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### United Nations Children's Fund

Executive Board

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Item 4 of the provisional agenda\*

### **Draft country programme document\*\***

### **Central African Republic**

#### *Summary*

The draft country programme document for the Central African Republic is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$11,600,000 from regular resources subject to the availability of funds, and \$15,000,000 from other resources, subject to the availability of specific-purpose contributions, for the period 2007-2011.

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\* E/ICEF/2006/18.

\*\* In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006 at the same time as the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.



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*Basic data†*
*(2004 unless otherwise stated)*


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Child population (millions, under 18 years)	2.0
U5MR (per 1,000 live births)	193
Underweight (% , moderate and severe) (2000)	24
Maternal mortality ratio (per 100,000 live births) (1989-1995)	1 100
Primary school attendance (% net, male/female) (2000)	47/39
Primary schoolchildren reaching grade 5 (%) (2000)	70
Use of improved drinking water sources (%)	75
Adult HIV prevalence rate (%) (end 2003)	13.5
Child work (% , children 5-14 years old)	56
GNI per capita (US\$)	310
One-year-olds immunized against DPT3 (%)	40
One-year-olds immunized against measles (%)	35

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† More comprehensive data on this country, concerning children and women, are available at [www.unicef.org](http://www.unicef.org).

## The situation of children and women

1. The strategic direction of the United Nations Development Assistance Framework (UNDAF) for the Central African Republic for the period 2007-2011 is based on the analyses of the post-conflict situation undertaken in preparing the previous UNDAF and on those relating to the Poverty Reduction Strategy Paper (PRSP). These analyses have been partially updated.

2. The Central African Republic has approximately 3.9 million inhabitants, of whom 50 per cent are women, half are under 18 years of age and about 17 per cent are under 5 years of age. The proportion of Central Africans living below the poverty line increased from 63 per cent in 1993 (according to the study “A profile of poverty in the Central African Republic”) to 71 per cent in 2003 (according to data from household surveys conducted in that year). The adverse effects of the recent armed conflicts combined with the regular non-payment of government employees’ salaries have contributed to a very fragile social situation.

3. The general elections held in May 2005 marked the return to constitutional legality. However, notwithstanding the reconstruction efforts initiated by the Government with the support of various partners, the effects of more than a decade of crises are still evident. Moreover, institutional capacity in the different sectors remains very weak.

4. The Central African Republic is in an almost permanent state of crisis. Insecurity persists virtually throughout the country but is more acute in the north-west. Thousands of persons have been displaced, both within the country and beyond its borders, as a result of violence and insecurity caused by armed groups. In addition, the country remains vulnerable to natural disasters.

5. The maternal mortality ratio is increasing, rising from 683 per 100,000 live births in 1988 to 1,100 for the period 1989-1995 and 1,355 in 2003, according to data from the General Population and Housing Census. National data on under-five

mortality reflect the same trend, the rate increasing from 157 per 1,000 live births in 1995 to 220 in 2003. The high mortality rate is due to the combined effects of the main diseases associated with malnutrition, in both children and pregnant and nursing women; lack of compliance with basic hygiene rules; and HIV/AIDS.

6. Access to safe drinking water and sanitation remains low: 75 per cent of households had access to a safe drinking water source in 2002 (84 per cent in urban areas, compared with 49 per cent in rural areas). Only 13 per cent of households use hygienic latrines (30 per cent in urban areas, compared with 5 per cent in rural areas). The lack of access to water and sanitation, the worsening of living conditions and the decline in biodiversity resources are due to the unsustainable use of critical resources.

7. With an HIV prevalence rate of 13.5 per cent in 2003, the Central African Republic was the most infected country in Central Africa. The rapid spread of the pandemic is linked to the poverty and violence that have reigned for years in the country. Other factors are the high degree of stigmatization and the low use of methods of prevention of sexually transmitted infections (STIs). Young people aged 15-24 are the most vulnerable, and the rate for females in this age group is five times higher than that for males. The HIV/AIDS prevalence rate among pregnant women is estimated at 15 per cent, according to the prevalence mapping undertaken in 2002. The number of health-care facilities offering treatment to prevent mother-to-child transmission of HIV (PMTCT) increased from 3 in 2001 to 8 in 2003, reaching 28 in 2005. However, coverage remains insufficient, limited to urban areas with 38 per cent of the total population. Only 2 per cent of HIV-positive children receive paediatric care (449 out of an estimated 21,000 HIV-positive children in 2005). A large number of children live in households made vulnerable by AIDS which can no longer rely on traditional mechanisms of support from the extended family, owing to the immense strain caused by the pandemic. In 2003, the Joint United Nations Programme on HIV/AIDS estimated the number of orphans in the Central African Republic at 290,000, 39 per cent due to AIDS. The response capacity of the Government and non-governmental organizations (NGOs) is weak. Legal standards and national policies for the effective and coordinated protection of orphans and children made vulnerable by HIV/AIDS (OVCs) are virtually non-existent. This state of affairs is helping to further increase the number of street children (a reported 6,000 in the main cities in 2004, including 3,000 in Bangui alone) and the vulnerability of OVCs to economic and sexual exploitation.

8. The performance of the education system in the Central African Republic remains weak. With regard to preschool education, the average rate of access to the formal system is less than 2 per cent. At the primary level, the indicators fell until 2002 before rebounding from 2003. The primary enrolment rate in 2000 was about 47 per cent for boys and 39 per cent for girls. National data show a significant increase in this rate beginning in 2003: the figure was 66 per cent for both sexes in 2003, 70 per cent in 2005 and peaked at 72 per cent in 2004, owing to the reduction of school fees following lobbying by UNICEF. Furthermore, 7 out of 10 primary schoolchildren reached grade 5. The net school enrolment rate fell from 43 per cent in 2000 (39 per cent for girls) to 41 per cent in 2003 (37 per cent for girls). Data for 2006 will be available on the completion of the multiple indicator cluster survey for that year. As to facilities and supervision, the most recent data show an average of 79 pupils per classroom, 6 per combination bench-table and 99 per teacher. The weak performance of the education system is due to the lack of family, community

and institutional support and the dysfunctional nature of public services, which have been disrupted by insecurity, violence and strikes by teachers protesting non-payment of salaries. Lastly, the low level of infrastructure investment has contributed to overcrowding in classrooms and to a considerable decline in the quality of teaching.

9. In 2005, a study on sexual exploitation and abuse of children, including trafficking, was undertaken in the country's main cities and in diamond-producing areas. The study showed that 38 per cent of children had been sexually exploited or abused during their lifetime. Of those children, more than 53 per cent had been sexually exploited, 35 per cent had been sexually abused and 11 per cent had been trafficked for sexual purposes. The main causes of this phenomenon include lack of parental control (31 per cent); harmful traditional practices, including early marriage (19 per cent); poverty (17 per cent); and family breakdown (12 per cent). Approximately 38 per cent of victims experience physical or psychological trauma, educational setbacks or drop out of school. It should be noted that the country has yet to ratify the two Optional Protocols to the Convention on the Rights of the Child. However, under the Criminal Code (articles 195 *et seq*), rape, indecent assault, soliciting in a public place and corruption of a minor are punishable offences. Furthermore, under Order No. 66/26 of 31 March 1966, schoolgirls are protected from abuse by adults, particularly those in positions of authority.

10. Notwithstanding the constitutional provisions on the equality of all citizens irrespective of sex, women's access to all that might contribute to their full development remains precarious, at both the community and the institutional level. More women (68 per cent) than men (46 per cent) are illiterate. Poverty affects 81 per cent of women in rural areas, compared with 69 per cent of men. Over the last 40 years, numerous initiatives have been taken to address women's exclusion from decision-making. However, as far as participation in political life is concerned, the results of the last two legislative elections demonstrate that further improvement is needed. Indeed, following the 1998 elections, there were 6 women among the 106 deputies. The 2005 elections produced 11 women deputies out of 110. There are few women in management positions or in educational and academic training.

## **Key results and lessons learned from previous cooperation (2002-2006)**

### **Key results**

11. An integrated early childhood development programme, piloted in 2004 in Boda subprefecture (in the south of the country), has improved the nutritional status and fostered the harmonious psychosocial, cognitive and physical development of 80 per cent of children in that area. This has been achieved through active cooperation between the World Food Programme and UNICEF on food supplementation for children, and between the Food and Agriculture Organization of the United Nations and UNICEF on support for community initiatives relating to food security. Community participation in local development has become a reality, with strong involvement of women, and is being enhanced by literacy activities supported by the United Nations Educational, Scientific and Cultural Organization and by increasing involvement of the private sector. In practical terms, such participation has resulted in the construction and administration of 15 community

learning centres, 11 schools and 15 women's centres. The integrated early childhood development programme has become a key component of the PRSP and will be extended with the participation of all United Nations agencies.

12. Primary school enrolment increased from 66 per cent in 2003 to 70 per cent in 2005 (72 per cent in 2004, as a result of a sharp reduction in school fees). In addition, gender parity was achieved in primary school enrolment throughout the Central African Republic (compared with a ratio of 0.68 in 2000). Dropout rates decreased by 11 per cent on average, while examination pass rates increased from 56 per cent in 2003-2004 to 66.5 per cent in 2004-2005 (68 per cent for girls).

13. Services provided under the Expanded Programme on Immunization have been restored throughout the Central African Republic. Despite being the country in the region most severely affected by the resurgence of poliomyelitis originating in Nigeria (30 cases in 2003-2004), the Central African Republic has confirmed that transmission of the disease has been stopped (the last case having been in November 2004). Other major epidemics, primarily measles, have been brought under control through national immunization campaigns supported by the World Health Organization and UNICEF. In 2005, 90 per cent of children aged 6-59 months benefited from vitamin A supplementation during the immunization campaigns. Ninety-one per cent of children aged 12-59 months throughout the country have been dewormed. However, the routine immunization system is still highly inefficient, owing in particular to low motivation among health-care workers.

14. Mothers are increasingly turning to PMTCT services. The number of women who agree to HIV testing and return to collect their test results increased from 58 per cent in 2004 to 69 per cent in 2005. The percentage of HIV-positive women who give birth while under antiretroviral (ARV) treatment increased from 24 per cent in 2004 to 40 per cent in 2005. In addition, young people are now participating in efforts to combat HIV/AIDS.

15. Coordination of the response to the problems of children in need of special protection, including OVCs and child victims of violence, abuse and exploitation, has been strengthened, particularly through the creation and running of an intersectoral, inter-agency committee on OVCs and through the work carried out by the Central African Republic section of the Inter-African Committee on Traditional Practices. Situations of vulnerability have been widely documented. A growing number of OVCs — some 9,000 in 2005 (60 per cent more than in 2004) — have access to social and medical services (ARV treatment, education and professional training, and psychosocial support).

16. In 2004, a strategic approach targeting the underlying and immediate causes of maternal and neonatal deaths was introduced in the UNICEF intervention zone (Ouham and Ouham Pendé prefectures, which account for 23 per cent of the total population of the Central African Republic), where maternal and neonatal mortality rates are among the highest. This has increased awareness among families of the seriousness of pregnancy, encouraged pregnant women to seek care, increased the number of transfers to referral facilities and extended the provision of care at such facilities.

## Lessons learned

17. **Participation of communities in co-financing and running schools:** Communities that have built their own schools and recruited their own teachers demonstrate greater dynamism than those that have been provided with schools on a turnkey basis. This results in better monitoring of pupils, better maintenance of infrastructure and improved management of the services provided. Support for schools should focus primarily on these communities in order to reward them for their efforts and encourage others to follow their example.

18. **PMTCT strategy:** Experience gained under the programme in this area has led to the conclusion that mobilizing men to support PMTCT programmes is a vital component of strategies to reduce attrition rates among women receiving PMTCT services. Future communication strategies should target both men and women.

19. **Involvement of youth in HIV/AIDS prevention:** The introduction of the peer education approach, using risk and vulnerability mapping, and life skills promotion techniques has shown that it is best to start with young people in promoting ownership of efforts to combat this scourge. It is essential to combine this approach with intensive advocacy with the authorities, the public and development partners in order to scale up those efforts.

20. **NGOs as intermediaries in the implementation of activities to support children:** The support given to children through NGOs has yielded tangible results, particularly as regards protection. However, those activities should be adapted to the national context and should be sustainable. This requires an effective framework of partnership and transparent mechanisms for access to resources.

## Country programme, 2007-2011

### Summary budget table\*

(In thousands of United States dollars)

<i>Programme</i>	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child survival and development	3 000	5 000	8 000
HIV/AIDS and children	2 050	2 400	4 450
Basic education and gender equality	2 800	3 250	6 050
Child protection	1 400	2 050	3 450
Advocacy for policies and partnerships to support the rights of children	1 000	1 300	2 300
Cross-sectoral costs	1 350	1 000	2 350
<b>Total</b>	<b>11 600</b>	<b>15 000</b>	<b>26 600</b>

\* Until the situation in the Central African Republic stabilizes, UNICEF will seek to raise approximately 10 million United States dollars each year through the consolidated appeals process.

## **Preparation process**

21. The first phase in the process of preparing the programme was the UNDAF midterm review. A partial update of the situation analysis was carried out as part of the review. The following three areas of cooperation have been established under the UNDAF for the period 2007-2011: (a) strengthening of democratic governance and respect for human rights; (b) post-conflict recovery; and (c) intensification of efforts to combat HIV/AIDS. These focal areas take into account the recent development of the situation in the Central African Republic and the guidelines set out under the PRSP that is currently being finalized.

22. The selection of focal areas for action under the cooperation programme and its various components took into account the mandate of UNICEF, its role in attaining the Millennium Development Goals, the guidelines set out under its medium-term strategic plan (MTSP) for the period 2006-2009 and its comparative advantages.

## **Goals, key results and strategies**

23. The aim of the cooperation programme is to contribute to the realization of the rights of children and women by identifying and implementing priority actions to assist them and through more effective cooperation under the UNDAF for the period 2007-2011.

24. The results to which the programme is expected to contribute in each of the three selected areas of cooperation are as follows: (a) by 2011, the people of the Central African Republic will live in an environment of peace, security and economic prosperity in which human rights, particularly the rights of children and women, are respected and protected; women will participate equitably in the process of decentralization and in the consolidation of peace; (b) by 2011, the downward trend in basic social indicators will be reversed, poverty will be reduced and the Central African Republic will be engaged in a process of sustainable development with full community participation; and (c) by 2011, the transmission and impact of HIV/AIDS will be reduced through stronger and sustained national ownership of the response to the pandemic.

25. In order to achieve the expected results, a series of strategies will be adopted under the programme, including: (a) advocacy with institutional, civil society and community partners to promote the rights of children and women; (b) strengthening of national capacity to plan, implement and manage projects; (c) empowerment of communities in order to ensure their involvement; (d) use of NGOs as intermediaries in the implementation of activities in areas in which they have proven expertise; (e) development of partnerships, particularly with the private sector; and (f) development of joint projects with other United Nations system agencies.

26. The advocacy component of the programme will be implemented at the national level, as will a number of activities under the components relating to survival and development, HIV/AIDS and youth, and basic education and gender equality. All other activities will be conducted in the specific target areas addressed in the last two years of the previous cycle; some will be improved, while others will be extended. These target areas were selected taking into account the

recommendations of the midterm review, lessons learned from four years of cooperation and the results of studies and assessments that have been carried out.

### **Links with national priorities and the United Nations Development Assistance Framework (UNDAF)**

27. All of the expected results are set out in the UNDAF, which guarantees the relevance of the programme to national priorities.

### **Links with international priorities**

28. Within the framework of the UNDAF for the period 2007-2011, the programme contributes to the achievement of the Millennium Development Goals, with a particular focus on mother and child survival, basic education, combating HIV/AIDS, and protection of, and advocacy for policies and partnership for, the rights of children. The new programme is consistent with the priorities of the UNICEF MTSP for the period 2006-2009 and with the objectives of the Declaration and Plan of Action entitled "A World Fit for Children".

### **Programme components**

29. The Central African Republic is a country in a state of continuous emergency. Actions to support children and women affected by humanitarian crises (natural disasters and/or armed conflict) will be guided by the UNICEF Core Corporate Commitments for Children in Emergencies and the cluster approach developed by the Inter-Agency Standing Committee.

30. **Child survival and development.** This component aims to: (a) strengthen and expand high-impact health and nutrition interventions for children under 5 years of age and pregnant and nursing women; (b) improve practices relating to early childhood survival, growth and development, including preparation for school, at the family and community level; and (c) enhance access to safe drinking water and basic sanitation.

31. The expected results are as follows:

(a) In all districts: (i) routine immunization coverage rates will reach and be maintained at at least 80 per cent for children under 1 year of age; (ii) hepatitis B and haemophilus influenzae B vaccines will be introduced in routine EPI; (iii) micronutrient supplementation will be provided to at least 80 per cent of children aged 6-59 months and to pregnant and nursing women; and (iv) systematic deworming of all children aged 12-59 months and of primary schoolchildren will be carried out;

(b) In four prefectures (Ouham, Ouham Pendé, Nana Grébizi and Lobaye), which account for one third of the country's population: (i) 50 per cent of health-care facilities which deliver babies will become and remain "baby-friendly"; (ii) 50 per cent of health districts will practise the Integrated Management of Childhood Illness strategy; and (iii) at least 80 per cent of children under 5 years of age and pregnant women will sleep under insecticide-treated mosquito nets;



(c) In the four above-mentioned prefectures: (i) 80 per cent of pregnant women will have at least four high-quality prenatal consultations, including intermittent presumptive treatment for malaria; (ii) at least 80 per cent of deliveries will be attended by skilled health personnel; (iii) at least 50 per cent of cases involving complications relating to pregnancy and childbirth will be properly managed; and (iv) 70 per cent of newborns will receive systematic weekly follow-up until the end of the neonatal period;

(d) Improvements will be made in nutritional practices relating to breastfeeding, infant feeding and consumption of foods rich in micronutrients;

(e) In five prefectures (Kémo, Ouham, Ouham Pendé, Nana Grébizi and Lobaye), an area encompassing some 1,280,000 persons, the rate of access to safe drinking water will increase from 38 to 50 per cent and the rate of access to hygienic latrines from 4 to 10 per cent;

(f) An integrated early childhood development policy will be adopted as a contribution to the national participatory community development policy and the related plan of action will be implemented within a framework of strengthened partnership; in 375 villages located in the target areas with a total of 400,000 inhabitants, all children under 8 years of age will receive protection and care in the areas of health, hygiene, nutrition and early stimulation;

(g) Populations in areas affected by humanitarian crises will receive emergency health, nutrition, water, hygiene and sanitation assistance in accordance with the UNICEF Core Corporate Commitments for Children in Emergencies through the cluster approach.

32. **Basic education and gender equality.** This component seeks to: (a) improve equitable access to education for girls and boys; (b) enhance the school environment so as to promote retention of pupils, particularly girls; and (c) improve the quality of education. The expected results are as follows:

(a) In the 13 prefectures where the net school enrolment rate is lower than 40 per cent: (i) primary enrolment rates will increase from 40 to 80 per cent; and (ii) gender parity in access to education will be achieved and regional disparities will be reduced;

(b) The primary completion rate will rise from 49 to 70 per cent;

(c) The average dropout rate in child-friendly, girl-friendly schools will fall from 8 to 4 per cent;

(d) Children in areas affected by humanitarian crises will receive emergency education assistance in accordance with the Core Corporate Commitments for Children in Emergencies through the cluster approach.

33. **HIV/AIDS and youth.** This component aims to: (a) reduce mother-to-child transmission of HIV; (b) provide support to HIV-positive women and children; and (c) scale up the strategy to prevent HIV in young people, both within and outside schools.

34. The expected results are as follows:

(a) In Bangui and in six prefectures (Ombella-Mpoko, Lobaye, Nana-Mambéré, Ouham, Mambéré-Kadéï and Ouaka), young people, both within and

outside schools, will organize networks and associations to take ownership of the fight against HIV/AIDS, using the HIV/AIDS prevention model developed in the third arrondissement of Bangui;

(b) In Bangui and in the six above-mentioned prefectures, HIV-positive women, mothers and couples, as well as community leaders, will form support groups and mobilize communities to reduce the stigma linked to HIV/AIDS and promote solidarity with those who are infected and/or affected by the virus;

(c) In each district of the target areas, at least 60 per cent of pregnant women will gain access to PMTCT services;

(d) At least 50 per cent of young people aged 15-24 will receive basic information, adopt less risky behaviours and use quality, user-friendly STI/HIV/AIDS services;

(e) At least 50 per cent of HIV-positive pregnant and nursing women seen in health-care facilities offering PMTCT services will receive medical and psychosocial care, and those who qualify will be given ARV treatment;

(f) Children, adolescents and women in areas affected by humanitarian crises will receive emergency HIV/AIDS prevention assistance in accordance with the Core Corporate Commitments for Children in Emergencies through the cluster approach.

**35. Child protection.** This component seeks to strengthen the protective environment, capacities and responses in order to prevent, and protect children against, all forms of violence, abuse, exploitation and neglect, including in emergencies. The expected results are as follows:

(a) National legislation will be brought into line with international instruments and practical protective measures will be implemented in the areas of violence, abuse and exploitation, including harmful traditional practices, child labour, adoption, social reintegration and birth registration so as to protect the most vulnerable children;

(b) The capacities of the Government, civil society, communities and families will be strengthened in order to protect children against all forms of violence, abuse and exploitation. This will include children from ethnic minorities, children who are stigmatized and children who are affected by armed conflicts;

(c) Children, as subjects of law, will be better protected by the judicial system;

(d) At least 30 per cent of OVCs will be given protection, care and support;

(e) Children in areas affected by humanitarian crises will receive emergency protection assistance in accordance with the Core Commitments for Children in Emergencies through the cluster approach.

**36. Advocacy for policies and partnerships to support the rights of children.** The aim of this component is to strengthen the capacities of the State and civil society to design and implement policies to fulfil the obligations arising from the country's international commitments. The expected results are as follows:

(a) The needs relating to the strengthening of policies and the allocation of resources and investment for the benefit of children and women will be identified

and understood by all stakeholders, and active advocacy will be carried out with a view to producing real improvements;

(b) Children, young people and especially adolescents, of both sexes, will participate equitably and effectively in preparing, implementing and monitoring programmes and projects designed for them;

(c) Quality data, gender-disaggregated information and other key parameters regarding the status of children and women, as well as quality studies, evaluations and research, will be made available and accessible;

(d) Reports on the implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women will be prepared in accordance with the relevant norms and transmitted by the required deadlines;

(e) The emergency preparation and response system will be made fully operational.

37. **Cross-sectoral costs** will relate to operational costs for communications, staff salaries and travel, training and the purchase of office equipment.

### **Major partnerships**

38. The UNDAF will provide the key framework for developing partnerships under the cooperation programme. The development of joint projects with United Nations system agencies will be systematized in the light of the experience acquired in implementing the UNDAF for the period 2004-2006. Partnerships with the World Bank, the European Union and Coopération française in the areas of safe drinking water supply and the production of school statistics will also be strengthened. Partnerships with NGOs and the private sector will be strengthened.

### **Monitoring, evaluation and programme management**

39. A mechanism has been established to monitor and evaluate the UNDAF and thus measure progress made in achieving the results of agencies' cooperation programmes. UNICEF will make full use of this joint mechanism. An annual set of indicators, prepared by the Government, and a biannual report on the Millennium Development Goals will be made available and will serve as a benchmark for measuring the impact of programmes on development.

40. The planning, implementation, and monitoring and evaluation of the programme of cooperation will be coordinated by the Ministry of the Economy, Planning and International Cooperation.