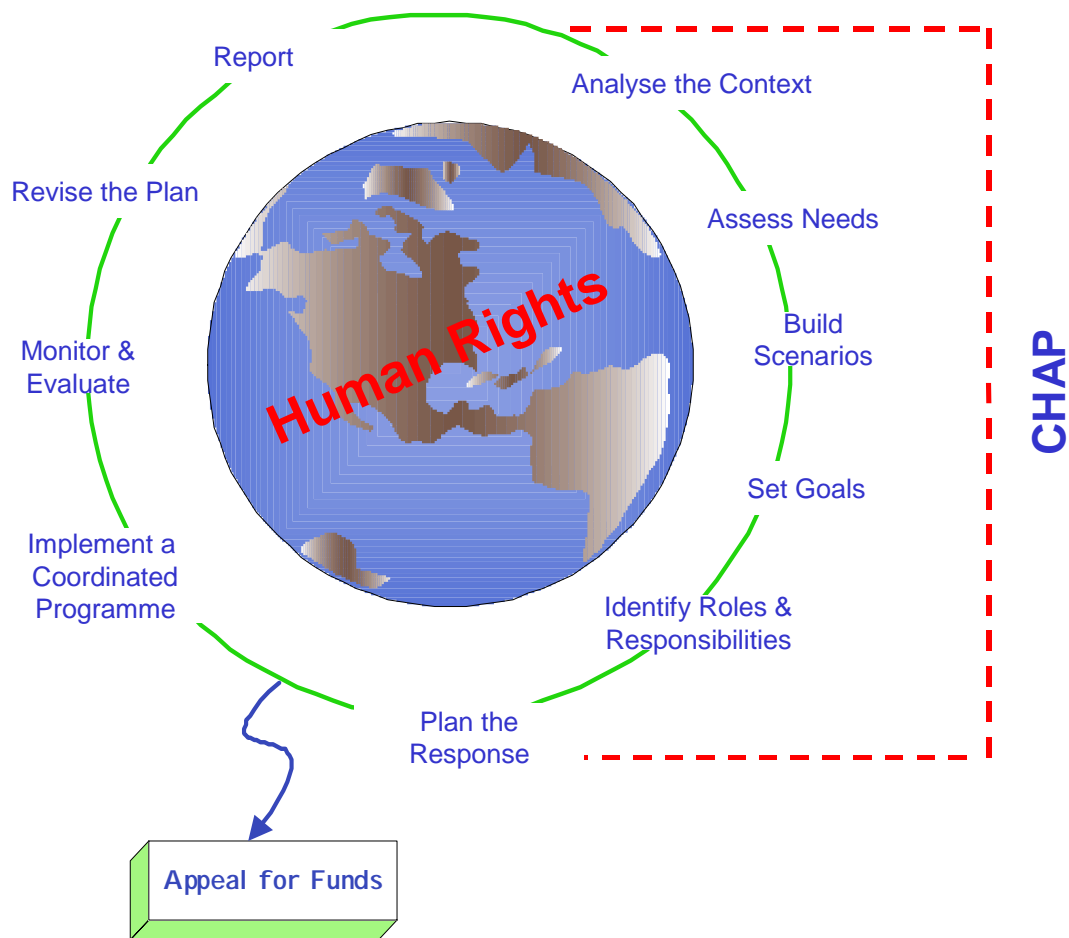
- 1. What did you think of the review of 2004?  
How could it be improved?**
  
- 2. Is the context and prioritised humanitarian need clearly presented?  
How could it be improved?**
  
- 3. To what extent do response plans address humanitarian needs?  
How could it be improved?**
  
- 4. To what extent are roles and coordination mechanisms clearly presented?  
How could it be improved?**
  
- 5. To what extent are budgets realistic and in line with the proposed actions?  
How could it be improved?**
  
- 6. Is the presentation of the document lay-out and format clear and well written?  
How could it be improved?**

**Please make any additional comments on another sheet or by email.**

**Name:**  
**Title & Organisation:**  
**Email Address:**

# The Consolidated Appeals Process:

*an inclusive, coordinated programme cycle in emergencies to:*



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