

Central African Republic



Ronald de Hommel (UNICEF/2009)

2011

Consolidated Appeal
Mid-Year Review





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

ACF	GOAL	MACCA	TEARFUND
ACTED	GTZ	Malteser	<i>Terre des Hommes</i>
ADRA	Handicap International	Medair	UNAIDS
Afghanaid	HELP	Mercy Corps	UNDP
AVSI	HelpAge International	MERLIN	UNDSS
CARE	Humedica	NPA	UNESCO
CARITAS	IMC	NRC	UNFPA
CONCERN	INTERSOS	OCHA	UN-HABITAT
COOPI	IOM	OHCHR	UNHCR
CRS	IRC	OXFAM	UNICEF
CWS	IRIN	<i>Première Urgence</i>	WFP
DRC	Islamic Relief Worldwide	Save the Children	WHO
FAO	LWF	<i>Solidarités</i>	World Vision International

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

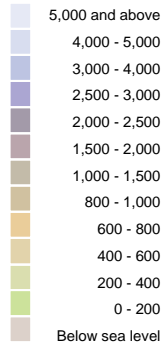
Full project details can be viewed, downloaded and printed from <http://fts.unocha.org>



Legend

- National capital
- First administrative level capital
- Populated place
- International boundary
- First administrative level boundary

Elevation (meters)



Disclaimers: 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.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, FAO, UN OCHA.



1. EXECUTIVE SUMMARY

In the midst of a still-fragile regional context, the Central African Republic (CAR) has achieved a significant step towards peace consolidation, with the peaceful holding of national elections in early 2011. In spite of the many claims put forward by the opposition regarding the legitimacy of the parliamentary election results, incumbent President Bozize was re-elected for a second term without major incidents. However, this important achievement has not yet brought the anticipated improvements for the vast majority of the CAR population.

In the north-west where the majority of the internally displaced people are located, little progress has been made towards building an environment conducive to durable returns. Similarly, CAR refugees in both Cameroon and Chad await further guarantees before returning to their home country. Whilst a comprehensive reintegration strategy has been agreed by the Government and its partners, no concrete steps have yet been taken in the disarmament, demobilization and reintegration (DDR) process, in spite of the strong will of the Government to do so.

The whole population of south-east CAR remains deeply traumatized by the violent attacks by the Lord's Resistance Army (LRA), although the scale and number of such attacks decreased during the first semester of 2011. National and international relief organizations are now well represented in each of the affected towns in the two provinces of Mbomou and Haut Mbomou. However, road access remains hazardous without armed escorts.

Consolidated Appeal for CAR: Key Parameters	
Duration:	12 months (January - December 2011)
Key milestones in 2011	Harvest: October-November 2011 Elections: January 2011
Target beneficiaries	1,611,853 people
Total funding request	Funding request per beneficiary
\$139,547,305 (129 projects)	\$87

Meanwhile, the overall security situation, and hence humanitarian access, has critically deteriorated in the north and north-east of the country. The resurgence of the armed conflict between the *Convention des Patriotes pour la Justice et la Paix* (CPJP) and Government forces and their allies of the *Union des Forces Démocratique pour le Redressement* (UFDR) earlier in the year translated into recurrent constraints on the population's access to basic services and humanitarian aid. More worrying, criminal groups have been proliferating in the Haute Kotto, Vakaga and Bamingui Bangoran provinces, and increasingly targeting humanitarian workers and assets. Although the CPJP signed a ceasefire agreement with the Government on 12 June 2011, reigniting prospects of greater humanitarian access, humanitarian programmes will continue to be affected by the persistent criminal threat.

The three main objectives under the common humanitarian strategy for CAR remain: saving lives, protection, and early recovery. However, the programmatic approaches developed in support of these objectives need to adapt to each specific sub-regional context including through the design of remote programme management in the most volatile area in the north-east of the country. In the meantime, members of the Humanitarian and Development Partnership Team (HDPT) will strengthen the emphasis on integrated approaches through cross-sector projects aiming at greater impact. As such, humanitarian aid including early-recovery-oriented programmes continues to play a key role in support of peace consolidation.

The mid-year review (MYR) of the 2011 Consolidated Appeal (CAP) unveils 13 new projects, mainly addressing the evolving situation in the north-east. As of June 30, US\$59 million¹ (43%) of funding has been recorded against revised requirements of \$139 million. Projects ranked as immediate priority remain largely underfunded with only 24% of needs covered. The Humanitarian Country Team (HCT) in CAR, and all the organizations that form the HDPT, urge donors to extend their support to addressing the basic needs of a highly vulnerable population which continues to be largely neglected.

¹ All dollar signs in this document denote United States dollars. Funding for this appeal should be reported to the Financial Tracking Service (FTS, fts@un.org), which will display its requirements and funding on the current appeals page.

Basic humanitarian and development indicators for Central African Republic

		Most recent data (from any recent crisis-specific assessment, national census, DHS, SMART or sources suggested below)	Previous data or pre-crisis baseline (not older than 2000)
	Population	4,505,900 (UNDP HDR 2010)	4,442,000 people in 2008 (WDI April 2009)
Population movements	Internally displaced people	190,528 (OCHA estimate June 2011)	192,000 (UNHCR, OCHA estimate October 2010)
	Refugees	In-country	24,690 (UNHCR, OCHA estimate October 2010)
		Abroad	164,905 (UNHCR January 2011)
Economic status	Gross national product per capita	\$458 (UNDP HDR 2010)	\$410 in 2008 (WDI 2010)
	Percentage of population living on less than \$1.5 per day	62.4% (UNDP HDR 2010)	62.4% (UNDP HDR 2009)
	Purchasing power parity gross national income per capita	\$757 in 2009 (WDI 2011)	\$730 in 2008 (WDI 2010)
	% gross domestic product per capita	0.47% 2008-2009 (WDI 2011)	0.3% 2007-2008 (WDI 2010)
Health	Adult mortality	444/1,000 in 2007 (WDI 2011). Female: 426/1,000; male: 451/1,000	467/1,000 (WHO: 2006). Female: 466/1,000; male: 471/1,000
	Maternal mortality	980/100,000 live birth (UNDP HDR 2010)	1,355/100,000 live birth (MICS III 2006)
	Under-five mortality	173/1,000 (UNDP HDR 2010)	176/1,000 (MICS III 2006)
	Live expectancy	47.7 (UNDP HDR 2010)	48.2 (f), 45.1 (m) (UNDP HDR 2009)
	Number of health work force (MD+nurses+midwives) per 10,000 population	0.2 physicians per 10,000 (WHO 2009) 4.1 nurses and midwives per 10,000 (WHO 2009)	67/10,000 (WHO: Core Indicators) (14 MD/10,000; 29 nurses/10,000; 24 midwives/10,000)
	Measles vaccination rate	62% (2009 WHO)	104% (2008) (WHO Core indicators)
	Percentage of pregnant women receiving pre-natal care	69.3% 2006 (WDI 2011)	69% 2003-2008 (WDI 2010)
Food Security	Food security prevalence	18.93% (IPC 2011)	18.93% (IPC 2011)
Nutrition	Prevalence of malnutrition, underweight % of children under five	23.4% (draft MICS IIII 2010)	21.8% 2008-2008 (WDI 2010)
Education	Literacy rate, adult total (% of people ages 15 and above)	54.6% (UNDP HDR 2010)	55% (WDI 2009)
	School enrolment, primary (% gross)	66% (draft MICS IIII 2010)	87% 2005-2009 (WDI 2009)
	Public spending on education, total (% of government expenditure)	11.7% 2008 (WDI 2011)	12% 2000-2007 (WDI 2007)
	Ratio of female to male primary enrolment	70.8% 2009 (WDI 2011)	71% 2005-2009 (WDI 2009)
WASH	Improved water source, rural (% of rural population with access)	30.5% (DGH, October 2009, Round Table on Water and Sanitation)	51% (WDI 2008)
	ECHO vulnerability and crisis index score	3/3 GNA (2010-2011)	3/3 GNA (2010-2011)
Other vulnerability indices	Prevalence of food insecurity	30.2% (WFP 2009)	30.2% (WFP 2009)
	Coping strategy index	26.6% (WFP 2009)	26.6% (WFP 2009)
	HIV prevalence % of population age 15-49	4.7% in 2009 (WDI 2011)	6.3% in 2007 (WDI 2010)

Table I: Requirements and funding to date per cluster

Consolidated Appeal for Central African Republic 2011 as of 30 June 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
COORDINATION AND SUPPORT SERVICES	5,566,559	7,256,563	5,302,754	1,953,809	73%	-
EARLY RECOVERY	7,599,504	7,870,105	924,074	6,946,031	12%	-
EDUCATION	4,857,506	5,656,072	2,747,937	2,908,135	49%	-
FOOD SECURITY	36,915,315	33,574,806	20,953,450	12,621,356	62%	500,000
HEALTH	25,738,823	26,517,511	5,243,502	21,274,009	20%	-
MULTI-SECTOR ASSISTANCE TO REFUGEES	13,956,004	23,666,600	2,898,000	20,768,600	12%	-
NUTRITION	8,157,092	8,169,847	3,204,510	4,965,337	39%	-
PROTECTION	16,439,509	16,439,509	1,972,935	14,466,574	12%	-
WATER, SANITATION AND HYGIENE	9,594,870	10,396,292	2,816,124	7,580,168	27%	-
CLUSTER NOT YET SPECIFIED	-	-	13,265,160	n/a	n/a	1,282,051
Grand Total	128,825,182	139,547,305	59,328,446	80,218,859	43%	1,782,051

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

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table II: Requirements and funding to date per priority level

Consolidated Appeal for Central African Republic 2011
as of 30 June 2011
<http://fts.unocha.org>

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

Priority	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
A- IMMEDIATE	49,180,300	62,475,301	14,839,728	47,635,573	24%	-
B - HIGH	31,410,661	32,465,146	8,809,547	23,655,599	27%	-
C - MEDIUM	46,923,408	44,606,858	22,414,011	22,192,847	50%	500,000
D - NOT SPECIFIED	1,310,813	-	13,265,160	n/a	n/a	1,282,051
Grand Total	128,825,182	139,547,305	59,328,446	80,218,859	43%	1,782,051

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

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

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table III: Requirements and funding to date per organization

Consolidated Appeal for Central African Republic 2011 as of 30 June 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Appealing organization	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
ACF	4,553,448	4,646,607	1,746,365	2,900,242	38%	-
ACORD	219,350	219,350	-	219,350	0%	-
ACTED	1,451,261	1,451,261	544,113	907,148	37%	-
ADEM	1,731,820	1,731,820	150,000	1,581,820	9%	-
AMI	1,200,000	1,070,000	-	1,070,000	0%	-
BINUCA	270,000	270,000	-	270,000	0%	-
CAM	1,826,315	1,826,315	280,000	1,546,315	15%	-
Central African Republic RC	701,105	701,105	-	701,105	0%	-
CHF	-	-	11,495,052	n/a	n/a	1,282,051
COHEB	755,688	763,052	-	763,052	0%	-
COOPI	2,920,015	2,920,015	629,796	2,290,219	22%	-
CRS	321,973	321,973	-	321,973	0%	-
DRC	5,664,430	5,664,430	639,721	5,024,709	11%	-
ECELLE	62,639	62,639	-	62,639	0%	-
EMERGENCY	685,652	685,652	-	685,652	0%	-
FAO	1,117,860	1,304,464	-	1,304,464	0%	-
FHI	-	512,292	-	512,292	0%	-
ICDI	300,000	949,656	-	949,656	0%	-
IMC	1,768,278	1,768,278	569,615	1,198,663	32%	-
IMC UK	-	149,548	-	149,548	0%	-
IRC	4,704,524	4,013,678	525,000	3,488,678	13%	-
JRS	1,059,368	1,297,978	-	1,297,978	0%	-
JUPEDEC	583,150	568,050	-	568,050	0%	-
Mercy Corps	1,057,660	1,057,660	200,000	857,660	19%	-
MERLIN	3,486,882	3,813,927	1,020,346	2,793,581	27%	-
MI	1,896,504	2,083,504	249,995	1,833,509	12%	-
NDA	-	120,910	-	120,910	0%	-
OCHA	2,319,501	2,363,932	1,107,190	1,256,742	47%	-
PU	3,900,000	3,900,000	1,317,477	2,582,523	34%	-
Solidarités	3,576,086	4,152,469	179,800	3,972,669	4%	-
TGH	1,415,509	1,415,509	616,440	799,069	44%	-
UNDP	-	620,634	-	620,634	0%	-
UNFPA	765,050	765,050	643,017	122,033	84%	-
UNHCR	24,641,659	34,352,255	4,951,108	29,401,147	14%	-
UNICEF	9,089,475	9,089,475	6,588,014	2,501,461	72%	-
VITALITE PLUS	1,774,791	1,627,782	-	1,627,782	0%	-
WFP	31,962,202	30,007,648	25,056,885	4,950,763	84%	500,000
WHO	11,042,987	11,278,387	818,512	10,459,875	7%	-
Grand Total	128,825,182	139,547,305	59,328,446	80,218,859	43%	1,782,051

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2. CHANGES IN THE CONTEXT, HUMANITARIAN NEEDS, AND RESPONSE

2.1 CONTEXT

A few important milestones have been reached in the first half of 2011. These include: the successful presidential and parliamentary elections held early this year, the formation of a new Government, the recent ceasefire agreement between the Government and the CPJP (the only remaining rebel group which had not yet signed a Libreville peace agreement) and progress made in the DDR process. These positive steps towards peace consolidation in the country are highly favourable to the return of internally displaced people (IDPs) and refugees. Considering that the Government has set up a new Ministry of International Cooperation, this could be an opportunity to strengthen the collaboration between the Government and humanitarian actors on certain issues such as humanitarian access and the legal framework of non-governmental organizations (NGOs) in the country.

As the second Poverty Reduction Strategy Paper was being designed, a roundtable for CAR was held in Brussels on 17 June 2011. The large attendance and the substantive analysis of the key social and economic issues faced by the country were positive signs for all partners.

Moreover, no violence was reported during political events which took place in neighbouring countries, namely the southern Sudan referendum in January and parliamentary and presidential elections in Chad in February and April, respectively.

Nevertheless, the independence of South Sudan in July and the already existing conflict between Sudan and South Sudan around the oil region of Abyei may escalate into further violence, possibly leading to an influx of refugees into CAR. This would have an impact on humanitarian operations in CAR.

Despite progress made in the north-west, the already-delayed DDR process is at a stalemate mainly due to security problems in the north and north-eastern regions. Furthermore, the lack of a national reintegration strategy is a fundamental factor which could impede the return of more substantial numbers of IDPs and refugees, especially to the north-western part of the country.

The overall security and humanitarian situation in the country remains fragile and complicated. It recently deteriorated in the north and the north-east following several conflicts between the two main rebel groups in the region, the CPJP and the UFDR. The total number of IDPs in CAR mostly located in the north and the south-east has slightly decreased from 192,000 to 190,528² due to some spontaneous returns in the north-west.



The situation remains unchanged in the south-west since the beginning of the year. The region is favourable to recovery activities, despite recurring structural malnutrition and the presence of a refugee camp close to the border with the Democratic Republic of the Congo (DRC) and the Republic of Congo.



In the north-west, some IDPs and refugees from Cameroon and Chad opted for voluntary return and started returning to their villages of origin after the elections in CAR. However potential progress in the DDR process would probably create more durable conditions for the systematic return of IDPs and refugees to their villages.



In the east, the Kabo-Batangafo-Kaga Bandoro triangle remains problematic because of the movement of nomadic groups, the presence of bandits and many armed groups (The Democratic Front of the Central African Republic [FDPC], the opposition Popular Army for the Restoration of the Republic and Democracy [APRD] and the

² OCHA estimation, June 2011.

Chadian rebel group the Popular Front for Reconstruction [FPR]). The FDPC has now broken up into several uncontrolled groups which behave as criminals rather than rebels.

Since the beginning of the year, many serious incidents against humanitarian actors, including kidnapping, have been reported around Kobo. This has led to a suspension of humanitarian activities on the northern axis from Kobo. Generally, humanitarian movements in the region have been limited.

The number of IDPs in Kobo has doubled from 3,000 to 6,000 as the result of clashes between APRD and Chadian groups in March.



In the north and north-east, the situation has deteriorated further since the beginning of 2011. It is increasingly becoming an inter-community/inter-ethnic conflict. The combination of internal conflicts (between the CPJP and the Government, between the CPJP and the UFDR) and criminality, aggravated by the weakness of the State and the proliferation of arms in the region, makes the context very complex and insecure.

In November 2010, following the departure of the United Nations Peacekeeping Mission in the Central African Republic and in Chad (MINURCAT), Birao was attacked by CPJP rebels who were later ousted by the Chadian army, which had been called upon to assist the CAR army, the *Forces armées centrafricaines* (FACA). A few weeks after the withdrawal of the Chadian army the population and humanitarian actors once more faced insecurity in the region. The Vakaga prefecture with its uncontrolled borders with Chad and Darfur is a conducive environment for Sudanese bandits, as well as idle and destitute Chadian rebels.

Following the conflict between the CPJP and the Government, tension increased between the CPJP and the UFDR. After years of mutual "distance" between the two groups, the CPJP extended its area of influence towards Vakaga, Haute Kotto and Ouaka while the UFDR participated in the implementation of self-defence groups in the northern part of Ndélé (axis Ndélé-Ngarba), usually mainly controlled by the CPJP. Fighting occurred between the two groups in western Vakaga and in the northern and north-eastern Bamingui-Bangoran region, resulting in the destruction of villages and new population movements, both internally and towards Chad. The conflict spilled over into broader inter-community tensions between Rounga and Goula populations, leading to revenge attacks against civilians.

Humanitarian actors were also victims of many attacks in the Bamingui-Bangoran region and in Vakaga, organized by unknown armed groups in search of vehicles, satellite phones, money and other equipment. Recently two international NGOs were attacked in Ndélé, despite the presence of contingents of the FACA and the Peacebuilding Mission in the Central African Republic (MICOPAX).

Due to the worsening security situation, military authorities decided to restrict humanitarian access on all axes around Ndélé (except towards the south-west). To date, humanitarian actors are still not allowed to travel to the north, west and east of Ndélé. This restriction hinders any needs assessment outside the town of Ndélé.

However, the recent ceasefire agreement signed between the CPJP and the Government in June 2011 may improve the security situation in the region, enabling free humanitarian access to affected populations.



In the south-east, although LRA attacks have decreased, the population remains traumatized and any new incidents are immediately attributed to the LRA. The number of IDPs and refugees in the region is estimated at 19,499³ and 4,855⁴, respectively. The IDPs and refugees do not want to return due to continuing insecurity.

LRA attacks also extended to the centre of the country, with, among others, the attack on Nzako (south-east of Bria in the Haute Kotto prefecture). The area was also attacked by CPJP rebels and bandits.

The humanitarian situation in the country is therefore characterized by restricted humanitarian access to the civilian population in the northern and the eastern regions, and threatened by:

- criminality: increasing attacks against humanitarian actors, thefts of money, communication equipment and vehicles
- official refusal of local authorities to allow humanitarian access to populations (especially in the north) for security reasons
- multiple conflicts between rebel groups which prevent humanitarian movement
- logistical constraints: access to some areas in the north-east and the east, which are highly dependent on humanitarian assistance, is not possible during the rainy season without United Nations Humanitarian Air Service (UNHAS) flights.

In spite of the deteriorating security situation in the northern and eastern regions, there is also an opportunity in a number of areas, especially in the north-west, to develop early recovery programmes to support IDPs, returnees, host communities and people living in post-emergency settings. This will enable them to restart their lives and increase self-reliance by ensuring minimum-functioning social services and infrastructure.

The general context of CAR is characterized by internal displacements, lack of protection, country-wide food insecurity, catastrophic social indicators, State weakness and economic fragility. These factors combine to create great difficulties for the population and many challenges for humanitarian operations in CAR.

2.2 SUMMARY OF RESPONSE TO DATE

The revised CAP is currently funded at 43% which will enable humanitarian organizations to maintain response capacities through national partners in the north-east where humanitarian operations have been affected by insecurity and access restrictions since the end of last year.

Humanitarian operations in CAR have a dual focus: emergency programmes and early recovery interventions. Emergency programmes have been developed in the south-east to deliver food and non-food items (NFIs) to 20,000 displaced people and 5,000 refugees, and to address problems with protection, health and sexual and gender-based violence (SGBV) in the region connected with attacks from the LRA and other armed groups. In addition, the number of humanitarian organizations has doubled in the region to ensure better coverage of humanitarian needs in the health, water, sanitation and hygiene and food security clusters through the existing funding mechanisms in country (Common Humanitarian Fund [CHF], Central Emergency Response Fund [CERF]).

In the south-west 2,552 severe acute malnourished children were admitted to therapeutic feeding programmes while 6,982 moderate malnourished children were enrolled in supplementary feeding programmes. Humanitarian assistance has been provided to 7,000 refugees from DRC in the south of the country.

³ OCHA estimation in June 2011.

⁴ UNHCR, May 2009.

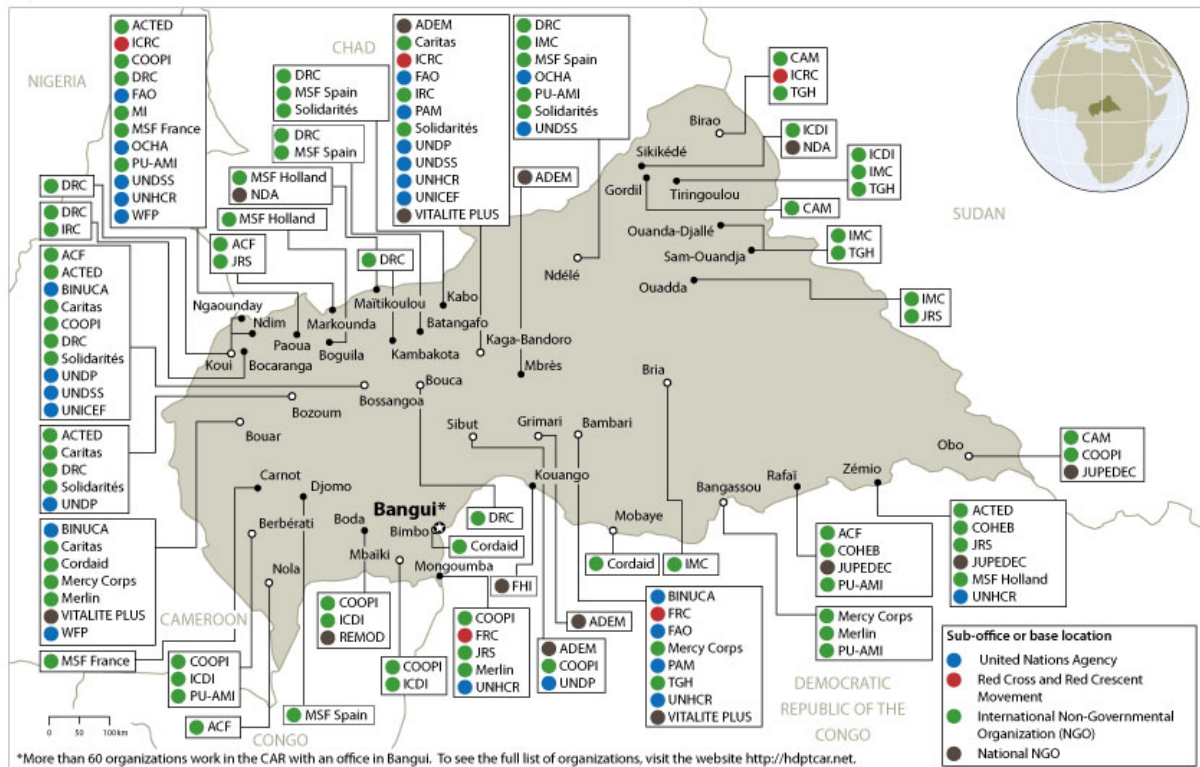
CENTRAL AFRICAN REPUBLIC

In terms of early recovery interventions, humanitarian organizations have provided 76,400 beneficiaries with agricultural tools and seeds and small-scale infrastructure projects. This support also facilitated access to markets for local and displaced populations, and the spontaneous return of IDPs, especially in the north-west.

More over, UNHAS increased from one to two the number of flight rotations to several destinations in the south-east and the north-west due to the high demand for flights to these areas by humanitarian organizations.

Central African Republic : Humanitarian presence in the field

May 2011



2.3 UPDATED NEEDS ANALYSIS

Several recent needs assessments showed the humanitarian needs in CAR to be very inter-related and requiring an integrated response. As a result, the HCT agreed that humanitarian operations in CAR should not only focus on meeting the needs of displaced people and other vulnerable groups but also aim to provide early recovery support in all humanitarian sectors. This will reduce vulnerability and dependence on humanitarian assistance.

The HCT also decided to encourage a multi-sectoral approach in the response process and needs assessments to maximize the impact of humanitarian actions. This approach will be strengthened through joint planning, joint assessments, joint missions and joint programming among the clusters.

Because of the complexity of the humanitarian situation in CAR, humanitarian actors decided during the MYR to switch from sectoral to geographic priorities. This approach will be followed until the end of the year and will form the basis for priority-setting during the 2012 CAP.

2.4 ANALYSIS OF FUNDING TO DATE

Prior to the 2011 CAP MYR, the initial requirement of \$129 million was only 46% funded, with \$59 million received.⁵ This includes a carry-over of \$11.5 million from 2010 funding which constitutes 19% of the current funding. Comparatively, the CAP coverage during the same period last year was at 35% (\$50 million received).

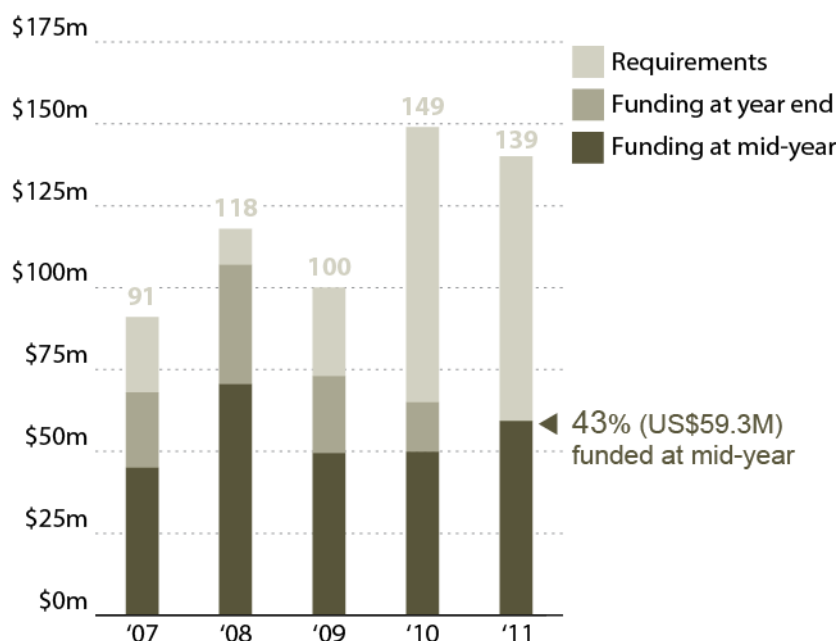
Only two sectors (Coordination and Support Services and Food Security) are funded above 50% while urgent needs remain unmet in the other sectors (see graph overleaf). This funding includes CERF funds of \$5 million and CHF funds of \$6 million. Both are primarily allocated to priority projects (immediate and high) across the clusters. Bilateral donors are encouraged to follow the ranking in the CAP.

Moreover, clusters and organizations are also encouraged to develop multi-sector projects/ programmes to maximize the use and impact of funds.

In light of the continued shortfall in humanitarian funding in CAR, it is essential to continue seeking complementarities and synergy between existing funding mechanisms (CERF, CHF, Peace-building Fund [PBF]) and with ECHO in order to improve the quality and the efficiency of the response.

The 2011 CAP MYR includes almost all humanitarian funding in CAR with the exception of funds received by the International Committee of the Red Cross (ICRC) and *Médecins sans Frontières* (MSF) which are outside the CAP but are actively engaged in humanitarian action in the country.

Requirements and funding 2007-2011



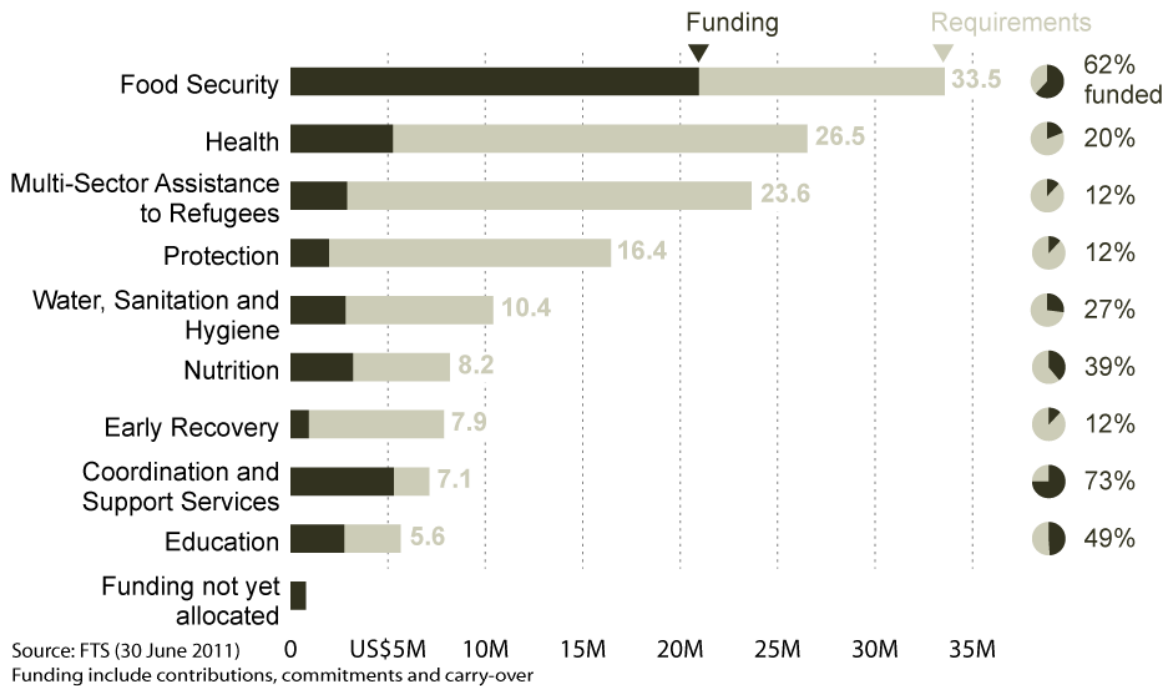
Source: FTS (30 Jun 2011) Funding include contributions, commitments and carry-over

At MYR revision, immediate-priority projects are 24% funded with respect to revised requirements, high-priority projects 27% and medium-priority projects 50%. The greater coverage of the medium-priority category is due to the fact that it includes some urgent projects in specific areas which were funded at a higher level, while the overall category covers the entire country. This was the case with food distribution to IDPs and refugees in the south-east, although the entire food assistance project was classified as medium-priority.

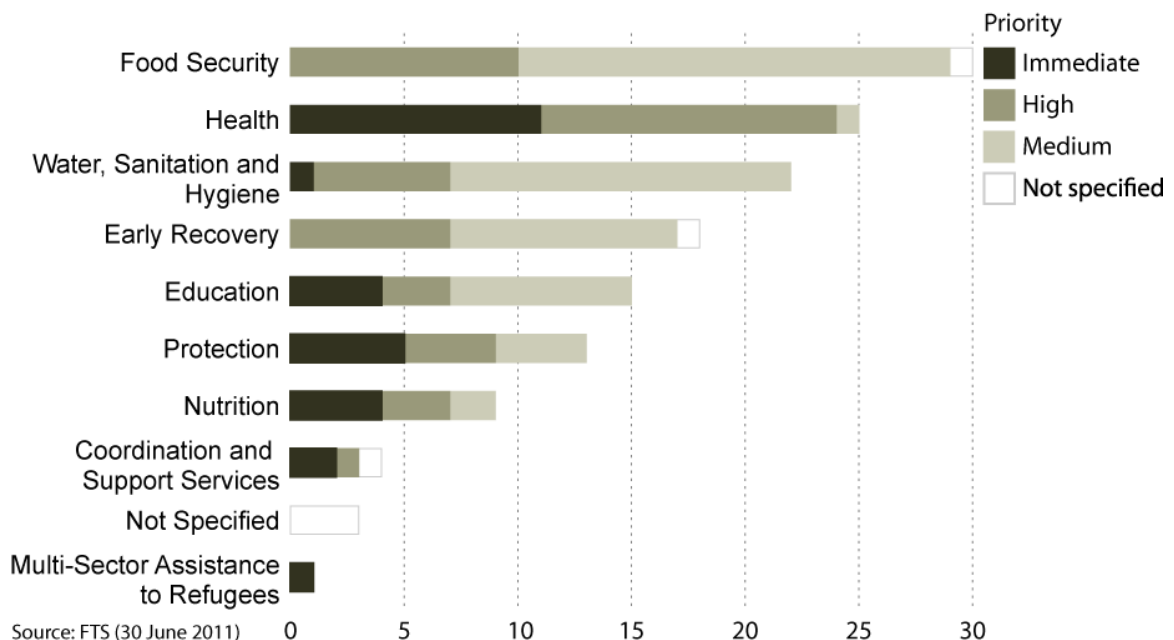
⁵ Source: donor and recipient organization reports to FTS as of 26 June 2011.

The MYR revised requirements totals \$139,547,305, an increase of only 8% from the original requirement of \$128,825,182. This increase is a result of factoring in the potential humanitarian consequences of a possible influx of Sudanese refugees due to the tensions between Sudan and South Sudan, and of the new humanitarian crisis especially in the north-east. For these reasons the number of projects increased from 118 to 129.

Requirements and funding per sector at mid-year 2011



Number of projects and priorities per sector at mid-year 2011



3. PROGRESS TOWARDS ACHIEVING STRATEGIC OBJECTIVES AND SECTORAL TARGETS

3.1 STRATEGIC OBJECTIVES

No fundamental changes have been made to the strategic objectives. However, Strategic Objective 2 has been reformulated to take into account the reinforcement of the institutional and legal framework around the protection of civilians.



Strategic Objective 1: *Provide coordinated and vital assistance in response to the needs of people affected by violence or other humanitarian crises based on needs assessments and a human rights-based approach while maintaining an emergency capacity response for the rest of the country.*

Indicator	Target	Achieved as of mid-year
Health care service utilization rate among the population	0.5 new contact/person per year	1 average of one contact/person
Number of households having access to food and food production resources	20,000 beneficiary households	15,280 households reached
Newly built or rehabilitated institutional (schools or health centre) or community water points (boreholes, protected wells, reticulated water distribution system)	506	241
Percentage of people of concern (PoC) that have access to registration, basic services (NFI, WASH, Health, Education) and protection from human rights violations including GBV	75% PoC and 100% of people with specific needs	<ul style="list-style-type: none"> 40% have access to basic services and protection from human rights violations 20,000 IDPs assisted with NFIs Multi-functional team established in Bangui and Kaga Bandoro for GBV prevention and response mechanisms 26 SGBV focal points identified and trained in Haute Kotto and Vakaga and 8,984 whistles distributed to women 800 victims assisted with counselling and medical care
Percentage of severe acute malnutrition (SAM) amongst children under five	< 3.5%	2.3%
Number of children enrolled	136,409 children (girls and boys)	94,520 children enrolled (35,918 girls/58,602 boys)
X markets rehabilitated X drying areas, storage, warehouse, workshop production rehabilitated	143 functional social or economical infrastructures	six infrastructures rehabilitated (one <i>dalot</i> , one multiple <i>dalot</i> , one <i>passage busé</i> , two <i>radiers</i> and one <i>bac</i>)
Percentage of refugees with access to response to human rights violations and basic services	100% refugees have access to response to human rights violations and basic services	<ul style="list-style-type: none"> 70% of refugees have access to basic social services 60% of refugees have access to urgent response to human rights violations

2

Strategic Objective 2: Protect people affected by conflict, in particular IDPs, refugees, returnees and other people of concern whose rights have been violated and need protection and advocacy support. This will include chiefly the development of a national legal framework for protection, the promotion of rule of law and human rights and the reinforcement of key institutions and civil society.

Indicator	Target	Achieved as of mid-year
Improvement of the safety of the environment with increased awareness of human rights among all relevant actors and IDPs living in secure environment	Decrease in human rights violations and increase in access to justice	<ul style="list-style-type: none"> • Technical and material support provided to local authorities, administration and the police in the northern and south-eastern provinces • Ratification of the African Union (AU) Convention • Technical support provided to the Government for the adoption of a National Legislation and Work Plan on IDP protection • Ongoing advocacy to secure humanitarian access • On going advocacy to end the six grave violations committed against children
Number of mother-child structures (Programme for Prevention of Parent-Child Transmission / PTPE) with trained staff	30	15
<p>Training on children's rights and protection</p> <p>Revision of legal texts on child protection Adoption of texts on child protection</p>	<p>Number of people trained</p> <p>Number of texts revised and of new texts adopted</p>	<ul style="list-style-type: none"> • 68 directors trained • Ongoing advocacy to ratify the two optional protocols to the Convention on the rights of the child (use and recruitment of children in armed groups; prostitution)
<p>Percentage of refugees enjoying freedom of movement</p> <p>Percentage of refugees documented</p>	<p>100% of people receiving civil status documentation</p> <p>100% of refugees enjoying freedom of movement</p> <p>Decrease in incidents of protection violations due to ignorance of refugees' rights</p>	<ul style="list-style-type: none"> • 70% of refugees received identification documents • Civil authorities and military forces sensitized on refugee protection in Bambari

3

Strategic Objective 3: Support IDPs, returnees, host communities and others living in post-emergency settings in restarting their lives by ensuring minimum infrastructures and basic social services and an increase in self-reliance.

Indicator	Target	Achieved as of mid-year
Number of health structures rehabilitated, equipped and reinforced for adequate response to disaster and crisis	25	23
Number of rural communities affected by conflicts and other crises having received appropriate assistance and training to manage common resources and improve their production capacities	20,000 households	15,280 households provided with assistance and training
Newly created/reactivated/re-trained water point committees	607	273
Re-establishment or development of essential services and rehabilitation and restitution of property in conflict-affected areas	<p>10% increase of rehabilitated and reinforced infra/ community-based structures</p> <p>70% of adult PoC earning income (formal and informal) by gender</p>	<ul style="list-style-type: none"> • One community-based women's structure developed in Kaga Bandoro • 6,276 IDPs assisted with seeds and agricultural materials in the northern conflict zone • 23 IGAs developed in the north • 50 LRA-affected women identified for professional training • 120 gender-based violence (GBV) victims assisted with IGA
Number of school structures/facilities constructed or rehabilitated	<p>65 classrooms constructed/ rehabilitated</p> <p>908 teachers trained</p>	<ul style="list-style-type: none"> • 90 classrooms constructed/rehabilitated • 842 parent-teachers trained
Km of roads rehabilitated	125 km	<ul style="list-style-type: none"> • 10 km of road rehabilitated
Bridges built or rehabilitated	33	<ul style="list-style-type: none"> • Six bridges rehabilitated
Increase of goods exchanges		
Percentage of refugee households able to meet their basic needs without being obliged to rely on humanitarian assistance	<p>30% households are able to meet their basic needs</p> <p>100% of measures to facilitate social integration of refugees implemented</p>	<ul style="list-style-type: none"> • 70% of refugees have access to basic social services and 50% of households live in adequate dwellings • 70% of rural-based refugees engaged in agro-pastoral programmes. • Refugee committee established in each camp with 40% female participation
Number of durable IGA supported that are functional	2,370 IGA supported	263 women's groups, three Recapec groups and 10 handicapped groups supported with IGA
Number of training sessions implemented	80% of IGA functional	60% of IGA are functional and 100% of them have protection and social impact.
Number of networks (unions, federations, etc.) created and supported	15,830 people trained	Three trainings organized in Bouar for 29 groups and 609 participants in 15 villages.

3.2 CLUSTER RESPONSE PLANS



PROTECTION

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Co-lead	DANISH REFUGEE COUNCIL
Cluster members	UNICEF, UNFPA, WFP, BINUCA, UNDP, DRC, IRC, IMC, COOPI, Triangle GH, JUPEDEC, OCDH, LCDH, MDDH, AFJC, ACAT, Caritas, ADEM, <i>Comité National Permanent de Concertation et de Coordination pour la Gestion de la Protection des Personnes Déplacées Internes, Représentants des Ministères de la Sécurité Publique, de l'Administration du Territoire, des Affaires Sociales, de la Défense Nationale, de la Justice et de la Communication</i>
Number of projects	13
Cluster objectives	<ul style="list-style-type: none"> Enhance security and physical integrity of PoC by creating a conducive protection environment Ensure access to fair judicial processes and procedures Provide support to the establishment of a favourable environment for durable solutions by ensuring access to basic social and economic services Promote community participation by reinforcing capacities and partnerships with PoC and local NGOs, associations and actors engaged in safeguarding the rights of PoC
Beneficiaries	190,000 IDPs and returnees
Funds requested	Original requirements: \$16,439,509 Revised requirements: \$16,439,509
Funds requested per priority level	\$13,769,395 (Immediate) \$1,654,303 (High) \$1,015,811 (Medium)
Funding to date	\$1,972,935 (12% of revised requirements)
Contact information	gambert@unhcr.org

Table: Disaggregated number of affected population and beneficiaries

Category	Affected population			Beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs and returnees	97,000	93,000	190,000	97,000	93,000	190,000
Totals			190,000			190,000

Narrative

The Protection Cluster will continue to intensify actions in the following key areas:

- Safeguarding life and physical integrity
- Adoption of a national legal framework
- Strengthening administrative practice and institutions
- Prevention and response to human rights violations
- Rule of law
- Individual identity documentation for IDPs
- Durable solutions for IDPs

Since the publication of the original CAR CAP 2011, important progress has been made in developing a favourable protection environment which reinforces the security of people of concern and establishes access to basic services including state presence and community-based structures.

Key achievements include:

- ratification of the AU Convention on IDP protection by the Government of CAR
- adoption of a protection strategy and work plan by the protection cluster
- establishment of functional technical groups on GBV, rule of law and child protection
- reinforcement of the protection response to human rights violations with the adoption of local GBV standard operating procedures (SOPs) and awareness campaigns and the identification of trained focal points in conflict zones
- profiling, registration and documentation activities conducted
- emergency assistance provided to displaced people
- technical support provided to local authorities

The main challenges remain security and accessibility to PoC. CAP outcomes, targets and indicators were therefore revised to comply with the Protection Cluster strategy.

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid-year
Enhance security and physical integrity of PoC by creating a conducive protection environment	<ul style="list-style-type: none"> Needs of PoC increasingly addressed by authorities in accordance with international standards National law and policies on PoC protection are consistent with international standards Agreements are reached with the parties to the conflict, state and non-state, for timely humanitarian access to PoC Protection of children against grave violations (Resolution 1612), family tracing and reunification is improved PoC increasingly enjoy freedom of movement PoC have sufficient access to basic needs Risk of GBV is reduced and quality of response improved Quality of profiling improved Level of individual documentation of PoC increased Monitoring mechanisms for the physical security, protection and well-being of PoC established 	<ul style="list-style-type: none"> a) National administrative and institutional framework and mechanisms provide better protection for PoC b) Respect for international human rights and humanitarian instruments integrated into the national legal framework c) Humanitarian access to PoC is secured d) Children of concern are safe from grave violations by armed groups e) Freedom of movement increased f) Population have adequate means to meet basic needs (NFI, WASH, Health, Education) g) Multi-sectoral and inter-agency SGBV prevention and response working group established h) Victim/ survivor referral mechanisms established and sustained i) Profiling of people of concern undertaken j) Government mechanism to establish identity improved 	<ul style="list-style-type: none"> Number of Government partners receiving technical advice and support Extent to which law and policy is consistent with international standards Number of workshops or seminars held to promote compliance with protection standards Advocacy conducted (yes/no) Number of children safe from grave violations by armed groups Number advocacy interventions for freedom of movement 75% of IDPs have access to basic needs Extent to which the working group on GBV is established Extent to which referral mechanisms are established and sustained Number of people of concern profiled (disaggregate by age (<18) and sex) Number of PoC provided with individual documentation 	<ul style="list-style-type: none"> Established National Council for Child Protection Technical and material support provided to local authorities, administration and police in the northern and south-eastern provinces Technical support provided to the government for the adoption of a National Legislation and Work Plan on IDP protection Supported the adoption of a National Strategy and Work Plan on Birth Registration through the organization of a National Forum Ongoing advocacy for secured humanitarian access Ongoing advocacy to end the six grave violations committed against children Ongoing advocacy to ratify the two optional protocols to the Convention on the rights of the child (use and recruitment of children in armed groups; prostitution) 45% of IDPs have access to basic services Multi-functional team established in Bangui and Kaga Bando for GBV prevention and response mechanisms 26 SGBV focal points identified and trained in Haute Kotto and Vakaga

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid-year
		k) Monitoring and reporting mechanisms improved	<ul style="list-style-type: none"> • Child protection monitoring and reporting mechanism (MRM) strengthened 	<ul style="list-style-type: none"> • 800 victims assisted with counselling and medical care • International NGOs and local actors trained on profiling methods • Profiling exercise conducted in Ndélé • 9,298 IDPs documented with birth certificates in Nana Grebizi and Ouham Pende • MRM task force established • One local protection network developed in Kabo IDP site
Ensure access to fair judicial processes and procedures	<ul style="list-style-type: none"> • Access to justice is increased • Law enforcement strengthened • Investigative and prosecuting activities of authorities are improved • Capacity of juvenile justice system is reinforced • Conditions of detention improved, including for women and children • Management of prisons is improved, with trained female staff in charge of female prisoners 	<ul style="list-style-type: none"> l) Access to legal services improved m) Impunity ended through investigation and trials n) Conditions of detention are improved, especially for women and children o) Construction of two prisons in conformity with international standards in Bria and Bouca 	<ul style="list-style-type: none"> • Number of PoC having access to legal services and counseling • Number of advocacy interventions for access to national justice systems conducted • Number of legal professionals trained • Number of detention centres and prisons constructed / rehabilitated 	<ul style="list-style-type: none"> • Ongoing assistance to the Ministry of Justice in the development and implementation of a national strategy, as well as new legislation on the prison system • Convention for a partnership to train prison staff approved by the Government in May 2011. • Five mobile courts organized in the Northern prefectures • Five correction facilities refurbished to improve conditions of detention • Five legal advisory centres ("<i>Maison de droit</i>") built • Four police stations rehabilitated/ built in Bozoum, Kaga Bandoro, Sibut and Bossangoa

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid-year
				<ul style="list-style-type: none"> • Defence and security forces trained on human rights • Three workshops on access to justice organized in Ouham Pende • Civil and law enforcement agents trained on penal legislation and procedures • 350 members of the judicial system and civil society trained on the new criminal law (<i>code penale, code de procedure penale</i>) • 333 victims of GBV legally assisted including 103 accused of witchcraft and two minors • Two prisons in Bria and Bouca, where women and children are detained separately from men, finalized
<p>Provide support to the establishment of a favourable environment for durable solutions by ensuring access to basic social and economic services</p>	<ul style="list-style-type: none"> • Re-establishment or development of essential services including state presence and community-based structures in conflict-affected areas • Population benefiting from livestock support increased • Socio-economic situation is conducive to voluntary return in dignity 	<p>p) State presence effective</p> <p>q) Development of basic services structures supported</p> <p>r) Level of self-reliance and livelihoods improved</p> <p>s) Early recovery and agro-pastoral programmes aimed at self-sufficiency of PoC are supported</p>	<ul style="list-style-type: none"> • Advocacy for State presence conducted • 10% increase in number of rehabilitated and reinforced infra/ community-based structures • 70% of adult people of concern earning income (formal and informal) • % of children having access to basic services 	<ul style="list-style-type: none"> • Legal presence in the Haut Mbomou (south-east) re-established • Legal clinics fully established and functional in Ndélé, Batangafo and Paoua with local NGOs • One community-based women's structure developed in Kaga Bandoro • 6,276 IDPs assisted with seeds and agricultural materials in the northern zone • Established National Council for Child Protection • 23 IGA developed in the north

CENTRAL AFRICAN REPUBLIC

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid-year
Promote community participation by reinforcing capacities and partnerships with PoC and local NGOs, associations and actors engaged in safeguarding the rights of PoC	Community mobilization strengthened and expanded	<p>t) Participatory assessment and community mobilization refined and improved</p> <p>u) Strengthened capacity and mobilization of local actors in promoting and reinforcing human rights and governance</p>	<ul style="list-style-type: none"> • Number of participatory assessments on the protection needs of PoC conducted • 50% of local actors involved in human rights-related work receiving support • Number of effective protection committees established • Number of NGOs, and human rights associations trained 	<ul style="list-style-type: none"> • 120 GBV victims assisted with IGA • Four protection committees established and nine reinforced in the north • 19 Child Protection Committees in Ouham trained • 12 community psycho-social support groups established in the Haut Mbomou • Three LRA victims associations catering for around 283 people established • 1,700 community leaders and 45 networks / local associations supported with trainings in protection • Awareness activities conducted for approximately 16,800 people



HEALTH

Cluster lead agency	WORLD HEALTH ORGANIZATION
Co-lead	MERLIN
Cluster members	ACABEF, ACF, AMI, ASSOMESCA, CAM, COHEB, CORDAID, CRS, Emergency, IMC, IRC, CRF, JUPEDEC, Mentor Initiative, Mercy Corps, MERLIN, <i>Vitalité Plus</i> , UNFPA, UNICEF, WHO, WFP and MoH , MSF as observer
Number of projects	21
Cluster objectives	<ul style="list-style-type: none"> • Improvement of access to emergency health care (basic and secondary health care) by people affected by crisis • Reduction in the health consequences of disasters by improving emergency preparedness and response mechanisms for dealing with disasters and health crises • Improvement of health information-sharing and health cluster approach • Promote local institutional capacity-building to empower local counterparts
Beneficiaries	<p>Direct beneficiaries: Total: 430,522</p> <p>Vulnerable populations</p> <ul style="list-style-type: none"> • IDPs: 147,500 • Refugees: 10,175 • Survivors of GBV: 667 • People affected by HIV/AIDS: 272,180 <p>General population Population of seven health provinces</p> <p>Indirect beneficiaries: Health system (Ministry of Health) Health provinces N° 2,3,4,5,6</p>
Funds requested	Original requirements: \$25,738,823 Revised requirements: \$26,517,511
Funds requested per priority level	\$14,180,738 (Immediate) \$11,666,773 (High) \$670,000 (Medium)
Funding to date	\$5,243,502 (20% of revised requirements)
Contact information	dembaq@cf.afro.who.int

Narrative

During field assessment missions in the first half of the year the Health Cluster members identified new needs due to the resurgence of armed conflicts in the north (Vakaga, Bamingui, Bangoran) and the repeated CPJP attacks in the south-east of CAR, as well as the need to establish safe and adequate health facilities to cope with emergency health care and referral cases.

The objectives have not changed and the cluster will focus on the following aspects for the rest of the year:

- Better access to basic health care and improvement of secondary health care including an adequate referral system.
- Improvement of community-based health activities to manage childhood disease, major endemic disease and epidemic-prone disease.
- Establishment of emergency preparedness and response activities to reduce the impact of crises/disasters including flooding, armed conflict and road accidents.
- Strengthening institutional capacity through training and rehabilitation of the main health infrastructures affected by the crisis.
- Improvement of newborn child and maternal health programmes to reduce maternal and infant mortality.

The decentralization and autonomization of health sub-clusters has enabled the Health Cluster to better coordinate the emergency response to pandemic outbreak and to strengthen local/field capacity in disaster preparedness as well as epidemiologic data collection and dissemination of health information.

However, the very weak capacity of field project supervision as well as partners' lack of capacity to conduct regular needs assessments in prefectures affected by crisis due to insufficient funding of the Health Sector, especially logistic means and field staffing, is notable.

Challenges faced during the implementation of the cluster response strategy have been highlighted as follows:

- Sustained logistical support to health partners through the provision of vehicles for field activities and essential equipment for health infrastructures is required. Rehabilitation of some essential services in hospitals should be covered to support early recovery in conflict-affected health prefectures.
- Information-sharing needs to be strengthened by funding the coordination mechanism through health sub-cluster activities. Decentralization of the cluster lead's presence was impossible due to insufficient funds for staffing.

The Health Cluster discussed the current needs and response plan based on the existing mechanism through six health sub-clusters, taking into account the health sub-cluster preparedness and response plan at the provincial level. Projects will be validated according to their capacity to respond to each province's health needs as agreed by all stakeholders.

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Improvement of access to emergency health care (basic and secondary health care) of people affected by crisis	Qualified staff, drugs and equipment available in an integrated health facility	100% of targeted health facilities functional and supervised by the health prefecture	<ul style="list-style-type: none"> 100% of health facilities supported by humanitarian actors are functional and provide affordable care Immunization coverage rate against major childhood disease (80%) Percentage of deliveries assisted by trained staff versus the average of expected deliveries amongst the population (60%) 	<ul style="list-style-type: none"> 85% of health facilities in targeted areas are functional and provide affordable care Immunization coverage rate against major childhood disease: 54% (DPT3) in targeted areas 45% of deliveries are assisted by trained staff versus the average of expected deliveries amongst the population in targeted areas
Reduction in the health consequences of disasters by improving emergency preparedness and response mechanisms for dealing with disasters and health crises	Health prefectures with a functional emergency committee prepared for emergencies with a stockpile of emergency medical kits and material	<ul style="list-style-type: none"> i) Emergency preparedness plan available for each health province ii) Epidemic response committee available at each health prefecture 	<ul style="list-style-type: none"> 100% of health provinces (seven) have an emergency response plan 100% of health prefectures (16) have a local epidemic response committee 80% of epidemic outbreaks investigated in a timely manner and adequately controlled 	<ul style="list-style-type: none"> 86% of seven health provinces (seven) have an emergency response plan 50% of 16 health prefectures (16) have a local epidemic response committee 70% of epidemic outbreaks investigated in a timely manner and adequately controlled
Improvement of health information-sharing and Health Cluster approach	Information on humanitarian response and on epidemic-prone disease trends well disseminated among health stakeholders	A Health Cluster bulletin produced and disseminated among health stakeholders	<ul style="list-style-type: none"> 100% of humanitarian stakeholders receive the monthly health cluster bulletin 	<ul style="list-style-type: none"> 60% of humanitarian stakeholders receive the monthly health cluster bulletin
Promote local institutional capacity-building to empower local counterparts	Trained health personnel are available at district level for better epidemic-prone disease control and emergency response	100% of health prefecture teams (23) are trained and equipped for disease control and disaster management	<ul style="list-style-type: none"> 100% of health prefectures trained, equipped and supported for disease surveillance and disaster management Number of health staff, community leaders and volunteers trained on various health topics (1,000) 	<ul style="list-style-type: none"> 50% of health prefectures trained, equipped and supported for disease surveillance and disaster management 324 health staff, community leaders and volunteers trained on various health topics



FOOD SECURITY

Cluster lead agency	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
Co-lead	SOLIDARITÉS INTERNATIONALE
Cluster members	ACF, ACTED, ADEM, APILOD, APROMEL, COHEB, COOPI, CRS, DRC, Echelle, FAO, FIPADECA, IRC, JRS, JUPEDEC, Mercy Corps, <i>Première Urgence</i> , <i>Solidarités</i> , Triangle GH, Ursad, Vitalité Plus, WFP, CARITAS, Ministry of Agriculture (ACDA, ANDE)
Number of projects	28
Cluster objectives	<ul style="list-style-type: none"> • Facilitate access to food • Increase agricultural production • Diversify agricultural production and facilitate access to markets • Strengthen capacity-building • Facilitate and promote information-sharing, synergies and coordination
Beneficiaries	Total: 586,800 including: IDPs and Refugees: 200,000 Women: 121,200 and children:182,700 Vulnerable population: 30,000 Households: 56,789
Funds requested	Original requirements: \$36,915,315 Revised requirements: \$33,574,806
Funds requested per priority level	\$4,751,720 (High) \$28,823,086 (Medium)
Funding to date	\$20,953,450 (62% of revised requirements)
Contact information	rokhaya.Fall@fao.org bruno.Telemans@fao.org

Narrative

Overall, the food security situation has not changed much. The needs initially identified at the end of 2010 remain valid for the first semester of 2011 with the exception of the east and south-east of the country where the food security has been exacerbated by the presence of the LRA. Households in these areas experience difficulties accessing their fields; therefore they are obliged mainly to grow crops around the towns in smaller plots. The persistent insecurity in remote provinces, especially in the north-east and south-east has limited humanitarian organizations' access to the population. In the central and western regions the overall socio-economic situation remains precarious, with limited economic and labour opportunities. The livelihoods of the population mainly centred on the agricultural, forestry and mineral sectors, which have been affected by civil unrest and the subsequent economic downturn, are failing to regain their vigour.

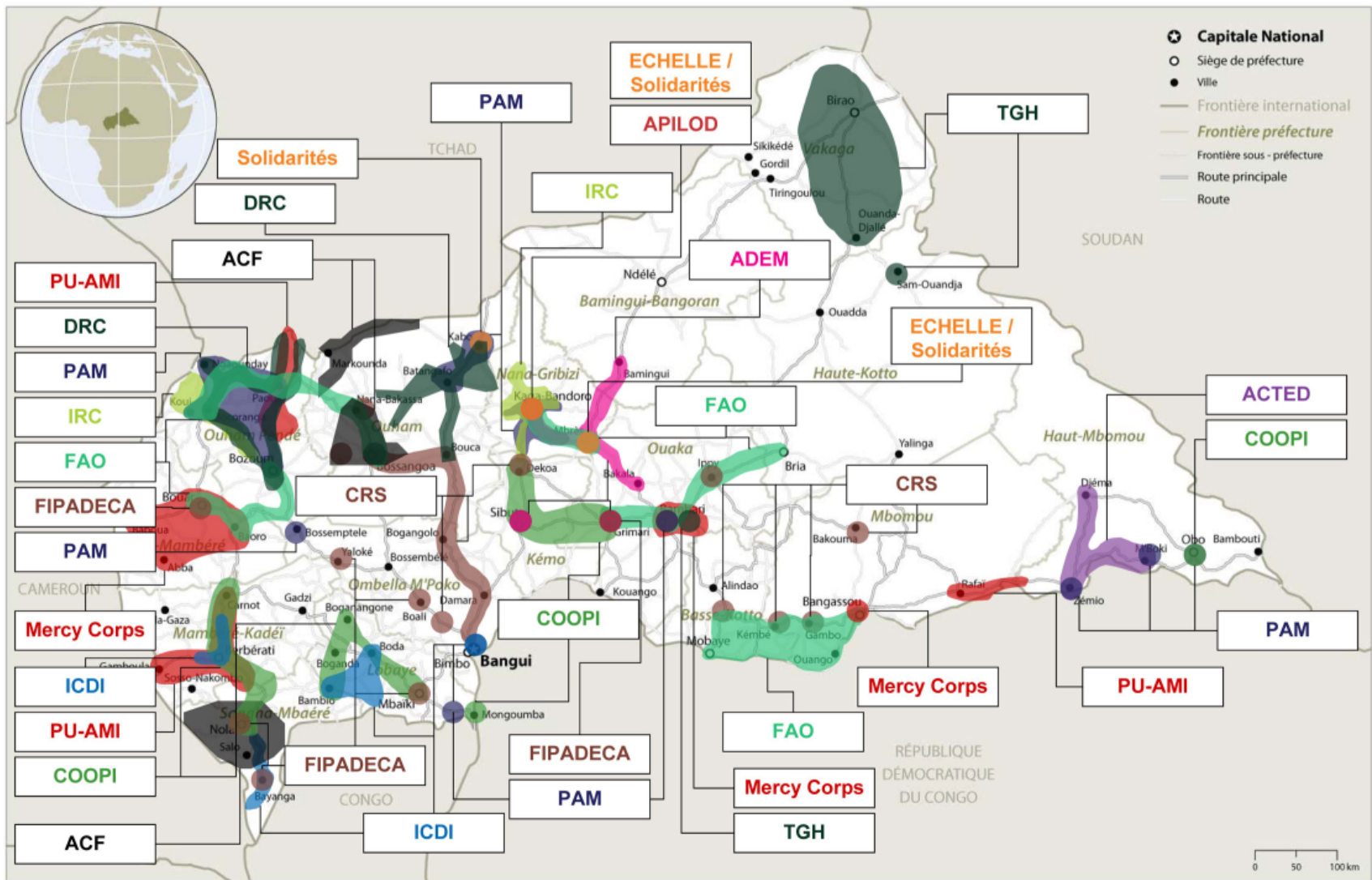
The actors in the Food Security Cluster have developed a number of activities in rural areas (e.g. seeds and tool distribution, sharing of best agricultural practices, and training in community management). Despite the emergency situation, the actors were able to address some structural problems and implement rehabilitation programmes. Many projects have training components and most of them aim to strengthen community capacities. This shows the ability of the organizations to develop and implement short- and medium-term interventions even in an emergency situation. It also proves that the population and communities are prepared to start this type of programme and rely less on strictly humanitarian actions.

Overall, the Food Security Cluster mid-year targets have been met, within the limits of all available funding. However, all needs have not been addressed as funding remains a major constraint.

This situation is likely to deteriorate with the end of the European-funded food facility project in July 2011. This project, implemented by FAO in collaboration with the technical services of the Ministry of Rural Development and Agriculture, has provided support to 25,000 beneficiary households organized into over 1,200 farmers' groups, often in remote areas such as Vakaga and Haut Mbomou. Farmers received varied agricultural training including management of farmers; organizations, techniques for the use of machinery and the establishment and management of community-owned input shops. Efforts have been made to further develop the capacity of communities and farmer's organizations capacities to become self-reliant. When the Food Facility project comes to an end the budget available to support these and other valuable food security interventions will be abruptly curtailed.

Central African Republic: Areas of Intervention - Food Security

May 2011



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Sources: HDPT CAR, SIGCAF, UNCS. For more information, please visit : <http://hdptcar.net>. Feedback to info@hdptcar.net.

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Facilitate access to food	The targeted groups/people have access to adequate quality and quantity of food to ensure their food security	<ul style="list-style-type: none"> • Agro-pastoral production kits are distributed • Seeds and tools are distributed • Food is distributed 	<ul style="list-style-type: none"> • 20,000 kits distributed • 100,000 beneficiaries reached • 10,000 ha planted 	<ul style="list-style-type: none"> • 15,280 kits distributed • 76,400 beneficiaries reached • 3,400 ha planted
Increase agricultural production	The technical and managerial capacities of farmers' groups and organizations are reinforced to improve and diversify agro-pastoral production and increase access to markets	<ul style="list-style-type: none"> • Farmers are trained in technical skills, marketing and trading strategies • Farmers are trained in good management practices and financial management • Farmers are trained to create networks, associations and unions 	<ul style="list-style-type: none"> • 2,000 people trained • 1,000 new networks and organizations established • 500 agro-pastoral groups recognized by the Ministry of Rural Development 	<ul style="list-style-type: none"> • > 2,000 people trained
Diversify agricultural production and facilitate access to markets	Farmers' groups and organizations are assisted with materials and equipment to increase and diversify their production and develop commercial activities	<ul style="list-style-type: none"> • Farmers' groups/ associations are supported and equipped to increase agricultural production • Animal breeders' groups/associations are supported and equipped to increase animal production • Networks/associations are equipped to develop collective actions, services, counselling, training and follow-up to the agro-pastoral members' groups 	<ul style="list-style-type: none"> • 10,000 hectares cultivated • 1,000 farmers' groups/organizations supported with equipment • 100 networks/ associations supported with equipment 	<ul style="list-style-type: none"> • 3,400 ha cultivated • 620 farmers' groups supported
Strengthen capacity-building	The technical and substantive capacities of state services and civil society organizations working in rural areas are strengthened	<ul style="list-style-type: none"> • Members of local government agencies are trained (ACDA, ANDE) • Members of local NGOs or formal farmers' organization (<i>Federation Nationale des Eleveurs Centrafricaines</i> (FNEC) etc.) are trained • Local rural actors are equipped 	<ul style="list-style-type: none"> • 500 state officers trained • 500 civil society actors trained • 500 rural actors equipped 	<ul style="list-style-type: none"> • > 500 state officers trained • > 500 actors trained • > 500 actors equipped
Facilitate and promote information-sharing, synergies and coordination	Information about food security actions is regularly disseminated	<ul style="list-style-type: none"> • Meetings organized • Actors present activities during cluster 	<ul style="list-style-type: none"> • 14 meetings organized • 14 reports disseminated 	<ul style="list-style-type: none"> • Three meetings organized at national level

CENTRAL AFRICAN REPUBLIC

		<p>meeting</p> <ul style="list-style-type: none"> Monitoring and evaluation system is set up 		<ul style="list-style-type: none"> Three reports of Cluster meeting disseminated Meetings of implementing partners (national and international) at regional level on ad hoc basis
	<p>Synergies with other relevant clusters (e.g. early recovery) are established</p>	<ul style="list-style-type: none"> Inter-cluster meetings organized Tools and supports about the “Best practices” in food security are shared with other clusters 	<ul style="list-style-type: none"> Six meetings organized Three tools shared 	<ul style="list-style-type: none"> Regular participation of the cluster lead and co-lead in inter cluster meetings



WATER, SANITATION AND HYGIENE

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	ACTION CONTRE LA FAIM
Cluster members	ACF, ACTED, CREPA, CARC, CORDAID, <i>Solidarités</i> , TGH, ICDI, IPHD, PU, IRC, <i>Croix Rouge Française, Croix Rouge Centre Africaine</i> , Mercy Corps, JRS, IMC, Caritas, DGH, <i>Un raggio di luce</i> , DRC, <i>Fondation Humanisme Internationale</i> , COHEB; <i>Vitalité Plus</i> , Lifa, REMOD, COOPI, ICRC (as observer)
Number of projects	22
Cluster objectives	<ul style="list-style-type: none"> • Provide access to safe drinking water in accordance with SPHERE standards • Provide access to basic sanitation infrastructures, in accordance with SPHERE standards • Improve the knowledge and daily life practices of target population related to hygiene • Reinforce local communities' abilities in building, maintaining and managing their WASH infrastructures
Beneficiaries	215,500 conflict-affected people (13,500 refugees, 202,000 internally displaced people and returnees). Affected population (including host communities) in need: 1,737,000 people (female: 447,730, male: 450,770; children: 838,500).
Funds requested	Original requirements: \$9,594,870 Revised requirements: \$10,396,292
Funds requested per priority level	\$972,500 (Immediate) \$2,891,537 (High) \$6,532,255 (Medium)
Funding to date	\$2,816,124 (27% of revised requirements)
Contact information	plaurant@unicef.org

Table: Disaggregated number of affected population and beneficiaries

Category	Affected populations				Target beneficiaries			
	Female	Male	Children	Total	Female	Male	Children	Total
IDPs and returnees	50,298	50,702	101,000	202,000	50,298	50,702	101,000	202,000
Refugees	3,362	3,388	6,750	13,500	3,362	3,388	6,750	13,500
Host communities	432,513	435,987	868,500	1,737,000	432,513	435,987	868,500	1,737,000
Total	486,173	490,077	976,250	1,952,500	486,173	490,077	976,250	1,952,500

Narrative

From a global point of view, the needs, objectives and response targets of the water, sanitation and hygiene (WASH) Cluster have not changed significantly from the initial cluster response strategy. Nevertheless, the following additional constraints/events should be considered for the rest of the year:

- The country has faced a series of small-scale emergencies (each affecting 3,000-5,000 people) notably in the Ndélé, Kabo and Sikkikede-Tiringoulou areas. This has led to an increase in beneficiaries (IDPs) for the WASH cluster.
- The security context is more complex and evolving than ever, creating additional delays in project implementation and likely resulting in the withdrawal of some organizations from the insecure areas.
- The WASH Cluster suffers increasingly from a lack of mechanical drilling capacities, inhibiting directly the improvement of access to drinking water for the target populations and indirectly the implementation of some of the funds available for the cluster.

Despite these additional constraints/events and a low level of funding⁶, important progress towards targets was made against all five indicators. Unexpectedly good results were achieved in the construction and rehabilitation of latrines which are culturally acceptable and in full respect of gender needs. In this area the target has already been reached and even exceeded. Important efforts were also made during the first semester of 2011 to develop the understanding of gender issues among

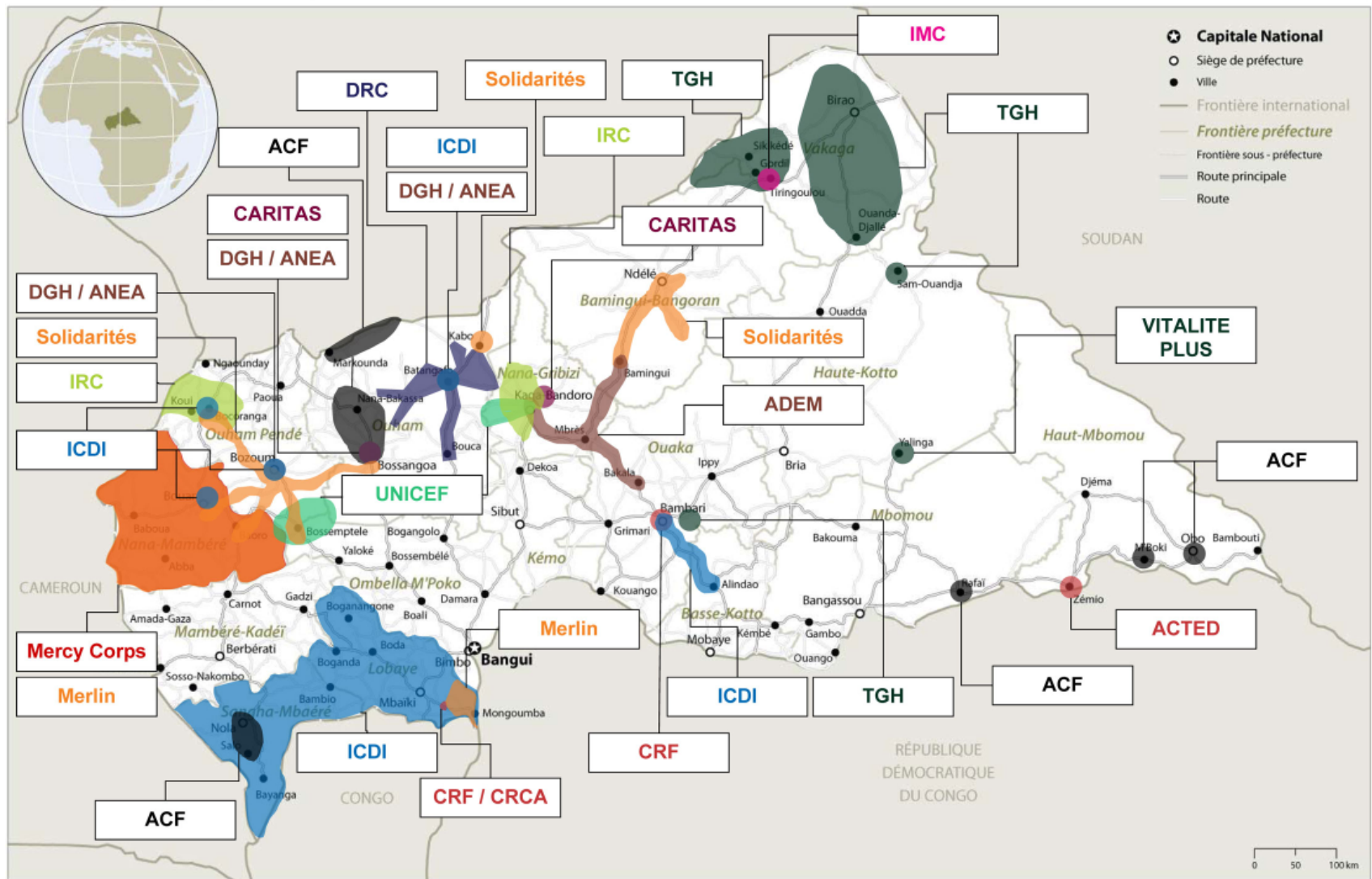
⁶ 27% as at 30/06/2011 – FTS.

cluster members. The cluster selected five commitments linked to gender and these commitments will be fully integrated into the cluster action plan and projects during the second part of the year.

Based on this analysis, the WASH Cluster considers that the cluster strategy should be maintained, and most of the projects initially included in the CAP 2011 remain valid and unchanged. Nevertheless, a few new projects have been included and some initial projects have been slightly modified to address the issues mentioned above, notably the reinforcement of drilling capacities.

Insufficient funds, insecurity and related access constraints, the size of the country versus the population distribution and the weakness and lack of decentralization of governmental services still represent the main implementation challenges. Sanitation is the most neglected part of the cluster with an extremely low level of investments and/or realizations.

Central African Republic: Areas of Intervention - Water, Sanitation and Hygiene (WASH) May 2011



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Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Provide access to safe drinking water, in accordance with SPHERE standards	Morbidity and mortality rates linked to waterborne diseases are reduced amongst the target populations	<ul style="list-style-type: none"> Newly constructed or rehabilitated institutional (schools, health centres) and community water points (boreholes, protected wells, reticulated water distribution systems) 	<ul style="list-style-type: none"> 506 newly constructed or rehabilitated institutional (schools or health centre) and community water points (boreholes, protected wells, reticulated water distribution systems) 	241 (48%)
Provide access to basic sanitation infrastructures, in accordance with SPHERE standards	Access to basic sanitation is secured for target populations in full respect of their dignity	<ul style="list-style-type: none"> Newly constructed or rehabilitated family sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs Newly constructed or rehabilitated institutional (schools or health centre) sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs 	<ul style="list-style-type: none"> 5,500 newly constructed or rehabilitated family sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs 385 newly constructed or rehabilitated institutional (schools or health centre) sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs 	<p>4,148 (75%)</p> <p>170 (44%)</p>
Improve the hygiene knowledge and daily practices of target populations	Good hygiene practices are known and applied by target populations in their daily life	<ul style="list-style-type: none"> People have attended a hygiene promotion training session 	<ul style="list-style-type: none"> 232,000 people have attended a hygiene promotion training session 	87,160 (38%)
Reinforce local communities' capacities in building, maintaining and managing WASH infrastructures	Target populations can focus on livelihood activities because access to potable water is secured	<ul style="list-style-type: none"> Newly created/reactivated/re-trained water point committees 	<ul style="list-style-type: none"> 607 newly created/reactivated/re-trained water point committees 	273 (45%)



EDUCATION

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	COOPI
Cluster members	<i>Afrique sans frontières</i> , ACTED, ADEM, ARSDI, CARITAS-Bouar, CARITAS-Centrafrrique, COOPI, DRC, FIPADECA, IRC, JRS, JUPEDEC, MBOSCUDA, Mentor Initiative, REMOD, TGH, UNESCO, UNFPA, UNICEF, UNHCR, <i>Vitalité Plus</i> , WFP
Number of projects	13
Cluster objectives	<ul style="list-style-type: none"> • Ensure access to quality education in a safe and protected environment for children affected by conflicts and crises • Improve the learning environment (water and sanitation, nutrition, protection, health) in regions affected by conflicts and crises • Ensure that educational services are functional even in the most remote regions (rehabilitation and construction) • Strengthen the coordination mechanisms and capacities of cluster members in the preparation and educational response in emergency • Sensitize and advocate for the respect of the rights of children to education and the protection of children
Beneficiaries	133,860 Children (6-18 years) 2,730 Children (3-5 years)
Funds requested	Original requirements: \$4,857,506 Revised requirements: \$5,656,072
Funds requested per priority level	\$888,453 (Immediate) \$1,405,933 (High) \$3,361,686 (Medium)
Funding to date	\$2,747,937 (49% of revised requirements)
Contact information	fboubekeur@unicef.org

Table: Disaggregated number of affected population and beneficiaries

Category	Affected population			Target beneficiaries		
	Female	Male	Total	Female	Male	Total
Children 3-5 years	2,080	1,940	4,020	1,100	1,630	2,730
Children 6-18 years	88,127	139,091	227,218	53,470	80,210	133,680
Refugee children	1,500	2,500	4,000	1,290	1,870	3,160
Displaced children	15,360	23,040	38,400	2,940	4,410	7,350
Parent teachers			6,000	340	810	1,150
Student-parent association members	1,500	5,900	7,400	500	1,150	1,650

Narrative

The education system has not changed significantly since the publication of the original CAP 2011: the context of crisis and armed conflict has hindered the search for durable solutions to the problems encountered by school-age children in CAR.

Small numbers of displaced people have been returning to their villages, but the majority of IDPs have not yet done so. In both cases, temporary learning schools need to be built or rehabilitated, and volunteer parent teachers trained. Efforts in this regard have not been sufficient to reach the target goals. NGOs working in the Education Sector face insecurity and attacks from armed groups and are sometimes obliged to suspend their activities either temporarily or on a more long-term basis (e.g. Bamingui Bangoran, Haute Kotto). In other areas where the education system is very weak, fear of attacks from armed groups slows down the effort to guarantee access to education for affected children (e.g. in the south-east). In Vakaga, there is an urgent need to assess education needs to better prepare actions to be taken for the next school year.

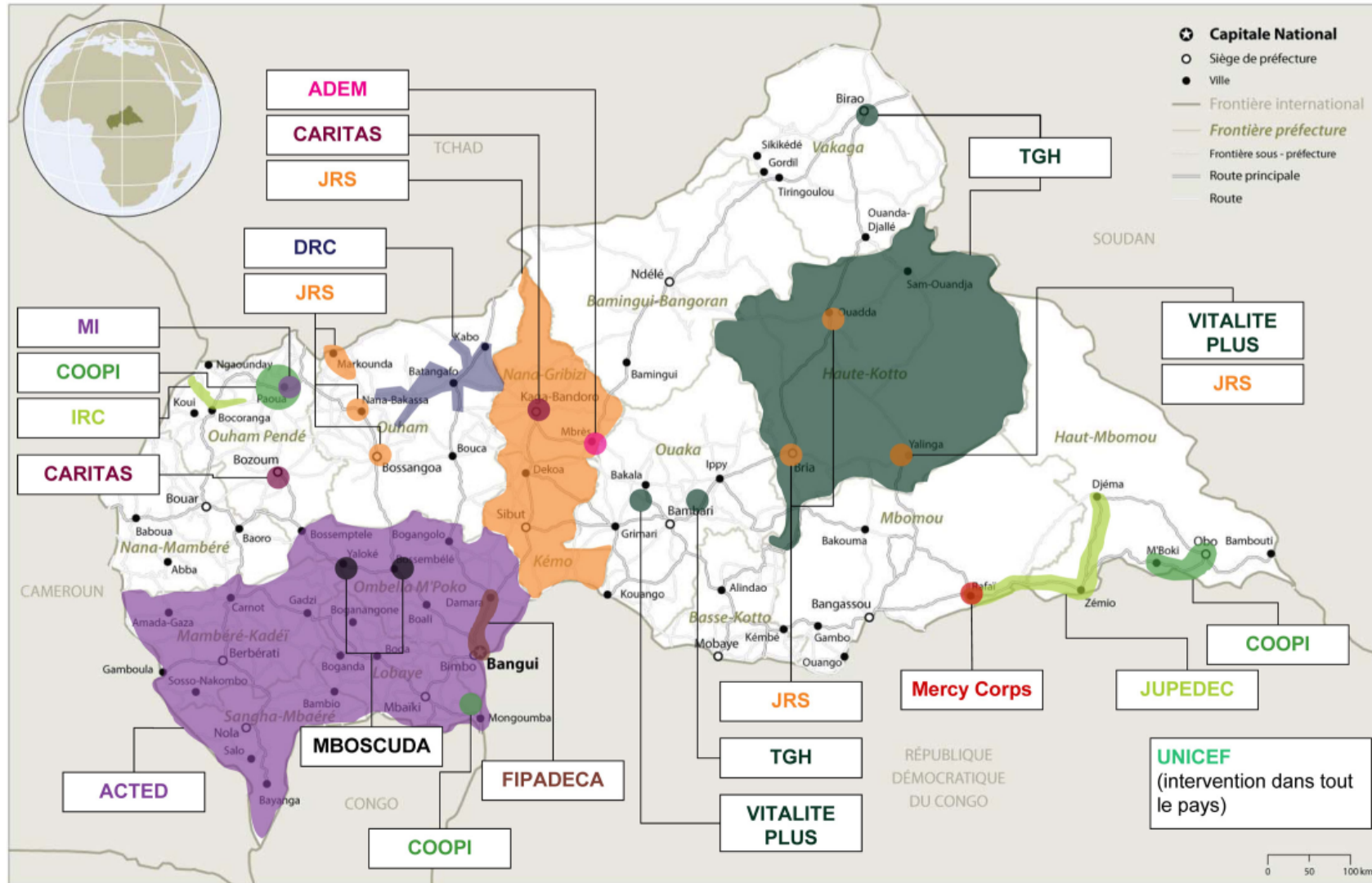
The challenges confronted by the cluster cover all aspects of education provision:

- The cluster is insufficiently funded, while the education system faces continuous crisis which hinder children from realizing their basic rights.

- Access is particularly difficult for children from provinces severely affected by the crisis, those who live in rebel-controlled areas and those from minority groups (pygmies and Fulani). Finishing primary schooling is a challenge for these groups.
- Humanitarian actors experience difficulties in transporting school kits and pedagogical materials to remote schools and to schools in prefectures subject to an upsurge of violence.
- The lack of qualified teachers and staff in crisis-affected districts is problematic, with less than 20% of the overall parent-teachers available having received appropriate training.
- There is a lack of support to parent-teachers whose expenses are borne by communities which are already very poor despite income-generating activity systems.
- Collection and updating of data on education is poor.
- Education is not respected as a right to which children are entitled.
- Interaction with other cluster directly linked to education needs to be strengthened; these include protection, water and sanitation, and health, including HIV/AIDS services.

Central African Republic: Areas of Intervention - Education

May 2011



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Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Sensitize and advocate for the respect of the right to education and to protection for children affected by crises	Parents and teachers know the basic rights of children and respect them and children live and study in a secure and protected environment	Training and sensitization	136,409 children (girls and boys) enrolled 112 parent-teacher associations trained Number of sensitization campaigns	94,520 children enrolled (35,918 girls) 4 106 parent-teacher associations trained (about 1,627 members) At least 15 sensitization campaigns
Ensure access to quality education for children affected by crises (boys, girls and vulnerable children) in a secure and protected environment	Increased access to education for children affected by crises, in improved school infrastructures with trained teachers and textbooks and didactic materials	Construction and rehabilitation of school structures Provision of equipment Trainings	65 classrooms constructed/rehabilitated 500 school-in-a-box kits, 200 recreational kits and 500 tarpaulins distributed 908 parent-teachers trained 30 temporary learning spaces created	90 classrooms constructed/rehabilitated 346 schools-in-a-box, 75 recreational kits, 60 tarpaulins, 1,250 wooden benches, 804 chalk boxes, 6,120 notebooks, 5,068 slates, 6,400 pencils distributed 842 parent-teachers trained 28 temporary learning spaces created
Improve the learning environment (WASH, health, nutrition and protection) in areas affected by crisis	Children learn in secure and healthy environments and their rights are respected	Training on child rights and protection Revision of legal texts on child protection Adoption of texts on child protection	Number of people trained Number of texts revised and new texts adopted	135 directors trained in school management, the role of parent-teacher associations, and cross-sectoral subjects (child protection, WASH, psycho-social support, HIV/AIDS, gender, etc.)
Reinforce the coordination mechanisms and the capacities of cluster members in emergency education preparation and response plans	Cluster members meet regularly to plan, implement and exchange information on emergency education activities Focal points are operational in their respective zones	Availability of data on emergency education	Number of meetings 36 focal points trained in emergency preparation and responses	Seven cluster meetings (six regular, on a monthly basis, and one extraordinary meeting on gender)



EARLY RECOVERY

Cluster lead agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Co-lead	PREMIERE URGENCE
Cluster members	ACTED, ADEM, COOPI, CRS, DRC, ECHELLE, IRC, JUPEDEC, <i>Solidarités International</i> , <i>Vitalité Plus</i> , ACF, PU, UNHCR, UNDP, <i>Fondation un Raggio Di Luce</i> , NDA, REMOD, <i>Afrique Sans Frontières</i> , FIPADECA
Number of projects	17
Cluster objectives	<ul style="list-style-type: none"> • Increase and diversify income sources for targeted populations • Build the organizational, technical and educational capacities of community-based groups • Promote social and economic dynamism through increased road access and infrastructure rehabilitation • Reinforce local actors' capacities (civil society, national and local government) to take the lead in follow-up
Beneficiaries	Total: 274,560 (men: 109,824; women: 109,824; children: 54,912) Of whom IDPs and refugees, total: 63,000 (men: 25,200; women: 25,200; children: 12,600)
Funds requested	Original requirements: \$7,599,504 Revised requirements: \$7,870,105
Funds requested per priority level	\$4,081,102 (High) \$3,789,003 (Medium)
Funding to date	\$924,074 (12% of revised requirements)
Contact information	djekou.brou@undp.org caf.cdm@premiere-urgence.org

Table: Disaggregated number of affected population and beneficiaries

Category	Beneficiaries			
	Female	Male	Children	Total
IDPs and returnees	25,200	25,200	12,600	63,000
Host communities	84,624	84,624	42,312	211,560
Total	109,824	109,824	54,912	274,560

Narrative

The focus of the Early Recovery Cluster is on the needs of populations affected by crisis due to insecurity (north-west/south-east) or economic crisis (south-west). These areas were previously supported through emergency interventions and now require transitional mid-term support to restart or strengthen social and economic recovery and development activities. Targeted populations are women's groups, farmers' groups, craftsmen, demobilized people, returned people, ethnic minorities, specific-needs people and youth.

While support is needed for all groups, the Cluster will emphasize support to selected target groups for the rest of the year 2011. Civil society, particularly the national NGOs, generally have weak project implementation capacities. A capacity-strengthening programme is underway in collaboration with partners and will be expanded in the coming months. The promotion of inclusive microfinance institutions is also being considered.

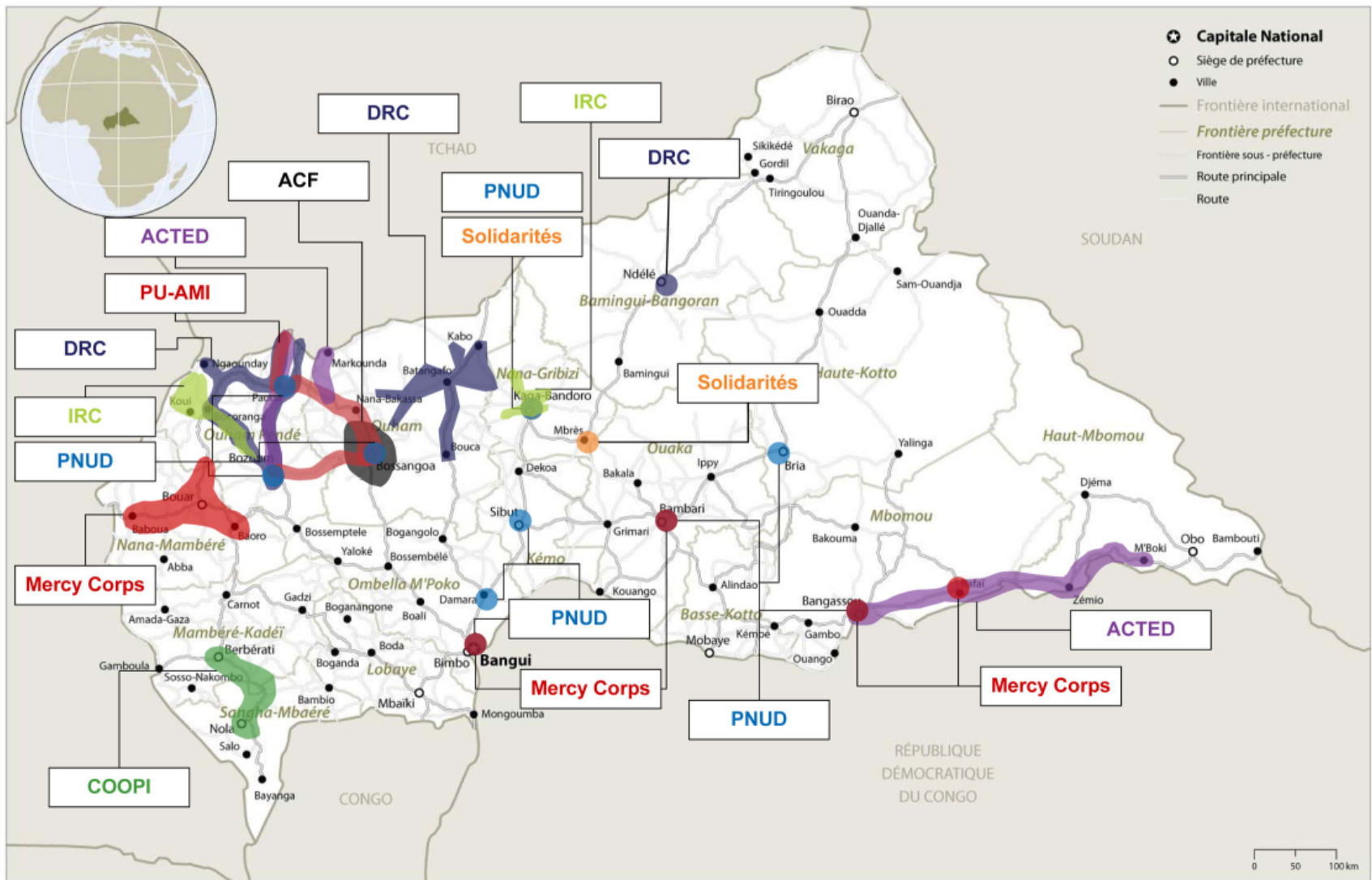
There is increasing optimism that the DDR process may begin in earnest, and the cluster is therefore preparing to support demobilized and returned people to restart productive activities and resume normal life.

Some of the major challenges and constraints faced by cluster members include security issues and limited or non-existent maintenance of road infrastructures which restricts access and economic exchange between the main cities, especially during the rainy season. There is also a lack of appropriate baseline indicators for the progress evaluation of socio-economic recovery projects. Building sustainable peace, and confidence among the population in their ability to rebuild their social fabric, is a significant challenge.

The main risk regarding early recovery activities concerns persistent attacks on humanitarian actors in specific areas, which provoke delays in project implementation and hamper economic recovery.

Central African Republic: Areas of Intervention - Early Recovery

May 2011



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Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Increase and diversify income sources for targeted populations	<ul style="list-style-type: none"> Targeted groups have access to support for developing income-generating activities in a sustainable manner 	<ul style="list-style-type: none"> Number of durable income-generating activities in support of women/mixed groups Number of durable income-generating activities in support of youth Number of durable income-generating activities in support of individual entrepreneurs 	<ul style="list-style-type: none"> 2,370 income-generating activities supported 80% of income-generating activities functional 	<ul style="list-style-type: none"> 263 women's groups, three participant groups of the Network of People Living with HIV/AIDS (RECAP) and 10 groups of handicapped people supported with IGA 60% functional in economic terms, 100% functional in terms of social impact and protection
	<ul style="list-style-type: none"> Targeted groups have access to financial services 	<ul style="list-style-type: none"> Number of informal micro-finance schemes implemented Number of formal micro-finance institutions established in a durable way 	<ul style="list-style-type: none"> Number and volume of micro-credits provided Number of savers supported and volume of saving Rate of repayment 	<ul style="list-style-type: none"> 567 loans totalling 25m. Central African Francs (\$54,291) given out in 2010, involving 15 groups, for 481 savers and an average of 52,087 Francs (\$113) savings per member 89% reimbursement rate Restarting a new saving circle in 2011 with 15 + 53 new groups, no new loan yet on the new circle
Build the organizational, technical and educational capacities of community-based groups	<ul style="list-style-type: none"> The organizational capacities of economic actors (groups, networks, informal micro-entrepreneurs) are reinforced 	<ul style="list-style-type: none"> Number of training sessions Number of networks (unions, federations, etc.) created and supported 	<ul style="list-style-type: none"> 15,830 people trained 80% of people using new knowledge Three second-level structures set up and functional 	<ul style="list-style-type: none"> Three trainings organized in Bouar for 29 groups and 609 participants in 15 villages Four unions on the management of multi-functional platforms established Two sectoral unions established in the palm oil marketing and oil pressing sector 14 exchange workshops organized in six communities in the field of soap making, karate and palm oil marketing, for a total of 44 groups involved in organizational and technical fields

	The technical capacities of economic actors (groups, informal micro-entrepreneurs) are reinforced	Number of training sessions implemented	<ul style="list-style-type: none"> • Number of groups/ people trained • % of people using new knowledge 	<ul style="list-style-type: none"> • Seven technical trainings on three multi-functional platforms in Kouï, Bocaranga and Bozoum for the management of Management Committees (COGES), the establishment of constitution and the creation of working groups involving three unions and a total of 36 women's groups • Two unions are currently working and are using acquired knowledge
	The educational capacities of economic actors (groups, informal micro-entrepreneurs) are reinforced	Number of adult literacy sessions organized	Number of literate people following sessions	21 trainers trained by <i>Alliance Française</i> , six adult literacy classes in Kouï for four trainers and 128 learners, 13 classes in Paoua for seven trainers and 222 learners
Promote social and economic dynamism through increased road access and infrastructures rehabilitation	The most strategic infrastructures are rehabilitated in order to facilitate transportation and commerce	<ul style="list-style-type: none"> • Number of km of road rehabilitated • Number of bridges rehabilitated 	<ul style="list-style-type: none"> • 125 km of roads rehabilitated • 33 bridges built or rehabilitated • Increase of goods exchanges 	Six bridges semi-permanent, two double dalots, one passage buse, seven bourbiers and 10 km
	The most strategic socio-economical infrastructures are rehabilitated in order to facilitate commerce	<ul style="list-style-type: none"> • Number of markets rehabilitated • Number of drying areas, storage places and warehouses rehabilitated 	143 social and economical infrastructures are functional	Six bridges rehabilitated (one dalot, one multiple dalot, one passage busé, two raders and one bac)
Reinforce local actors' capacities (civil society, national and local government) to take the lead in follow-up	The capacities of local actors are strengthened in planning, monitoring and follow-up of activities	<ul style="list-style-type: none"> • Number of members of local government agencies trained • Number of members of local NGOs trained • Number of local NGOs supported 	<ul style="list-style-type: none"> • 50 states services trained • Number of actors of civil society trained 	



MULTI-SECTOR ASSISTANCE TO REFUGEES

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster members	National Refugee Commission, IMC, Triangle GH, Merlin, COOPI
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Pursue initiatives to support the national structure for the protection of refugees and asylum-seekers and to strengthen the institutional capacities of the relevant administrative bodies • Promote durable solutions for urban refugees living in Bangui with an emphasis on local integration and voluntary repatriation or resettlement when the relevant criteria are fulfilled • Provide protection and multi-sector assistance to Sudanese and Congolese refugees and asylum-seekers in rural areas and support the creation of self-sustainable livelihoods • Prevent risk of statelessness
Beneficiaries	16,832 refugees and asylum-seekers in rural and urban areas
Funds requested	Original requirements: \$13,956,004 Revised requirements: \$23,666,600
Funds requested per priority level	\$23,666,600 (Immediate)
Funding to date	\$2,898,000 (12% of revised requirements)
Contact information	gambert@unhcr.org

Narrative

The lack of appropriate involvement by the Government in the management and delivery of protection to refugees and asylum-seekers was identified as a major impediment to the effective management and delivery of refugee protection and a total overhaul and restructuring of asylum institutions and the establishment of a functioning administrative framework was called for. Significant among the steps taken to improve the overall protection environment is the official nomination of the members of the Eligibility Sub-commission and trainings organized accordingly, the identification of members of the CNPR (*Coordination Nationale pour la Protection des Réfugiés*), the ministerial body with the responsibility to define the government's asylum policy in CAR. Additionally, the activities to be carried out by the CNPR have been outlined and a detailed plan of action including all training needs has been prepared.

To enhance Government capacity, UNHCR organized several trainings on core protection issues. A number of officials were also supported to attend the workshops, a regional meeting on international protection, the annual training for the African Refugee Law Judges Association held in Abuja, Nigeria and the International Law Course held in San Remo, Italy.

The relocation of the Sudanese refugees from Sam Ouandja to Pladama Ouaka in order to ensure a secure environment in a permanent camp site was successfully completed in November 2010. More focus on consolidating the new camp site and improving living conditions will seek to enhance the protection and address all individual protection risks that have not so far been appropriately attended to, including harmful traditional practices. UNHCR will also continue to ensure the provision of humanitarian assistance to meet all refugees' basic needs while providing the population with means to attain greater self-sufficiency.

Due to the socio-economic difficulties in CAR generally, there is a need to focus on self-employment possibilities through basic education, vocational training and income-generating activities. UNHCR started to consolidate camp infrastructures and put in place mechanisms for quickly identifying vulnerable cases for special assistance needs.

At the regional level, the upcoming South Sudanese declaration of independence, the electoral process in DRC and the prevailing instability in Chad, could produce new influxes of refugees and internal displacement, and increase insecurity in the border regions. UNHCR adopted a contingency plan together with stakeholders to prepare for a possible refugee influx.

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Pursue initiatives to support the national structure for the protection of refugees and asylum-seekers and to strengthen the institutional capacities of the relevant administrative bodies	<ul style="list-style-type: none"> • Increase in administrative bodies' capacities for protection • Status determination procedures increasingly consistent with legal instruments • Support provided to national institutions to issue documentation • Law enforcement strengthened 	<ul style="list-style-type: none"> • National administrative bodies provide better protection • Status determination procedures made fairer and more efficient • Documentation strengthened • Decrease in protection incidents due to the ignorance of refugees' rights 	<ul style="list-style-type: none"> • Number of administrative bodies receiving technical advice and support • Technical support provided to Government status determination body • 100% of people receiving individual documentation • Number of law enforcement agents trained in refugee law 	<ul style="list-style-type: none"> • Technical support provided to the CNPR in Bangui, Batalimo, Zemio and Bambari • 90% of the Congolese refugees in Haut Mbomou received ID documents • Civil authorities and military forces sensitized on refugee protection in Bambari (south-east) and Batalimo (south) • Terms of Reference finalized for the technical working group to prepare a draft national policy on refugee protection including a framework for integration
Promote durable solutions for urban refugees living in Bangui with an emphasis on local integration and voluntary repatriation or resettlement when the relevant criteria are fulfilled	<ul style="list-style-type: none"> • Individual voluntary repatriation support provided • Information disseminated • Proactive identification of resettlement cases conducted • Acquisition of residence permit and naturalization process facilitated 	<ul style="list-style-type: none"> • Durable solutions strategy developed, with possibility for voluntary return, resettlement and local integration established 	<ul style="list-style-type: none"> • Advocacy for creation of conducive conditions for durable solutions conducted • Local integration strategy established and endorsed by PoC, development actors, government and other relevant stakeholders • Percentage of refugees profiled • Number of self-reliance programmes implemented by UNHCR 	<ul style="list-style-type: none"> • Advocacy for durable solutions conducted with the government • Durable solution strategy for integration drafted • Verification and profiling exercise of urban refugees conducted
Provide protection and multi-sector assistance to Sudanese and Congolese refugees in rural areas and support the creation of self-sustainable livelihoods	<ul style="list-style-type: none"> • Community security management designed with women's participation • All the people of concern including people with specific needs have access to response following human rights violations, including GBV, as well as basic social 	<ul style="list-style-type: none"> • Community security management systems strengthened • Risk of violations of human rights including GBV reduced and quality of response improved 	<ul style="list-style-type: none"> • 100% of refugees have access to urgent response to human rights violations and basic services • 90% of households live in adequate dwellings, sanitary conditions and enjoy access to safe drinking water • 30% of households are able to meet 	<ul style="list-style-type: none"> • 70% of refugees have access to basic social services • 90% of refugees have access to food assistance • 60% of refugees have access to urgent response to human rights violations

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
	<p>services, including WASH, shelter and NFIs, food, health care, psycho-social support, livelihood activities and education</p>	<ul style="list-style-type: none"> • Level of self-reliance and livelihoods improved • Access to basic needs improved 	<p>their basic needs</p>	<ul style="list-style-type: none"> • 50% of households live in adequate dwellings • 70% of refugees have access to safe drinking water • Seven boreholes constructed in Batalimo (3) and Pladama Ouaka (4) • Three medical centres are functional in the three refugee camps (Pladama Ouaka, Batalimo and Zemio) • 80% of refugees have access to healthcare • 70% rural-based refugees engaged in agro-pastoral programmes • Refugee committee established in each camp with 40% women participation (Haut Mbomou, Ouaka, Lobaye) • Security committee trained in each refugee camp (Batalimo, Pladama Ouaka and Zemio) • 100% of refugees provided with NFIs



NUTRITION

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Co-lead	ACTION CONTRE LA FAIM
Cluster members	ACF, MERLIN, Bangui Pediatric Hospital, <i>Foyer de Charité</i> , IMC, IRC, IPHD, AMI, CRS, ICDI, Ministry of Public Health, WFP, WHO, FAO, COHEB, <i>Vie pour Tous</i> , FIPADECA (new), <i>Vitalité Plus</i> (new), MSF France / Espagne / Hollande / Belgique (as observers), REMOD, <i>Afrique Sans Frontières</i>
Number of projects	9
Cluster objectives	<ul style="list-style-type: none"> Strengthen the capacity of health and nutrition sector actors in case management of acute malnutrition and micronutrient deficiencies in CAR on the basis of the national protocol for the management of malnutrition in respect of the new WHO standards Strengthen nutritional surveillance mechanisms at all levels of the health system in CAR: central, regional and peripheral Strengthen coordination and partnership in identified nutritional emergency responses at all levels: central, regional and peripheral Contribute to improving infant and young child feeding practices in general and particularly in an HIV/AIDS context through behaviour change communication activities in all affected areas
Beneficiaries	<ul style="list-style-type: none"> 650,000 children under five covered by various support programmes including 65,000 moderate and 10,913 severe acute malnourished children 203,000 women of all categories needing assistance 32,000 aged people or caregivers (both sexes)
Funds requested	Original requirements: \$8,157,092 Revised requirements: \$8,169,847
Funds requested per priority level	\$4,104,984 (Immediate) \$3,649,846 (High) \$415,017 (Medium)
Funding to date	\$3,204,510 (39% of revised requirements)
Contact information	ezanou@unicef.org

Table: Disaggregated number of affected population and beneficiaries

Category	Beneficiaries		
	Female	Male	Total
Children under five including 65,000 moderate acute malnourished children and 10,913 severe acute malnourished	337,872	312,578	650,450
Women (pregnant/lactating)	203,623		203,623
Caregivers	22,340	10,570	32,910
Health workers	71	61	132
Community health workers	197	167	364
Totals	564,103	323,376	887,479

Narrative

Acute malnutrition is still a recurrent problem in CAR with peaks during the lean season (June to September). The real national situation is difficult to establish due to the absence of a nutritional surveillance system. The main causes of malnutrition remain the same but the CAR situation is exacerbated by HIV/AIDS prevalence, high level of poverty (67%) and insecurity due to conflicts. Many actors support the MoH in integrating management of acute malnutrition into health services care, and in addressing underlying causes. After the departure of ACF from Berberati, PU/AMI planned to implement nutrition activities in Mambere Kadei. All nutrition actors are focused on SAM management, but there are a small number which support SFP where needs are still significant.

In CAR, the expected caseload of severe acute malnourished (SAM) children is 18,188. Cluster members planned to reach 10,913 SAM (60%) and 65,000 moderate acute malnourished (MAM) could be assisted if supplementary foods are available from WFP.

While the objectives remain the same, a few new indicators were included and some revised to better capture progress in the cluster achievements.

To date, a total of 106 nutrition units (*Unité nutritionnelle thérapeutique/Unité nutritionnelle de traitement ambulatoire* or UNT/UNTA) are operational, as against 85 in late 2010, and about 2,500 severely malnourished children were admitted for treatment during the first trimester of 2011. For the supplementary feeding programme (SFP), 109 *Unité nutritionnelle supplémentaire* (UNS) are operational and 6,982 moderately malnourished children received food supplements between January and March 2011.

No significant variation has been observed, apart from a delay in organizing training sessions on the new WHO standards and nutrition activities at community level. Only five out of 10 nutrition projects were funded.

Implementing challenges:

- Improving acute management programme coverage by increasing active screening and organizing a referral system.
- Expanding supplementary programme for moderate malnourished children to limit the number of children becoming severely malnourished with the risk of mortality.
- Capacity-building and motivation of health staff for nutrition activities.
- Additional funding for NGOs (national as well as international) would help improve programme coverage through community-based nutrition activities.

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Strengthen the capacity of health and nutrition actors to manage cases of acute malnutrition and micronutrient deficiencies in CAR on the basis of the national protocol for the management of malnutrition and in accordance with the new WHO standards	<ul style="list-style-type: none"> Malnutrition treatment structures are operational 	173 treatment centres are operational	Number of treatment centres operational and supported in intervention zones (target = 173)	106 UNT and UNTA and 109 UNS are operational in 13 prefectures (Lobaye, Mambere Kadei, Nana Mambere, Sangha Mbaere, Ouham, Ouham Pende, Kemo, Nana Gribizi, Ouaka, Bamigui Bangoura, Haute Kotto, Vakaga, Mbomou et Bangui)
	<ul style="list-style-type: none"> Health personnel capable of managing malnutrition by using the new protocol 	600 staff trained in malnutrition case management based on the national protocol on malnutrition 80% of children 6-59 months having received Vitamin A supplement	Number of health staff trained in the new protocol Number of community health workers (CHWs) trained in nutrition issues Percentage of moderate acute malnourished enrolled in SFPs Percentage of severe acute malnourished children admitted to TFPs Percentage of children 6-59 months having received Vitamin A in previous six months	11% (6,982 MAM) 23% (2,552 SAM) 85%
Strengthen nutritional surveillance mechanisms at all levels of the health system in CAR: central, regional and peripheral	Updated nutrition information available	Prevalence of malnutrition	Percentage of SAM amongst children under five (target < 3. 5%)	2.3%
		173 structures capable of detecting malnutrition	Number of structures capable of detecting malnutrition Number of nutrition Units using WHO new standard from July (2 nd semester)	22 UNT in 13 prefectures out of 1,616) 84 UNTA in 12 prefectures out of 16. 109 UNS in five prefectures (Nana Mambere, Bangui, Ouham Pende, Nana Gribizi, Ouaka)
		Quarterly compilation and dissemination of nutritional data	Number of quarterly nutritional data reports disseminated	1 report

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Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
Strengthen coordination and partnership-building in nutritional emergency response at all levels: central, regional and peripheral	Effective coordination and partnership-building at all levels to guarantee efficient emergency responses	<ul style="list-style-type: none"> Monthly coordination meeting held and report available 	<ul style="list-style-type: none"> Number of coordination meetings 	5
		<ul style="list-style-type: none"> Three inter-clusters coordination meetings and reports available 	<ul style="list-style-type: none"> Develop a Nutrition emergency plan for CAR Number of inter-cluster coordination meetings (Target = 3) 	2
Contribute to improving infant and young children feeding practices in general and particularly in an HIV/AIDS context through behaviour change of communication activities in all affected areas	Infant and young child feeding practices improved	<ul style="list-style-type: none"> 30 mother-child structures (PTPE) with trained staff Monthly health and nutrition education sessions held at community level by CHWs 	<ul style="list-style-type: none"> Number of PTPE structures with trained staff Proportion of mothers with children 0-23 months receiving infant and young child feeding (IYCF) and HIV/AIDS counselling 	15



COORDINATION AND SUPPORT SERVICES

Cluster lead agencies	OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS for coordination; UNITED NATIONS DEPARTMENT OF SAFETY AND SECURITY for safety and security; UNITED NATIONS WORLD FOOD PROGRAMME for logistics; WFP also leads local Emergency Telecommunication working group
Cluster members	<p>Coordination: All Cluster members</p> <p>Logistics: ACF, ACTED, AMI, BONUCA, CAM, Caritas, CMS, COOPI, CRS, DRC, FAO, French Red Cross (FRC), Global Fund, IMC, IPHD, IRC, Mentor Initiative, Mercy Corps, MERLIN, OCHA, PU, <i>Solidarités</i>, TGH, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, UNICEF, WFP, World Bank; with the ICRC and MSF as observers</p> <p>Emergency Telecommunication: BINUCA, FAO, OCHA, UNDP, UNDSS, UNFPA, UNHCR, UNICEF, WFP, WHO</p> <p>Safety and Security: UNDSS, BINUCA, FAO, UNDP, UNFPA, UNHCR, UNICEF, WFP, WHO, CPI, OCHA, UNESCO</p>
Number of projects	3
Cluster objectives	<p>Coordination</p> <ul style="list-style-type: none"> Humanitarian action is coordinated within and amongst clusters, including the mapping of activities and the closing of response gaps The decision-making process on humanitarian issues is strengthened through the HCT Agencies get the information they need to target their activities in response to the most urgent needs The CHF is strengthened to provide strategic, predictable and flexible funding <p>Logistics</p> <ul style="list-style-type: none"> Ensure humanitarian actors have necessary access to beneficiaries and project implementation sites in difficult-to-reach areas of CAR Ensure adequate aviation capacity is available for medical and security evacuation of humanitarian workers Ensure implementation of humanitarian programmes is not impeded by the lack of appropriate vehicle repair and maintenance services <p>Emergency Telecommunication</p> <ul style="list-style-type: none"> Provide basic inter-agency telecommunications infrastructure and services, covering security communications, which are essential for efficient and effective operations Improve telecommunications support for international NGOs in CAR <p>Safety and Security</p> <ul style="list-style-type: none"> Ensure humanitarian workers can reach people in areas affected by conflict and banditry, and can communicate safely and reliably
Beneficiaries	UN agencies and NGOs
Funds requested	Original requirements: \$5,566,559 Revised requirements: \$7,256,563
Funds requested per priority level	\$4,892,631 (Medium) \$2,363,932 (High)
Funding to date	\$5,302,754(73% of revised requirements)
Contact information	<p>Coordination: munie@un.org</p> <p>Logistics: mohamed.cherfi@wfp.org</p> <p>Safety and security: dioufc@un.org</p>

Narrative

While the humanitarian context did not change drastically, the security situation has deteriorated in the north and north-east as a result of internal conflicts (CPJP-Government, CPJP-UFDR) and criminality. Moreover, intercommunity/interethnic conflicts have severe humanitarian consequences. Consequently, humanitarian access is restricted in the northern and the eastern parts of the country. The HCT will continue to engage in dialogue and collaboration with all parties to ensure that humanitarian actors have access to targeted people.

Due to the existing air transport gaps in accessing the project sites and vulnerable populations, WFP/UNHAS will continue to maintain uninterrupted air services in CAR. To address the increased humanitarian needs WFP/UNHAS will add another aircraft to its operations from the end of June 2011. This will bring the number of locations served within the country to over 20.

Furthermore, a decentralized coordination mechanism will be established in Zemio to ensure coverage of the south-east region, where the number of operational NGOs has continued to increase since the beginning of the year.

Due to the prevailing security situation in the country, UNDSS will provide a daily situation report on security matters and will also maintain functional radio rooms in Bangui and the rest of the country to ensure that humanitarian workers operate in a secure and Minimum Operational Security Standards (MOSS)-compliant environment.

There is a lack of adequate commercial vehicle maintenance workshops in CAR. As a result the HCT has requested WFP to increase the capacity of its vehicle workshop in order to make repair and maintenance services available to other humanitarian organizations. This will ensure that neither humanitarian operations nor staff safety is impeded by poorly-operating or poorly-serviced vehicles.

Humanitarian action outside the CAP

An important part of humanitarian action in CAR is not counted in this Consolidated Appeal Process (though coordinated with it). Humanitarian organizations in CAR, while respecting each other's independence, make a constant effort to coordinate their action to ensure a timely and targeted response. The ICRC and the four sections of MSF that work in CAR (France, Holland, Belgium and Spain) do not count their actions in the CAP but participate as observers in the clusters. This section gives a brief overview of their planned humanitarian action in CAR in 2011.

In 2011, the ICRC will continue to provide emergency assistance consisting of: food rations, plastic sheeting and basic household items for more than 40,000 people displaced by conflict or other forms of violence. The ICRC also works to improve access to water and sanitation through the rehabilitation of wells, new boreholes and protection of natural springs. In areas of transition, the ICRC will continue early recovery programmes for those returning to their places of origin. ICRC tracing services restore contact between families separated as a result of conflicts. In addition, ICRC delegates conduct visits to places of detention to monitor conditions and make confidential recommendations to the authorities where necessary. Finally, the ICRC monitors and promotes the respect of international humanitarian law through confidential bilateral contacts with all parties to conflict and regular information and training sessions targeting armed groups and civil authorities.

MSF has been present in CAR since 1996, addressing the needs of people in violence-affected and remote areas. In 2011, MSF is continuing its medical interventions in several regions of the country, with a constant monitoring of the humanitarian situation to intervene in case of emergency. In the north, the different sections (MSF-France, MSF-Holland and MSF-Spain) are providing medical care in Paoua, Boguila, Maïtikoulou, Batangafo, Kabo and Ndélé, and they are supporting health posts around these towns. In the south-west, in response to the nutrition emergency which began in July 2009, MSF-Spain runs a project to address malnutrition in Gadzi. MSF-France manages a HIV/AIDS project in Carnot. In the south-east, MSF-Holland provides medical assistance to refugees and people displaced as a result of the LRA attacks in Zemio. MSF activities include management of common diseases (malaria being the main cause of morbidity and mortality), surgery, nutrition, and care for victims of violence and sexual abuse, 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 case of floods or displacement).

Table: mid-year monitoring vs. objectives

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
<p>Coordination</p> <p>A. Humanitarian action is coordinated within and amongst clusters, including the mapping of activities and the closing of response gaps</p>	<ul style="list-style-type: none"> Strengthened cluster and inter-cluster coordination support to in-country humanitarian coordination, at operational and strategic levels 	<ul style="list-style-type: none"> Decentralized coordination is operational at field level Cross-cutting issues and multi-sectoral approach to humanitarian response is addressed by inter-cluster coordination 	<ul style="list-style-type: none"> Number of clusters with decentralized cluster coordination meetings Percentage of inter-cluster, cluster, and cross-cutting recommendations provided by HCT that are implemented at operational level Mapping of humanitarian priority needs by region 	<ul style="list-style-type: none"> Decentralized health cluster meeting is effective Ongoing preparation to set up a decentralized coordination meeting in Zemio for the south-east Training on gender organized by UNICEF for cluster leads and members of three clusters (WASH, nutrition and education) Multi-sectoral approach is taken into account in the funding allocation (CHF, CERF) Ongoing consultations to develop geographical priority needs mapping will be effective for the 2012 CAP
<p>B. The decision-making process on humanitarian issues is strengthened through the HCT</p>	<ul style="list-style-type: none"> The humanitarian situation is discussed to ensure inter-linkages and joint positions on humanitarian objectives and activities 	<ul style="list-style-type: none"> The HCT meeting is held regularly on a monthly basis and when needed 	<ul style="list-style-type: none"> One HCT meeting per month Number of implemented recommendations that reflect a joint position 	<ul style="list-style-type: none"> Two HCT meetings organized Three multi-sector programmes (CHF) and three joint programmes (CHF+CERF) approved and implemented
<p>C. Agencies get the information they need to target their activities in response to the most urgent needs</p>	<ul style="list-style-type: none"> Humanitarian organizations and other stakeholders are regularly informed through information products 	<ul style="list-style-type: none"> Existing information products are updated and accessible by all humanitarian organizations and other entities concerned New information products are developed 	<ul style="list-style-type: none"> Number of new information products developed Number of existing information products updated Number of users of the website www.hdptcar.net 	<ul style="list-style-type: none"> Seven new information products developed Nine existing information products updated
<p>D. The CHF is strengthened to provide strategic, predictable and flexible funding</p>	<ul style="list-style-type: none"> Priority needs as agreed by the HCT are primarily targeted by the CHF 		<ul style="list-style-type: none"> Percentage of CHF funds allocated to priority needs 	100%

Cluster objectives	Outcomes	Target outputs	Indicator with corresponding target	Achieved as of mid year
<p>Logistics Ensure humanitarian actors have the necessary access to beneficiaries and project implementation sites in difficult-to-reach areas of CAR</p>	<ul style="list-style-type: none"> Humanitarian actors have access to safe and reliable air transport in CAR allowing them to carry out their humanitarian actions and projects in a safe and timely manner. Humanitarian actors have access to security and medical evacuation. 	Inaccessible zones are reached by the humanitarian community through logistics assistance	<ul style="list-style-type: none"> Transportation of critical food and NFIs by WFP/UNHAS Arrangement for medical evacuations as and when required by WFP/UNHAS Number of passengers using WFP/UNHAS (850 per month) 	<ul style="list-style-type: none"> 50mt of cargo transported 7 medical evacuations made 4,244 passengers transported
<p>Security Ensure humanitarian workers can reach people in areas affected by conflict and banditry, and can communicate safely and reliably</p>	Humanitarian workers operate in a secure and MOSS-compliant environment	Radio rooms are fully equipped and operational	Five radio rooms are operational and operate on a 24 hour basis	Five radio rooms are operational on 24 hours basis

4. FORWARD VIEW

4.1 EARLY PLANNING FOR THE 2012 CAP

1. Will there be a CAP in 2012?		YES				
2. CAP 2012 Workshop dates: two days in the second week of September						
3. Needs Assessment Plan for the 2012 CAP: existing assessments, identification of gaps in assessment information, and planned assessments to fill gaps						
EXISTING NEEDS ASSESSMENTS						
Cluster(s)	Geographic areas and population groups assessed	Organizations that implemented the assessment	Dates	Title or Subject		
Food Security	South-west Prefecture	COOPI	September-October 2010	MARP assessment		
	Kemo Prefecture	COOPI	2010	Rapid assessment on agro-pastoral conflict		
	Kemo Prefecture	COOPI	2010	Value chain analysis		
	Mongoumba Sub-prefecture	COOPI	2010	Rapid assessment on food security		
	Mboki, Obo and Bamouti Sub-prefecture	COOPI	2010	Rapid assessment on protection and food security		
GAPS IN INFORMATION						
Ref. #	Cluster(s)	Geographic areas and population groups	Issues of concern			
1	Food Security	North-west Prefecture	Assessment on agro-pastoral conflict			
2	Coordination	Bamingui Bangoran	Needs assessment			
3		Vakaga	Needs assessment			
PLANNED NEEDS ASSESSMENTS						
To fill info gap (ref. #)	Cluster(s)	Geographic areas and population groups targeted	Orgs. to implement the assessment	Planned dates	Issues of concern	To be funded by
1	Food Security	South-west Prefecture	COOPI	June-August 2011	Value chain analysis	Already funded
2	Food Security	Paoua Sub-prefecture	COOPI	June	Rapid Assessment on agro-pastoral conflict	COOPI
3	Food Security	M'brès (Nana-Gribizi)	ADEM	January-March 2012	Food Security evaluation in the sub-prefecture of Mbres (Nana-Gribizi)	USAID
4	Coordination	Nationwide	Clusters	August 2011	NAF	OCHA

ANNEX I: LIST OF PROJECTS AND FUNDING TABLES

Table IV: List of appeal projects (grouped by cluster), with funding status of each

Consolidated Appeal for Central African Republic 2011 as of 30 June 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
COORDINATION AND SUPPORT SERVICES								
CAF-11/CSS/36891/R/561	United Nations Humanitarian Air Service for Central African Republic	WFP	3,247,058	4,592,631	3,995,564	597,067	87%	A-IMMEDIATE
CAF-11/CSS/39185/R/119	Humanitarian Coordination and Advocacy in Central African Republic	OCHA	2,319,501	2,363,932	1,107,190	1,256,742	47%	B-HIGH
CAF-11/CSS/41199/R/561	Workshop Upgrade for Inter-Agency Vehicle Repair Services	WFP	-	300,000	200,000	100,000	67%	A-IMMEDIATE
Sub total for COORDINATION AND SUPPORT SERVICES			5,566,559	7,256,563	5,302,754	1,953,809	73%	
EARLY RECOVERY								
CAF-11/ER/36712/8794	Rehabilitation of roads and social infrastructure in Sub prefecture of M'brès(Nana Gribizi).	ADEM	299,815	299,815	-	299,815	0%	C-MEDIUM
CAF-11/ER/36713/6027	Improvement of humanitarian access to isolated areas in Markunda sub-prefecture	PU	400,000	400,000	-	400,000	0%	C-MEDIUM
CAF-11/ER/36714/8794	Supporting the empowerment of people affected by conflict in Sub prefectures of Kaga-Bandoro(Nana Gribizi).	ADEM	241,520	241,520	-	241,520	0%	C-MEDIUM
CAF-11/ER/36715/6027	Improving economic security for the population in the areas of Bah-Bessar and Mia-Pendé in Paoua sub prefecture by promoting Income Generating Activities and improving commercial traffic in a multisectorial approach	PU	500,000	500,000	230,000	270,000	46%	B-HIGH
CAF-11/ER/36718/6027	Improve livelihood conditions for targeted households of Boda, Boganangone, Boganda, Gadzi and Carnot sub-prefectures	PU	400,000	400,000	-	400,000	0%	C-MEDIUM
CAF-11/ER/36760/5186	Strengthening community based organisation in Bossangoa, Ouham Prefecture	ACF	419,440	419,440	-	419,440	0%	C-MEDIUM

C E N T R A L A F R I C A N R E P U B L I C

Project code	Title	Appealing agency	Original requirements (\$)	Revised requirements (\$)	Funding (\$)	Unmet requirements (\$)	% Covered	Priority
CAF-11/ER/36761/R/5186	WITHDRAWN - Income increase and diversification and recovery of economic dynamics in economic crisis affected Prefectures of Mambere Kadei and Sangha Mbaere	ACF	439,556	-	-	-	0%	D - NOT SPECIFIED
CAF-11/ER/36768/R/13924	Capacity building of rural organizations for improved activity management and performance	ECELLE	62,639	62,639	-	62,639	0%	C-MEDIUM
CAF-11/ER/36793/5181	Supporting conflict affected womens' organizations and other groups in order to further improve and diversify their income generating capacity in Ouham Pendé, Ouham and Bamingui Bangoran	DRC	1,515,000	1,515,000	149,961	1,365,039	10%	B-HIGH
CAF-11/ER/36808/5633	Strengthening Community Based Organisations to ensure effective basic social services and revitalize local economy	Solidarités	454,600	454,600	-	454,600	0%	B-HIGH
CAF-11/ER/36848/R/6458	Opening Up of Humanitarian access in the Haut Mbomou by the rehabilitation of road and crossing works	ACTED	723,579	723,579	324,251	399,328	45%	C-MEDIUM
CAF-11/ER/36850/6458	Self sufficient Local Development and Political Revitalization of village communities through the communitarian equipments bringing up of acceptable standard	ACTED	727,682	727,682	219,862	507,820	30%	B-HIGH
CAF-11/ER/36875/R/5167	Livelihood recovery for communities affected by economic crisis in Mambere Kadei and Sangha Mbaere Prefectures	COOPI	567,100	567,100	-	567,100	0%	B-HIGH
CAF-11/ER/36900/5179	Restarting economic opportunities: improving access to markets, resources and knowledge.	IRC	418,426	418,426	-	418,426	0%	C-MEDIUM
CAF-11/ER/36923/R/13864	Support income generating activities for women associations and vulnerable people in Haute-Kotto.	VITALITE PLUS	149,807	195,810	-	195,810	0%	B-HIGH
CAF-11/ER/36964/R/8661	Rehabilitation of a Coming back home Center for LRA returnees and others victims of violence, GBV and HIV / AIDS in Rafaï, Zemio and Obo, and other vulnerable children in the South East of the Central African Republic	JUPEDEC	280,340	202,950	-	202,950	0%	C-MEDIUM
CAF-11/ER/41825/R/776	Sustaining rural women access to Microfinance Institutions (MFI) for developing small business	UNDP	-	620,634	-	620,634	0%	C-MEDIUM
CAF-11/ER/41894/R/14440	Support to onion and peanuts production in SIKIKEDE (Vakaga Prefecture)	NDA	-	120,910	-	120,910	0%	B-HIGH
Sub total for EARLY RECOVERY			7,599,504	7,870,105	924,074	6,946,031	12%	

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EDUCATION									
CAF-11/E/36669/R/6217	Safe education for conflict affected children especially IDPs in Ouadda, Yalinga, Mouka	JRS	268,277	268,277	-	268,277	0%	C-MEDIUM	
CAF-11/E/36708/8794	Rehabilitation of school infrastructures in the sub prefecture of M'brès (Nana Gribizi).	ADEM	299,600	299,600	-	299,600	0%	C-MEDIUM	
CAF-11/E/36798/5181	Emergency Education and Child Protection capacity building response in Bamingui Bangoran region	DRC	620,600	620,600	169,937	450,663	27%	B-HIGH	
CAF-11/E/36831/8662	"Zero malaria in schools" Increase awareness on malaria key life savings messages and to promote best health education best practices in Ouham Pende Region	MI	300,000	300,000	-	300,000	0%	C-MEDIUM	
CAF-11/E/36863/124	Access to quality education in a safe and friendly environment for children affected by conflict in the Haut Mbomou prefecture	UNICEF	-	-	1,452,520	(1,452,520)	0%	A-IMMEDIATE	
CAF-11/E/36863/5167	Access to quality education in a safe and friendly environment for children affected by conflict in the Haut Mbomou prefecture	COOPI	444,403	444,403	319,973	124,430	72%	A-IMMEDIATE	
CAF-11/E/36863/8661	Access to quality education in a safe and friendly environment for children affected by conflict in the Haut Mbomou prefecture	JUPEDEC	-	-	-	-	0%	A-IMMEDIATE	
CAF-11/E/36881/R/561	Emergency school feeding for children in the food insecure area affected by the armed conflicts in CAR (PRRO 200050)	WFP	1,444,702	1,444,702	625,507	819,195	43%	C-MEDIUM	
CAF-11/E/36886/R/5167	Maintaining access to quality emergency education and safe child-friendly learning environments to affected children in Ouham Pendé	COOPI	293,515	293,515	-	293,515	0%	B-HIGH	
CAF-11/E/36898/5179	Creating safe and child-friendly learning environments for conflict-affected children in the Central African Republic (CAR)	IRC	491,818	491,818	180,000	311,818	37%	B-HIGH	
CAF-11/E/36926/5853	Reinforcing access to education in north east of CAR (Vakaga, Sam Ouandja)	TGH	444,050	444,050	-	444,050	0%	A-IMMEDIATE	
CAF-11/E/36927/R/13864	Ameliorate the access of children to school and reinforce capacities of Non Statics Actors of educational system to allow educational rights of Bria and Yalinga towns in High Kotto Prefecture.	VITALITE PLUS	250,541	257,495	-	257,495	0%	C-MEDIUM	
CAF-11/E/41761/R/14421	Amelioration de la qualite du systeme educatif et de l'enseignement dans la sous prefecture de KOUANGO	FHI	-	353,052	-	353,052	0%	C-MEDIUM	
CAF-11/E/41942/R/6217	Holistic Primary School Educational Services Provision for children affected by conflict in Ouham Province	JRS	-	238,610	-	238,610	0%	C-MEDIUM	

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CAF-11/E/41943/R/8661	Restore the education system in Haut Mbomou and Rafai	JUPEDEC	-	199,950	-	199,950	0%	C-MEDIUM
Sub total for EDUCATION			4,857,506	5,656,072	2,747,937	2,908,135	49%	
FOOD SECURITY								
CAF-11/A/36656/R/13217	Grant a lasting response to structural nutritional problems by intervening simultaneously on its principal components, like agriculture, access to care and healthcare, feeding and by involving the community in the fight against malnutrition	COHEB	381,612	319,605	-	319,605	0%	B-HIGH
CAF-11/A/36716/6027	Improving food security for conflict-affected households in Ouham Pendé by revitalizing agricultural and breeding activities for IDPs and returnees in the north of Paoua	PU	600,000	600,000	262,812	337,188	44%	B-HIGH
CAF-11/A/36717/6027	Response to malnutrition through improved food security for vulnerable families of Boda, Boganangone, Boganda, Gadzi and Carnot sub-prefectures	PU	800,000	800,000	180,000	620,000	23%	C-MEDIUM
CAF-11/A/36719/6027	Response to face food insecurity for displaced and host families affected by LRA	PU	1,200,000	1,200,000	644,665	555,335	54%	C-MEDIUM
CAF-11/A/36753/R/5186	Improvement of food access and availability for conflict affected population in Makounda and Boguila Sub prefectures	ACF	541,153	567,100	525,624	41,476	93%	B-HIGH
CAF-11/A/36754/R/5186	Improvement of food availability and access to vulnerable households affected by economic crisis and acute malnutrition in Sangha Mbaere	ACF	597,479	353,430	200,000	153,430	57%	C-MEDIUM
CAF-11/A/36778/8794	Support for the processing, storage and marketing of agricultural products in the Nana Gribizi.	ADEM	197,950	197,950	-	197,950	0%	C-MEDIUM
CAF-11/A/36780/8794	Improving food security of people affected by conflict in the Sub prefectures of Kaga-Bandoro and M'brès (Nana-Gribizi)	ADEM	226,735	226,735	-	226,735	0%	B-HIGH
CAF-11/A/36788/R/123	WITHDRAWN Improving food security and household income through small animal breeding in the northern provinces of Bamingui Bangoran	FAO	233,750	-	-	-	0%	D - NOT SPECIFIED
CAF-11/A/36789/123	Food security monitoring system	FAO	213,814	213,814	-	213,814	0%	C-MEDIUM
CAF-11/A/36790/R/123	Improving livelihoods of 10.000 families in CAR through the support to the production of vegetables and staple food crops and promoting better access to the markets	FAO	489,885	1,090,650	-	1,090,650	0%	B-HIGH
CAF-11/A/36791/R/123	WITHDRAWN Improving livelihoods of 4,000 families in Carnot and Berberati through production support of vegetables and staple food crops.	FAO	180,411	-	-	-	0%	D - NOT SPECIFIED

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CAF-11/A/36794/5181	Supporting the capacity of farmer organizations and networks to cope with emergencies, and enhancing the productivity of agro-pastoral production systems in Ouham, Ouham Pendé and Bamingui Bangoran	DRC	1,850,000	1,850,000	-	1,850,000	0%	C-MEDIUM
CAF-11/A/36799/12960	Improving Horticultural Production for Vulnerable Households in Central African Republic	ICDI	150,000	150,000	-	150,000	0%	C-MEDIUM
CAF-11/A/36811/5633	Recovering sustainable livelihoods of most vulnerable in Bozoum Sub-prefecture	Solidarités	422,839	422,839	-	422,839	0%	C-MEDIUM
CAF-11/A/36812/5633	Improve food security for conflict-affected people in Ouham and Bamingui Bangoran	Solidarités	694,528	694,528	179,800	514,728	26%	B-HIGH
CAF-11/A/36819/5146	Strengthening cassava value-chain in rural Dan Gbabiri (Ouham Pende)	CRS	321,973	321,973	-	321,973	0%	C-MEDIUM
CAF-11/A/36837/5162	Improving food security by strengthening the resilience of vulnerable households and integration during a time of economic transition	Mercy Corps	67,087	67,087	-	67,087	0%	C-MEDIUM
CAF-11/A/36856/5853	Improving the living conditions of rural farmers by reinforcing and diversifying the local production capacities	TGH	253,590	253,590	222,222	31,368	88%	B-HIGH
CAF-11/A/36869/5167	Sustainable response to food insecurity in the south west prefectures of CAR	COOPI	571,243	571,243	179,904	391,339	31%	B-HIGH
CAF-11/A/36876/5853	Food security improvement and farmer's agricultural production reinforcement in north-east CAR	TGH	263,119	263,119	394,218	(131,099)	150%	B-HIGH
CAF-11/A/36884/R/5167	Food security improvement for vulnerable communities affected by conflicts in Ouham Pendé Prefecture	COOPI	574,695	574,695	-	574,695	0%	C-MEDIUM
CAF-11/A/36901/R/561	Protect and rebuild their livelihoods of conflict affected vulnerable people (PRRO 200050)	WFP	5,287,516	4,914,487	3,501,468	1,413,019	71%	C-MEDIUM
CAF-11/A/36902/5824	Support the socioeconomic reintegration of people affected by conflicts in Ouham (Boguila, Markounda).	ACORD	219,350	219,350	-	219,350	0%	C-MEDIUM
CAF-11/A/36904/R/8661	Improving production capacities of smallholder farmers in the Prefecture of Haut Mbomou and Rafai, in the South Est of the CAR	JUPEDEC	302,810	165,150	-	165,150	0%	B-HIGH
CAF-11/A/36906/R/5179	Stimulating Local Economies: A Sustainable Response to Food Security	IRC	441,484	441,484	-	441,484	0%	C-MEDIUM
CAF-11/A/36925/13864	Reduction of food crisis and crisis of life's means in High-Kotto and Bamingui-Bangoran Prefectures.	VITALITE PLUS	511,609	511,609	-	511,609	0%	C-MEDIUM
CAF-11/A/36931/R/13864	Market garden cultural promoting in Kaga Bandoro (Nana-Gribizi) and Bouar (Nana Mambere)	VITALITE PLUS	240,055	154,455	-	154,455	0%	C-MEDIUM
CAF-11/A/40921/R/5633	Improve Food Security for conflict-affected people in Nana-Gribizi	Solidarités	-	576,383	-	576,383	0%	C-MEDIUM

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CAF-11/F/36899/R/561	Relief food assistance to people directly armed conflicts, displacement and food insecurity (PRRO 200050)	WFP	19,080,628	15,853,530	14,662,737	1,190,793	92%	C-MEDIUM
Sub total for FOOD SECURITY			36,915,315	33,574,806	20,953,450	12,621,356	62%	
HEALTH								
CAF-11/H/36765/6217	Improving community health and health management skills in conflict affected areas in and around Markounda	JRS	201,320	201,320	-	201,320	0%	A-IMMEDIATE
CAF-11/H/36783/8662	Emergency Response to deal with the increased Malaria cases in IDP camps and host population in Paoua and Ngaoundaye Sous Prefectures, Ouham Pende Prefecture, Marakounda and Boguila Sous prefectures, Ouham Prefecture, Health Region N°3	MI	1,596,504	1,596,504	249,995	1,346,509	16%	B-HIGH
CAF-11/H/36818/5160	Discount management of health structures used for Sudanese refugees health care to the Haute Kotto health prefecture management team	IMC	508,457	508,457	-	508,457	0%	A-IMMEDIATE
CAF-11/H/36823/5160	Risk Reduction Project for displaced population affected by conflicts in Health region No5 C	IMC	582,113	582,113	249,615	332,498	43%	A-IMMEDIATE
CAF-11/H/36833/7138	Comprehensive paediatric care at Bangui Emergency Paediatric Hospital	EMERGENCY	685,652	685,652	-	685,652	0%	B-HIGH
CAF-11/H/36880/R/5195	Strengthening Primary Health Care services and HIV/AIDS sensitization to conflict affected population in CAR	MERLIN	1,508,700	1,829,700	800,000	1,029,700	44%	A-IMMEDIATE
CAF-11/H/36887/5179	Consolidation of quality primary health care including reproductive health and essential nutrition services in Ouham Pendé and Nana Gribizi	IRC	1,626,350	1,626,350	195,000	1,431,350	12%	B-HIGH
CAF-11/H/36889/6291	Support to the Birao hospital	CAM	546,720	546,720	280,000	266,720	51%	B-HIGH
CAF-11/H/36892/6291	Support to primary and secondary emergency health Center of Mboki, Haut Mbomou	CAM	646,719	646,719	-	646,719	0%	B-HIGH
CAF-11/H/36895/6291	Support to primary and secondary emergency health care in the hospital of Obo, Haut Mbomou	CAM	632,876	632,876	-	632,876	0%	A-IMMEDIATE
CAF-11/H/36912/5195	Providing Health Education and Comprehensive health Assistance to refugee population in Mongoumba sub-prefecture of Lobaye in South-West CAR	MERLIN	493,182	493,182	-	493,182	0%	B-HIGH
CAF-11/H/36930/R/13864	Strengthening HIV/AIDS and STI in primary school of Nana-Mambere and Mambere-Kadeï Prefectures	VITALITE PLUS	281,393	167,133	-	167,133	0%	B-HIGH
CAF-11/H/36957/R/1171	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	UNFPA	390,550	390,550	351,588	38,962	90%	B-HIGH

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CAF-11/H/36957/R/122	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	WHO	1,152,283	1,152,283	-	1,152,283	0%	B-HIGH
CAF-11/H/36957/R/124	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	UNICEF	2,410,000	2,410,000	-	2,410,000	0%	B-HIGH
CAF-11/H/36963/R/122	Promoting integrated management of childhood illness (IMCI) and strengthening routine immunisation in northern and southern region of Central African Republic	WHO	765,050	1,000,450	610,776	389,674	61%	A-IMMEDIATE
CAF-11/H/36963/R/124	Promoting integrated management of childhood illness (IMCI) and strengthening routine immunisation in northern and southern region of Central African Republic	UNICEF	1,540,800	1,540,800	2,007,363	(466,563)	130%	A-IMMEDIATE
CAF-11/H/37011/R/5749	Relaunch the functioning of the health services in the Bamingui-Bangoran Prefecture	AMI	670,000	670,000	-	670,000	0%	C-MEDIUM
CAF-11/H/37372/122	Control of vaccine preventable diseases	WHO	5,900,674	5,900,674	-	5,900,674	0%	A-IMMEDIATE
CAF-11/H/37375/R/1171	Strengthening the response against STIs, HIV and AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones	UNFPA	374,500	374,500	291,429	83,071	78%	B-HIGH
CAF-11/H/37375/R/122	Strengthening the response against STIs, HIV and AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones	WHO	694,430	694,430	207,736	486,694	30%	B-HIGH
CAF-11/H/37689/R/122	Decentralize WHO and the health cluster presence to improve the emergency health response and strengthen the field coordination during ongoing humanitarian crisis in CAR	WHO	1,647,800	1,647,800	-	1,647,800	0%	A-IMMEDIATE
CAF-11/H/37786/R/122	Strengthening the integrated disease surveillance system for better support to the International Health Regulation and the National Information Health System in CAR	WHO	882,750	882,750	-	882,750	0%	B-HIGH
CAF-11/H/41541/R/8662	Emergency Malaria Control for IDPs and Host Community in Conflict-Affected in Sikikede	MI	-	187,000	-	187,000	0%	A-IMMEDIATE
CAF-11/H/41857/R/13107	Emergency response to IDP's settled in Ndiffa and Tiringoulou, Vakaga, CAR	IMC UK	-	149,548	-	149,548	0%	A-IMMEDIATE
Sub total for HEALTH			25,738,823	26,517,511	5,243,502	21,274,009	20%	
MULTI-SECTOR ASSISTANCE TO REFUGEES								
CAF-11/MS/36879/R/120	Protection and multi-sector assistance to UNHCR's persons of concern in Central African Republic	UNHCR	13,956,004	23,666,600	2,898,000	20,768,600	12%	A-IMMEDIATE
Sub total for MULTI-SECTOR ASSISTANCE TO REFUGEES			13,956,004	23,666,600	2,898,000	20,768,600	12%	

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NUTRITION								
CAF-11/H/36657/R/13217	Grant a lasting response to structural nutritional problems by intervening simultaneously on some of its principal components, like nutritional therapeutic programm for < 5 children, pregnant women and lactating mothers, care, access to and healthcare, feeding and by involving the community in the fight against malnutrition.	COHEB	195,646	265,017	-	265,017	0%	C-MEDIUM
CAF-11/H/36755/R/5186	Nutritional surveillance at national level through nutritional surveys and early warning data	ACF	374,500	374,500	-	374,500	0%	A-IMMEDIATE
CAF-11/H/36756/R/5186	Reinforcement of support to the treatment of SAM during hunger gap hits in Sangha Mbaéré	ACF	374,500	441,839	300,000	141,839	68%	A-IMMEDIATE
CAF-11/H/36800/12960	Improving Maternal and Child Health and Nutrition (MCHN) in Central African Republic	ICDI	150,000	150,000	-	150,000	0%	C-MEDIUM
CAF-11/H/36816/5160	Improve the community control of acute malnutrition in region sanitaire No 5 (Haute-Kotto, Vakaga and Bamingui Bangoran prefecture)	IMC	347,548	347,548	170,000	177,548	49%	B-HIGH
CAF-11/H/36873/124	Emergency nutrition for child survival in Central African Republic	UNICEF	2,332,600	2,332,600	442,555	1,890,045	19%	A-IMMEDIATE
CAF-11/H/36878/R/561	Supplementary nutritional support to malnourished children and pregnant and lactating women (PRRO 200050)	WFP	2,902,298	2,902,298	2,071,609	830,689	71%	B-HIGH
CAF-11/H/36908/R/5195	Addressing malnutrition & HIV/AIDS among vulnerable communities in CAR	MERLIN	950,000	956,045	220,346	735,699	23%	A-IMMEDIATE
CAF-11/H/37007/R/5749	Prevention of mortality through treatment of SAM at both health centre and community level in Mambéré Kadéi prefecture	AMI	530,000	400,000	-	400,000	0%	B-HIGH
Sub total for NUTRITION			8,157,092	8,169,847	3,204,510	4,965,337	39%	
PROTECTION								
CAF-11/P-HR-RL/36785/8794	Promoting the rights of vulnerable people in Nana Gribizi prefecture.	ADEM	235,295	235,295	-	235,295	0%	C-MEDIUM
CAF-11/P-HR-RL/36792/5181	To reinforce local organisations and civil society on the promotion and respect on Human Rights with particular attention on gender-based violence and violence related to witchcraft accusations in the locality of Paoua, Bozoum, Batangafo, Mbaïki, Ndele and Sibut, Bambari and Kaga Bandoro.	DRC	552,120	552,120	169,916	382,204	31%	A-IMMEDIATE
CAF-11/P-HR-RL/36796/5181	IDP profiling, Protection and advocacy in the Northern of CAR and Haut Mbomou	DRC	359,520	359,520	-	359,520	0%	A-IMMEDIATE

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CAF-11/P-HR-RL/36825/5160	Protection, health and Psychosocial support to SGBV victims and vulnerable children in Sanitary area No 5, Central African Republic	IMC	330,160	330,160	150,000	180,160	45%	B-HIGH
CAF-11/P-HR-RL/36838/R/5167	Enhance community mechanisms to support and reintegrate victims of the LRA in the Haut-Mbomou Prefecture	COOPI	469,059	469,059	129,919	339,140	28%	B-HIGH
CAF-11/P-HR-RL/36846/5162	Ensuring Access to Justice and Psychosocial support to survivors of sexual and gender-based violence in Mbomou, Nana Mambere, Ouaka and Bangui/Ombella Mpoko	Mercy Corps	330,000	330,000	200,000	130,000	61%	B-HIGH
CAF-11/P-HR-RL/36872/124	Prevention, Protection and Community-based Reintegration of Children Associated with Armed Groups and Other Vulnerable Conflict-affected Children and Women	UNICEF	1,926,000	1,926,000	644,000	1,282,000	33%	A-IMMEDIATE
CAF-11/P-HR-RL/36877/120	Protection and assistance to IDPs, spontaneous returnees, victims of human right violations and other forms of violence specifically based on gender and identity/ethnicity, and persons with special needs	UNHCR	10,685,655	10,685,655	283,000	10,402,655	3%	A-IMMEDIATE
CAF-11/P-HR-RL/36885/R/124	Protection for orphans and other vulnerable children in conflict affected areas	UNICEF	246,100	246,100	246,100	-	100%	A-IMMEDIATE
CAF-11/P-HR-RL/36903/5179	Strengthening the capacity of communities and local authorities to prevent and respond to gender based violence in the conflict affected areas of Bocaranga, Ngaoundaye and Kouï sub prefectures (Ouham Pendé) and Kaga Bandoro sub prefecture (Nana Gribizi)	IRC	525,084	525,084	150,000	375,084	29%	B-HIGH
CAF-11/P-HR-RL/36905/5179	Protection and rule of law interventions in Nana Gribizi Prefecture (Kaga Bandoro Sub prefecture) & Ouham Pendé Prefecture (Bocaranga, Kouï, Ngaoundaye and Paoua Sub prefectures)	IRC	510,516	510,516	-	510,516	0%	C-MEDIUM
CAF-11/P-HR-RL/36973/14597	Capacity building activities on child protection conducted by the Country Task Force on the Monitoring and Reporting Mechanism on Children and Armed Conflict in the Central African Republic (CAR)B	BINUCA	155,000	155,000	-	155,000	0%	C-MEDIUM
CAF-11/P-HR-RL/36975/14597	Access to Justice: Strengthening capacities	BINUCA	115,000	115,000	-	115,000	0%	C-MEDIUM
Sub total for PROTECTION			16,439,509	16,439,509	1,972,935	14,466,574	12%	
WATER, SANITATION AND HYGIENE								
CAF-11/WS/36651/124	Provision of emergency essential WASH services to vulnerable people throughout conflict affected north and southeastern Central African Republic (CAR)	UNICEF	633,975	633,975	1,795,476	(1,161,501)	283%	C-MEDIUM

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CAF-11/WS/36659/R/13217	Reduce the rate of morbidity and mortality related to hygiene and water born diseases in the remote and conflict affected prefectures of Mbomou and Haut Mbomou	COHEB	178,430	178,430	-	178,430	0%	C-MEDIUM
CAF-11/WS/36672/6217	Improving school and community hygiene and sanitation practices through construction and training of schools personel and community members in Ouham	JRS	304,668	304,668	-	304,668	0%	C-MEDIUM
CAF-11/WS/36673/6217	Improving community hygiene and sanitation practices in Ouadda and its environs	JRS	285,103	285,103	-	285,103	0%	C-MEDIUM
CAF-11/WS/36737/R/8794	Improvement of water access, sanitation and hygiene conditions of the conflict affected population in M'brès sub prefecture (Nana-Gribizi).	ADEM	230,905	230,905	150,000	80,905	65%	C-MEDIUM
CAF-11/WS/36757/R/5186	Improvement of safe water access and hygiene conditions for displaced and returnees communities in Ouham Prefecture	ACF	749,000	331,700	-	331,700	0%	B-HIGH
CAF-11/WS/36758/R/5186	Improvement of safe water access for displaced people and host communities in Eastern CAR (Mbomou, Haut Mbomou Prefectures)	ACF	509,320	697,640	540,741	156,899	78%	B-HIGH
CAF-11/WS/36759/R/5186	Improvement of safe water access and hygiene conditions in sangha Mbaéré Prefecture	ACF	548,500	248,778	180,000	68,778	72%	C-MEDIUM
CAF-11/WS/36795/5181	School sanitation and hygiene promotion in Ouham	DRC	767,190	767,190	149,907	617,283	20%	C-MEDIUM
CAF-11/WS/36813/5633	Water access, sanitation and hygiene promotion for conflict affected people in the Ouham and Ouham-Pende prefecture.	Solidarités	459,303	459,303	-	459,303	0%	C-MEDIUM
CAF-11/WS/36814/5633	Water access, sanitation and hygiene promotion for conflict-affected people in Bamingui-Bangoran prefecture	Solidarités	571,955	571,955	-	571,955	0%	C-MEDIUM
CAF-11/WS/36815/5633	Sustainable water access, sanitation and hygiene promotion for rural population affected by economic crisis in Mambere Kadeï prefecture	Solidarités	972,861	972,861	-	972,861	0%	B-HIGH
CAF-11/WS/36817/5162	Increasing Access to Safe Drinking Water and Basic Sanitation for the People of the Nana Mambéré Prefecture	Mercy Corps	660,573	660,573	-	660,573	0%	C-MEDIUM
CAF-11/WS/36868/5853	Restoration of the essential services access for the population in North-east of CAR	TGH	454,750	454,750	-	454,750	0%	C-MEDIUM
CAF-11/WS/36894/7570	Reducing waterborne diseases in 4 health structures in Berberati through increasing access to clean water and promoting hygiene awareness and good practices	Central African Republic RC	701,105	701,105	-	701,105	0%	C-MEDIUM

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CAF-11/WS/36896/R/5179	Improved water supply, sanitation, and hygiene promotion initiatives for conflict-affected communities in North Western Ouham Pendé and Nana Gribizi, Central African Republic Withdrawn.	IRC	690,846	-	-	-	0%	D-NOT SPECIFIED
CAF-11/WS/36918/5195	Prioritising environmental Health in conflict affected areas of CAR (Mbomou and Haut-Mbomou)	MERLIN	535,000	535,000	-	535,000	0%	C-MEDIUM
CAF-11/WS/36924/R/13864	Access to water and sanitation infrastructures in Bria and Yalinga towns (Haute-Kotto).	VITALITE PLUS	341,386	341,280	-	341,280	0%	C-MEDIUM
CAF-11/WS/41633/R/5186	Reinforcement of ANEA drilling capacity and improvement of safe drinking water access in CAR	ACF	-	972,500	-	972,500	0%	A-IMMEDIATE
CAF-11/WS/41758/R/14421	Canalisation de la ville de Kouango pour lutter contre l'inondation proche	FHI	-	159,240	-	159,240	0%	C-MEDIUM
CAF-11/WS/41804/R/12960	Empowering the people in 67 communities in Ouham Pende to pursue renewed physical health through access to clean water and proper sanitation.	ICDI	-	228,900	-	228,900	0%	B-HIGH
CAF-11/WS/41807/R/12960	Empowering the people in 42 communities in Nola sous-prefecture to pursue renewed physical health through access to clean water and proper sanitation.	ICDI	-	420,756	-	420,756	0%	B-HIGH
CAF-11/WS/41841/R/5186	Improvement of safe water access and hygiene conditions in Bossangoa and Nana Bakassa sub prefectures	ACF	-	239,680	-	239,680	0%	B-HIGH
Sub total for WATER, SANITATION AND HYGIENE			9,594,870	10,396,292	2,816,124	7,580,168	27%	
CLUSTER NOT YET SPECIFIED								
CAF-11/SNYS/40133/7622	Common Humanitarian Fund (CAR) (The figure shown for 'funding' is the unallocated balance of the fund.)	CHF	-	-	11,495,052	n/a	n/a	D-NOT SPECIFIED
CAF-11/SNYS/41246/R/120	Awaiting allocation to specific project/sector	UNHCR	-	-	1,770,108	n/a	n/a	D-NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED			-	-	13,265,160	n/a	n/a	
Grand Total			128,825,182	139,547,305	59,328,446	80,218,859	43%	

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

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table V: Total funding to date per donor to projects listed in the appeal

Consolidated Appeal for Central African Republic 2011
as of 30 June 2011
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Sweden	11,732,073	20%	-
Carry-over (donors not specified)	11,508,336	19%	-
United States	10,028,649	17%	-
Japan	6,491,881	11%	-
Central Emergency Response Fund (CERF)	4,999,120	8%	-
European Commission	3,060,807	5%	-
Allocation of unearmarked funds by UN agencies	2,468,619	4%	-
Ireland	2,186,047	4%	1,282,051
Canada	2,038,736	3%	500,000
France	1,404,876	2%	-
Belgium	1,316,683	2%	-
Switzerland	698,926	1%	-
Finland	544,959	1%	-
Spain	422,535	1%	-
Saudi Arabia	216,262	0%	-
Other income	169,937	0%	-
Private (individuals & organisations)	40,000	0%	-
Grand Total	59,328,446	100%	1,782,051

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

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VI: Total humanitarian funding to date per donor (appeal plus other)

Central African Republic 2011
as of 30 June 2011
<http://fts.unocha.org>

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

Donor	Funding** (\$)	% of Grand Total	Uncommitted pledges (\$)
Sweden	13,078,860	17%	-
European Commission	13,076,190	17%	-
Carry-over (donors not specified)	11,508,336	15%	-
United States	10,928,649	14%	-
Japan	8,791,881	11%	-
Central Emergency Response Fund (CERF)	4,999,120	6%	-
Canada	3,567,788	5%	500,000
Allocation of unearmarked funds by UN agencies	2,468,619	3%	-
Ireland	2,186,047	3%	1,282,051
Finland	1,771,117	2%	-
France	1,404,876	2%	-
Belgium	1,316,683	2%	-
Switzerland	1,229,712	2%	-
Germany	563,380	1%	-
Spain	422,535	1%	-
Saudi Arabia	216,262	0%	-
Other income	169,937	0%	-
Private (individuals & organisations)	40,000	0%	-
Grand Total	77,739,992	100%	1,782,051

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

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

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

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.)

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

Zeros in both the funding and uncommitted pledges columns indicate that no value has been reported for in-kind contributions.

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VII: Humanitarian funding to date per donor to projects not listed in the appeal

Other Humanitarian Funding to Central African Republic 2011
as of 30 June 2011
<http://fts.unocha.org>

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

Donor	Funding (\$)	% of Grand Total	<i>Uncommitted pledges</i> (\$)
European Commission	10,015,383	54%	-
Japan	2,300,000	12%	-
Canada	1,529,052	8%	-
Sweden	1,346,787	7%	-
Finland	1,226,158	7%	-
United States	900,000	5%	-
Germany	563,380	3%	-
Switzerland	530,786	3%	-
Grand Total	18,411,546	100%	-

NOTE: "Funding" means Contributions + Commitments + Carry-over
This table also includes funding to Appeal projects but in surplus to these projects' requirements as stated in the Appeal.

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table VIII: Requirements and funding to date per geographical area

Consolidated Appeal for Central African Republic 2011
as of 30 June 2011
<http://fts.unocha.org>

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

Location	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
Bamingui Bangoran	1,862,555	1,862,555	169,937	1,692,618	9%	-
Haut Mbomou	4,034,786	4,019,686	2,226,663	1,793,023	55%	-
Haute Kotto	1,803,571	1,856,422	-	1,856,422	0%	-
Lobaye	493,182	493,182	-	493,182	0%	-
Mambéré Kadei	2,384,377	2,073,966	-	2,073,966	0%	-
Mbomou	1,200,000	1,200,000	644,665	555,335	54%	-
Multiple locations	104,832,937	113,116,265	40,893,678	72,222,587	36%	500,000
Nana Gribizi	2,235,943	2,812,326	150,000	2,662,326	5%	-
Nana Manbere	660,573	660,573	-	660,573	0%	-
Ombella Mpoko	685,652	685,652	-	685,652	0%	-
Ouaka	-	512,292	-	512,292	0%	-
Ouham	3,400,801	4,460,238	675,531	3,784,707	15%	-
Ouham Pende	3,538,106	3,767,006	642,812	3,124,194	17%	-
Sangha Mbaere	1,145,979	1,022,964	380,000	642,964	37%	-
Vakaga	546,720	1,004,178	280,000	724,178	28%	-
NOT SPECIFIED	-	-	13,265,160	n/a	n/a	1,282,051
Grand Total	128,825,182	139,547,305	59,328,446	80,218,859	43%	1,782,051

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

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

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

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.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 30 June 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

ANNEX II: ACRONYMS AND ABBREVIATIONS

ACABEF	<i>Association Centrafricaine pour le Bien-être Familial</i> (Central African Association for the Well-being of Families)
ACAT	Action by Christians for the Abolition of Torture
ACDA	<i>Agence Centrafricaine de Développement Agricole</i> (Central African Agency for Agricultural Development)
ACF	<i>Action Contre la Faim</i> (Action Against Hunger) (www.actioncontrelafaim.org)
ACORD	Agency for Cooperation and Research in 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)
AFEDEC	<i>Association des femmes éducatrices pour le développement de la Centrafrique</i>
AFJC	Central African Women's Legal Association
AIDS	acquired immuno-deficiency syndrome
AMI	<i>Aide Médicale Internationale</i> (International Medical Aid) (www.amifrance.org)
ANDE	<i>Agence Nationale de Développement de l'Élevage</i>
APE	<i>Association des parents d'élève</i>
APILOD	<i>Appui aux Initiatives Locales de Développement</i> (Support to Local Development Initiatives)
APRD	Popular Army for the Restoration of the Republic and Democracy
APROMEL	<i>Centre spécialisé d'appui à la promotion et à la modernisation de l'élevage</i>
ARSDI	African Regional Spatial Data Infrastructure
ASSOMESCA	<i>Association Des Œuvres Médicales Pour La Santé En Centrafrique</i> (Association of Medical Health Programmes in the Central African Republic)
AU	African Union
BINUCA	<i>Bureau Intégré des Nations Unies en Centrafrique</i>
CAM	<i>Comité d'Aide Médical</i> (Medical Aid Committee) (www.cam-fr.org)
CAP	consolidated appeal or consolidated appeal process www.humanitarianappeal.net
CAR	Central African Republic
CARC	Central African Red Cross
Caritas	International Confederation of Catholic Relief, Development and Social Service Organizations www.caritas.org
CBO	community-based organization
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund (www.hdptcar.net/chf)
CHW	community health worker
CMS	Central Medical Supplies
CNPR	<i>Coordination Nationale pour la Protection des Réfugiés</i>
CNR	<i>Commission Nationale pour les Réfugiés</i> (National Refugee Commission)
COGES	<i>Comité de Gestion sanitaire</i>
COHEB	Community Humanitarian Emergency Board
COOPI	<i>Cooperazione Internazionale</i> (www.coopi.org)
CORDAID	Catholic Organization for Relief and Development Aid (www.cordaid.nl)
CPB	<i>Complexe Pédiatrique de Bangui</i>
CPI	consumer price index
CPJP	Patriotic Convention for Justice and Peace
CRCA	<i>Croix-Rouge Centrafricaine</i>
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)
CRF	French Red Cross
CPI	Child Protection International
CRS	Catholic Relief Services (www.crs.org)
DDR	disarmament, demobilization and reintegration
DGH	<i>Direction Générale de l'Hydraulique</i> (General Directorate for Hydraulics)
DHS	Demographic and Health Survey
DPI	Inclusive Political Dialogue
DPT	diphtheria – pertussis – tetanus (vaccination)
DRC	Danish Refugee Council (www.drc.dk)
DRC	Democratic Republic of the Congo
ECHO	European Commission Directorate General for Humanitarian Aid and Civil Protection ec.europa.eu/echo
ER	early recovery
FACA	<i>Forces armées centrafricaines</i> (Central African Armed Forces)
FAO	Food and Agriculture Organization of the United Nations (www.fao.org)

CENTRAL AFRICAN REPUBLIC

FDP	<i>Front démocratique du peuple centrafricain</i> (The Democratic Front of the Central African Republic)
FFW	food-for-work
FHI	Family Health International
FIPADECA	<i>La Fondation Islamique pour la Paix et le Développement en Centrafrique</i>
FNEC	<i>Fédération Nationale des Eleveurs Centrafricains</i>
FOSA	<i>Formation sanitaire</i>
FPR	Popular Front for Reconstruction (Chadian rebel group)
FRC	French Red Cross (www.croix-rouge.fr)
FTS	Financial Tracking Service (http://fts.unocha.org)
GAM	global acute malnutrition
GBV	gender-based violence
GNA	(ECHO) Global Needs Assessment
ha	hectare
HCT	Humanitarian Country Team
HDPT	Humanitarian and Development Partnership Team (www.hdptcar.net)
HDR	Human Development Report
HIV	human immuno-deficiency virus
IASC	Inter-Agency Standing Committee (www.humanitarianinfo.org/iasc)
ICDI	Integrated Community Development International (www.icdinternational.org)
ICRC	International Committee of the Red Cross (www.icrc.org)
IDP(s)	internally displaced person (people)
IGAs	income-generating activities
IMC	International Medical Corps (www.imcworldwide.org)
IPC	Integrated Food Security and Humanitarian Phase Classification
IPHD	International Partnership for Human Development
IRC	International Rescue Committee (www.theirc.org)
IYCF	infant and young child feeding
JRS	Jesuit Refugee Service
JUPEDEC	United Youth for the Protection of the Environment and Community Development
LCDH	<i>Ligue Centrafricaine des Droits de l'Homme</i>
LRA	Lord's Resistance Army
MAM	moderate acute malnutrition
MBOSCUA	Mbororo Social and Cultural Development Association
MDDH	<i>Mouvement de Défense des Droits de l'Homme</i>
MDRA	Ministry of Rural Development and Agriculture
Mentor	Mentor Initiative (www.thementorinitiative.org)
MERLIN	Medical Emergency Relief International (www.merlin.org.uk)
MICOPAX	Peacebuilding Mission in the Central African Republic
MICS	micro-indicator cluster survey
MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Peacekeeping Mission in the Central African Republic and in Chad)
MoE	Ministry of Education
MoH	Ministry of Health
MoPH	Ministry of Public Health
MOSS	Minimum Operational Security Standards
MRM	Monitoring and Reporting Mechanism
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 ton
MYR	mid-year review
NAF	Needs Analysis Framework
NDA	National Democratic Alliance
NFI	non-food item
NGO	non-governmental organization
OCDH	<i>Office Centrafricain des Droits de l'Homme</i>
OCHA	Office for the Coordination of Humanitarian Affairs (www.hdptcar.net)
OPS	On-line Projects System
OTP	outpatient therapeutic programmes
PBF	Peace-Building Fund

PoC	people of concern
PPCB	peri-pneumonia contagious bovine
PRSP	Poverty Reduction Strategy Paper
PT	parent-teacher
PTA	parents-teachers association
PTPE	<i>Programme de Prévention de Transmission Parent-Enfant</i> (Programme for Prevention of Parent-Child Transmission)
PU	<i>Première Urgence</i> (www.premiere-urgence.org)
SAM	severe acute malnutrition
SFP	supplementary feeding programme
SGBV	sexual and gender-based violence
SMART	specific, measurable, achievable, realistic, time-bound (referring to indicators)
SMART	Standardized Monitoring and Assessment of Relief and Transitions (referring to a survey)
SOPs	standard operating procedures
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
STI	sexually transmitted infection
TFC	therapeutic feeding centre
TFP	therapeutic feeding programme
TFU	therapeutic feeding unit
TGH	<i>Triangle Génération Humanitaire</i> (www.trianglegh.org)
ToRs	terms of reference
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)
UFDR	<i>Union des Forces Démocratique pour le Redressement</i>
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)
UNS	<i>Unité nutritionnelle supplémentaire</i>
UNT	<i>Unité nutritionnelle thérapeutique</i>
UNTA	<i>Unité nutritionnelle de traitement ambulatoire</i>
UPDF	Ugandan People's Defence Force
USAID	United States Agency for International Development
WASH	water, sanitation and hygiene
WDI	World Development Indicator
WFP	World Food Programme (www.wfp.org)
WHO	World Health Organization (www.who.int)

Consolidated Appeal Process (CAP)

The CAP is a tool for aid organizations 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 organizations (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 mobilization 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 Organization 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 mobilization. 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 <http://fts.unocha.org>.

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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