

Central African Republic



UNICEF/Pierre Holtz/2008

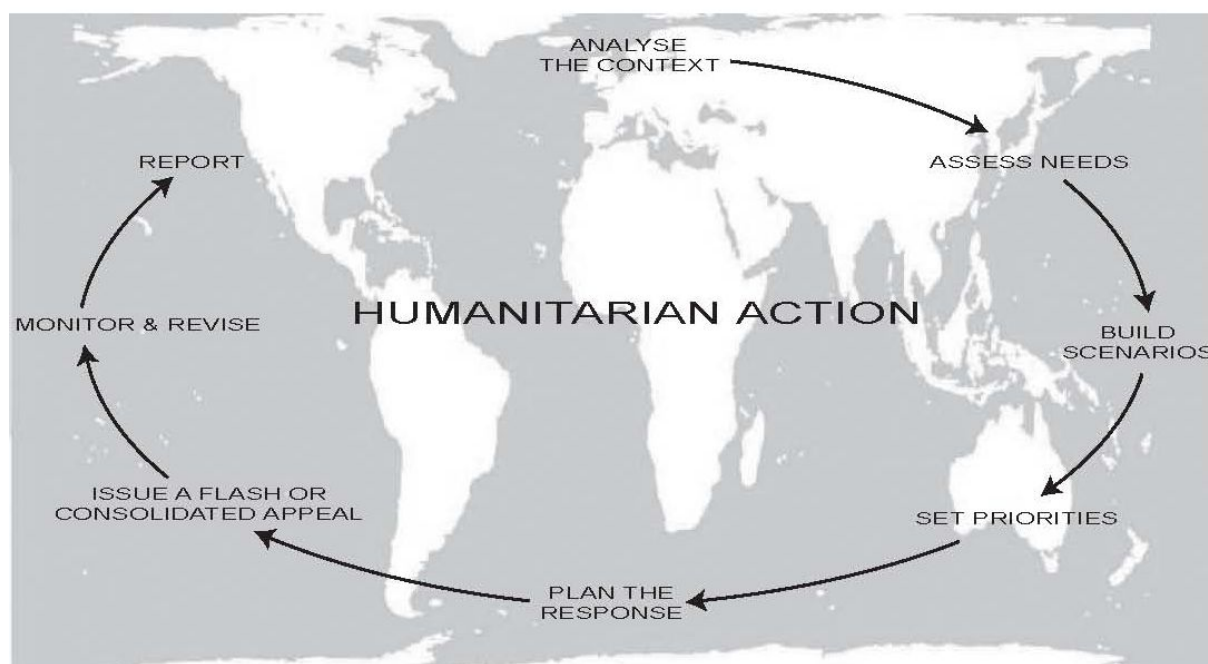
2009

Consolidated Appeal



UNITED NATIONS

Consolidated Appeals Process (CAP) Aid agencies working together to:



<http://www.humanitarianappeal.net>

SAMPLE OF ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS

AARREC	COSV	HT	MDM	TGH
ACF	CRS	Humedica	MEDAIR	UMCOR
ACTED	CWS	IA	MENTOR	UNAIDS
ADRA	Danchurchaid	ILO	MERLIN	UNDP
Africare	DDG	IMC	NCA	UNDSS
AMI-France	Diakonie Emergency Aid	INTERMON	NPA	UNEP
ARC	DRC	Internews	NRC	UNESCO
ASB	EM-DH	INTERSOS	OCHA	UNFPA
ASI	FAO	IOM	OHCHR	UN-HABITAT
AVSI	FAR	IPHD	OXFAM	UNHCR
CARE	FHI	IR	PA (formerly ITDG)	UNICEF
CARITAS	Finnchurchaid	IRC	PACT	UNIFEM
CEMIR INTERNATIONAL	FSD	IRD	PAI	UNJLC
CESVI	GAA	IRIN	Plan	UNMAS
CFA	GOAL	IRW	PMU-I	UNOPS
CHF	GTZ	Islamic RW	PU	UNRWA
CHFI	GVC	JOIN	RC/Germany	VIS
CISV	Handicap International	JRS	RCO	WFP
CMA	HealthNet TPO	LWF	Samaritan's Purse	WHO
CONCERN	HELP	Malaria Consortium	SECADEV	World Concern
Concern Universal	HelpAge International	Malteser	Solidarités	World Relief
COOPI	HKI	Mercy Corps	SUDO	WV
CORDAID	Horn Relief	MDA	TEARFUND	ZOA

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>

Full projects details can be viewed and downloaded and printed from www.reliefweb.int/fts

Central African Republic

HDPT CAR



The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Produced by the Office of the UN Resident and Humanitarian Coordinator
Bangui | Central African Republic | 15 July 2007 | www.hdptcar.net

1 EXECUTIVE SUMMARY: FRAGILE PROGRESS

Now is the opportunity to break the cycle of violence and start reducing poverty in the Central African Republic. While progress has been made over the last year, it remains fragile and limited. In 2009, this progress needs to be consolidated – or achievements will be lost. There are concrete opportunities: a peace process, security sector reform and the return of displaced people are all in their early stages. Almost half of the displaced people in the Central African Republic, 85,000 people, have returned to their villages, often only to find their houses destroyed and their fields overgrown. Another 209,000 Central Africans who have been displaced for far too long in the country and in neighbouring Cameroon, Chad and Darfur, are still too scared to return home. New forced displacement has not stopped. Renewed fighting between the Popular Army for the Restoration of Democracy (APRD) militant group and government forces in the northwest, brutal attacks by heavily armed bandits across the north and incursions by the Ugandan Lord's Resistance Army (LRA) rebel group in the southeast have forced more people away from their villages.



"We've been forgotten. If you, the international community, have made it here that means you think we are people."

74-year old Pierre Paitilite in Obo¹

The members of the Humanitarian and Development Partnership Team (HDPT) expect this pattern of displacement in some areas and return in others to continue in 2009. The government and the armed opposition have stepped back from the brink of civil war. Yet the peace process is already fragile, and frequently violated. Moreover, bandits continue to take advantage of the absence of the state in many parts of the country and attack travellers or whole villages. Almost half of the 209,000 Central Africans that have been forced away from their homes have fled bandit attacks rather than the conflict between the government and militant groups.



Armed member of a self-defence group in Bozoum region | Pierre Holtz, UNICEF

Political conflict, brutal banditry, the destruction of schools, health centres and houses, and forced displacement wreak havoc in a situation that is already among the direst in the world. The Central African Republic is one of the poorest countries in the world and basic health indicators are among the worst on the continent. For every 100,000 live births, 1,355 mothers die. This means one mother dies during childbirth, or from post-natal complications, every four hours. Almost one in five children will not live to his or her fifth birthday, and life expectancy is a staggering 43 years.

To consolidate the achievements of 2007 and 2008, the members of the HDPT in Central African

Republic have been more rigorous than ever in developing this Coordinated Aid Programme. This humanitarian strategy for 2009 is geographically limited to areas directly affected by conflict and violence: the seven northern prefectures and the far southeast. The HDPT has identified four sectors as priorities: health, water, sanitation and hygiene, protection and early recovery. All 105 projects in this CAP have been ranked on a ten-point scale according to objective criteria. As humanitarian access has increased, aid agencies require **\$²116.2 million** for life-saving assistance, human rights protection, early recovery programmes and other humanitarian programmes.



<http://hdptcar.net>

¹ Testimony taken from Reuters: 'Donors move to aid Central African "phantom state"', 16 July 2007, <http://africa.reuters.com/top/news/usnBAN638785.html>.

² All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@reliefweb.int), which will display its requirements and funding on the CAP 2009 page.

Some Basic Facts about the Central African Republic

	Most recent data	Previously
Population	4,390,008 people (2003 census, projection for 2008)	3,895,139 people in 2003 (2003 census)
Under five mortality	176/1,000 (MICS-3 2006)	220/1,000 (2003 census)
Life expectancy	42.7 years [40 years (m), 45.7 years (f)] (2003 census)	48.7 years in 1988 (1988 census)
Prevalence of under-nourishment in total population	44% (FAO 2004 estimate)	
Gross national income per capita	\$449 (IMF 2008)	\$402 (IMF 2008, current prices)
GPD per capita adjusted for purchasing power	\$1,048 (IMF 2008)	\$1,198 in 2006 (IMF 2008)
Percentage of population living on less than \$1 per day	66.6% (UNDP HDR 2007/08)	66.6% (UNDP HDR 2006)
Proportion of population without sustainable access to an improved drinking water source	25% in 2004 (UNDP HDR 2007/08)	48% in 1990 (UNDP HDR 2006)
Internally displaced people (number and percent of population)	108,000 displaced people, 2.5% of total population, 8.4% in northwest, 85,000 recently returned displaced people	2007: 197,000 displaced people, 4.6% of total population, 13.6% in north
Refugees	In-country	7,767 in September 2008 (UNHCR 2008)
	Abroad	101,245 in September 2008 (UNHCR 2008)
ECHO Vulnerability and Crisis Index score	3/3	3/3 (most severe rank)
2006 UNDP Human Development Index score	score: 0.384 (rank 171/177) – low Human Development	score: 0.387 in 1985

Also: One million directly affected by conflict, banditry, violence or displacement
HIV prevalence rate of 6.2% among 15-49 year olds³
Maternal mortality at 1,355 per 100,000 live births, infant mortality at 106 per 1,000 live births⁴
While personal income (adjusted for purchasing power) on average more than tripled in sub-Saharan Africa since 1985, it grew by barely 20% in the Central African Republic⁵
One in ten children suffers from acute malnutrition, four in ten children suffer from retarded growth due to chronic malnutrition⁶

³ MICS-3 study, Central African government and various United Nations agencies (2006).

⁴ Central Census Office, UNFPA (2003): Population Census.

⁵ IMF (2008).

⁶ MICS-3 (2006).

Table I. Summary of Requirements – (grouped by Cluster)

Table I: Consolidated Appeal for Central African Republic 2009
 Summary of Requirements (grouped by Cluster)
 as of 12 November 2008
<http://www.reliefweb.int/fts>

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

Cluster	Original Requirements (US\$)
COORDINATION AND SUPPORT SERVICES	8,117,830
EARLY RECOVERY	8,461,230
EDUCATION	5,829,297
FOOD SECURITY	43,008,095
HEALTH	21,172,555
MULTI-SECTOR ASSISTANCE TO REFUGEES	3,730,862
NUTRITION	9,686,054
PROTECTION	9,020,773
SHELTER AND NON-FOOD ITEMS	1,013,298
WATER, SANITATION AND HYGIENE	6,180,143
Grand Total	116,220,137

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II. Summary of Requirements – (grouped by Appealing Organisation)**Table II: Consolidated Appeal for Central African Republic 2009**

Summary of Requirements (grouped by Appealing Organisation)

as of 12 November 2008

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

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

Appealing Organisation	Original Requirements (US\$)
ACABEF	126,059
ACF	2,123,770
ACORD	288,900
ACTED	4,128,610
ADEM	391,684
AMI	999,900
ASSOMESCA	107,000
BONUCA	224,700
CAM	868,734
COOPI	3,261,000
CORDAID	400,000
CRS	371,237
DRC	2,395,590
FAO	2,957,325
IMC	2,383,308
IRC	1,976,082
JUPEDEC	524,626
Mercy Corps	1,700,764
MERLIN	1,974,659
MI	224,700
NRC	1,174,260
OCHA	2,499,909
PU	4,423,842
Solidarités	392,800
SOS	312,440
TGH	774,954
UNDP	1,328,060
UNDSS	583,509
UNESCO	448,528
UNFPA	4,251,347
UNHCR	6,936,123
UNICEF	11,672,940
WFP	46,639,320
WHO	7,353,457
Grand Total	116,220,137

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

2 2008 IN REVIEW

In 2007, the humanitarian community shifted gears and aid agencies tremendously increased the protection and assistance they provided to people struck by conflict and violence. In 2008, the members of the HDPT consolidated humanitarian action and closed gaps in the response.



“Now, we are just praying for peace.”

Alexi, a 27-year-old recent returnee from Chad in Paoua⁷

In the monitoring plan of the Coordinated Aid Programme for 2008, the HDPT had set itself three basic indicators to monitor and evaluate progress on the strategic priorities for humanitarian action: enhance protection, provide emergency assistance, and ensure coherence and complementarity between humanitarian assistance, early recovery and development programmes. Looking back at these key indicators for 2008, it becomes clear that the members of the HDPT have made important achievements, providing assistance and protection to more people than ever before. By the end of October 2008, about 263,000 people affected by violence, including displaced people, refugees, orphans and vulnerable children, and members of ethnic minorities such as the Mbororo and Aka pygmies, had access to specific protection programmes. About one million people had access to primary and emergency healthcare, adequate shelter and basic household items, safe drinking water, or sufficient food. Thus their most urgent needs in the priority sectors for 2008 were covered. And projects that are implemented in partnership with the authorities, Central African NGOs or community-based organisations (CBOs) also reached some one million people, particularly in the health, food security and water, sanitation and hygiene sectors.



Displaced child retrieving water from a borehole in Kabo | Pierre Holtz, UNICEF

The most remarkable development in 2008, which had already begun in 2007, was the return of almost half of the Central African Republic's 197,000 internally displaced people. The members of the HDPT now estimate that some 108,000 remain displaced in fragile regions.

In the centre-north, particularly along the road from Kaga-Bandoro to Ouandago, and all across the northeast, about 85,000 displaced people have been able to go back to their villages in 2007 and 2008. In the northeast, the numbers of displaced people are now relatively low, with none in Bamingui-Bangoran, 3,000 in Vakaga and 5,000 each in Haute-Kotto and

Nana-Gribizi. Far fewer Central African refugees have returned from south Chad, where the Office of the United Nations High Commissioner for Refugees (UNHCR) now estimates their number at 56,000, down from 60,000.

Forced displacement, however, remains worryingly high in the northwest, where banditry, incursions of foreign armed groups and renewed fighting forced people to flee their villages on numerous occasions in 2008. In February and March for instance, incursions of armed forces from Chad forced more than 1,000 people to flee Silambi and another five villages east of Markounda that were razed. Throughout the year, the area around Béhili northwest of Kabo was virtually emptied



“If there is no security, how can we return?”

Hubert, a 42-year-old father of eight, displaced people's site in Kabo⁸

⁷ Testimony taken from IRIN: 'CAR: Too many enemies', 17 March 2008, www.irinnews.org/Report.aspx?ReportId=77312.

⁸ Testimony taken from IRIN: 'CAR – Open season for bandits', 31 March 2008, www.irinnews.org/Report.aspx?ReportId=77530.

due to threats from roaming bandits and armed cattle herders. In September, fighting between the APRD⁹ militant group, Central African armed forces (FACA) and self-defence militias drove tens of thousands of people from their villages along the road from Bozoum to Paoua.

In the southeast, attacks by the LRA on several villages forced some 5,000 people to flee their homes in an area that until mid-2007 had hosted 14,000 refugees from South Sudan. For decades, foreign armed groups have crossed into Central African territory in search of a haven to rest, to stage attacks from here or simply to loot and poach.

Despite continuing insecurity, relief organisations could reach more people in need across the country than before and expect to further augment their assistance and protection programmes in 2009.

Sector objectives for 2008	Evaluation
PRIORITY SECTORS IN 2008	
Protection, Human Rights, Rule of Law¹⁰	
Increase protection for civilians affected by the conflict, including internally displaced people in the north of the CAR	<ul style="list-style-type: none"> Two specific programmes implemented in Markounda and Kaga-Bandoro to assist survivors of violence. Increased humanitarian action supports 'protection by presence'. Network of 55 humanitarian observers who monitor displacement. Cluster members continuously monitor displacement situation, e.g. 50 assessment missions in Ouham-Pendé, Ouham, Nana-Gribizi by one organisation's two field offices alone. The members of the protection cluster continuously advocate with armed groups for the respect of human rights and international humanitarian law (IHL). Protection sub-cluster established in Paoua.
Ensure that those most in need of protection (people affected by conflict in general, and women, children, internally displaced people and refugees in particular) also have access to basic humanitarian assistance	<ul style="list-style-type: none"> Medical follow-up and psychosocial assistance provided to 250 survivors of violence and 40 survivors of sexual violence (1,182 survivors of sexual violence since May 2007). Non-food items (NFIs) and clothing distributed to 104,000 displaced people, refugees and returnees (including assistance to 48,000 people from activities outside the Consolidated Appeals Process [CAP]). 782, including 543 displaced children integrated in schools in Kabo, Batangafo and Kamba-Kota. Displaced people and returnees participate in programmes for income-generating activities in Paoua. Displaced people with specific needs received individual assistance.
Train judiciary officials, armed and security forces and local civil society groups on IHL, international human rights law, rule of law and the Guiding Principles on Internal Displacement	<ul style="list-style-type: none"> 80 representatives of local authorities, 130 FACA soldiers, 320 Peace-building Mission in the CAR (MICOPAX) peacekeepers, 90 members of non-state armed groups in northwest and centre-north, as well as 25 newly recruited humanitarian observers trained on Guiding Principles on Internal Displacement, international humanitarian law, child protection in armed conflict and rule-of-law principles. Four lawyers and four judicial assistants in Sibut, Bozoum, Bossangoa and Kaga-Bandoro trained to offer free legal services. Aka pygmies from 569 camps, Bantus from 365 villages and 484 representatives of local authorities in Lobaye trained on minority and children's rights. 457 Aka pygmy leaders (51% women)

⁹ Popular Army for the Restoration of Democracy.

¹⁰ Sectors are listed ordered according to their priority status in the 2008 Coordinated Aid Programme.

Sector objectives for 2008

Evaluation

trained, six human rights groups with 23 branches formed, 76 inter-cultural mediators trained. Advocacy with 96 representatives of ministries and 62 National Assembly deputies for the ratification of the Convention on Indigenous Peoples.

Improve coordination of protection activities between the government and the protection cluster

- The protection cluster meets monthly with representatives from relevant ministries and national human rights NGOs and has developed a joint work plan, which focuses on capacity building in the human rights sector, security sector reform, improving human rights laws, and sharing information on violations.
- The protection cluster submitted two reports on violence committed against civilians with recommendations for remedial action to the government.

Food Security

Ensure access to food for displaced people and other vulnerable households, particularly in the north

- 60,000 seeds kits and 19,100 tools kits distributed to 60,000 families in the north (about 300,000 people) including 3,139 Darfur refugees in Sam-Ouandja.
- 220,000 people in need – displaced people, refugees, malnourished children and mothers, orphans, families affected by HIV/AIDS – benefited from distribution of 23,000 MTs of food, nutritional supplements, as well as school canteens.
- During the dry season, gardening kits will be distributed to another 28,000 families (about 140,000 people), including 12,000 families affected by HIV/AIDS.

Reinforce agricultural production systems with the introduction of innovative production techniques, contributing to the financial autonomy of the communities

- Purchase of seeds from the local market in the southeast injected cash in rural communities; distribution of agricultural inputs helped to revive agricultural production.
- Seed multiplication activities (223.5 ha of groundnut, sorghum, beans) are boosting the agriculture sector, producing seeds for commercial use during the next cropping season.

Reinforce coordination mechanisms in the agriculture sector, monitoring, data collection and analysis (disaggregated by sex), and dissemination of information related to food security

- The food security cluster meets monthly to coordinate.
- Surveys on soaring food prices conducted.
- Evaluation of current agricultural campaign planned.
- Standardisation of indicators and harmonisation of methodology for collection of food security data will be a priority in 2009; Integrated Phase Classification (IPC) tool launched.

Health

Increase access to adequate health services (including reproductive health services) by strengthening the health system's capacity to prepare for and respond to public health emergencies in conflict areas and in Bangui

- 24 health facilities rehabilitated, equipped and provided with emergency drugs and medical material.
- Nationwide hospital emergency response plan to disaster and crises elaborated and adapted to each prefecture affected by conflict.
- 22 medical doctors trained on surgery of wounds from fire arms.
- Support provided to the integrated disease surveillance system.
- 90% of epidemics detected on time. The outbreaks were: meningococcal meningitis in Kaga-Bandoro, Bouar and Baoro; yellow fever in Bozoum and Mbaiki; poliomyelitis in Bangui and Markounda; hepatitis E in Bégoa, Alindao and Bangui; rabies in Kaga-Bandoro.

Improve the management of obstetrical and neonatal emergency care in the areas most affected by conflict

- 15 trainers and 40 health personnel trained on management of obstetric care and audit of maternal death.
- 25 emergency obstetric kits provided to 25 health centres in conflict areas for 7,500 deliveries.

Sector objectives for 2008	Evaluation
<p>Improve the health and nutritional status of children under five, pregnant women, survivors of gender-based violence (GBV) and other vulnerable groups by providing a package of essential services in line with defined policies and standards (immunisation, nutrition, malaria control, integrated management of childhood illnesses, etc.)</p>	<ul style="list-style-type: none"> Five national immunisation days for poliomyelitis organised, including one for children between 12 and 59 months who also received de-worming medication and (for children between six and 59 months) vitamin A supplements. Three rounds of vaccination against maternal and neonatal tetanus. One national immunisation day for measles combined with a distribution of mosquito nets. Introduction of DPTHib (diphtheria, pertussis, tetanus, haemophilic influenza type b) and HBV (hepatitis B virus) vaccine for routine extended vaccination programme in September 2008.
<p>Scale up the fight against sexually transmitted infections and HIV/AIDS, including the provision of psychosocial support to vulnerable people at risk in conflict areas (survivors of sexual violence, people living with HIV/AIDS, internally displaced people, refugees, adolescents, pregnant women, men and women in uniform)</p>	<ul style="list-style-type: none"> Essential drugs to fight sexually transmitted infections (STIs) and opportunistic disease provided to 84 hospitals and health centres. 45 survivors of sexual violence medically treated. 88 peer educators for STI and HIV prevention trained among sex workers and taxi drivers.
<p>Strengthen and decentralise health coordination mechanisms</p>	<ul style="list-style-type: none"> Health cluster meetings organised, health information shared. Five joint assessment missions conducted and supported by field sub-offices.
Shelter and non-food items (NFIs)	
<p>Assess the needs of newly displaced people and monitor the situation of people that received NFIs more than six months ago</p>	<ul style="list-style-type: none"> Needs of newly displaced people and those that have already received assistance continuously monitored across north.
<p>Distribute essential NFIs to 215,000 people, adapted to the situation of the newly displaced, long-term displaced, and possible returnees</p>	<ul style="list-style-type: none"> 103,860 displaced people, returnees and Darfur refugees received plastic sheeting and household items. This includes 48,000 who received relief kits from the International Committee of the Red Cross (ICRC) which does not participate in the CAP.
<p>Strengthen local capacity by enhancing existing coping mechanisms and ensuring equal participation of all members (men, women, boys and girls) of the communities</p>	<ul style="list-style-type: none"> Professional associations in Paoua with a focus on women and young adults supported with income-generating activities to strengthen self-reliance. 1,100 people providing social services trained on health, nutrition, hygiene, education and protection basic principles.
<p>Ensure a rapid response by preparing, coordinating, monitoring, and evaluating sector activities</p>	<ul style="list-style-type: none"> Distribution of shelter and household items coordinated among cluster members and observers. Humanitarian organisations coordinated and responded quickly to new displacement situations in Kabo, Batangafo and Bouca, as well as to the arrival of returnees from Chad in Moyenne Sido and Kabo.

Sector objectives for 2008	Evaluation
Water, Sanitation and Hygiene	
Improving access to safe water for the most vulnerable and affected people in villages, schools and health facilities by constructing, repairing and maintaining water points	<ul style="list-style-type: none"> Ten springs protected, 177 wells rehabilitated, 256 hand pumps repaired and 75 new boreholes drilled. 161 village water management committees trained (but only about 10% of trained committee members are women). Sufficient drinking water provided to 3,139 Darfur refugees. 1,975 rain harvesting kits distributed in Ouham to some 10,665 people, 12 sand filters installed in Nana-Gribizi. WASH facilities at 14 health centres and 27 schools upgraded The ICRC ensured access to safe water for 30,150 people¹¹.
Promoting access to adequate basic sanitation facilities for the most vulnerable and affected people	<ul style="list-style-type: none"> 66 ventilated improved pit (VIP) latrines and 2,839 family latrines built for 18,056 people. Hygiene kits distributed to 15,671 families (about 78,355 people). The ICRC built 480 family latrines and 29 VIP latrines.
Promoting best hygiene and environmental health practices at household and institutional levels	<ul style="list-style-type: none"> At least 282,171 people reached with various hygiene promotion activities in schools or communities. The ICRC trained another 80,000 people on hygiene practices. Countrywide hand-washing campaign with soap distribution scheduled for November, coupled with distribution of mosquito nets and measles campaign to reach 740,000 children under-five.
Ensuring a better and more even geographical coverage by national and international NGOs delivering water services across the belt of afflicted prefectures	<ul style="list-style-type: none"> All prefectures affected by violence in the north covered with water, sanitation and hygiene programmes (detailed map available). Many gaps in the coverage at village level remain.

SECTORS ADDRESSING URGENT NEEDS, ENSURING THE SUSTAINABILITY OF AID EFFORTS

Coordination and Support Services	
Enhance coordination and information management within and across clusters to ensure that people affected by conflict get the protection and life-saving assistance they need, that gaps in the response are filled and that duplication is avoided	<ul style="list-style-type: none"> Coordination within clusters was strengthened in 2008 with all aid organisations participating as members or observers. Clusters now play a central role in developing humanitarian strategy and selecting projects for funding from the Common Humanitarian Fund (CHF). Clusters need to make a further effort in mapping activities to ensure that gaps in the humanitarian response are closed. Inter-cluster coordination improved in 2008; cluster leads met monthly with the Humanitarian Coordinator, HDPT meets weekly. A host of information products is available: thematic and geographic maps, intranet, internet (with 1,902 visits in September 2008), on line databases. Data from assessments, studies, etc. summarised and analysed in the Needs Analysis Framework (NAF).
Widen humanitarian space and improve access to civilians in conflict areas thanks to direct negotiations with all conflict parties and advocacy of humanitarian principles	<ul style="list-style-type: none"> Humanitarian organisations had access to almost all the country at almost all times thanks to constant negotiations and advocacy for safe access with all armed groups. Insecurity caused by banditry became a bigger threat to aid workers in 2008, sometimes restricting humanitarian access.
Ensure fast and reliable access to remote areas via a humanitarian air service	<ul style="list-style-type: none"> The Humanitarian Air Service transported 2,275 passengers and 47,150kg of cargo from 49 organisations to 18 destinations between January and September 2008. In August 2008, the number of planes was reduced from two to one as the Air Service lacked funding.

¹¹ The ICRC's programmes are not part of the CAP and are not coordinated by it.

Sector objectives for 2008	Evaluation
Provide predictable, coherent funding for start-up costs, gap-filling activities, and emergency response from the local ERF	<ul style="list-style-type: none"> Thanks to generous donor contributions, the Emergency Response Fund (ERF) funded 39 projects with a combined budget of \$6.9m in 2008, enabling aid agencies to protect and assist some 520,000 people struck by violence. In July 2008, the ERF was upgraded to a CHF which provided another \$2.5m to 16 projects to help some 237,500 people.
Economic Recovery and Infrastructure	
Ensure full involvement of communities in recovery efforts and the restoration of security	<ul style="list-style-type: none"> 485 km of rural roads and evacuation systems rehabilitated. 85 bridges, dams and related hydro-agricultural infrastructures built or rehabilitated. The main rural roads and bridges are operational and maintained. 45 community-based monitoring and safety-net mechanisms implemented using an inclusive approach for 2,250 people.
Support income-generating activities by increasing access to microfinance services (loans, insurance, leasing), particularly for women	<ul style="list-style-type: none"> Management of 55 community micro-projects including income-generating activities is strengthened for rapid economic recovery for 2,200 direct beneficiaries. 55 community micro-projects including 40 with income-generating activities implemented with the participation of 2,200 people. 40 micro-projects established in microfinance, agriculture, food processing, handcraft, small trade, training, social mobilisation.
Strengthen national institutional and operational capacities, especially of community-based and civil society organisations	<ul style="list-style-type: none"> 40 local development committees have improved their capacities in managing and leading social infrastructure initiatives. Capacities of 80 representatives of civil society and community-based organisations and local authorities strengthened.
Promote and mainstream early warning and crisis prevention	<ul style="list-style-type: none"> Training on conflict prevention, peace promotion and conflict resolution at three workshops organised with the University of Bangui.
Education	
Ensure that 50,000 displaced children have resumed schooling in their place of displacement, thereby contributing to closing the gender gap in school attendance	<ul style="list-style-type: none"> 13,340 displaced children resumed their schooling in bush schools and successfully completed the school year in Paoua, Kamba-Kota and Kabo. 878 refugee children go to primary school and 360 children between three and six to pre-school in Sam-Ouandja refugee camp. In total, some 78,000 children in conflict areas have resumed or were kept in school during the 2007/2008 school year.
Carry-out a back-to-school campaign for 70,000 conflict-affected children where displaced people have returned to their villages, contributing to a reduction in the gender gap in school attendance	<ul style="list-style-type: none"> As of September 2008 about 78,000 (returned, displaced and other) children have been brought back to school in Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran and Haute-Kotto. Comprehensive information on whether the gender gap had been narrowed was not available.
Reinforce the capacity of government partners at the national, regional and local levels in coordination and emergency response	<ul style="list-style-type: none"> Eight academic inspectors and 21 primary inspectors trained. 826 parent-teachers trained on pedagogy and evaluation. 110 trainers trained on parent-teacher training and pedagogy. Government and NGO partners trained on emergency preparedness and response in the field of education. Ministry of Education (MoE) involved in cluster management.
Improve knowledge and understanding of gender issues, including GBV, sexual and reproductive health, STIs, and HIV/AIDS	<ul style="list-style-type: none"> Revised life skills-based curricula and teachers' guides produced. Advocacy with parents and teachers to increase schooling of girls. GBV and HIV/AIDS aspects included in the training of teachers.

Sector objectives for 2008

Evaluation

Multi-sector Assistance to Refugees

- | | |
|---|--|
| Provide protection and multi-sector assistance to refugees living in Sam-Ouandja | <ul style="list-style-type: none"> Protection, health, nutrition, water and sanitation, and food security programmes in place for 3,139 Darfur refugees in Sam-Ouandja camp. |
| Provide protection and assistance for urban refugees living in Bangui and promote durable solutions | <ul style="list-style-type: none"> Together with the National Refugee Commission, protection, education and health assistance provided to 4,300 urban refugees whose local integration is supported. New refugee law adopted by National Assembly in Nov 2007. |

Nutrition

- | | |
|--|--|
| Collect up-to-date data on the nutrition situation | <ul style="list-style-type: none"> Four nutrition surveys carried out in Bangui, Ouham and Vakaga Nutrition surveillance mechanisms set up in Bangui, Ouham, Haute-Kotto and Vakaga. Nutrition data management tools distributed to health facilities, therapeutic feeding and ambulatory centres. |
| Train health workers and supervisors | <ul style="list-style-type: none"> 92 staff from 20 health centres in the Bangui area, from Ouham and Nana-Gribizi trained on screening of acute malnutrition. Medical supervisors and 20 state health workers in Nana-Gribizi and 28 staff from 10 health centres in Nana-Mambéré trained on case management of acute malnutrition. 20 staff from four structures in Bangui and Bossangoa trained on out-patient therapeutic treatment. |
| Develop a nutritional surveillance and supervision system | <ul style="list-style-type: none"> Community-based nutritional surveillance set up and functioning in Nana-Gribizi, Ouham and Bamingui-Bangoran. |
| Provide adequate care and support to children under five suffering from acute malnutrition, in families affected by HIV/AIDS | <ul style="list-style-type: none"> 12 therapeutic feeding centres in Bangui, Bossangoa, Ouadda-Djallé, Sam-Ouandja, Paoua, Bocaranga, Birao, Gordil, Boguila, Markounda, Kabo and Batangafo are operational and provide appropriate care according to the national protocol. In each centre, over 100 children are treated each month¹². Four out-patient therapeutic programmes (three in Bangui and one in Bossangoa) started in 2008. Three supplementary feeding units are operational in Bangui area. |

Safety and Security

- | | |
|--|--|
| Enhance security management in conflict areas by increasing presence of security advisors and by improving the flow of information to and from UNDSS | <ul style="list-style-type: none"> Non-UN organisations participate in the weekly security management meetings, and there is a constant flow of security-related information between all organisations. Radio rooms are being put in place in Paoua, Bossangoa, Kaga-Bandoro and Ndélé for safer road travel. |
| Ensure safe access by United Nations and NGO humanitarian workers to people in need, including those in dangerous, conflict-affected zones, while ensuring the safety of staff | <ul style="list-style-type: none"> In 2008, humanitarian workers had access to people in almost all areas almost all the time thanks to close monitoring of the security situation and constant advocacy with all armed groups for humanitarian space. As the situation improved, security phases were reviewed downwards across the country to give UN agencies easier access. |

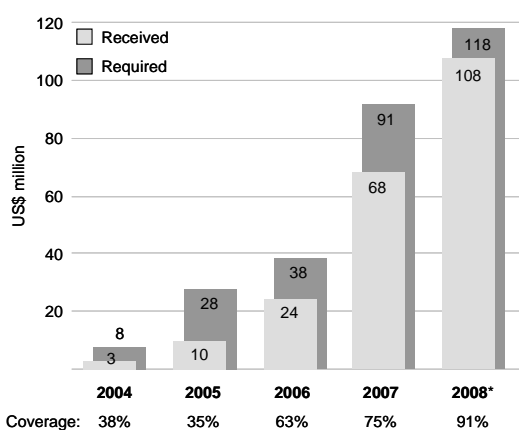
¹² The latter eight centres are run by Médecins sans Frontières (MSF) whose programmes are not part of the CAP.

Humanitarian Funding

In 2008, donors increased their support to humanitarian aid in the CAR, and the number of aid agencies, their presence in conflict areas and – most importantly – the number of people receiving help was higher than ever before. Donors showed confidence in the HDPT's ability to respond effectively to the crisis, covering 91% of funding needs and making it one of the best-funded of all appeals.¹³ Since February 2008, funding to CAP projects as a percentage of requirements has been constantly higher compared to 2007 (see graph). The overall funding level at the end of 2007, 75%, was already reached on 5 September in 2008. Particularly for NGOs, (reported) funding has increased by 43% from \$11.4m at the end of 2007 to \$16.3m as of October 2008.

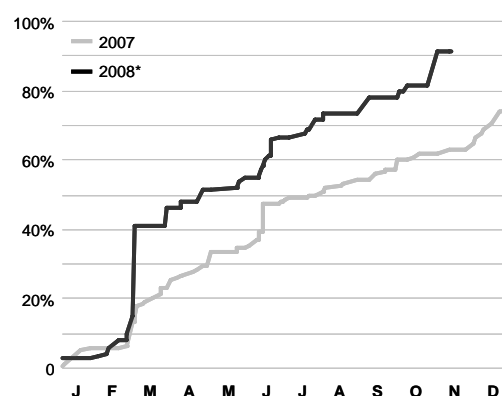
These achievements, however, remain fragile at best. The uncertain fall-out from a rocky peace process, uncertain security sector reform and the shortage of credible recovery and development progress in the north will be the make-or-break issues in 2009. A failure to address any of these concerns, including financially, risks throwing the country back into turmoil. At this stage, only sustained humanitarian support can help stabilise the north, allay the impact of renewed conflict, displacement and the frustration of those who return to nothing. Yet managing the recovery gap will become the most important challenge for the international community in CAR in 2009.

Requirements vs funding, 2004 – 2008



Source: FTS | *2008 as of 14 November

Funding as percentage of requirements, 2007 vs 2008



Humanitarian funding in 2008 was spread unevenly across sectors.¹⁴ The high overall funding level was largely due to \$55m worth of contributions for food assistance projects (excluding agricultural projects) – more than the requirements. Projects for emergency shelter and household items (one United Nations Children's Fund [UNICEF] project for \$835,000) and security (one United Nations Department of Safety and Security [UNDSS] project for \$300,000) did not receive any funding. The ICRC, whose activities are not part of the CAP, stepped in to cover many needs for emergency shelter and household items. UNHCR, UNICEF, the International Rescue Committee (IRC), Solidarités, *Triangle Génération Humanitaire* (TGH) and some other organisations also distributed plastic sheeting and household items as part of multi-sector projects.

Much more worrying however was that donors contributed just over a third of the funds needed for health and early recovery. Both have become priority sectors in the Coordinated Aid Programme for 2009. The HDPT was one of the very few country teams that began prioritising CAP projects in 2007,

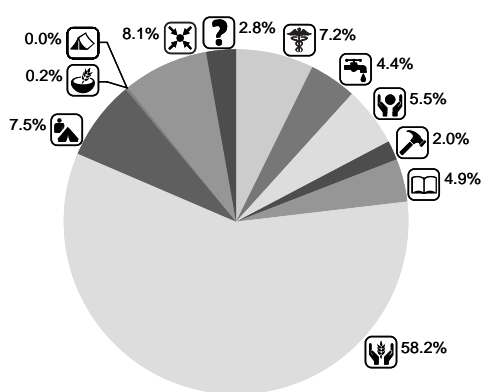


<http://reliefweb.int/fts>

¹³ Source: FTS, as of mid-November 2008.

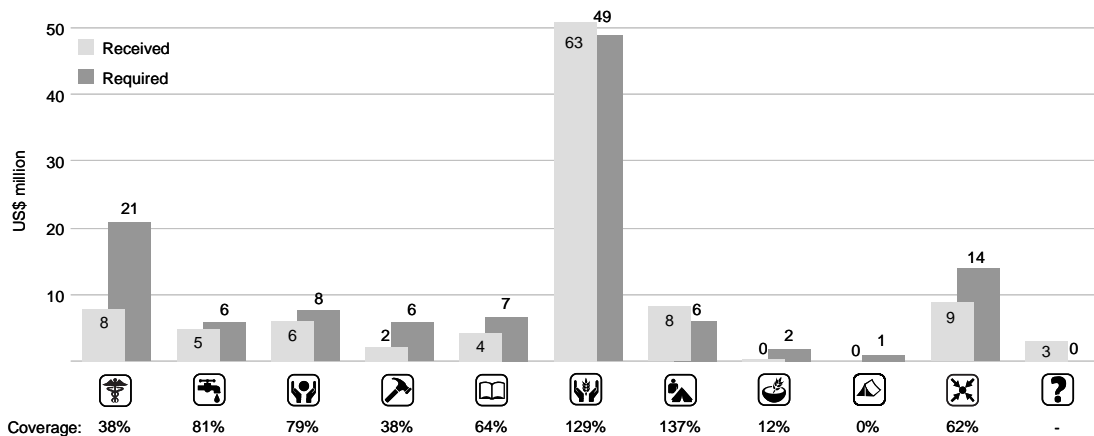
¹⁴ The figures in this paragraph are as of mid-November 2008.

Proportion of total funding received by sector, 2008



- Health
- Water, Sanitation and Hygiene
- Protection, Human Rights and Rule of Law
- Early Recovery
- Education
- Food Security
- Multi-sector Assistance to Refugees
- Nutrition
- Shelter and Non-food Items
- Coordination and Support Services
- Sector not yet specified

Requirements versus funding per sector, 2008



Source: FTS | As of 14 November 2008

according to agreed, objective criteria. Unfortunately, many contributions to CAP projects in 2008 were not clearly linked to these priorities.

An increasing share of humanitarian financing started to become more strategic, predictable and flexible in 2008 thanks in large parts to five donors who channelled most of their contributions to humanitarian funds which are overseen locally by the Humanitarian Coordinator with support from the cluster leads. In July 2008, the Emergency Response Fund (ERF) was upgraded to a more robust Common Humanitarian Fund (CHF). In August and September, the Humanitarian Coordinator, cluster leads and members, and, as an innovative measure, NGO cluster co-leads carried out the first CHF allocation of \$2.3m, and selected 15 projects from priority sectors; another \$200,000 were allocated from the CHF's emergency reserve. Together, the ERF and CHF allocated \$9.4m to 55 projects which provided protection, life-saving assistance and early recovery programmes to some 600,000 people struck by violence. In 2009, the CHF will expand and become more robust. In 2009, with donor support, it will hopefully exceed the combined contributions of the ERF and the CHF in 2008.


<http://hdptcar.net/chf>

The Humanitarian Coordinator called on the Central Emergency Response Fund (CERF) twice during the year. The CERF's rapid response window contributed \$3.4m to life-saving assistance and

protection when the humanitarian situation worsened in several parts of the country because of increasingly brutal bandit attacks. The CERF also supported the Humanitarian Air Service. In January 2008, the UN Secretary-General declared CAR eligible to receive


<http://cerf.un.org>
<http://www.unpbf.org>

funding from the UN Peace-building Fund which then allocated \$10m, part of which will fund humanitarian and early recovery projects in the CAP, reinforcing the complementarity between humanitarian and early recovery aspects.

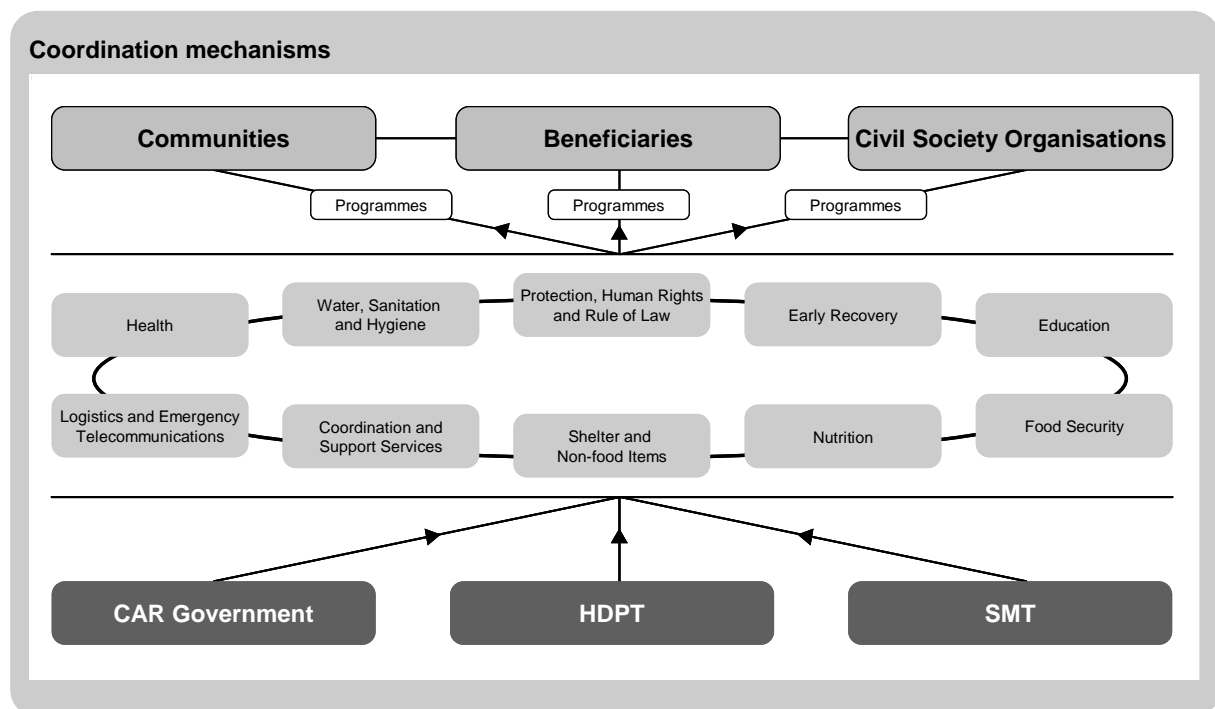
Humanitarian Coordination

The HDPT, which regroups UN agencies, local and international NGOs and the International Red Cross and Red Crescent Movement¹⁵, is the overarching coordination mechanism in the CAR. The cluster approach was officially adopted in August 2007 and aid agencies coordinate their action by sector. Clusters encompass all relevant organisations, including local NGOs, donor representatives and the Central African authorities which now participate in most clusters. In 2008, the HDPT decentralised its coordination mechanisms to render humanitarian collaboration more timely, effective and strategic. Several sub-clusters were created in Paoua, Kaga-Bandoro, Ndélé and other humanitarian hubs, allowing organisations to coordinate programmes closer to where they implement them. The establishment of sub-clusters has also helped to better voice concerns from field offices in coordination mechanisms in Bangui. The effectiveness and inclusiveness of clusters, however, still varies considerably. In 2008, the HDPT took steps to bring all clusters up to speed: United Nations Development Programme (UNDP) hired a senior advisor to lead the early recovery network, while World Food Programme (WFP) hired a United Nations Volunteers (UNV) to lead the logistics cluster and launched the emergency telecommunications cluster. The protection cluster developed a work plan together with five government ministries to reduce impunity and human rights violations.

Clusters play the central part in identifying humanitarian needs, coordinating the response, formulating humanitarian strategy for the Coordinated Aid Programme, prioritising projects in the CAP and selecting them for CHF funding. For the first time in 2008, they summarised all existing assessments, studies and evaluations in a comprehensive Needs Analysis Framework (NAF) which gives an overview of the urgency of humanitarian needs in CAR across sectors and has helped to better define priorities (see chapter on Humanitarian Needs Analysis below).



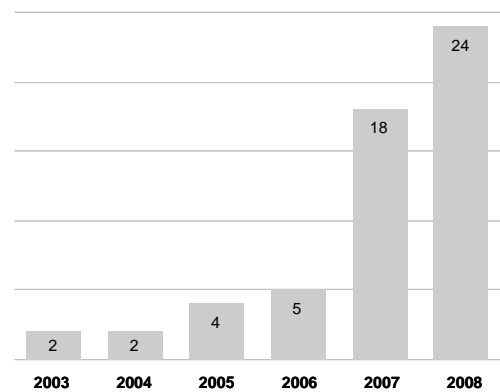
<http://hdptcar.net/naf>



¹⁵ The International Committee of the Red Cross and the three sections of Médecins Sans Frontières in the Central African Republic (Netherlands, France and Spain/Belgium) participate in the HDPT but their action is not part of, or coordinated by, this Coordinated Aid Programme. They participate as observers rather than members in the cluster system.

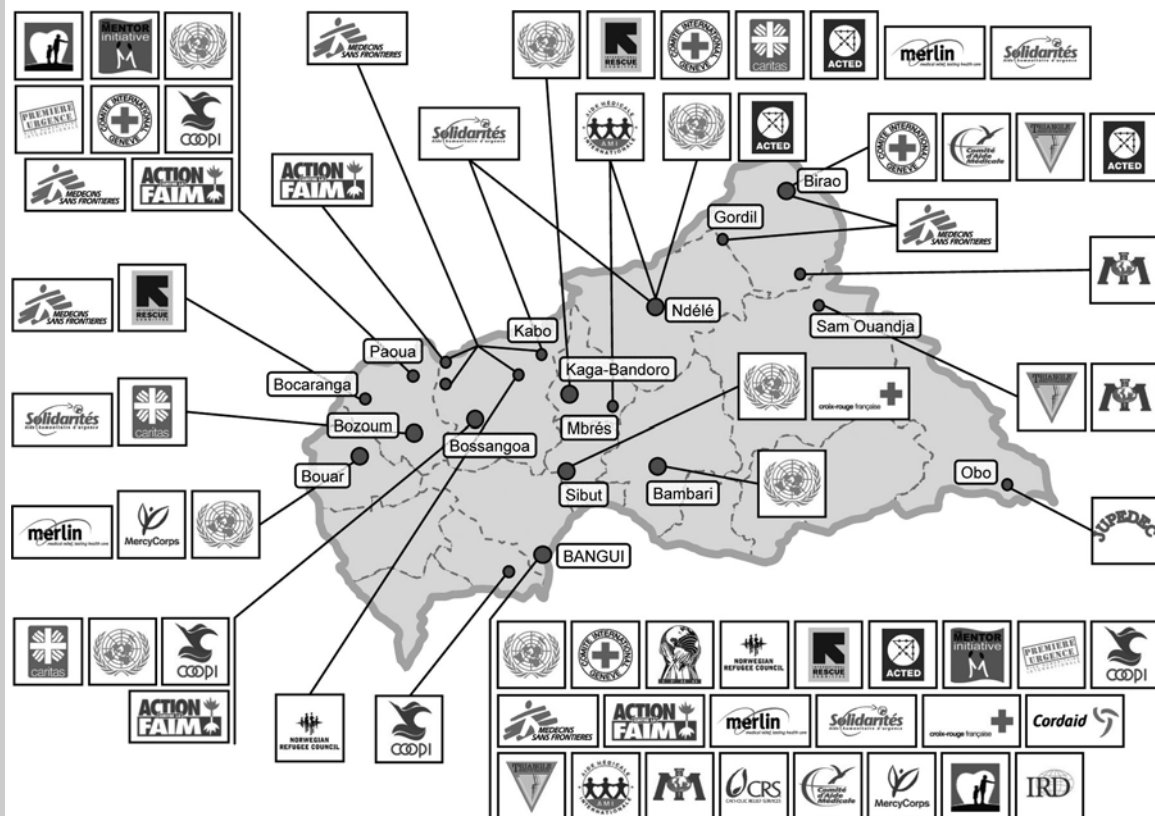
Humanitarian presence in conflict-affected areas increased further in 2008, including in Bouar, where a health programme is being set up, in Paoua with a water and sanitation programme, in Birao and Ndélé with early recovery programmes, and in Ndélé with a protection programme. In Haut-Mbomou, where the Ugandan LRA had attacked several villages and kidnapped people, a local NGO, with help from UN agencies and international NGOs and financial support from the Common Humanitarian Fund, is starting up health, early recovery and education programmes. Other aid agencies plan to launch programmes there as well.

International humanitarian NGOs in CAR



Source: HDPT CAR

Humanitarian presence



Source: HDPT CAR, October 2008. MSF and ICRC do not participate in this CAP

3 THE 2009 COMMON HUMANITARIAN ACTION PLAN

3.1 THE CONTEXT AND HUMANITARIAN NEEDS ANALYSIS

Context

More than 200,000 Central Africans are still too scared to return to their villages. Concentrated in the northwest, 108,000 people live in internal displacement, most of them now for two or three years. Many others were only recently forced to flee their villages because of banditry, renewed conflict between militant groups and government forces or incursions of foreign armed groups, such as the LRA, which kidnapped at least 55 children in Obo and other places in the southeast in February and March 2008. Some 101,000 Central Africans continue to live as refugees in Cameroon and Chad.

Banditry has become the main cause of human suffering in the CAR. With armed and security forces numbering less than 7,000¹⁶, the state does not have the capacity to ensure the safety of its citizens. Banditry during the dry season is an old phenomenon in the region, but bandits are now operating throughout the year, and are responsible for almost half of forced displacement. Some 100,000 Central African refugees and displaced people have fled from brutal attacks by these roaming criminals rather than from politically motivated conflict between militant groups and the government. In 2008, bandits have become more numerous, organised and violent, burning down whole villages when inhabitants resisted or set up self-defence militias. Near Bocaranga, in what is now known as the 'widows' village', criminals have killed all 13 men and have left their wives and children behind. The entire area around Béhili has been virtually deserted due to insecurity. In the far northwest, farmers can no longer sell their produce on markets because roads are too unsafe to travel. Well-armed bandits continue to kidnap children, women and men for ransom and often hold them for weeks or months in organised camps. In Bamingui-Bangoran, Vakaga and Haute-Kotto in the northeast, heavily armed poachers no longer hesitate to attack travellers or villagers. Banditry is becoming an increasing threat across the north and is spreading southward.

LRA camps and recent attacks in DRC, Sudan and CAR



Source: BBC, <http://news.bbc.co.uk/1/hi/world/africa/7605164.stm>



"I spent three months there [in the bandits' camp], chained up all the time together with 47 other prisoners, sleeping in the open, with no opportunity to wash. They did not feed us properly. We were badly beaten up, especially those who came from pro-government areas."

George, former hostage, Bossangoa¹⁷

Over the course of the year, splinter groups have formed from rebel movements to take up arms again. In early September 2008, authorities intercepted a number of attempts to smuggle small arms, which still circulate widely in the region of Chad, Sudan and CAR. On 28 September, one of the new splinter groups launched its first attack on the town of Am Dafok on the Sudanese border, looting warehouses and the police station. Observers fear the birth of a new rebel group, called the Union Force in

the Central African Republic (FURCA). It remains to be seen whether this militant group develops into a new rebel movement but the Am Dafok attack shows how important it is to avoid a security vacuum in the border regions.

¹⁶ Source: HDPT CAR (2008): Security Sector Reform (<http://hdptcar.net/ssr>).

¹⁷ Testimony taken from IRIN: 'CAR: Open season for bandits', 31 March 2008, www.irinnews.org/Report.aspx?ReportId=77530.

The situation of those Central Africans who go back to their villages is frustrating. Virtually all displaced people and refugees return to almost nothing, often finding their houses burned down, pumps destroyed, health posts looted and fields overgrown. In 2007 and 2008, some 85,000 people returned, mostly in the northeast. Far fewer Central African refugees have come back from Chad, mainly to Moyenne Sido and Kabo in the central north. These people urgently need help to restart their lives.



“They [the bandits] are everywhere, near our fields, our hunting grounds so we are scared to go there.”

Displaced inhabitant of Boudigui-Boyange, 25km west of Bossangoa¹⁸

Politics

After the prime minister resigned in January 2008 in the wake of labour and student strikes and a climate of discontent, the political scene was dominated throughout the year by the ‘national inclusive political dialogue’, a peace process regrouping the government, militant groups, the political opposition and civil society. The peace process has been rocky so far. After bilateral peace agreements had been signed between the government and the Democratic Front of the Central African People (FDPC) in February 2007, the Union of Democratic Forces for Unification (UFDR) in April 2007, and the APRD in May 2008, the APRD, the UFDR and the government signed a ‘global peace accord’ in Libreville, Gabon, on 21 June 2008,¹⁹ but which the FDPC refused to sign. Only two months later, in early September, the APRD declared the suspension of its participation in the process and fighting resumed between the group and government forces in the area around Paoua. For the first time, village self-defence militias, which had so far fought against bandits, joined the army against the militants. On 15 September, however, the government, APRD and UFDR met again in Libreville and issued a joint statement saying that the peace process had resumed. On 30 September 2008, the National Assembly approved a contentious law granting amnesty to both sides of the conflict, which was rejected by the APRD. Whether the peace progress succeeds will have a huge impact on the humanitarian situation in the north.

Another important development was the launch of a comprehensive justice and security sector reform with a national seminar in April 2008. The reform encompasses the justice system, police, gendarmerie, FACA and presidential guard is part of the struggle against impunity and should help the government to better ensure and respect the safety and rights of their people. Yet, the process will take years and beyond the national seminar, little substantial progress was made in 2008.

Economy

While new buildings are constructed all over Bangui and the economy will grow by an estimated 3.5% in 2008,²⁰ none of this upswing was felt in the northern or southeastern regions covered by this Coordinated Aid Programme. The economy in the north has still not recovered from the conflict of 2003, which had led to the breakdown of the cotton and coffee industries after factories



Children in Paoua | Annie Raykov, UNHCR

¹⁸ Testimony taken from IRIN: ‘CAR: Open season for bandits’, 31 March 2008, www.irinnews.org/Report.aspx?ReportId=77530.

¹⁹ The APRD or Popular Army for the Restoration of Democracy led by Laurent Djim Woei on the ground and officially by Jean-Jacques Démafouth, a former defence minister under Patassé, is active in the northwest and centre-north. The UFDR or Union of Democratic Forces for Unification, led by Zakaria Damane on the ground and for a few weeks officially by Charles Massi, a former minister under Bozizé, is active in the northeast. The smaller FDPC or Democratic Front of the Central African People, led by Abdoulaye Miskine, is a smaller group that was active in the centre-north until it lost a power struggle against the APRD.

²⁰ IMF (26 September 2008): ‘Statement by IMF Staff Mission at the Conclusion of a Visit to the Central African Republic’. Press release No. 08/224.

had been looted and dismantled by rebels. Cotton production was at a new low of 997 MTs of fiber during the last season.²¹ While average income per head has more than tripled in sub-Saharan Africa since 1985 (when adjusted for purchasing power), it grew by barely 20% in CAR.²² While conflict has brought down agricultural production of food and cash crops, animal husbandry, trade and safari and hunting tourism in the north, economic recovery is hindered by the fact that almost nowhere in the world is doing business as difficult as in the CAR.²³ The government has committed to reform. Together with the United Nations, it has developed a Poverty Reduction Strategy Paper and is receiving support from the International Monetary Fund (IMF), the World Bank, the African Bank for Development and a few bilateral donors. The programmes in this Coordinated Aid Programme, while concentrating on humanitarian life-saving assistance and protection, contain early recovery aspects to pave the way for recovery and long-term development.

Regional Dynamics

The humanitarian crisis in the CAR is the result of more than a decade of homemade conflict and violence, mutinies and *coups d'état* wreaking havoc in a society. This came on top of an ongoing development disaster and external neglect. CAR now ranks 171st out of 177 countries on the Human Development Index. Out of the bottom ten countries on the Human Development Index in 1985, CAR is one of only two that have still not seen any progress. Burdened by conflicts in neighbouring Chad, Darfur and DRC, an increasingly intertwined regional humanitarian crisis has left the CAR in the top-ten of the Failed States Index for years.²⁴ CAR is now one of the weakest states in the world²⁵ and one of Africa's worst governed,²⁶ in large parts due to the total collapse of state capacity.



“We did not wish to be displaced.”

Rachel Bangué, member of the displaced people's committee in Bozoum

Events in 2008 have continuously shown that armed groups in the region freely cross in and out of CAR where they have little to fear. In February and March, Uganda's LRA attacked several towns and villages in Haut-Mbomou in the southeast and kidnapped at least 55 children. Human Rights Watch reported that in February 2008 Chadian armed forces attacked six villages in the northwest. In the northeast, the deployment of 200 soldiers of the European Union's military force (EUFOR) along with a UN peacekeeping mission (MINURCAT) has contributed to preventing armed groups from Sudan and Chad from crossing into Central African territory. In the northwest and centre-north, a regional peacekeeping force, Multi-national Force in the CAR (FOMUC), was replaced by another one, MICOPAX²⁷ under the Economic Community of Central African States (CEEAC). The fragility of the Central African state, the “region's weakest link”,²⁸ remains a substantial risk in the frail centre of Africa.

Humanitarian Needs Analysis

With increasing access to conflict areas, aid agencies have uncovered additional humanitarian needs. In some cases, only once a health or protection programme was launched did people come forward and the full extent of their needs became apparent. For the first time, the members of the HDPT summarised and analysed all available data from needs assessments, studies, evaluations and surveys in a NAF, upon which this chapter is based.



<http://hdptcar.net/naf>

²¹ Reuters (4 September 2008): CAR tries to rescue wrecked cotton industry.

²² IMF (2007).

²³ World Bank (2008): Doing Business index, www.doingbusiness.org/economyrankings.

²⁴ Foreign Policy: State Failure Index 2008, September 2008: www.foreignpolicy.com/story/cms.php?story_id=4350&page=1.

²⁵ Brookings Institution, February 2008: www.brookings.edu/reports/2008/02_weak_states_index.aspx.

²⁶ Mo Ibrahim Foundation, October 2008: Index of African Governance. www.moiabrahamfoundation.org/the-index.asp.

²⁷ Mission for the Consolidation of Peace in Central Africa.

²⁸ The Economist (16 – 22 August 2008): Drums of war across the borders.

²⁹ Testimony taken from IRIN: ‘CAR: “We fear we will never see our husbands again”, 11 June 2008, www.irinnews.org/report.aspx?ReportId=78682.

The most obvious consequence of the fighting that has raged in the north intermittently since 2003, and the increasing attacks by bandits who take advantage of the power vacuum, is the massive forced displacement of more than 300,000 people at its peak in early 2007. In late 2007 and during 2008, displaced people and, to a much lesser extent, refugees have begun to return to their villages. Particularly in the northeast, some 85,000 displaced people have gone back since 2007, most of them to virtually nothing. The HDPT now estimates that some 108,000 people are still too scared to return and remain in internal displacement, mainly in the northwest.

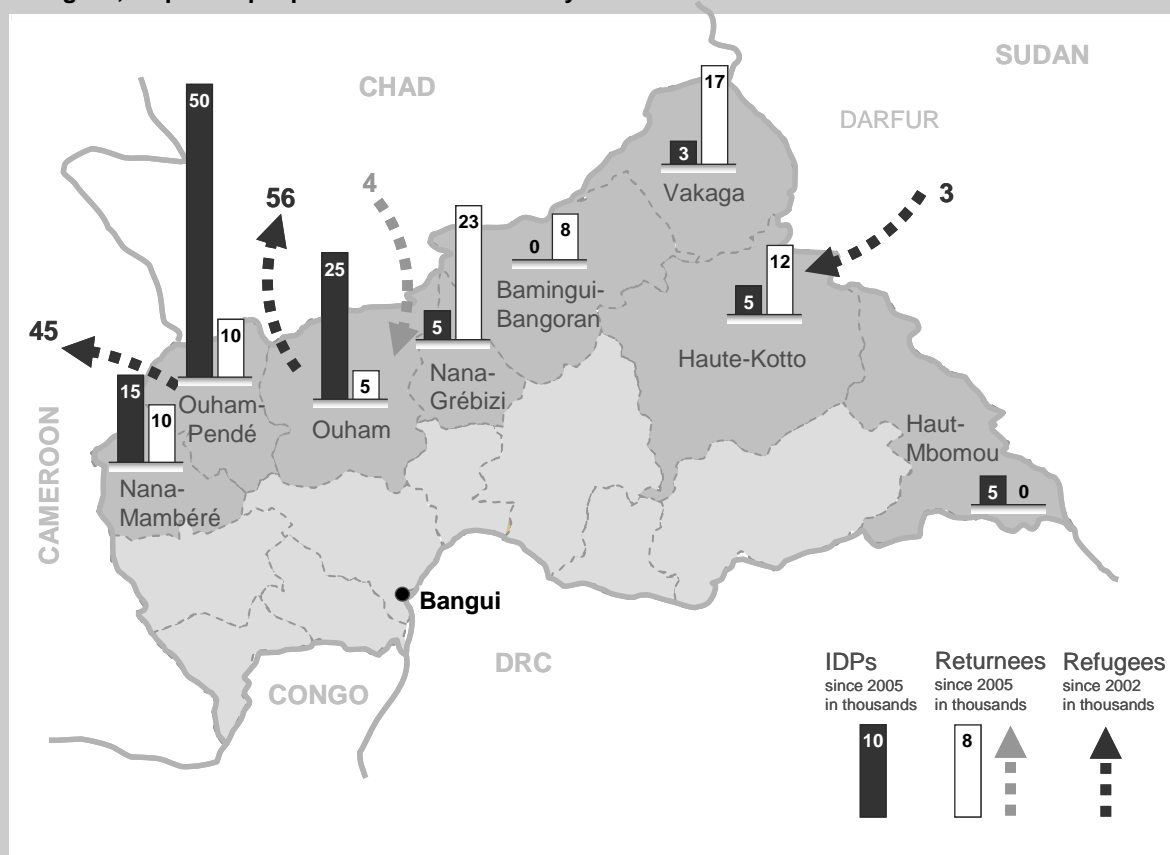


“Those among us whose husbands have fled to Cameroon to save their lives would like to see them again but we fear we won’t, given what they have suffered at the hands of the bandits: killings, cattle theft, kidnapping and physical violence.”

*Haroun Gomba,
a displaced woman in Paoua²⁹*

The nature of internal displacement has changed in 2008: it is increasingly urban and concentrated rather than small groups of people dispersing into the bush. In Kabo, the country’s only displaced people’s site now hosts 5,500 people. In Bozoum, Bouar, Baboua, Baoro and other towns, displaced people place a strain on host communities, who have been left with little themselves. Some Central African refugees from Chad have also returned in the area of Moyenne Sido and Kabo but 101,000 Central Africans still live in Chad, Cameroon and Sudan’s Darfur region. While the large-scale burnings of villages have ended and people have started returning, violence has not; members of the national armed and security forces continue to commit human rights violations, including killings and torture, with impunity.³⁰ Thus, human rights protection remains a priority sector in 2009.

Refugees, displaced people and areas affected by violence



³⁰ BONUCA/Section Droits de l'Homme (October 2008): Rapport public de Janvier à Avril 2008.

In addition to protection, the HDPT has selected health, water, sanitation and hygiene, and early recovery as the priority sectors for humanitarian action in 2009. Diseases that are easy to prevent or cure – often caused by unhygienic conditions or dirty water – lead to far too many deaths in CAR, particularly in areas affected by conflict and banditry where many health posts have been destroyed by years of violence and medical staff have fled. People who have lived through conflict regularly mention the lack of health centres and clean water as their most urgent needs.

All indicators point to the gravity of the situation: Maternal mortality in the CAR remains one of the highest in Africa, at 1,355 maternal deaths per 100,000 live births. The infant mortality is 106 deaths/1,000 live births; under-five mortality is 176/1,000.³¹ This means that almost one child in five will not live to his or her fifth birthday. More than one in two Central Africans dies before their 40th birthday, often a result of a lack of clean drinking water and unhygienic conditions. More than 35% of Central Africans have to resort to unhealthy water sources such as surface water from rivers or ponds, unprotected well and springs), only 26% can get clean drinking water, and only 27% have improved sanitation facilities. HIV/AIDS prevalence is one of the highest in the sub-region: 6.2% of all Central Africans between 15 and 49 years (7.8% of women and 4.3% of men) are infected.³²



“What we want is security... let our cursed sisters who were raped, brutalised, traumatised and bereaved have peace of mind and the hope of being women, mothers, and grandmothers.”

*Marie Moudjougoto,
community activist, Paoua³⁴*

day.³³ Less than two in three rural families have the recommended 2,400Kcal per head and day to eat. As a result, more than one child in ten suffers from acute malnutrition.

The CAR finds itself at the bottom of virtually all human development indicators because a decade of conflict, civil war, mutinies, coups d'état, violence and intensifying crime that came on top of a development disaster. There is now a real, and – given the risk of post-conflict countries to experience renewed violence – probably short-lived opportunity to move from humanitarian assistance to recovery and development programmes across the country, not only in the south. The peace process and efforts by the government to reform the security sector and struggle against impunity and corruption, together with international interest that is higher than at any time in the past years have created crucial momentum. Indeed, humanitarian organisations have strived to include early recovery aspects in their programmes. In all sectors, programmes aim at building capacity and local ownership so their impact is durable.



Two members of a self-defence group close to Bozoum | Pierre Holtz, UNICEF

³¹ MICS-3 (2006).

³² MICS-3 (2006).

³³ ACF (2008): *Rapport de Surveillance de la Sécurité Alimentaire*.

³⁴ Testimony taken from IRIN: CAR – Struggling to undo the damage of sexual violence, 1 April 2008, www.irinnews.org/Report.aspx?ReportId=77552.

3.2 SCENARIOS

The HDPT has developed its humanitarian strategy for 2009 based on a planning scenario that neither outright civil war nor complete peace will occur in 2009, with a number of core assumptions:

- The 'inclusive political dialogue' continues but the peace process is bumpy with disagreement on proposed amnesty laws, recurrent ceasefire violations, and in particular a tense struggle about the sharing of political power ahead of planned elections in 2010;
- People in remote areas sense little of the peace progress as they continue to suffer from violence at the hands of brutal bandits and foreign armed groups. Simmering ethnic tensions, fractions within militant groups, the emergence of new rebel groups, and the build-up of self-defence militias can easily lead to more violence;
- Violence, however, does not spread further and to the south. Especially in Bangui, timid economic development continues. Conflicts in Chad, Darfur, South Sudan, Uganda and the DRC have a continuous but not increasing impact on the situation in CAR.

Developments as described in this planning scenario would have a mixed humanitarian impact:

- Whereas people continue to return to their villages in some areas, others are still forced to flee elsewhere. Displacement patterns remain complex;
- Humanitarian needs remain high as many people still cannot get even basic healthcare and clean water, and are exposed to violence from all sides. Aid agencies have access to people in need despite insecurity and bad roads. While newly displaced people and others need life-saving humanitarian assistance in some places, there are opportunities and needs for a move to recovery and development programmes in others, particularly where the displaced return in large numbers.

Several triggers could worsen this situation and lead towards a worst-case scenario:

- The political dialogue fails because militant groups such as the APRD in the northwest and centre-north end their participation or because of struggle about amnesty for all sides;
- Fractions within the UFDR militant group in the northeast increase to the point that the group splits and a new faction is formed, which does not participate in the peace process;
- Ethnic tensions, possibly between Goula and Rounga in Bria and other areas in the east and northeast, intensify and lead to communal violence or the formation of new armed groups;
- Political struggle ahead of the 2010 elections increases or strikes about salary arrears mount, causing fighting in Bangui and other parts of the country;
- Increased fighting and banditry in east and south Chad and in southern Darfur, renewed conflict in South Sudan or in DRC's Equateur province and LRA attacks across DRC and Sudan send people fleeing to CAR and force Central African refugees in Chad and Darfur to return;
- Floods in Bangui or epidemic outbreaks anywhere in the country lead to a new humanitarian emergency.

All these triggering events would lead to more humanitarian needs as social infrastructure is destroyed, local economies are brought to their knees, Central Africans are forced into internal displacement or refugees from neighbouring countries arrive in CAR. The HDPT has developed a detailed contingency plan which describes in detail the different aspects – intensified political conflict, ethnic tensions, and the spread of regional crises, natural disasters or epidemics – of this worst-case scenario. The plan also maps out the preparations that aid agencies have taken to respond to such breaking emergencies. Together with its counterparts in Chad and Cameroon, the HDPT in CAR has also developed a regional contingency plan as political and security developments in the three countries are closely linked.

3.3 STRATEGIC PRIORITIES FOR HUMANITARIAN RESPONSE IN 2009

The members of the HDPT, both those that have projects in this CAP and those that do not, convened for workshops in Kaga-Bandoro, Paoua and Bangui in August and September 2008 to discuss their humanitarian strategy for 2009. During this workshop, they agreed on three strategic priorities which guide this Coordinated Aid Programme. While the members of the HDPT made an effort to address the most pressing humanitarian issues in regions struck by conflict and violence across the north and in the southeast, they tried to ensure that early recovery aspects are included in humanitarian action.

STRATEGIC PRIORITY 1

Based on assessed needs and using a human-rights based approach, deliver life-saving assistance, especially emergency healthcare and safe water and sanitation to people struck by violence, particularly displaced people and refugees across the north of and in the southeast.



Strategy

Health and water, sanitation and hygiene are priority sectors for humanitarian action in 2009 as organisations can prevent much unnecessary loss of lives with relatively modest programmes to provide basic healthcare and safe drinking water in areas affected by conflict, banditry and incursions of armed groups. In both sectors, humanitarian organisations integrate early recovery aspects in their programmes so that their impact is long-lived.

Indicator	Target
Number and percentage of births assisted by trained staff	30,000
Number of upgraded or built water schemes (wells, boreholes, reticulated water schemes and hand pumps) that are culturally-acceptable and gender-sensitive	605

STRATEGIC PRIORITY 2

Protect people struck by violence and violations of their basic human rights, and help restore the dignity of survivors.



Strategy

In 2009, the protection cluster will increase its advocacy for the respect of the rights of people struck by conflict, both towards authorities and militant groups in the country and towards the international community. The cluster's members launched a campaign for the rights of displaced people in Central Africa in October 2008. As part of the campaign, several organisations will profile the displacement situation in 2009, as it has changed tremendously with almost half of the displaced people returning. More detailed information is needed where it can lead to more specific protection programmes on the ground.

The number of these programmes has increased in 2008. Organisations now provide direct medical and psychosocial assistance to survivors of rape and other sexual violence who come forward thanks to a community outreach programme in the centre-north and northwest. In the northeast, former child soldiers receive demobilisation and reintegration help. In other places, organisations support associations and community groups with psychosocial programmes.

Indicator	Target
Number of displaced people, Central African refugees abroad and returnees	N/A
Number of cases of human rights violations referred to the judiciary system and the number of convictions	200 cases, 100 convictions

STRATEGIC PRIORITY 3

Support returning displaced people and refugees, host communities and others in post-conflict settings to restart their lives by integrating early recovery and humanitarian action.



Strategy

Early recovery, that is, designing humanitarian assistance in a way that paves the way for durable development programmes, is becoming increasingly important in the CAR as many displaced people continue to return home. In the early recovery sector, organisations help communities to rebuild infrastructure and support women, farmers, youth and other associations. Villagers rebuild roads and bridges so that goods can be transported to markets; the money they earn in road rehabilitation programmes helps to restart local economies and enables them to cover their most urgent needs. Early recovery, of course, is not limited to these projects: Many organisations that work in the food security sector help farmers to organise themselves and produce enough crops to sell some on the market. In the health sector, organisations rehabilitate health posts and help villages to manage their own cost-recovery systems.

Indicator	Target
Length of road rehabilitated with recovery programmes	485km











This humanitarian strategy is also aligned with the Strategic Plan for the Consolidation of Peace, which guides the use of \$10m allocated by the UN Peace-building Fund to action in the CAR. Several projects in this CAP, essentially in the protection and early recovery sectors, contribute to the plan's three priority areas: security sector reform, promotion of good governance and rule of law, and the revival of communities affected by conflict.

As in the previous year, the CAP is also aligned with the country's Poverty Reduction Strategy Paper and its four pillars: (1) restore security, consolidate peace and prevent conflict; (2) promote good governance and the rule of law; (3) rebuild and diversify the economy; and, (4) develop human capital. The aim of aligning strategies in the humanitarian, recovery and development sectors is to ensure that programmes reinforce, rather than hinder each other. This goal is also reflected in the third strategic priority of this Coordinated Aid Programme.

3.4 SECTOR RESPONSE PLANS

The members of the HDPT have made an effort to make this Coordinated Aid Programme more strictly targeted towards conflict areas. The table below summarises the number of vulnerable people in areas affected by conflict and banditry, as well as the planned number of people who will benefit from programmes. With the exception of Aka pygmies who suffer from ethnic discrimination and violence and urban refugees in Bangui who have fled conflict in Sudan, DRC, Chad and other countries, the numbers in the table only refer to the seven northern prefectures and Haut-Mbomou in the southeast.

Overview of sectors

	Priority	Sector	
Priority Sectors	1	Health	
	1	Water, Sanitation and Hygiene	
	2	Protection, Human Rights and Rule of Law	
	3	Early Recovery	
Sectors addressing urgent needs		Education	
		Food Security	
		Multi-sector Assistance to Refugees	
		Nutrition	
		Shelter and Non-food Items	
Sectors ensuring the sustainability of aid efforts		Communications and Support Services	

Areas	Category	Affected	Beneficiaries
Nana-Mambéré	Displaced people	15,000	15,000
	Returned displaced people	10,000	10,000
Ouham-Pendé	Displaced people	50,000	50,000
	Returned displaced people	10,000	10,000
Ouham	Displaced people	25,000	25,000
	Returned displaced people	5,000	5,000
Nana-Gribizi	Displaced people	5,000	5,000
	Returned displaced people	23,000	23,000
Bamingui-Bangoran	Returned displaced people	8,000	8,000
Vakaga	Displaced people	3,000	3,000
	Returned displaced people	17,000	17,000
	Refugees from Darfur	750	750
Haute-Kotto	Displaced people	5,000	5,000
	Returned displaced people	12,000	12,000
	Refugees from Darfur	3,139	3,139
Haut-Mbomou	Displaced people	5,000	5,000
Lobaye	Aka pygmies	15,880	7,900
Bangui	Refugees	3,878	3,878
Areas affected by conflict and banditry	Pregnant women	162,479	162,479
	People living with HIV/AIDS	167,894	167,894
	Other people in need including host communities	500,000	500,000
Total		1,047,020	1,039,040

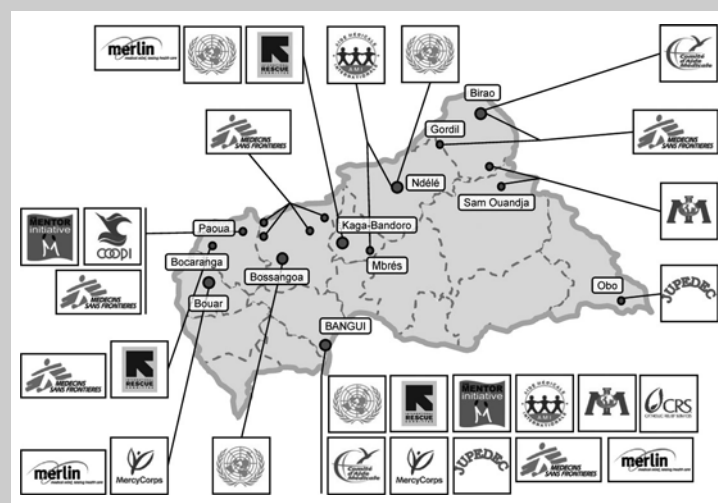
HEALTH

PRIORITY SECTOR: Strategic priority **1****Sector lead:** World Health Organization (WHO)

Agencies participating: Central African Association for the Well-Being of Families (ACABEF), International Medical Aid (AMI), Association of Medical Health Programmes in the Central African Republic (ASSOMESCA), Medical Aid Committee (CAM), *Cooperazione Internazionale* (COOPI), Catholic Relief Services (CRS), International Medical Corps (IMC), International Rescue Committee (IRC), United Youth for the Protection of the Environment and Community Development (JUPEDEC), Mentor Initiative, Mercy Corps, Medical Emergency Relief International (MERLIN), Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF); Médecins sans Frontières (MSF) [as observer]

*Overview of priority needs and response strategy*

In the conflict areas in the north, many health facilities have been destroyed or looted and many health staff have fled. According to WHO, there were only 137 medical doctors (three for every 100,000 Central Africans), 294 state-licensed nurses and 240 midwives working in the entire country in 2006. As a result, the national vaccination coverage rate which had reached a record level of 84.6% for DTP3³⁵ could not be maintained. According to the Ministry of Health's (MoH) disease surveillance reports, malaria remains the leading cause of morbidity (40% of consultations) and mortality (13.8% of deaths). Less than one family in five owns an impregnated mosquito net and only 15% of children under-five sleep under a net.³⁶ Diarrhoeal diseases, often resulting from dirty water, are widespread in the north and southeast of the CAR.

Health field presence

Source: HDPT CAR, October 2008. MSF does not participate in this CAP

The main needs to be addressed in 2009 are:

- better access to basic healthcare including maternal and infant care, safe blood transfusion and the fight against HIV/AIDS and gender-based violence;
- Epidemic outbreak control, the management of health information and the implementation of international health regulation;
- rehabilitation of health facilities to ensure safe healthcare during emergencies;
- coordination of humanitarian organisations providing healthcare and assessment of humanitarian needs to identify and close gaps in the health sector;
- epidemic outbreak control, the management of health information and the implementation of international health regulation;
- local and national capacity building.

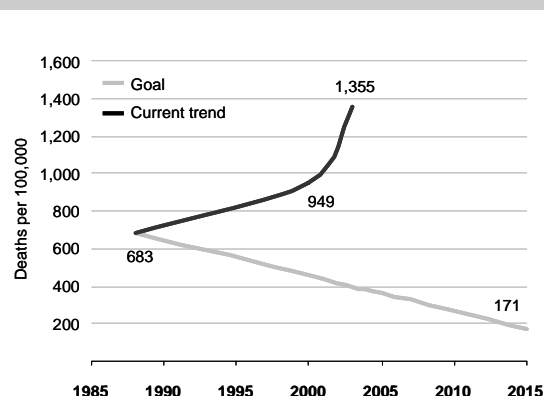
³⁵ Diphtheria, Tetanus and Pertussis vaccine, 3rd dose.

³⁶ WHO (August 2008): World Malaria Report 2008.

Prefecture	Organisations
Countrywide	UNICEF (vitamin A supplements and de-worming medication for children under five), WHO (coordination, disease surveillance and response)
Health Province 2 (Nana-Mambéré)	Association of Medical Health Programmes in CAR [Assomesca] (primary healthcare), Merlin (primary healthcare in Bouar)
Health Province 3 (Ouham and Ouham-Pendé)	Central African Association for the Well-Being of Families [ACABEF] (STI/HIV prevention among adolescents), Action Against Hunger (ACF) (nutritional programme, therapeutic feeding centre in Bossangoa), Assomesca (primary healthcare), Mentor Initiative (malaria programme in Paoua area), International Cooperation [COOPI] (supervision and provision of essential medical drugs in Ngaoundaye), MSF-F (primary healthcare, emergency preparedness and response in Paoua), MSF-H (primary and secondary healthcare, emergency preparedness and response in Markounda and Boguila), MSF-S/B (primary and secondary healthcare, emergency preparedness and response in Batangafo and Kabo), ³⁷ UNICEF (expanded immunisation programme, support to primary healthcare services, prevention of mother-to-child transmission of HIV, prevention of HIV/AIDS for children and adolescents, management of sexual violence), World Health Organization [WHO] (disaster preparedness, expanded immunisation programme [EPI], STI/HIV prevention and GBV management, emergency obstetric & neonatal care)
Health Province 4 (Nana-Gribizi, Kémo)	International Medical Aid [AMI] (primary healthcare), Assomesca (primary healthcare), IRC (primary and secondary healthcare, GBV response in Kaga-Bandoro), Merlin (primary healthcare, rehabilitation of health facilities), UNICEF (EPI, support to primary healthcare services)
Health Province 5 (Bamingui-Bangoran, Vakaga)	AMI (primary healthcare), Assomesca (primary healthcare), CAM (STI and HIV prevention, GBV management in Birao), IMC (primary healthcare in Ouadda-Djallé), MSF-H (primary and basic secondary healthcare), UNICEF (support to primary healthcare services), WHO (disaster preparedness and response, emergency obstetric and neonatal care, STI and HIV prevention, GBV management in Ndélé)
Health Province 6 (Haut-Mbomou, Haute-Kotto)	Assomesca (primary healthcare), Medical Aid Committee [CAM] (primary and secondary health in Haut-Mbomou planned), International Medical Corps [IMC] (primary healthcare in Sam-Ouandja), United Youth for the Protection of the Environment and Community Development [JUPEDEC] (STI and HIV prevention, primary healthcare in Obo and Zémio), WHO (integrated disease surveillance and response in Alindao)

In 2008, the members of the health cluster provided logistics and financial support to the MoH to strengthen surveillance and the responsiveness to the outbreak of diseases. This helped to strengthen the national health information system. In 2008, the MoH has extended the hospital emergency response plan to health facilities at prefecture level for an effective, coordinated and decentralised response to disasters and epidemics. Seeking to improve local partnerships and health coordination, MoH staff participated in trainings to strengthen national capacities in disaster and emergency preparedness.

**Millennium Development Goal:
Reduce maternal mortality rate by three quarters**



Source: United Nations (2007) - RCA : Suivi des OMD

³⁷ MSF's programmes are not part of the CAP.

Objectives

- Improve access to basic healthcare (including reproductive health) and better management of obstetrical and neonatal emergency care in conflict zones and improving disease surveillance and outbreak response.
- Strengthen the response to disasters and crises by reinforcing and equipping emergency services in health facilities in conflict zones.
- Improve the health and nutritional status of children under five, pregnant women and other vulnerable groups by providing a package of essential services according to defined policies and standards (immunisation, nutrition, malaria control and others).
- Scale up the fight against sexually transmitted infections (STI), HIV/AIDS and tuberculosis with emphasis on vulnerable people at risk in conflict areas, including survivors of sexual violence, displaced people, refugees, adolescents, pregnant women, people affected by HIV/AIDS, men and women in uniform and others.

Strategy

To provide an adequate response to urgent health needs generated by the humanitarian crisis, humanitarian organisations will concentrate their efforts on four areas.

1. Assessment
 - Assess humanitarian needs, identify gaps, monitor and prioritise health programmes.
2. Coordination
 - Strengthen the coordination of humanitarian activities in the health sector, particularly in emergency situations and with regard to vulnerable people.
 - Decentralise coordination mechanisms by empowering the regional health directorates.
 - Establish a health information system and database.
 - Reactivate the health technical sub-group on integrated disease surveillance and response, as well as the disaster and crisis management committees at national and district levels.
3. Gap filling
 - Improve access to primary healthcare including the management of obstetrical and neonatal emergency care with referral and counter-referral systems, as well as kits, contraceptive and drug supplies.



Health Quick Facts

Indicator	CAR	Africa
Public health spending, as % of GDP	1.5	-
1-yr olds fully immunised against tuberculosis	70%	76%
1-yr olds fully immunised against measles	35%	65%
Doctors per 100,000 people	3	-
Births attended by skilled health personnel	44%	43%
Births attended for poorest 20%	14%	-
Births attended for richest 20%	82%	-
Infant mortality rate per 1,000 births, 2005	106	102
Infant mortality rate for poorest 20%	132	-
Infant mortality rate for richest 20%	54	-
Child mortality rate per 1,000 births, 2005	176	172
Maternal mortality rate per 100,000 births	1,355	-
HIV prevalence rate among adults	6.2%	-
Reported malaria cases per year	100,000	-
Tuberculosis cases per 100,000	483	-
Other epidemics in 2008	Meningitis - Polio Yellow fever Hepatitis E Rabies	

Sources: UNDP Human Development Report 2007/08; UNDP (2008) - Annual Report 2007; HDPT (2008), WHO (2006)

Distribution of meningitis cases*

District	Cases	Deaths	Death rate
Nana-Mambéré	18	13	72%
Ouham-Pendé	26	9	34%
Ouham	17	7	41.2%
Nana-Gribizi	82	8	10%
Haute-Kotto	17	10	59%
Total CAR	202	57	28%

*Declared cases from first to tenth epidemiologic weeks 2008
Source: Government of CAR (2008) - Ministry of Health

- Improve access to STI and HIV prevention services including voluntary counselling and testing (VCT), prevention of mother-to-child transmission of HIV and safe blood transfusion in conflict areas.
- Improve the capacity of health facilities to prepare and respond to disaster and crises.
- Provide medical and psychosocial care to survivors of sexual violence, improve initiatives to prevent sexual violence and advocate for the establishment of an effective legal system.

4. Capacity building

- Rehabilitate and revitalise health units by providing kits, equipment, communication systems and ambulances, and by revamping communication, supervision and monitoring.
- Strengthen the capacity of health structures for active surveillance of diseases and adequate emergency response during epidemics and disasters.
- Decentralise hospitals preparedness and response plans, involving local and national authorities.
- Promote community participation in the prevention of and response to STIs, HIV/AIDS and sexual violence.
- Train health organisations on the management of emergency situations.



Sick child in Bocaranga hospital
Pierre Holtz, UNICEF

Indicator	Target
Number and percentage of deliveries assisted by trained staff	30,000
Number of survivors of gender-based violence treated and supported	1,000
Acute severe malnutrition rate among children under five and pregnant women	3,000
Age- and gender-disaggregated utilisation rates of basic health services in conflict areas	1,500,000
Number of health staff, community leaders and volunteers trained on various health topics	500
Number of health structures rehabilitated, equipped and reinforced for adequate response to disasters and crises	12

Monitoring

Monitoring will be carried out on several levels. Technical monitoring will be carried out through field visits, review missions and undertaking surveys by various actors. The country team will be supported by their respective regional offices and HQ whenever applicable. Health cluster and non health cluster members will independently and jointly coordinate the monitoring at national and provincial levels: Managerial monitoring is carried out within the agency. OCHA and the Humanitarian Coordinator are kept informed and are engaged whenever needed.

WATER, SANITATION AND HYGIENE

PRIORITY SECTOR: Strategic priority **1****Sector lead:** UNICEF

Agencies participating: ACF, Agency for Technical Cooperation and Development (ACTED), CAM, Regional Centre for Drinking Water and Sanitation at Low Prices (CREPA), Central African Red Cross (CARC), CORDAID, French Red Cross (FRC), International Community Development Initiative (ICDI), IMC, International Partnership for Human Development (IPHD), IRC, Mercy Corps, MMEH/DGH³⁸, OCHA, Solidarités, Triangle GH and UNDP; ICRC and MSF (as observers)

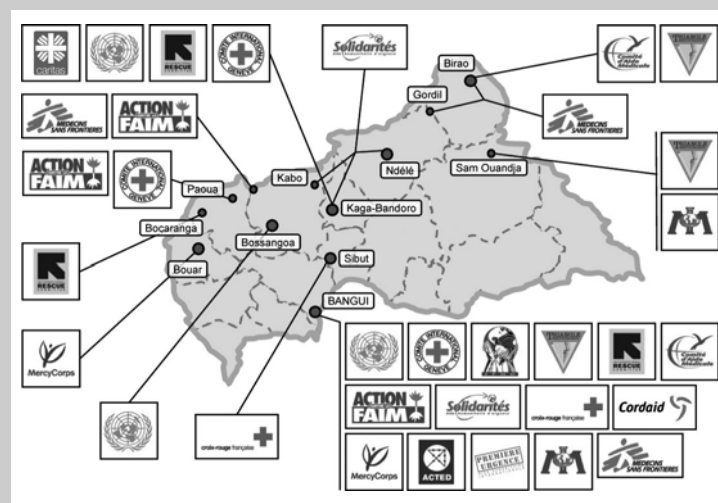
*Overview of priority needs and response strategy*

Despite great efforts, many people in CAR still cannot get safe drinking water, and are forced instead to drink dirty, stagnant water. Recent data is unavailable at the national level but according to a study in 2006, 31.5% in urban and only 26% in rural areas have access to clean water. Only one quarter of the population have latrines and the rest resort to open defecation.³⁹

The current system of operating and maintaining water pumps has failed and is at a breaking point; it is not sustainable and existing pumps cannot cover the needs. Further, organisations that work in the water, sanitation and hygiene sector use two competing approaches. Some train pump mechanics and set up village water committees and a network of stocks with spare parts, whereas others use technical teams that move from village to village and are paid by villages in cash or in kind to repair and maintain pumps every three months. There are also two different types of pumps in use, India (types I, II and III) and Vergnet, as well as different water-raising pipes (types medium density polyethylene [MDPE], polyvinyl chloride [PVC] and galvanised iron [GI]).



Only one in four people in rural area have access to safe drinking water | Pierre Holtz, UNICEF

Water, Sanitation and Hygiene field presence

Source: HDPT CAR, October 2008. MSF and ICRC do not participate in this CAP

Organisations working in the water, sanitation and hygiene sector made efforts to overcome these difficulties and formed partnerships to improve coordination and reach more people in need. As internal displacement continued during 2008, aid agencies provided drinking water and basic sanitation, for instance to displaced people at a site in Kabo and in the area of Bocaranga. The ICRC and MSF, which do not participate in the CAP, played an important role in providing water to displaced people and others struck by violence. Together,

³⁸ Ministry of Energy, Mines and Water/General Water Directorate.

³⁹ MICS-3 (2006).

thanks to strong donor support, aid agencies provided assistance to 365,752 people across the north, including the rehabilitation or construction of water points and latrines, the distribution of jerry cans, water purification tablets, soap and other household goods to improve hygiene conditions, and the training on hygiene practices. Rainwater harvesting and family sand filters help displaced people and others who cannot reach water pumps to obtain safe drinking water. In 2009, the members of the water, sanitation and hygiene (WASH) cluster will:

- repair boreholes;
- support communities to construct or repair protected wells and improved family latrines;
- agree on a standard type of hand pumps and improve the supply of spare parts;
- support village water management committees;
- train pump mechanics;
- promote good hygiene practices such as hand washing before cooking and eating, the treatment or drinking water at household level and the safe storage of water.

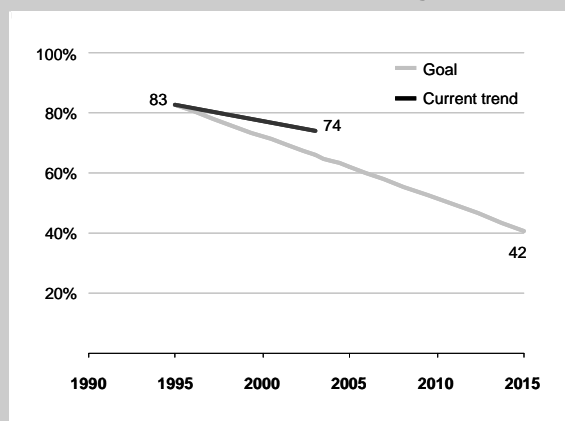


Water and Sanitation Quick Facts

Indicator	CAR	Africa
Population using improved sanitation 2006	27%	37%
Population using improved water source 2006	64%	55%

Sources: Government of CAR (2007) – MICS 3, UNDP (2007) - Human Development Report 2007/2008

Millennium Development Goal: Halve lack of access to safe drinking water



Source: United Nations (2007) - RCA : Suivi des OMD

To overcome differences in strategy and the type of water pumps used, the members of the WASH cluster have agreed on a common strategy and will:

- design programmes based on vulnerability analysis and mapping, taking into account people's nutritional status as a factor for the prioritisation of projects;
- focus on quick-impact actions alleviate suffering;
- support and strengthen communities' coping mechanisms;
- design sustainable projects taking into account the extreme poverty in which many live;
- identify gaps in the response and cover them systematically.

Objectives

Areas	Category	Affected	Beneficiaries
Bamingui-Bangoran, Nana-Gribizi, Ouham, Ouham-Pendé, Vakaga, Haute-Kotto, Nana-Mambéré, Haut-Mbomou	Displaced people	108,000	108,000
	Refugees	3,139	3,139
	Other people in need including host communities, minorities, people living with HIV/AIDS	1,405,578	198,000
Total	Female	757,816	153,952
	Male	758,901	155,187
	Grand total	1,516,717	309,139

The WASH cluster's overarching objective remains to reduce morbidity and mortality resulting from water-related diseases among displaced and other vulnerable people, especially children under five. The cluster will also enhance the government's ability to respond to emergencies. In 2009, organisations will continue and expand their current programmes. They plan to launch WASH programmes in Haut-Mbomou and Bozoum. All water cluster members therefore commit to:

- deliver 15 litres of safe drinking water per day and per person to the most vulnerable people, including the displaced and refugees (see beneficiaries above);
- construct 6,440 family and 65 communal latrines in conflict areas in the north;
- promote better hygiene practices among host communities, displaced people and refugees;
- streamline the country's policy for the operation and maintenance of hand pumps to facilitate early recovery.

Indicator	Target
Number of upgraded or built water schemes (wells, borehole, reticulated water scheme and hand pumps) which are culturally acceptable and gender-sensitive	605
Number of upgraded or built sanitation schemes (institutional or family improved latrines, waste disposal schemes) which are culturally acceptable and gender-sensitive	6,440
Number of schools or health centres with access to safe drinking water, latrines and basic waste collection schemes	40
Number of parent-teachers committees and health centre committees trained on adequate hygiene practices	125
Number of households and people reached in the affected areas	309,000

Monitoring

The WASH cluster meets monthly to exchange information, coordinate programmes, streamline strategies and monitor progress. The cluster lead will continue to update maps showing who does what where every two months. Project reports, surveys, assessment reports and other documents are shared among the members of the cluster and are available to others on the HDPT intranet. The cluster lead is responsible for collecting information to feed the government's central database on water pumps.

PROTECTION, HUMAN RIGHTS AND RULE OF LAW

PRIORITY SECTOR: Strategic priority **2**

Sector lead: UNHCR

Agencies participating: ACF, UN Peace-Building Support Office in the Central African Republic (BONUCA), CAM, COOPI, CRS, Danish Refugee Council (DRC), IMC, IRC, Norwegian Refugee Council (NRC), OCHA, Triangle GH, UNDP, UNFPA, UNICEF, WFP; ICRC (as observer)



Prefecture	Organisations
Nana-Mambéré	UNHCR (displacement monitoring), UNICEF (protection and assistance to orphans and vulnerable children)
Ouham-Pendé	DRC (women's rights promotion), Norwegian Refugee Council (NRC) (protection, advocacy and profiling of displaced people, returnees and host communities), UNHCR (protection, displacement monitoring and assistance to displaced people, trainings), IRC (emergency protection and assistance to survivors of sexual violence), UNDP (access to justice and legal protection), United Nations Educational, Scientific, and Cultural Organization [UNESCO] (human rights promotion, community radios), UNICEF (demobilisation and reintegration of children associated with armed groups, protection and assistance to orphans and vulnerable children)
Ouham	ACF (psychosocial assistance to displaced people, rights training), NRC (protection, advocacy and profiling of displaced people, returnees and host communities), UNHCR (protection, displacement monitoring and assistance to displaced people, rights trainings), UNDP (access to justice and legal protection), UNICEF (demobilisation and reintegration of children associated with armed groups, protection and assistance to orphans and vulnerable children)
Nana-Gribizi	NRC (protection, advocacy and profiling of displaced people, returnees and host communities), UNHCR (protection, displacement monitoring and assistance to displaced people, rights trainings), IRC (emergency protection and assistance to survivors of sexual violence), UNDP (access to justice and legal protection), UNICEF (demobilisation and reintegration of children associated with armed groups, protection and assistance to orphans and vulnerable children)
Bamingui-Bangoran	DRC (women's rights promotion)
Vakaga	IMC (protection and psychosocial assistance to children and survivors of sexual violence), UNESCO (human rights promotion, community radios), UNICEF (demobilisation and reintegration of children associated with armed groups, protection and assistance to orphans and vulnerable children)
Haute-Kotto	IMC (protection and psychosocial assistance to children and survivors of sexual violence), UNICEF (demobilisation and reintegration of children associated with armed groups, protection and assistance to orphans and vulnerable children)
Haut-Mbomou	UNICEF (protection and assistance to orphans and vulnerable children)
Lobaye	COOPI (protection of pygmies' rights)

Objectives

Protection programmes in 2009 will be directly linked to the second and third strategic priorities for humanitarian action in CAR for 2009.

- Improve prevention and response to human rights violations, and reduce impunity.
- Ensure that people affected by violence and discrimination receive adequate assistance to reduce their vulnerability and exposure to exactions and abuse.
- Ensure that assistance respects basic protection principles, does no harm and applies a community-based approach.



Protection Quick Facts

Indicator	CAR
Prison population total, January 2007	4,168
Prison population per 100,000 people, 2007	110
Central African refugees abroad	101,245
Central African internally displaced people	108,000
Central Africans in forced displacement (refugees and IDPs)	209,245
Refugees from other countries in CAR	7,767

Sources: UNDP Human Development Report 2007/08, UNHCR (2008)

Areas	Category	Affected	Beneficiaries
Nana-Mambéré, Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Vakaga, Haute-Kotto and Haut-Mbomou	Displaced people	108,000	98,000
	Men	27,000	24,500
	Women	27,000	24,500
	Children	54,000	49,000
	Returnees (displaced people and refugees)	85,000	73,000
	Men	21,000	19,000
	Women	21,000	19,000
	Children	43,000	35,000
Lobaye prefecture	Aka Pygmies	15,880	7,900
	Men	4,714	2,343
	Women	4,630	2,302
	Children	6,536	3,255
Total	Men	52,714	45,843
	Women	52,630	45,802
	Children	103,536	87,255
	Total	208,880	178,900

Strategy

In 2009, the protection cluster will continue to coordinate activities to ensure that the protection and assistance needs of displaced people, returnees, ethnic minorities and other vulnerable groups, in particular women, children, people living with HIV/AIDS, the handicapped and the elderly are effectively addressed. In collaboration with local structures, all programmes will include the reinforcement of national capacities. Organisations will mainstream HIV/AIDS and gender aspects in their protection activities in 2009. Systematically using a community-based approach, organisations, with the participation of beneficiaries, will make sure that their protection and assistance programmes are designed and carried out in a way that ensures their sustainability.

One important initiative undertaken by the protection cluster in 2008 was the adoption of a common work plan between the members of the cluster, the Government of the Central African Republic and local human rights NGOs. The plan focuses on four axes of collaboration: reinforcement of national capacities in the domain of human rights, security sector reform, reinforcement of the national and international legal framework, and information sharing on human rights violations. The objective of the cluster for 2009 will be to reinforce the collaboration between its members, the government and human rights NGOs to fully implement the work plan and to ensure the coherence and complementarity of all protection activities in CAR. In addition, the protection cluster will increase advocacy for the protection of people affected by conflict and violence on a national and international level, in particular by launching a campaign for the rights of displaced people.



More than 200,000 people remain displaced because of violent conflict and banditry
Pierre Holtz, UNICEF

To facilitate the coordination of protection activities on the ground, in 2008 a protection sub-cluster was established in Paoua, Ouham-Pendé prefecture. In 2009, the sub-cluster will aim at improving the coordination of protection programmes in the northwest and enhance capacities to respond to existing and arising emergency situations. A protection sub-cluster will as well be established in Kaga-Bandoro, Nana-Gribizi prefecture, to ensure the coordination of protection activities in the centre-north and northeast.

Protection and assistance programmes provided by the humanitarian community for people affected by conflict and violence will be improved in 2009. The geographical coverage of prevention and response programmes for survivors of sexual violence and people living with HIV/AIDS will be expanded. Information-gathering networks, such as a network of humanitarian observers who monitor the displacement situation in northern CAR, will be reinforced. Furthermore, organisations will put in place new monitoring mechanisms, including a monitoring and reporting mechanism (MRM) on violations perpetrated against children, in particular with regard to children associated with armed forces and armed groups. Humanitarian organisations will continue to provide material assistance to displaced people with specific needs, with a particular focus on minority groups, women, children, the handicapped and the elderly. All programmes will take into account returning displaced people and refugees spontaneously returning from Chad as the sustainable reintegration into their villages will contribute to national reconciliation efforts in northern CAR.

The members of the protection cluster will undertake the following activities in 2009:

- Continue to train relevant groups, including judiciary officials, armed and security forces, rebel groups, regional peacekeeping and peace-building forces, civil society, local authorities and communities, displaced people and minority groups on IHL, human rights law, rule of law and the Guiding Principles on Internal Displacement;
- Implement a disarmament, demobilisation and reintegration (DDR) programme for Central African rebel groups, including children associated with them;
- Reinforce local and national judiciary infrastructure to improve prevention of and response to human rights violations, and to reduce impunity;
- Establish community protection mechanisms and train people on human rights issues, including GBV.
- Advocate for more effective prevention and response to human rights violations by the Central African government, including by sharing information on human rights violations.

- Advocate with the relevant Central African Government ministries for the elaboration of a national law on internal displacement, to be modelled on the African Union Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa.
- Improve the availability of data on the human rights situation in coordination with local authorities and communities by strengthening existing and establishing new monitoring mechanisms.
- Provide timely and adequate material and non-material assistance to people affected by conflict and violence, with a particular focus on minority groups, women, children, people living with HIV and AIDS, the handicapped and the elderly.
- Assist returning displaced people and refugees to reintegrate into their communities with early recovery and livelihoods assistance programmes.

Indicator	Target
Number of people who have participated in trainings on IHL, human rights law, rule of law and the Guiding Principles on Internal Displacement	2,500
Number of people, including children, who effectively participate in DDR programmes	25%
Number of cases of human rights violations referred to the judiciary system and the number of convictions	200 cases, 100 convictions
Percentage of all beneficiaries who participate in the elaboration and implementation of protection and assistance programmes	50%
Proportion of people affected by conflict and violence receiving material and non-material assistance	20%

Monitoring

Field assessment reports presented by the members of the protection cluster will be used to measure the impact of protection and assistance programmes. In addition, data collected by monitoring mechanisms, such as a network of humanitarian observers and the monitoring and reporting mechanism, will provide periodic information on the humanitarian situation in the country, as well as on the impact of protection efforts. As regards the justice sector, a list of referrals and court cases, including convictions, will give an overview of the progress made in this domain.

EARLY RECOVERY

PRIORITY SECTOR: Strategic priority **3**

Sector lead: UNDP

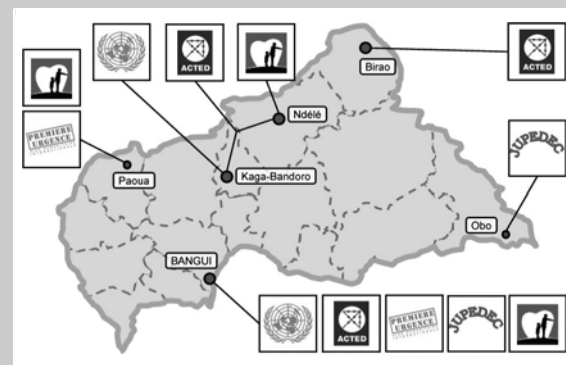
Agencies participating: ACTED, BONUCA, Confederation of Central African NGOs (CIONGCA), Food and Agriculture Organization (FAO), JUPEDEC, OCHA, Première Urgence (PU), UNFPA, UNICEF, WFP



Overview of priority needs and response strategy

In 2008, the HDPT's third strategic priority for humanitarian action was focussed on reinforcing the coherence and synergy between humanitarian assistance and early recovery and long-term development by supporting early recovery initiatives in areas affected by conflict and violence. In 2008, the first signs of a transition to recovery and long-term development programming came about. The two main objectives of the early recovery network are to make sure that aid agencies in all sectors improve the mainstreaming of early recovery principles in their humanitarian assistance programmes for a smooth transition from humanitarian to recovery and development programming, and to facilitate the return and reintegration of displaced people and refugees in their communities. For both these objectives, civil society and community-based organisations, local, regional and national authorities, and local and international aid agencies need to work closely together.

Early Recovery field presence



Source: HDPT CAR, October 2008



Road rehabilitation in northern CAR | ACTED

A needs assessment in Haut-Mbomou and other areas in the southeast showed an almost complete absence of social infrastructure, health and education services, and a breakdown of agricultural production and cattle breeding.

The priority plan for a \$10m allocation from the Peace-building Fund identifies three areas: security sector reform, governance and economic recovery of communities affected by conflict. The plan allocates \$2.6m to this third area to support early recovery programmes such as enhancing the security and social cohesion of communities, stimulating local economies and creating jobs. Several early recovery programmes were also funded by the CHF.

Objectives

- Improve access to areas struck by conflict by repairing roads and bridges so that people can travel to markets, hospitals and schools.
- Restore community capacities to produce goods and facilitate the reintegration of returning displaced people and refugees.
- Support national and local capacities to deliver basic services to people in need.
- Strengthen the capacities of humanitarian and local organisations for post-conflict recovery programming and implementation.

Indicator	Target
Number of local projects implemented using community based approaches	55
Operational capacity of community-based organisations for the management of income-generating activities are increased	40 including 15 women's groups
Capacity for post-conflict recovery planning and implementation are increased (all projects in recovery sector and a few in technical clusters integrated policies and planning guiding the recovery process)	11 early recovery projects
Local administration officials and members of civil society organisations including women have improved their operational capacity in planning, implementing and monitoring post-conflict recovery initiatives	80
Length of road rehabilitated as part of post-conflict recovery programmes	485km
Bridges and infrastructures operational throughout the year in identified areas	85

Monitoring

The members of the early recovery network and their partners will develop results-based project forms which will form part of an early recovery work plan. The network will establish monitoring mechanisms and report on the progress of early recovery activities in a timely, transparent and consolidated manner to identify gaps. Humanitarian organisations, authorities and communities will help to compile reports and assessments. The network's members will produce and use data disaggregated by sex and age for strategic planning, reviewing, change processes, management and reporting.

EDUCATION

SECTOR ADDRESSING URGENT NEEDS

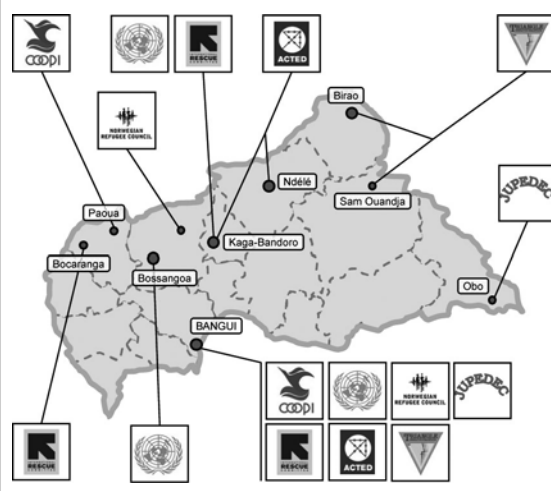
Sector lead: UNICEF

Agencies participating: ACTED, Caritas/Secours Catholique⁴³, COOPI, IRC, JUPEDEC, NRC, OCHA, Triangle GH, UNESCO, UNFPA, UNHCR, WFP

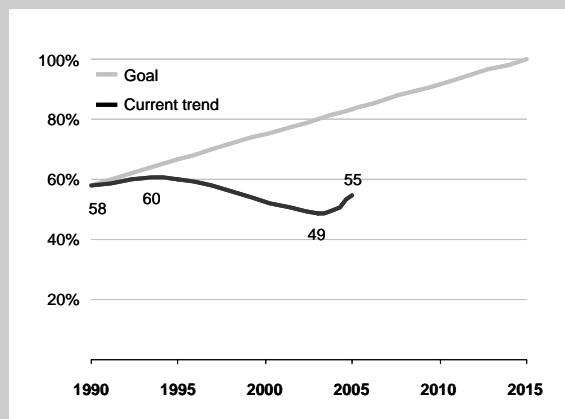
*Overview of priority needs and response strategy*

Only half the children in the CAR – and even fewer girls – go to school. In 2007, net enrolment was at 51% on average and 47% for girls. While almost four in five children go to school in Bangui (78%) less than one in three children (8,002 out of an estimated 25,000 children in school age) goes to school in Haut-Mbomou in the far southeast. The quality of education is low; most teachers are volunteer ‘parent-teachers’ with only brief training. As a consequence, every year one in three children repeats classes. More than half of schooled girls, 54%, drop out before they finish school. The MoE has little capacity to plan, implement, monitor and evaluate education across the country, or even to pay teachers on time. In September 2008, the Education Minister declared that he now estimates that two in three Central Africans can neither read nor write.

This bleak situation has gotten even worse as a consequence of violent conflict and banditry, which led to forced displacement including teachers and children fleeing their villages and the destruction of schools. In Paoua sub-prefecture, for instance, only four out of 104 schools were working before an emergency education programme was started in 2007 to bring children back to school. Prior to the crisis there were about 110,000 students in the conflict-affected areas of the north (out of 226,666 school-age children). At the beginning of 2007, the number of students had been reduced by two thirds, with less than 30,000 children in school. The joint efforts of humanitarian organisations have enabled about 78,000 children to go back to school in the north and brought enrolment rates almost back to pre-crisis levels. Yet, the back-to-school campaign must be pursued by extending coverage to new areas and reaching more children in already covered areas. Special care will be taken to

Education field presence

Source: HDPT CAR, October 2008

Millennium Development Goal:
Ensure all children are in primary education


Source: United Nations (2007) - RCA : Suivi des OMD



“The desire of parents to give their children education is inspiring”

Mia Farrow⁴⁴

⁴³ Secours Catholique Français (French Caritas)

⁴⁴ Testimony taken from UNICEF: ‘Visit of UNICEF Goodwill Ambassador Mia Farrow to the Central African Republic’, 22 June 2008, www.unicef.org/media/media_44111.html.

improve the schooling of girls, older children, children from ethnic minorities and other vulnerable children, for example, by providing warm meals from school canteens.

A second priority is to improve quality by training teachers, providing learning and teaching materials, and improving school supervision to ensure that children stay in school. The members of the education sector will ensure that issues of gender, GBV, and sexual and reproductive rights and needs are integrated and understood in the education given to girls and boys. One approach is to integrate life-skills education, information on sexuality, STIs, and HIV/AIDS into education, and to train parents and teachers. Early recovery will be mainstreamed in emergency education programmes by enhancing the capacities of parent-teacher associations for school management, project planning, monitoring and coordination.



Education Quick Facts

Indicator	CAR	Africa
Public education spending as % of GDP, 2005	1.45%	-
Adult literacy rate %, 1995-2005	48.6%	59.3%
Female adult literacy rate %, 1995-2005	33.0%	51.2%
Ratio of female rate to male rate, 1995-2005	0.52	0.84
Youth literacy rate % aged 15-24, 1995-2005	58.5%	71.2%
Female youth literacy rate 1995-2005	46.9%	65.1
Rate of female rate to male rate 1995-2005	0.67	0.84
Net primary enrolment rate 2007	51%	-
Net primary enrolment rate 1991	52%	52%
Students per teacher in primary education	96	-
Students per classroom in primary education	108	-
Students per teacher in secondary education	50	-

Sources: UNDP (2007) - Human Development Report 2007/2008, HDPT (2008), Ministry of Education (2008)

Site/Area	Organisations
Paoua sub-prefecture (Ouham-Pendé), Obo area (Haut-Mbomou)	COOPI (emergency primary and pre-school education)
Bocaranga, Bozoum, Bossemptélé, Ngaoundaye (Ouham)	Caritas-Bouar (primary education)
Batangafo and Kabo (Ouham)	NRC (primary and pre-school education)
Kaga-Bandoro – Ouandago (Nana-Gribizi)	IRC (primary education)
Vakaga, Sam-Ouandja refugee camp (Haute-Kotto)	Triangle GH (primary and pre-school education in Vakaga and Sam-Ouandja), Caritas/SCF (education in southern Haute-Kotto)
Haut-Mbomou	JUPEDEC (primary education)
Bamingui-Bangoran	ACTED (school rehabilitation)
Ouham, Ouham-Pendé, Nana-Gribizi, Bamingui-Bangoran, Vakaga, Haute-Kotto, Haut-Mbomou	UNICEF in cooperation with organisations listed above (primary education), WFP in cooperation with organisations listed above (school feeding supporting primary education)

Objectives

- Ensure that 110,000 children from three to 15 years, mainly girls, have access to a good quality education in the conflict-affected areas in the north and southeast.
- Reinforce the capacity of parent-teacher associations in school management and train parent-teachers in teaching and evaluation.

Areas	Category	Affected	Beneficiaries
Bamingui-Bangoran, Nana-Gribizi, Ouham, Ouham-Pendé, Vakaga, Haute-Kotto, Nana-Mambéré	Children from 3 to 15 years	226,000	110,000

- Reinforce the capacity of educational authorities at national and local levels in planning, managing and coordinating education projects.
- Improve knowledge and understanding of gender issues, including GBV, sexual and reproductive health, STIs and HIV/AIDS, with a view to preventing HIV infections and empowering boys and girls to make informed choices about their sexual and reproductive health.
- Rehabilitate and equip 125 school buildings including water and sanitation facilities in post-conflict areas.

Indicator	Target
Percentage of children who have access to learning spaces (schools and temporary learning spaces) (girls, boys, total)	At least 95%
Percentage of children who receive educational or recreational kits (girls, boys, total)	At least 95%
Number of parent-teachers who have been trained (women, men, total)	2,200
Number of learning spaces with a parent-teacher association	900
Number of parent-teacher associations whose members have been trained	900
Number of government partners trained on coordination and education emergency response	250
Number of classrooms rehabilitated or constructed, and equipped	275
Number of school buildings rehabilitated and equipped with water and sanitation facilities	125
Number of parents and teachers trained on life-skills competencies, including gender and GBV awareness, sexuality and STI/HIV/AIDS	2,200
Number of schools in conflict areas having integrated life-skills programmes in the curriculum, including gender, GBV, sexuality and STI/HIV/AIDS components	900
Number of manuals on life-skills that include gender and GBV awareness, sexuality and STI/HIV/AIDS components, distributed in conflict areas	1,800

Monitoring

Together with partner organisations, the cluster lead will regularly visit schools in the north and southeast to monitor progress using standard tools. The cluster will organise joint monitoring missions to visit programmes. This information will be completed by statistics from school supervisors.



Young boy returning to his destroyed school in Ndélé | Justine Dede, OCHA

FOOD SECURITY

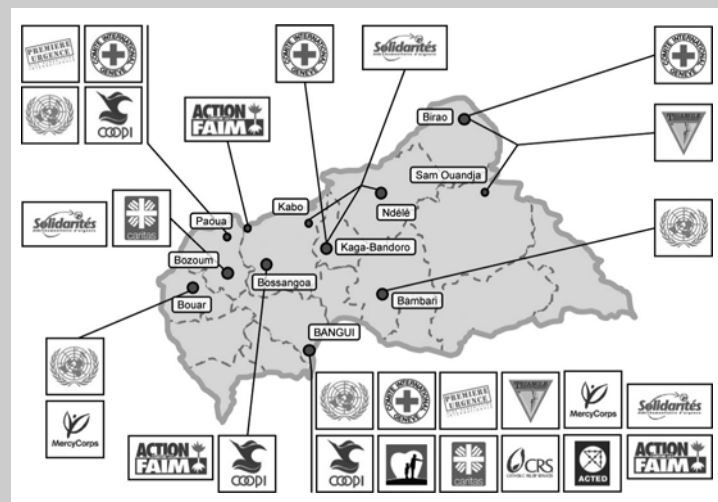
SECTOR ADDRESSING URGENT NEEDS

Sector lead: FAO

Agencies participating: ACF, ACTED, Association for the Development of Mbrès (ADEM), Support to Local Development Initiatives (APILOD), Caritas, COOPI, CRS, DRC, French Cooperation, Mercy Corps, OCHA, PU, Solidarités, Triangle GH, WFP, government representatives (Central African Agency for Agricultural Development [ACDA], Central African Institute for Agronomic Research [ICRA])

*Overview of priority needs and response strategy*

In 2008, humanitarian organisations supported vulnerable households affected by violence in the north with food, seeds, tools and small livestock. Thus, many people had enough to eat and could restart agricultural production to sell foodstuff on the market. Taking into consideration the immense needs resulting from years of conflict, a complete loss of crops and livestock and the destruction of storage and crop processing infrastructure, however, this assistance was relatively modest. In addition, humanitarian access was sometimes difficult. Despite some improvements, security remained volatile and temporary threats from bandit attacks and renewed fighting continued to force farmers to flee from their villages into the bush.

Food Security field presence

Source: HDPT CAR, October 2008. ICRC does not participate in this CAP

Globally rising prices for food and fuel have a direct impact in the Central African Republic, a landlocked country that is heavily dependent on imported food. Between January and June 2008, prices of basic foodstuffs in the local market increased by 25% on average. The price of cassava, the main staple food, has climbed by 60%. This affects in particular the two-thirds of Central Africans who live on less than a dollar a day, as well as another 20% who have between one and two dollars, and easily pushes them into food insecurity. A survey on the impact of high food prices in August and September 2008 found that poor urban and suburban households were particularly hard hit. For instance, the average number of meals has decreased from 1.5 in 2004 to 1.3 today. The members of the food cluster will conduct assessments on food security and vulnerability to more precisely and comprehensively analyse needs in the areas of food security and agricultural development. In



“We did manage to plant last year but bandits made it difficult to reach our crops so we were not able to harvest much.”

Maurice Daba, resident of Waki II, village 34km southeast of Kabo⁴⁵

September 2008, the Government signed a \$7m financing agreement with the World Bank to mitigate the impact of rising food prices in CAR.

The food security of families affected by HIV/AIDS also requires constant monitoring. Losing a family member to the disease means a decrease in labour force and household income.

⁴⁵ Testimony taken from IRIN: 'Central African Republic: Small steps to rebuilding lives', 20 March 2008, www.irinnews.org/Report.aspx?ReportId=77369.

The Government and local farmers do not have the means to control plant and livestock diseases such as the African cassava mosaic (a plant disease) or contagious bovine pleuropneumonia (CBPP), a respiratory disease affecting cattle. Thus, production and household incomes are further reduced.

Women continue to do most of the work for agricultural production, particularly food. They often have to use archaic labour-intensive techniques. The lack of state structures in rural areas and the flight of skilled people to the capital have led to the disappearance of agricultural know-how that is essential for local production structures.

Needs analysis

Approximately 62% of Central Africans live in rural areas, and agriculture is the main source of income for families. On average, 80% of household resources are used for food. The country has great agricultural potential, enough to feed its entire population, but a decade of conflict and violence, looting, destruction of houses and food reserves, intensifying banditry, crop diseases and a lack of technical support for producers have caused a sharp drop in agricultural production and much food now needs to be imported.

Many families have lost their food and seed stocks, their livestock and tools, houses and fields but they have now begun to rebuild their agricultural capital step by step. Community-based structures are re-organising slowly but remain fragile and need support. Government structures, however, hardly function in conflict areas and do not have the capacity to support people to revive agricultural production and economy. As described in 2008 in Review (above), the members of the food security cluster have provided food, seeds, tools and small livestock to people in rural areas and have trained them to initiate the revival of the agriculture sector and to revitalise the local economy.

Objectives

To reinforce the nascent but fragile improvement of the food security situation, the food security cluster has set itself key objectives for 2009.

- Mitigate the impact of rising prices and support access to productive resources:
 - Provide basic inputs (seeds, agricultural tools, small livestock and poultry extension services, veterinary services);
 - Train people on basic production, storage, processing and marketing techniques;
 - Develop new techniques and technology to increase agricultural production from crops and animal breeding;
 - Assist people made vulnerable by the increase in prices by strengthening 'safety net' mechanisms at community level.



Food Security Quick Facts

Indicator	CAR
Population working in agricultural sector	74%
Arable land	15m ha
Cultivated land	600,000ha
Percentage of farming that is subsistence farming	94%
Average cultivated land per farmer	<0.5ha
Growth in agricultural output over past 30 years	2% p.a.
Population growth over past 30 years	2.3% p.a.

Sources: Government of CAR (2007) - briefing paper on rural development; HDPT (2008)



Inhabitant of Paoua displaced in Dinga
Brice Blondel, HDPT

CENTRAL AFRICAN REPUBLIC

Areas	Category	Affected	Beneficiaries
Kémo, Nana-Gribizi, Nana-Mambéré, Ombella-Mpoko, Lobaye, Ouham, Ouham-Pendé, Vakaga, Haute-Kotto, Bamingui-Bangoran	Displaced people	108,000	91,800
	People living with HIV/AIDS	75,000	60,000
	Returned displaced people	85,000	85,000
	Vulnerable residents	57,000	35,000
	Total for area	325,000	271,800
Total	Female	120,235	98,166
	Male	71,530	60,396
	Children	133,235	113,238
	Grand total	325,000	271,800

- Strengthen all aspects of the agriculture sector (communities, villages, associations and individual farmers) and where possible facilitate access to micro-credit.
- Rehabilitate infrastructure to promote local production (e.g., irrigated areas) and boost economic exchange (e.g. rural services, shops, markets).
- Support the diversification and marketing of agricultural products.
- Protect and restore the livelihoods of people affected by conflict with targeted food assistance.
- Distribute food to extremely vulnerable people to ensure their food security.
- Build comprehensive monitoring capacity, together with national and local authorities.
- Collect, analyse and disseminate data on food security and the situation in rural areas, seeking ownership of the tools by their users.

Strategy

- Distribution of improved seeds to 30,000 vulnerable families.
- Distribution of food to 313,100 poor and vulnerable people.
- Use of different forms of targeted food assistance: food for work, food distributions to protect seeds, food for training, nutritional supplements, school canteens.
- Strengthening of seed multiplication programmes.
- Implementation of a distribution programme of improved cassava cuttings (with higher resistance to the mosaic disease).
- Support for 6,000 vulnerable families affected by HIV/AIDS with income-generating activities.
- Strengthening of the food security monitoring system at national level.
- Coordination of activities in the agriculture sector.

These activities will seek strengthening capacities of both communities and Government structures.

Indicator	Target	Monitoring
Global malnutrition rate among displaced and vulnerable people	n/a	
Land planted with quality seeds	40,000ha	Food security monitoring system, reports
Food security monitoring system is operational	System operational by November 2008	Progress reports

CENTRAL AFRICAN REPUBLIC

Indicator	Target	Monitoring
Land used for agriculture per household in areas affected by violence	0.6ha	Food security monitoring system, reports
Area used for multiplication of quality seeds and other agricultural inputs	500 ha	Food security monitoring system, reports
Number of households receiving food assistance	313,100	Food security monitoring system, reports
Number of households receiving agricultural assistance	65,000	Food security monitoring system, reports
Percentage of beneficiaries that are women	65%	Food security monitoring system, reports

MULTI-SECTOR ASSISTANCE TO REFUGEES

SECTOR ADDRESSING URGENT NEEDS

Sector lead: UNHCR

Agencies participating: National Refugee Commission (CNR), IMC, Triangle GH



Site/Area	Organisations
Countrywide, incl. Bangui	CNR, UNHCR (protection and assistance)
Haute-Kotto	IMC (health and nutrition), Triangle GH (food security, water and sanitation, education, community empowerment)
Vakaga	Triangle GH (food security, water and sanitation for Darfur refugees)

Overview of priority needs and response strategy

Following the completion of repatriation to South Sudan and the DRC, there are now 7,767 refugees and asylum-seekers from a number of countries living in the CAR. Of these, 3,878 live as urban refugees in Bangui and are integrating locally, and 3,139 refugees from Darfur live in the Sam-Ouandja camp in Haute-Kotto prefecture. After these refugees arrived in May 2007 when their hometown in Darfur was attacked, the HDPT organised an emergency response to cover their most urgent needs and reduce malnutrition which was rampant among children. Throughout 2008, humanitarian organisations provided food security and nutrition programmes, education, healthcare, water and sanitation to refugees in the camp and the people of Sam-Ouandja, which had also been struck by conflict.

Objectives

- Provide protection and multi-sector assistance to Sudanese refugees from South Darfur in Sam-Ouandja, while at the same time assist them to achieve a greater level of self-reliance.
- Promote durable solutions for urban refugees living in Bangui with an emphasis on local integration and, for individual cases fulfilling the relevant criteria, voluntary repatriation or resettlement.

Areas	Category	Affected	Beneficiaries
Haute-Kotto	Refugees	3,139	3,139
	Men	572	572
	Women	657	657
	Children	1,910	1,910
Vakaga	Refugees	750	750
Bangui	Refugees	3,878	3,878
	Men	987	987
	Women	880	880
	Children	2,011	2,011
Total	Refugees	7,767	7,767

Strategy

In 2009, the strategy regarding Sudanese refugees from South Darfur in Sam-Ouandja will focus on encouraging self-sufficiency, while at the same time continuing to provide limited assistance. An evaluation of needs and resources will be carried out to facilitate the implementation of targeted programmes. Income-generating activities will be implemented, as well as the creation of occupational groups. Refugees participate regularly in meetings to make this a community-based, participatory approach. Vocational trainings of trainers and the provision of professional kits will continue, and the impact will be regularly evaluated. Organisations will provide agricultural inputs in the area while



Young women from Darfur in the Sam-Ouandja refugee camp | *Pierre Holtz, UNICEF*

decreasing food distribution, targeting only vulnerable people. In addition, the water and sanitation infrastructure on the refugee site will be improved. Schools in the camp will continue to receive support and gradually integrate the national curriculum. Training on the prevention of and response to HIV/AIDS and sexual violence, as well as a training-of-trainers programme will be implemented.

There are also an estimated 750 Darfur refugees in Birao and two sites in Vakaga prefecture who have fled to the CAR more recently. Aid agencies will provide them with food security and water and sanitation programmes in 2009.

Indicator	Target
Percentage of refugee children, segregated by gender, attending primary school	75%
Number of people who participate in trainings on refugee rights	10
Percentage of protection incidents referred to and followed-up on by local authorities	100%
Percentage of refugees, segregated by age, gender and diversity, participating in vocational trainings and professional groups	18-20%
Percentage of refugees in Sam-Ouandja who have access to drinking water	100%

Monitoring

Sector objectives and indicators will be monitored from activity reports. Relevant data will be entered into a refugee database and used to ensure that programmes address the specific needs of refugees. Protection incident reports and lists of cases referred to local authorities will provide information on the protection environment of refugees.

NUTRITION

SECTOR ADDRESSING URGENT NEEDS

Sector lead: UNICEF

Agencies participating: ACF, Assomesca, Bangui Paediatric Hospital, CRS, *Foyer de Charité*, FRC, IMC, IPHD, Merlin, Ministry of Public Health (MoPH) (Directorate of Community Health), *Nutrition Santé Bangui* (NSB), WFP, WHO, World Wildlife Fund (WWF); MSF (as observer)



Site/Area	Organisations
Bouar (Nana-Mambéré)	Assomesca (training of health workers from catholic health centres on screening and management of severe acute malnutrition [SAM] without complication)
Paoua (Ouham-Pendé)	MSF-France (management of severe and moderate acute malnutrition, mobile clinics) ⁴⁶
Paoua, Bocaranga (Ouham-Pendé)	MSF-France (management of severe and moderate acute malnutrition; hospitalisation and ambulatory treatment)
Bossangoa (Ouham)	ACF (support to therapeutic feeding unit)
Boguila, Markounda (Ouham)	MSF-Spain/Belgium (management of severe and moderate acute malnutrition integrated into regular health services, hospitalisation and ambulatory treatment)
Ouham	IPHD (community-based nutrition programmes, including training of volunteers, social mobilisation, screening, reference to therapeutic feeding centres)
Nana-Gribizi	Merlin (screening of general and severe acute malnutrition, management of severe acute malnutrition without complication at 10 health centres and posts, management of moderate cases at community level), IPHD (community-based nutrition programmes, including training of volunteers, social mobilisation, screening, reference to therapeutic feeding centres)
Birao, Gordil (Vakaga)	MSF-Holland (management of severe and moderate acute malnutrition integrated into regular health services, hospitalisation and ambulatory treatment)
Ouadda-Djallé, Sergobo (Vakaga)	International Medical Corps [IMC] (management of severe and moderate acute malnutrition, mobile clinics)
Haute-Kotto	IMC (management of severe and moderate acute malnutrition, mobile clinics)

Overview of priority needs and response strategy

The rise in food and energy prices combined with the weakness of the health system pose a threat to nutrition security in the CAR. While the price for food on average increased by 25% between January and June 2008, some prices soared higher. One litre of cooking oil now costs 1,750 Central African francs, up from 1,000 francs – a 75% increase. The price for a bar of



“We stayed in the bush without shelter for three months. We survived on wild manioc. Even now it's not easy to find food.”

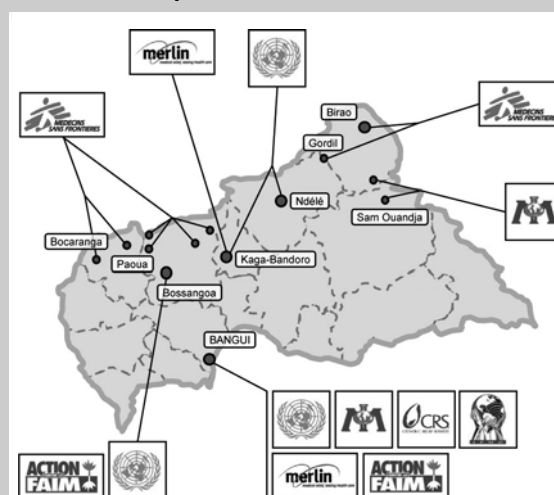
Bertille, displaced woman, village close to Paoua ⁴⁷

⁴⁶ The different sections of MSF do not participate in the CAP and as observers the cluster system.

⁴⁷ Testimony taken from IRIN: 'CAR – Struggling to undo the damage of sexual violence', 1 April 2008, www.irinnews.org/Report.aspx?ReportId=77552

soap increased by 40%, from 125 to 170 francs. Despite this, surveys and assessments show that during the dry season the nutritional status of children was relatively stable. This was confirmed in Bangui, in a survey carried out in January, with a global acute malnutrition (GAM) rate of 6.2% and severe acute malnutrition (SAM) at 0.6%. The situation was comparable in Ouham prefecture in the northwest and Vakaga prefecture in the northeast. An assessment in Ouham in April 2008 showed a GAM-rate of 4.7% and a SAM-rate of 0.2%. The main reason for these relatively low rates is that between January and May, families live on the stocks from their last harvests. With the start of the rainy season, which coincides with the lean season, malnutrition increases. In Bangui, the number of children admitted to a therapeutic feeding centre (TFC) increased from 55 in June to 77 in July and 93 in August 2008. At the TFC in Bossangoa, new admissions almost doubled from 70 in July to 130 in August.

Nutrition field presence



Micronutrient deficiencies constitute a real public health issue in the CAR. Some 77% of children between six and 59 months suffer from anaemia: 24% from slight, 47% from moderate and 6% from severe anaemia. Children between nine and 11 months are at the highest risk, with 91% of them suffering from anaemia. Anaemia is also common among older girls and adult women with four out of ten women being affected. About 31% suffer from slight, 19% from moderate and 0.4% from severe anaemia. Moderate anaemia is high among pregnant women (39%) and breastfeeding mothers (41%). Women in urban areas (35%) are less frequently anaemic than to those in rural areas (43%).

Objectives

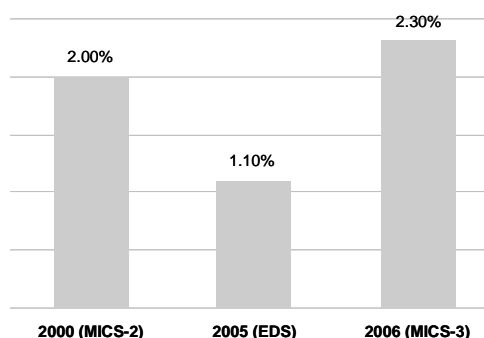
Areas	Category	Affected	Beneficiaries
Bamingui-Bangoran, Vakaga, Haute-Kotto, Nana-Gribizi, Ouham, Ouham-Pendé, Nana- Mambéré,	Displaced people	108,000	108,000
	Returned displaced people	85,000	85,000
	Refugees	3,000	3,000
	Children under-five	241,902	241,902
	Pregnant women	162,479	162,479
	Other people in need, including: minorities, people living with HIV/AIDS	221,065	111,065
Total	Female	492,479	390,022
	Male	328,967	321,424
	Total	821,446	711,446

The actions of the nutrition cluster aim at reducing deaths resulting from malnutrition among children under five by building national capacity, improving case management and setting up a nutrition surveillance system. Specifically, the members of the nutrition cluster agree on the following objectives for 2009 to prevent and better manage malnutrition.

- Organise surveys and rapid assessments before and after the lean system to monitor malnutrition, particularly in conflict areas (Nana-Mambéré, Ouham-Pendé, Ouham, Nana-Gribizi and Vakaga).
- Ensure the management of severe acute malnutrition by strengthening existing therapeutic feeding and ambulatory centres and setting up new ones in high-risk areas.
- Strengthen prevention of malnutrition (promotion of exclusive breastfeeding, improvement of complementary foods, appropriate infant and young child feeding practices, and micronutrient control).
- Ensure the coordination of all malnutrition programmes, enhance the coordination between the nutrition, education, food security and water, sanitation and hygiene clusters.

Severe acute malnutrition

Median weight/height <70% and oedema



Indicator	Target
Wasting: proportion of children 6-59 months whose height is more than two standard deviations lower than the average height-for-weight of the reference population	GAM < 4% in each prefecture
Management of severe and moderate acute malnutrition: Number of programme sites (therapeutic and supplementary feeding centres, ambulatory centres) per prefecture and sub-prefecture	In addition to the 10 existing TFC, the cluster plans to open one in Ouham, one in Nana-Gribizi, one in Bamingui-Bangoran and two in Nana-Mambéré. Ambulatory centres will be set up in Nana-Mambéré (3) and in Ouham (2)
Basic prevention activities: Number of prefectures reporting on: (a) nutrition education with special emphasis on infant and child feeding promotion; (b) micronutrient supplementation especially vitamin A to all women and young children and iron tablets for all pregnant women; (c) treatment of common illnesses with a ratio of 1 mother-and-child health centre for 10,000 people as well as availability of appropriate nutrition management of sick infants and children.	All eight prefectures covered by this CAP

Monitoring

The members of the nutrition cluster will carry out rapid screening based on the MUAC⁴⁸ measure in the highest-risk prefectures (Ouham-Pendé, Ouham, Nana-Gribizi and Vakaga). They will conduct regular nutrition surveys the nutrition monitoring system detects a worsening of the situation. A programme of nutritional monitoring will be implemented at health centres, relying on community-based trained volunteers.



A malnourished child at a therapeutic feeding centre in Bocaranga | Pierre Holtz, UNICEF

⁴⁸ Mid-upper arm circumference: the circumference of the upper arm of a child is measured as an indicator of malnutrition.

SHELTER AND NON-FOOD ITEMS

SECTOR ADDRESSING URGENT NEEDS

Sector lead: UNICEF

Agencies participating: ACF, AMI, Caritas, COOPI, CREPA, CARC, IMC, IPHD, IRC, Mentor Initiative, Mercy Corps, NRC, OCHA, PU, Solidarités, TGH, UNFPA, UNHCR; ICRC and MSF (as observers). Few organisations regularly attend cluster meetings.

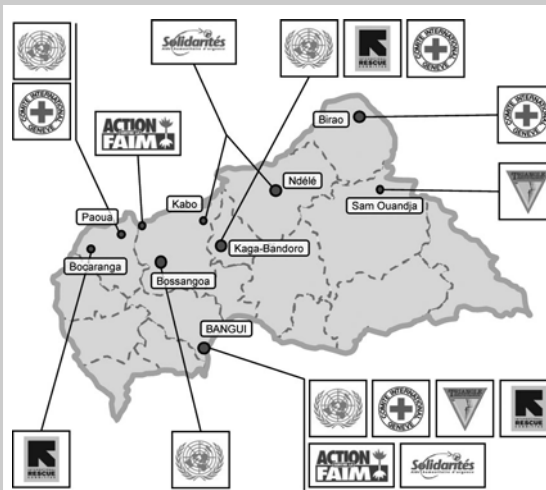


Overview of priority needs and response strategy

The CAR is a politically and economically unstable country where poverty is a scourge and social infrastructure and basic services are almost nonexistent. Many displaced people live in precarious conditions with inadequate shelter and lacking basic household items. Humanitarian assistance is thus essential to mitigate their suffering.

In 2008, humanitarian agencies distributed plastic sheeting for emergency shelter and basic household items to some 104,000 people in need. Most of these are displaced people, but the number also includes more than 3,000 refugees in Sam-Ouandja and Birao and returning refugees in Moyenne-Sido. About half of this assistance was carried out with programmes that are not part of the CAP, as the ICRC's emergency assistance accounted for 48,000 among the 104,000 people.⁴⁹ Yet as displacement will likely continue in 2009 and as many NFIs only have a limited lifespan of about one year, new distributions will be necessary in 2009. Further, new forced displacement would require additional assistance.

Shelter and Non-food Items field presence



Source: HDPT CAR, October 2008. ICRC does not participate in this CAP

Thus, the shelter/NFI cluster plans to distribute relief kits to some 197,000 displaced people, returnees and refugees. These kits include plastic sheeting, cooking sets, blankets, sleeping mats, mosquito nets, jerry cans and soap so that people in need can protect themselves against rain, cold, and the outbreak of diseases. The members of the cluster will focus their action on people with specific needs, in particular single mothers, children and the elderly.

Objectives

Areas	Category	Affected	Beneficiaries
Nana-Mambéré, Ouham, Ouham-Pendé, Nana-Gribizi, Bamingui-Bangoran, Vakaga and Haute-Kotto	Displaced people	108,000	108,000
	Returnees	85,000	85,000
	Refugees	3,889	3,139
Total		196,889	196,139

The overall objective of the cluster is to contribute to improved living conditions of displaced people, refugees and returnees by distributing plastic sheeting for emergency shelter and basic household items. The cluster members have agreed on a number of specific objectives:

⁴⁹ The ICRC's programmes are not part of the CAP and its operations are not coordinated by it.

- Assess the needs of any newly displaced people and monitor the situation of people who have received NFIs in the previous six months;
- Distribute essential non-food items adapted to the emergency needs of 108,000 displaced people;
- Improve emergency preparedness by pre-positioning stocks of non-food items for 15,000 displaced people or returnees at the UN warehouses in Bossangoa and Kaga-Bandoro for a quicker response to any new emergencies;
- Ensure effective coordination, monitoring and the evaluation of the sector's activities.

Indicator	Target
Number of people who receive basic emergency supplies (plastic sheeting, cooking sets, sleeping mats, mosquito nets, jerry cans and soap, water purification tablets)	196,889

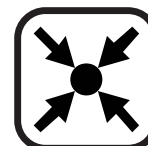
Monitoring

The cluster members meet monthly to share assessment and monitoring reports and coordinate their activities. In 2009, they plan to establish sub-clusters in Paoua and Kaga-Bandoro. The cluster members closely coordinate their activities with those that are not part of the CAP.

COORDINATION AND SUPPORT SERVICES

SECTOR ENSURING THE SUSTAINABILITY OF AID EFFORTS

Sector lead: OCHA for Coordination, UNDSS for Safety and Security, WFP for Logistics and Emergency Telecommunications



Agencies participating in all clusters in CAR

Cluster	Lead	Members
Health	WHO	ACABEF, AMI, Assomesca, CAM, CARC, Caritas, COOPI, IMC, IRC, JUPEDEC, Mentor Initiative, Mercy Corps, MERLIN, OCHA, UNFPA, UNHCR, UNICEF; as observer: MSF
Water, Sanitation and Hygiene	UNICEF	ACF, ACTED, CAM, CREPA, CARC, CORDAID, FRC, ICDI, IMC, IPHD, IRC, Mercy Corps, Ministry of Mines, Energy and Water/General Directorate for Hydraulics (MMEH/DGH), OCHA, PU, Solidarités, TGH, UNDP; as observer: ICRC, MSF
Protection	UNHCR	ACF, BONUCA, CAM, COOPI, CRS, DRC, IMC, IRC, NRC, OCHA, TGH, UNDP, UNFPA, UNICEF, WFP; as observer: ICRC. Monthly meetings with government ministries representatives and national Human Rights NGOs
Early Recovery	UNDP	ACTED, BONUCA, CIONGCA, FAO, JUPEDEC, OCHA, PU, UNFPA, UNICEF, WFP
Education	UNICEF	ACTED, Caritas/Secours Catholique, COOPI, IRC, JUPEDEC, NRC, OCHA, TGH, UNESCO, UNFPA, UNHCR, WFP
Food Security	FAO	ACDA, ACF, ACTED, ADEM, APILOD, Caritas, COOPI, CRS, DRC, French Cooperation, ICRA, IMC, IPHD, OCHA, PU, Solidarités, TGH, WFP
Nutrition	UNICEF	ACF, Assomesca, Bangui Paediatric Hospital, CRS, Foyer de Charité, FRC, IMC, IPHD, Merlin, Ministry of Public Health (Directorate of Community Health), Nutrition and Health, Bangui (NSB), WFP, WHO, WWF; as observer: MSF
Shelter and Non-Food Items	UNICEF	ACF, AMI, Caritas, COOPI, CREPA, CARC, IMC, IPHD, IRC, Mentor Initiative, Mercy Corps, NRC, OCHA, PU, Solidarités, TGH, UNFPA, UNHCR; as observer: ICRC, MSF. Few organisations regularly attend cluster meetings
Emergency Telecommunications	WFP	BONUCA, FAO, OCHA, UNDP, UNDSS, UNFPA, UNHCR, UNICEF, WFP, WHO
Logistics	WFP	ACF, ACTED, AMI, BONUCA, CAM, Caritas, CMS, COOPI, CRS, DRC, FAO, FRC, Global Fund, IMC, IPHD, IRC, Mentor Initiative, Mercy Corps, Merlin, NRC, OCHA, PU, Solidarités, TGH, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, UNICEF, WFP, World Bank; as observer: ICRC, MSF

Overview of priority needs and response strategy

The goal of enhanced coordination, better information, improved telecommunications means, logistical support and security measures is to render humanitarian aid more strategic and targeted, to make it safer, and to reduce costs so that people struck by violence get the protection and life-saving assistance they need. As it has grown since 2007, the humanitarian community's needs for coordination, information management, telecommunications and logistics have increased tremendously. Delivering aid to remote areas is difficult as there are only 700km of tarred roads, only 300km of which (in the south) are in good condition. In 2008, the HDPT put in place new initiatives to keep up with this demand, such as the CHF, the NAF, and a regional contingency plan. In 2009, aid agencies will strengthen and consolidate existing mechanisms: Maps, an intranet and an external website for better information sharing, clusters and inter-cluster meetings for better coordination, the

CHF for better financing, the Humanitarian Air Service and a fleet of trucks for better logistics support, and around-the-clock radio rooms in insecure areas so that organisations can communicate safely and reliably. Humanitarian organisations will continue to work together to share information on the security situation for an accurate assessment of security conditions. They will continue to advocate for safe access to areas affected by conflict and banditry so that they can provide the relief that is needed to people on time.

Objectives

- Humanitarian action is coordinated within and between clusters, activities are mapped and gaps in the response are closed.
- Agencies get the information they need to target their activities at the most urgent needs.
- The Common Humanitarian Fund is strengthened to make financing more strategic, predictable and flexible.
- Aid agencies have the logistical support they need, in Bangui and in areas that are hard to reach (Humanitarian Air Service, trucks, help with customs clearances and registration).
- Humanitarian workers can reach people in areas affected by conflict and banditry, and can communicate safely and reliably.



Two displaced girls in
Kabo Nicolas Rost,
OCHA

Indicator	Target
Number of displaced people and returnees in reach of humanitarian aid	108,000 displaced people, 85,000 returned displaced people
Number of users of HDPT website www.hdptcar.net	1,500 per month
Number of people directly benefiting from CHF-funded projects	500,000
Number of passengers using the Humanitarian Air Service	2,500
Number of radio rooms that operate around the clock	5 (Bangui, Paoua, Kaga-Bandoro, Ndélé, Bossangoa)
Number of times that areas are declared 'off-limits' for security reasons	Not more than 4

Monitoring

The decisive indicator for the quality and effectiveness of coordination and support services is the feedback from the organisations that use them. The members of the HDPT and the UNCT meet weekly, NGOs and cluster leads monthly to discuss issues that affect several sectors or the cluster system. Users of maps and other information products give constant feedback on their usefulness and OCHA will conduct a survey on these products in 2009. Cluster members and leads regularly send their comments and suggestions on how to improve the Common Humanitarian Fund to OCHA, and the Advisory Board together with the Humanitarian Coordinator conducts a general review of the fund every six months to revise its rules and regulations. WFP improved the user-friendliness and flexibility of the Humanitarian Air Service in 2008 in response to feedback from its users. The organisations responsible for coordination and support services will continue to work in a client-oriented perspective and listen to the users of the services they provide.

3.5 HUMANITARIAN ACTION OUTSIDE THE CAP

An important part of humanitarian action in the Central African Republic takes place outside this Coordinated Aid Programme. Humanitarian organisations in CAR, while respecting each other's independence, make a constant effort to coordinate their action so that people struck by violence get the help they need and on time. The ICRC and the three sections of MSF that work in CAR (France, Holland and Spain/Belgium) do not participate in the CAP and only as observers in the clusters. As all aid agencies in CAR, ICRC and MSF value the importance of good coordination. This section gives a brief overview on their planned humanitarian action in CAR in 2009.

The ICRC has stepped up its activities in CAR in response to increasing levels of violence affecting people in the north of the country. Present in CAR since 1997, the Committee now has offices in Bangui, Paoua, Kaga-Bandoro and Birao and 126 staff, including 27 expatriates. In 2009, the organisation will continue to provide emergency assistance – plastic sheeting and basic household items – to up to 50,000 people displaced by fighting as well as tools to farmers to help them plant seeds. The ICRC also works to improve hygiene conditions and access to clean water and sanitation. In 2009, it plans to construct or rehabilitate water points for up to 190,000 people. ICRC tracing services restore contact between families separated as a result of regional conflicts. In addition, ICRC delegates conduct visits to places of detention to monitor conditions and make recommendations to the authorities where necessary. Emergency assistance is also made available to detainees in case of urgent nutritional needs. Finally, the ICRC trains weapons bearers on the basic rules of international humanitarian law.

MSF has also been present in CAR since 1997 addressing the needs of people in violence-affected and often remote areas. MSF will continue its humanitarian medical interventions in the north of the country in 2009. The different missions, MSF-France, MSF-Holland and MSF-Spain/Belgium, are providing medical care across the north in Bocaranga, Paoua, Boguila, Markounda, Kabo, Batangafo, Gordil and Birao, and are supporting health posts around these towns. MSF activities include management of common diseases (malaria being the main problem), surgery, nutrition, care for victims of violence and sexual abuse, and programmes addressing HIV/AIDS, tuberculosis and Human African Trypanosomiasis. MSF's programmes also ensure epidemiological surveillance, routine vaccinations and emergency response (e.g., distributions of NFIs). In their daily work, MSF witnesses firsthand the continued humanitarian needs in northern CAR and the difficulties for patients to access much-needed medical care.

4 CRITERIA FOR THE INCLUSION AND RANKING OF PROJECTS

4.1 INCLUSION

While projects ranked at only three priority levels – medium, high and immediate – appear in this Coordinated Aid Programme, there actually is a fourth level: Projects whose importance is ranked as low for the achievement of the strategic priorities and sector objectives for humanitarian action in 2009 are not included in this CAP. Each project had to fulfil six criteria to be included in the HDPT's humanitarian strategy for 2009.

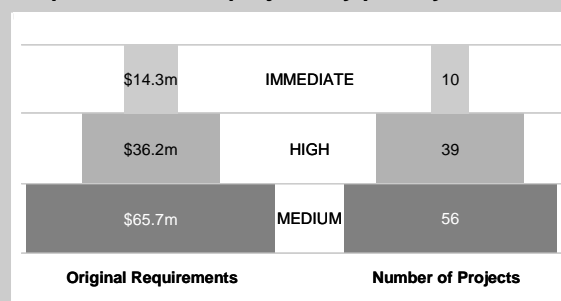
- (a) The project is in line with strategic priorities and sector objectives;
- (b) The project is based on assessed needs;
- (c) The project is designed in coordination with other aid agencies to avoid duplication;
- (d) The project is implemented in one of the seven northern prefectures (Nana-Mambéré, Ouham-Pendé, Ouham, Nana-Gribizi, Bamingui-Bangoran, Haute-Kotto and Vakaga) or in Haut-Mbomou in the southeast (projects in Bangui are permitted if they provide a direct support to humanitarian action in the north or southeast);
- (e) The project is realistic, cost-effective, and meets technical standards (e.g., SPHERE standards, Specific, Measurable, Achievable, Realistic, Time-Bound (SMART indicators) and others as applicable). The project presents a clear objective, which can be reached during the project duration (usually until the end of 2009), and the organisation has a recognised capacity to implement the project;
- (f) The project includes a monitoring and evaluation mechanism.

4.2 RANKING

The HDPT in the CAR was one of the first to rank all projects in its Coordinated Aid Programme. As in 2008, all projects for 2009 have been reviewed, vetted and ranked by the cluster lead and members, and the Humanitarian Coordinator according to ten criteria. As some of the criteria are mutually exclusive in practice, projects that fulfil at least eight of the ten criteria are ranked as 'immediate', projects that score on at least six criteria are ranked as 'high' and projects that fulfil less than six criteria are ranked 'medium'. As in 2008, the only exception to this ranking system is the Humanitarian Air Service, which is an immediate priority as it provides crucial support to most other humanitarian action in the Central African Republic. A table with the ranking of each project in this Coordinated Aid Programme is attached below. The ten criteria on which all projects were ranked in an inclusive process at cluster level were:

- (a) the project falls in a priority sector (emergency healthcare, safe water and sanitation, protection of basic human rights, early recovery);
- (b) the project integrates early recovery and humanitarian action and has a durable impact;
- (c) the project is based on data disaggregated by sex and reduces unequal opportunities between men and women, girls and boys;
- (d) the project includes HIV prevention or helps people affected by AIDS;
- (e) funding is needed early in the year because of compelling time-bound reasons or to respond to a breaking emergency;

Requirements and projects by priority



Source: FTS

- (f) the project provides direct support (including logistics, telecommunications, coordination, security and other common services) to life-saving assistance, protection or early recovery programmes;
- (g) the project produces new data on needs than can be used by other organisations working in the sector;
- (h) the project is developed in consultation with local or national authorities and strengthens their capacities;
- (i) the project is a joint programme between an international organisation and a national NGO;
- (j) the project has been developed and is implemented using a participatory approach that empowers local communities and civil society.

5 MONITORING PLAN


5.1 STRATEGIC MONITORING



Monitoring and evaluation still is one of the HDPT's weaker points in the CAR. Data are often lacking or outdated, and in 2009 clusters will increase their efforts to closely monitor the situation in their sector. The cluster leads of the four priority sectors (health, water, sanitation and hygiene, protection and early recovery) will ensure that all people directly affected by violence, i.e., displaced people, returnees and victims of violence, can go to a health post or mobile clinic, drink clean water, have access to specific protection programmes and a chance to restart their lives. Cluster leads now meet monthly to discuss issues affecting more than one sector and cluster management with each other and the Humanitarian Coordinator. Yet, inter-cluster coordination needs to be strengthened further, in particular between clusters where there exists a strong interdependence, such as between water, sanitation and hygiene, and health. Better coordination will help organisations to better monitor the humanitarian situation.



Cluster leads are responsible to monitor the situation and response in their sector and collect the data necessary to measure progress on the indicators listed for each strategic priority in the table below. In addition to these process indicators, the number of internally displaced people, Central African refugees abroad, and both returning displaced people and refugees will serve as an indicator of the overall situation. Several organisations will work together during a profiling of displaced people and returnees in 2009 (see the NRC project in the protection cluster).



Strategic Priority	Indicator	Target
1 Based on assessed needs and using a human-rights based approach, deliver life-saving assistance, especially emergency healthcare and safe water and sanitation to people struck by violence, particularly displaced people and refugees across the north of and in the southeast	▪ Number and percentage of 108,000 displaced people and 85,000 recently returned displaced people who have access to primary healthcare and safe drinking water	▪ All 108,000 displaced people and 85,000 recently returned displaced people
2 Protect people struck by violence and violations of their basic human rights, and help restore the dignity of survivors	▪ Number and percentage of 108,000 displaced people and 85,000 recently returned displaced people and victims of direct violence who have access to specific protection programmes	▪ All 108,000 displaced people and 85,000 recently returned displaced people
3 Support returning displaced people and refugees, host communities and others in post-conflict settings to restart their lives by integrating early recovery and humanitarian action	▪ Number and percentage of 85,000 recently returned displaced people who have access to early recovery programme to help them restart their lives	▪ All 85,000 recently returned displaced people




5.2 LOGICAL FRAMEWORK FOR HUMANITARIAN RESPONSE

Strategic Priorities	Corresponding response plan objectives (abbreviated)	Associated projects (abbreviated)
PRIORITY SECTORS: Health; Water, Sanitation and Hygiene; Protection; Early Recovery		
1 Based on assessed needs and using a human-rights based approach, deliver life-saving assistance, especially emergency healthcare and safe water and sanitation to people struck by violence, particularly displaced people and refugees across the north of and in the southeast	 Health	<p>Improve access to basic health service and better management of obstetrical and neonatal emergency care in conflict zones</p> <p>ACABEF: Strengthen obstetric care and prevention of STIs, HIV/AIDS AMI: Primary and secondary healthcare CAM: Emergency healthcare for people in Haut-Mbomou IMC: Reduced morbidity and mortality among people affected by conflict IRC: Emergency health services in Bocaranga sub-prefecture JUPEDDEC, WHO: Emergency healthcare in Haut-Mbomou Merlin: Ensuring access to quality basic primary healthcare UNFPA, WHO, UNICEF: Prevention of and response to sexual violence WHO: Post-traumatic stress disorder and substance abuse management WHO: Prevention of five neglected tropical diseases</p>
	Strengthen the response to disasters and crises by reinforcing and equipping emergency services in health facilities in conflict zones	<p>CRS: Rehabilitation of health centres SOS: Provide psychosocial support to children and adolescents UNFPA: Strengthen UNFPA's humanitarian response in the north WHO, Assomesca: Strengthening the integrated surveillance system WHO: Supporting the health cluster to better coordinate health activities WHO: Decentralise prevention and preparation for prompt response WHO: Support the national health information system WHO, UNICEF: Control of vaccine-preventable diseases</p>
	Improve the health and nutritional status of children under five, pregnant women and other vulnerable groups by providing a package of essential services according to defined policies and standards (immunisation, nutrition, malaria control and others)	<p>CORDAID: Access to mother-and-child healthcare Mentor: Expanding access to emergency healthcare and malaria control UNFPA, WHO, UNICEF: Emergency obstetric and neonatal care WHO: Prevention and management of childhood illnesses</p>
	Scale up the fight against sexually transmitted infections, HIV/AIDS and tuberculosis with emphasis on vulnerable people at risk in conflict areas, including survivors of sexual violence, displaced	<p>ACABEF: Strengthen obstetric care and prevention of STIs, HIV/AIDS Mercy Corps: Sports for the Future: sport- and game-based HIV education UNFPA, UNICEF, WHO: Response against STIs, HIV/AIDS</p>

Strategic Priorities	Corresponding response plan objectives (abbreviated)	Associated projects (abbreviated)
		people, refugees, adolescents, pregnant women, people affected by HIV/AIDS, men and women in uniform and others
	 Water, Sanitation and Hygiene	<p>Deliver 15 litres of safe drinking water per day and person to the most vulnerable people, including the displaced and refugees</p> <p>ACF: Improvement of water access and hygiene conditions in northwest CAM: Upgrade water sources and sanitation in Haut-Mbomou CORDAID: Water supply and hygiene improvement in Ouham-Pendé IMC: Reduced morbidity of water-related diseases IRC: Emergency water and sanitation programme Mercy Corps: Improving hygiene and access to clean water P. Urgence: Improved access to drinking water and hygiene promotion</p>
		<p>Construct 6,440 family and 65 communal latrines in conflict areas in the north</p> <p>CAM: Upgrade water sources and sanitation in Haut-Mbomou IMC: Reduced morbidity of water-related diseases IRC: Emergency water and sanitation programme UNICEF: School sanitation and hygiene education</p>
		<p>Promote better hygiene practices among host communities, displaced people and refugees</p> <p>ACF: Improvement of water access and hygiene conditions in northwest Mercy Corps: Improving hygiene and access to clean water PU: Improved access to drinking water and hygiene promotion UNICEF: School sanitation and hygiene education</p>
2 Protect people struck by violence and violations of their basic human rights, and help restore the dignity of survivors.	 Protection, Human Rights and Rule of Law	<p>Improve prevention and response to human rights violations, and reduce impunity</p> <p>ACF: Psycho-social programme for people affected by conflict BONUCA: Capacity-building for law enforcement officials and others COOPI: Reduce the vulnerability of Aka pygmies DRC: Women's rights promotion in Ouham-Pendé and Bamingui-Bangoran IRC: Emergency protection and GBVGBV programme NRC: Protection and advocacy for displaced people in Ouham NRC: Profiling of displaced people, returnees and host communities UNDP: Strengthening access to justice and legal protection UNESCO: Community radio stations in Paoua and Birao UNHCR: Protection and assistance for displaced people UNICEF: Prevention of child recruitment and reintegration of children</p>
		<p>Ensure that people affected by violence and discrimination receive adequate assistance to reduce their vulnerability and exposure to exactions and abuse</p> <p>ACF: Psycho-social programme for people affected by conflict DRC: Women's rights promotion in Ouham-Pendé and Bamingui-Bangoran IMC: Protection and healthcare services for child soldiers and others</p>

Strategic Priorities	Corresponding response plan objectives (abbreviated)	Associated projects (abbreviated)
3 Support returning displaced people and refugees, host communities and others in post-conflict settings to restart their lives by integrating early recovery and humanitarian action.		UNHCR: Protection and assistance for displaced people UNICEF: Prevention of child recruitment and reintegration of children UNICEF: Improve protection and social services for orphans
		Ensure that assistance respects basic protection principles, does no harm and applies a community-based approach All protection projects
	 Water, Sanitation and Hygiene	Streamline the country's policy for the operation and maintenance of hand pumps to facilitate early recovery UNICEF: Provision of emergency basic WASH services for vulnerable people
	 Early Recovery	Improve access to areas struck by conflict by repairing roads and bridges so that people can travel to markets, hospitals and schools ACTED: Improve living conditions by rehabilitating roads in southeast ACTED: Improve living conditions by rehabilitating roads in northwest PU: Improve access and facilitate trade in Ouham-Pendé
		Restore community capacities to produce goods and facilitate the reintegration of returning displaced people and refugees ACTED: Consolidate peace by reducing poverty in Vakaga prefecture DRC: Livelihood protection and support in the northeast DRC: Support to recover livelihoods and protection in the northwest ADEM: Support income-generating activities in Mbrès PU: Support income-generating activities in Ouham-Pendé UNDP: Support early recovery with microfinance services in northwest
		Support national and local capacities to deliver basic services to people in need UNFPA: Socio-economic reintegration of unemployed adolescents
		Strengthen the capacities of humanitarians and local organisations for recovery UNDP: Reinforce capacity for early recovery planning, crisis prevention, conflict resolution and early warning

Sector	Response plan objectives (abbreviated)	Associated projects (abbreviated)
SECTORS ADDRESSING URGENT NEEDS: Education; Food Security; Multi-Sector Assistance to Refugees; Nutrition		
 Education	Ensure that 110,000 children from 3 to 15 years, mainly girls, have access to a good quality education in the conflict-affected areas in the north and southeast	COOPI: Support the education system in Haut-Mbomou COOPI: Ensure the quality of the education system in Paoua IRC: Create safe learning environments for displaced children NRC: Emergency education in Markounda sub-prefecture UNICEF: Re-start education in Bamingui-Bangoran WFP: Emergency school feeding for primary school children
	Reinforce the capacity of parent-teacher associations in school management and train parent-teachers in teaching and evaluation	JUPEDEC: Restore the education system in Haut-Mbomou
	Reinforce the capacity of authorities at national to manage education projects	UNESCO: Preparation of an implementation plan for the national education strategy
	Improve knowledge and understanding of gender issues and HIV/AIDS	UNFPA: Strengthen education on life-skills and HIV prevention
	Rehabilitate and equip 125 school buildings including water and sanitation	ACTED: Improve education access by rehabilitating schools
 Food security	Mitigate the impact of rising prices and support access to productive resources	ACF: Food security and livelihood protection in Markounda and Boguila ACTED: Improve living conditions of vulnerable people in Haut-Mbomou COOPI: Support the agricultural sector in Ngaoundaye and Paoua COOPI: Support the agricultural sector in Obo sub-prefecture FAO: Improve the food security of families affected by HIV/AIDS SOL: Food security for vulnerable people in Kaga-Bandoro
	Strengthen all aspects of the agricultural sector (communities, villages, associations and individual farmers) and where possible facilitate access to microcredit	ADEM: Support agriculture and animal breeding in Mbrès ACORD: Support people affected by conflict in Markounda CRS: Improve agricultural livelihood in Bossangoa, Bouka, N-Bakassa MC: Reinforce food security in Nana-Mambéré
	Rehabilitate infrastructure to promote local production (e.g., irrigated areas) and boost economic exchange (e.g., rural services, shops, markets)	FAO: Promote school gardening PU: Improve food security of vulnerable families in Ouham-Pendé
	Support the diversification and marketing of agricultural products	FAO: Improve food security with small animal breeding FAO: Improve food security by cassava multiplication PU: Enhance food security by cassava multiplication PU: Increase food security by diversifying food sources SOL: Support rice and fish farming in Ouham-Pendé TGH: Support local agricultural production in Vakaga and Haute-Kotto

Sector	Response plan objectives (abbreviated)	Associated projects (abbreviated)
	Protect and restore the livelihoods of people affected by conflict with targeted food assistance	WFP: Food assistance to protect and rebuild livelihoods of conflict-affected people WFP: Assist displaced people and refugees affected by conflict
	Distribute food to extremely vulnerable people to ensure their food security	WFP: Food assistance for vulnerable groups in response to high prices
	Build comprehensive monitoring capacity	FAO: Consolidation of the national food security monitoring system
	Collect, analyse and disseminate data	FAO: Consolidation of the national food security monitoring system
	Provide protection and multi-sector assistance to Sudanese refugees from South Darfur in Sam-Ouandja, while at the same time helping them achieve a greater level of self-reliance	UNHCR: Protection and assistance for Sudanese refugees UNHCR: Local integration for urban refugees in Bangui
 Nutrition	Organise surveys and rapid assessments	UNICEF: Emergency nutrition assistance to save children's lives
	Ensure the management of severe acute malnutrition by strengthening existing TFCs and ambulatory centres and setting up new ones in high-risk areas	IMC: Feeding centres for refugees, displaced people and returnees Merlin: Extending nutrition programmes in Nana-Gribizi UNICEF: Emergency nutrition assistance to save children's lives WFP: Nutritional support to children, pregnant women and mothers
	Strengthen prevention of malnutrition	UNICEF: Emergency nutrition assistance to save children's lives
	Ensure coordination	UNICEF: Emergency nutrition assistance to save children's lives
	Assess the needs of any newly displaced people and monitor the situation	UNICEF: Provide people struck by conflict with household items and shelter
	Distribute essential NFIs adapted to the emergency needs of 108,000 displaced people	NRC: Provide shelter in Kabo sub-prefecture UNICEF: Provide people struck by conflict with household items and shelter
 Shelter and non-food items	Improve emergency preparedness by pre-positioning stocks of NFIs	UNICEF: Provide people struck by conflict with household items and shelter
	Ensure effective coordination, monitoring and evaluation	UNICEF: Provide people struck by conflict with household items and shelter
SECTORS ENSURING THE SUSTAINABILITY OF AID EFFORTS: Coordination and support services		
 Coordination and support services	Humanitarian action is coordinated within and between clusters, activities are mapped and gaps in the response are closed	OCHA: Add value to humanitarian action
	Agencies get the information they need to target their activities at the most urgent needs	ACTED: Collect and analyse data for humanitarian organisations OCHA: Add value to humanitarian action

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Sector	Response plan objectives (abbreviated)	Associated projects (abbreviated)
	The CHF is strengthened to make financing is more strategic, predictable and flexible	OCHA: Add value to humanitarian action
	Aid agencies have the logistical support they need, in Bangui and in areas that are hard to reach (Humanitarian Air Service, trucks, help with customs clearances and registration)	WFP: Humanitarian Air Service WFP: Augment logistics capacity to support humanitarian action
	Humanitarian workers in insecure areas can communicate safely and reliably	UNDSS: Enabling humanitarian action and access to people in need WFP: Common emergency telecommunication services for humanitarian community

ANNEXES

ANNEX I RANKING OF PROJECTS

#	Organisation (abbreviated)	Project title (abbreviated)	Ranking											Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis-aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach			
Strategic Priority #1: Life-Saving Assistance – Health															
1	ACABEF	Strengthen obstetric care and prevention of STIs and HIV/AIDS	✓		✓	✓			✓	✓	✓		6	High	
2	AMI	Primary and secondary healthcare in the northeast	✓	✓	✓	✓			✓	✓		✓	7	High	
3	CAM	Emergency healthcare for people in Haut-Mbomou	✓	✓	✓	✓			✓	✓	✓		7	High	
4	CORDAID	Access to mother-and-child healthcare	✓	✓	✓	✓			✓	✓	✓		7	High	
5	CRS	Rehabilitation of health centres in Ouham	✓	✓		✓			✓	✓	✓		6	High	
6	IMC	Reduced morbidity and mortality among people affected by conflict	✓	✓	✓	✓			✓	✓			6	High	
7	IRC	Emergency health services in Bocaranga sub-prefecture	✓	✓	✓	✓			✓	✓			6	High	
8	JUPEDEC	Provision of emergency healthcare in Haut-Mbomou	✓	✓	✓	✓			✓	✓	✓		7	High	
9	Mercy Corps	Sports for the Future: a sport- and game-based HIV/AIDS education	✓	✓	✓	✓			✓	✓		✓	7	High	
10	Merlin	Ensuring access to quality basic primary healthcare	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate	
11	Mentor	Expanding access to emergency healthcare and malaria control	✓		✓	✓			✓	✓		✓	6	High	
12	SOS Villages	Provide psychosocial support to children and adolescents	✓	✓	✓	✓			✓	✓			6	High	
13	UNFPA	Strengthen UNFPA's humanitarian response in the north	✓	✓				✓	✓		✓		5	Medium	
14	UNFPA, WHO, UNICEF	Strengthening prevention of and medical, psychosocial and community-based responses to sexual violence	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate	
15	UNFPA, UNICEF, WHO	Strengthening the response against STIs, HIV/AIDS and sexual violence among uniformed services and adolescents in conflict zones	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate	

#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis- aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
16	UNFPA, WHO, UNICEF	Strengthening emergency obstetric and neonatal care in conflict-affected zones	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate
17	WHO, Assomesca	Strengthening the integrated disease surveillance system for better support to the International Health Regulation in CAR	✓	✓					✓	✓		✓	5	Immediate
18	WHO	Prevention and management of childhood illnesses	✓	✓	✓				✓	✓	✓		6	High
19	WHO	Supporting the health cluster to better coordinate health activities	✓	✓				✓	✓	✓			5	Medium
20	WHO	Decentralise prevention and preparation activities for prompt response	✓	✓				✓	✓	✓			5	Medium
21	WHO	Post-traumatic stress disorder and substance abuse management	✓	✓					✓	✓		✓	5	Medium
22	WHO	Support the national information health system	✓	✓	✓	✓			✓	✓	✓		7	High
23	WHO, UNICEF	Control of vaccine-preventable diseases	✓	✓	✓				✓	✓	✓		6	High
24	WHO	Prevention of neglected tropical diseases	✓						✓	✓	✓	✓	5	Medium
Strategic Priority #1: Life-Saving Assistance – Water, Sanitation and Hygiene														
25	ACF	Improvement of water access and hygiene conditions in northwest	✓	✓	✓				✓	✓		✓	6	High
26	CAM	Upgrade water sources and sanitation in Haut-Mbomou	✓	✓	✓		✓			✓	✓	✓	7	High
27	CORDAID	Water supply and hygiene improvement for the people of Ouham-Pendé	✓	✓						✓	✓	✓	5	Medium
28	IMC	Reduce morbidity of water- and excreta-related diseases	✓	✓			✓			✓	✓	✓	6	High
29	IRC	Emergency water and sanitation programme for communities in north	✓	✓	✓		✓			✓		✓	6	High
30	Mercy Corps	Improving hygiene and access to clean water in Nana-Mambéré	✓	✓	✓				✓	✓		✓	6	High
31	P. Urgence	Improve access to drinking water and hygiene promotion	✓	✓			✓			✓		✓	5	Medium
32	Triangle GH	Water access in Sam-Ouandja	✓	✓			✓			✓		✓	5	Medium

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#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis- aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
33	UNICEF	School sanitation and hygiene education to sustain early recovery	✓	✓	✓		✓			✓	✓	✓	7	High
34	UNICEF	Provision of emergency basic WASH services for vulnerable people	✓	✓	✓					✓	✓	✓	6	High
Strategic Priority #2: Human Rights Protection														
35	ACF	Psycho-social programme for people affected by conflict in Markounda	✓	✓	✓							✓	4	Medium
36	BONUCA	Capacity building of law enforcement officials	✓		✓					✓		✓	4	Medium
37	COOPI	Reduce the vulnerability of Aka pygmies	✓	✓	✓				✓	✓	✓	✓	7	High
38	DRC	Women's rights promotion in Ouham-Pendé and Bamingui-Bangoran	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate
39	IMC	Protection and healthcare services for child soldiers and others	✓		✓				✓	✓		✓	5	Medium
40	IRC	Emergency protection and GBVGBV programme	✓	✓	✓	✓			✓	✓	✓		7	High
41	NRC	Protection and advocacy for displaced people in Ouham	✓	✓	✓		✓		✓	✓		✓	7	High
42	NRC	Profiling of displaced people, returnees and host communities	✓	✓	✓		✓	✓	✓	✓		✓	8	Immediate
43	UNDP	Strengthening access to justice and legal protection	✓	✓	✓				✓	✓	✓		6	High
44	UNESCO	Community radio stations in Paoua and Birao	✓	✓	✓	✓					✓	✓	6	High
45	UNHCR	Protection and assistance for displaced people and returnees	✓	✓	✓				✓	✓	✓	✓	7	High
46	UNICEF	Prevention of child recruitment and reintegration of demobilised children	✓	✓	✓				✓	✓	✓	✓	7	High
47	UNICEF	Protection and social services for orphans and vulnerable children	✓	✓	✓	✓			✓	✓	✓	✓	8	Immediate
Strategic Priority #3: Early Recovery														
48	ACTED	Improving living conditions in southeast by rehabilitating roads	✓	✓	✓		✓			✓		✓	6	High
49	ACTED	Improving living conditions in northwest by rehabilitating roads	✓	✓	✓		✓			✓		✓	6	High
50	ACTED	Consolidating peace by reducing poverty in Vakaga	✓	✓	✓		✓			✓		✓	6	High

#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis- aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
51	ADEM	Support income-generating activities in Mbrès sub-prefecture	✓	✓			✓			✓		✓	5	Medium
52	DRC	Livelihood protection for conflict-affected people in northeast	✓	✓	✓		✓			✓		✓	6	High
53	DRC	Support for livelihood recovery for displaced and returnees in northwest	✓	✓	✓		✓			✓		✓	6	High
54	P. Urgence	Support income-generating activities for displaced in Ouham-Pendé	✓	✓			✓			✓		✓	5	Medium
55	P. Urgence	Improve access and facilitate economic exchange in Ouham-Pendé	✓	✓			✓			✓		✓	5	Medium
56	UNDP	Reinforce early recovery planning, crisis prevention, conflict resolution	✓	✓	✓		✓			✓			5	Medium
57	UNDP	Support recovery with microfinance services in northwest	✓	✓	✓		✓			✓		✓	6	High
58	UNFPA	Socio-economic reintegration of unemployed adolescents	✓	✓		✓	✓			✓		✓	6	High
Sectors Addressing Urgent Needs – Education														
59	ACTED	Improve access to education in northeast by rehabilitating schools		✓			✓			✓		✓	3	Medium
60	COOPI	Support the education system in Haut-Mbomou		✓	✓	✓				✓		✓	5	Medium
61	COOPI	Ensure the durability and quality of the education system in Paoua		✓	✓	✓				✓		✓	5	Medium
62	IRC	Creating safe learning environments for displaced and other children		✓	✓					✓		✓	4	Medium
63	JUPEDEC	Restore the education system in Haut-Mbomou		✓	✓				✓	✓		✓	5	Medium
64	NRC	Emergency education in Markounda sub-prefecture		✓	✓		✓		✓	✓		✓	6	High
65	Triangle GH	Support to primary education in Sam-Ouandja, Haute-Kotto		✓			✓			✓		✓	4	Medium
66	UNESCO	Preparation of an implementation plan for national education strategy		✓			✓	✓	✓	✓			5	Medium
67	UNFPA	Strengthen life-skills, STI and HIV/AIDS education in primary schools		✓	✓	✓	✓			✓		✓	6	High
68	UNICEF	Restarting education in Bamingui-Bangoran		✓	✓		✓			✓		✓	5	Medium
69	WFP	Emergency school feeding for vulnerable primary school children		✓	✓		✓					✓	4	Medium

#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis- aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
Sectors Addressing Urgent Needs – Food Security														
70	ACF	Food security and livelihood protection in Markounda and Boguila		✓			✓		✓	✓		✓	5	Medium
71	ACCORD	Support people affected by conflict in Markounda		✓			✓			✓			3	Medium
72	ACTED	Improve living conditions of vulnerable people in Haut-Mbomou		✓			✓			✓	✓	✓	5	Medium
73	ADEM	Support agriculture and cattle-breeding in Mbrès, Kaga-Bandoro, Dékoa		✓			✓			✓		✓	4	Medium
74	COOPI	Support agriculture in Ngaoundaye and Paoua sub-prefectures		✓			✓			✓		✓	4	Medium
75	COOPI	Support agriculture in Obo sub-prefectures		✓			✓			✓		✓	4	Medium
76	CRS	Improve agriculture & livelihoods in Bossangoa, Bouka, Nana-Bakassa		✓			✓			✓	✓	✓	5	Medium
77	FAO	Improve food security and household incomes with animal breeding		✓		✓				✓		✓	4	Medium
78	FAO	Improve the food security of families affected by HIV/AIDS		✓		✓	✓			✓			4	Medium
79	FAO	Improve food security with cassava multiplication		✓			✓			✓		✓	4	Medium
80	FAO	Consolidation of the national food security monitoring system		✓				✓	✓	✓		✓	5	Medium
81	FAO	Promotion of school gardening		✓			✓			✓		✓	4	Medium
82	Mercy Corps	Reinforcing food security in Nana-Mambéré		✓		✓	✓			✓		✓	5	Medium
83	PU	Enhancing food security of vulnerable people, cassava multiplication		✓						✓		✓	3	Medium
84	PU	Increasing food security by diversifying food sources in Ouham-Pendé		✓			✓			✓		✓	4	Medium
85	PU	Improving food security of vulnerable people, agricultural support		✓			✓		✓	✓		✓	5	Medium
86	Solidarités	Food security for vulnerable people in Kaga-Bandoro		✓			✓			✓	✓		4	Medium
87	Solidarités	Support rice and fish farming in Ouham-Pendé		✓			✓			✓	✓	✓	5	Medium
88	TGH	Support local agricultural production in Vakaga and Sam-Ouandja		✓			✓		✓	✓		✓	5	Medium

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#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis-aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
89	WFP	Food assistance to protect and rebuild livelihoods in conflict areas			✓						✓	✓	3	Medium
90	WFP	Assistance for displaced people and refugees affected by conflict			✓		✓				✓		3	Medium
91	WFP	Food assistance for food insecure vulnerable groups			✓	✓					✓		3	Medium
Sectors Addressing Urgent Needs – Multi-Sector Assistance for Refugees														
92	UNHCR	Protection and multi-sector assistance for Sudanese refugees			✓	✓				✓		✓	4	Medium
93	UNHCR	Local integration for urban refugees		✓	✓	✓				✓		✓	5	Medium
Sectors Addressing Urgent Needs – Nutrition														
94	IMC	Feeding centres for refugees, displaced, returnees in northeast		✓			✓		✓	✓		✓	5	Medium
95	MERLIN	Extending nutrition programmes in Nana-Gribizi		✓			✓		✓	✓		✓	5	Medium
96	UNICEF	Emergency nutrition assistance to save children's lives		✓			✓	✓	✓	✓	✓	✓	7	High
97	WFP	Nutritional support for children, pregnant women and mothers		✓			✓	✓		✓	✓	✓	6	High
Sectors Addressing Urgent Needs – Shelter and Non-Food Items														
98	NRC	Provide shelter in Kabo sub-prefecture		✓	✓		✓		✓	✓		✓	6	High
99	UNICEF	Provide people struck by conflict with household goods and shelter			✓			✓	✓		✓	✓	5	Medium
Sectors Ensuring the Sustainability of Aid Efforts – Coordination and Support Services														
100	ACTED	Collect and analyse data for humanitarian organisations		✓	✓			✓	✓		✓		5	Medium
101	OCHA	Adding value to humanitarian action						✓	✓				2	Medium
102	UNDSS	Enabling humanitarian action and access to people in need						✓					1	Medium
103	WFP	Humanitarian Air Service						✓					1	Immediate*
104	WFP	Common emergency telecommunications services for humanitarians					✓	✓		✓			3	Medium

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#	Organisation (abbreviated)	Project title (abbreviated)	Ranking										Sum (out of 10 points)	Priority level
			Priority sector	Early Recovery	Gender/sex-dis- aggregated data	HIV/AIDS	Time-bound	Support project	New data	Builds capacities	Joint programme with local NGO	Participatory approach		
105	WFP	Augment logistics capacity to support humanitarian action						✓					1	Medium

* WFP's Humanitarian Air Service is ranked as 'immediate' as it is crucial for all other humanitarian action. Funding is needed early in the year.

ANNEX II AGENCY OVERVIEWS

Name	Action Contre la Faim (ACF)
Headquarters	Paris (France)
Website	www.actioncontrelafaim.org
HQ Contact	Philippe Conraud, Desk Officer, pconraud@actioncontrelafaim.org
CAR Contact	Cédric Pérus, Head of Mission, cdm@cf.missions-acf.org
Sectors	Nutrition, food security, water and sanitation, mental health
Objective	Contribute to reduce and prevent acute malnutrition with support to the Ministry of Health and an integrated approach to food security, water and sanitation, hygiene, and mental health
Presence, staff	Country office in Bangui, field offices in Markoundia, Bossangoa, Paoua (12 international and 116 national staff)
Name	Agency for Technical Cooperation and Development (ACTED)
Headquarters	Paris (France)
Website	www.acted.org
HQ Contact	Marie-Pierre Caley, General Delegate, marie-pierre.caley@acted.org
CAR Contact	Yannick Deville, Country Director, yannick.deville@acted.org
Sectors	Early recovery, education, food security, water, sanitation and hygiene, rehabilitation, community support
Objective	Support recovery and improve living conditions by rehabilitating infrastructures, improving local capacities and reinforcing food security
Presence, staff	Country office in Bangui, sub-offices in Kaga-Bandoro, Ndélé and Birao (4 international, 70 national staff)
Name	Association de Coopération et de Recherche pour le Développement (ACORD)
Headquarters	London (UK)
Website	www.acordinternational.org
HQ Contact	Bonaventure Wakan, Programming Director
Contact	Yolande Ngbodo, Representative a.i, yngbodo@yahoo.fr
Sectors	Food security
Objective	Reducing poverty and boosting agricultural production of vulnerable population
Presence, staff	2 international staff are expected to come in November, 1 national staff
Name	Association pour le Développement de Mbrès (ADEM)
Headquarters	Bangui (CAR)
Contact	Bernard Ouanga-Amatoko, Head of Mission, bouanga_amatoko@yahoo.fr
Sectors	Food security, early recovery, protection
Objective	Support agriculture and income generating activities in Mbrès, Kaga Bandoro and Dekoua
Presence, staff	Main office in Bangui, sub-office in Mbrès and antenna in Ombella Mpoko, Dékoa, Kaga-bandoro and Mbrès (03 international staff and 55 national staff)
Name	Aide Médicale Internationale (AMI)
Headquarters	Pantin (France)
Website	www.amifrance.org
CAR Contact	Hélène Labrousse, Head of Mission rca@amifrance.org
Sectors	Health, HIV/AIDS prevention, water and sanitation
Objective	Meet the needs of communities excluded or isolated from medical services. AMI's projects result from close collaboration with concerned people and local authorities. AMI helps them to set up health programmes specifically adapted to their needs, by training local staff, and building and rehabilitating medical structures
Presence, staff	Country office in Bangui (4 international, 15 national staff), offices in Ndélé (2 international, 11 national staff) and Mbrès (2 international, 13 national staff)



Name	Association des Œuvres Médicales des Eglises pour la Santé en Centrafrique (Assomesca)
Headquarters	Bangui (CAR)
Contact	Michel Kosh-Komba, Coordinator, koshkm@yahoo.fr
Sectors	Health
Objective	Provide healthcare to those in need; support the improvement of health facilities and the provision of health supplies in the most affected areas
Presence, staff	Main office in Bangui (8 staff in Bangui, about 200 across the country)

ASSOMESCA

Name	Caritas Centrafrique
Headquarters	Bangui (CAR)
Contact	Abbé André Singha, President, caricentre@yahoo.fr
Sectors	Health, food security, protection, recovery
Objective	Provide multi-sector assistance to the most vulnerable people and support their economic recovery
Presence, staff	Main office in Bangui (51 staff), offices in Mbaiki, Berberati, Bossangoa, Kaga-Bandoro, Bozoum and Bangassou



Name	Catholic Relief Services (CRS)
Headquarters	Baltimore (USA)
Website	www.crs.org
HQ Contact	Ed Kiely, Desk Officer, ekiely@crs.org
CAR Contact	Jean-Marie Bihizi, Head of Mission, jmbihizi.crs-car@gmail.com
Sectors	Food security, agriculture, health, education
Objective	Provide support to local church partners across the country in the areas of emergency relief, health, agriculture, reconciliation and education
Presence, staff	Country office in Bangui (2 international, 4 national staff)



Name	Comité d'aide Médicale (CAM)
Headquarters	Montreuil-sous-Bois (France)
Website	www.cam-fr.org
HQ Contact	Corinne Henon, corinne.henon@cam-org.fr
CAR Contact	Damien Prilleux, Head of Mission, camcdmrca@gmail.com
Sectors	Health, water and sanitation, protection
Objective	Provide support to people affected by conflict or disaster; provide access to potable water by rehabilitating existing water structures and promote hygiene; provide psychosocial support to victims of conflict; prevent STIs and sexual violence in collaboration with local partners
Presence, staff	Coordination office in Bangui, field office in Birao, 3 international and 20 national staff



Name	Confédération des ONGs Centrafricaines (CIONGCA)
Headquarters	Bangui (CAR)
Contact	Francis Ngombala, Secretary General, ciong_ca@yahoo.fr
Sector	Coordination
Objective	Promote reinforcement of institutional capacity; serve as consultation platform for all national NGOs; inform the public about sustainable development
Presence, staff	Office in Bangui (9 national staff from different NGOs)



Name	Cooperazione Internazionale (COOPI)
Headquarters	Milan (Italy)
Website	www.coopi.org
HQ Contact	Ennio Miccoli, Director, miccoli@coopi.org
CAR Contact	Alessandro Romio, Country Representative, romio@coopi.org
Sectors	Education, health, protection, agriculture, food security, economic recovery and infrastructure
Objective	Facilitate access to healthcare and education; increase food security for people living in rural areas; provide support to local development initiatives; encourage active community participation and reinforce local associations' capacities; give support to people affected by conflict, violence or discrimination
Presence, staff	Country office in Bangui, offices in Paoua, Mbaiki, planned office in Obo (25 international staff, 150 national staff)



Name	CORDAID
Headquarters	The Hague (Netherlands)
Website	www.cordaid.nl
HQ Contact	Petra Reijners, petra.reijners@cordaid.nl
CAR Contact	Marb� Klijn, Programme Coordinator, bangui.office@cordaid.net
Sectors	Health, disaster prevention, rehabilitation, early recovery
Objective	Collaborate with local partners to build a better and sustainable future for all by providing emergency assistance; fight against poverty; sensitise political actors; strengthen civil society
Presence, staff	Country office in Bangui, planned offices in Bouar and Bozoum (1 international, 1 national staff)



Name	Central African Red Cross (CARC)
Headquarters	Bangui (CAR)
Contact	Antoine Mbao Bogo, Secretary General, a_mbao_bogo@yahoo.fr
Sectors	Health, food security, natural disaster emergency
Objective	Reduce the potential impact of disaster; increase community preparedness to vulnerability; reduce intolerance, discrimination, and social exclusion; promote a culture of peace and respect for diversity and human dignity
Presence, staff	Country office in Bangui (12 staff, several hundred volunteers), offices in 15 out of the 16 prefectures (over 15,000 volunteers)



Name	French Red Cross (FRC)
Headquarters	Paris (France)
Website	www.croix-rouge.fr
HQ Contact	Isabelle Polisset, Africa Desk, isabelle.polisset@croix-rouge.fr
CAR Contact	Olivier Terzolo, Head of Delegation, hod-rca.frc@croix-rouge.fr
Sectors	Health, HIV prevention, disaster management
Objective	Provide humanitarian action in the domains of health, water and sanitation
Presence, staff	Country office in Bangui, office in Sibut (7 international, 63 national staff)



Name	Danish Refugee Council (DRC)
Headquarters	Copenhagen (Denmark)
Website	www.drc.dk
HQ Contact	Lone Bildsoe Lassen, lone.bildsoe.lassen@drc.dk
CAR Contact	Yann Dutertre, Head of Mission, drccar@drc.dk
Sectors	Early recovery, food security, community support, protection
Objective	Protect refugees, displaced people and returnees against persecution and promote durable solutions for them
Presence, staff	Country office in Bangui, office in Paoua (7 international, 60 national staff)



Name	Food and Agriculture Organization of the United Nations (FAO)
Headquarters	Rome (Italy)
Website	www.fao.org
HQ Contact	Laurent Thomas, Director, Emergency and Rehabilitation Division, laurent.thomas@fao.org
CAR Contact	Mai-Moussa Abari, Representative, maimoussa.abari@fao.org
Sectors	Agriculture, food security
Objective	Ensure strategic coordination and policy development, and promote consistent programming and planning across the country; provide general supervision of the operational activities implemented at country level
Presence, staff	Country office in Bangui, office in Paoua (3 international, 25 national staff)



Name	International Medical Corps (IMC)
Headquarters	Santa Monica (USA)
Website	www.imcworldwide.org
HQ Contact	Ben Hemingway, Snr. Desk Officer, bhemingway@imcworldwide.org
CAR Contact	Dr. Guy Yogo, Head of Mission, gyogo@imcworldwide.org
Sectors	Health, nutrition, food security, water and sanitation, recovery
Objective	Offer relief assistance, training and healthcare to local populations, and nutrition assistance to people at highest risk. With the flexibility to respond rapidly to emergency situations, IMC rehabilitates devastated healthcare systems and helps bring them back to self-reliance
Presence, staff	Main office in Bangui, field offices in Sam-Ouandja, Ouadda-Djallé, Ouadda (8 international and 70 national staff)



Name	International Partnership for Human Development (IPHD)
Headquarters	Virginia (USA)
Website	www.iphd-africa.org
HQ Contact	William Pruzensky, P.h.D., President
CAR Contact	Cristian Balan, Representative, balan@iphd-africa.org
Sectors	Water and sanitation, agriculture, food security, HIV/AIDS prevention, health
Objectives	Increase access to potable water; strengthen and develop new food banks across the country; provide 1,640 farmers with access to micro-credit services to improve and increase farm production; improve the livelihood of 606 fishing groups with a total amount of supported beneficiaries of 1240; provide funds to 460 women widowed by HIV/AIDS; distribution of food supplement for 14,400 persons
Presence, staff	Country office in Bangui (2 international, 7 national staff).



Name	International Rescue Committee (IRC)
Headquarters	New York (USA)
Website	www.theirc.org
HQ Contact	Paul Taylor, Regional Director, paul.taylor@theirc.org
CAR Contact	Boris Varnitzky, Head of Mission, boris.varnitzky@theirc.org
Sectors	Health, water and sanitation, protection, education
Objective	Work with communities and national institutions to save lives and meet the needs of vulnerable people while working toward preserving social cohesion and laying the foundation for recovery and self-reliance
Presence, staff	Country office in Bangui (6 international and 18 national staff), sub-offices in Kaga-Bandoro (5 international and 48 national staff) and Bocaranga (3 international, 24 national staff)



Name Joint United Nations Programme on HIV/AIDS (UNAIDS)
Headquarters Geneva (Switzerland)
Website www.unaids.org
CAR Contact Brigitte Zitongo, Administrative Assistant,
brigitte.zitongo@undp.org
Sectors HIV/AIDS prevention and response (health and protection of infected or affected people)
Objective Provide leadership and advocacy for effective action against HIV/AIDS; engage civil society and develop partnerships; collect information to guide efforts of partners; track, monitor and evaluate the situation; mobilise financial, technical and political resources
Presence, staff Country office in Bangui (0 international, 3 national staff)
UNAIDS does not participate in this Coordinated Aid Programme



Name United Youth for the Protection of the Environment and Community Development (JUPEDEC)
Headquarters Obo (Central African Republic)
Contact Lewis Alexis Mbolinani, Coordinator, mbolinani@yahoo.fr
Sectors Education, health, community support, income generating activities
Objective Advocate for effective action and support to the population of Haut-Mbomou, rehabilitate infrastructure, train and support the community of Haut-Mbomou
Presence, staff Main office in Obo, antenna in Bangui (about 40 volunteers and staff)



Name Médecins Sans Frontières – Belgium/Spain (MSF-S/B)
Headquarters Barcelona (Spain), Brussels (Belgium)
Website www.msf.org
HQ Contact Marta Canas, marta.canas@barcelona.msf.org
CAR Contact Gabriel Sanchez, Head of Mission,
msfe-bangui-cg@barcelona.msf.org
Sectors Emergency healthcare
Objective Provide medical humanitarian assistance to the most vulnerable people
Presence, staff Country office in Bangui, offices in Kabo, Batangafo and Kaga-Bandoro (19 international, about 344 national staff)
MSF does not participate in this Coordinated Aid Programme



Name Médecins Sans Frontières – France (MSF-F)
Headquarters Paris (France)
Website www.paris.msf.org
CAR Contact André Romero, Head of Mission,
msff-bangui-sat@paris.msf.org
Sector Emergency healthcare
Objective Work in emergencies to alleviate humanitarian suffering in the northwest
Presence, staff Country office in Bangui, offices in Paoua and Bocaranga (16 international, about 225 national staff)
MSF does not participate in this Coordinated Aid Programme



Name Médecins Sans Frontières – Holland (MSF-H)
Headquarters Amsterdam (Netherlands)
Website www.artsenzondergrenzen.nl
CAR Contact Akke Boere, Head of Mission,
msfh-car-hom@field.amsterdam.msf.org
Sectors Emergency healthcare, nutrition
Objective Provide emergency healthcare and supplies to people in need
Presence, staff Country office in Bangui, offices in Birao, Gordil, Markounda, Boguila (26 international, about 330 national staff)
MSF does not participate in this Coordinated Aid Programme



Name Mentor Initiative
Headquarters Skipton (UK)
Website www.thementorinitiative.org
HQ Contact Sarah Hoibak, sarahh@mentor-initiative.net
CAR Contact Jorge Jimeno Almeida, Head of Mission, jorge@mentor-initiative.net
Sectors Health, malaria prevention and response
Objective Reduce death and suffering from malaria in humanitarian crises
Presence, staff Main office in Bangui, office in Paoua



Name Mercy Corps
Headquarters Portland (USA) and Edinburgh (UK)
Website www.mercycorps.org
HQ Contact Laura Miller, Programme Officer, lmiller@mercycorps.org
CAR Contact John Hanson, Head of Mission, jhanson@mercycorps.org
Sectors Health, water and sanitation, food security
Objective Promote the development of secure, productive and just communities that are effective in driving their own development by improving access to water and sanitation, healthcare, education, economic opportunities and infrastructure
Presence, staff Main office in Bangui, office in Bouar (3 international, 15 national staff)



Name Merlin
Headquarters London (UK)
Website www.merlin.org.uk
HQ Contact Tiziana Oliva, Programme Manager, tiziana.oliva@merlin.org.uk
CAR Contact Bruno Fugah, Head of Mission, cd@merlin-car.org
Sector Health, nutrition
Objective Respond to health needs by providing healthcare and supplies in an emergency and development context to those most in need
Presence, staff Main office in Bangui, offices in Kaga-Bandoro and Bouar (6 international, 52 national staff)



Name Norwegian Refugee Council (NRC)
Headquarters Oslo (Norway)
Website www.nrc.no
HQ Contact Torill Sæterøy, torill.sateroy@nrc.no
CAR Contact Florian Delauney, Head of Mission, country.director@car.nrc.no
Sectors Protection, education, shelter
Objective Humanitarian assistance to refugees, displaced people and returnees
Presence, staff Country office in Bangui, office in Batangafo (4 international, 32 national staff)



Name Observatoire Centrafricain des Droits de l'Homme (OCDH)
Headquarters Bangui (CAR)
Contact Lambert Zokoézo, Founding President, ocdh@yahoo.fr
Sector Human rights protection
Objective Promote, protect and defend human rights; Increase human rights awareness at political, social, and cultural levels; provide legal assistance
Presence, staff Main office in Bangui (31 volunteers and staff), presence across the country (600 volunteers)
 OCDH does not participate in this Coordinated Aid Programme



Name Office for the Coordination of Humanitarian Affairs (OCHA)
Headquarters Geneva (Switzerland), New York (USA)
Website www.hdptcar.net
HQ Contact Fatoumatta Mboge, Desk Officer, mboge@un.org
CAR Contact Jean-Sébastien Munié, Head of Office, munie@un.org
Sectors Coordination and support services
Objective Support the Humanitarian Coordinator to promote programmatic and operational coordination of humanitarian action; improve the availability of predictable, strategic, flexible humanitarian funding; facilitate the collection, processing, analysis and dissemination of information; negotiate humanitarian access with parties to conflict; support the HDPT in advocacy efforts including public information and donor relations; promote the establishment of common humanitarian services including logistics
Presence, staff Main office in Bangui, joint offices in Paoua and in Ndélé (8 international, 4 national staff)



Name Première Urgence
Headquarters La Garenne-Colombes (France)
Website www.premiereurgence.org
HQ Contact Thomas Loreaux, Desk Officer, tloreaux@premiereurgence.org
CAR Contact Mohammed Sylla, Head of Mission, pu.cdm.rca@gmail.com
Sectors Food security, early recovery
Objective Provide multi-sector assistance to the most vulnerable people, and support their economic recovery
Presence, staff Country office in Bangui (2 international staff), office in Paoua



Name Solidarités
Headquarters Clichy la Garenne (France)
Website www.solidarites.org
HQ Contact Marion Pechayre, Desk mpechayre@solidarites.org
CAR Contact Guillaume Kopp, Head of Mission, sol_rca_bangui@yahoo.fr
Sectors Food security, water and sanitation, shelter
Objective Solidarités acts in emergency contexts where people are affected by conflicts or natural disasters. We are specialised in Food security, Water/sanitation and rehabilitation in 15 countries worldwide. Solidarités also intervene in mid-term projects in these matters.
Presence, staff Country office in Bangui, 3 bases in Kabo, Kaga Bandoro and Ndélé (5 international, about 20 national staff)



Name Triangle Génération Humanitaire
Headquarters Lyon (France)
Website www.trianglegh.org
HQ Contact Ivan Deret, Programme Officer, ivan.deret@trianglegh.org
CAR Contact Félicie Monneret, Head of Mission, rca@trianglegh.org
Sectors Food security, water and sanitation, non-food items, education
Objective Respond to the primary needs of people affected by conflict, alleviate the effects of chronic under-development and Vakaga's isolation
Presence, staff Country office in Bangui, offices in Birao and Sam-Ouandja (10 international, 72 national staff)



Name	United Nations Development Programme (UNDP)
Headquarters	New York (USA)
Website	www.cf.undp.org
HQ Contact	Mia Seppo, Desk officer, mia.seppo@undp.org
CAR Contact	Ibrahima Djibo, Country Director, ibrahima.djibo@undp.org
Sectors	Economic recovery and infrastructure, rule of law
Objective	Improve social and economic conditions to ensure human security; promote people-centred approaches to strengthen self-sufficiency beyond survival; mainstream human rights, gender and crisis prevention, and help rebuild trust between local, civilian and military authorities and the population, thereby contributing to restore security; link humanitarian and poverty reduction efforts of all national and international partners
Presence, staff	Country office in Bangui (19 international and 67 national staff). Field projects and presence in Bossangoa, Bozoum, Kaga Bandoro, and Sibut



Name	United Nations High Commissioner for Refugees (UNHCR)
Headquarters	Geneva (Switzerland)
Website	www.unhcr.org
HQ Contact	Jean-Claude do Rego, Senior Desk Officer, dorego@unhcr.org
CAR Contact	Aminata Gueye, Representative, gueye@unhcr.org
Sectors	Multi-sector assistance to refugees, protection
Objective	Provide protection and multi-sector assistance to displaced people in northern CAR, provide protection and multi-sector assistance to Sudanese refugees in Sam Ouandja and urban refugees of different nationalities in Bangui
Presence, staff	Representation in Bangui (6 international, 21 national staff), offices in Paoua and Kaga-Bandoro (2 international, 3 national staff per office)



Name	United Nations Children's Fund (UNICEF)
Headquarters	New York (USA)
Website	www.unicef.org
HQ Contact	Erin Tettensor, Desk Officer, etettensor@unicef.org
CAR Contact	Mahimbo Mdoe, Representative, mmdoe@unicef.org
Sectors	Health, education, water and sanitation, shelter and non-food items, protection, nutrition and food security, coordination and support services
Objective	UNICEF is mandated by the UN Secretary-General to advocate for the respect and the fulfilment of the rights of the child
Presence, staff	Country office in Bangui (13 international and 47 national staff), offices in Bossangoa (8 international and 20 national) and Kaga-Bandoro (11 international and 3 national)



Name	United Nations Department of Safety and Security (UNDSS)
Headquarters	New York (USA)
Website	dss.un.org
HQ Contact	Landio Zalla, Desk Officer, zala@un.org
CAR Contact	Epiphane Mongbo, Security Coordinator, epiphane.mongbo@undp.org
Sectors	Security of staff and operations
Objective	Take all necessary action aimed at ensuring the security of aid workers and their operations; support access of such staff and their operations to the largest possible portion of the country, while minimising security risks
Presence, staff	Country office in Bangui (3 international, 8 national staff)



Name	United Nations Peace-Building Support Office in CAR (BONUCA)
Headquarters	New York (USA)
Website	www.un.org
HQ Contact	Shuhrat Sulaymanov, Desk Officer, sulaymanov@un.org
CAR Contact	François Lonseny Fall, SRSG, fall6@un.org
Sectors	Human rights protection, political affairs, military observation, training
Objective	Closely follow up the human rights situation by monitoring, investigations and legal assistance to victims of abuse; reinforce capacities of national institutions to respect and promote human rights with mass awareness programmes; human rights training, particularly for law enforcement officials; strengthen capacity of the judiciary system for the respect of rule of law
Presence, staff	Country office in Bangui (30 international, 40 national staff), offices in Bouar, Bossangoa and Bambari



Name	United Nations Population Fund (UNFPA)
Headquarters	New York (USA)
Website	www.unfpa.org
HQ Contact	Nina Sreenivasan, sreenivasan@unfpa.org
CAR Contact	Basile Tambashe, Representative, tambashe@unfpa.org
Sectors	Health, education, protection
Objective	Contribute to the improvement of living standards by (a) improving the availability and accessibility of quality reproductive and sexual health services and information, including for HIV/AIDS prevention; (b) promote gender equality and empowerment of women and girls; (c) contribute to the prevention of and response to gender-based violence; (d) provide reliable social and economic data
Presence, staff	Country office in Bangui (8 international, 23 national staff)



Name	United Nations Scientific, Educational and Cultural Organisation (UNESCO)
Headquarters	Paris (France)
Website	www.unesco.org
CAR Contact	Hélène Cron, Officer in Charge, h.cron@unesco.org
Sectors	Education, community radios
Objective	Help to implement the national education strategy, support education on HIV/AIDS, promote cultural diversity and a culture of peace, promote communication development and access to information
Presence, staff	Regional office in Yaoundé covering CAR (5 international, 19 national staff), antenna office in Bangui (1 international, 1 national staff)



Name	World Food Programme (WFP)
Headquarters	Rome (Italy)
Website	www.wfp.org
HQ Contact	Thomas Lecato, Senior Liaison Officer, Thomas.Lecato@wfp.org
CAR Contact	Sitta Kai-Kai, Representative, Sitta.Kai-Kai@wfp.org
Sectors	Food security, logistics support, emergency telecommunications
Objective	Save human lives by providing food aid
Presence, staff	Country office in Bangui (21 international, 83 national staff), offices in Bambari, Bouar, Kaga-Bandoro and Paoua, planned office in Ndélé



Name	World Health Organisation (WHO)
Headquarters	Geneva (Switzerland)
Website	www.who.int
HQ Contact	Dr Luzitu Simao, simaol@who.int
CAR Contact	Dr Zakaria Maiga, Representative, maigaz@cf.afro.who.int
Sectors	Health
Objective	Evaluate needs and monitor the situation, to coordinate health response, to fill gaps and to build capacity in humanitarian crisis situations
Presence, staff	Country office in Bangui (7 international, about 30 national staff), offices in Bossangoa and Ndélé



ANNEX III TABLE III. LIST OF PROJECTS – (GROUPED BY CLUSTER)

Table III: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by Cluster)
as of 12 November 2008
<http://www.reliefweb.int/fts>

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

Page 1 of 7

Project Code	Appealing Organisation	Project Title	Original Requirements (US\$)
COORDINATION AND SUPPORT SERVICES			
CAF-09/CSS/20526/561	WFP	Humanitarian Air Service in the Central African Republic	3,247,058
CAF-09/CSS/20556/119	OCHA	Adding value to humanitarian action	2,499,909
CAF-09/CSS/20753/6458	ACTED	Collect accurate data and analyse it so that humanitarian organisations can better plan their action	200,000
CAF-09/CSS/20917/561	WFP	Augment logistics capacity to support humanitarian action	1,400,000
CAF-09/CSS/21410/561	WFP	Common emergency telecommunication services for the humanitarian community in the Central African Republic	187,354
CAF-09/S/20517/5139	UNDSS	Enabling humanitarian action and access to people in need	583,509
Subtotal for COORDINATION AND SUPPORT SERVICES			8,117,830
EARLY RECOVERY			
CAF-09/ER/20337/776	UNDP	Provide local micro-finance services for people in Ouham and Ouham-Pendé to help early recovery	361,560
CAF-09/ER/20339/1171	UNFPA	Socio-economic reintegration of unemployed and vulnerable adolescents in Ouham-Pendé, Ouham, Nana-Gribizi	351,589
CAF-09/ER/20343/776	UNDP	Early recovery and conflict prevention training	356,600
CAF-09/ER/20346/6027	PU	Improvement of accessibility and commercial traffic in Ouham-Pendé	1,151,802
CAF-09/ER/20413/6027	PU	Supporting income-generating activities for displaced and returned people in Ouham-Pendé	674,100
CAF-09/ER/20415/5181	DRC	Livelihood recovery support and protection for displaced people and returnees in northwestern CAR	1,500,000
CAF-09/ER/20416/6458	ACTED	Improving the security and living conditions of vulnerable people in Ouham and Ouham-Pendé by rehabilitating roads	1,572,900
CAF-09/ER/20417/6458	ACTED	Improving the security and living conditions of vulnerable people in the southeast by rehabilitating roads	1,340,710
CAF-09/ER/20418/5181	DRC	Livelihood protection and support to conflict-affected communities in northeastern CAR	545,700
CAF-09/ER/20419/6458	ACTED	Consolidating peace and return by reducing poverty in Vakaga	460,000
CAF-09/ER/20420/8794	ADEM	Support income-generating activities among displaced people and returnees in Mbres sub-prefecture	146,269
Subtotal for EARLY RECOVERY			8,461,230

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by Cluster)

as of 12 November 2008

<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	Appealing Organisation	Project Title	Original Requirements (US\$)
EDUCATION			
CAF-09/E/20374/6458	ACTED	Improving education access for local communities in Nana-Gribizi and Bamingui-Bangoran by rehabilitating and constructing schools	300,000
CAF-09/E/20375/5167	COOPI	Reinforcement of the education system in Haut-Mbomou	205,000
CAF-09/E/20377/5167	COOPI	Provide durable and quality education in Paoua sub-prefecture	379,000
CAF-09/E/20378/5179	IRC	Creating safe learning environments for displaced and conflict-affected children in the Central African Republic	240,151
CAF-09/E/20379/8661	JUPEDEC	Restore the education system in Haut-Mbomou	235,000
CAF-09/E/20380/5834	NRC	Emergency education in Markounda sub-prefecture	267,500
CAF-09/E/20381/5853	TGH	Support primary education in Sam-Ouandja, Haute-Kotto	248,000
CAF-09/E/20382/5103	UNESCO	Preparation of an implementation plan for the national education strategy	41,928
CAF-09/E/20383/1171	UNFPA	Strengthen life-skills and education on STIs, HIV and AIDS in primary schools in the conflict-affected areas of Ouham, Ouham-Pendé, Nana-Gribizi and Bamingui-Bangoran	393,700
CAF-09/E/20384/124	UNICEF	Restarting education in Bamingui-Bangoran	1,072,900
CAF-09/F/20385/561	WFP	Emergency school feeding for primary school children from vulnerable families in areas affected by conflict and violence	2,446,118
Subtotal for EDUCATION			5,829,297

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Table III: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by Cluster)

as of 12 November 2008

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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 Organisation	Project Title	Original Requirements (US\$)
FOOD SECURITY			
CAF-09/A/20386/5824	ACORD	Support people affected by conflict in Markounda	288,900
CAF-09/A/20387/5186	ACF	Food security and livelihood support in Markounda and Boguila sub-prefectures	749,000
CAF-09/A/20388/6458	ACTED	Improve the living conditions of vulnerable people in Haut-Mbomou by supporting local agriculture	255,000
CAF-09/A/20389/8794	ADEM	Support agriculture and cattle-breeding in Mbrès, Kaga-Bandoro and Dékoa sub-prefectures	245,415
CAF-09/A/20390/5167	COOPI	Re-launch agricultural production in Obo sub-prefecture	737,200
CAF-09/A/20391/5167	COOPI	Re-launch agricultural production in Paoua and Ngaoundaye sub-prefectures	1,568,200
CAF-09/A/20392/5146	CRS	Improving agricultural livelihoods in Bossangoa, Bouka and Nana-Bakassa	197,607
CAF-09/A/20393/123	FAO	Improving the food security of families affected by HIV and AIDS	723,000
CAF-09/A/20394/123	FAO	Improving food security through cassava multiplication	377,600
CAF-09/A/20395/123	FAO	Consolidation of the national food security monitoring system	310,000
CAF-09/A/20396/123	FAO	Promotion of school gardening	459,600
CAF-09/A/20397/123	FAO	Improving food security and household income with small animal breeding	1,087,125
CAF-09/A/20398/5162	Mercy Corps	Reinforcing food security in Nana-Mambéré	488,275
CAF-09/A/20399/6027	PU	Enhancing food security of vulnerable people affected by conflict in Ouham-Pendé	321,000
CAF-09/A/20400/6027	PU	Increasing food security by diversifying food sources for conflict-affected people in Ouham-Pendé	331,700
CAF-09/A/20401/6027	PU	Improving food security for vulnerable families affected by the conflict in Ouham-Pendé	1,334,805
CAF-09/A/20402/5633	Solidarités	Support rice and fish farming in Ouham-Pendé	182,800
CAF-09/A/20403/5633	Solidarités	Food security for vulnerable people in Kaga-Bandoro, Nana-Gribizi	210,000
CAF-09/A/20404/5853	TGH	Support local production capacities in Vakaga prefecture and Sam-Ouandja sub-prefecture, Haute-Kotto	244,430
CAF-09/A/20405/561	WFP	Food assistance to protect and rebuild the livelihoods of conflict-affected people	4,407,302
CAF-09/F/20406/561	WFP	Assistance to displaced people and refugees affected by armed conflict in the Central African Republic	18,793,906
CAF-09/F/20407/561	WFP	Scaled-up food assistance to food-insecure vulnerable groups in response to high food prices in the Central African Republic	9,695,230
Subtotal for FOOD SECURITY			43,008,095

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Table III: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by Cluster)

as of 12 November 2008

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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 Organisation	Project Title	Original Requirements (US\$)
HEALTH			
CAF-09/H/20557/8801	ACABEF	Strengthen obstetric care and prevention of STIs, HIV and AIDS for displaced people in the Kaga-Bandoro area	126,059
CAF-09/H/20558/7810	AMI	Primary and secondary healthcare in Bamingui-Bangoran and Nana-Gribizi	999,900
CAF-09/H/20559/6291	CAM	Emergency healthcare for people in Haut-Mbomou	453,092
CAF-09/H/20560/5375	CORDAID	Access to mother-and-child care in the region of Bouar, Bocaranga, Ngaoundaye, Maigaro, Bohong and Ndim	200,000
CAF-09/H/20562/5146	CRS	Rehabilitation of health centres in Ouham	173,630
CAF-09/H/20563/5160	IMC	Reduced morbidity and mortality among conflict-affected people in northeastern CAR by providing curative, preventative primary and community healthcare services	802,500
CAF-09/H/20564/5179	IRC	Emergency health services in Bocaranga sub-prefecture in northwestern Ouham-Pendé	728,106
CAF-09/H/20565/5162	Mercy Corps	Sports for the Future: a sport- and game-based HIV/AIDS education programme for youth in Nana-Mambéré	560,940
CAF-09/H/20566/8662	MI	Expanding access to malaria control in the north of the Central African Republic	224,700
CAF-09/H/20568/7547	SOS	Provide psychosocial support to children and adolescents who are victims of violence and to AIDS orphans in Nana-Mambéré, Nana-Gribizi and Vakaga	312,440
CAF-09/H/20569/1171	UNFPA	Prevention of and medical, psychosocial and community-based	513,000
CAF-09/H/20569/122	WHO	Prevention of and medical, psychosocial and community-based	388,410
CAF-09/H/20569/124	UNICEF	Prevention of and medical, psychosocial and community-based	246,100
CAF-09/H/20570/1171	UNFPA	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	1,867,150
CAF-09/H/20570/122	WHO	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	576,730
CAF-09/H/20570/124	UNICEF	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	294,250
CAF-09/H/20573/1171	UNFPA	Strengthening emergency obstetric and neonatal care in conflict-affected zones	758,363
CAF-09/H/20573/122	WHO	Strengthening emergency obstetric and neonatal care in conflict-affected zones	1,047,530
CAF-09/H/20573/124	UNICEF	Strengthening emergency obstetric and neonatal care in conflict-affected zones	1,177,000
CAF-09/H/20575/122	WHO	Strengthening the integrated disease surveillance system for better support to the International Health Regulation in CAR	1,165,230
CAF-09/H/20575/7983	ASSOMESCA	Strengthening the integrated disease surveillance system for better support to the International Health Regulation in CAR	107,000
CAF-09/H/20578/122	WHO	Prevention and management of childhood illnesses in the conflict-affected areas	823,900
CAF-09/H/20579/122	WHO	Supporting the health cluster to better coordinate health activities during emergency situations	502,900
CAF-09/H/20581/122	WHO	Decentralise prevention and preparation activities for a prompt response to disaster and crises	775,750

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Table III: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by Cluster)

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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 Organisation	Project Title	Original Requirements (US\$)
HEALTH (Continued)			
CAF-09/H/20588/8661	JUPEDEC	Provision of emergency healthcare in Haut-Mbomou	289,626
CAF-09/H/20592/122	WHO	Post-traumatic stress disorder and substance abuse management in conflict-affected prefectures	329,560
CAF-09/H/20593/122	WHO	Support the national information health system	271,299
CAF-09/H/20625/122	WHO	Control of vaccine-preventable diseases	823,900
CAF-09/H/20625/124	UNICEF	Control of vaccine-preventable diseases	2,011,600
CAF-09/H/20719/5195	MERLIN	Ensuring access to quality basic primary healthcare services for people affected by conflict in Nana-Mambéré and Nana-Gribizi	1,606,097
CAF-09/H/20915/1171	UNFPA	Strengthening UNFPA's humanitarian response in the north	367,545
CAF-09/H/21995/122	WHO	Preventive chemotherapy for neglected tropical diseases (NTDs)	648,248
Subtotal for HEALTH			21,172,555
MULTI-SECTOR ASSISTANCE TO REFUGEES			
CAF-09/MS/20623/120	UNHCR	Protection and multi-sector assistance for Sudanese refugees from South Darfur	2,996,362
CAF-09/MS/20628/120	UNHCR	Local integration for urban refugees	734,500
Subtotal for MULTI-SECTOR ASSISTANCE TO REFUGEES			3,730,862
NUTRITION			
CAF-09/H/20409/5160	IMC	Therapeutic and supplementary feeding centres for refugees, displaced people, returnees and host communities in Sam-Ouandja, Ouadda, Ouanda-Djallé and Ouandja, northeastern CAR	809,990
CAF-09/H/20411/5195	MERLIN	Extending nutrition programmes in Nana-Gribizi, and assessing malnutrition in Nana-Gribizi and Nana-Mambéré	368,562
CAF-09/H/20412/124	UNICEF	Emergency nutrition assistance to save children's lives	2,045,150
CAF-09/H/20414/561	WFP	Nutritional support to children aged 6 to 59 months, pregnant women and breastfeeding mothers	6,462,352
Subtotal for NUTRITION			9,686,054

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Project Code	Appealing Organisation	Project Title	Original Requirements (US\$)
PROTECTION			
CAF-09/H/20597/5186	ACF	Psychosocial programme for people affected by conflict in Markounda	224,770
CAF-09/P-HR-RL/20599/8410	BONUCA	Capacity building for law enforcement officials, the judiciary and civil society	224,700
CAF-09/P-HR-RL/20600/5167	COOPI	Reduce the vulnerability of Aka pygmies and facilitate their participation in public life	371,600
CAF-09/P-HR-RL/20602/5181	DRC	Women's rights promotion in Ouham-Pendé and Bamingui-Bangoran	349,890
CAF-09/P-HR-RL/20604/5160	IMC	Protection and healthcare for child soldiers, vulnerable children and survivors of sexual and gender-based violence in Vakaga and Haute-Kotto	403,930
CAF-09/P-HR-RL/20606/5179	IRC	Emergency protection and GBV programmes in Nana-Gribizi and Ouham-Pendé	494,760
CAF-09/P-HR-RL/20610/5834	NRC	Protection and advocacy for displaced people in Ouham	280,000
CAF-09/P-HR-RL/20613/5834	NRC	Profiling of displaced people, returnees and host communities in Ouham, Ouham-Pendé and Nana-Gribizi	448,462
CAF-09/P-HR-RL/20616/776	UNDP	Strengthening access to justice and legal protection for vulnerable groups and survivors of sexual violence	609,900
CAF-09/P-HR-RL/20618/5103	UNESCO	Community radio stations in Paoua and Birao	406,600
CAF-09/P-HR-RL/20622/120	UNHCR	Protection and assistance to displaced people and returnees in northwestern CAR	3,205,261
CAF-09/P-HR-RL/20626/124	UNICEF	Prevention of child recruitment and community-based reintegration of children affected by the conflict	1,626,400
CAF-09/P-HR-RL/20627/124	UNICEF	Social and legal protection for orphans and other vulnerable children in conflict-affected areas	374,500
Subtotal for PROTECTION			9,020,773
SHELTER AND NON-FOOD ITEMS			
CAF-09/S-NF/20408/124	UNICEF	Provide people struck by conflict with the basic household goods and emergency shelter they need	835,000
CAF-09/S-NF/20410/5834	NRC	Provide shelter in Kabo sub-prefecture	178,298
Subtotal for SHELTER AND NON-FOOD ITEMS			1,013,298

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Project Code	Appealing Organisation	Project Title	Original Requirements (US\$)
WATER, SANITATION AND HYGIENE			
CAF-09/WS/20590/5186	ACF	Improvement of water access and hygiene conditions for people in the conflict affected sub-prefectures of Paoua, Markounda and Boguila	1,150,000
CAF-09/WS/20595/6291	CAM	Upgrade water sources and sanitation in Haut-Mbomou prefecture	415,642
CAF-09/WS/20596/5375	CORDAID	Water supply and hygiene improvement for the people in Ouham-Pendé	200,000
CAF-09/WS/20598/5160	IMC	Reduce morbidity and mortality from water-related diseases	366,888
CAF-09/WS/20601/5179	IRC	Emergency water and sanitation programme for conflict-affected communities in Ouham-Pendé and Nana-Gribizi	513,065
CAF-09/WS/20605/5162	Mercy Corps	Improving hygiene and access to clean water in Nana-Mambéré	651,549
CAF-09/WS/20609/6027	PU	Improved access to drinking water and hygiene promotion in Ngaoundaye	610,435
CAF-09/WS/20612/5853	TGH	Water access in Sam-Ouandja	282,524
CAF-09/WS/20617/124	UNICEF	Provision of emergency basic WASH services to vulnerable people across the conflict-affected north and in the southeast	1,104,240
CAF-09/WS/20621/124	UNICEF	School sanitation and hygiene education to sustain early recovery across the conflict-affected north and in the southeast	885,800
Subtotal for WATER, SANITATION AND HYGIENE			6,180,143
Grand Total			116,220,137

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX IV TABLE IV. LIST OF PROJECTS – (GROUPED BY APPEALING ORGANISATION)

<p>Table IV: Consolidated Appeal for Central African Republic 2009 List of Projects (grouped by appealing organisation) as of 12 November 2008 http://www.reliefweb.int/fts</p>
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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Project Code	Cluster	Project Title	Original Requirements (US\$)
ACABEF			
CAF-09/H/20557/8801	HEALTH	Strengthen obstetric care and prevention of STIs, HIV and AIDS for displaced people in the Kaga-Bandoro area	126,059
Subtotal for ACABEF			126,059
ACF			
CAF-09/A/20387/5186	FOOD SECURITY	Food security and livelihood support in Markounda and Boguila sub-prefectures	749,000
CAF-09/H/20597/5186	PROTECTION	Psychosocial programme for people affected by conflict in Markounda	224,770
CAF-09/WS/20590/5186	WATER, SANITATION AND HYGIENE	Improvement of water access and hygiene conditions for people in the conflict affected sub-prefectures of Paoua, Markounda and Boguila	1,150,000
Subtotal for ACF			2,123,770
ACORD			
CAF-09/A/20386/5824	FOOD SECURITY	Support people affected by conflict in Markounda	288,900
Subtotal for ACORD			288,900
ACTED			
CAF-09/A/20388/6458	FOOD SECURITY	Improve the living conditions of vulnerable people in Haut-Mbomou by supporting local agriculture	255,000
CAF-09/CSS/20753/6458	COORDINATION AND SUPPORT SERVICES	Collect accurate data and analyse it so that humanitarian organisations can better plan their action	200,000
CAF-09/E/20374/6458	EDUCATION	Improving education access for local communities in Nana-Gribizi and Bamingui-Bangoran by rehabilitating and constructing schools	300,000
CAF-09/ER/20416/6458	EARLY RECOVERY	Improving the security and living conditions of vulnerable people in Ouham and Ouham-Pendé by rehabilitating roads	1,572,900
CAF-09/ER/20417/6458	EARLY RECOVERY	Improving the security and living conditions of vulnerable people in the southeast by rehabilitating roads	1,340,710
CAF-09/ER/20419/6458	EARLY RECOVERY	Consolidating peace and return by reducing poverty in Vakaga	460,000
Subtotal for ACTED			4,128,610
ADEM			
CAF-09/A/20389/8794	FOOD SECURITY	Support agriculture and cattle-breeding in Mbrès, Kaga-Bandoro and Dékoa sub-prefectures	245,415
CAF-09/ER/20420/8794	EARLY RECOVERY	Support income-generating activities among displaced people and returnees in Mbrès sub-prefecture	146,269
Subtotal for ADEM			391,684

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List of Projects (grouped by appealing organisation)

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Project Code	Cluster	Project Title	Original Requirements (US\$)
AMI			
CAF-09/H/20558/7810	HEALTH	Primary and secondary healthcare in Bamingui-Bangoran and Nana-Gribizi	999,900
Subtotal for AMI			999,900
ASSOMESCA			
CAF-09/H/20575/7983	HEALTH	Strengthening the integrated disease surveillance system for better support to the International Health Regulation in CAR	107,000
Subtotal for ASSOMESCA			107,000
BONUCA			
CAF-09/P-HR-RL/20599/8410	PROTECTION	Capacity building for law enforcement officials, the judiciary and civil society	224,700
Subtotal for BONUCA			224,700
CAM			
CAF-09/H/20559/6291	HEALTH	Emergency healthcare for people in Haut-Mbomou	453,092
CAF-09/WS/20595/6291	WATER, SANITATION AND HYGIENE	Upgrade water sources and sanitation in Haut-Mbomou prefecture	415,642
Subtotal for CAM			868,734
COOPI			
CAF-09/A/20390/5167	FOOD SECURITY	Re-launch agricultural production in Obo sub-prefecture	737,200
CAF-09/A/20391/5167	FOOD SECURITY	Re-launch agricultural production in Paoua and Ngaoundaye sub-prefectures	1,568,200
CAF-09/E/20375/5167	EDUCATION	Reinforcement of the education system in Haut-Mbomou	205,000
CAF-09/E/20377/5167	EDUCATION	Provide durable and quality education in Paoua sub-prefecture	379,000
CAF-09/P-HR-RL/20600/5167	PROTECTION	Reduce the vulnerability of Aka pygmies and facilitate their participation in public life	371,600
Subtotal for COOPI			3,261,000
CORDAID			
CAF-09/H/20560/5375	HEALTH	Access to mother-and-child care in the region of Bouar, Bocaranga, Ngaoundaye, Maigaro, Bohong and Ndim	200,000
CAF-09/WS/20596/5375	WATER, SANITATION AND HYGIENE	Water supply and hygiene improvement for the people in Ouham-Pendé	200,000
Subtotal for CORDAID			400,000

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Project Code	Cluster	Project Title	Original Requirements (US\$)
CRS			
CAF-09/A/20392/5146	FOOD SECURITY	Improving agricultural livelihoods in Bossangoa, Bouka and Nana-Bakassa	197,607
CAF-09/H/20562/5146	HEALTH	Rehabilitation of health centres in Ouham	173,630
Subtotal for CRS			371,237
DRC			
CAF-09/ER/20415/5181	EARLY RECOVERY	Livelihood recovery support and protection for displaced people and returnees in northwestern CAR	1,500,000
CAF-09/ER/20418/5181	EARLY RECOVERY	Livelihood protection and support to conflict-affected communities in northeastern CAR	545,700
CAF-09/P-HR-RL/20602/5181	PROTECTION	Women's rights promotion in Ouham-Pendé and Bamingui-Bangoran	349,890
Subtotal for DRC			2,395,590
FAO			
CAF-09/A/20393/123	FOOD SECURITY	Improving the food security of families affected by HIV and AIDS	723,000
CAF-09/A/20394/123	FOOD SECURITY	Improving food security through cassava multiplication	377,600
CAF-09/A/20395/123	FOOD SECURITY	Consolidation of the national food security monitoring system	310,000
CAF-09/A/20396/123	FOOD SECURITY	Promotion of school gardening	459,600
CAF-09/A/20397/123	FOOD SECURITY	Improving food security and household income with small animal breeding	1,087,125
Subtotal for FAO			2,957,325
IMC			
CAF-09/H/20409/5160	NUTRITION	Therapeutic and supplementary feeding centres for refugees, displaced people, returnees and host communities in Sam-Ouandja, Ouadda, Ouanda-Djallé and Ouandja, northeastern CAR	809,990
CAF-09/H/20563/5160	HEALTH	Reduced morbidity and mortality among conflict-affected people in northeastern CAR by providing curative, preventative primary and community healthcare services	802,500
CAF-09/P-HR-RL/20604/5160	PROTECTION	Protection and healthcare for child soldiers, vulnerable children and survivors of sexual and gender-based violence in Vakaga and Haute-Kotto	403,930
CAF-09/WS/20598/5160	WATER, SANITATION AND HYGIENE	Reduce morbidity and mortality from water-related diseases	366,888
Subtotal for IMC			2,383,308

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Project Code	Cluster	Project Title	Original Requirements (US\$)
IRC			
CAF-09/E/20378/5179	EDUCATION	Creating safe learning environments for displaced and conflict-affected children in the Central African Republic	240,151
CAF-09/H/20564/5179	HEALTH	Emergency health services in Bocaranga sub-prefecture in northwestern Ouham-Pendé	728,106
CAF-09/P-HR-RL/20606/5179	PROTECTION	Emergency protection and GBV programmes in Nana-Gribizi and Ouham-Pendé	494,760
CAF-09/WS/20601/5179	WATER, SANITATION AND HYGIENE	Emergency water and sanitation programme for conflict-affected communities in Ouham-Pendé and Nana-Gribizi	513,065
Subtotal for IRC			1,976,082
JUPEDEC			
CAF-09/E/20379/8661	EDUCATION	Restore the education system in Haut-Mbomou	235,000
CAF-09/H/20588/8661	HEALTH	Provision of emergency healthcare in Haut-Mbomou	289,626
Subtotal for JUPEDEC			524,626
Mercy Corps			
CAF-09/A/20398/5162	FOOD SECURITY	Reinforcing food security in Nana-Mambéré	488,275
CAF-09/H/20565/5162	HEALTH	Sports for the Future: a sport- and game-based HIV/AIDS education programme for youth in Nana-Mambéré	560,940
CAF-09/WS/20605/5162	WATER, SANITATION AND HYGIENE	Improving hygiene and access to clean water in Nana-Mambéré	651,549
Subtotal for Mercy Corps			1,700,764
MERLIN			
CAF-09/H/20411/5195	NUTRITION	Extending nutrition programmes in Nana-Gribizi, and assessing malnutrition in Nana-Gribizi and Nana-Mambéré	368,562
CAF-09/H/20719/5195	HEALTH	Ensuring access to quality basic primary healthcare services for people affected by conflict in Nana-Mambéré and Nana-Gribizi	1,606,097
Subtotal for MERLIN			1,974,659
MI			
CAF-09/H/20566/8662	HEALTH	Expanding access to malaria control in the north of the Central African Republic	224,700
Subtotal for MI			224,700

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Project Code	Cluster	Project Title	Original Requirements (US\$)
NRC			
CAF-09/E/20380/5834	EDUCATION	Emergency education in Markounda sub-prefecture	267,500
CAF-09/P-HR-RL/20610/5834	PROTECTION	Protection and advocacy for displaced people in Ouham	280,000
CAF-09/P-HR-RL/20613/5834	PROTECTION	Profiling of displaced people, returnees and host communities in Ouham, Ouham-Pendé and Nana-Gribizi	448,462
CAF-09/S-NF/20410/5834	SHELTER AND NON-FOOD ITEMS	Provide shelter in Kabo sub-prefecture	178,298
Subtotal for NRC			1,174,260
OCHA			
CAF-09/CSS/20556/119	COORDINATION AND SUPPORT SERVICES	Adding value to humanitarian action	2,499,909
Subtotal for OCHA			2,499,909
PU			
CAF-09/A/20399/6027	FOOD SECURITY	Enhancing food security of vulnerable people affected by conflict in Ouham-Pendé	321,000
CAF-09/A/20400/6027	FOOD SECURITY	Increasing food security by diversifying food sources for conflict-affected people in Ouham-Pendé	331,700
CAF-09/A/20401/6027	FOOD SECURITY	Improving food security for vulnerable families affected by the conflict in Ouham-Pendé	1,334,805
CAF-09/ER/20346/6027	EARLY RECOVERY	Improvement of accessibility and commercial traffic in Ouham-Pendé	1,151,802
CAF-09/ER/20413/6027	EARLY RECOVERY	Supporting income-generating activities for displaced and returned people in Ouham-Pendé	674,100
CAF-09/WS/20609/6027	WATER, SANITATION AND HYGIENE	Improved access to drinking water and hygiene promotion in Ngaoundaye	610,435
Subtotal for PU			4,423,842
Solidarités			
CAF-09/A/20402/5633	FOOD SECURITY	Support rice and fish farming in Ouham-Pendé	182,800
CAF-09/A/20403/5633	FOOD SECURITY	Food security for vulnerable people in Kaga-Bandoro, Nana-Gribizi	210,000
Subtotal for Solidarités			392,800
SOS			
CAF-09/H/20568/7547	HEALTH	Provide psychosocial support to children and adolescents who are victims of violence and to AIDS orphans in Nana-Mambéré, Nana-Gribizi and Vakaga	312,440
Subtotal for SOS			312,440

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Project Code	Cluster	Project Title	Original Requirements (US\$)
TGH			
CAF-09/A/20404/5853	FOOD SECURITY	Support local production capacities in Vakaga prefecture and Sam-Ouandja sub-prefecture, Haute-Kotto	244,430
CAF-09/E/20381/5853	EDUCATION	Support primary education in Sam-Ouandja, Haute-Kotto	248,000
CAF-09/WS/20612/5853	WATER, SANITATION AND HYGIENE	Water access in Sam-Ouandja	282,524
Subtotal for TGH			774,954
UNDP			
CAF-09/ER/20337/776	EARLY RECOVERY	Provide local micro-finance services for people in Ouham and Ouham-Pendé to help early recovery	361,560
CAF-09/ER/20343/776	EARLY RECOVERY	Early recovery and conflict prevention training	356,600
CAF-09/P-HR-RL/20616/776	PROTECTION	Strengthening access to justice and legal protection for vulnerable groups and survivors of sexual violence	609,900
Subtotal for UNDP			1,328,060
UNDSS			
CAF-09/S/20517/5139	COORDINATION AND SUPPORT SERVICES	Enabling humanitarian action and access to people in need	583,509
Subtotal for UNDSS			583,509
UNESCO			
CAF-09/E/20382/5103	EDUCATION	Preparation of an implementation plan for the national education strategy	41,928
CAF-09/P-HR-RL/20618/5103	PROTECTION	Community radio stations in Paoua and Birao	406,600
Subtotal for UNESCO			448,528

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Project Code	Cluster	Project Title	Original Requirements (US\$)
UNFPA			
CAF-09/E/20383/1171	EDUCATION	Strengthen life-skills and education on STIs, HIV and AIDS in primary schools in the conflict-affected areas of Ouham, Ouham-Pendé, Nana-Gribizi and Bamingui-Bangoran	393,700
CAF-09/ER/20339/1171	EARLY RECOVERY	Socio-economic reintegration of unemployed and vulnerable adolescents in Ouham-Pendé, Ouham, Nana-Gribizi	351,589
CAF-09/H/20569/1171	HEALTH	Prevention of and medical, psychosocial and community-based	513,000
CAF-09/H/20570/1171	HEALTH	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	1,867,150
CAF-09/H/20573/1171	HEALTH	Strengthening emergency obstetric and neonatal care in conflict-affected zones	758,363
CAF-09/H/20915/1171	HEALTH	Strengthening UNFPA's humanitarian response in the north	367,545
Subtotal for UNFPA			4,251,347
UNHCR			
CAF-09/MS/20623/120	MULTI-SECTOR ASSISTANCE TO REFUGEES	Protection and multi-sector assistance for Sudanese refugees from South Darfur	2,996,362
CAF-09/MS/20628/120	MULTI-SECTOR ASSISTANCE TO REFUGEES	Local integration for urban refugees	734,500
CAF-09/P-HR-RL/20622/120	PROTECTION	Protection and assistance to displaced people and returnees in northwestern CAR	3,205,261
Subtotal for UNHCR			6,936,123

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Project Code	Cluster	Project Title	Original Requirements (US\$)
UNICEF			
CAF-09/E/20384/124	EDUCATION	Restarting education in Bamingui-Bangoran	1,072,900
CAF-09/H/20412/124	NUTRITION	Emergency nutrition assistance to save children's lives	2,045,150
CAF-09/H/20569/124	HEALTH	Prevention of and medical, psychosocial and community-based	246,100
CAF-09/H/20570/124	HEALTH	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	294,250
CAF-09/H/20573/124	HEALTH	Strengthening emergency obstetric and neonatal care in conflict-affected zones	1,177,000
CAF-09/H/20625/124	HEALTH	Control of vaccine-preventable diseases	2,011,600
CAF-09/P-HR-RL/20626/124	PROTECTION	Prevention of child recruitment and community-based reintegration of children affected by the conflict	1,626,400
CAF-09/P-HR-RL/20627/124	PROTECTION	Social and legal protection for orphans and other vulnerable children in conflict-affected areas	374,500
CAF-09/S-NF/20408/124	SHELTER AND NON-FOOD ITEMS	Provide people struck by conflict with the basic household goods and emergency shelter they need	835,000
CAF-09/WS/20617/124	WATER, SANITATION AND HYGIENE	Provision of emergency basic WASH services to vulnerable people across the conflict-affected north and in the southeast	1,104,240
CAF-09/WS/20621/124	WATER, SANITATION AND HYGIENE	School sanitation and hygiene education to sustain early recovery across the conflict-affected north and in the southeast	885,800
Subtotal for UNICEF			11,672,940
WFP			
CAF-09/A/20405/561	FOOD SECURITY	Food assistance to protect and rebuild the livelihoods of conflict-affected people	4,407,302
CAF-09/CSS/20526/561	COORDINATION AND SUPPORT SERVICES	Humanitarian Air Service in the Central African Republic	3,247,058
CAF-09/CSS/20917/561	COORDINATION AND SUPPORT SERVICES	Augment logistics capacity to support humanitarian action	1,400,000
CAF-09/CSS/21410/561	COORDINATION AND SUPPORT SERVICES	Common emergency telecommunication services for the humanitarian community in the Central African Republic	187,354
CAF-09/F/20385/561	EDUCATION	Emergency school feeding for primary school children from vulnerable families in areas affected by conflict and violence	2,446,118
CAF-09/F/20406/561	FOOD SECURITY	Assistance to displaced people and refugees affected by armed conflict in the Central African Republic	18,793,906
CAF-09/F/20407/561	FOOD SECURITY	Scaled-up food assistance to food-insecure vulnerable groups in response to high food prices in the Central African Republic	9,695,230
CAF-09/H/20414/561	NUTRITION	Nutritional support to children aged 6 to 59 months, pregnant women and breastfeeding mothers	6,462,352
Subtotal for WFP			46,639,320

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Consolidated Appeal for Central African Republic 2009

List of Projects (grouped by appealing organisation)

as of 12 November 2008

<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	Cluster	Project Title	Original Requirements (US\$)
WHO			
CAF-09/H/20569/122	HEALTH	Prevention of and medical, psychosocial and community-based	388,410
CAF-09/H/20570/122	HEALTH	Strengthening the response against STIs, HIV and AIDS and sexual violence among uniformed services and adolescents in conflict-affected zones	576,730
CAF-09/H/20573/122	HEALTH	Strengthening emergency obstetric and neonatal care in conflict-affected zones	1,047,530
CAF-09/H/20575/122	HEALTH	Strengthening the integrated disease surveillance system for better support to the International Health Regulation in CAR	1,165,230
CAF-09/H/20578/122	HEALTH	Prevention and management of childhood illnesses in the conflict-affected areas	823,900
CAF-09/H/20579/122	HEALTH	Supporting the health cluster to better coordinate health activities during emergency situations	502,900
CAF-09/H/20581/122	HEALTH	Decentralise prevention and preparation activities for a prompt response to disaster and crises	775,750
CAF-09/H/20592/122	HEALTH	Post-traumatic stress disorder and substance abuse management in conflict-affected prefectures	329,560
CAF-09/H/20593/122	HEALTH	Support the national information health system	271,299
CAF-09/H/20625/122	HEALTH	Control of vaccine-preventable diseases	823,900
CAF-09/H/21995/122	HEALTH	Preventive chemotherapy for neglected tropical diseases (NTDs)	648,248
Subtotal for WHO			7,353,457
Grand Total			116,220,137

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX V TABLE V. SUMMARY OF REQUIREMENTS – (GROUPED BY SECTOR)

Table V: Consolidated Appeal for Central African Republic 2009

Summary of Requirements (grouped by IASC Standard Sector)

as of 12 November 2008

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

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

Sector Name	Original Requirements (US\$)
AGRICULTURE	14,518,959
COORDINATION AND SUPPORT SERVICES	7,534,321
ECONOMIC RECOVERY AND INFRASTRUCTURE	8,461,230
EDUCATION	3,383,179
FOOD	30,935,254
HEALTH	31,083,379
MULTI-SECTOR	3,730,862
PROTECTION/HUMAN RIGHTS/RULE OF LAW	8,796,003
SAFETY AND SECURITY OF STAFF AND OPERATIONS	583,509
SHELTER AND NON-FOOD ITEMS	1,013,298
WATER AND SANITATION	6,180,143
Grand Total	116,220,137

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Plan 2009-2010



International Federation
of Red Cross and Red Crescent Societies

Central Africa Regional Representation

Executive summary

Based in Yaoundé, Cameroon, the International Federation's Central Africa Regional Representation covers the following eight countries: Cameroon, Central African Republic (CAR), Chad, the Democratic Republic of the Congo (DRC), the Republic of the Congo (RoC), Equatorial Guinea, Gabon and Sao Tomé and Príncipe. However, DRC and Chad have country representations and thus separate plans.

Based on the following criteria, a joint plan has been prepared for Cameroon, CAR, RoC, Equatorial Guinea, Gabon and Sao Tome and Principe:

- their priorities, objectives and needs are similar;
- advantages linked to coordination facilities; and
- technical support can be provided by the Regional Representation in Yaoundé.

The Central African region has been afflicted for many years by epidemics, endemic diseases, natural and man-made disasters, and conflicts that have often led to significant population displacements or created situations of vulnerability which affect underprivileged communities incapable of self-sustenance (women, children, old persons and rural communities in general). Recently, the increasingly high cost of living has added a further burden to Central African populations. Given the mandate of the Red Cross to alleviate the suffering of vulnerable people, the Central Africa National Societies have decided to respond to these situations as their priority for the next two years (2009-2010). However, the National Societies lack sufficient capacity to assist all vulnerable people. They are planning to carry out activities in the areas of disaster management, health and care, organisational development and the promotion of humanitarian values, which are all in line with the International Federation's Global Agenda and aim to improve the living conditions of vulnerable populations in Central Africa.

The target beneficiaries of this plan will include the six National Societies listed above, their volunteers and workers, and the communities of people made vulnerable by various diseases, disasters and other threats. Special attention will be focused on the most vulnerable people, including women, children and other people affected by discrimination. Red Cross volunteers and workers will receive focused trainings which will contribute to improving their operational capacities. Through the smooth implementation of this plan, the Cameroon, Equatorial Guinea, Gabon, Central African Republic, Republic of the Congo and Sao Tome and Principe National Societies will become well-prepared National Societies. In order to achieve a better impact of Red Cross interventions, target beneficiaries will always participate in the design, implementation and monitoring of programmes.

National Society priorities and current work with partners

Priorities

The Central African National Societies intend to consolidate their achievements in disaster management, emergency preventive and curative health services, as well as social assistance to vulnerable populations. One of the priority areas of concentration in 2009-2010 will consist of improving the identification of communities' needs, based on vulnerability and capacity assessments, supported by the cooperation agreement strategy (CAS) process and project implementation for empowering branches to play a better role in programme planning, fundraising at local level and programme implementation. Similar attention will be given to the National Society governance, management bodies and organisational capacities in order to provide them with the required technical tools and capacities for improving leadership and transparent management of resources. By doing so, the National Societies will be able to develop a common vision in internal and external communication, as well as a proven early warning system. National Societies in the region have agreed to concentrate their resources on the following areas:

Disaster planning, preparedness, response and recovery

- Developing disaster management (DM) policies and comprehensive mechanisms, coupled with organisational and community disaster preparedness.
- Training and deploying of national disaster response teams (NDRT), regional disaster response teams (RDRT) and establishing early warning systems in disaster-prone areas.
- Disaster risk reduction and implementation of food security programmes as a response to climate change.

Emergency preventive and curative health, community-based health care and fighting against epidemic diseases

- Combating HIV/AIDS.
- Combating health problems in the community, including in refugee camps, internally displaced persons (IDP) sites and host communities by improving beneficiaries' access to quality preventive and curative services, including timely vaccination campaigns, mainly for children under five and women of child bearing age.
- Involving Red Cross volunteers in awareness campaigns for improving hygienic conditions at the community level.

Improving National Society's leadership and management for better performance, financial sustainability and Red Cross quality services at community levels

- Conducting branch development activities and capacity building in the form of income-generating projects, and training community members on small business initiatives. Providing beneficiaries with food-for-work or micro-credits to ensure smooth transition from emergency operations to a longer-term sustainability.
- Developing the headquarters, regional and local branches, mainly to strengthen the National Societies' organisation, and to ensure appropriate training and utilisation of volunteers.
- Improving senior management capacity to set up and manage relevant and coherent programmes.

Promotion of Movement principles, humanitarian values and anti-discrimination campaigns

- At the regional level, the experience with the efforts to counter female genital mutilations (FGM) in Cameroon, CAR and Chad has revealed tremendous opportunities for promoting Red Cross and Red Crescent Movement principles and values. Further efforts will be undertaken in this area to protect women, children, ethnic minorities, and conflict-affected people against sexual and gender-based violence (SGBV), discrimination and social exclusion.

- Other initiatives under this aspect will consist of further strengthening and structuring the Central African National Society's communication and dissemination tools like newsletters, radio broadcasts, leaflets, and a better use of existing Federation tools such as Disaster Management Information System (DMIS), and the regional Federation's Zone magazine, as well as the regional communications network. The appropriate use of these tools in cooperation with key partners aims at promoting vital Red Cross initiatives for protecting human dignity.

Partnerships: Movement partners of the Red Cross National Societies of Central Africa include the Irish, Swedish, Spanish and French Red Cross Societies, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies. National Societies also receive support from the International Federation zone office in Dakar and the ICRC delegations in Central Africa.

Non-Movement partners include the Governments of all six countries, embassies, United Nations agencies, local humanitarian associations, and the National AIDS Control Committees (NACC).

How we work	
<ul style="list-style-type: none"> • The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilising the power of humanity". 	Global Agenda Goals: <ul style="list-style-type: none"> • Reduce the numbers of deaths, injuries and impact from disasters. • Reduce the number of deaths, illnesses and impact from diseases and public health emergencies. • Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability. • Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
Contact information	
For further information specifically related to this plan, please contact: <ul style="list-style-type: none"> • In Central Africa Regional Representation, Cameroon: Javier Medrano, Regional Representative; email: javier.medrano@ifrc.org ; phone: +237 22 21 74 37; and fax.: +237 22 21 74 39 • In West and Central Africa Zone Office, Senegal: Alasan Senghore, Head of Zone; email: alasan.senghore@ifrc.org ; phone +(221) 33869 3641; and fax.: +(221) 33 860 2002 	

ANNEX VII DONOR RESPONSE TO THE 2008 APPEAL

Table I: Consolidated Appeal: Central African Republic 2008Requirements, Commitments/Contributions and Pledges - by Sector
as of 12 November 2008<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
COORDINATION AND SUPPORT SERVICES	6,069,038	13,654,572	8,715,493	64%	4,939,079	92,166
ECONOMIC RECOVERY AND INFRASTRUCTURE	2,404,950	5,824,118	2,199,349	38%	3,624,769	-
EDUCATION	4,315,419	6,713,486	4,324,711	64%	2,388,775	-
FOOD SECURITY	34,410,259	48,765,031	62,687,349	129%	(13,922,318)	-
HEALTH	21,302,236	20,672,574	7,762,665	38%	12,909,909	-
MULTI-SECTORAL ASSISTANCE TO REFUGEES	2,926,799	5,765,896	8,058,452	140%	(2,292,556)	-
NUTRITION	1,911,062	1,692,405	208,650	12%	1,483,755	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	6,371,236	7,568,643	5,961,899	79%	1,606,744	-
SAFETY AND SECURITY	301,400	301,400	-	0%	301,400	-
SECTOR NOT YET SPECIFIED	5,565,000	-	2,964,367	0%	(2,964,367)	-
SHELTER AND NFI	1,669,200	835,000	-	0%	835,000	-
WATER, SANITATION AND HYGIENE	5,388,460	5,825,081	4,740,589	81%	1,084,492	-
Grand Total	92,635,059	117,618,206	107,623,524	92%	9,994,682	92,166

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).**Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.**Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table II: Consolidated Appeal for Central African Republic 2008
Requirements, Commitments/Contributions and Pledges - by Appealing Organisation
as of 12 November 2008
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Appealing Organisation	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Values in US\$	A	B	C	C/B	B-C	D
ACF	1,026,665	1,760,123	2,109,432	100%	(349,309)	-
ACTED	-	3,685,415	1,401,452	38%	2,283,963	-
AMI	1,000,000	1,000,000	688,458	69%	311,542	-
ASSOMESCA	107,000	74,900	-	0%	74,900	-
BONUCA	380,000	224,700	-	0%	224,700	-
CAM	823,000	770,632	640,028	83%	130,604	-
CARITAS	-	239,706	-	0%	239,706	-
CIONGCA	160,500	160,500	-	0%	160,500	-
COOPI	1,691,990	1,802,085	559,356	31%	1,242,729	-
CRS	789,767	81,577	-	0%	81,577	-
DRC	-	1,838,490	1,838,490	100%	-	-
FAO	4,325,420	4,877,558	4,527,830	93%	349,728	-
FRC	269,637	403,590	-	0%	403,590	-
IMC	2,264,052	2,264,052	829,733	37%	1,434,319	-
IPHD	420,191	420,191	119,481	28%	300,710	-
IRC	1,872,930	3,284,958	2,251,755	69%	1,033,203	-
JUPEDEC	-	417,318	168,224	40%	249,094	-
Mercy Corps	909,877	1,424,092	312,598	22%	1,111,494	-
MERLIN	400,000	1,400,000	303,458	22%	1,096,542	-
MI	-	720,987	193,630	27%	527,357	-
NRC	1,239,060	1,661,605	1,169,129	70%	492,476	-
OCHA	2,153,649	2,153,649	1,690,993	79%	462,656	-
Pooled funding	-	-	287,881	0%	(287,881)	-
PU	2,341,000	3,297,995	1,816,092	55%	1,481,903	-
Solidarités	428,000	3,860,800	2,927,752	76%	933,048	-
TGH	1,669,716	869,573	631,940	73%	237,633	-
UNDP	6,786,450	1,638,595	2,319,860	100%	(681,265)	-
UNDSS	301,400	301,400	-	0%	301,400	-
UNESCO	328,500	328,500	169,800	52%	158,700	-
UNFPA	3,288,110	2,998,477	1,737,685	58%	1,260,792	-
UNHCR	5,924,715	5,968,444	9,142,797	100%	(3,174,353)	-
UNICEF	15,271,069	13,577,140	7,172,368	53%	6,404,772	-
Unspecified	-	(1,015,371)	(915,371)	90%	(100,000)	-
WFP	29,503,906	49,523,641	61,251,300	100%	(11,727,659)	92,166
WHO	6,958,455	5,602,884	2,277,373	41%	3,325,511	-
GRAND TOTAL	92,635,059	117,618,206	107,623,524	92%	9,994,682	92,166

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table III: Consolidated Appeal for Central African Republic 2008

Total Funding per Donor (to projects listed in the Appeal)
as of 12 November 2008
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
United States	27,348,091	25.4 %	-
Carry-over (donors not specified)	25,308,685	23.5 %	-
Allocations of unearmarked funds by UN agencies	8,216,393	7.6 %	-
Japan	6,450,000	6.0 %	-
Ireland	5,357,140	5.0 %	-
European Commission (ECHO)	5,016,640	4.7 %	-
Netherlands	4,053,000	3.8 %	-
Sweden	3,425,951	3.2 %	-
Central Emergency Response Fund (CERF)	3,387,014	3.1 %	-
Private (individuals & organisations)	3,075,177	2.9 %	-
United Kingdom	3,058,955	2.8 %	-
Finland	2,348,268	2.2 %	-
France	1,970,909	1.8 %	-
Canada	1,600,662	1.5 %	-
Italy	1,572,328	1.5 %	-
Norway	1,290,031	1.2 %	-
Belgium	1,234,545	1.1 %	-
Denmark	831,442	0.8 %	-
European Commission	717,200	0.7 %	-
Switzerland	501,503	0.5 %	92,166
Spain	375,632	0.3 %	-
Luxembourg	364,431	0.3 %	-
Greece	69,527	0.1 %	-
Turkey	50,000	0.0 %	-
Grand Total	107,623,524	100.0 %	92,166

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Other Humanitarian Funding to Central African Republic 2008

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal

as of 12 November 2008

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

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

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Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
Belgium			
ICRC	Support of regular programme (NH/2008/22)	943,396	-
Subtotal for Belgium		943,396	-
Canada			
ICRC	ICRC emergency field operations appeal (M-012714)	713,558	-
MSF	Humanitarian assistance (M-012748)	302,115	-
Subtotal for Canada		1,015,673	-
European Commission Humanitarian Aid Office			
UN Agencies, NGOs and Red Cross	Assistance to Internally Displaced People and other vulnerable groups affected by insecurity in the Central African Republic[ECHO/CAF/BUD/2008/01000-uncommitted balance of orig pledge of Euro 6 mn]	-	7,090,103
UN Agencies, NGOs and Red Cross	Short-term food and livelihood support for vulnerable populations in humanitarian crises [ECHO/-FA/BUD/2008/02000]	-	3,110,420
Subtotal for European Commission Humanitarian Aid Office		-	10,200,523
Germany			
ICRC	Assistance Activities in Central African Republic - 2008 (BMZ-No.: 2008.1815.3)	466,563	-
MSF	Appropriation of preventative/curative medicinal accomodation (VN05 321.50 CAF 01/08)	946,372	-
Subtotal for Germany		1,412,935	-
Norway			
Flyktningehjelpen	CAF 1083016/Education and Protection	770,713	-
Subtotal for Norway		770,713	-
Sweden			
SRSA	IT-support through OCHA	107,485	-
Subtotal for Sweden		107,485	-
United Kingdom			
ICRC	Key humanitarian activities to include: food, health, shelter and essential relief items. ICRC will also play a role in addressing the needs of war-wounded should there be a return to conflict.	1,472,851	-
Subtotal for United Kingdom		1,472,851	-

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table IV: Other Humanitarian Funding to Central African Republic 2008

List of Commitments/Contributions and Pledges to Projects not Listed in the Appeal
as of 12 November 2008
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations.

Page 2 of 2

Appealing Organisation	Description	Funding	Uncommitted Pledges
Values in US\$			
United States of America			
Pro Pac, Inc.	Logistics and Relief Commodities (DFD-O-00-08-00218-00)	347,520	-
Subtotal for United States of America		347,520	-
Grand Total		6,070,573	10,200,523

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table V: Central African Republic 2008
 Total Humanitarian Assistance per Donor (Appeal plus other*)
 as of 12 November 2008
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Donor Values in US\$	Funding	% of Grand Total	Uncommitted Pledges
United States	27,695,611	24.4 %	-
Carry-over (donors not specified)	25,308,685	22.3 %	-
Allocations of unearmarked funds by UN agencies	8,216,393	7.2 %	-
Japan	6,450,000	5.7 %	-
Ireland	5,357,140	4.7 %	-
European Commission (ECHO)	5,016,640	4.4 %	10,200,523
United Kingdom	4,531,806	4.0 %	-
Netherlands	4,053,000	3.6 %	-
Sweden	3,533,436	3.1 %	-
Central Emergency Response Fund (CERF)	3,387,014	3.0 %	-
Private (individuals & organisations)	3,075,177	2.7 %	-
Canada	2,616,335	2.3 %	-
Finland	2,348,268	2.1 %	-
Belgium	2,177,941	1.9 %	-
Norway	2,060,744	1.8 %	-
France	1,970,909	1.7 %	-
Italy	1,572,328	1.4 %	-
Germany	1,412,935	1.2 %	-
Denmark	831,442	0.7 %	-
European Commission	717,200	0.6 %	-
Switzerland	501,503	0.4 %	92,166
Spain	375,632	0.3 %	-
Luxembourg	364,431	0.3 %	-
Greece	69,527	0.1 %	-
Turkey	50,000	0.0 %	-
Grand Total	113,694,097	100 %	10,292,689

NOTE: "Funding" means Contributions + Commitments + Carry-over

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

Table VI: Consolidated Appeal for Central African Republic 2008
Requirements, Commitments/Contributions and Pledges - by IASC Standard Sector
as of 12 November 2008
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by donors and appealing organisations

Sector	Original Requirements	Revised Requirements	Funding	% Covered	Unmet Requirements	Uncommitted Pledges
Value in US\$	A	B	C	C/B	B-C	D
AGRICULTURE	8,821,742	10,088,718	7,806,954	77%	2,281,764	-
COORDINATION AND SUPPORT SERVICES	6,069,038	13,654,572	8,715,493	64%	4,939,079	92,166
ECONOMIC RECOVERY AND INFRASTRUCTURE	2,404,950	5,824,118	2,199,349	38%	3,624,769	-
EDUCATION	4,315,419	6,713,486	4,324,711	64%	2,388,775	-
FOOD	25,588,517	38,676,313	54,880,395	142%	(16,204,082)	-
HEALTH	23,213,298	22,364,979	8,502,435	38%	13,862,544	-
MULTI-SECTOR	2,926,799	5,765,896	8,058,452	140%	(2,292,556)	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	6,371,236	7,568,643	5,961,899	79%	1,606,744	-
SAFETY AND SECURITY OF STAFF AND OPERATIONS	301,400	301,400	-	0%	301,400	-
SECTOR NOT YET SPECIFIED	5,565,000	-	2,433,247	0%	(2,433,247)	-
SHELTER AND NON-FOOD ITEMS	1,669,200	835,000	-	0%	835,000	-
WATER AND SANITATION	5,388,460	5,825,081	4,740,589	81%	1,084,492	-
GRAND TOTAL	92,635,059	117,618,206	107,623,524	92%	9,994,682	92,166

NOTE: "Funding" means Contributions + Commitments + Carry-over

- Pledge:** a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed).
- Commitment:** creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
- Contribution:** the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 12 November 2008. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (www.reliefweb.int/fts).

ANNEX VIII ACRONYMS AND ABBREVIATIONS

ACF	<i>Action Contre la Faim</i> (Action Against Hunger) www.actioncontrelafaim.org
ACABEF	Association Centrafricaine pour le Bien-être Familial (Central African Association for the Well being of Families)
ACORD	<i>Association de Coopération et de Recherche pour le Développement</i> (Cooperation and Research Association for Development) www.acordinternational.org
ACDA	<i>Agence Centrafricaine de Développement Agricole</i> (Central African Agency for Agricultural Development)
ACTED	Agency for Technical Cooperation and Development www.acted.org
ADEM	<i>Association pour le développement de Mbrès</i> (Association for the Development of Mbrès)
AIDS	Acquired Immuno-deficiency Syndrome
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid) www.amifrance.org
APILOD	<i>Appui aux Initiatives Locales de Développement</i> (Support to Local Development Initiatives)
APRD	<i>Armée Populaire pour la Restauration de la Démocratie</i> (Popular Army for the Restoration of Democracy)
ART	Anti-retroviral Treatment (against HIV/AIDS)
ARV	Anti-retrovirus
Assomesca	<i>Association Des Œuvres Médicales Pour La Santé En Centrafrique</i> (Association of Medical Health Programmes in the Central African Republic)
BBC	British Broadcasting Corporation www.bbc.co.uk
BONUCA	<i>Bureau des Nations Unies en Centrafrique</i> (United Nations Peace-Building Support Office in the Central African Republic)
CAM	<i>Comité d'Aide Médical</i> (Medical Aid Committee) www.cam-fr.org
CAP	Coordinated Aid Programme, Consolidated Appeals Process www.humanitarianappeal.net
CAP	Community Action Plan
CAR	Central African Republic
CARC	Central African Red Cross
Caritas	International Confederation of Catholic Relief, Development and Social Service Organisations www.caritas.org
CBPP	Contagious Bovine Pleura-pneumonia (cattle disease)
CEEAC	<i>Communauté Economique des Etats de l'Afrique Centrale</i> (Economic Community of Central African States) www.ceeac-eccas.org
CERF	Central Emergency Response Fund cerf.un.org
CHF	Common Humanitarian Fund www.hdptcar.net/chf
CIONGCA	<i>Confédération des ONGs Centrafricaines</i> (Confederation of Central African NGOs)
CMD	Cassava mosaic disease
CNLS	<i>Comité National de Lutte contre le SIDA</i> (Central African National Committee to Fight AIDS)
CNR	<i>Commission Nationale pour les Réfugiés</i> (National Refugee Commission)
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation) www.coopi.org
CORDAID	Catholic Organisation for Relief and Development Aid www.cordaid.nl
CREPA	<i>Centre Régional pour l'Eau Potable et l'Assainissement à faible coût</i> (Regional Centre for Low Cost Water Supply and Sanitation) www.reseaucrepa.org
CRS	Catholic Relief Services crs.org
DDR	Disarmament, Demobilisation and Reintegration
DGH	<i>Direction Générale de l'Hydraulique</i> (General Directorate for Hydraulics)
DPTHib	Diphtheria, Pertussis, Tetanus, Haemophilic Influenza Type B (vaccine)
DRC	Democratic Republic of the Congo
DRC	Danish Refugee Council www.drc.dk
DSRP	<i>Document Stratégique pour la Réduction de la Pauvreté</i> (Poverty Reduction Strategy Paper [PRSP])
DTP3	Diphtheria, Tetanus and Pertussis vaccine, third dose
ECHO	European Commission's Humanitarian Aid Office ec.europa.eu/echo
EPI	Extended Programme on Immunisation
ERF	Emergency Response Fund www.hdptcar.net/erf
EUFOR	European Union Force (in Chad and the Central African Republic)
FACA	<i>Forces armées centrafricaines</i> (Central African Armed Forces)
FAO	Food and Agriculture Organization www.fao.org
FDPC	<i>Front Démocratique du Peuple Centrafricain</i> (Democratic Front of the Central African People)
FOMUC	<i>Force multinationale en Centrafrique</i> (Multinational Force in the Central African Republic)
FRC	French Red Cross www.croix-rouge.fr
FTS	Financial Tracking Service http://ocha.unog.ch/fts2/
FURCA	<i>Force Unie en République Centrafricaine</i> (Union Force in CAR)

GAM	Global Acute Malnutrition
GBV	Gender-based Violence
GI	Galvanised Iron
GPID	Guiding Principles on Internal Displacement www.idpguidingprinciples.org
ha	Hectare
HAS	Humanitarian Air Service
HBV	Hepatitis B Virus
HDPT	Humanitarian and Development Partnership Team www.hdptcar.net
HDR	Human Development Report hdr.undp.org
HIV	Human Immuno-deficiency Virus
IASC	Inter-Agency Standing Committee www.humanitarianinfo.org/iasc
ICDI	Integrated Community Development International www.icdinternational.org
ICRA	<i>Institut Centrafricain de Recherches Agronomiques</i> (Central African Institute for Agronomic Research)
ICRC	International Committee of the Red Cross www.icrc.org
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IHL	International Humanitarian Law
IMC	International Medical Corps www.imcworldwide.org
IMCI	Integrated Management of Child Illnesses (immunisation, nutrition, malaria control)
IMF	International Monetary Fund www.imf.org
IPC	Integrated Phase Classification system
IPHD	International Partnership for Human Development www.iphd.org
IRC	International Rescue Committee www.theirc.org
IRIN	Integrated Regional Information Networks www.irinnews.org
ITPS	Insecticide-Treated Plastic Sheetting
JUPEDEC	United Youth for the Protection of the Environment and Community Development
Kcal	Kilo-calorie
km	Kilometre
LRA	Lord's Resistance Army
m	Million
MoE	Ministry of Education
MDPE	Medium Density Polyethylene (material used for water pipes)
M&E	Monitoring and Evaluation
Mentor	Mentor Initiative www.thementorinitiative.org
Merlin	Medical Emergency Relief International www.merlin.org.uk
MICOPAX	<i>Mission de la Consolidation de la Paix en Centrafrique</i> (Peace-building Mission in the Central African Republic)
MICS	Multiple Indicators Cluster Survey
MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Peace-keeping Mission in the Central African Republic and in Chad)
MMEH	<i>Ministère des Mines, de l'Énergie et de l'Hydraulique</i> (Ministry of Mines, Energy and Water)
MoH	Ministry of Health
MRM	Monitoring and Reporting Mechanism (for violations of children's rights)
MSF – F	<i>Médecins sans Frontières</i> (Doctors without Borders) – France www.msf.fr
MSF – H	<i>Médecins sans Frontières</i> (Doctors without Borders) – Holland www.msf.org
MSF – S/B	<i>Médecins sans Frontières</i> (Doctors without Borders) – Spain/Belgium www.msf.org
MT	Metric Tonne
MUAC	Mid-upper Arm Circumference (method to measure malnutrition among children)
NAF	Needs Analysis Framework www.hdptcar.net
NFI	Non-food Item
NGO	Non-governmental Organisation
NRC	Norwegian Refugee Council www.nrc.no
NSB	<i>Nutrition – Santé Bangui</i> (Nutrition and Health, Bangui)
OCDH	<i>Observatoire Centrafricain pour les Droits de l'Homme</i> (Central African Human Rights Observatory)
OCHA	Office for the Coordination of Humanitarian Affairs www.hdptcar.net
PMTCT	Prevention of Mother-to-Child Transmission (of HIV/AIDS)
PU	Première Urgence www.premiere-urgence.org

PVC	Polyvinyl Chloride (material used for water pipes)
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SCF	<i>Secours Catholique Français</i> (French Caritas) www.secours-catholique.asso.fr
SFC	Supplementary Feeding Centre
GBV	Gender-based Violence
SMART	Specific, Measurable, Achievable, Realistic, Time-bound (indicators)
Solidarités	<i>Solidarités - Aide Humanitaire d'Urgence</i> www.solidarites.org
STI	Sexually Transmitted Infection
TFC	Therapeutic Feeding Centre
TGH	<i>Triangle Génération Humanitaire</i> www.trianglegh.org
TT2	Tetanus Toxoid (second dose)
UFDR	<i>Union des Forces Démocratiques et du Rassemblement</i> (Union of Democratic Forces for Unification)
UN	United Nations www.un.org
UNAIDS	Joint United Nations Programme on HIV/AIDS www.unaids.org
UNDP	United Nations Development Programme www.undp.org
UNDSS	United Nations Department of Safety and Security dss.un.org
UNESCO	United Nations Educational, Scientific and Cultural Organization www.unesco.org
UNFPA	United Nations Population Fund www.unfpa.org
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees www.unhcr.org
UNICEF	United Nations Children's Fund www.unicef.org
UNV	United Nations Volunteer www.unv.org
VCT	Voluntary Counselling and Testing
VIP	Ventilated Improved Pit (latrine)
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme www.wfp.org
WHO	World Health Organization www.who.int
WWF	World Wildlife Fund www.wwf.org

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organisations to jointly plan, coordinate, implement and monitor their response to disasters and emergencies, and to appeal for funds together instead of competitively.

It is the forum for developing a strategic approach to humanitarian action, focusing on close cooperation between host governments, donors, non-governmental organisations (NGOs), the International Red Cross and Red Crescent Movement, International Organization for Migration (IOM), and United Nations agencies. As such, it presents a snapshot of the situation and response plans, and 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;
- Reporting on results.

The CHAP is the core of the CAP – a strategic plan for humanitarian response in a given country or region, including 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;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans, including a detailed mapping of projects to cover all needs;
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the core of a Consolidated Appeal or, when crises break out or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, and in consultation with host Governments and donors, the CHAP is developed at the field level by the Humanitarian Country Team. This team includes IASC members and standing invitees (UN agencies, the International Organisation for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR), but non-IASC members, such as national NGOs, can also be included.

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

Donors generally fund appealing agencies directly in response to project proposals listed in appeals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of appeal funding needs and worldwide donor contributions, and can be found on www.reliefweb.int/fts.

In sum, the CAP is how aid agencies join forces to provide people in need the best available protection and assistance, on time.

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