



Central African Republic

2012
Consolidated Appeal





SAMPLE OF ORGANIZATIONS PARTICIPATING IN CONSOLIDATED APPEALS

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

Table of Contents

1. EXECUTIVE SUMMARY.....	1
<i>Humanitarian Dashboard.....</i>	<i>3</i>
<i>Table I. Requirements per cluster.....</i>	<i>6</i>
<i>Table II. Requirements per priority level.....</i>	<i>6</i>
<i>Table III. Requirements per organization.....</i>	<i>7</i>
2. 2011 IN REVIEW.....	8
2.1 Changes in the context.....	8
2.2 Achievement of 2011 strategic objectives and lessons learned.....	11
2.3 Summary of 2011 cluster targets, achievements and lessons learned.....	16
2.4 Review of humanitarian funding.....	33
2.5 Review of humanitarian coordination.....	37
3. NEEDS ANALYSIS.....	37
4. THE 2012 COMMON HUMANITARIAN ACTION PLAN.....	41
4.1 Scenarios.....	41
4.2 The humanitarian strategy.....	42
4.3 Strategic objectives and indicators for humanitarian action in 2012.....	43
4.4 Criteria for selection and prioritization of projects.....	45
4.5 Cluster response plans.....	46
4.5.1 Protection.....	46
4.5.2 Water, Sanitation and Hygiene (WASH).....	53
4.5.3 Health.....	57
4.5.4 Food Security.....	61
4.5.5 Nutrition.....	66
4.5.6 Education.....	69
4.5.7 Multi-Sector Assistance to Refugees.....	73
4.5.8 Early Recovery.....	76
4.5.9 Coordination and Support Services.....	81
4.5.10 Emergency Telecommunications.....	84
4.5.11 Logistics.....	86
4.6 Logical framework of humanitarian action plan.....	88
4.7 Cross-cutting issues.....	89
4.8 Roles and responsibilities.....	90
4.9 Humanitarian action outside the CAP.....	91
5. CONCLUSION.....	92
ANNEX I: LIST OF PROJECTS.....	93
<i>Table IV. List of Appeal projects (grouped by cluster).....</i>	<i>93</i>
<i>Table V. Summary of requirements by location.....</i>	<i>102</i>
<i>Table VI. Summary of requirements by gender marker.....</i>	<i>102</i>
ANNEX II: NEEDS ASSESSMENT REFERENCE LIST.....	103
ANNEX III: DONOR RESPONSE TO THE 2011 APPEAL.....	104
<i>Table VII. Requirements and funding per cluster.....</i>	<i>104</i>
<i>Table VIII. Requirements and funding per organization.....</i>	<i>105</i>
<i>Table IX. Total funding per donor (to projects listed in the Appeal).....</i>	<i>106</i>
<i>Table X. Non-appeal funding per sector.....</i>	<i>107</i>
<i>Table XI. Total humanitarian funding per donor (Appeal plus other).....</i>	<i>108</i>
ANNEX IV: ACRONYMS AND ABBREVIATIONS.....	109

Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>. Full project details, continually updated, can be viewed, downloaded and printed from <http://fts.unocha.org>.



- ★ National capital
- ⊙ Prefecture capital
- Populated place
- International boundary
- - - Indeterminate boundary¹
- - - Prefecture boundary

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. 1. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

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

1. Executive Summary

In 2011, the Central African Republic accomplished significant political milestones, critical to the consolidation of peace. These included successful presidential and parliamentary elections, the creation of a new government, the ceasefire agreements between the Government and the *Convention des Patriotes pour la Justice et la Paix* (Patriotic Convention for Justice and Peace/CPJP), and between CPJP and the *Union des Forces Démocratiques pour le Rassemblement* (Union of Democratic Forces for Unity/UFDR). Disarmament, demobilization and reintegration in the north-west of the country also progressed.

Despite the progress, sporadic clashes between armed groups continue in the north-east and eastern regions where the state is absent and the proliferation of arms is on the rise. Criminality and banditry continue to plague most of the northern half of the country. Meanwhile, populations in the south-east, including some 26,000 displaced people, remain confined to a few towns due to the threatening presence of the Lord's Resistance Army.

The number of people still affected by displacement in the country is estimated at 171,751,¹ of whom 105,206 are internally displaced people and 66,545 are returnees.² Some 22,180 of the internally displaced people were newly displaced in 2011. Compared to 2010, the number of internally displaced people has decreased slightly. This might be a result of the gradual returns in the north-western regions and the increased effort by the humanitarian community to improve baseline data on displacement.

2012 Consolidated Appeal for the Central African Republic: Key parameters	
Duration:	12 months (January-December 2012)
Key milestones in 2012:	Harvest: October-November 2012
Target beneficiaries:	1,900,000 people
Total funding requested:	Funding request per beneficiary:
\$134,457,734 (105 projects)	\$71

Insecurity and displacement place a severe burden on an already weak host population, chronically vulnerable due to poor infrastructure and the lack of government services to support the people's needs. This makes large parts of the population heavily dependent on the humanitarian community for basic services such as health, water, sanitation and education, as well as general livelihoods support such as agricultural activities. Transition to long-term recovery and development programmes continue to be hampered in the absence of peace, security and stronger governance.

The overall security and humanitarian situation remains fragile and humanitarian action therefore continues to address the priority needs of an estimated 1.9 million people (over 45% of the estimated total population). The most vulnerable people are those living in regions affected by armed conflict or insecurity and people in post-crisis, most particularly internally displaced people, refugees, returnees and host communities.

The humanitarian community, whenever possible, will focus on interventions aimed at durable solutions. There will be increasing emphasis on supporting joint or multi-sectoral programmes, optimizing the limited resources available to make the strongest impact with the overall objective of reducing the aid dependence and vulnerability of the affected population.

¹ Data from various sources compiled by OCHA, October 2011. Figures are only estimates, and may not include IDPs and returnees in areas with limited or no access most specifically in the east and north-eastern regions of CAR. See October 2011 report from OCHA, *Overview of Displacement in the Central African Republic*, for more information.

² Returnees are still considered displaced as they have returned to non-durable living conditions.

In line with this approach, the Humanitarian Country Team (HCT) has identified the need for US\$³134,457,734 to support 105 projects necessary to address the needs of the most vulnerable people in the Central African Republic in 2012. 15% (\$20,313,085) is for projects identified as immediate priority, 60% (\$80,599,110) as high priority and 25% (\$33,545,539) as medium priority. The HCT encourages donors to follow this rigorous prioritization in their funding decisions.

The main threats to the humanitarian community carrying out the identified necessary programmes in the Central African Republic are two-fold: constraints on access due to insecurity and increasing criminality, and the lack of minimum funding required for effective project planning and implementation. The Humanitarian Country Team urges donors to increase their support to the country to avoid slipping back into deeper crisis.

³ 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.

Humanitarian Dashboard– Central African Republic (CAR) (Nov 2011)

SITUATION OVERVIEW

Outlook: Overall security and humanitarian situation is fragile, with key issues varying from chronic structural problems, post-crisis populations in need of recovery assistance, high rates of malnutrition and life-threatening disease, on-going or looming armed conflict and banditry; all underpinned by weak and often absent state and supporting social infrastructure.

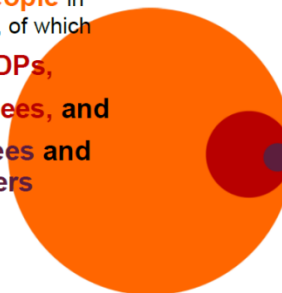
Most affected groups: People living in regions affected by armed conflict or insecurity and people in post-crisis; most particularly IDP, returnees, refugees and host communities.

Most affected areas:

- **North and North-east:** Chronically insecure due to absence of state and rebel presence resulting in ethnic tensions. High rates of criminality, sporadic clashes between armed groups, proliferation of arms and neighbouring countries in crisis.
- **Kabo – Batangafo – Kaga-Bandoro triangle:** High levels of insecurity due to attacks by bandits and armed groups, of which there are 5 in this region alone.
- **South-east:** Attacks by LRA forced more than 26,000 into displacement in CAR between 2008 and 2011. Populations confined to few towns with military presence.

Main drivers of the crisis: Close to 10 armed rebel groups and national and international forces operating in CAR, rampant banditry and increasing criminality, poor infrastructure and extreme poverty and already weak state and social infrastructure mostly limited to the capital.

- **1.9 million people** in need nationwide, of which
- **105,206 are IDPs,**
- **66,545 returnees, and**
- **19,865 refugees and asylum seekers**



KEY FIGURES

- 22,180 new IDPs due to violence in 2011
- Two in five children <5 chronically malnourished
- 65% of population not using improved sanitation source
- 1 physician per 55,000 people and 1 health worker per 7,000
- Primary net enrolment rate 36% in 2009
- 5.9% of population HIV-positive, with over 10% in some prefectures

Sources: OCHA, MICS IV (preliminary), Min. of Education

PRIORITY NEEDS

Food Security and Nutrition: High agricultural potential with low outputs, conflict inhibits farmer's access to their lands and markets and malnutrition seen equally in conflict and non-conflict areas. Overall poor nutritional habits.

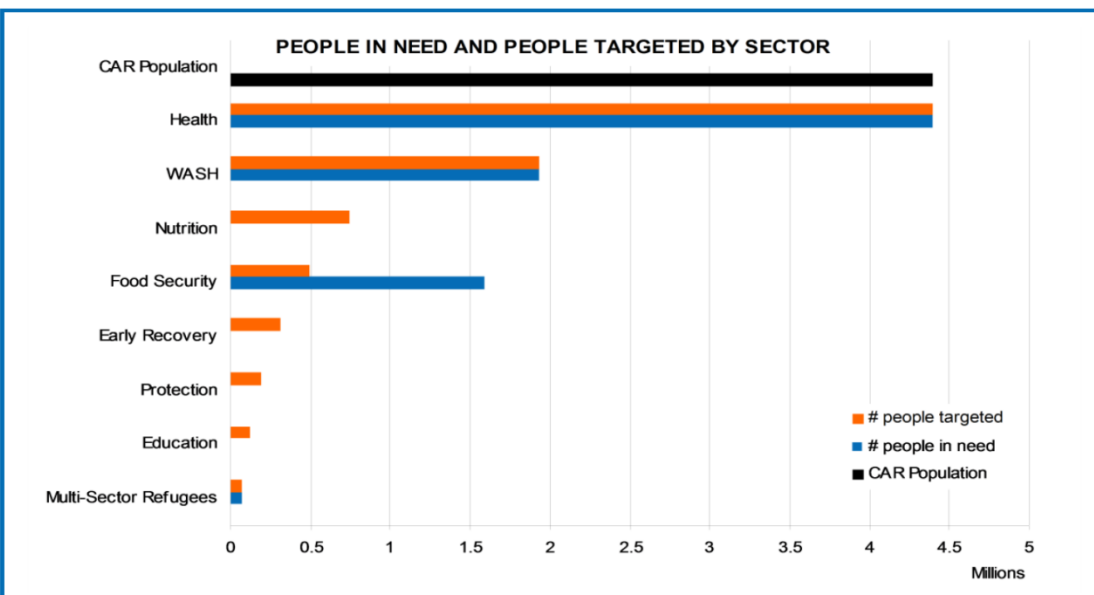
Health: Lack of infrastructure and medical staff, insufficient medicines and equipment and health centres mismanaged and victim to looting leaving populations to rely mainly on humanitarian actors. High maternal mortality, <5 mortality and HIV prevalence rate as compared to region. Malaria the leading cause of death in children <5, followed by pneumonia and diarrhoea.

Protection: Numerous human rights violations reported. Weak state administrative and judicial institutions and poor legal documentation. More than 171,000 Central Africans currently victim to displacement within CAR living in precarious conditions; pose severe strain on already weak host communities.

Education: Access to school limited due to lack of or destroyed infrastructures, and when access is available quality of education is low due to lack of qualified teachers, high rates of pupils per teacher, poorly built spaces lacking furniture and lack of materials.

WASH: Communities face limited access to improved water and sanitation facilities throughout the country.

Early Recovery: Infrastructure rehabilitation, support to economic recovery and local governance and community capacity development and strengthening to prevent recovering population from falling back into humanitarian crisis.



RESPONSE OVERVIEW

Health: 85% targeted 220 health facilities (643 in country) functional, 45% deliveries assisted by trained staff and 86% of health provinces have emergency response plan.

WASH: 117% targeted water points and 84% sanitation structures constructed/rehabilitated, 51% targeted hygiene promotion and 86% water point community trainings reached.

Nutrition: 111 UNT/UNTA and 106 UNS operational, 150% targeted staff trained on nutrition protocols, 37% MAM supplemented, 66% SAM treated and 64% children 6-59 months received Vitamin A supplement.

Food Security: 25,824 agro-pastoral kits distributed, 3,653 people trained on best agricultural practices and rural groups equipped. 88,790 people benefit from food assistance.

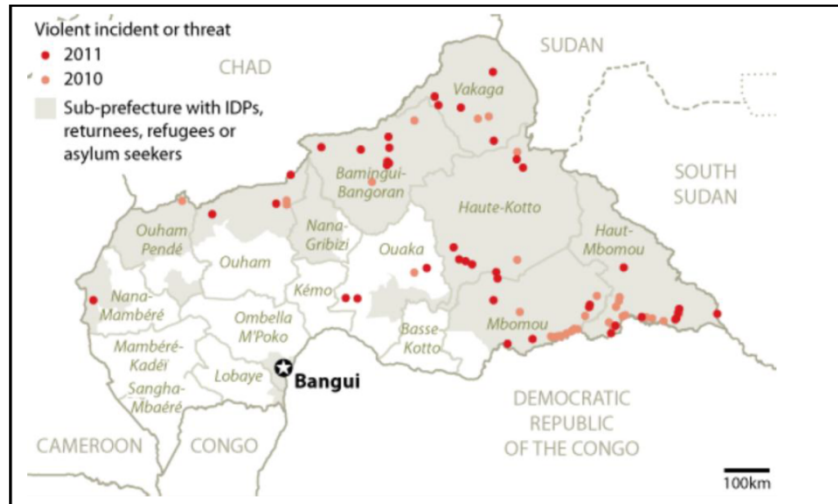
Early Recovery: Work to increase and diversify income sources, strengthen capacities of community-based groups, improve infrastructures and reinforce local actor's capacities.

Protection: Sensitization on human and child rights, community peace-building and cohesion programmes, legal aid consultations and mobile courts and monitoring databases developed.

Education: 108% targeted children enrolled, 108% targeted parent-teachers trained, 192 classrooms constructed/rehabilitated and 28 temporary learning spaces created.

Multi-Sector Assistance to Refugees: 90% refugee population documented, 76% resettlement cases submitted, local authority capacities increased and refugees assisted with food, shelter, sanitation, education and livelihood and self-reliance activities.

CENTRAL AFRICAN REPUBLIC CAP 2012



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Base map sources: FAO GAUL, OCHA, UNCS.

INDICATOR	MOST RECENT DATA	PREVIOUS DATA	TREND
Population of CAR	4,401,000 in 2010 (UNDESA 2011)	3,895,139 in 2003 (CAR census)	N/A
IDPs	105,206 in Sep 2011 (various sources compiled by OCHA)	192,000 total IDPs and returnees in Jun 2010 (various sources compiled by OCHA)	↑
Returnees	66,545 in Sep 2011 (various sources compiled by OCHA)		
Refugees in CAR	19,865 in Oct 2011 (UNHCR)	16,832 in May 2011 (UNHCR)	↓
CAR refugees abroad	164,905 in Jan 2011 (UNHCR)	161,691 in 2010 (UNHCR)	↓
Maternal mortality rate	850 per 100,000 in 2010 (MICS IV)	1,355 per 100,000 in 2006 (MICS III)	↑
U5 mortality rate	179 per 1,000 in 2010 (MICS IV)	176 per 1,000 in 2006 (MICS III)	↑
Measles vaccination rate (aged 12-23 months who received at 12 months)	49.8% in 2010 (MICS IV)	49.9% in 2006 (MICS III)	↔
Malaria prevention (% children sleeping under ITN)	36.4% in 2010 (MICS IV)	15.1% in 2006 (MICS III)	↑
Food insecurity prevalence	18.93% in Jun-Oct 2011	N/A	N/A
Prevalence of malnutrition (underweight % of children under 5)	23.5% in 2010 (MICS IV)	28.3% in 2006 (MICS III)	↑
Adult literacy rate	69.8% men / 47.2% women in 2009 (Min. of Education)	66% men / 46% women in 2006 (Census Bureau)	↑
Pupil to teacher ratio	95 in 2009 (Direction de la statistique)	92 in 2006 (Direction de la statistique)	↑
Proportion of population without sustainable access to an improved water source	33% in 2008 (WHO/UNICEF JMP 2010)	35% in 2005 (WHO/UNICEF JMP 2010)	↑

↑improving↔unchanged↓deteriorating

TREND ANALYSIS

- **Significant political milestones** in 2011 including successful presidential and parliamentary elections, setup of new government, ceasefire agreement between CPJP and the Government and CPJP and UFDR and DDR process underway.
- **Spontaneous and slow returns in the north-west and west** Threat of security vacuum in north-west after disarmament of rebel groups and weak state presence.
- **Continued violence in the north-east and the east** increasingly becoming an inter-community/inter-ethnic conflict.
- **Communities affected by LRA** in the south-east continue to be confined to few towns with military presence, and major LRA units known to have periodic presence in CAR.
- **Incidents against humanitarian workers** in 2011 including kidnapping, hijacking and looting of compounds.
- **Armed bandits and poachers** a continual threat country-wide where many international borders are uncontrolled and proliferations of arms on the rise.
- **Potential spillover effects into CAR** during and after the elections in DRC and the determination of final boundaries between Sudan and South Sudan and the status of Abyei.

OPERATIONAL CONSTRAINTS

- **Insecurity:** Armed attacks and conflicts, notably in the north, east and south-east make it often too dangerous for humanitarian actors to reach those in need and often restricted by military authorities. Banditry is a chronic problem throughout the entire of CAR, especially along major roads where civilians and aid workers are often the targets of armed ambushes. On-going humanitarian programs are frequently disrupted due to insecurity.
- **Poor infrastructure:** CAR is the size of France and has less than 700 km of paved roads. During the May-November rainy season, there is no road access to the east and north-east. UNHAS is the only domestic air service for the majority of humanitarians, and is often disrupted during the rainy season due to storms and crucially dependant on funding.
- **High operational costs:** Humanitarian operations in CAR are at a premium as most equipment and vehicles must be imported, and those which can be bought locally are expensive and of poor quality and maintenance capacity in country is weak. Poor electrical and transport infrastructures leave equipment and vehicles with a shortened life.
- **Capacity:** Organisations stretched in terms of personnel and funding, not only limiting needed immediate response capabilities and projects, but inhibiting room for needs assessments and monitoring and evaluation. High turnover of staff often disrupts projects, and institutional knowledge. Weak national institutions challenge capacity-building within CAR.
- **Funding:** Humanitarian projects are chronically underfunded and weak interest in development projects. The 2011 CAP calling for \$139.5 million is currently funded at 43%, approximately the same level reached at the same period in 2010 (43.5%). Source: FTS

OPERATIONAL CONSTRAINTS

- Last census completed in 2003 (before crisis); leaving baseline demographic statistics weak. Next census planned for 2013 (Census Bureau).
- Administrative boundaries and village locations last updated in 2003 (SIGCAF) and not in line with current situation on ground challenge geospatial analysis.
- IDP and returnee estimates updated in November 2011 (OCHA), refugee figures updated in October 2011 (UNHCR), refugee return registration underway in the north-west and the north (UNHCR) and displacement profiling completed in Bamingui-Bangoran in May 2011 and expected to take place in Kabo and Markoundia in November 2011 (DRC/EHELLE/JIPS).
- MICS IV (UNICEF) completed in 2011; only preliminary results published.
- See <http://cod.humanitarianresponse.info/> for information specific to each sector.
- Needs assessments performed mostly at localised level on ad-hoc basis.

Unless otherwise stated, all information from CAP 2012 document. Dashboard created 10 November 2011 by UN OCHA. For more information, please visit <http://hdptcar.net> or www.unocha.org. Feedback welcome to info@hdptcar.net.

1. Executive Summary

Additional basic humanitarian and development indicators for the Central African Republic

		Most recent data	Previous data or pre-crisis baseline	Trend *
Economic status	Gross domestic product per capita	\$457 in 2010 (WDI ⁴ 2010)	\$459 in 2009 (WDI 2009)	↔
	Percentage of population living on less than \$1.25 per day	62.8% in 2008 (WDI 2011)	62% in 2003 (WDI 2011)	↔
Health	Life expectancy	45.9 between 2005-2010 (44.5 male; 47.3 female) (UNDESA 2010)	43.6 between 2000-2005 (42.2 male; 45 female) (UNDESA 2010)	↑
	Number of health workforce (MD+nurse+midwife) per 10,000 population	0.18 physicians and 1.4 nurses or midwives per 10,000 in 2010 (Multiple Indicator Cluster Survey / MICS IV)	0.16 physicians and 0.5 nurses or midwives per 10,000 in 2003 (Min. of Health CAR)	↔
HIV/AIDS	HIV prevalence (% of population age 15-49)	6.3% women / 5.4% men in 2010 (MICS IV)	7.8% women / 4.3% men in 2006 (MICS III)	↔
Food Security	Percentage of households according to food consumption score (<21, 21-34, 35+)	40% considered very high between 2005-2007 (FAO SOFI ⁵)	42% considered very high between 2000-2002 (FAO SOFI)	↔
Education	Primary school enrolment (net)	63% in 2009 (Min. of Education CAR)	50% in 2007 (<i>Annuaire statistiques de l'éducation</i>)	↑
	Public spending on education	1.5% of GDP in 2009 (Min. of Education CAR)	1.45% of GDP in 2007 (PRSP)	↑
Other vulnerability indices	ECHO Vulnerability and Crisis Index score	3/3 GNA (2011-2012)	3/3 GNA (2010-2011)	↔
	IASC Early Warning - Early Action rating	Yellow risk level Priority 3 (Jul–Oct 2011)	Orange risk level Priority 2 (Mar–Jun 2011)	↑

↑ situation improved ↓ situation worsened ↔ situation remains more or less same

⁴ World Bank World Development Indicators

⁵ State of Food Insecurity

Table I. Requirements per cluster

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Cluster	Requirements (\$)
COORDINATION AND SUPPORT SERVICES	5,041,281
EARLY RECOVERY	9,035,561
EDUCATION	9,634,636
EMERGENCY TELECOMMUNICATIONS	165,404
FOOD SECURITY	36,693,232
HEALTH	17,237,980
LOGISTICS	7,179,505
MULTI-SECTOR ASSISTANCE TO REFUGEES	17,032,333
NUTRITION	5,490,424
PROTECTION	18,684,257
WATER, SANITATION AND HYGIENE	8,263,121
Grand Total	134,457,734

Table II. Requirements per priority level

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Priority	Requirements (\$)
A. IMMEDIATE	20,313,085
B. HIGH	80,599,110
C. MEDIUM	33,545,539
Grand Total	134,457,734

Table III. Requirements per organization

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org	
Compiled by OCHA on the basis of information provided by appealing organizations.	
Appealing Organization	Requirements (\$)
ACF	2,295,403
ACTED	3,221,685
ADEM	730,168
CHF	-
COHEB	368,387
COOPI	3,679,616
CRS	945,072
DRC	6,927,320
ECELLE	205,857
FAO	5,020,819
IDC	260,913
IMC UK	4,599,995
IRC	2,594,326
JRS	1,284,871
JUPEDEC	409,810
Mercy Corps	2,040,668
MERLIN	2,729,030
MI	1,619,980
MSB	2,500,000
NDA	100,000
OCHA	2,541,281
PU-AMI	5,440,000
REMOD	76,794
Solidarités	4,038,889
TGH	540,000
UNDP	1,241,268
UNFPA	1,084,980
UNHCR	27,740,778
UNICEF	10,838,561
VITALITE PLUS	500,107
WFP	34,558,173
WHO	4,322,983
Grand Total	134,457,734

2. 2011 in review

2.1 Changes in the context

A few important milestones have been reached in the Central African Republic (CAR) in 2011. These include the successful presidential and parliamentary electoral process held early this year, the set-up of a new Government, the ceasefire agreement signed in June between the Government and the CPJP (the only remaining rebel group which had not yet signed the Libreville Global Peace Agreement) and progress made in the disarmament, demobilization and reintegration (DDR) process.

Moreover, no violence was reported during political events which took place in neighbouring countries (namely the South Sudan referendum in January and subsequent declaration of independence in July; parliamentary and presidential elections in Chad held in February and April respectively; and presidential elections in Cameroun in October).

Nevertheless, concerns are high regarding the recent independence of South Sudan and the continued tensions with Sudan over the contested area of Abyei, and elsewhere, including the oil region. Peaks of violence were reported on the frontier between the referendum and the declaration of independence, which may escalate further. An escalation in violence between the two countries may lead to an influx of refugees into CAR, which would affect humanitarian operations in the country.

The presidential and parliamentary elections in the Democratic Republic of Congo (DRC) at the end of November 2011 and their possible aftermath are also a source of concern, potentially impacting the humanitarian situation in CAR.

The delayed DDR process made progress in the north-west of CAR in August and September: more than 3,000 members of the *Armée pour la restauration de la république et la démocratie* (Army for the Restoration of Democracy/APRD) were demobilized. Nevertheless, the APRD fighters located in the area of Kaga-Bandoro have not yet been demobilized and the process is currently at a stalemate mainly due to security problems in the north and north-eastern regions. Two main concerns remain regarding the DDR process: the lack of a national reintegration strategy and the security vacuum in the concerned areas.

As of end of October 2011, the number of people still affected by displacement in the country was estimated at 171,751, of which 105,206 were internally displaced people (IDPs) and 66,545 were returnees. Some 22,180 of the IDPs were newly displaced in 2011. Returnees are still considered displaced as they have returned to non-durable living conditions.⁶ Compared with 2010, the number of IDPs slightly decreased, thought to be the result of the gradual returns in the north-western regions and the increased effort by the humanitarian community in improving baseline data on displacement.

In addition there are an estimated 164,905 Central African refugees living in neighbouring countries (mostly Cameroon and Chad but also DRC and Sudan),⁷ and 19,865 refugees from Sudan and DRC and asylum-seekers of various origins residing in CAR.⁸

The overall security and humanitarian situation in the country remains fragile and complicated, and varies a lot from one region to another. Three main contexts seem to emerge in CAR:

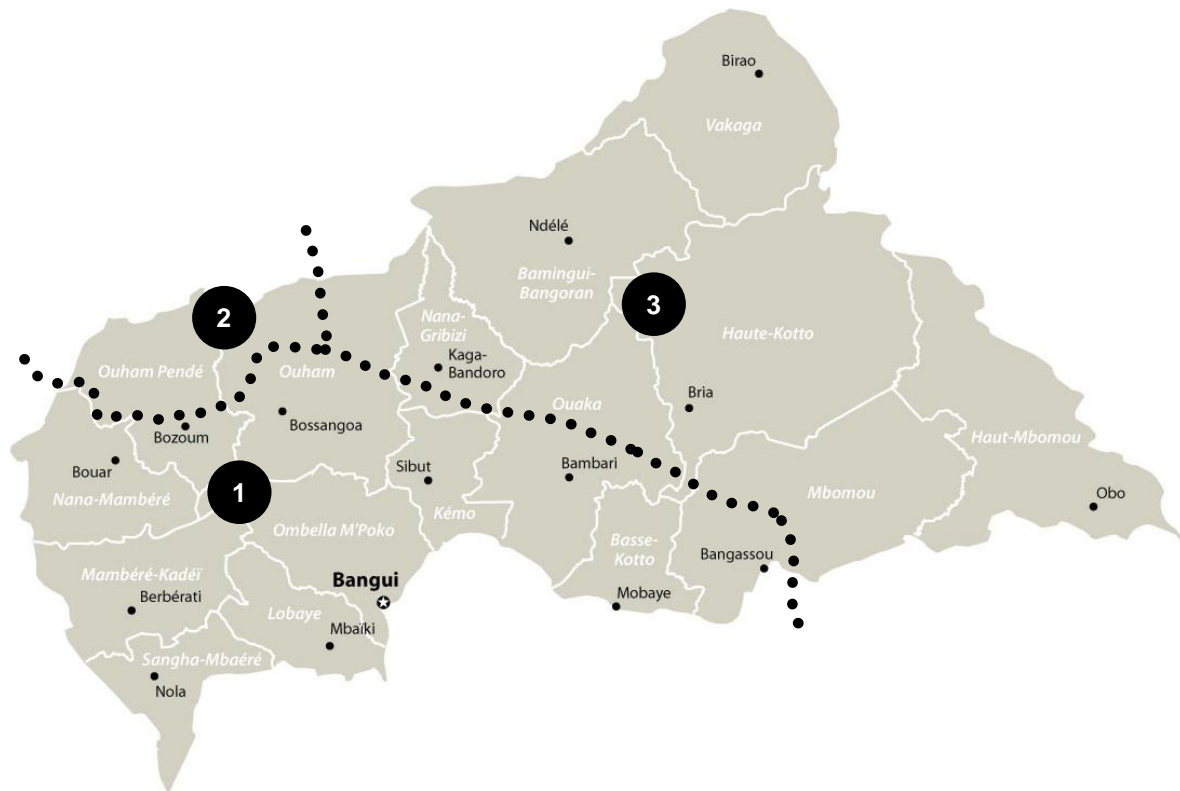
1. A context with chronic structural problems, mainly the south-west, where early recovery (ER) and development projects are highly desirable.

⁶ Data from various sources compiled by OCHA, October 2011. Figures are only estimates, and may not include IDPs and returnees in areas with limited or no access most specifically in the east and north-eastern regions of CAR. See October 2011 report from OCHA, *Overview of Displacement in the Central African Republic*, for more information.

⁷ UNHCR, January 2011

⁸ UNHCR, October 2011

2. A post-crisis or fragile context related to north-western CAR, where expectations are high in terms of security stabilization, reintegration projects for ex-rebels, opportunities of return (for IDPs and refugees) and economic development.
3. A conflict/unsecured context related to the north, east and south-east areas of CAR characterized by a restricted humanitarian access to civilian population; threatened by criminality, multiple conflicts or attacks of rebel groups; and logistic constraints (limited/difficult access to the north-east and east during the rainy season).



When looking further in to the regional specificities, the evolution of the context in 2011 can be summarized as follows:



The south-western region of CAR is favourable to recovery activities, despite recurring structural acute malnutrition and the presence of a refugee camp close to the border with DRC and the Republic of Congo. The situation remained calm until a cholera outbreak at the end of September along the Ubangui River on the border with DRC. By the end of October, the epidemic was under control but requiring continued intervention.



In the north-west, some IDPs and refugees from Cameroon and Chad opted for voluntary return to their villages of origin following the elections in those countries. More than 3,000 APRD rebels were disarmed but are now waiting for reintegration projects. Further progress in the DDR process would probably create more durable conditions for the systematic return of IDPs and refugees to their villages, though the security vacuum is of great concern because of the absence of the Central African defence forces.



The Kabo – Batangfo – Kaga-Bandoro triangle remains problematic because of the movement of nomadic groups, the presence of bandits and many armed groups: *Front démocratique du peuple centrafricain* (Democratic Front for the Central African People/FDPC), APRD, and the Chadian rebel group the *Front populaire pour la reconstruction* (Popular Front for Reconstruction/FPR).

FPR is probably the biggest concern in this area: after mediation organized in Bangui in June with the Chadian authorities and the signed agreement specifying their return to Chad within one month, FPR

expanded its presence in CAR and granted itself with the mandate of “securing” the region, especially against FDPC.

In the first half of the year, many serious incidents against humanitarian actors including kidnapping were reported around Kabo. This has caused a suspension of humanitarian activities on the northern axis from Kabo. Generally, humanitarian movements in the region have been limited.

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



In the north, north-east and centre, the situation deteriorated further since the end of 2010 and increasingly became an intercommunity/inter-ethnic conflict from the beginning of 2011. The combination of internal conflicts (CPJP-Government, CPJP-UFDR) and criminality, facilitated by the weakness of the State and the proliferation of arms in the region, makes the context very complex and insecure.

Following the conflict between CPJP and Government, tensions increased between CPJP and UFDR. After years of mutual “distance” between both groups, multiple attacks and fighting occurred from March 2011 in western Vakaga and in the northern and north-eastern Bamingui-Bangoran region, destroying villages and newly displacing populations. The conflict moved to other towns in Haute-Kotto and especially towards the centre of CAR with the attack of Bria by CPJP in September. The escalations of conflict crystallized into inter-community tensions between Rounga and Goula populations, leading to revenge actions against civilians.

These attacks in Vakaga, Haute-Kotto and Ouaka led to new movements of population either internally or towards Chad. New internal displacements in these regions are estimated at around 13,000 people, knowing that the western Vakaga was highly concerned but numbers of IDPs are unknown due to the lack of access to this area.

The conflict eventually ended after mediation organized between CPJP and UFDR in Bangui that concluded with a cease-fire agreement on the 8th of October 2011. This agreement as well as the cease-fire agreement signed between CPJP and the Government in June and the engagement of CPJP to adhere to the Libreville Global Peace Agreement gives a hope of stabilization which needs to be consolidated.

In the first half of 2011 humanitarian actors were also victims of many attacks in the Bamingui Bangoran and in the Vakaga organized by unknown armed groups in search of vehicles, satellite phones, money and other equipment.

Due to the deterioration of the security situation, humanitarian access was restricted by military authorities around Ndele (except towards the south-west) from January to June 2011. Since then, humanitarian activities resumed with precautions on the northern and western axes.

However, the access to the population of the Vakaga is still compromised by logistic constraints and insecurity: the prefecture and its uncontrolled borders with Chad and Darfur offer a conducive environment for Sudanese bandits to settle, and ideal for destitute Chadian rebels.



In the south-east, despite a decrease in Lord’s Resistance Army (LRA) attacks compared with 2010, the population remains traumatized and any new incidents are immediately attributed to LRA. The number of IDPs and refugees in the region is estimated at 20,460 and 5,047 respectively. The IDPs and refugees do not want to return due to prevailing insecurity.

In line with its commitment to support regional partners’ efforts to end the atrocities of LRA, the United States Government recently planned to send about 100 military advisors to the region⁹ including in CAR with the aim of assisting Ugandan and Central African forces. These advisors will

⁹ Uganda, South Sudan, CAR and DRC. The deployment of US forces will be subject to the approval of each respective host nation.

work at strengthening information-sharing, enhancing coordination and planning, and improving the overall effectiveness of military operations.

The general context is characterized by internal displacements, lack of protection and food insecurity in the whole country, catastrophic social indicators and lack of Government presence, economic fragility which makes the situation very difficult for the population and creates many challenges for humanitarian operations in CAR.

In spite of the degraded security situation in the northern and eastern regions, there is an opportunity in a number of areas (especially in the north-west) to develop ER 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 also ensuring a minimum functioning of basic social services and infrastructure.

Even in relatively stable regions, needs are high in all sectors and could quickly deteriorate into a crisis level. Hence, monitoring should continue to be a priority. Catastrophic mortality rates should especially attract attention since they not only concern conflict-affected areas but the whole country including the south-west. Furthermore the presence and action of early recovery and development partners and donors should be reinforced in all accessible areas.

2.2 Achievement of 2011 strategic objectives and lessons learned

Strategic objectives and achievements in 2011

Strategic Objective 1: provide coordinated and vital assistance in response to the need of people affected by violence or other humanitarian crisis based on needs assessments and a human rights-based approach while maintaining an emergency capacity response for the rest of the country.		
Indicator	2011 Target	Achieved
Health care service utilization rate among the population	0.5 new contact/person per year	One contact/person/year
Number of households having access to food and food production resources	20,000 beneficiary households	25,824 kits distributed
Newly built or rehabilitated institutional (schools or health centre) or community water points (boreholes, protected wells, reticulated water distribution system)	506 water points	590 water points
Percentage of people of concerns (PoCs) that have access to registration, basic services (non-food items/NFIs, 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"> ◆ 50% have access to basic services and protection from human rights violations. ◆ 45,000 IDPs assisted with NFIs. ◆ Multiservice gender-based violence (GBV) centres operational in Bangui, Bouar, Bambari, Bangassou and Rafai offering medical, psycho-social, legal and socioeconomic reinsertion of survivors. ◆ 26 sexual GBV 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.

Indicator	2011 Target	Achieved
Percentage of severe acute malnutrition (SAM) amongst children under five	< 3.5%	2.3%
Number of children enrolled in school	136,409 children (girls and boys)	148,215 children enrolled (70,441 girls; 88,215 boys)
Number of markets rehabilitated Number drying areas, storage, warehouse, workshop production rehabilitated	143 functional social or economic infrastructure	<ul style="list-style-type: none"> ◆ 26 warehouses built/rehabilitated. ◆ 40 poultry houses built/rehabilitated. ◆ One market with 15 stalls rehabilitated in Ndélé for 350 users.
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	90% of refugees have access to response to human rights violations and basic social services.

Objective 1 challenges:

- The country has faced a series of small-scale emergencies in inaccessible areas for security or logistic reasons in locations around Ndele, Kabo, Sikkikédé, Tiringoulou and Bria.
- The security context is more complex and changing than ever, creating additional delays in project implementation and in some cases project cancellation.
- The WASH sector suffered increasingly from a lack of mechanical drilling capacities, directly impairing work to improve access to drinking water.
- Lack of sufficient funding.
- Lack of funding for health coordination, which limited staffing and logistic support for project follow-up and sector coordination.
- Limited capacity of health partners to adapt to the transitional context in certain zones and provide sustainable support to the health system for a better coverage of comprehensive health needs for the population.

Despite these constraints, important achievements towards targets can be noted for the five principle WASH indicators, a slight reduction in prevalence of severe acute malnutrition is reported, and with the involvement of non-governmental organizations (NGOs) the cluster education reached more children in school than expected.

Furthermore, coordinated assistance has been strengthened through the decentralization of the health cluster involving national health authorities at district and provincial level. Six health sub-clusters enabled better preparation and response to meningitis outbreak following a joint field assessment.

Strategic Objective 2: protect people affected by conflict, in particular IDPs, refugees, returnees and other PoC 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 the civil society.		
Indicator	2011 Target	Achieved
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 Kampala Convention.

2. 2011 in review

Indicator	2011 Target	Achieved
		<ul style="list-style-type: none"> ◆ Sensitization on human rights, including women's and children's rights, of over 30,000 people and 630 free legal aid consultations in Ouham Pendé, Ouham, Bamingui Bangoran; Bouar, Bambari and Bangassou and individual legal assistance provided to 415 survivors of violence, notably related to witchcraft accusations. ◆ On-going advocacy to end the six grave violations committed against children. ◆ 26 protection committees trained and operational in Ouham Pendé, Ouham and Bamingui Bangoran. ◆ 30 child protection committees trained and operational in Rafai and Bangassou. ◆ IDP profiling of Ndélé, Nana-Gribizzi and Bamingui Road conducted. ◆ Peace-building/social cohesion campaign conducted in Ndélé with 24 cultural events bringing together 5,000 people; 81 focus group discussions held afterwards.
Number of mother-child structures (PTPE) with trained staff	30 structures	15 structures
<p>Training on children's rights and protection</p> <p>Revision of legal texts on child protection</p> <p>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"> ◆ 244 school directors trained on children's rights and protection. ◆ Sensitization on children's rights of over 6,000 people in Ouham-Pendé, Ouham, Bamingui Bangoran; training on child protection to 236 parent-teachers (PT) in Ouham; targeted sensitization of 1,400 parents in Ouham on the importance of girls' schooling. ◆ Identification of 300 children associated with self-defence groups in Ouham-Pendé. ◆ 50 village chiefs trained on child protection in Bangassou and Rafai; 150 child protection focal points trained on child protection.
<p>Percentage of refugees enjoying freedom of movement</p> <p>Percentage of refugees documented</p>	<p>100% people receiving civil status documentation</p> <p>100% refugees enjoy freedom of movement</p> <p>Decrease in protection incidents due to the ignorance of the refugees rights</p>	<ul style="list-style-type: none"> ◆ 80% of refugees received ID documents. ◆ Protection training provided to 100 law enforcement agents.

Objective 2 challenges:

Limited access to affected populations in the northern and eastern regions remains a challenge, however with the support of NGOs, training on human rights was given to field partners. This training still needs to be further strengthened and disseminated among education actors.

Strategic Objective 3: Support IDPs, returnees, host communities and others living in post-emergency settings in restarting their lives by ensuring minimum infrastructure and basic social services and an increase in self-reliance.		
Indicator	2011 Target	Achieved
Number of health structures rehabilitated, equipped and reinforced for adequate response to disaster and crisis	25	30
Number of rural communities affected by conflicts and other crisis having received appropriate assistance and training to manage common resources and improve their production capacities	20,000 households	25,824 households
Newly created/reactivated/re-trained water point committees	607	524
Re-establishment or development of essential services and rehabilitation and restitution of property in 65 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 infrastructure in Kaga-Bandoro. ◆ 1,500 IDPs assisted with seeds and agricultural materials in the northern conflict zone. ◆ 23 income-generating activities (IGAs) developed in the north. ◆ 95 LRA-affected women identified for professional training. ◆ 300 GBV victims assisted with IGAs.
Number of school structures/facilities constructed or rehabilitated	<p>65 classrooms constructed/rehabilitated (three classrooms per school)</p> <p>908 teachers trained</p>	<ul style="list-style-type: none"> ◆ 192 new classrooms constructed/rehabilitated. ◆ 908 parent-teachers trained.
<p>Km of roads rehabilitated</p> <p>Bridges built or rehabilitated</p> <p>Increase of goods exchanges</p>	<p>125 km of roads rehabilitated</p> <p>33 bridges built or rehabilitated</p>	<ul style="list-style-type: none"> ◆ 145 km of roads rehabilitated. ◆ Two ducts, three semi-definitive bridges, one culvert, two sills, two multiple culverts, two marshland sites completed. ◆ 33 bridges and 68 culverts ◆ Three ferries rehabilitated. ◆ 26 warehouses built or rehabilitated. ◆ 40 poultry house built or rehabilitated. ◆ One market with 15 stalls rehabilitated in Ndele for 350 users.
Percentage of refugee households able to meet their basic needs without being obliged to rely on humanitarian aid	<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"> ◆ 30% households are able to meet their basic needs. ◆ A durable solution plans with a focus on local integration is adopted by the <i>Commission Nationale pour les Réfugiés</i> (National Refugee Commission / CNR) for urban refugees.

2. 2011 in review

Indicator	2011 Target	Achieved
<p>Number of durable IGAs supported that are functional</p> <p>Number of training sessions implemented</p> <p>Number of networks (unions, federations, etc.) created and supported</p>	<p>2,370 IGA supports.</p> <p>80% of IGAs functional</p> <p>15,830 people trained</p>	<ul style="list-style-type: none"> ◆ 23 agricultural service centres (warehouse and post production transformation unit) have been built in Mambere Kadei, Sangha Mbaire and Lobaye prefectures. ◆ 40 egg-laying poultry farming units have been supported or built in Mambere Kadei, Sangha Mbaire and Lobaye prefectures. ◆ At least 90 rural and urban groups supported with agricultural IGA in Mambere Kadei, Sangha Mbaire and Lobaye prefectures. ◆ 263 groups of 547 men and 5,341 women are equipped with IGA kits including three groups of the <i>Réseau Centrafricain des personnes vivant avec le VIH Sida</i> (Central African Network of People Living with HIV/AIDS or RECAPEV), ten handicapped groups, 26 handicraft groups. ◆ 87 groups of 2,856 members have benefited from IGA kits. ◆ 60% of IGAs are functional and 100% of them have protection and social impact. ◆ Two training sessions organized for 20 participants from 13 national NGOs and seven national staff of international NGOs on “operational planning and programmes/projects monitoring”.

Objective 3 challenges:

The challenges remain vast in terms of supporting better preparation of health infrastructure to respond to disaster and crisis or to be resilient to crisis. Almost all hospitals at district and regional level need rehabilitation and equipment plus the reinforcement of essential services to reduce the consequences of disaster affecting the vulnerable population.

Despite logistic constraints, insecurity and limited funds available for infrastructure-rehabilitation and early recovery projects, significant progress were made in most of the sectors contributing to this strategic objective.

2.3 Summary of 2011 cluster targets, achievements and lessons learned

Outcomes	Target outputs	Indicator with corresponding target	Achieved to date
Protection			
Cluster Objective 1. Enhance security and physical integrity of PoC by creating a conducive protection environment.			
<ul style="list-style-type: none"> ◆ Needs of PoCs increasingly addressed by authorities in accordance with international standards. ◆ National law and policies on PoCs protection are consistent with international standards. ◆ Agreements are reached with the parties to the conflict, state and non-state for timely humanitarian access to PoCs. ◆ 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 PoCs increased. ◆ Monitoring mechanisms for PoCs physical security, protection and well-being established. 	<ul style="list-style-type: none"> ◆ National administrative and institutional framework and mechanisms provides better protection for PoCs. ◆ Respect of International Human Rights and humanitarian instruments and integration in the national legal framework. ◆ Humanitarian access to PoCs is secured. ◆ Children of concern are safe from grave violations by armed groups. ◆ Freedom of movement increased. ◆ Population have adequate access to basic needs (NFI, WASH, health, education). ◆ Multi-sectorial and inter-agency SGBV prevention and response working group established. ◆ Victim/survivor referral mechanisms established and sustained. ◆ Profiling of people of concern undertaken. ◆ Government mechanism to establish identity improved. ◆ Monitoring and reporting mechanisms improved. 	<ul style="list-style-type: none"> ◆ Number of government partners receiving technical advice and support. ◆ Extent law and policy 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 of advocacy interventions for freedom of movement. ◆ 75% of IDPs have access to basic needs. ◆ Extent working group on GBV established. ◆ Extent referral mechanisms established and sustained. ◆ Number of people of concern profiled (disaggregate by age (<18) and sex). ◆ Number of PoC provided with individual documentation. ◆ Child protection monitoring and reporting mechanism (MRM) strengthened. 	<ul style="list-style-type: none"> ◆ Sensitization on human rights, including women's and children's rights, of over 6,000 people. ◆ Six workshops in the Haut Mbomou (Obo, Mboki and Zemio) for 175 local authorities and villages leaders for human rights promotion, and human rights protection mechanism with a focus on women and child protection. ◆ NFIs kits distributed to 100 families with specific needs. ◆ Profiling of Ndélé and Bamingui Road conducted. ◆ Creation of a database of 411 identified LRA survivors in the Haut Mbomou. ◆ Peace building/social cohesion campaign conducted in Ndélé with 24 cultural events bringing together 5,000 people; 81 focus group discussions held afterwards. ◆ Sensitization on children's rights of over 6,000 people in Ouham Pendé, Ouham and Bamingui Bangoran; training on child protection to 236 parent-teachers in Ouham; targeted sensitization of 1,400 parents in Ouham on the importance of girls' schooling. ◆ Identification of 300 children associated with self-defense groups in Ouham-Pendé.

Outcomes	Target outputs	Indicator with corresponding target	Achieved to date
Cluster Objective 2. 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. ◆ The 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"> ◆ Access to legal services improved. ◆ End impunity through investigation and trials. ◆ Conditions of detention are improved especially for women and children. ◆ Construction of two prisons in conformity with international standards in Bria and Bouca. 	<ul style="list-style-type: none"> ◆ Number of PoCs having access to legal services and counselling. ◆ 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"> ◆ 630 free legal aid consultations in Ouham Pendé, Ouham and Bamingui Bangoran; individual legal assistance provided to 190 survivors of violence, notably related to witchcraft accusations. ◆ Three mobile courts organized in Ouham Pendé and Ouham (Northern prefectures). ◆ Three workshops on conflict mediation for 175 local authorities in Obo, Mboki and Zemio.
Cluster Objective 3. Provide support to the establishment of a favourable environment for durable solutions by ensuring access to basic social and economic services.			
<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. ◆ The socio-economic situation is conducive to voluntary return in dignity. 	<ul style="list-style-type: none"> ◆ State presence effective. ◆ Development of basic services structures supported. ◆ Level of self-reliance and livelihoods improved. ◆ Early recovery and agro pastoral programmes aimed at self-sufficiency of PoCs are supported. 	<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 PoC earning income (formal and informal). ◆ Percentage of children having access to basic services. 	50 women received professional training and IGA kits (in dressmaking and hairstyling) in Obo, Mboki and Zemio.
Cluster Objective 4. Promote community participation by reinforcing capacities and partnership with PoC and local NGOs, associations and actors engaged in safeguarding the rights of people of concern.			
Community mobilization strengthened and expanded.	<ul style="list-style-type: none"> ◆ Participatory assessment and community mobilization refined and improved. ◆ Strengthened capacity and mobilization of local actors in promoting and reinforcing human rights and governance. 	<ul style="list-style-type: none"> ◆ Number of participative assessments conducted on the protection needs of PoCs. ◆ 50% of local actors involved in human rights-related work received support. ◆ Number of effective protection committees established. 	<ul style="list-style-type: none"> ◆ 26 protection committees trained and operational in Ouham Pendé, Ouham and Bamingui Bangoran, including 12 child protection committees in Ouham Pendé and Ouham. ◆ Three workshops on civism and basics conflicts mediation for 120 community

Outcomes	Target outputs	Indicator with corresponding target	Achieved to date
		<ul style="list-style-type: none"> ◆ Number of NGOs, associations for Human Rights trained. 	<ul style="list-style-type: none"> leaders (chefs de villages), in Obo, Mboki and Zemio, one in each city. ◆ One LRA survivors association established with 157 members, with three committees in Obo, Mboki and Zemio. ◆ Awareness activities conducted for around 3,500 people. ◆ One psycho-social activity organized for community each week (games and expression activities for children, listening post and group with gender sensitivity – community, children, adult, men women).
Health			
Cluster Objective 1. Improvement of access to emergency health care (basic and secondary health care) of people affected by crisis.			
Qualified staff as well as 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 are functional and provide affordable care. ◆ Immunization coverage rate against major childhood disease: 54% (DPT3). ◆ 45% of deliveries are assisted by trained staff versus the average of expected deliveries amongst the population.
Cluster Objective 2. Reduce health consequences of disaster by improving emergency preparedness and response mechanism to disaster and health crisis.			
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"> ◆ Emergency preparedness plan available for each health province. ◆ 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 timely investigated and adequately controlled. 	<ul style="list-style-type: none"> ◆ 86% of seven health provinces have an emergency response plan. ◆ 100% of 16 health prefectures have a local epidemic response committee. ◆ 100% of epidemic outbreaks timely investigated and adequately controlled.

Cluster Objective 3. Improvement of health information sharing and Health Cluster approach.			
Information on humanitarian response and trend of epidemic-prone disease well disseminated among health stakeholders.	A Health Cluster bulletin produced and disseminated among health stakeholders.	100% of humanitarian stakeholders receive the Health Cluster bulletin.	60% of humanitarian stakeholders receive the Health Cluster monthly report.
Cluster Objective 4. Promote local institutional capacity-building to empower local counterpart.			
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"> ◆ 100% 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 Objective 1. 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. ◆ Provided some food assistance to affected people. 	<ul style="list-style-type: none"> ◆ 20,000 kits distributed. ◆ 100,000 beneficiaries. ◆ 10,000 hectares (ha) planted. 	<ul style="list-style-type: none"> ◆ 25,824 kits distributed. ◆ 88,790 beneficiaries. ◆ 3,655 ha out of which 22 ha with vegetable production.
Cluster Objective 2. Increase agricultural production.			
The technical and managerial capacities of farmer groups and organizations are reinforced to improve and diversify the agro-pastoral production and increase access to the market.	<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 in order to create network, association and union. 	<ul style="list-style-type: none"> ◆ 2,000 people trained. ◆ 1,000 new networks or organizations established. ◆ 500 agro-pastoral groups recognized by the Authority (Ministry of Rural Development). 	<ul style="list-style-type: none"> ◆ 3,653 people trained on the best agricultural practices. ◆ 45 groups created, recognized legally and equipped to carry out agricultural activities.
Cluster Objective 3. Diversify agricultural production and facilitate access to markets.			
Farmer groups and organizations are reinforced through materials and equipment to increase and diversify their production and develop commercial activities.	<ul style="list-style-type: none"> ◆ Farmer groups/associations are supported and equipped to increase agricultural production. ◆ Animal breeders groups/associations are supported and equipped to 	<ul style="list-style-type: none"> ◆ 10,000 ha cultivated. ◆ 1,000 farmer groups/organizations supported with equipment. ◆ 100 networks/associations supported with equipment. 	<ul style="list-style-type: none"> ◆ 3,422 ha cultivated. ◆ 738 farmers groups assisted and trained.

	<p>increase animal production.</p> <ul style="list-style-type: none"> ◆ Networks/associations are equipped in order to develop collective actions, services, counselling, training and follow up to the agro-pastoral members groups. 		
Cluster Objective 4. Strengthen capacity-building			
<p>The technical and substantive capacities of state services, civil society organizations working in rural areas are strengthened.</p>	<ul style="list-style-type: none"> ◆ Members of local government agencies are trained (ACDA, ANDE). ◆ Members of local NGOs or formal farmer organization are trained (<i>Fédération Nationale des Eleveurs Centrafricains /National Federation of Central African Livestock Breeders/FNEC</i> etc.) ◆ Local rural actors are equipped. 	<ul style="list-style-type: none"> ◆ 500 state officers trained. ◆ 500 actors of civil society trained. ◆ 500 rural actors equipped. 	<ul style="list-style-type: none"> ◆ 500 state officers and two ACDA and ANDE new personnel trained. ◆ 1,415 rural actors equipped.
Cluster Objective 5. Facilitate and promote information sharing, synergies and coordination.			
<ul style="list-style-type: none"> ◆ The information about food security actions is regularly disseminated. ◆ The synergies with others relevant clusters (e.g. ER) are established. 	<ul style="list-style-type: none"> ◆ Meetings organized. ◆ Actors present activities during cluster meeting. ◆ Monitoring and evaluation system is set up. ◆ Inter-cluster meeting organized. ◆ Tools and supports about the “Best practices” in food security are shared with other clusters. 	<ul style="list-style-type: none"> ◆ 14 meetings organized. ◆ 14 reports disseminated. ◆ Six meetings realized. ◆ Three tools shared. 	<ul style="list-style-type: none"> ◆ Seven regular monthly cluster coordination meetings organized. ◆ All cluster meeting minutes disseminated. ◆ The cluster is regularly represented in the weekly HDPT meeting and at the inter-cluster coordination meeting.
Water, Sanitation and Hygiene			
Cluster Objective 1. Provide access to safe drinking water, in accordance with SPHERE standards.			
<p>Morbidity and mortality rates linked to waterborne diseases are reduced amongst the target populations.</p>	<p>Newly constructed or rehabilitated institutional (schools, health centres) and community water points (boreholes, protected wells, reticulated water distribution systems).</p>	<p>506 newly constructed or rehabilitated institutional (schools or health centres) and community water points (boreholes, protected wells, reticulated water distribution systems).</p>	<p>590 (117%)</p>
Cluster Objective 2. Provide access to basic sanitation infrastructure, 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>4,648 (84%)</p> <p>340 (88%)</p>
Cluster Objective 3. Improve the hygiene knowledge and daily practices of target populations.			
Good hygiene practices are known and applied by target populations in their daily life.	People who have attended a hygiene promotion training session.	232,000 people who have attended a hygiene promotion training session.	118,050 (51%)
Cluster Objective 4. Reinforce local communities' capacities in building, maintaining and managing WASH infrastructure.			
Target populations can focus on livelihood activities because access to potable water is secured.	Newly created/reactivated/re-trained water point committees.	607 newly created/reactivated/re-trained water point committees.	524 (86%)
Nutrition			
Cluster Objective 1. 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 World Health Organization (WHO) standards.			
<ul style="list-style-type: none"> ◆ Malnutrition treatment structures are operational. ◆ Health personnel capable of managing malnutrition by using the new protocol. 	<ul style="list-style-type: none"> ◆ 173 treatment centres are operational. ◆ 600 staff trained on malnutrition case management based on the national protocol on malnutrition. ◆ 80% of six-59 months received Vitamin A supplement. 	<ul style="list-style-type: none"> ◆ Number of treatment centres operational and supported in intervention zones (target = 173). ◆ Number of health staff trained on the new protocol. ◆ Number of community health workers trained on nutrition issues. ◆ Percentage of moderately acute malnourished enrolled in supplementary feeding programmes. ◆ Percentage of severely acute malnourished children admitted in therapeutic feeding programmes. 	<ul style="list-style-type: none"> ◆ 111 UNT/UNTA ◆ 106 UNS are operational in 12 Prefectures (Lobaye, Mambere Kadei, Nana Mambere, Sangha Mbaere, Ouham, Ouham Pende, Kemo, Nana Gribizi, Ouaka, Bamigui Bangoura, Haute Kotto, Vakaga) + Bangui. ◆ 905 staff (trainers, health agents and community health workers) trained on the new protocol and nutrition issues. ◆ 37% (11,661/31,236) MAM supplemented. ◆ 66% (7,188/10,913) SAM treated.

		<ul style="list-style-type: none"> ◆ Percentage of children six-59 months having received Vitamin A in previous six months. 	<ul style="list-style-type: none"> ◆ 64% (mass campaign April 2011).
Cluster Objective 2. Strengthen nutritional surveillance mechanisms at all levels of the health system in CAR: central, regional and peripheral.			
Updated nutrition information available.	<ul style="list-style-type: none"> ◆ Prevalence of malnutrition. ◆ 173 structures capable of detecting malnutrition ◆ Quarterly compilation and dissemination of nutritional data. 	<ul style="list-style-type: none"> ◆ Percentage of SAM amongst children < five years (target < 3.5%). ◆ Number of structures capable of detecting malnutrition. ◆ Number of nutrition units using WHO news standard from July (second semester). ◆ Number of quarterly nutritional data reports disseminated. 	<ul style="list-style-type: none"> ◆ 2.3% SAM amongst children <five. ◆ 111 UNT/UNTA in 12 prefectures (Lobaye, Mambere Kadei, Nana Mambere, Sangha Mbaere, Ouham, Ouham Pende, Kemo, Nana Gribizi, Ouaka, Bamigui Bangoura, Haute Kotto, Vakaga) + Bangui. ◆ 106 UNS in 13 prefectures (Lobaye, Ombella Mpoko Mambere Kadei, Nana Mambere, Sangha Mbaere, Ouham, Ouham Pende, Kemo, Nana Gribizi, Ouaka, Bamingui Bangoura, Haute Kotto, Vakaga) + Bangui. ◆ Seven/eight monthly nutritional report disseminated trough Cluster.
Cluster Objective 3. Strengthen coordination and partnership building in nutritional emergency response at all levels: central, regional et 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. ◆ Three inter-clusters coordination meetings and reports available. 	<ul style="list-style-type: none"> ◆ Number of coordination meetings. ◆ Develop a nutrition emergency plan for CAR. ◆ Number of inter-cluster coordination meetings (target = three). 	<ul style="list-style-type: none"> ◆ Eight coordination meetings. ◆ A draft of nutrition emergency plan developed. ◆ Zero inter-cluster coordination meetings.
Cluster Objective 4. 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.	30 mother-child structures (PTPE) with trained staff.	Number of PTPE structures with trained staff.	15 operational PTE with trained staff.
Education			
Cluster Objective 1. Sensitize and advocate for the respect of the right to education and protection for children affected by the crisis.			
Parents and teachers know the basic rights of children and respect them and children live and study in secure and protected environment.	Training and sensitization.	<ul style="list-style-type: none"> ◆ 136,409 children (girls and boys) enrolled. ◆ 112 PT associations trained. ◆ Number of sensitization campaigns. 	<ul style="list-style-type: none"> ◆ 148,215 children, 70,441 girls and 88,215 boys. ◆ 1,046 PTAs trained. ◆ At least 15 sensitization campaigns.

Cluster Objective 2. Ensure access to quality education for children affected by the crisis (boys, girls and vulnerable children) in a secure and protected environment.			
Increase of education for children affected by the crisis in improved school infrastructure with trained teachers and textbooks and didactic materials.	<ul style="list-style-type: none"> ◆ Construction and rehabilitation ◆ Equipment; ◆ Trainings on the use of the kits (school-in-a-box, recreational), life skills and the use of textbooks. ◆ Psycho-social support for teachers and children. 	<ul style="list-style-type: none"> ◆ 65 classrooms constructed/rehabilitated. ◆ 500 school in-a-box kits. ◆ 200 recreational kits and 500 tarpaulins distributed. ◆ 908 teachers trained. ◆ 30 temporary learning spaces. 	<ul style="list-style-type: none"> ◆ 192 new classrooms constructed/rehabilitated. ◆ 989 parent-teachers trained. ◆ 28 temporary learning spaces created.
Cluster Objective 3. Improve the learning environment (WASH, health, nutrition and protection) in areas affected by the crisis.			
Children learn in secure and healthy environment and their rights are respected.	<ul style="list-style-type: none"> ◆ Training on child rights and protection ◆ Revision of legal texts on children protection ◆ Adoption of texts on children protection. 	<ul style="list-style-type: none"> ◆ Number people trained. ◆ Number of texts revised and new texts adopted. 	244 school directors trained.
Cluster Objective 4. Reinforce the coordination mechanisms and the capacities of Cluster members in emergency education preparation and response plans.			
<ul style="list-style-type: none"> ◆ Cluster members meet regularly to plan, agree on common standards, strategies, implement and exchange on emergency education activities. ◆ Focal points are operational in their respective zones. 	Availability of disaggregated data on emergency education.	<ul style="list-style-type: none"> ◆ Number of meetings ◆ 36 focal points trained in emergency preparation and responses. 	<ul style="list-style-type: none"> ◆ 11 cluster meetings held. ◆ 35 Ministry of Education (MoE) staff trained as emergency preparation and responses focal points.
Multi-Sector Assistance to Refugees			
Cluster Objective 1. Pursue initiatives to support the National Structure for the protection of refugees and asylum-seekers and to strengthen institutional capacities of the relevant administrative bodies.			
<ul style="list-style-type: none"> ◆ Increase administrative bodies capacities for protection. ◆ Status determination procedures increasingly in consistence with legal instruments. ◆ Support provided to national institutions to issue documentation. 	<ul style="list-style-type: none"> ◆ National administrative bodies provide better protection ◆ Status determination procedures made fairer and more efficient ◆ Documentation strengthened. 	<ul style="list-style-type: none"> ◆ Number of administration receiving technical advice and support ◆ Technical support provided to Government status determination body ◆ 100% of people receiving individual documentation ◆ Number of law enforcement agents 	<ul style="list-style-type: none"> ◆ Local authority capacities increased through provision of technical support to the CNR in Bangui, Batalimo, Zemio and Bambari ◆ 90% of the refugee population is documented. ◆ Protection training provided to 100 law enforcement agents in Bangui, Batalimo,

<ul style="list-style-type: none"> ◆ Law enforcement strengthened. 	<ul style="list-style-type: none"> ◆ Decrease in protection incidents due to the ignorance of the refugees rights. 	<p>trained on refugee law.</p>	<p>Bambari and Zemio and one government official received training in International Protection held in France.</p> <ul style="list-style-type: none"> ◆ Establishment of the Sub Eligibility Commission. ◆ Training organized for ten officials involved in the RSD process. ◆ Registration and RSD SOPs developed with all stakeholders. ◆ Technical support provided to the local authorities for Birth Certificate issuance to rural refugees. ◆ 30,000 PoCs received civil status. documentation ◆ Two protection training sessions organized for 60 journalists.
<p>Cluster Objective 2. 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.</p>			
<ul style="list-style-type: none"> ◆ Individual voluntary repatriation support provided. ◆ Information dissemination provided. ◆ 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 PoCs, development actors, government and other relevant stakeholders. ◆ Percentage of refugees profiled. ◆ Number of self-reliance programme implemented by United Nations High Commissioner for Refugees (UNHCR). 	<ul style="list-style-type: none"> ◆ Advocacy for durable solutions conducted with the government. ◆ Local integration legal framework and durable solution strategy for urban refugees developed with all stakeholders including POCs. ◆ Verification and profiling exercise of the entire urban refugees' population conducted. ◆ 35 households received financial support for IGA and training. ◆ 76% of cases submitted for resettlement approved.
<p>Cluster Objective 3. Provide protection and multi-sector assistance to Sudanese and Congolese refugees in rural areas and support the creation of self-sustainable livelihoods.</p>			
<ul style="list-style-type: none"> ◆ Community security management designed with women's participation. ◆ All the PoC including people with specific needs have access to response following human rights 	<ul style="list-style-type: none"> ◆ Community security management systems strengthened. ◆ Risk of violations of human rights including GBV reduced and quality of 	<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. 	<ul style="list-style-type: none"> ◆ 90% of refugees have access to response to human rights violations and basic social services (access to safe drinking water, access to healthcare). ◆ 90% of rural-based refugees have access to food assistance.

<p>violations, including GBV, as well as basic social services, including WASH, shelter and NFIs, food, healthcare, psycho-social support, livelihood activities and education.</p>	<p>response improved.</p> <ul style="list-style-type: none"> ◆ Level of self-reliance and livelihoods improved. ◆ Access to basic needs improved. 	<ul style="list-style-type: none"> ◆ 30% of households are able to meet their basic needs. 	<ul style="list-style-type: none"> ◆ 60 % of households live in adequate dwellings. ◆ 70% rural based refugees engaged in livelihoods and self-reliance activities. ◆ Refugee committee established in each camp with 40% women participation (Haut-Mbomou, Ouaka, Lobaye). ◆ Security committee trained and equipped in each refugee camp (Batalimo, Pladama Ouaka and Zemio). ◆ 100% of refugees provided with NFIs. ◆ 100% of refugee women and girls in need provided with sanitary materials. ◆ 60% refugee children have access to education.
Early Recovery			
Cluster Objective 1. 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. ◆ Targeted groups have access to financial services. 	<ul style="list-style-type: none"> ◆ Number of durables income-generating activities are implemented by women/mixed groups. ◆ Number of durable income-generating activities is promoted for youth. ◆ Number of durable income-generating activities is promoted for individual entrepreneurs. ◆ Number of informal microfinance schemes implemented. ◆ Number of formal microfinance institutions established in durable way. 	<ul style="list-style-type: none"> ◆ 2,370 income-generating activities supported. ◆ 80% of income-generating activities functional. ◆ Number and volume of micro-credits provided. ◆ Number of savers supported and volume of saving. ◆ Rate of repayment. 	<p>Achieved at mid-year</p> <ul style="list-style-type: none"> ◆ 263 women groups, three group the Network of People Living with HIV/AIDS (RECAP) and ten groups of handicapped people supported with IGA. ◆ 60% functional in economic terms, 100% functional in terms of social impact and protection. ◆ 567 loans given out for a total amount of FCFA 25 million in 2010, involving 15 groups, for 481 savers and an average of 52,087 FCFA savings by member. ◆ 89% of reimbursement rate. ◆ Restarting a new saving circle in 2011 with 15+53 new groups, no new loan yet on the new circle. <p>Achieved to date</p> <ul style="list-style-type: none"> ◆ 23 agricultural service centres (warehouse 23 agricultural service centres (warehouse and post production transformation unit) have been built in

			<p>Mambéré-Kadéï, Sangha-Mbaéré and Lobaye prefectures.</p> <ul style="list-style-type: none"> ◆ 40 egg-laying poultry farming units have been supported or built in Mambéré-Kadéï, Sangha-Mbaéré and Lobaye prefectures. ◆ At least 90 rural and urban groups supported with agricultural IGAs in Mambéré-Kadéï, Sangha-Mbaéré and Lobaye prefectures. ◆ 45 groups were supported. ◆ 450 temporary workers paid in CFW in infrastructure buildings. ◆ 263 women groups of 5,972 members (547 men and 5,341 women) provided with IGA kits comprising three RECAPEV groups, ten handicapped groups, 26 craftsmen groups supported with IGAs. ◆ 52 groups of 1,941 women and men have been beneficiaries of IGA kits in Ndélé. ◆ 35 <i>tontine</i> groups provided with kits in Ouham (915 beneficiaries: 226 men and 689 women). ◆ 567 loans given for a total amount of 25M FCFA¹⁰ (\$55,556) in 2010, involving 15 groups, for 481 savings and an average of 52,087 FCFA per members saving. 89% refund rate. ◆ 78 <i>tontine</i> groups are operational in Ouham-Pendé of which 15 have started again a new loan cycle, 100% refund rate for old and new tontine groups.
<p>Cluster Objective 2. Build organizational, technical and educational capacities of community-based groups.</p>			
<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 person using new knowledge. ◆ Three second level structures set up and functional. 	<p>Achieved at mid-year</p> <ul style="list-style-type: none"> ◆ Three trainings organized in Bouar for 29 groups and 609 participants in 15 villages.

¹⁰ CFA = *Communauté financière d'Afrique*; \$1 = 450 francs CFA (FCFA) currently.

<ul style="list-style-type: none"> ◆ The technical capacities of economic actors (groups, informal micro-entrepreneurs) are reinforced. ◆ The educational capacities of economic actors (groups, informal micro-entrepreneurs) are reinforced. 	<ul style="list-style-type: none"> ◆ Number of training sessions implemented. ◆ Number of adult literacy sessions organized. 	<ul style="list-style-type: none"> ◆ Number of groups/people trained. ◆ Percentage of person using new knowledge. ◆ Number of literate person following sessions. 	<ul style="list-style-type: none"> ◆ Four unions established on the management of multifunctional platforms. ◆ Two sectoral unions established in the sector of palm oil marketing and oil pressing. ◆ 14 exchange workshops organized in six communities in the field of soap making, shea, palm oil marketing for a total of 44 groups involved in organizational and technical fields. ◆ Seven technical training on three multifunctional 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 groups. ◆ Two unions are currently working and are using acquired knowledge. ◆ 21 trainers formed by Alliance Française, six adult literacy classes in Kouï for four trainers and 128 learners, 13 classes in Paoua for seven trainers and 222 trainers. <p>Achieved to date</p> <ul style="list-style-type: none"> ◆ Two training sessions and different workshops for 90 community-based groups built in Mambere Kadeï, Sangha Mbaere and Lobaye Prefectures. ◆ 23 management committees established and in charge of the functioning of agricultural service centres built ◆ 915 beneficiaries trained. ◆ 180 training sessions organized on appropriate agricultural techniques. ◆ Four unions established around the management of the multifunctional
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			<p>platforms.</p> <ul style="list-style-type: none"> ◆ Two unions established in the sector of palm oil marketing and oil pressing. ◆ 14 exchange workshops organized in six locations in the field of soap making, shea, oil marketing that is a total of 44 groups involved in both in organizational and technical domains. ◆ Strengthening the capacities of 526 local technical referents on their operational capacities. ◆ At least 90 agricultural community-based groups (or 1,800 people) trained in organizational and technical capacities to implement agricultural IGAs. ◆ 40 egg-laying poultry farming units are currently working and using acquired knowledge. ◆ Seven technical training for the three multifunctional platforms of Kouï, Bocaranga and Bozoum for management committees training, constitution drawing and working teams' creation involving the three unions and a total of 36 women groups. ◆ Two unions are currently functional and are using acquire skills. ◆ Training on mechanical tricot age for four groups ◆ 94% of the people formed using new knowledge. ◆ 45 trained on stocks and community goods management. ◆ 45 groups are able to transform harvested products before commercialization. ◆ 32 trainers trained and 250 learners attended literacy classes in Kouï and Paoua.
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Cluster Objective 3. Promote social and economic dynamics through increased road access and infrastructure rehabilitation.			
<ul style="list-style-type: none"> ◆ The most strategic infrastructure are rehabilitated in order to facilitate transportation and commerce. ◆ The most strategic socio-economical infrastructure are rehabilitated in order to facilitate commerce. 	<ul style="list-style-type: none"> ◆ Number of km of road rehabilitated. ◆ Number of bridges rehabilitated. ◆ Number of markets rehabilitated. ◆ Number of drying areas, storage places and warehouses rehabilitated. 	<ul style="list-style-type: none"> ◆ 125 km of roads rehabilitated ◆ 33 bridges built or rehabilitated. ◆ Increase of goods exchanges. ◆ 143 social and economic infrastructure are functional. 	<p>Achieved at mid-year</p> <ul style="list-style-type: none"> ◆ Six bridges semi-permanent, two double dalots, one passage buse, seven bourbiers and ten km. ◆ Six bridges rehabilitated (one dalot, one multiple dalot, one passage busé, two raders and one bac). <p>Achieved to date</p> <ul style="list-style-type: none"> ◆ Two Ducts, three semi definitive bridges, one culvert, two sills, two multiple culverts, three marshland sites completed. ◆ Work continues on one multiple culvert, one ferry, three semi definitive bridges, four marshland sites. ◆ 33 bridges and 68 culvert. ◆ Three ferries rehabilitated. ◆ 145 km of roads rehabilitated. ◆ 23 warehouses built or rehabilitated. ◆ 40 poultry house built or rehabilitated. ◆ Three warehouses built. ◆ One market with 15 stalls rehabilitated in Ndele for 350 users.
Cluster Objective 4. Reinforce local actors' capacities (civil society, national and local government) as to take in charge activities follow-up.			
<p>The capacities of local actors are strengthened in planning, monitoring and follow-up of activities on the field.</p>	<ul style="list-style-type: none"> ◆ Number of members of local government. agencies are trained. ◆ Number of members of local NGOs are trained. ◆ Number of local NGOs are supported. 	<ul style="list-style-type: none"> ◆ 50 states services trained. ◆ Number of actors of civil society trained. 	<p>Achieved to date</p> <ul style="list-style-type: none"> ◆ Five maintenance committees for the upkeep of rehabilitated infrastructure and to increase the sentiment of ownership of infrastructure amongst local communities were created. Four more such committees will be put into place soon. ◆ 15 management committees formed and equipped. ◆ 156 households built their own latrines.

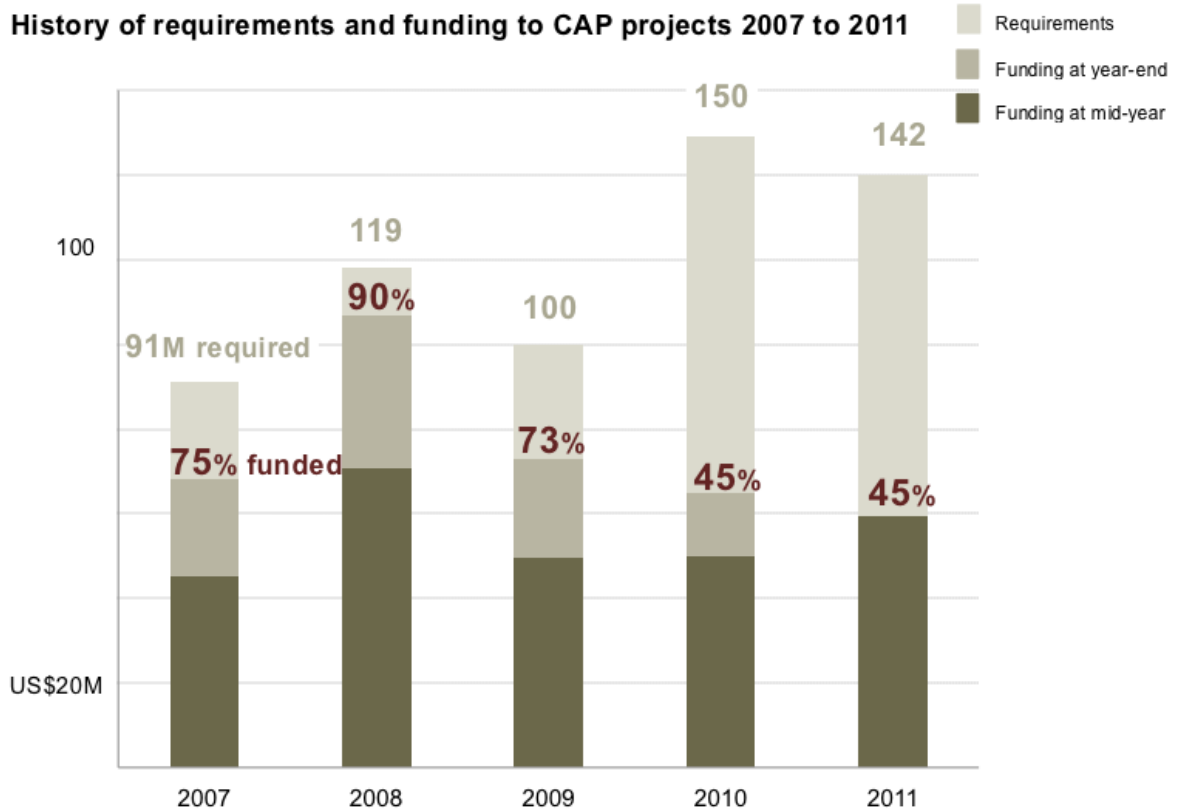
Coordination and Support Services			
Coordination			
Cluster Objective 1. Humanitarian action is coordinated within and amongst Clusters, including the mapping of activities and the closing of response gaps.			
<ul style="list-style-type: none"> ◆ Strengthened Cluster and inter-cluster coordination support 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-sectorial approach towards humanitarian response is addressed by the 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"> ◆ Protection sub-cluster set in Zemio (south- east). ◆ ER sub-cluster established in Paoua. ◆ On-going preparation to set up a decentralized coordination mechanisms in Zemio for the south-east. ◆ Training on gender organized by United Nations Children’s Fund (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). ◆ Geographical context priority needs mapping that developed for the CAP 2012.
Coordination			
Cluster Objective 2. The decision-making process on humanitarian issues is strengthened through HCT.			
<ul style="list-style-type: none"> ◆ Humanitarian situation is discussed to ensure inter-linkages and joint positions on humanitarian objectives and activities. 	<ul style="list-style-type: none"> ◆ HCT meeting is held regularly (monthly 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"> ◆ Three HCT meetings organized. ◆ Five multi-sector programmes (CHF) and four joint programmes (CHF+CERF) approved and implemented.
Coordination			
Cluster Objective 3. Agencies get the information they need to target their activities in response to the most urgent needs.			
<ul style="list-style-type: none"> ◆ Humanitarian organizations and other stake holders are regularly informed through information products. 	<ul style="list-style-type: none"> ◆ Existing information products are updated and accessible by all humanitarian organization 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 http://hdptcar.net. 	<ul style="list-style-type: none"> ◆ Ten new information products developed ◆ Nine existing information products updated. ◆ New features and increased activity and participation to the website http://hdptcar.net which is updated daily.

Coordination			
Cluster Objective 4. CHF is strengthened to provide strategic, predictable and flexible funding.			
◆ Priority needs as agreed by HCT are primarily targeted by CHF.		◆ Percentage of CHF funds allocated to priority needs.	90% of CHF funds allocated to priority needs.
Logistics			
Cluster Objective 1. Ensure Logistics coordination and information sharing between various actors in order to mitigate duplication of efforts and maximize the use of available logistics assets.			
◆ Logistics information collected are shared within the humanitarian community	◆ Partners are aware about logistics situation, infrastructure and services available in country.	◆ Monthly Logistics Cluster meetings are undertaken and minutes posted.	
2. Provide appropriate provision of services in order to support the uninterrupted movement of humanitarian cargo into the country.			
◆ Regular gaps analysis in the humanitarian community supply chain is carry on and solutions proposed. ◆ A WFP fleet consisting of 20 DAF trucks is set up and maintained; while slowly encouraging private companies to take over operations in some zones which have not yet been reached by WFP fleet.	◆ Appropriate logistics services are implemented in order to fill-up the gaps. ◆ Services provided by the Logistics Cluster allow the humanitarian community to reach beneficiaries.	◆ 90% of requests for road transport are addressed. ◆ Tonnage of food and NFIs transported by humanitarian organizations operating in CAR (10,000 MTs). ◆ Number of passengers using HAS (2,500 – 3,000).	◆ 107 MT transported by UNHAS/air and 19,935 MT transported by road. ◆ 8,264 passengers transported.
Emergency Telecomms (ETC)			
Cluster Objective 1. Provide coordinated data and security telecommunications services to the humanitarian community in Zemio.			
◆ All inter agency ICT activities in support of staff security are well coordinated to ensure all gaps are addressed and overlap in activities are avoided. ◆ Improved capability of the humanitarian community to operate in Haut Mbomou. ◆ Recommendations and report based on joint ICT Assessment mission report to reinforce the 'Delivering As One' initiative in Central African Republic is provided to UNCT.	◆ Coordinate Emergency Telecommunications Cluster Working Group (ETC WG) activities. ◆ Upgrade the existing Zemio Radio Room to 24/seven Inter Agency COMCEN staffed by qualified and trained radio operators. ◆ Coordinate existing systems and where needed deploy new hardware to ensure a MOSS-compliant security telecommunications system	◆ Monthly ICT Working Group meeting with meeting minutes posted on-line. ◆ Number of radio rooms upgraded to COMCEN. ◆ Number of maintained communication centres.	◆ Ongoing coordination of all ETC related activities throughout the country since cluster activation 2007. ◆ Security telecommunications provided in all common operational areas in CAR. ◆ Regular meetings held with ETC Working Group.

<ul style="list-style-type: none"> ◆ Processes importation and licensing of radio equipment is improved in liaison with the Central African Republic government and relevant authorities. ◆ Sustainability of the deployed systems is ensured. 	<p>in Zemio.</p> <ul style="list-style-type: none"> ◆ Recruit and train radio operators. Establish common Wireless Backbone for data services in Zemio. ◆ Conduct a joint ICT Assessment in support of the “Delivering As One” initiative in CAR. ◆ Ensure the sustainability of any systems and infrastructure deployed in establishing agreements and MoU’s between the relevant ETC partners. 	<ul style="list-style-type: none"> ◆ Number of radio operators recruited and trained. ◆ Number of organizations connected. ◆ Report of the joint assessment mission finalized and submitted to UNCT. 	
<p>Security</p> <p>Cluster Objective 1. Ensure humanitarian workers can reach people in areas affected by conflict and banditry, and can communicate safely and reliably.</p>			
<p>Humanitarian workers operate in a secure and MOSS-compliant environment.</p>	<p>Radio rooms are fully equipped and operational.</p>	<p>Five radio rooms are operational and operate on a 24-hour basis.</p>	<ul style="list-style-type: none"> ◆ Five radio rooms are operational on 24-hour basis. ◆ Two security evaluations carried out.

2.4 Review of humanitarian funding

The 2011 Consolidated Appeal (CAP) with revised requirements of \$141,947,471 is currently funded at 45% which is approximately the same level reached at the same period in 2010 (43.5%). The decrease of the funds over the last two year comparing to 2009 is a major concern for the humanitarian community in CAR. The country is facing the situation that the humanitarian needs were going up while funding is decreasing and limiting the humanitarian response activities. There is a concern that this is due to the lack of visibility and attention to the humanitarian crisis in CAR.



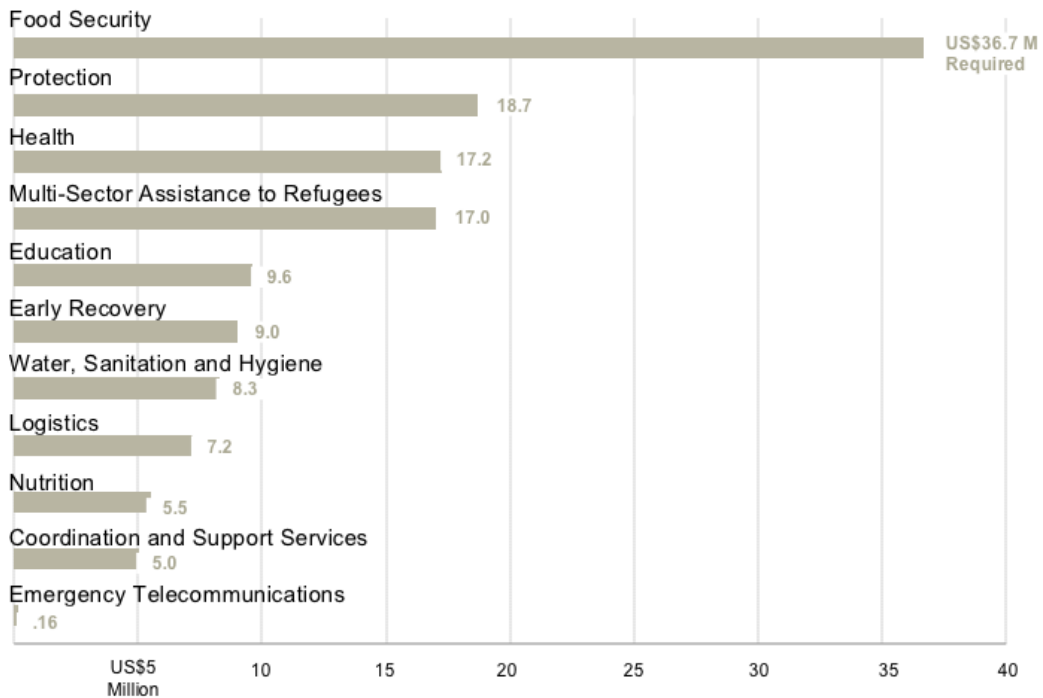
Given the limited available funding, the Humanitarian Country Team (HCT) aims to maximize the strategic use of financing mechanisms such as Central Emergency Response Fund (CERF) and Common Humanitarian Fund (CHF) by targeting the highest-priority projects identified in this CAP (and continuously updated). The CHF emergency reserve was activated to support the cholera outbreak in CAR in October 2011.

Furthermore, the HCT is seeking complementarity and synergies between the pooled funds and other funding mechanisms such as the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO) and the Peace-Building Fund (PFB) to maximize the use of the available funding and to improve the efficiency of the response.

In 2011, the country has benefited \$5 million from the CERF underfunded window. \$13.7 million was channelled through the CHF. Most of the funding was allocated to priority projects to enable humanitarian actors to maintain their presence and provide vital assistance to affected people in the south-eastern and northern regions.

The 2012 CAP funding requirements are \$134,457,734 for 105 projects, which is a slight decrease of 5% compared to the revised requirements of 2011.

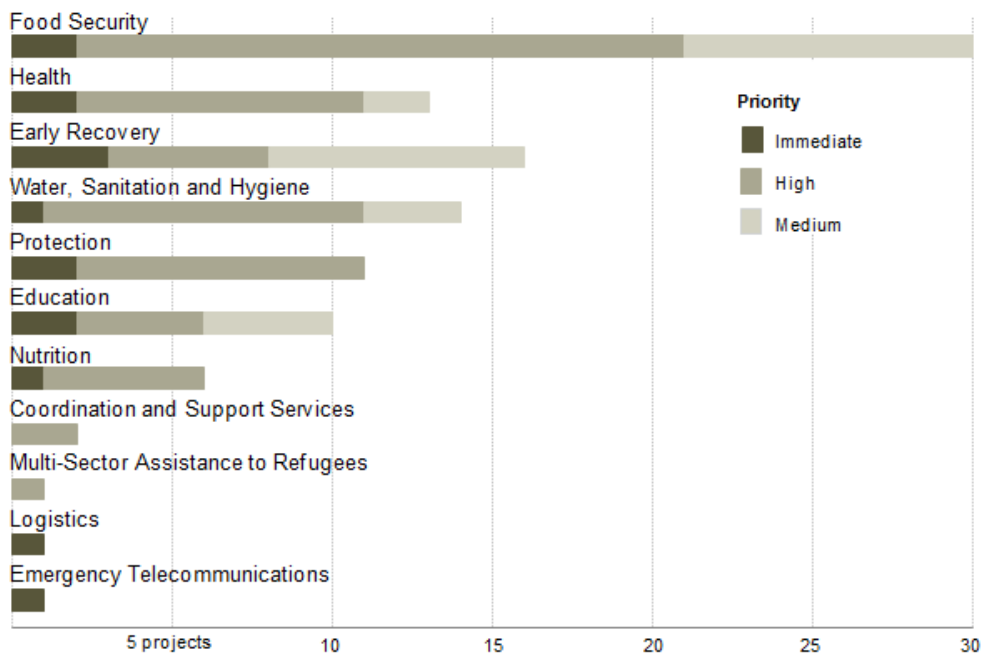
Requirements per cluster in 2012



Source: OCHA FTS

The result of the prioritization (which was extensively discussed during the CAP workshop) is that “immediate priority” projects represent 15% (\$20,313,085) of the requirements, “high-priority” projects 60% (\$80,599,110) and “medium-priority” 25% (\$33,545,539). (See Annex I, “List of projects,” for the priority ranking of each).

Number of proposed projects and priorities per cluster in 2012



Source: OCHA FTS

The HCT regularly meets to discuss specific issues including regional priorities and humanitarian access. It plays a critical role supporting the HC to orient and spearhead humanitarian negotiations with all parties to the conflict for safe access to the affected population. The country team debates policies affecting humanitarian space.

Most of the relief organizations expressed a positive feedback about humanitarian coordination, notably regarding negotiation of humanitarian access and humanitarian coverage in terms of geographic and sectorial scope and scale. However, the decision-making process through the HCT has to be reinforced for overall effectiveness and better-monitored coordination.

In addition to the weekly HDPT information-sharing meetings, OCHA will continue to develop, update and disseminate a wide range of information products to enable a well informed and coordinated humanitarian response. These include maps, reports, fact sheets, and databases that are all developed through a wide consultation and participation of humanitarian organizations.

The decentralization of the cluster coordination mechanisms renders humanitarian coordination more timely, effective and strategic. Coordination groups lead by OCHA have been created in Paoua, Bozoum, Kabo, Kaga-Bandoro and Ndélé enabling organizations to better coordinate regional or local programmes with cluster members in Bangui. The sub-regional bodies help to tailor programmes to the specific needs. These field coordination meetings serve as inter-cluster coordination where the limited number of partners cannot sustain the sub-cluster mechanism at field level. When possible, sub-cluster meetings are organized in order to gather the partners who work in a common sector and in the same region: for example, the Early Recovery and Food Security sub-clusters resumed in Ouham-Pendé in the second semester of 2011; meetings of the Protection sub-cluster will be set up in the south-east under the leadership of UNHCR; and there was also an attempt to organize regular decentralized Health clusters in 2011 although this was complicated by different factors—security constraints, wideness of the covered regions, lack of humanitarian actors in remote areas and logistic constraints.

This decentralization will be reinforced with the opening of an OCHA sub-office in Zemio in 2012 to coordinate the humanitarian actions in the south-east, a region affected by LRA. Up-to-date monthly coordination meetings have been organized in Bangui specifically for the south-east in order to compensate the absence of field coordination and respond to the high need of exchanges and shared analysis related to humanitarian activities and security issues.

Inter-cluster meetings are held in Bangui on a monthly basis. The inter-cluster forum increasingly focuses its agenda on cross-cutting substantive issues and linkage between sectorial programming. It comes as a technical support to the HCT bringing in sector expertise.

Two humanitarian pooled funds are in use in the CAP, namely the CERF and the CHF, which play an important role in the coordination. Beyond the funding purpose, the allocation mechanisms are critical coordination tools because the HC ensures that projects funded by them reflect strategic priorities as set out in the CAP.

3. Needs analysis

The humanitarian situation in CAR is primarily driven by the following factors:

- Armed hostilities and unrest in the north and the north-east of the country between rebel groups and/or between rebel groups and Government troops which created general insecurity in these regions. Criminality in both regions also increased over the past years with the presence of unidentified national and international armed groups. This has led to a quasi-permanent displacement of people in the region as they seek refuge in the bush, far away from basic social services and with limited access to humanitarian and other assistance.
- Continuing presence and attacks by the LRA in the south-east forcing people to leave their villages and take refuge in the bigger towns in the region.
- The persistent effects of the economic crisis and the revision of the mining industry code in 2008 which affected the timber and diamond industries especially in the south-west: the results were the closure of many diamond and timber businesses, an increase of the unemployment and poverty level and a malnutrition crisis amongst children in 2009. Since then, although the crisis was contained, malnutrition rates are still high, economic activities of the region have not properly resumed and living conditions are very low-level. In such a precarious balance, any emergency would have a serious impact on the situation of the population.
- Lack of basic social infrastructure in the country leaving thousands of people living without access to any basic services and subsequently increasing their vulnerability.

With the start of the DDR process in the north-western part of the country and a possible stabilization of the security situation, there is potential for a significant return of IDPs and the repatriation of refugees from CAR.

Food and Nutrition

Although the country has a very high agricultural potential with 15 million ha of arable land and one of the highest rainfalls in the world, the agricultural output remains low with only 4% of arable land cultivated each year. This situation is exacerbated by conflict and security concerns as many farmers in certain areas are still affected by hostilities and criminality. In the south-east farmers cannot access their land because they face the threat of attack by the LRA.

The nutrition situation indicates that two out of five children under the age of five is malnourished and one out of ten is underweight.¹¹

Although the south-west is not affected by conflict, several evaluations and assessments carried out in the region reveal that the nutrition situation of children remains critical particularly in Bangui, Lobaye prefecture and Vakaga prefecture in the north-east.

Despite recurring structural malnutrition in the south-west, the region presents great potential for ER activities to strengthen people's self-reliance and resilience.

Health, Protection and Education

The health sector is characterized by lack of infrastructure throughout the country, lack of staff and moreover quasi-absence of qualified medical staff, huge problems in terms of drugs and medical material supplies, lack of equipment, etc. The insecurity in a major part of the country worsens an already critical situation: in conflict-affected areas, most of the health structures collapsed because they were abandoned or looted and medical staff left. Access to health care is therefore very limited

¹¹ Preliminary MICS IV (2010), WASH Cluster (2011)

3. Needs analysis

or even inexistent. Furthermore two medical doctors were directly victim of tragic incidents in Birao in 2010 (Vakaga prefecture) and in the south-east in 2011 where medical workers now hesitate to work or have been compelled to leave their workplace because of mortal risks. Referral systems are consequently limited or lacking and sexual or gender-based violence (SGBV) survivors have little access to psycho-social assistance after suffering or witnessing extreme violence.

Recent health data shows that the maternal mortality rate is 850 deaths per 100,000 compared to the regional average of 620. Meanwhile the under-five (U5) mortality rate is 179 per 1,000, whereas the regional average is 127. Moreover less than 30% of the population has access to health services and 78% live more than 10 km from health posts. The high HIV/AIDS prevalence rate (5.9%)¹² has a direct impact on nutritional status of infected children and also increased pressure on limited family resources.

In such a situation, health access in CAR relies mainly on the presence of humanitarian actors for whom it is also very complicated or even impossible to intervene in some unsecured areas where they are unable to guarantee the security of their teams.

The same problems affected the protection cluster as several protection concerns have been reported by various organizations especially in the conflict-affected areas. The reported human rights violations included killings, arbitrary arrest, forced displacement, burning and looting of villages, abductions, SGBV, domestic violence, forced and early marriage and violence related to accusations of witchcraft. The Internal Displacement Monitoring Centre (IDMC) and WatchList reported in May 2011 that at least four out of six grave violations monitored under UN Security Council Resolution 1612 (2005) are still being committed against children in CAR: the abduction of children, recruitment or use of child soldiers, attacks against schools and the denial of humanitarian access to children.

The human rights problems are protracted by the weakness of the state administrative and judicial institutions throughout the country and the low level of education of the population.

Access to education is limited everywhere in the country due to a very weak education infrastructure. It is especially limited and often absent in regions with a high level of insecurity and conflict-affected areas because of the lack of adequate infrastructure, equipment, materials and teachers. Moreover in areas where schools exist, the quality of education is low with a large number of posts unfilled or filled entirely by parent teachers.

Water, Sanitation and Hygiene

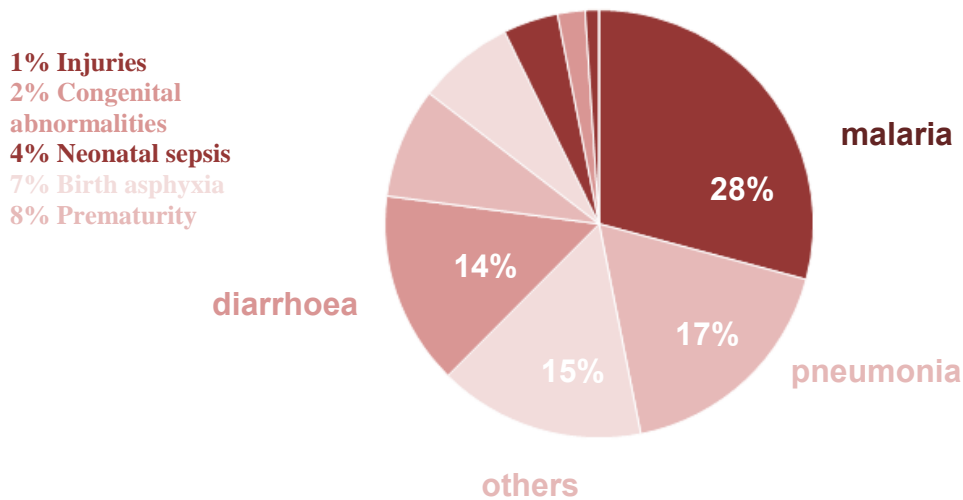
The water and sanitation situation in CAR is a serious concern for people in conflict-affected areas, specifically IDPs and refugees. Existing community facilities (schools, health centres, etc.) do not respond to the basic needs of the population or accord with acceptable standards. Data from a recent joint monitoring mission in 2010 by WHO and UNICEF depict a deplorable sanitation situation:

- 67% of the population (92% in urban and 51% in rural areas) use improved drinking water sources.
- Only 34% of the population (43% in urban and 14% in rural areas) use improved sanitation facilities.
- 25% of 4,000 water points in the country are not currently functioning, and the awareness level and technical expertise to maintain water points are lacking.
- Open-air defecation is common.
- No waste management system.

As a result of this situation, water-related diseases are common amongst IDPs, refugees and other vulnerable people, especially children under five.

¹² Preliminary MICS IV, 2010

Causes of death in children U5 (MICS IV, 2010)



IDPs, refugees and displacement

More than 300,000¹³ Central Africans were displaced between 2005 and 2006 during the most intensive period of hostilities over the recent decade. It is difficult to obtain exact displacement figures today in the country. In many situations individuals and groups have been displaced several times. The level of returns remains very limited and less sustainable considering the fragile humanitarian context. Over the past few months, OCHA has reviewed displacement statistics in close cooperation with key organizations. A recent study carried out by OCHA between April and October 2011 found 105,206 IDPs and 66,656 returnees, totalling 171,751 Central Africans still affected by displacement within CAR, with 22,180 of these being newly displaced in 2011 due to internal conflicts, banditry and LRA attacks in the south-east.¹⁴ The displaced are primarily in the northern and eastern regions. In addition, there are 19,865¹⁵ refugees from Sudan and DRC and asylum-seekers of diverse nationalities residing in CAR. They are located mainly in the Bambari area, the south-east (Zemio and Obo) and the south (Batalimo). Returnees in CAR are treated by the humanitarian community as displaced if, and will continue to be until, they are living in a durable situation as defined by the Guiding Principles on Internal Displacement.¹⁶ The fleeing IDPs leave behind many household items while seeking shelter in areas around their original place of residence; or, as in the case of the south-east, IDPs are increasingly gathering along the main road in key urban centres. As indicated earlier this often entails limited access to farmland and rising prices. These displacements and concentration of populations also put further strain on the already limited access to potable water, health and education facilities in particular.

¹³ IDMC/Watchlist (May 2011)

¹⁴ Data from various sources compiled by OCHA, October 2011. Figures are only estimates, and may not include IDPs and returnees in areas with limited or no access most specifically in the east and north eastern regions of CAR. See October 2011 report from OCHA, Overview of Displacement in the Central African Republic, for more information.

¹⁵ UNHCR. October 2011.

¹⁶ UNHCR. Guiding Principles on Internal Displacement. 1998.

4. The 2012 common humanitarian action plan

4.1 Scenarios

The most likely scenario foresees: some progress in the peace process between the Government and the rebel groups that are still not parties to the Libreville Global Peace Agreement; further progress in the DDR process; tensions and sporadic clashes between rebel groups in the northern and eastern regions; the possible return of refugees and IDPs in the north-west; and continued LRA attacks in the south-east. This scenario is outlined as follows:

Benchmark for development

- Signed peace agreement between the Government and the rebels groups that have still not signed a peace agreement.
- Respect of ceasefire and peace agreement by all parties.
- The level of progress in the DDR process already started in the north-west.
- Influx of returnees in the north-west.
- Reconstitution of self-defence groups in areas with a security vacuum.
- Increase of the cross-border criminality.
- Lengthy tensions between CPJP and UFDR for the control of strategic areas in the northern and eastern parts of the country.
- Social unrest in the capital as a result of the deterioration of already dire living conditions.
- Continued presence and attacks of LRA in the south-east.
- Presence of foreign rebel groups in the country.
- Conflict between Sudan and South Sudan or internal conflict in South Sudan.
- Tensions following elections in DRC.

Affected population

- Civilian populations located in the areas affected by hostilities, unrest or zones controlled by armed groups.
- Returnees from Chad and Cameroon or internal returnees as a result of progress in the DDR programme in the north-west and security stabilization.
- IDPs and refugees in already-affected regions.
- New refugees from DRC or Sudan.
- More generally, vulnerable people (children and especially children U5, pregnant women, elderly, handicapped people) who are usually the most-affected people during emergencies.

Impact on humanitarian situation

- Continued displacement of people in conflict-affected areas including those affected by the LRA.
- Limited humanitarian access to certain areas in the northern and eastern regions leaving the population without or with minimum protection and assistance.

Response outline

- Multi-sector or integrated programme approach when planning the humanitarian response.
- Priority to life-saving assistance in the conflict areas and support with durable solutions for returnees and affected communities.
- Remote approach to assist populations located in areas with limited access due to conflict, security or logistics problems.
- Intensive advocacy and negotiation for humanitarian access.
- Monitoring of the main indicators (mortality rate, malnutrition rate) for better prediction and anticipation of emergencies (for early warning and preparedness), and for measuring the impact of humanitarian action and evolution of needs.

The worst-case scenario could see the peace process collapse completely with the resurgence of large scale hostilities and unrest spreading beyond the current areas. This could lead to further displacements with serious humanitarian consequences including limitations on humanitarian access due to security conditions for staff and partners.

The best-case scenario would be that all parties engage in the continuing implementation of the peace agreement with a clear and realistic implementation plan; the DDR process including the reintegration aspects are successfully implemented; a renewed focus on implementing programmes supporting the population in the key areas and in particular involving governance, health, education and a focus on growth opportunities mainly through support to the agricultural sector.

4.2 The humanitarian strategy

Despite years of humanitarian actions in the country, the situation remains fragile. The humanitarian situation in CAR is far from homogeneous and contains very different challenges depending on the regions (details in the cluster response plans). During the 2012 CAP workshop, after extensive discussion and analysis of the humanitarian context, humanitarian actors agreed on the following three contexts that characterize the humanitarian situation in the country (see map in Section 2)

Conflict/insecurity-affected areas (north, east and south-east): this area is affected by on-going hostilities and unrest in many places particularly due to the presence of foreign armed groups such as the LRA. Banditry is a chronic problem throughout the entire country but it is quasi-permanent in these regions due to the limited presence of security forces and the uncontrolled border with neighbouring countries (South Sudan, Chad and DRC). Humanitarian access is limited in several areas where affected populations have a major need for basic social services. A high number of IDPs and refugees are in these areas. The humanitarian action plan will focus on providing vital protection and assistance including access to basic services to affected people, and ensuring their protection from any violation of human rights. This will be sustained through permanent advocacy and negotiation for humanitarian access particularly in the northern regions.

Post-crisis zone (north-west): while the main rebel group in the region, the APRD, has signed the 2008 peace agreement and gone through the disarmament and demobilization process, the context remains fragile and security against banditry remains a key concern. Nonetheless, the successful completion of the DDR process would offer an opportunity to establish a strong link between humanitarian aid and the peace-building process in the move towards development, sustainable return and repatriation. A large number of returnees are located in this region, particularly in the Ouham Pendé prefecture which is favourable for IDPs, returnees and host communities to restart their lives by ensuring a necessary amount of infrastructure and basic social services. This would build resilience at the community level through humanitarian aid and the ability to cope with future humanitarian emergencies.

Chronic problem zones (south-west and south): these regions were not initially affected by conflict but suffered from structural crisis situations involving serious malnutrition, flooding and diseases. This region is favourable for development and other longer-term programmes. Some development initiatives in the country (EU, World Bank, etc.) are interested or oriented towards this region because of its potentialities and relative stability in terms of security. Humanitarian actions in these regions will focus on supporting ER activities, enabling a smooth transition for development programmes and the provision of humanitarian aid in case of any emergency.

The above three pillars will guide humanitarian operations in CAR in 2012. They will primarily focus on delivering vital basic social services, providing effective protection to affected people and supporting vulnerable people through early recovery activities in order to reduce their vulnerability and build their resilience capacity.

4.3 Strategic objectives and indicators for humanitarian action in 2012

The following two strategic objectives were identified and a decision was unanimously made to operationalize them in the 2012 humanitarian strategy:

- Ensure that people affected by conflict and other humanitarian crises have access to basic services and promote the respect of their fundamental human rights.
- Strengthen the resilience capacity of people affected by crisis and support their empowerment.

Strategic Objective	Indicators	Target	Monitoring method
S.O. 1) People affected by conflict and other humanitarian crises have access to basic services and respect for their fundamental human rights.	Under-five children mortality rate	Target 2012: 102 per 1,000 live births Baseline 2011: 105 per 1,000 live births	Epidemiologic Data collection provided by the Health Cluster and MoH
	Percentage of populations affected by crisis having access to humanitarian aid.	100%	Data provided by clusters
	Newly constructed or rehabilitated and functional institutional structures (schools, health centres) and community water points (boreholes, protected wells, reticulated water distribution systems)	336 water points	Reporting and field missions
	Number of under-five children having access to basic and emergency health care	Target 2012: 40,000 Baseline 2011: 28,000	
	Number of cases affected by grave human right violations receiving legal response and appropriate support	100% of reported cases of people affected by grave human right violations receiving legal response and appropriate support Baseline 2011: 50%	Reporting

4. The 2012 common humanitarian action plan

Strategic Objective	Indicators	Target	Monitoring method
	Number of children demobilized and receiving appropriate support	1,500 children associated with armed groups benefit from appropriate assistance	Reporting; monitoring and verification missions
S.O. 2) Strengthen the resilience capacity of people affected by crisis and support their empowerment.	Number or percentage of income-generating activities supported to improve the affected communities economic capacity	100% refugee communities initiatives supported 5 projects benefiting to host and displaced communities supported and implemented 50 IGAs promoted	Reporting; monitoring and verification missions
	Number or percentage of affected people or households having received assistance to increase their farming production and income	303,475 people to receive support to resume or improve their agro-pastoral production. 100% of returning refugees' households receiving protection and reintegration kits	Data provided by food security and ER clusters; reporting; monitoring and verification missions
	Percentage of host communities, IDP and refugee households supported and living above the poverty level	80% of rural-based refugees engaged in livelihoods and self-reliance activities (Baseline 2011: 70%) 60% of host communities and IDPs supported with socio-economic recovery activities.	Data provided by food security and ER clusters Reporting Monitoring and verification missions
	Newly created, reactivated or re-trained water point committees	358	Data provided by WASH cluster

4.4 Criteria for selection and prioritization of projects

The criteria for selection and prioritization were extensively discussed and reviewed by humanitarian actors to ensure that selected projects are in line with the humanitarian strategy.

For the prioritization of projects, each criterion was given a certain number of points according to its importance with regards to the lifesaving aspect of the project.

For the notation, the following was agreed:

- Projects having from ten to 12 points are ranked immediate.
- Projects having from seven to nine points are ranked high.
- Projects having from one to six points are ranked medium.
-

Criteria for project selection		Criteria for project prioritization		Points
1	The project must be submitted by a cluster member and must contribute at least to one strategic priority and one or several cluster objectives.	1	The project responds to an acute humanitarian crisis.	4
2	The project must be implemented in coordination with other partners present in the area of intervention to avoid duplication.	2	The project responds to non-covered priority needs of vulnerable people or humanitarian actors.	3
3	The project must address properly and realistically the needs that have been clearly identified and described in the project justification.	3	The project includes a clear phase out strategy and/or mechanism of sustainability (capacity-building, community ownership, participatory approach, partnership, etc.).	3
4	The project must be submitted by an organization which has a recognized operational and implementation capacity (e.g. expertise, resources, etc.).	4	The project produces new detailed data useful to update the humanitarian context analysis of the country.	1
5	The project must include a monitoring and evaluation mechanism.	5	The project includes cross-cutting themes e.g. gender, SGBV, HIV/AIDS, protection of the environment.	1
6	The project must include measurable outputs during the CAP period.		Total	12

All projects included in the CAP 2012 have been reviewed, vetted and ranked by clusters through an inclusive process within the clusters and validated by the HC according to the above criteria endorsed by the HCT.

4.5 Cluster response plans

4.5.1 Protection

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Cluster member organizations	ACAT, ADEM, AFJC, BINUCA, Caritas, <i>Comité National Permanent de Concertation et de Coordination pour la Gestion de la Protection des Personnes Déplacées Internes</i> , COOPI, DRC, IMC, IRC, JUPEDDEC, LCDH, MDDH, OCDH, Triangle GH, UNDP, UNFPA, WFP, UNICEF, as well as representatives from the following ministries: <i>Sécurité Publique</i> (Public Security); <i>Administration du Territoire</i> (Territorial Administration); <i>Affaires Sociales</i> (Social Affairs); <i>Défense Nationale</i> (Defence); <i>Justice</i> (Justice); <i>Communication</i> (Communications)
Number of projects	11
Cluster objectives	<ul style="list-style-type: none"> • Save lives and improve the security and the physical integrity of people of concern, as well as the property of civilians affected by conflicts and other humanitarian crises. • Reinforce access to justice, prevent impunity and provide an appropriate legal response. • Prevent conflicts and community tensions reinforce peaceful coexistence and civil society. • Facilitate the implementation of durable solutions, particularly the return, the integration and the reintegration of IDPs, including GBV victims as well as Children associated with armed Forces and Groups.
Number of beneficiaries	171,751 IDPs and returnees 19,865 refugees 2,152 host communities 300 victims/survivors of GBV
Funds required	\$18,684,257
Funds required per priority level	Immediate: \$1,733,410 High: \$16,950,847
Contact information	assiana@unhcr.org

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

The cluster response plan will be implemented in reference to the two major areas identified through in-depth analysis by cluster members. Each area corresponds to specific groups in term of protection concerns and risks.



Mboki, Haut-Mbomou / OCHA
CAR / August 2011

Emergency zone (Kabo, Batangafo, markounda, Kouï Nagoundaye and Mbomou, Bamingui Bangoran, Haute Kotto, Vakaga and Haut Mbomou prefecture).

Protection needs in these areas are related to severe human right violations, children and girls addiction as results of conflicts, community tensions, insecurity, continuous movement of displaced people, lack of community and official response mechanism, insufficient humanitarian response due to limited access to IDPs, poor housing conditions and extreme poverty.

Post-conflict zone (Paoua, Bocaranga, Bozoum, Nana-Boguila, Bossangoa, Bossentele, Bouca and Nana-Mambrere, Kemo, Nana-Gribizi prefectures). Protection concerns in these areas are more linked

to child labour, violence linked to witchcraft accusations, restriction of freedom of movement and abuse by security forces as results of limited access to justice.

Human rights violations: The human rights situation remains critical. Some of the most commonly reported violations of rights are: unlawful killings, disappearances and abductions, restriction of movement, discrimination on the ground of ethnicity and for religion, unlawful/arbitrary arrest and detention, ill-treatment and torture of detainees, harmful traditional practices targeting women and children, arbitrary accusations of witchcraft practice, use of child labour at diamond exploitation areas.

A special mention must be made of the situation of SGBV which, despite the concerted efforts throughout the country remains of high concern. The need to strengthen gender equality and GBV response and prevention remains critical. Recent research published by the University of Berkeley, California found rates of GBV perpetrated by armed and non-armed actors to be at rate comparable to that of eastern DRC. The number of incidents of sexual GBV involving children is particularly striking. In some areas of the country, NGOs report that more than 50% of new SGBV victims are children. In addition, the incidence of rape, forced marriages, domestic violence and early pregnancies remain of grave concern. Most reports refer to an increase in cases of SGBV where the survivor knows the perpetrator. Reports on instances of gross human rights violations including threat to physical safety and security, GBV are still of grave concern in rebel controlled areas, particularly in those with groups that are not part of the peace process.

Protection and assistance to people with specific needs: women, children and older people represent the largest vulnerable group among the displaced population. Because of the prevailing conditions, they are disproportionately affected in terms of physical security and rights violations, most often by sexual violence forced marriage of girls. Some of the challenges faced by children and in particular young girl include school dropouts, family separation and psycho-social trauma. With the 6.2% national HIV prevalence even higher in areas of conflict, there is a need to establish an outreach programmes, which must include a prevention and response component. Similarly, special attention must be paid to the needs disabled and elderly population.

Rule of law: it is to be noted that most of the functioning structures pertaining to the Justice system are centralized at the level of Bangui. While local courts have been known for having been inadequately staffed over the past years, the recent deployment notably of investigating magistrates and prosecutors to rural courts in the absence of alternatives to government structures, many Central Africans in rural areas turn to village chiefs to have cases heard. While these leaders are mandated by law to carry out mediation in civil and commercial cases, they have little to no training in the matter and often act outside their authority. Owing to their displacement and limited resources, IDPs face even more difficulties in accessing justice than the rest of the population. Despite technical assistance and rehabilitations of infrastructure in a number of post-conflict prefectures, official and traditional authorities remain known for favouritism and corrupt practices. Likewise, police officers and gendarmes frequently do not refer cases to courts, preferring informal arrangements. Complaints about extortions at roadblocks (originally intended as security measures) are widespread, resulting in restrictions to the freedom of movements.

The weakness of government institutions in protecting human rights and the lack of appropriate response to various violations has resulted in a culture of impunity. Supervision of government officials is inadequate in many prefectures. Inexperienced judges and prosecutors are often left to their own devices in rural areas. In both emergency and post-emergency contexts, they often lack the capacity to establish true authority and control over the judicial police (police and gendarmerie) as required under the law in attempts to manage expectations of illiterate populations and (in the case of emergency contexts) potential or real threats by armed groups. The result can be selective justice, resulting in convictions of people accused of witchcraft but acquittals or non-persecutions of those who exert violence against witchcraft suspects in consent with the community.

The state of detention facilities is particularly appalling. While certain zones lack such facilities, the management of prisons and detention cells in police stations or gendarmerie posts frequently does not meet minimum human rights standards. For example, prisons in rural areas are largely unable to feed inmates. This condition makes wardens release prisoners during daytime so that they can do small jobs which allow them to buy food. Other prisoners are used by civil servants to do chores in exchange of food. While new facilities alleviate prisoners' plight to a certain extent, the allocation of

4. The 2012 common humanitarian action plan

resources to prisons requires further improvements. While an improvement in the payment mechanism of funds for prisons is noticeable, rural prisons require further resources.

There is a need to build confidence, promote social cohesion and peaceful coexistence among the communities. This is particularly palpable throughout the north. Tensions between communities in areas had been under control under the APRD before the demobilization of the armed group risk to erupt. Throughout the north-east, ethnic tensions manifest themselves in the composition of the groups CPJP and UFDR. While community peace building initiatives in Ndélé (Bamingui Bangoran) have been successful, it will be important to expand such efforts. Tensions between host communities and IDPs manifest themselves particularly in areas with IDPs sites such as Kabo (Ouham).

Likewise, civil society remains weak and finds it difficult to effectively contribute to the protection of civilians. Most organizations do not have an effective presence outside of Bangui. Capacity to manage projects or to conduct campaigns is further constraints. Moreover, the prospect of funding often prevents civil society organizations from becoming active.

Documentation: the majority of the population lack any form of documentation (identity cards, births certificates, etc.). In the case of IDPs, security conditions, distance from administrative centres, the poor administrative capacity and the financial cost for processing restrict even further their access to documentation. If unable to establish their juridical identity through testimony, a large number of IDPs will be deprived their fundamental rights to take part to their citizenship duties, whereas some minorities such as Peulhs will remain exposed to the risk of statelessness.

Risk analysis

Despite the comprehensive agreement signed with a number of rebel groups and the cease fire agreement between the government and CPJP (signed in June 2011), the recent conflict between CPJP and UFDR rebel groups has accentuated the ethnic tension and rivalry between Goula and Rounga communities in the northern part of the country. This constitutes a serious risk for protection concerns.

The presence of the foreign armed groups as FPR in the country with their uncontrolled operations also may raise some protection concerns among the population. Finally, the conflict linked to the sporadic presence of Mbarara in areas like Bamingui-Bangoran and Ouham continue to strengthen the complexity of the security situation.

Inter-relations of needs with other sectors

The effective protection of people affected by humanitarian crisis requires a response at several levels, disposals which involve the inter-relation with other sectors to maximize the impact of protection related actions. This concern:

Health: medical referral of victims of violence.

Education: protection mechanism and reduction of violence and abuse in schools, playing areas as means to relieve children from conflict-induced stress, discourage their recruitment into armed forces and prevent child labour.

ER: rehabilitate returnees in their dignity by the construction of decent shelters and counselling structures aiming to facilitate the durable reintegration of children associated with armed groups (CAAFG).

Moreover, some other protection problems faced by IDPs are interconnected with the poor living conditions and lack of access to basic services such as health, clean water and decent shelter in potential return areas. Boosting the economic conditions will surely enhance durable return. Therefore, there is need to link with the Food Security Sector.

In order to facilitate this multi-sector effort, the protection cluster intends to intensify its participation to other cluster meetings during which protection matters will be integrated in their various response plans.

B. Coverage of needs by actors not in the cluster or CAP

ICRC and *Médecins sans Frontières* (Doctors without Borders France/MSF) are officially not full members of protection cluster. However, both of them do play relevant roles, especially in term of multi-sector relationship, as well as information exchange.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Save lives and improve the security and the physical integrity of people of concern, as well as the property of civilians affected by conflicts and other humanitarian crises.	Agreements are reached with the parties to the conflict, state and non-state for timely humanitarian access to PoCs.	Humanitarian access to PoCs is secured.	Number of areas benefiting from humanitarian access compared to 2011.
	<ul style="list-style-type: none"> ◆ Provision of adequate emergency protection for victims of human rights violations and violence. ◆ Risk of human rights violations and violence (notably GBV and violence related to witchcraft accusations) is reduced and quality of response improved. 	<ul style="list-style-type: none"> ◆ Victim/ survivor referral mechanisms to medical, legal and psycho-social assistance are established and sustained. ◆ Population has adequate access to basic needs (NFI, WASH, health, education). 	<ul style="list-style-type: none"> ◆ Degree and percentage of conflict areas covered with response mechanisms to reports of human rights violations and violence (notably GBV and violence related to witchcraft accusations). ◆ Number of interventions. ◆ Extent referral mechanisms established and sustained; Number of referrals to medical, legal and psycho-social services. ◆ Number of women benefiting from safe spaces.
	PoC increasingly enjoy freedom of movement.	<ul style="list-style-type: none"> ◆ Roadblocks in secure areas are lifted. ◆ Government mechanism to establish identity documents is improved. 	<ul style="list-style-type: none"> ◆ Number of advocacy interventions for the safety of PoC and freedom of movement. ◆ Number of discussions on related topics within the Protection Cluster. ◆ Number of people having received ID documents in 2012.
Protection of children against grave violations (Resolution 1612), family tracing and reunification is improved.	<ul style="list-style-type: none"> ◆ Mechanisms to ensure safety of children from grave violations by armed groups and receive appropriate assistance function ◆ Further IDP profiling are carried out. 	<ul style="list-style-type: none"> ◆ Number of children safe from grave violations by armed groups ◆ Number of IDP profiling carried out with shared results. ◆ Number of people of concern profiled (disaggregate by age (<18) and sex). 	

4. The 2012 common humanitarian action plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
2. Reinforce access to justice, prevent impunity and provide an appropriate legal response.	Access to justice (including legal aid and fair trials) is increased, particularly for survivors/victims of violence and people accused of witchcraft.	Legal aid system and structures are strengthened; indigent victims/survivors (notably victims of SGBV and victims of violence related to witchcraft accusations) are represented by qualified lawyers.	Number of PoCs having access to legal services and legal aid.
	<ul style="list-style-type: none"> ◆ Law enforcement is strengthened and reports by PoC are investigated in accordance with the law. ◆ Length of pre-trial detention is reduced. ◆ Conditions of detainees are improved (food, hygiene, facilities). ◆ Law enforcement authorities are increasingly seen by the population as protective instances serving the public. 	<ul style="list-style-type: none"> ◆ Government puts in place a system to hold <i>audiences foraines</i> (mobile courts) on a regular basis. ◆ Government with support from international partners ensure that inmates are treated in accordance with the law, dispose over sufficient foods and benefit from facilities meeting with minimum international standards. 	<ul style="list-style-type: none"> ◆ Number of legal professionals, authorities, students and members of the general population sensitized and trained; extent increase in legal awareness by sensitized/trained people. ◆ Number of detainees treated and benefitting from facilities in accordance with minimum standards.
	<ul style="list-style-type: none"> ◆ The capacity of the juvenile justice system is reinforced. ◆ Legal knowledge of the population increases. 	Human rights sensitizations/trainings are carried out for authorities, students and the general population.	Number of community-based mechanisms in place to prevent violations and promote respect of human rights.
3. Prevent conflicts and community tensions; strengthen peaceful coexistence and civil society.	Social cohesion increases and tensions between communities decrease.	Participatory assessment and community mobilization are refined and improved.	Number of participatory assessments conducted on the protection needs of PoCs.
	Community conflicts are resolved in a peaceful manner.	The capacities of associations and groups in conflict mediation are enhanced.	<ul style="list-style-type: none"> ◆ Number of people with institutional affiliation trained in conflict mediation. ◆ Number of community conflicts mediated; target 2012: 20 conflicts mediated.
	Community mobilization is strengthened and expanded.	Communities are involved in identifying and implementing solutions to resolve tensions.	<ul style="list-style-type: none"> ◆ Number of individuals, associations, groups and other institutions supported to become active role models in conflict mediation. ◆ Number of social

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
			<p>cohesion campaigns carried out and discussions organized; target 2012: three campaigns carried out 180 discussions held.</p> <ul style="list-style-type: none"> ◆ Number of intercultural events held. ◆ Number of members of civil society trained in project and financial management as well as in national advocacy.
<p>4. Facilitate the implementation of durable solutions, particularly the return, the integration and the reintegration of IDPs, including GBV victims as well as CAAFG.</p>	<p>Re-establishment or development of essential services, including state effective presence and community-based structures in conflict-affected areas.</p>	<p>The (re)establishment of state authority in conflict-affected areas is supported.</p>	<p>Number of advocacy interventions and # of technical advice for the (re) establishment of state authority in conflict-affected areas.</p>
<p>The socio-economic situation is conducive to voluntary return in dignity.</p>	<p>ER and agro pastoral programmes aimed at self-sufficiency of PoCs are supported through protection programmes (inclusion of victims of SGBV and other violence and human rights violations into groups and protection mainstreaming (introduction of protection elements into programmes from other sectors).</p>	<p>Number of economic projects that benefit PoCs.</p>	
<p>A system is in place to assist people with specific needs following a multi-dimensional approach.</p>		<p>Number of psycho-social support interventions and development projects targeted people with specific needs.</p>	
<ul style="list-style-type: none"> ◆ Demobilized children are enrolled in schools or vocational programmes in a non-stigmatized manner. ◆ Family tracing and reunification is improved. 	<ul style="list-style-type: none"> ◆ CAAFG and children associated with self-defence movements are demobilized and reintegrated. ◆ Demobilized children are integrated in the formal education sector and 	<ul style="list-style-type: none"> ◆ Number of vulnerable children receiving access to basic services, education, legal support and been reunified with their families. ◆ Percentage of demobilized children integrated in the formal education system or into vocational training: 	

4. The 2012 common humanitarian action plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
		vocational programmes.	programmes. ♦ Percentage of children having access to basic services including education.

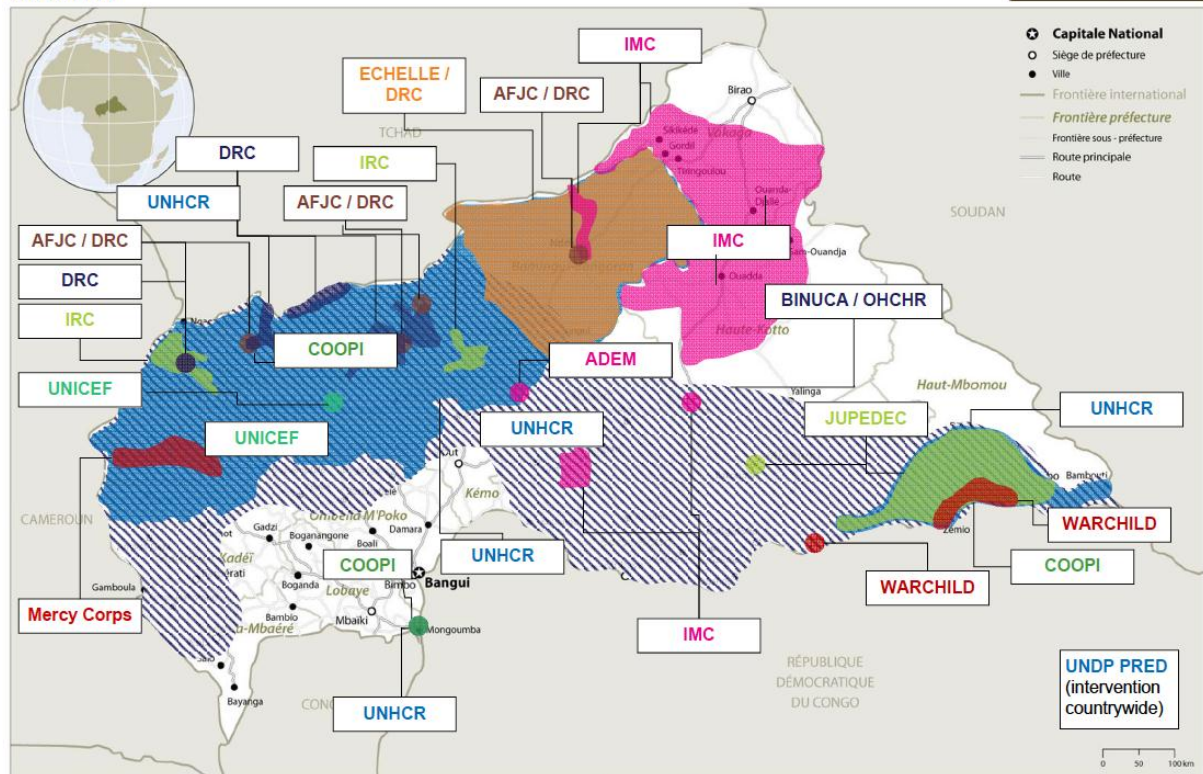
D. Cluster monitoring plan

The protection cluster members will report on progress of their activities on the basis of the Action Plan 2012. The progress of project indicators will be closely followed in all phases of the project cycle. The overall monitoring of progress and impact will be conducted through: written reports, humanitarian operations, inter-agency missions, lessons learned, participatory assessments and coordination meetings.

E. Geographic coverage

Central African Republic: Areas of Intervention - Protection

October 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.

4.5.2 Water, Sanitation and Hygiene (WASH)

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACF, ACTED, CAM, CARC, Caritas, COHEB, CREPA, CRF, DGH, DRC, FHI, ICDI, ICRC (as observer), IMC, IPHD, IRC, JRS, Mercy Corps, PU, REMOD, <i>Solidarités</i> , SRCS, Triangle GH, <i>Un raggio di luce</i> , <i>Vitalité Plus</i>
Number of projects	14
Cluster objectives	<ul style="list-style-type: none"> • Provide access to safe drinking water, in accordance with SPHERE standards. • Provide access to basic sanitation infrastructure, in accordance with SPHERE standards. • Improve the hygiene knowledge and daily practices of target populations. • Reinforce local communities' capacities in building, maintaining and managing WASH infrastructure.
Number of beneficiaries	1,928,616 people
Funds required	\$8,263,121
Funds required per priority level	Immediate: \$726,906 High: \$6,338,673 Medium: \$1,197,542
Contact information	pl Laurent@unicef.org

Disaggregated number of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs and returnees	85,532	86,219	169,575	85,532	86,219	171,751
Refugees	9,895	9,970	19,865	9,895	9,970	19,865
Host communities	447,730	450,770	898,500	447,730	450,770	898,500
Children	417,573	420,927	838,500	417,573	420,927	838,500
Totals	960,730	967,886	1,928,616	960,730	967,886	1,928,616

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

Despite important efforts during recent years, access to safe drinking water is still a challenge in CAR. Only 30.5% of the population (28% in urban and 32% in rural areas) has access to clean water. The situation is even worse in sanitation: open defecation is the norm for the vast majority of the population since only 5% of the population (11% in urban and 2% in rural areas) has access to an improved family latrine. The water and sanitation situation in community centres (schools, health posts and hospitals) is also extremely worrying and does not respond to the population's basic needs.

Despite efforts undertaken by the different field actors in sensitization campaigns during the last four years, at risk hygiene behaviours did not change significantly. The global level of education as well as the technical level linked to the maintenance of water points remains very low.

The current system of operating and maintaining water pumps has failed and is at a breaking point. Two systems coincide in the country: the first is training of mechanics and setting-up village water committees along with a network of stocks with spare parts; the second is the use of technical teams that move from village to village and are paid by villages in cash or in kind for maintenance and repairing pumps every three months).



Girl washing her hands /UNICEF/2011

4. The 2012 common humanitarian action plan

Nevertheless, the coverage level is quite low due notably to difficult access, the size of the country and the dispersion of the populations. Use of different types of pumps (India Mark II and III and Vergnet) complicates the situation. Due to the small size of the market, administrative complications and access problems, few private investors are inclined to import pumps and spare parts in Africa.

In 2012, members of the WASH Cluster will:

- Repair and/or rehabilitate existing water points (boreholes, wells, distribution systems) in agreement with national policy and strategy in terms of water point committees and spare parts management.
- Build new water points, (mechanically or manually) drilled boreholes or protected wells, preferably in community buildings (schools, health posts and hospitals) in agreement with national policy and strategy in terms of water point committees and spare parts management.
- Promote and monitor good hygiene practices such as hand washing with soap and the safe storage of water at household level.
- Support communities to construct or repair improved family and community latrines in schools, health posts and hospitals. Implementation of Community Led Total Sanitation, launched in 2011 and showing promising preliminary results will be continued.
- Support village water management committees and train pumps mechanics.
- Improve the supply of spare parts for hand-pumps notably by encouraging private investments.
- To overcome the complex challenges linked to being a land-locked country and other access problems, the complex and constantly moving security context and low funding levels, the members of the WASH cluster have agreed on the following common strategy:
 - Maximize partners' inclusion in the cluster and information sharing between the cluster members and other stakeholders.
 - Participate actively in reinforcing multi-sectorial coordination.
 - Identify gaps in the response and cover them in a concerted way, to the extent that funds are available.
 - Design sustainable, realistic and feasible projects, based on vulnerability analysis.
 - Focus on low-cost but quick and high impact interventions.
 - Support and strengthen communities' coping mechanisms.
 - Significant efforts were undertaken in 2011 to mainstream gender within the WASH cluster programming and activities. All the future WASH activities will be implemented in accordance with the "five engagements for gender equity" that have been developed, discussed and acknowledged by all the WASH cluster members in 2011.

Risk analysis

The following risks may affect the effectiveness of the cluster response as well as the needs of the affected population:

- Increase in the global level of insecurity (bandits, rebel groups, LRA, Central African Armed Forces) targeting humanitarian workers or preventing them from reaching beneficiaries.
- Lower level of funds for the country and for the sector, linked to the international context (international financial crisis, highly mediated crisis).
- Low availability of spare parts for water and sanitation infrastructure maintenance (landlocked country) and the poor condition of the roads.
- High level of dissatisfaction of the population leading to a period of general instability.

Inter-relations of needs with other sectors

Education: due to the extremely low level of education in rural areas, activities in basic hygiene promotion are slow to show results. Low sanitation coverage in schools leads to increased girls school drop-out rates.

Health and Nutrition: very low levels of access to potable drinking water and sanitation leads to a higher and recurrent rate of water-borne diseases, with consequences for people's health and nutritional status.

ER: financial barriers have a strong impact on the beneficiaries' ability to repair and maintain hydraulic infrastructure.

Protection: access to water and sanitation infrastructure cannot be separated from the protection of the most vulnerable (women, girls, the elderly or handicapped people) in a context of armed conflict.

B. Coverage of needs by actors not in the cluster or CAP

ICRC continues to contribute actively in the water, hygiene and sanitation fields with activities in the north, south-east and north-west zones, in agreement with their own mandate. Even if ICRC is not a participating member of the WASH cluster, they regularly attend the coordination meetings in Bangui and exchange information on the field with other partners, allowing a better coverage of the gaps

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Provide access to safe drinking water, in accordance with SPHERE standards (under strategic objective 1)	Morbidity and mortality rates linked to water-borne diseases is reduced amongst the target populations	Newly constructed or rehabilitated institutional (schools, health centres) and community water points (boreholes, protected wells, reticulated water distribution systems)	336 newly constructed or rehabilitated institutional (schools or health centres) and community water points (boreholes, protected wells, reticulated water distribution systems)
2. Provide access to basic sanitation infrastructure, in accordance with SPHERE standards (under strategic objective 1)	Access to basic sanitation is secured for target populations in full respect of their dignity	Newly constructed or rehabilitated family sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs	4,650 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	382 constructed or rehabilitated institutional (schools or health centre) sanitation structures (latrines) that are culturally acceptable and in full respect of gender needs
3. Improve the hygiene knowledge and daily practices of target populations (under strategic objective 1)	Good hygiene practices are known and applied by target populations in their daily life	People who have attended a hygiene promotion training session	137,250 people who have attended a hygiene promotion training session
4. Reinforce local communities' capacities in building, maintaining and managing WASH infrastructure (under strategic objective 2)	Target populations can focus on livelihood activities because access to potable water is secured	Newly created/reactivated/re-trained water point committees	358 newly created/reactivated/re-trained water point committees

4. The 2012 common humanitarian action plan

D. Cluster monitoring plan

The WASH cluster meets monthly in Bangui to exchange information, coordinate programmes, streamline strategies and monitor progress. WASH sub-cluster meetings will also be held on a regular basis in Kaga Bandoro.

Discussions will take place with the Health Cluster to select health indicator(s) to measure the impact of the WASH cluster activities from a public health perspective.

Permanent contacts will be maintained between the WASH cluster coordinator in Bangui, WASH UNICEF team members in sub-offices (Bossangoa and Kaga-Bandoro) and all the partners via bilateral discussions.

Data will be collected every three months by focal points (WASH cluster coordinator in Bangui, WASH UNICEF team members in sub-offices) and compiled to report on targets for WASH cluster indicators.

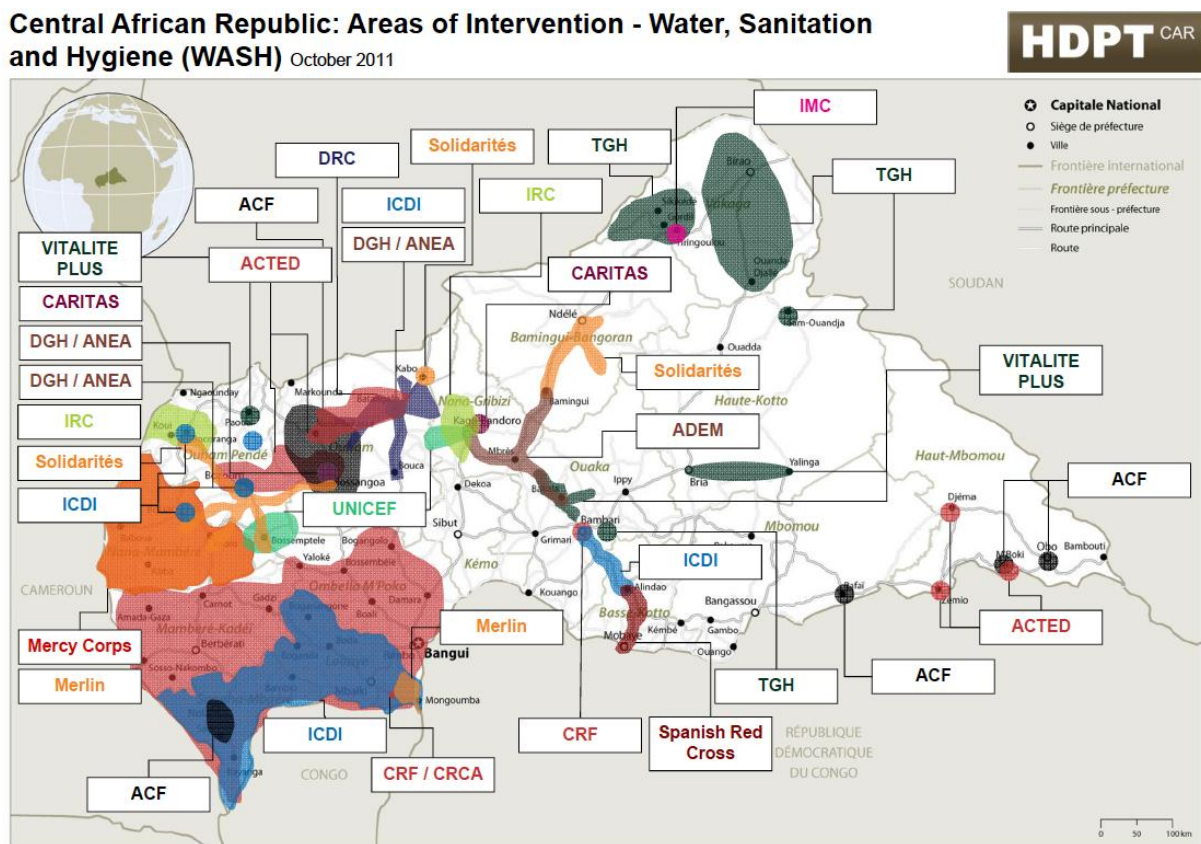
Updated maps (Who, What, Where) for the sector will be available with the technical support of OCHA and the *Direction Générale de l'Hydraulique* (General Directorate for Hydraulics /DGH).

Joint field visits (UNICEF and partners) will be organized on a regular basis to evaluate progress and to give technical support if needed.

Project reports (including CHF and CERF projects), surveys, assessment reports and other documents will be shared among cluster members and will be available to others stakeholders via the HDPT web site.

E. Geographic coverage

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

4.5.3 Health

Summary of cluster response plan

Cluster lead agency	WORLD HEALTH ORGANIZATION
Cluster member organizations	ACABEF, ACF, ADECOM, ASSOMESCA, COHEB, CORDAID, CRF, CRS, DPST, Emergency, FIPADECA, JRS, JUPEDEC, IDC, IMC, IRC, MENTOR, MERCY CORPS, MERLIN, Ministry of Public Health, MSF, PU-AMI, UNFPA, UNICEF, <i>Vitalité Plus</i>
Number of projects	13
Cluster objectives	<ul style="list-style-type: none"> • Improve access to basic health services and emergency medical care with adequate referral system • Improve the national epidemic early warning system and response • Reduce health consequences of disaster/ health crisis by improving the local or community mechanism of prevention, preparation and response to crisis
Number of beneficiaries	4,401,000 people 171,751 IDPs and returnees. 19,865 refugees. 272,180 people living with HIV/AIDS. 4,479,171 host communities (population of seven health provinces).
Funds required	\$17,237,980
Funds required per priority level	Immediate: \$3,424,000 High: \$13,351,747 Medium: \$462,233
Contact information	dembag@cf.afro.who.int

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

As health facilities have been frequently reported to be inadequate to respond to disaster and crisis due to lack of infrastructure, equipment and trained human resources, several community-based organizations (CBO) have shown a urgent need of support to contribute to reduce the health consequences of disasters and crisis in CAR. The health sector is characterized by lack of infrastructure throughout the country, lack of staff and moreover quasi-absence of qualified medical staff, huge problems in terms of drugs and medical material supplies, lack of equipment, etc.. The insecurity in a main part of the country worsens an already critical situation: in conflict-affected areas, most of the health structures collapsed because they were abandoned or looted and medical staff left; access to health care is therefore very limited or even inexistent.



Medical consultation in the hospital / Magali Carpy, Bocaranga, OCHA / February 2009

The health Cluster response to the on-going cholera outbreak in south-east CAR affecting Lobaye, Ombella Mpoko prefectures and Bangui town with a total of 177 cases and 16 deaths (fatality rate: 9%), has been very slow and highlighted even more the need of strengthening health facilities and CBO for a better management of disaster and crisis.

Displacement and insecurity is taking its toll on the public health situation in CAR. Increasing numbers of the displaced live in extremely precarious conditions, often in the bush, and are exposed to epidemic-prone diseases such as shigellosis, measles, malaria, meningitis, salmonellas, cholera, hepatitis E, trypanosomiasis, yellow fever and poliomyelitis.

Insecurity is an obstacle to efficient humanitarian response also in the health sector. Many health centres in the north and the south-east of CAR are not working because medical workers are often

4. The 2012 common humanitarian action plan

compelled to leave the area and health centres are regularly looted. The HIV prevalence rate among the adult population is 6.2%, the ninth-highest worldwide. The already weak health system under-staff and under-equipped pose an added challenge to groups most vulnerable as PLWHA and jeopardize the prevention interventions. The problem of under-staffing and under-equipment is a widespread challenge across the health sector.

Malaria remains the leading cause of morbidity (40% of consultations) and mortality (13.8% of deaths) particularly during the rainy season between May and October. CAR suffers from a resurgence of meningitis almost every year.

The national vaccination coverage rate reached a record level of 87.76% for diphtheria–tetanus–pertussis vaccine (DTP3) in 2006 but insecurity and displacement has made it impossible to maintain this high level. The national coverage rate was estimated at 51% in 2008 and at 76.4% in 2009.

The Health cluster recognizes several priority needs for 2012 which include: the insufficient access to basic health services and emergency care at secondary level; the lack of early detection mechanism for epidemics and others public health events and the low capacity of health facilities as well as community-based organizations to respond to disaster and crisis.

Through a solid coordination an adequate health cluster strategy response will be supported in order to improve access to emergency primary and secondary health care and reinforce the integrated disease surveillance system and response as well as to strengthen the local capacity to respond to disaster and crisis countrywide through the carry out of risk analysis and implementation of DRR activities.

Risk analysis

Increased insecurity in the north and the south-east reduces the possibilities and often prevent access to health services. The health stakeholders are not able to respond in these regions and the reinforcement of the health system in order to better prepared to respond to crises is not possible. Limited access to populations living in the south-east and the north-east due to security and logistic constraints limits the possibility to predict and timely respond to epidemic prone disease.

Shortage of funds, especially for salaries for human resources working in humanitarian settings, limits the decentralization of health partners in the field including the cluster and therefore the possibility to support health interventions at district level (health prefectures).

Inter-relations of needs with other sectors

The insufficient support in term of funding, means of transport and communication from the Ministry of Health (MoH) and humanitarian community to health prefecture response team in prefectures affected by the ongoing cholera outbreak may contribute to increase the risk of dissemination to others health prefectures. The poor general and individual hygiene conditions in affected health prefectures and the use of unsafe drinking water from the Ubangui River may aggravate morbidity and mortality related to water born disease in Ombella Mpoko and Lobaye health prefectures.

Empowerment of community-based organizations and local authorities at district level may sustain the WASH cluster as well as the health cluster effort to reduce the morbidity and mortality related to the cholera outbreak. This may contribute to reducing the risk of water-born disease outbreak and will improve the health status of people.

B. Coverage of needs by actors not in the cluster or CAP

Despite the effort from MSF to support the management of the cholera outbreak in Lobaye, Ombella Mpoko and Bangui, a coordination response is required and should reinforce the national epidemic management committee in term of financial, logistic and management needs.

MSF field activities as well as others contributions from health stakeholders will contribute to cover some needs in the budget of the national cholera response plan

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Improve access to basic health services and emergency medical care with adequate referral system	Basic and emergency health care available at health facilities Primary and secondary level in the targeted areas	Emergency drugs, medical material and equipment as well as ambulance service available for patients in need with the support of the health sub cluster	<ul style="list-style-type: none"> ◆ Two consultations/person/year. ◆ 90% of the target population have access to basic and emergency health care. ◆ Measles immunization coverage > 95% ◆ 100% families receive two LLIN. ◆ 100% of pregnant women in need of emergency obstetric care managed.
2. Improve/create the national epidemic early warning system and response	Epidemic outbreak/health crisis timely investigated and responded adequately	Outbreak investigation and response conducted by the district/prefecture emergency team with the financial and logistic support of the health sub-cluster	100% of epidemics/crisis investigated and addressed within 72 hours
3. Reduce health consequences of disaster/ health crisis by improving the local or community mechanism of prevention, preparation and response to crisis	Health personnel and community leaders trained, health facilities rehabilitated, equipped to adequately respond to emergencies	Response to health crisis and disaster initiated and managed by local counterpart (MoH and CBO) with the support of health partners	Health Cluster and contingency plan available and operational; emergency stock pile pre-located at prefecture/region level (health facilities and CBO)

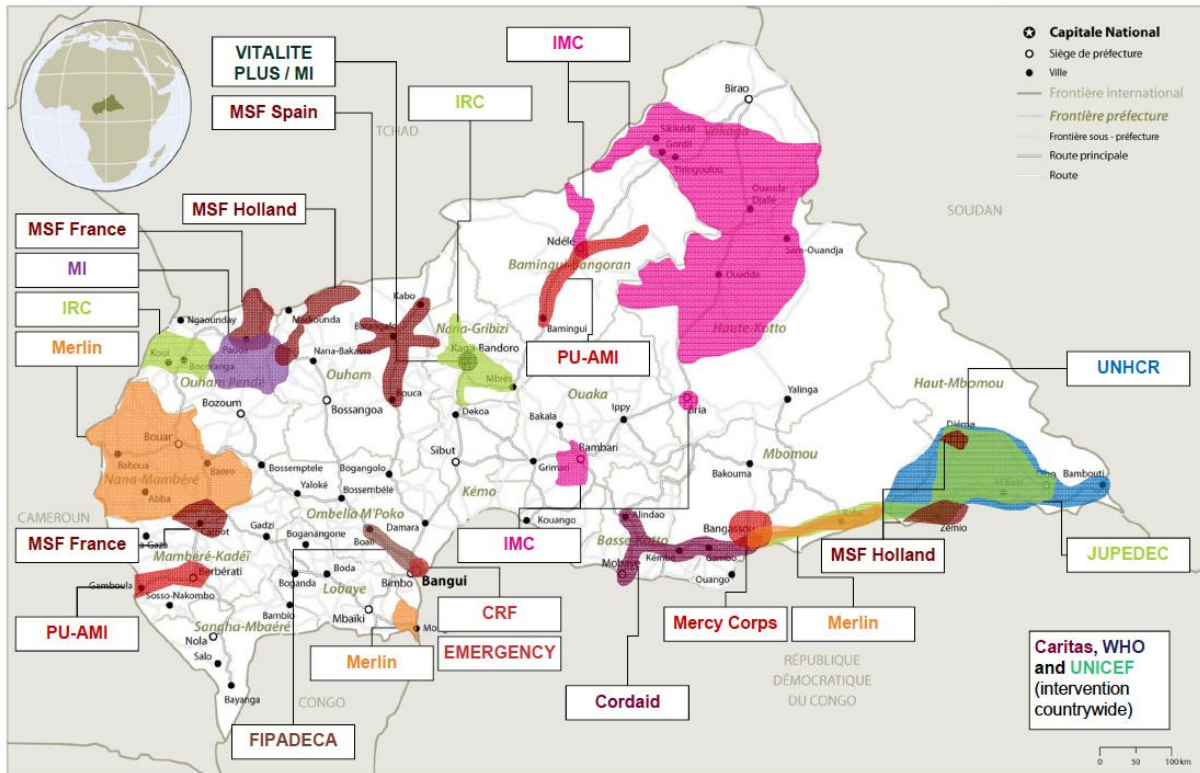
D. Cluster monitoring plan

- Assessments and evaluations of response activities (vaccination campaigns, epidemic response...).
- Monthly reports on project implementation to the Cluster lead.
- Joint monitoring and assessment missions of NGOs, UN agencies and the MoH.
- Monthly health sub-cluster meeting report at field level and health cluster meeting report.

E. Geographic coverage

Central African Republic: Areas of Intervention - Health

October 2011



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4.5.4 Food Security

Summary of cluster response plan

Cluster lead agency	FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
Cluster member organizations	ADEM, ACF, ACTED, COHEB, COOPI, CRS, DRC, FAO, IRC, JUPEDEC, MDRA, NDA, PU-AMI, REMOD, Solidarités International, Echelle, TGH, Vitalité Plus, WFP
Number of projects	29
Cluster objectives	<ul style="list-style-type: none"> • Ensure the right to food for all. • Strengthen the capacity to disaster risk prevention and effective response to food and agriculture emergencies. • Enhance and or diversify agro-pastoral production. • Enhance agricultural production trade and marketing. • Promote and or diversify income sources. • Improve post-harvest treatments.
Number of beneficiaries	495,748
Funds required	\$36,693,232
Funds required per priority level	Immediate: \$1,696,850 High: \$11,633,204 Medium: \$23,363,178
Contact information	marc.abdala@fao.org

Disaggregated number of affected population and beneficiaries

Category of affected people	Number of people in need			Targeted beneficiaries		
	Female	Male	Total	Female	Male	Total
IDPs, returnees and refugees	85,532	86,219	171,751	85,532	86,219	171,751
Refugees			19,865			19,865
Vulnerable host/local populations	684,761	711,090	1,395,851	149,207	154,925	304 132
Totals	770,293	797,309	1,587,467	234,739	241,144	495,748

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

Following the protracted political conflict and the recurrent population displacements, the economy has shrunk and the population is deeply impoverished. Rural areas have been the fighting field for armed groups. In addition to the internal causes of food insecurity, the situation in CAR is aggravated by the arrival of refugees from DRC, Sudan and Chad. All farming activities have been hampered and the rural populations have lost their assets, while very few work or income generating opportunities are available.

The availability of and access to food is very insufficient. There is a need to support food availability and access.

The agro-pastoral production has been affected and has become very low. There is a need to support livestock protection and production.

Organized harvesting, transformation and conservation of the agro-pastoral production systems continue to remain very limited. There is a need to support the post-harvest treatments.

The livestock trade market and other commercial arrangements are inefficient and/or not operational. There is a need to promote fairs and other forms of commercialization of agro-pastoral products.

4. The 2012 common humanitarian action plan

Both government and private technical actors have lost their operational capacity and remain inefficient. There is a need to strengthen their operational capacity and provide training opportunities as appropriate.

The food-security early warning system is not sufficiently strengthened. There is a need to organize the network and ensure continuous generation of reliable data, support data analysis and dissemination of food security reports.

Based on the overall food security situation, the conflict related insecurity and the subsequent problem for humanitarian actors to access vulnerable populations and for vulnerable populations to access agricultural land, the humanitarian needs have been classified into three main categories namely (1) Emergency; (2) Rehabilitation; and (3) Recovery. Although this classification doesn't follow the internal geographical boundaries of CAR, the cluster has identified the prevalence of these categories of needs in specific administrative units of the country. Therefore, some areas are associated with specific needs and priority types of assistance are required.

Emergency needs

The north-eastern and south-eastern as well as some parts of the north- and south-western areas are still unstable and the food security situation is very volatile since the populations have been affected by violence along with mass displacement. In these regions access to food is severely restricted. Therefore it is recommended to assist vulnerable populations by increasing their opportunities to access food and means of agricultural production, where possible. In order to ensure proper resumption of some productive agriculture activities, community-based land tenure and land access conflicts should be addressed concomitantly. The regions and sub-prefectures most in need are:

South-east: Haut Mbomou (Sub-prefecture of Djemah and Bambouti) and Mbomou (Sub-prefecture of Dembia and Derbissaka).

North-east: Vakaga, Bamingui-Bangoran, Haute Kotto. (Sub-prefecture of Ndélé (out of Ndélé Centre), Ngarba and Vakaga).

North: Markounda, Boguila, Kabo, Maïtikoulou and Nord Batangafo.

South: Mongouba.



Congolese refugee farming group / Laura Fultang, Batalimo refugee site, OCHA / 6 July 2011

Rehabilitation needs

The central part of the country needs support to strengthen the local production capacity and availability of agricultural inputs such seeds and fertilizers, livestock restocking, veterinary drugs and vaccines etc.. The support to be provided in these regions should be market oriented taking into account the value chain process. These regions include mainly Ouaka, Kemo, Basse Kotto and Nana Gribizi.

In addition to these prefectures, Ndele Centre and all the sub-prefectures of Haut Mbomou and Mbomou, Vakaga, Bamingui-Bangoran, Haute Kotto other than those mentioned under the Emergency section above are prioritized for the rehabilitation type of support.

Recovery needs

This type of assistance is mainly market oriented focusing on restructuring of the sector through the value chain process, enhancing local production and diversification along with quality improvements.

The north-western (Ouham-Pendé, Ouham, Nana Mambéré) and south-western (Mambéré Kadéï, Lobaye, Sangha Mbaéré, Ombella Mpoko) regions are the most targeted by this type of assistance.

Risk analysis

Although peace agreements have been signed by most of the main opposition movements, its implementation has not yet shown stable progress and violation of peace agreements may occur at any time causing new emergency situations. The situation in neighbouring countries like DRC, Sudan and South Sudan, including the forthcoming election in DRC and the separation between northern and southern Sudan, may at any time develop into violence and cause mass displacement into CAR.

It will therefore be important to develop a contingency plan incorporating emergency type of assistance in all the areas with presence of rebel movements and also in the bordering zones along DRC and South Sudan.

The whole strategy will depend on the available resources, especially those dedicated to the Food Security Cluster that has so far acted on very limited means.

Inter-relations of needs with other sectors

The Food Security Cluster works in close coordination and cooperation with the other clusters as food security and livelihoods are closely related to other aspects of humanitarian needs and response. The Nutrition, WASH, Early Recovery and Coordination Clusters are immediately targeted for this cooperation and inter-cluster coordination. The Nutrition and Food Security Clusters will mutually complement each other’s work in the quest to strengthen vulnerable populations’ access nutritious food and utilize it in the safest and most efficient way for a healthy life. Cooperation with the WASH Cluster will ensure that water for agriculture and livestock is available and that there is no competition with human consumption requirements. Cooperation with the Early Recovery Cluster will lay down the ground for development adding up assets and infrastructure needed to better equip the areas of intervention. The Coordination Clusters will facilitate inter-cluster harmonization and cooperation through regular exchanges and information sharing, joint assessments and resource mobilization.

The Protection Cluster will benefit from the Food Security Cluster support as the food security needs of IDPs and refugees will adequately be taken care of upon return in their areas of origin, thus facilitating reintegration and recovery towards achieving durable solutions.

B. Coverage of needs by actors not in the cluster or CAP

ICRC, which is not a cluster partner, provides assistance in areas which are difficult or impossible to access for many other actors. Governmental institutions, such as the *Agence Centrafricaine de Développement Agricole* (National Agency for Agricultural Development/ACDA), *Institut Centrafricain pour la Recherche Agronomique* (Central African Institut for Agricultural Research/ICRA), etc. participate in food security humanitarian actions despite their very limited resources. It is important to note that the assistance provided by the Government is also limited to the government controlled areas, whereas other parts of the country are still under the control of armed rebel groups.

The Food Security Cluster maintains that cluster coordination will be instrumental to achieving better results in the field of food security and that, to this effect, additional resources should be made available both through humanitarian funding and other sources including direct contributions from the CAR Government.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Ensure the right to food for all.	All the targeted populations have access to sufficient and nutritious food at any time	191,616 people including IDPs, refugees and host population have received food assistance	Percentage of the targeted populations who have access to nutritious food to cover their daily requirements in terms of calories

4. The 2012 common humanitarian action plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
2. Strengthen the capacity to disaster risk prevention and effective response to food and agriculture emergencies	<ul style="list-style-type: none"> ◆ The early warning system is strengthened ◆ Food security information is timely available and accessible to all stakeholders including decision makers 	<ul style="list-style-type: none"> ◆ Data collection network is established covering the entire country ◆ Data analysis system is organized and functioning and covering all strategic zones ◆ Validation meetings are organized every semester and food security situation mapped/updated. 	<ul style="list-style-type: none"> ◆ Percentage of projects providing food security data contributing to the overall food security context analysis ◆ Number of food security reports/update produced and disseminated.
3. Enhance and or diversify agro-pastoral production.	<ul style="list-style-type: none"> ◆ The agro pastoral production is increased and diversified. ◆ Local actors have improved their operational capacity 	<ul style="list-style-type: none"> ◆ 303,475 people have received support to resume or improve their agro/agro-pastoral production. ◆ 150 personnel from the local institutions have been trained and or provided with material/equipment required for their better 	<ul style="list-style-type: none"> ◆ Percentage of the populations that have increased and diversified their production. ◆ Number of local actors and associated personnel trained who have acquired knowledge and are applying better agricultural practices
4. Enhance agricultural production trade and marketing	Commercial exchanges enhanced	Agricultural fairs are organized in the targeted areas and exchanges of information on opportunities to buy and/or sell agro-pastoral products facilitated	Percentage of the assisted population having access to markets
5. Promote and or diversify income sources	Targeted population's income are increased and sources diversified	30,000 people out of the targeted population are supported with at least two types of income-generating activities (IGA).	Percentage of the assisted population having developed an income-generating activity.
6. Improve post-harvest treatments.	<ul style="list-style-type: none"> ◆ Post-harvest losses reduced. ◆ Harvest have gained added value 	<ul style="list-style-type: none"> ◆ Conservation and transformation systems are put in place in the targeted areas; ◆ The harvest are well stored and or processed into the most preferred and economical forms 	<ul style="list-style-type: none"> ◆ Post-harvest losses compared to the previous years ◆ Percentage of the assisted people having increased their incomes based on the post-harvest treatments.

D. Cluster monitoring plan

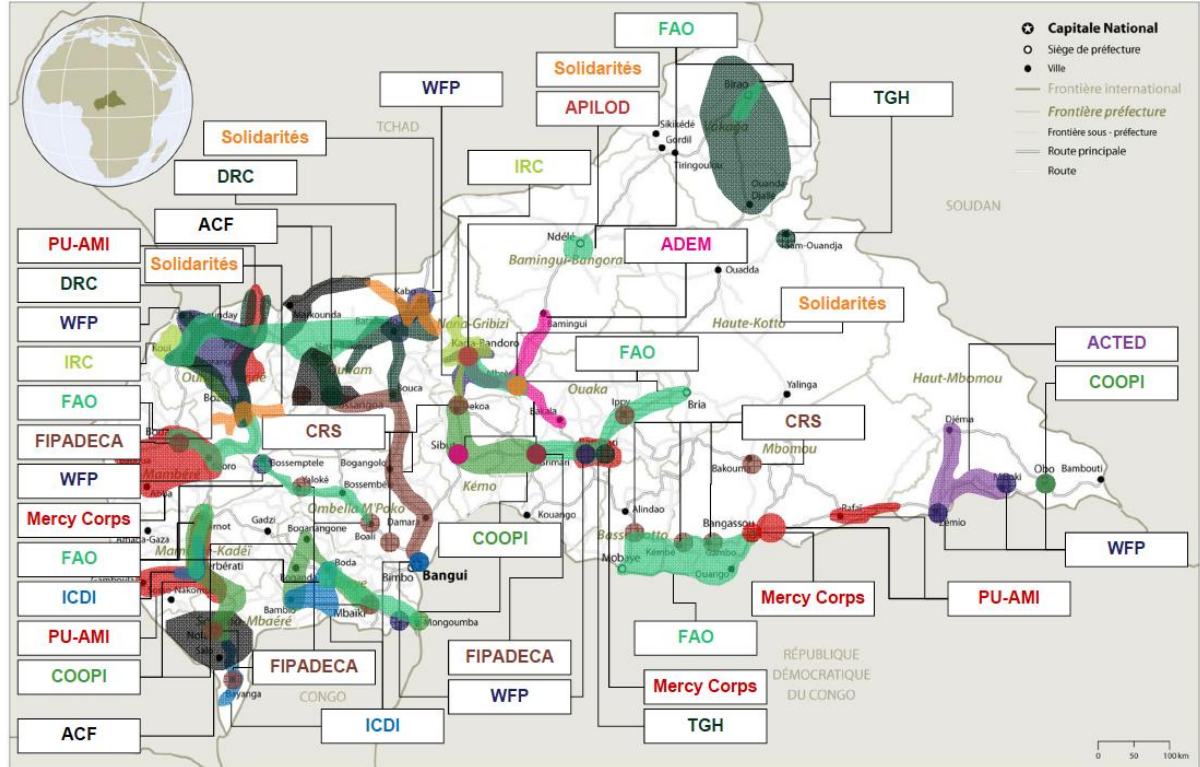
An updated mapping of who does what and where (3W) will be produced that will help ensure more effective humanitarian aid coverage based on needs analysis. Thereafter, each individual organization will undertake inception assessments that will help set updated baselines for each outcome to be achieved and activity to be implemented. These updated 3W and baselines will be discussed and shared within the cluster as part of the cluster gap analysis.

As funding is made available, project activities will be monitored by each organization individually and reported accordingly to the cluster. Gaps will be further analysed and funding needs will be raised by the cluster to the HC's office as well as through bilateral negotiations with donors. The cluster will undertake at least two joint monitoring missions in the most critically food-insecure areas and share the outcomes with all stakeholders for informed decision-making.

E. Geographic coverage

Central African Republic: Areas of Intervention - Food Security

October 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.

4.5.5 Nutrition

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACF, ACRED (new), ASF, , Bangui Pediatric Hospital, COHEB, CRS, FIPADECA (new), ICDI, IMC, IPHD, IRC, MERLIN, Ministry of Public Health, MSF France-Espagne-Hollande-Belgique (as observers), PU-AMI, REMOD, WFP, WHO
Number of projects	6
Cluster objectives	<ul style="list-style-type: none"> • Strengthen the capacity of nutrition implementing actors in management of acute malnutrition in respect of the new WHO standards. • Strengthen nutritional surveillance mechanisms at all levels of the health system in CAR to make available updated nutrition. information through evaluations, surveys and routine data analysis. • Strengthen coordination and partnership in identified nutritional emergency responses at all levels: central, regional and peripheral. • Improve family and community capacity in promoting appropriate feeding practices in HIV/AIDS context.
Number of beneficiaries	685,797 U5 children covered by various support programmes. 13,500 moderately and severely malnourished children. 10,000 severe acute malnourished children. 10,865 pregnant and lactating women.
Funds required	\$5,490,424
Funds required per priority level	Immediate: \$984,930 High: \$4,505,494
Contact information	ezanou@unicef.org

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

The nutritional situation of children and women in CAR remains critical with high U5 malnutrition (171 per 1,000) and maternal mortality rates (850 per 100,000). Malnutrition rates (stunting, underweight and wasting) remain high over years among children both boys and girls. According to preliminary results of MICS4 (2010) global acute malnutrition (GAM) is at 7.4% but in four prefectures (Lobaye, Vakaga, Bangui and Ouham), GAM has exceeded the emergency threshold of 10%; boys are more affected than girls. At national level, children face an additional vulnerability of growth retardation as 41% of children U5 are stunted. Five prefectures (Lobaye, Mambere Kadei, Nana Mambere, Sangha Mbaere and Kemo), have stunting rates that exceed the national mean (MICS4, 2010).



Malnutrition affected girl taking her therapeutic food / UNICEF

The overall poor nutritional status of mothers, (anaemia and chronic energy deficiency), the high prevalence of HIV among women, poor infant and young child feeding practices as well as low hygiene practices contribute to the high prevalence of malnutrition. NGOs are supporting the MoH in implementing nutrition programmes in the in most vulnerable zones. Nutrition cluster response will focus on treatment and prevention of malnutrition. Evaluations and surveys will be conducted at district level to have proxy needs; national capacities to address nutrition problems will be strengthened and the coordination mechanism reinforce.

The Nutrition Cluster has identified as key priority needs for 2012:

- Extension of coverage of community management of acute malnutrition.

- Capacity-building in the area of Health and Nutrition (infrastructure, human resources coordination and partnership, etc.).
- Development of partner's capacity to implement community management of acute malnutrition (CMAM) approach.
- Reinforce nutrition surveillance system.
- Promotion of infant and young child feeding practices.

Risk analysis

- Shortage of funds, especially for human and logistics resources of humanitarian operations, limits the extension and decentralization of nutrition therapeutics units by partners in the field including the cluster and therefore the possibility to support health prefectures.
- Increased insecurity in the north and the south-east reduces the possibilities of nutrition partners to developed activities in these regions.
- Limited number of national NGOs with capacity in nutrition.

Inter-relations of needs with other sectors

The Nutrition Cluster will collaborate with the Health Cluster in the area of treatment of SAM and micronutrients supplementation. The Nutrition Cluster will work in synergy with the Food Security Cluster to ensure that vulnerable households have access to food distribution and others supplies such as seeds.

The Nutrition Cluster also will developed collaboration with the Earlier Recovery Cluster to ensure that vulnerable households have access to micro-credits and others kinds of assistance.

B. Coverage of needs by actors not in the cluster or CAP

The MSF family (France, Spain, and Holland) contributes considerably to the Nutrition Cluster and activities by supporting nutrition rehabilitation units using their own resources.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Expand nutrition units in conflict areas	Therapeutic nutrition units are operational	<ul style="list-style-type: none"> ◆ 180 therapeutic nutrition units (UNT/UNTA) ◆ 120 supplementary feeding units (UNS) 	<ul style="list-style-type: none"> ◆ Number of UNT/UNTA ◆ Number of UNS ◆ Number of health posts detecting malnutrition ◆ Number of community involved in CMAM
2. Management of acute malnutrition using SMA approach	Malnourished children (boy and girls) have access to treatment	<ul style="list-style-type: none"> ◆ 13,500 MAM and 10,847 SAM treated UNS and UNTN/UNTA ◆ 10,865 pregnant and lactating women 	<ul style="list-style-type: none"> ◆ Percentage of MAM (boy and girl) admitted and treated ◆ Percentage of SAM (boy and girl) treated in UNT/UNTA ◆ Percentage of recovery rate ◆ Percentage of death rate
3. Strengthen the capacity of nutrition stakeholders on CMAM	<ul style="list-style-type: none"> ◆ Health staff capable of managing malnutrition by using the new protocol ◆ Community health workers capable to detect malnutrition and conduct BCC activities 	<ul style="list-style-type: none"> ◆ 100 new staff trained ◆ 500 CHW trained and equipped 	<ul style="list-style-type: none"> ◆ Number of new health staff trained on CMAM ◆ Number of CHW trained ◆ Percentage of active women CHW ◆ Percentage of active men as CHW

4. The 2012 common humanitarian action plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
4. Develop behaviour change activities to promote appropriate feeding practices	Women and men in conflict areas received messages on appropriate care feeding practices	Monthly Health and Nutrition education sessions held at community level by community health workers	<ul style="list-style-type: none"> ◆ Number of women and men reached with BCC messages on key family practices. ◆ Proportion of mother with children 0-23 month receiving infant and young child feeding (IYCF) and HIV/AIDS counselling.
5. Develop nutrition surveillance system	Update nutrition information available	<ul style="list-style-type: none"> ◆ Prevalence of malnutrition ◆ Monthly and quarterly compilation and dissemination of nutritional data 	<ul style="list-style-type: none"> ◆ Number of nutrition surveys organized using SMART methodology ◆ Number of monthly/ quarterly nutritional data reports disseminated

D. Cluster monitoring plan

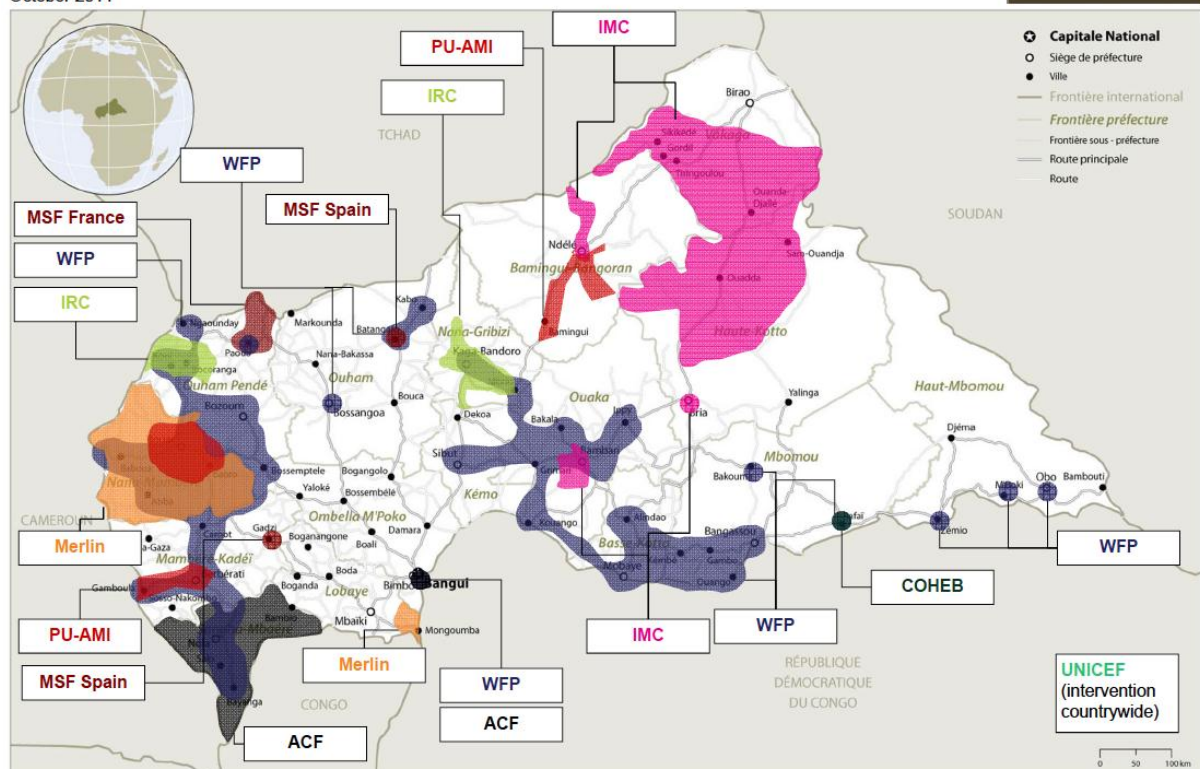
Monitoring and evaluation for Nutrition Cluster interventions include:

- Monthly and quarterly nutrition data dissemination amongst stakeholders.
- Monthly cluster coordination meeting.
- Cluster member joint supervision of nutrition activities (field visits).
- Cluster quarterly activities report.

E. Geographic coverage

Central African Republic: Areas of Intervention - Nutrition

October 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.

4.5.6 Education

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS CHILDREN'S FUND
Cluster member organizations	ACTED, ADEM, ASF, ARSDI, CARITAS-BOUAR, CENTRAL AFRICAN CARITAS, COOPI, CRS, DRC, FIPADECA, IRC, JRS, JUPEDEC, MENTOR, REMOD, Triangle GH, UNESCO, UNFPA, UNHCR, UNICEF, <i>Vitalité Plus</i> , WFP
Number of projects	10
Cluster objectives	Ensure access to school infrastructure for children in conflict zones. Set child friendly school standards in order to improve children retention in conflict-affected areas. Strengthen capacity of school actors for educational management.
Number of beneficiaries	12,000 children (aged three to five). 28,000 children (aged six to 12). 20% (38,323) of the total population of refugees (3,973), IDPs and returnees (34,350).
Funds required	\$9,634,636
Funds required per priority level	Immediate: \$1,815,000 High: \$2,552,292 Medium: \$5,267,344
Contact information	fboubekeur@unicef.org

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

Access to schools remains limited, despite all the efforts made by education actors. Attacks by armed groups and rebels have affected the education system. In the south-eastern and the north-eastern regions, the net enrolment rates are 54 % and 46% respectively, which is below the national average of 65%.

Based on enrolments in Fundamental one, there is an inequality between the enrolment of girls (58%) and boys (73%) in the year 2011 across the whole country. The percentage of girls in the school system remains significantly lower than that of boys particularly in the north-east and the south-east, where net enrolment rates are considerably low: 40% and 45% respectively.

Infrastructure and school material

The education situation in affected areas has been in a state of emergency for many years and the availability of schools is insufficient in the country. In many schools, children sit on the ground or on mats provided by humanitarian organizations and in Nana Gribizi, a conflict-affected area, there are 94 pupils per classroom. Moreover, there is a lack of textbooks in most public schools and in Ouaka and Vakaga there is one reading book available for each three children.

Qualified teachers

The quality of education is low due to the lack of qualified teachers. In addition, the average level of qualifications is very low and teachers do not receive sufficient training or close supervision in conflict zones.

The average student-teacher ratio for basic education in CAR is 81 pupils for one teacher. Yet, there are large regional disparities and in some regions like Ouham Pende there are 97 pupils for one teacher. In most cases, teachers are parent teachers' who have little or no training.



*Emergency school: pupils studying under a tree/
Laura Fultang, Nana Gribizi, OCHA / January
2011*

4. The 2012 common humanitarian action plan

Parent-teachers represent 43% of the total number of teachers in schools in the whole country. They are more numerous in conflict zones such as Vakaga where 72% of teachers are in fact parent-teachers or in Haute Kotto where they represent 56% of the total number of teachers. The statistics show that female teachers are underrepresented. In Haut M'Bomou, for example, only eight out of 118 teachers are women (7%). In Ouka, only one out of 204 parent teachers is female, which means that female parent-teachers represent 0.5% of the total number of parent-teachers.

As the provision of education infrastructure and services is limited, the priority needs are linked to:

- The expansion of school infrastructure, learning spaces and Early Child Development (ECD) Safe Spaces.
- The recruitment and training of parent-teachers.
- The priority target populations are the IDPs, refugees and returnees.
- The priority regions are the south-east, north, north-east and the north-west.

Risk analysis

Access to vulnerable children is a chronic challenge in CAR and several factors can hinder humanitarian actors from delivering assistance. Moreover, banditry is a chronic problem throughout the whole CAR, especially along highway routes where civilians and aid workers are often the targets of thefts and sometimes kidnapping.

Inter-relations of needs with other sectors

The education Cluster will interact with WASH, Protection, and Nutrition. These three programmes respond to specific needs in order to offer real child friendly schools, especially to girls who need to be registered and kept at school until they finish primary level education.

WASH gives opportunities to girls to be clean at school, so that they do not feel ashamed when they need to use latrines and can continue until they reach the sixth year of studies.

Protection is necessary to fight violence in schools and offer a safe environment to girls who are willing to attend school up to secondary level.

The nutrition programme and the partnership with WFP benefits all students, offering incentives particularly to girls who prefer to stay in school rather than stay at home to avoid hunger.

B. Coverage of needs by actors not in the cluster or CAP

Humanitarian actions in the affected zones are a complement to the national programme, implemented by the Government through the MoE.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Ensure access to school infrastructure for children in conflict zones	<ul style="list-style-type: none"> ◆ Parents register their children, particularly girls ◆ ECD Safe Spaces are available and functional. ◆ School infrastructure are available for IDPs and refugee children (boys and girls). ◆ School material and equipment 	<ul style="list-style-type: none"> ◆ Parents are sensitized to enrol their children in school. ◆ 200 ECD Spaces are built and provided with ECD kits and the educators are trained. ◆ 187 schools and temporary learning spaces are built/rehabilitated 	<ul style="list-style-type: none"> ◆ Number of children and youth attending school Target; 28,000 ◆ Number of children aged three to five years attending ECD centres (boys and girls) Target: 12,000 ◆ Number of ECD centres built Target: 200 ◆ Number of schools/classrooms built or rehabilitated

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
	are available for 40,000 children.	and equipped and children are provided with school materials.	Target: 187
2. Set child-friendly school (CFS) standards in order to improve retention rates in conflict-affected areas	The five CFS standards are implemented in schools and temporary learning spaces in conflict zones	<ul style="list-style-type: none"> ◆ School actors received adequate and comprehensive child centred training to support children active learning. ◆ 28,000 children benefit from recreational and psycho-social activities. ◆ Water and sanitation facilities are available in schools ◆ 560 teachers (parent-teachers) are properly trained on GBV. ◆ 187 schools are provided with separate latrines for boys and girls. ◆ Sensitize and train students and school actors on hygiene and sanitation. ◆ Sensitize and train school actors and communities on basic children's rights and specific protection needs. ◆ Sensitize and train community members and school actors on psycho-social care. 	<ul style="list-style-type: none"> ◆ Number of schools implementing CFS standards Target: 187 ◆ Number of teachers trained Target: 560 ◆ Number of children sensitized on hygiene and sanitation. Target: 25 schools, 162 temporary learning spaces.
3. Strengthen the capacity of school actors for educational management	Parent's association members are able to manage schools and temporary learning spaces.	<ul style="list-style-type: none"> ◆ Reinforced 187 PTA structure ◆ Provide ten training sessions on the role of PTA in school management 	Number of PTA members trained on school management and administration Target: 187

D. Cluster monitoring plan

Twice a year, NGOs acting in the field will send reports to the cluster coordinator and all the data will be compiled into final results.

Joint field visit (cluster-chair and co-chair, implementing NGO, MoE) will give opportunities to meet beneficiaries and actors at different levels and discuss constraints and lessons learned in the implementation of the programme.

4.5.7 Multi-Sector Assistance to Refugees

Summary of sector response plan

Sector lead agency	UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES
Sector member organizations	ACAT, AFJC, CNR, COOPI, CSSI, IMC, LCDH, MERLIN, MDDH, Ministries of Interior and Security, Justice, and Health, OCDH, Triangle GH
Number of projects	1
Sector objectives	<ul style="list-style-type: none"> • Pursue the strengthening of the National Structure for the protection of PoCs, the government institutional capacities and the relevant administrative bodies. • Promote durable solutions for urban refugees living in Bangui with an emphasis on local integration and, for individual cases fulfilling the relevant criteria, voluntary repatriation or resettlement.
Number of beneficiaries	69,865 refugees and people at risk of statelessness 19,865 refugees. 50,000 people at risk of statelessness.
Funds required	\$17,032,333
Funds required per priority level	High: \$17,032,333
Contact information	gambert@unhcr.org

A. Sectoral needs analysis

Urban Refugees

The Central African Republic is hosting 5,597 urban refugees and asylum seekers mainly originated from DRC, Chad, Sudan and smaller caseloads from other various nationalities. The most important and urgent need is to create an environment conducive to refugee protection, reinforcing the institutional capacities, promoting durable solutions while enhancing community participation and self-management. UNHCR together with the CNR will focus on enabling refugees achieve a greater level of self-sufficiency in view of their local integration. However, resettlement will continue to be used both as a protection tool for individual refugees, mainly for those who face legal and physical protection needs, including women-at-risk and as a durable solution for those lacking local integration prospects. While doing so, UNHCR will continue to actively promote repatriation and will extend support to individual refugee who desires to repatriate.



Registration of refugees in Zemio / Djerassem Mbaiolem, Haut Mbomou, UNHCR / April 2011

Rural refugees

CAR is hosting 15,000 rural based refugees originated from DRC and Sudan. In the Haut M'Bomou prefecture, the prevailing conditions remain highly precarious, with the continuing threat of LRA attacks, abductions and human rights violations. The most urgent priority needs for the 6,000 Congolese refugees settled in this area concern protection including physical security, food assistance, emergency education, basic health, nutrition, water and sanitation. Regarding the 2,000 Sudanese refugees relocated in Pladama Ouaka in October 2010 for security reason, UNHCR will continue to improve shelter, health, nutrition, hygiene, water and sanitation conditions and education with an emphasis on activities aimed at empowering refugees to achieve a greater level of self-sufficiency. Regarding the 7,000 Congolese refugees based in the Lobaye Prefecture, UNHCR will continue to provide protection and assistance and will start repatriation activities.

B. Coverage of needs by actors not in the cluster or CAP

All response activities are carried out by the cluster members under the leadership of UNHCR.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
Pursue the strengthening of the National Structure for the protection of PoCs, the government institutional capacities and the relevant administrative bodies	<ul style="list-style-type: none"> ◆ Extend administrative framework affords better protection ◆ Extend status determination procedures in consistence with legal instruments ◆ The national institutions receive adequate support to issue civil documentation ◆ Extend authorities investigate and prosecute 	<ul style="list-style-type: none"> ◆ The national administrative framework affords better protection ◆ Status Determination procedures made fairer and more efficient ◆ Civil status documentation strengthened ◆ Law enforcement strengthened 	<ul style="list-style-type: none"> ◆ 100% of refugee status determination (RSD) cases conducted ◆ 100% of people involved in RSD receiving advice, support and training ◆ Protection training provided to 200 law enforcement agents ◆ 100% of people receiving civil status documentation
Promote durable solutions for urban refugees living in Bangui with an emphasis on local integration and, for individual cases fulfilling the relevant criteria, voluntary repatriation or resettlement	<ul style="list-style-type: none"> ◆ Individual voluntary repatriation support provided ◆ Extend local integration permitted ◆ Acquisition of residence permit and naturalization process facilitated ◆ Proactive identification of cases in need of resettlement conducted 	<ul style="list-style-type: none"> ◆ Durable solutions strategy developed ◆ Potential for voluntary return, resettlement and local integration realized 	<ul style="list-style-type: none"> ◆ 100% of PoC with intention to return have returned voluntarily ◆ 100% of identified individuals in need of resettlement submitted for resettlement - 100% of people permitted to locally settle as a durable solution ◆ 100% of measures to facilitate social integration of PoCs implemented
Provide protection and multi-sector assistance to Sudanese and Congolese living in rural areas, while at the same time helping them achieve a greater level of self-reliance	<ul style="list-style-type: none"> ◆ Community security management designed with women's participation ◆ All the PoCs including people with specific needs have access to urgent response to human rights violations such as GBV and basic services including WASH, shelter and NFIs, food, healthcare, psycho-social support, livelihood activities and education ◆ Voluntary repatriation of Congolese refugees promoted 	<ul style="list-style-type: none"> ◆ Community security management systems strengthened ◆ Risk of violations of human rights including GBV is reduced and quality of response improved ◆ Level of self-reliance and livelihoods improved ◆ Access to basic needs is improved ◆ Refugees live in adequate dwellings, sanitary conditions and enjoy access to safe drinking water ◆ Number of Congolese refugees assisted to voluntary return 	<ul style="list-style-type: none"> ◆ 100% of active female participants in leadership/ management structures ◆ 100% refugees have access to urgent response to human rights violations ◆ 100% of PoCs have access to adequate health care services, nutrition, reproductive health and HIV services ◆ 90% households live in adequate dwellings, sanitary conditions and enjoy access to safe drinking water ◆ 80% rural based refugees engaged in livelihoods and self-reliance activities ◆ 100% of Congolese refugees who wish to voluntary return are assisted

D. Cluster monitoring plan

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

E. Geographic coverage

SITE / AREA	ORGANIZATIONS
Bangui	UNHCR, CNR (protection and assistance)
Batalimo/Lobaye	CNR (Protection, Camp Management) MERLIN (Health/Nutrition, HIV/AIDS, WASH) COOPI (Food distribution and Food security) UNHCR (Protection, Education and Camp coordination)
Bambari/Ouaka	IMC (Health/Nutrition) Triangle GH (Education, WASH) CNR (Protection) UNHCR (Protection and Camp coordination)
Zemio, Mboki, Obo/Haut Mbomou	CNR (Protection, Camp Management) UNHCR (Protection, Education and Camp coordination) CSSI (Heath)

4.5.8 Early Recovery

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS DEVELOPMENT PROGRAMME
Cluster member organizations	ACF, ACRED, ACTED, ADEM, ASF, French Embassy, ARESDI, CARITAS, COOPI, CRS, DRC, ECHELLE, FIPADEC, <i>Haut Commissariat a la Decentralisation</i> , IRC, JUPEDEC, LIFA, <i>Ministère de la Coopération Internationale, de l'Integration Regionale et de la Francophonie</i> , <i>Ministère des Affaires Sociales de la Solidarité Nationale et de la Promotion de la Femme</i> , <i>Ministère des Travaux Publics et du Désenclavement</i> , NDA, PU-AMI, REMOD, <i>Solidarités International</i> , SPONG, Triangle GH, UNACREF, UNDP, UNHCR, <i>Vitalité Plus</i>
Number of projects	16
Cluster objectives	<ul style="list-style-type: none"> • Ensure the building/rehabilitation of feeder and rural road infrastructure in order to strengthen local economy. • Support restructuring and operationalize production. • Strengthen trade and commercial flows and local recovery/ development initiatives such as markets, promotion of IGA and networking. • Strengthen local state and non-state actors and local governance with a particular attention to the aspects concerning gender, promotion of social cohesion. • Promote access of vulnerable populations to proximity financial services.
Number of beneficiaries	Children: 40,976. Women: 74,272. Others (Men): 11,658. Vulnerable person general: 16,805. Vulnerable people IDPs: 16,500. Vulnerable people refugees: 5,440. Vulnerable people host communities: 145,295.
Funds required	\$9,035,561
Funds required per priority level	Immediate: \$2,587,080 High: \$3,193,239 Medium: \$3,255,242
Contact information	djekou.brou@undp.org

A. Sectoral needs analysis

Identification of priority needs, populations and locations based on key indicators

The Early Recovery Cluster needs analysis is based on the contributions of its members and the findings of a recent monitoring and evaluation field visit in the prefectures of Ouham Pendé, Nana Mambéré and Mambéré Kadeï. Major identified priorities comprise rural feeder road and infrastructure rehabilitation, support to economic recovery and local governance as well as community capacity development and strengthening.



Rehabilitated Bridge / Franck Bitemo, Paoua, UNDP / 3 September 2011

The Cluster priorities will be adjusted in 2012 to the following three humanitarian strategy contexts; conflict/insecurity areas (north-west, east and south-east), post crisis zones (north-west) and chronic problem zones. The last two zones were previously supported through emergency intervention and now require transitional mid-term support to restart or strengthen social economic recovery and development activities. Targeted populations are women groups, farmers groups, craftsmen, demobilized people, returned people, ethnic minorities, specific-needs people and youth and local civil society organizations and technical institutions.

While support is needed for all groups, the cluster would emphasize specific groups including civil society particularly the national NGOs with weak project implementation capacities. A capacity strengthening programme is underway in collaboration with partners and will be amplified through the year 2012. The promotion of inclusive or proximity microfinance institutions is also considered vital for local economic development. The strengthening of local state, non-state actors and local governance with a particular attention on gender issues, promotion of social cohesion will be emphasized.

The DDR has been implemented in some prefectures and should be extended to others. The cluster is therefore gearing towards supporting demobilized and returned people to restart productive activities and resume normal life.

Some of the major challenges and constraints faced by the cluster actors are security issues, limited access due to the poor state of the roads and related infrastructure. Such constraints also restrict economic exchanges between main cities especially during rainy seasons. There is also a lack of baseline to plan, prioritize and evaluate recovery projects.

Risk analysis

The main risks regarding ER activities is still persistent conflicts in the northern zone particularly in the Vakaga prefecture, LRA affected area in the south-east and areas with episodic attacks on humanitarian actors in specific areas provoking delay in projects implementation and hampering economic recovery. The little availability of findings for ER activities is a serious risk to the achievement of ER objectives.

Inter-relations of needs with other sectors

The cluster will contribute to strengthening synergies with other clusters leading to more inter-sector projects in the areas of food security (production and transformation activities), education (rehabilitation of school and support to the implementation of income-generating activities/IGA by parents), health (rehabilitation and particularly management of health facilities), water and sanitation (water point management committees and water-related IGAs), protection (reinsertion of IDPs and returnees with IGAs), logistic (opening, rehabilitation and improvement of feeders roads for productive activities).

B. Coverage of needs by actors not in the cluster or CAP

Only needs expressed by cluster members are addressed in this response plan.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
1. Ensure the building/rehabilitation of feeder and rural road infrastructure in order to strengthen local economy	Feeder and rural road infrastructure are rehabilitated	Km of feeder road in the post humanitarian context are built/rehabilitated	<ul style="list-style-type: none"> ◆ Nine km of road are rehabilitated ◆ 03 bridges built ◆ Two semi-definitive bridges, two culverts, six sills and one duct are rehabilitated ◆ One ferry repaired and in working condition

4. The 2012 common humanitarian action plan

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
	The local economic is revitalized	<ul style="list-style-type: none"> ◆ Number of storage facilities drying areas , multifunction platforms, markets, women's centres, 3 purchase centres built/rehabilitated ◆ Number of affected people who became autonomous through implementation of IGAs ◆ Number of working days (or equivalent) created and amount transferred to the community through cash-for-work ◆ Number of daily workers benefit from a CFW approach 	<ul style="list-style-type: none"> ◆ 25 storage facilities and 50 drying areas ◆ 16 multifunction platforms; three markets; ◆ Nine women's centres opened, ◆ Nine purchase centres are rehabilitated ◆ 1,000 affected people became autonomous through implementation of IGAs ◆ At least 300 people benefited from cash ◆ 150 women groups/associations/other vulnerable groups; 50 men trained in core trades and receive a tool kit each; 320 people, 1,520 people, 1,550 people, 2,000 youth
2. Support restructuration and operationalize production chain	The restructuration and operationalization of production chain are successfully conducted	<ul style="list-style-type: none"> ◆ Percentage of groups which received equipment for the transformation of foodstuffs, and materials and for the small commerce and hotel business. ◆ Percentage of groups practiced the transformation of foodstuffs before to market and to consume (26%). 	<ul style="list-style-type: none"> ◆ 26% transform food stuffs ◆ 34% are engaged in small commerce and 40% in hotel business
3. Strengthen trade and commercial flows and local recovery/ development initiatives such as markets, promotion of IGA and networking;	Trade and commercial flows and local recovery/ development initiatives such as markets, promotion of IGA and networking are reinforced;	<ul style="list-style-type: none"> ◆ Number of markets, drying areas and storage facilities built or rehabilitated ◆ Number of IGA supported ◆ Number of IGA supported for women's, men's and mixed and increase their income 	<ul style="list-style-type: none"> ◆ Two drying areas and three storage facilities built or rehabilitated ◆ One main marketplace (including sanitation facilities) built ◆ 50 IGA , 75 women group, ten-men groups, 50 micro entrepreneurs promoted

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
4. Strengthen local state and non-state actors and local governance with a particular attention to the aspects concerning gender, promotion of social cohesion	Civil society capacity strengthened in project management	<ul style="list-style-type: none"> ◆ Number of community leaders trained in identification and conflict resolution ◆ Number of national staff of NGO trained in project management ◆ Number of CBOs established, equipped and functional 	<ul style="list-style-type: none"> ◆ 20 national staff (four women) of national and international NGOs trained in project management ◆ 510 CBOs or 3,200 people (with at least 50% women) equipped and functional
5. Promote access of vulnerable populations to proximity financial services	Access of vulnerable populations to proximity financial services improved	<ul style="list-style-type: none"> ◆ Number of women supported for access procedures and formalities and are active clients and active borrowers ◆ Number of workshops on credit and saving organized ◆ Rate of increase of outstanding and credit ◆ Number of maintenance committees trained and equipped (rehabilitation REACT team) ◆ Number of VSLAs which have increased their capital within one year ◆ Number of new partnership established with MFIs and number of disbursed loans 	<ul style="list-style-type: none"> ◆ 12 workshops on credit and saving and small business management and budgeting organized ◆ 3,000 women supported for access procedures and formalities and are active clients and 1,500 women active borrowers ◆ Saving outstanding increased by 100% ◆ Credit outstanding increased by 50% ◆ One maintenance committees are trained and equipped (rehabilitation REACT team)

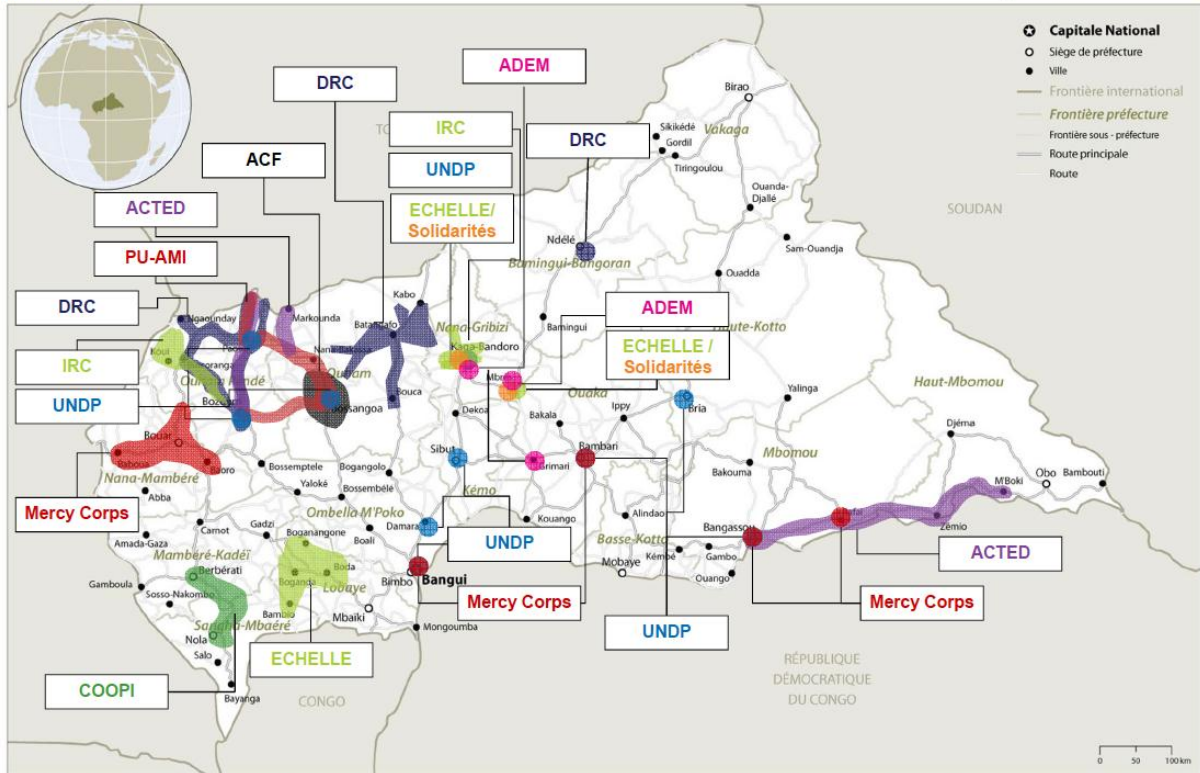
D. Cluster monitoring plan

The Cluster is engaged in joint monitoring and evaluation as essential means for documenting and sharing experiences for future planning. The ER Cluster will develop an annual work plan for the 2012 projects, activities and indicators. The annual work plan will be updated regularly by each cluster member. Cluster members will submit copies of their projects to the Cluster lead and will present the report during the cluster meetings. The Cluster lead and co-leads in collaboration with other cluster leads will organize monitoring and evaluation field visits to ER projects. The Cluster will also organize regular update on activities of cluster members and partners. Regular presentations will take place during cluster meeting to share lessons learned and information on implementation tools and methodologies, assessments and evaluations feedbacks.

E. Geographic coverage

Central African Republic: Areas of Intervention - Early Recovery

October 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.

4.5.9 Coordination and Support Services

Summary of cluster response plan

Cluster lead agency	UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS and UNITED NATIONS DEPARTMENT OF SAFETY AND SECURITY
Cluster member organizations	Coordination: All cluster members Safety and Security: BINUCA, CPI, FAO, OCHA, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, UNICEF, WFP. WHO
Number of projects	2
Cluster objectives	<p>Coordination</p> <ul style="list-style-type: none"> Strengthen the humanitarian coordination amongst aid organizations in Bangui and in the field. Support advocacy for humanitarian issues (access, IDPs, etc.). Develop and disseminate information products and data for humanitarian actions. Strengthen the CHF to provide strategic, predictable and flexible funding. <p>Safety and Security</p> <ul style="list-style-type: none"> Ensure that humanitarian organizations can reach affected population and can communicate safely and reliably. Ensure that security assessment is carried out and information is shared with all humanitarian organizations.
Number of beneficiaries	More than 60 UN agencies and international and national NGOs working in CAR.
Funds required	\$5,041,281
Funds required per priority level	High: \$5,041,281
Contact information	munie@un.org and dioufc@un.org

A. Sectoral needs analysis

Inter-relationships of needs with other sectors

While the humanitarian context in the country did not change significantly, access for humanitarian actors remains the major challenge in the northern and eastern regions due to the prevailing insecurity as the result of activities from armed groups, attacks from LRA and bandits.

The HCT will continue to engage in dialogue with all parties to ensure that humanitarian actors have access to affected people through strong advocacy efforts.

On demand of the humanitarian organizations, the decentralized coordination mechanism will be established in Zémio to cover the south-east region mostly affected by LRA. This will ensure the effective functioning of the existing sub cluster and the new ones at the field level.



Joint rapid evaluation mission (UN+NGOs) in Bria / Lamine Bamba, Place Bria, UNHCR / 3 September 2011

The functioning of clusters needs to be improved to ensure efficient coordination within and between clusters taking into account multi-sectoral approach and ER perspectives in some areas with spontaneous returnees. The funding mechanisms like CHF and CERF need to be strengthened in order to target top priorities for humanitarian response.

There is also a need to provide update security analysis to be shared with humanitarian actors to ensure that all humanitarian workers operate in a secure and Minimum Operational Security Standards (MOSS)-compliant environment.

B. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
Coordination			
1. Strengthen the humanitarian coordination amongst aid organizations in Bangui and in the field	<ul style="list-style-type: none"> ◆ Strengthened cluster and inter-cluster coordination support to in-country humanitarian coordination, at operational and strategic levels ◆ The decision-making process on humanitarian issues is strengthened through HCT 	<ul style="list-style-type: none"> ◆ Coordination mechanisms in Bangui and decentralized coordination is operational at field level ◆ HCT meeting is held regularly on a monthly basis and when needed 	<ul style="list-style-type: none"> ◆ Number of clusters with decentralized cluster coordination meetings ◆ Monthly cluster and inter-cluster meeting ◆ Mapping of humanitarian priority developed ◆ One HCT meeting per month ◆ Number of implemented recommendations that reflect a joint position
2. Support advocacy for humanitarian issues (Access, IDPs, etc.)	Increased advocacy and negotiation through an extensive network for humanitarian access and the respect of international law.	<ul style="list-style-type: none"> ◆ Facilitate HC advocacy with the government to address security issues and the prevailing ethnic crisis in the country ◆ Increased network in the south-east with the opening of a UN office in Zémio 	<ul style="list-style-type: none"> ◆ Number of areas where access is granted ◆ Effective coordination mechanism established in the south-east
3. Develop and disseminate information products and data for humanitarian actions	Humanitarian organizations and other stakeholders are regularly informed through information products	<ul style="list-style-type: none"> ◆ New information products are developed ◆ Existing information products are updated 	<ul style="list-style-type: none"> ◆ Number of new information products developed ◆ Number of existing information products updated
4. Strengthen CHF to provide strategic, predictable and flexible funding	Priority needs as agreed by HCT are primarily targeted by the funding mechanisms (CHF, CERF)	Percentage of CHF and CERF allocated to priority need	100%
Safety and Security			
1. Ensure that humanitarian organizations can reach affected population and can communicate safely and reliably and Ensure that security assessment is carried out and information is shared with all humanitarian organizations	Humanitarian workers operate in a secure and MOSS compliant environment	<ul style="list-style-type: none"> ◆ Radio rooms are operational 24 h ◆ Security risk assessment is regularly done and share with humanitarian actors 	<ul style="list-style-type: none"> ◆ Five radio rooms are operational on 24 h basis ◆ Number of security risk assessment carried out per year

C. Cluster monitoring plan

The major indicator of the quality and the effectiveness coordination and support services is feedback from recipient organizations and beneficiaries. Client-orientated approach will be emphasis when delivering services or providing support to others organizations. However the HDPT, the HCT and Clusters meetings remain the main fora to share information and to discuss on how to improve service delivery.

In addition there are regular and ad hoc CHF advisory board meetings led by the HC to review the management of CHF to improve the efficiency of the fund. The HDPT website will continue to play a key role in disseminating information on the humanitarian situation in the country to relief organization, donors and other stakeholders.

D. Geographic Coverage

The coordination and support services cluster will support all humanitarian actors throughout the country when and where it is needed.

4.5.10 Emergency Telecommunications

Summary of cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster member organizations	Humanitarian community in CAR
Number of projects	1
Cluster objectives	Provide coordinated data and security telecommunications services to the humanitarian community in Zemio.
Number of beneficiaries	Humanitarian Community in CAR
Funds required	\$165,404
Funds required per priority level	Immediate: \$165,404
Contact information	Romuald.Sawadogo@wfp.org

A. Sectoral needs analysis

In context of the expanding humanitarian operation in the area Zemio in Haut Mbomou, the Central African Republic Emergency Telecommunications Cluster Working Group (ETC WG) conducted a comprehensive analysis based on assessment missions fielded in Zemio, Mboki and Obo. Given the prevailing volatile security situation and expanding humanitarian operations, there is an urgent need for the ETC to provide reliable, coordinated and effective ICT services to allow for the humanitarian community to continue to carry-out lifesaving aid activities throughout Haut Mbomou. Currently there are no coordinated data connectivity provisions, nor common security communications systems in place. In addition, GSM networks are not available nor are any commercial internet service provider.

B. Coverage of needs by actors not in the cluster or CAP

As the ETC is a service providing cluster, this is not applicable.

C. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
Emergency Telecommunications			
1. Provide coordinated data and security telecommunications services to the humanitarian community in Zemio.	<ul style="list-style-type: none"> ◆ All inter agency ICT activities in support of staff security are well coordinated to ensure all gaps are addressed and overlap in activities are avoided. ◆ Improved capability of the humanitarian community to operate in Haut Mbomou ◆ Recommendations and report based on joint ICT Assessment mission report to 	<ul style="list-style-type: none"> ◆ Coordinate Emergency Telecommunications Cluster Working Group (ETC WG) activities ◆ Upgrade the existing Zemio Radio Room to 24/seven Inter Agency COMCEN staffed by qualified and trained radio operators ◆ Coordinate existing systems and where needed deploy new hardware to ensure a MOSS-compliant security telecommunications system in Zemio 	<ul style="list-style-type: none"> ◆ Monthly ICT Working Group meeting with meeting minutes posted on-line ◆ Number of Radio Rooms upgraded to COMCEN ◆ Number of maintained communication centres

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
	reinforce the 'Delivering As One' initiative in Central Africa Republic is provided to UNCT ♦ Processes importation and licensing of radio equipment is improved in liaison with the CAR government and relevant authorities ♦ Sustainability of the deployed systems is ensured	♦ Recruit and train radio operators ♦ Establish common Wireless Backbone for data services in Zemio ♦ Conduct a joint ICT assessment in support of the "Delivering As One" initiative in CAR ♦ Ensure the sustainability of any systems and infrastructure deployed in establishing agreements and MoU's between the relevant ETC partners	♦ Number of radio operators recruited and trained ♦ Number of organizations connected ♦ Report of the joint assessment mission finalized and submitted to UNCT ♦ MoUs and agreements signed

D. Cluster monitoring plan

The ETC will monitor and evaluate the quality and the effectiveness its activities through:

- Regular ETC Working Group meetings.
- Regular reporting and feedback to HCT.

E. Geographic Coverage

The Emergency Telecommunications Cluster will provide country wide coordination while roll out of services will be limited to Haut Mbomou.

4.5.11 Logistics

Summary of cluster response plan

Cluster lead agency	WORLD FOOD PROGRAMME
Cluster member organizations	Humanitarian community in CAR
Number of projects	1
Cluster objectives	<ul style="list-style-type: none"> • Ensure logistics coordination and information sharing between various actors in order to mitigate duplication of efforts and maximize the use of available logistics assets. • Provide appropriate provision of services in order to support the uninterrupted movement of humanitarian cargo into the country
Number of beneficiaries	Humanitarian community in CAR
Funds required	\$7,179,505
Funds required per priority level	Immediate: \$7,179,505
Contact information	Mohamed.Cherfi@wfp.org

A. Sectoral needs analysis

Risk analysis

The main risks regarding logistics activities are the persistent conflicts in the northern area and general volatile security situation in the country.

Inter-relations of needs with other sectors

Regarding the logistic aspect, infrastructure conditions (roads, bridges, etc.) remain poor in the country. The capacity of the existing fleet and workshop of WFP is to increase to ensure transportation of humanitarian aid in the area with access problems. Furthermore, UNHAS will continue to maintain the air service in CAR to address the increased demand from aid organizations.

B. Objectives, outcomes, outputs and indicators

Cluster Objectives	Outcomes with corresponding targets	Outputs with corresponding targets	Indicators with corresponding targets and baseline
Logistics			
<p>1. Ensure Logistics coordination and information sharing between various actors in order to mitigate duplication of efforts and maximize the use of available logistics assets.</p> <p>2. Provide appropriate provision of services in order to support the uninterrupted movement of humanitarian cargo into the country</p>	<ul style="list-style-type: none"> ◆ Logistics information collected are shared within the humanitarian community ◆ Regular gaps analysis in the humanitarian community supply chain is carry on and solutions proposed. 	<ul style="list-style-type: none"> ◆ Partners are aware about logistics situation, infrastructure and services available in country. ◆ Appropriate logistics services are implemented in order to fill-up the gaps. 	<p>Monthly Logistics Cluster meetings are undertaken and minutes posted.</p> <p>90% of requests for road transport are addressed.</p>

C. Cluster monitoring plan

The Logistics Cluster will monitor and evaluate the quality and the effectiveness of its activities through regular Logistics Working Group meetings and regular reporting and feedback from Service Users.

D. Geographic Coverage

The Logistics Cluster will provide country-wide coordination.

4.6 Logical framework of humanitarian action plan

Strategic Objective 1. Ensure that people affected by conflict and other humanitarian crises have access to basic services and respect for their fundamental human rights		
Key indicators with targets	Corresponding cluster objectives	
Under-five children mortality rate	Health Nutrition	Improve access to basic health services and emergency medical care with adequate referral system
		Strengthen the capacity of nutrition implementing actors in management of acute malnutrition in respect of the new WHO standards
Percentage of populations affected by crisis having access to humanitarian aid	Protection	Save lives and improve the security and the physical integrity of people of concern, as well as the property of civilians affected by conflicts and other humanitarian crises
	Coordination and Service support	Strengthen humanitarian coordination amongst aid organizations in Bangui and in the field
	Logistics	Ensure Logistics coordination and information sharing between various actors in order to mitigate duplication of efforts and maximize the use of available logistics assets. Provide appropriate provision of services in order to support the uninterrupted movement of humanitarian cargo into the country
	Emergency Telecom.	Provide coordinated data and security telecommunications services to the humanitarian community in Zemio.
	Food Security	Ensure the right to food for all
	Early Recovery	Ensure the building/rehabilitation of feeder and rural road infrastructure in order to strengthen local economy
	Multi sector assistance to refugees	Provide protection and multi-sector assistance to Sudanese and Congolese living in rural areas, while at the same time helping them achieve a greater level of self-reliance
Newly constructed or rehabilitated institutional (schools, health centres) and community water points (boreholes, protected wells, reticulated water distribution systems)	WASH	Provide access to safe drinking water, in accordance with SPHERE standards
	Health	Reinforce health facilities as well as community-based organizations for better preparation and response to disaster and crisis
	Education	Ensure access to school infrastructure for children in conflict zones
Strategic Objective 2. Strengthen the resilience capacity of people affected by crisis and support their empowerment.		
Key indicators with targets	Corresponding cluster objectives	
Percentage of affected households having received assistance	Food security	Strengthen the capacity to disaster risk prevention and effective response to food and agricultural emergencies
	Early Recovery	Support restructuration and operationalize production chain
Percentage of households supported and living above the poverty level	Food Security	<ul style="list-style-type: none"> ◆ Enhance and/or diversify agro-pastoral production. ◆ Enhance agricultural production trade and marketing. ◆ Promote and/or diversify income sources

Key indicators with targets	Corresponding cluster objectives	
	Early Recovery	Strengthen trade and commercial flows and local recovery/ development initiatives such as markets, promotion of IGAs and networking
Newly created/reactivated/re-trained water point committees/ <i>Association des parents d'élève</i> (parent-teacher associations)	WASH	Reinforce local communities' capacities in building, maintaining and managing WASH infrastructure
	Education	Strengthen capacity of school actors for educational management

4.7 Cross-cutting issues

Cross-cutting issues such as gender, HIV/AIDS and early recovery aspects of each sector have been mainstreamed within each cluster and working group through a number of mechanisms in 2011. Three workshops were organized by UNICEF for the Education, WASH and Nutrition Clusters to discuss how gender can and must be integrated in the response to emergency situations and throughout the development process. The three Clusters have produced a Gender Action Plan which outlines the integration of gender into their response plans and identified NGOs to start the implementation through pilot projects. In addition, the Gender Marker is used for the first time in the CAR CAP process to monitor the level of gender aspects taken into account in humanitarian projects.

In terms of HIV/AIDS activities, different initiatives started lately such as the implementation of sensitization and prevention activities within the multi-sector assistance to refugees, education and protection projects. In addition, humanitarian organizations within different sectors of intervention coordinate with the aim of organizing a complete care for the victims of sexual violence: organizations intervening in the protection sector will provide the victims with a psychological and social support when health organizations will provide them with medical cares.

An early recovery network is in the process of being formed, with the aim to develop an appropriate strategy to mainstream early recovery within all clusters. Each Cluster will designate a focal point to be part of this network group.

4.8 Roles and responsibilities

Cluster name	Relevant governmental institution	Cluster lead	Cluster members and other humanitarian stakeholders
Protection	<i>Comité National Permanent de Concertation et de Coordination pour la Gestion de la Protection des Personnes Déplacées Internes</i> , Ministry of Defence, Ministry of Justice, Ministry of Public Health, Ministry of Social Affairs	UNHCR	See under cluster response plans
Health	Ministry of Public Health	WHO	
WASH	<i>Agence Nationale de l'Eau et de l'Assainissement (ANEA)</i> , and <i>Direction Générale de l'Hydraulique (DGH)</i>	UNICEF	
Food Security	MDRA	FAO	
Nutrition	Ministry of Public Health	UNICEF	
Education	Ministry of Education	UNICEF	
Multi-sector assistance for refugees	National Refugee Commission (CNR), Ministry of Interior, Public Security, Justice and Health, <i>Observatoire Centrafricain des Droits de l'Homme (OCDH)</i>	UNHCR	
Early Recovery	<i>Ministère des Travaux Publics et du Désenclavement, Ministère de la Coopération Internationale de l'intégration Régionale et de la Francophonie, Ministère des Affaires Sociales de la Solidarité Nationale et de la Promotion de la Femme</i>	UNDP	
Coordination	Ministry of Cooperation, SPONG	OCHA	
Logistic	N/A	WFP	
Telecom	Ministry of Telecommunication, <i>Agence de Régulation de la Telecommunication (ART)</i>	WFP	
Security	Ministry of Defence	UNDSS	

4.9 Humanitarian action outside the CAP

Although an important part of humanitarian action in CAR takes place outside the CAP, humanitarian organizations, 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 three sections of MSF that work in CAR (France, Holland and Spain) do not list their planned actions and funding requirements in the CAP but participate as observers in the clusters. All aid agencies in CAR including ICRC and MSF value the importance of good coordination. This section therefore gives a brief overview on their planned humanitarian action in CAR in 2012.

In 2012, ICRC will continue to provide emergency assistance consisting of: food rations, plastic sheeting and basic household items for people displaced by conflict or other situation of violence. ICRC also works to improve access to water and sanitation through rehabilitation of wells, new boreholes and protection of natural springs. In areas of transition, ICRC will continue early recovery programmes for those returning to their places of origin. ICRC tracing services restores 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 the conflict and regular information and training sessions targeting weapons and civil authorities.

MSF has been present in CAR since 1996 addressing the needs of people in violence-affected and remote areas. In 2012, MSF will continue its medical intervention 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, Maitikoulou, Batangafo, Kabo and Ndelé and they are supporting health posts around these towns. The project of Maitikoulou is going to be handed over to the Ministry of Health in February 2012 after three years of activities and a reduction of human African trypanosomiasis prevalence under 0.5%.

In the south-west, as a response to the nutrition emergency in July 2009, MSF-Spain opened a project in Gadzi to address malnutrition that closed at the end of October 2011. In the same area, MSF-France runs a vertical HIV/AIDS project in Carnot. In the south-east, MSF-Holland provides medical assistance to refugees and people displaced because of 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 trypanosomiasis.

Starting from August 2011, a regional Human African Trypanosomiasis Mobile Team has been set up to provide specific interventions and screenings in CAR, Chad and Republic of Congo. MSF's programmes also ensure epidemiological surveillance, routine vaccinations and emergency response (e.g. distributions of NFIs in case of floods or displacement). In their daily work, MSF witnesses first-hand the continued humanitarian needs in CAR and the difficulties for the population throughout the country in accessing much-needed medical care.

5. Conclusion

The CAR CAP priority objectives are meant to drive the humanitarian response in a way adapted to different settings and trends between different contexts in the country.

Humanitarian action in 2012 will focus on responding to the priority needs of the most-affected people, primarily people living in conflict or unsecure environments and post-crisis areas, with protection and life-saving assistance. Relief assistance will be extended to remaining parts of the country if a new emergency arises. The priority needs will be first considered for funding during CHF and CERF allocations.

The early recovery aspects of programmes are encouraged within all humanitarian action, but most specifically in post-conflict or fragile areas.

Despite many constraints and obstacles, the benefit of the important milestones reached in 2011 would certainly create opportunities in the set-up of early recovery projects and a future potential shift towards sustainable development.

As an overarching principle, the humanitarian response will focus on contributing to building a more stable environment paving the way for development and will avoid undermining longer-term development projects.

Annex I: List of projects

Table IV. List of Appeal projects (grouped by cluster)

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
COORDINATION AND SUPPORT SERVICES					
CAF-12/CSS/44126/119	Strengthening Humanitarian Coordination and Advocacy in Central African Republic	OCHA	2,541,281	B. HIGH	Multiple locations
CAF-12/CSS/47403/5575	Strengthening humanitarian coordination and response in the South east region	MSB	2,500,000	B. HIGH	Haut Mbomou
Sub total for COORDINATION AND SUPPORT SERVICES			5,041,281		
EARLY RECOVERY					
CAF-12/ER/43948/13864	Support income generating activities for women associations and intern displaced people in Haute Kotto.	VITALITE PLUS	195,810	C. MEDIUM	Haute Kotto
CAF-12/ER/43991/8794	Supporting the empowerment of people affected by conflicts in the sub-prefectures of Kaga Bandoro (Nana Gribizi).	ADEM	155,792	C. MEDIUM	Nana Gribizi
CAF-12/ER/44137/6458	Opening Up and enabling the economic development and humanitarian access of the rural area between Bangassou and Obo by rehabilitating the Rafaï ferry	ACTED	477,080	A. IMMEDIATE	Haut Mbomou
CAF-12/ER/44205/5633	Strengthening Community Based Organisations to ensure effective basic social services and revitalize local economy	Solidarités	344,112	C. MEDIUM	Multiple locations
CAF-12/ER/44227/5181	Supporting conflict affected women's' organizations and other groups in order to further improve and diversify their income generating capacity in the prefectures of Ouham Pendé, Ouham and Bamingui Bangoran	DRC	1,710,000	A. IMMEDIATE	Multiple locations
CAF-12/ER/44252/13924	Recovery of economic dynamics by strengthening the farm producers' sub-federation (SFPA) and community based organization in the prefecture of Nana Gribizi	ECELLE	112,350	C. MEDIUM	Nana Gribizi
CAF-12/ER/44252/5633	Recovery of economic dynamics by strengthening the farm producers' sub-federation (SFPA) and community based organization in the prefecture of Nana Gribizi	Solidarités	449,400	C. MEDIUM	Nana Gribizi
CAF-12/ER/44260/14879	Improvement of humanitarian access to isolated areas in Markunda sub-prefecture	PU-AMI	800,000	B. HIGH	Ouham
CAF-12/ER/44278/14879	Economic recovery in the LRA affected prefecture of Mbomou	PU-AMI	400,000	A. IMMEDIATE	Mbomou

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/ER/44308/14879	Improving economic security of the population in north western Central African Republic in a multifaceted approach, by promoting Income Generating Activities in the zone as well as constructing/rehabilitating rural infrastructure	PU-AMI	500,000	C. MEDIUM	Ouham Pende
CAF-12/ER/44313/14879	Gender specific intervention to contribute to durable economic recovery in the Mambéré Kadéi region	PU-AMI	400,000	B. HIGH	Mambéré Kadéi
CAF-12/ER/44377/5167	Economic revitalization of rural community-base organizations and local government institutions affected by economic crisis in Mambere Kadéi and Sangha Mbaere Prefectures	COOPI	509,935	B. HIGH	Multiple locations
CAF-12/ER/44379/5179	Stimulating local economies to increase the resilience of the most economically and socially vulnerable populations in the Ouham Pende and Nana Gribizi	IRC	911,603	B. HIGH	Multiple locations
CAF-12/ER/44493/14440	The organisational capacities, of valorization and marketing of the products are improved	NDA	50,000	C. MEDIUM	Vakaga
CAF-12/ER/44581/776	Sustaining rural women and youth access to Microfinance Institutions (MFI)	UNDP	1,241,268	C. MEDIUM	Multiple locations
CAF-12/ER/44637/8661	Fighting against poverty by the Creation of a Center of professional training and Community Development in Haut Mbomou and Rafaï	JUPEDEC	206,510	C. MEDIUM	Haut Mbomou
CAF-12/ER/45315/5167	Emergency Livelihood Recovery project for Conflict affected people in Haut Mbomou Prefecture	COOPI	571,701	B. HIGH	Haut Mbomou
Sub total for EARLY RECOVERY			9,035,561		
EDUCATION					
CAF-12/E/43913/13864	Ameliorate the access of children affected by armed conflicts 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	143,712	B. HIGH	Haute Kotto
CAF-12/E/43985/5181	Emergency education in Ouham and Bamingui Bangoran	DRC	1,128,850	B. HIGH	Multiple locations
CAF-12/E/43993/8794	Contribute to ensuring the access of children to school facilities in the sub-prefecture of M'bès (Nana Gribizi).	ADEM	190,995	C. MEDIUM	Nana Gribizi
CAF-12/E/44067/6217	Holistic Primary School Educational Services Provision for children affected by conflict in Ouham Province	JRS	433,340	C. MEDIUM	Ouham
CAF-12/E/44074/6217	Safe emergency education for conflict affected children especially IDPs in Haute KOTTO PARTICULARLY; BRIA AND YALINGA.	JRS	300,000	A. IMMEDIATE	Haute Kotto
CAF-12/E/44345/5167	Promoting formal and alternative education for children in Ouham Pende region	COOPI	724,400	B. HIGH	Ouham Pende

CENTRAL AFRICAN REPUBLIC CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/E/44373/124	Promoting access to education to vulnerable children throughout affected regions in Central African Republic (CAR)	UNICEF	1,515,000	A. IMMEDIATE	Multiple locations
CAF-12/E/44381/5179	Creating safe and child-friendly learning environment, improve enrolment and retention, and quality of education for conflict-affected children in the Ouham Pende, Central African Republic (CAR)	IRC	396,184	C. MEDIUM	Ouham Pende
CAF-12/E/44466/5167	Increasing access to quality and safe education for children and youth in the LRA affected Prefecture of Haut Mbomou	COOPI	555,330	B. HIGH	Haut Mbomou
CAF-12/E/44737/561	Assistance to Conflict-Affected Populations in CAR (PRRO 200315) (Education)	WFP	4,246,825	C. MEDIUM	Multiple locations
Sub total for EDUCATION			9,634,636		
EMERGENCY TELECOMMUNICATIONS					
CAF-12/CSS/43908/561	Provision of Emergency Telecommunication Services to the humanitarian community	WFP	165,404	A. IMMEDIATE	Haut Mbomou
Sub total for EMERGENCY TELECOMMUNICATIONS			165,404		
FOOD SECURITY					
CAF-12/A/43890/6458	Support to inter-community conflict mitigation by improving agro-pastoral cooperation	ACTED	399,672	B. HIGH	Haut Mbomou
CAF-12/A/43966/6458	Supporting self-resilience in newly opened-up areas of Ouham and Ouham Pende through promotion of agro-based livelihoods	ACTED	353,681	B. HIGH	Ouham
CAF-12/A/43968/6458	Support to communities affected by acute shocks in Haut Mbomou by improving farmer-based seeds systems and increasing seeds security and seeds-systems resilience	ACTED	443,541	B. HIGH	Haut Mbomou
CAF-12/A/43990/8794	Supporting the empowerment of people affected by conflict in the prefecture of Nana-Gribizi (Kaga Bandoro and M'brès) by the structuring of the agricultural sector.	ADEM	195,596	B. HIGH	Nana Gribizi
CAF-12/A/44043/5186	Strengthening the capacity of the most vulnerable people to face economic crisis by increasing and diversifying agricultural production and by diversifying their incomes sources in Sangha Mbaere prefecture	ACF	604,000	B. HIGH	Sangha Mbaere
CAF-12/A/44173/5181	Strengthen the capacity of agricultural organizations in order to enhance the productivity of agro pastoral production systems in Ouham, Ouham Pendé and Bamingui Bangoran and reinforce the emergency response capacity of DRC to ensure food security among the most vulnerable groups	DRC	1,337,500	B. HIGH	Multiple locations
CAF-12/A/44186/5146	Revitalizing agricultural subsistence farming for vulnerable households in Mbaiki, Boda and Bogananagone	CRS	279,812	C. MEDIUM	Lobaye

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/A/44189/5146	Revitalizing draft animal agriculture in the sub-prefectures of Bossangoa, Bouca and Nana-Bakassa	CRS	318,466	C. MEDIUM	Ouham
CAF-12/A/44191/5146	Supporting food production in the Sub-Prefecture of Ndele	CRS	346,794	B. HIGH	Bamingui Bangoran
CAF-12/A/44206/5633	Recovering sustainable livelihoods of the most vulnerable people in Bozoum Sub-prefecture	Solidarités	244,100	C. MEDIUM	Ouham Pende
CAF-12/A/44208/5633	Improve food security for conflict-affected people in Ouham and Bamingui Bangoran	Solidarités	620,500	B. HIGH	Multiple locations
CAF-12/A/44219/5186	Improvement of food access and availability for conflict affected population in Ouham Prefectures	ACF	597,403	B. HIGH	Ouham
CAF-12/A/44250/13924	Improve food security for the uncovered population of Nana Gribizi Prefecture	ECHELLE	93,507	B. HIGH	Nana Gribizi
CAF-12/A/44250/5633	Improve food security for the uncovered population of Nana Gribizi Prefecture	Solidarités	374,029	B. HIGH	Nana Gribizi
CAF-12/A/44288/14879	Emergency response to face the food insecurity of LRA-affected population in Mbomou prefecture	PU-AMI	725,000	A. IMMEDIATE	Mbomou
CAF-12/A/44290/123	Supporting food security and livelihood diversification in the prefectures of Bamingui Bangoran, Vakaga and Haute-Kotto	FAO	971,850	A. IMMEDIATE	Multiple locations
CAF-12/A/44305/5853	Toward capacity building and sustainable improvement of living conditions for the most vulnerable farming population of the Ouaka	TGH	140,000	B. HIGH	Ouaka
CAF-12/A/44312/14879	Post emergency response to food security in areas of Ouham prefecture affected by a continued humanitarian crisis	PU-AMI	600,000	B. HIGH	Ouham
CAF-12/A/44344/5179	Saving vulnerable populations from food insecurity by improving their resilience through stimulation of local economy and promotion of a sustainable transition to peace	IRC	859,712	B. HIGH	Multiple locations
CAF-12/A/44368/123	Improving the food security and income generation capacity of affected people through the promotion of livestock production in the prefectures of Bamingui Bangoran and Haute-Kotto in the Central African Republic	FAO	830,369	B. HIGH	Multiple locations
CAF-12/A/44369/14879	Response to face malnutrition through improved food security for vulnerable families in the Mambéré Kadéï prefecture	PU-AMI	415,000	B. HIGH	Mambéré Kadéï
CAF-12/A/44380/123	Support to the Food Security and Livelihood Cluster Coordination of the United Nations and partners in Central African Republic.	FAO	633,600	B. HIGH	Multiple locations
CAF-12/A/44386/13217	Re enforce and diversify agricultural production in the sub-prefecture of Bangassou through associations and women groups	COHEB	368,387	C. MEDIUM	Mbomou
CAF-12/A/44393/123	Supporting the disarmament, demobilization and reintegration of ex-combatants in the Central African Republic	FAO	2,585,000	B. HIGH	Multiple locations
CAF-12/A/44403/8661	Improving production capacities of smallholder farmers Zemio, Rafaï and Bakouma	JUPEDEC	203,300	B. HIGH	Haut Mbomou

CENTRAL AFRICAN REPUBLIC CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/A/44465/5167	To support food security and enhance good governance in rural areas of Paoua and Markounda Sub Prefecture	COOPI	563,890	C. MEDIUM	Multiple locations
CAF-12/A/44492/14440	towards improvement of food security near the households	NDA	50,000	C. MEDIUM	Vakaga
CAF-12/A/45324/14783	Draft Emergency agricultural recovery and support for agribusiness in Paoua	REMOD	76,794	C. MEDIUM	Ouham Pende
CAF-12/F/44730/561	Assistance to Conflict-Affected Populations in CAR (PRRO 200315) (IDPs+Refugees)	WFP	10,455,385	C. MEDIUM	Multiple locations
CAF-12/F/44734/561	Assistance to Conflict-Affected Populations in CAR (PRRO 200315) (Livelihoods)	WFP	11,006,344	C. MEDIUM	Multiple locations
Sub total for FOOD SECURITY			36,693,232		
HEALTH					
CAF-12/H/44214/8662	Emergency Response to deal with the increased Malaria cases in IDP camps and host population in Ouham Pendé and Ouham Prefectures, Health Region N°3	MI	1,619,980	B. HIGH	Ouham Pende
CAF-12/H/44271/14879	Restore access to primary and preventive healthcare in the rural areas of Membéré Kadéi prefecture	PU-AMI	400,000	B. HIGH	Mambéré Kadei
CAF-12/H/44284/14879	Health support to vulnerable people affected by armed conflict in the Bamingui-Bangoran prefecture	PU-AMI	750,000	B. HIGH	Bamingui Bangoran
CAF-12/H/44304/122	Promoting integrated management of childhood illness (IMCI) and strengthening routine immunisation in northern and southern regions of Central African Republic	WHO	1,000,450	A. IMMEDIATE	Multiple locations
CAF-12/H/44304/124	Promoting integrated management of childhood illness (IMCI) and strengthening routine immunisation in northern and southern regions of Central African Republic	UNICEF	1,540,800	A. IMMEDIATE	Multiple locations
CAF-12/H/44335/5195	Strengthening Primary Health Care services ,HIV/AIDS sensitization to conflict affected populations in CAR	MERLIN	1,744,100	B. HIGH	Mbomou
CAF-12/H/44339/14921	Rehabilitate the health center and carry out adiqute primary and community health care amongst the population in the Bambouti Sous-prefecture	IDC	260,913	C. MEDIUM	Haut Mbomou
CAF-12/H/44365/5162	Ensuring Access of Displaced and Local Populations in Mbomou Prefecture (Bangassou, Rafai, Bakouma) to Minimum Initial Service Package for Reproductive Health	Mercy Corps	602,905	B. HIGH	Mbomou
CAF-12/H/44375/1171	Strengthening the response against STIs, HIVand AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones	UNFPA	694,430	B. HIGH	Multiple locations

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/H/44375/122	Strengthening the response against STIs, HIV and AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones	WHO	374,500	B. HIGH	Multiple locations
CAF-12/H/44378/1171	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	UNFPA	390,550	B. HIGH	Multiple locations
CAF-12/H/44378/122	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	WHO	1,152,283	B. HIGH	Multiple locations
CAF-12/H/44378/124	Strengthening emergency obstetric and neonatal care in conflict affected health prefectures of CAR	UNICEF	2,410,000	B. HIGH	Multiple locations
CAF-12/H/44407/13107	Risk reduction project for displaced population affected by the conflict in Health region N°5	IMC UK	2,299,999	B. HIGH	Multiple locations
CAF-12/H/44518/6217	Improving community health and health management skills in conflict affected areas in and around Markounda	JRS	201,320	C. MEDIUM	Ouham
CAF-12/H/44850/122	Supporting the national cholera outbreak response plan to improve communicable disease surveillance system in CAR	WHO	882,750	A. IMMEDIATE	Multiple locations
CAF-12/H/44967/122	STI/HIV/AIDS prevention and provision of safe blood for transfusion in most post-conflict affected prefectures in northern and southern CAR	WHO	913,000	B. HIGH	Multiple locations
Sub total for HEALTH			17,237,980		
LOGISTICS					
CAF-12/CSS/44091/561	United Nations Humanitarian Air Service for Central African Republic	WFP	7,179,505	A. IMMEDIATE	Multiple locations
Sub total for LOGISTICS			7,179,505		
MULTI-SECTOR ASSISTANCE TO REFUGEES					
CAF-12/MS/44372/120	Protection and multi-sector assistance to UNHCR Person's of concern in Central African Republic	UNHCR	17,032,333	B. HIGH	Multiple locations
Sub total for MULTI-SECTOR ASSISTANCE TO REFUGEES			17,032,333		
NUTRITION					
CAF-12/H/44216/5186	Nutritional surveillance at national level through nutritional surveys and routine surveillance data	ACF	300,000	B. HIGH	Multiple locations
CAF-12/H/44293/14879	Preventing mortality through treatment of malnutrition and quality health services for the most vulnerable groups in the Mambéré Kadéi	PU-AMI	450,000	B. HIGH	Mambéré Kadéi
CAF-12/H/44332/124	Emergency Nutrition in Central African Republic (CAR))	UNICEF	1,100,786	B. HIGH	Multiple locations

CENTRAL AFRICAN REPUBLIC CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/H/44340/5195	Initiating and supporting nutrition programmes to the vulnerable communities of Lobaye, Nanamambere, HautMbomou and Mbomou provinces in response to Malnutrition	MERLIN	984,930	A. IMMEDIATE	Lobaye
CAF-12/H/44410/13107	Risk reduction project for displaced population affected by the conflict in Health region N°5	IMC UK	1,149,998	B. HIGH	Vakaga
CAF-12/H/44740/561	Assistance to Conflict-Affected Populations in CAR (PRRO 200315) (Nutrition)	WFP	1,504,710	B. HIGH	Multiple locations
Sub total for NUTRITION			5,490,424		
PROTECTION					
CAF-12/P-HR-RL/43988/5181	Demobilisation and reintegration of children in Ouham Pendé and Bamingui Bangoran	DRC	625,950	B. HIGH	Multiple locations
CAF-12/P-HR-RL/43989/5181	Emergency protection and social cohesion of vulnerable populations through rapid responses to human rights violations, psycho-social assistance, medical referrals and community initiatives	DRC	979,050	A. IMMEDIATE	Multiple locations
CAF-12/P-HR-RL/43992/5181	A stronger civil society for the promotion of Human Rights and the provision of legal aid and psycho-social support with particular focus on gender based violence and violence related to witchcraft accusations in Ouham Pendé, Ouham, Bamingui Bangoran, Lobaye, Kémo, Nana Gribizi and Ouaka regions	DRC	573,520	B. HIGH	Multiple locations
CAF-12/P-HR-RL/44234/124	Preventing and Responding to Gender Based Violences in conflict affected areas, with a focus on children specific needs	UNICEF	989,750	B. HIGH	Multiple locations
CAF-12/P-HR-RL/44235/124	Protect children in conflict affected areas, from violence, abuse and exploitation.	UNICEF	1,765,500	B. HIGH	Multiple locations
CAF-12/P-HR-RL/44307/5167	Improving self reliance and community protection mechanisms for LRA affected communities in the Haut Mbomou	COOPI	754,360	A. IMMEDIATE	Haut Mbomou
CAF-12/P-HR-RL/44341/5179	Strengthen the capacity of communities and local authorities to prevent and respond to gender based violence in the conflict-affected region of northern Ouham Pendé	IRC	426,827	B. HIGH	Ouham Pendé
CAF-12/P-HR-RL/44352/120	Protection and assistance to IDPs, spontaneous returnees, victims of human rights violations and other forms of violence specifically based on gender and identity/ethnicity and persons with special needs	UNHCR	10,708,445	B. HIGH	Multiple locations
CAF-12/P-HR-RL/44396/5162	Providing Emergency Protection Response to Conflict-Affected Populations in LRA Affected Areas of Mbomou Prefecture (Rafai, Bakouma and Bangassou)	Mercy Corps	510,031	B. HIGH	Mbomou
CAF-12/P-HR-RL/44398/5162	Access to Justice and Psycho-social support to survivors of sexual and gender-based violence	Mercy Corps	200,826	B. HIGH	Ouham

Annex I: List of projects

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/P-HR- RL/44409/13107	Risk reduction project for conflict affected women, vulnerable children and children Associated with Armed Forces or Armed Groups in North-East (Vakaga and Haute Koto)	IMC UK	1,149,998	B. HIGH	Haute Kotto
Sub total for PROTECTION			18,684,257		
WATER, SANITATION AND HYGIENE					
CAF-12/WS/43858/124	Provision of emergency essential WASH services to vulnerable people throughout conflict affected north and southeastern Central African Republic (CAR)	UNICEF	954,975	B. HIGH	Multiple locations
CAF-12/WS/43957/13864	Ameliorate the access of vulnerable people (women, Students, other children and IDPs) to water and sanitation infrastructure in Bria and Yalinga Sub Prefectures of Haute-Kotto.	VITALITE PLUS	160,585	B. HIGH	Haute Kotto
CAF-12/WS/44020/124	Provision of essential WASH services to vulnerable people affected by a cholera outbreak in CAR	UNICEF	561,750	B. HIGH	Multiple locations
CAF-12/WS/44031/6458	Improving water and sanitation access in North Western CAR	ACTED	447,331	C. MEDIUM	Ouham Pende
CAF-12/WS/44035/6458	Improving water and sanitation access in South Eastern CAR	ACTED	326,053	B. HIGH	Haut Mbomou
CAF-12/WS/44040/5186	Improvement of safe water access and hygiene conditions for displaced and returnees communities in Ouham Prefecture	ACF	794,000	B. HIGH	Ouham
CAF-12/WS/44117/6217	Improving school hygiene and sanitation practices through construction and training of schools personel in Markounda and Boguila in Ouham	JRS	350,211	C. MEDIUM	Ouham
CAF-12/WS/44138/6458	Improving school-based water and sanitation access in South Western CAR7	ACTED	774,327	B. HIGH	Sangha Mbaere
CAF-12/WS/44200/5633	Water access, sanitation and hygiene promotion for vulnerable people in Ouham Pende, Nana Gribizi and Bamingui Bangoram prefectures	Solidarités	812,236	B. HIGH	Multiple locations
CAF-12/WS/44203/5633	Water access, sanitation and hygiene promotion for conflict affected people in Ouham and Bamingui Bangoram prefectures	Solidarités	1,194,512	B. HIGH	Multiple locations
CAF-12/WS/44229/5181	Provide water, hygiene and sanitation assistance to conflict affected and other communities, including support to other relevant sectors (education, agriculture, livestock, early recovery and protection)	DRC	572,450	B. HIGH	Multiple locations
CAF-12/WS/44232/8794	Contributing to the improvement conditions of access to clean water, sanitation and hygiene for people affected by conflict in the sub-prefecture of M'bres (Nana-Gribizi).	ADEM	187,785	B. HIGH	Nana Gribizi
CAF-12/WS/44291/5853	Toward a sustainable access to drinking water and an improved sanitary environment for the vulnerable population of the Ouaka Prefecture	TGH	400,000	C. MEDIUM	Ouaka

CENTRAL AFRICAN REPUBLIC CAP 2012

Project code (click on hyperlinked project code to open full project details)	Title	Appealing agency	Requirements (\$)	Priority	Location
CAF-12/WS/44391/5162	Ensuring Access to Clean Water, Basic Sanitation and Hygiene for Displaced and Local Populations in Bangassou, Mbomou	Mercy Corps	726,906	A. IMMEDIATE	Mbomou
Sub total for WATER, SANITATION AND HYGIENE			8,263,121		
CLUSTER NOT YET SPECIFIED					
CAF-12/SNYS/48817/7622	Common Humanitarian Fund (CAR) (The figure shown for 'funding' is the unallocated balance of the fund.)	CHF	-	D. NOT SPECIFIED	NOT SPECIFIED
Sub total for CLUSTER NOT YET SPECIFIED			-		
Grand Total			134,457,734		

Table V. Summary of requirements by location

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Location	Requirements (\$)
Multiple locations	102,527,258
Bamingui Bangoran	1,096,794
Haut Mbomou	6,863,864
Haute Kotto	1,950,105
Lobaye	1,264,742
Mambéré Kadei	1,665,000
Mbomou	5,077,329
Nana Gribizi	1,759,454
Ouaka	540,000
Ouham	4,649,247
Ouham Pende	4,435,616
Sangha Mbaere	1,378,327
Vakaga	1,249,998
Grand Total	134,457,734

Table VI. Summary of requirements by gender marker

Consolidated Appeal for Central African Republic 2012 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by appealing organizations.

Gender marker	Requirements (\$)
2b - The principal purpose of the project is to advance gender equality	1,617,403
2a - The project is designed to contribute significantly to gender equality	13,690,386
1 - The project is designed to contribute in some limited way to gender equality	54,061,794
0 - No signs that gender issues were considered in project design	57,743,242
- Not Specified	7,344,909
Grand Total	134,457,734

Annex II: Needs assessment reference list

Needs Assessment Plan for the 2012 CAP: existing and planned assessments and identification of gaps in assessment information						
EVIDENCE BASE FOR THE 2012 CAP: EXISTING NEEDS ASSESSMENTS						
Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Date	Title or Subject		
Food Security	Bria	OCHA and humanitarian partners	September 2011	Joint assessment in Bria		
Water Sanitation and Hygiene	All prefectures (men, women and children)	UNICEF Bangui-University	June 2011 to June 2012	Evaluation and mapping of access to water and sanitation infrastructure in schools and health centres in CAR		
CURRENT GAPS IN INFORMATION						
Cluster/sector	Geographic areas and population groups targeted	Title or Subject				
Water Sanitation et Hygiene	All prefectures (men, women and children)	Psycho-chemical and microbiological evaluation of the water quality in CAR				
PLANNED NEEDS ASSESSMENTS						
Cluster/sector	Geographic areas and population groups targeted	Lead agency and partners	Planned date	Title or Subject	Funding needed (amount)	To be funded by
Food Security	Bamingi-Bangoran, Vakaga	FAO and partners	February 2012	Food security assessment mission		FAO
Water Sanitation and Hygiene	Bangui (men, women and children)	UNICEF and WASH cluster partner	November 2011	Evaluation of the most at risk neighbourhoods in term of access to water and sanitation in Bangui	Not defined	Not defined
	Prefecture with new acute emergencies	WASH cluster partners	2012	Evaluation of the access to water and sanitation in emergencies area	Not defined	Not defined
Nutrition	Nationwide	UNICEF and Partners	May-June 2012	SMART Nutrition survey	\$100,000	UNICEF
Health	Vakaga	WHO and partners	Mars 2012	Health status investigation	Not defined	WHO

Annex III: Donor response to the 2011 appeal

Table VII. Requirements and funding per cluster

Consolidated Appeal for Central African Republic 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Cluster	Original requirements (\$) A	Revised requirements (\$) B	Carry-over (\$) C	Funding (\$) D	Total resources available (\$) E=C+D	Unmet requirements (\$) B-E	% Covered E/B	Uncommitted pledges (\$) F
COORDINATION AND SUPPORT SERVICES	5,566,559	7,823,079	576,583	6,153,033	6,729,616	1,093,463	86%	-
EARLY RECOVERY	7,599,504	7,993,605	-	2,582,214	2,582,214	5,411,391	32%	-
EDUCATION	4,857,506	5,656,072	250,357	3,693,930	3,944,287	1,711,785	70%	-
FOOD SECURITY	36,915,315	33,574,806	3,598,946	20,520,258	24,119,204	9,455,602	72%	-
HEALTH	25,738,823	27,430,511	106,091	6,719,179	6,825,270	20,605,241	25%	-
MULTI-SECTOR ASSISTANCE TO REFUGEES	13,956,004	23,666,600	298,000	2,600,000	2,898,000	20,768,600	12%	-
NUTRITION	8,157,092	8,169,847	502,947	6,221,125	6,724,072	1,445,775	82%	-
PROTECTION	16,439,509	16,439,509	-	3,533,799	3,533,799	12,905,710	21%	-
WATER, SANITATION AND HYGIENE	9,594,870	11,193,442	-	4,568,724	4,568,724	6,624,718	41%	-
CLUSTER NOT YET SPECIFIED	-	-	5,611,137	(3,514,607)	2,096,530	n/a	n/a	-
Grand Total	128,825,182	141,947,471	10,944,061	53,077,655	64,021,716	77,925,755	45%	-

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 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 per organization

Consolidated Appeal for Central African Republic 2011 as of 15 November 2011 http://fts.unocha.org								
Compiled by OCHA on the basis of information provided by donors and appealing organizations.								
Appealing organization	Original requirements	Revised requirements	Carry-over	Funding	Total resources available	Unmet requirements	% Covered	Uncommitted pledges
	(\$)	(\$)	(\$)	(\$)	(\$)	(\$)	E/B	(\$)
	A	B	C	D	E=C+D	B-E		F
ACF	4,553,448	4,646,607	-	2,940,651	2,940,651	1,705,956	63%	-
ACORD	219,350	219,350	-	-	-	219,350	0%	-
ACTED	1,451,261	1,559,761	-	943,441	943,441	616,320	60%	-
ADEM	1,731,820	1,731,820	-	150,000	150,000	1,581,820	9%	-
AMI	1,200,000	1,070,000	-	383,000	383,000	687,000	36%	-
BINUCA	270,000	270,000	-	-	-	270,000	0%	-
CAM	1,826,315	1,826,315	-	280,000	280,000	1,546,315	15%	-
Central African Republic RC	701,105	701,105	-	-	-	701,105	0%	-
CHF	-	-	5,611,137	(5,284,715)	326,422	n/a	n/a	-
COHEB	755,688	763,052	-	-	-	763,052	0%	-
COOPI	2,920,015	2,920,015	-	1,540,904	1,540,904	1,379,111	53%	-
CRS	321,973	321,973	-	-	-	321,973	0%	-
DRC	5,664,430	5,664,430	-	2,267,095	2,267,095	3,397,335	40%	-
ECELLE	62,639	62,639	-	47,833	47,833	14,806	76%	-
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	-	1,226,615	1,226,615	541,663	69%	-
IMC UK	-	149,548	-	149,548	149,548	-	100%	-
IRC	4,704,524	4,013,678	-	2,000,824	2,000,824	2,012,854	50%	-
JRS	1,059,368	1,297,978	-	-	-	1,297,978	0%	-
JUPEDEC	583,150	568,050	-	165,000	165,000	403,050	29%	-
Mercy Corps	1,057,660	1,057,660	-	200,000	200,000	857,660	19%	-
MERLIN	3,486,882	3,813,927	-	1,470,346	1,470,346	2,343,581	39%	-
MI	1,896,504	2,083,504	-	599,995	599,995	1,483,509	29%	-
NDA	-	120,910	-	-	-	120,910	0%	-
OCHA	2,319,501	2,202,314	32,354	1,496,537	1,528,891	673,423	69%	-
PU	3,900,000	3,915,000	-	1,952,452	1,952,452	1,962,548	50%	-
Solidarités	3,576,086	4,152,469	-	524,049	524,049	3,628,420	13%	-
TGH	1,415,509	1,415,509	-	616,440	616,440	799,069	44%	-
UNDP	-	620,634	-	-	-	620,634	0%	-
UNFPA	765,050	765,050	106,091	765,050	871,141	(106,091)	100%	-
UNHCR	24,641,659	34,352,255	298,000	4,653,108	4,951,108	29,401,147	14%	-
UNICEF	9,089,475	9,886,625	-	7,622,879	7,622,879	2,263,746	77%	-
VITALITE PLUS	1,774,791	1,627,782	-	50,000	50,000	1,577,782	3%	-
WFP	31,962,202	30,735,782	4,896,479	25,498,091	30,394,570	341,212	99%	-
WHO	11,042,987	12,191,387	-	818,512	818,512	11,372,875	7%	-
Grand Total:	128,825,182	141,947,471	10,944,061	53,077,655	64,021,716	77,925,755	45%	-

NOTE: "Funding" means Contributions + Commitments
Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)
Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.
Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.
The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table IX. Total funding per donor (to projects listed in the Appeal)

Consolidated Appeal for Central African Republic 2011 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Carry-over (donors not specified)	10,944,061	17%	-
United States	10,028,650	16%	-
Japan	9,747,090	15%	-
Sweden	7,981,947	12%	-
European Commission	5,345,554	8%	-
Central Emergency Response Fund (CERF)	4,999,120	8%	-
Ireland	3,494,195	5%	-
Allocation of unearmarked funds by UN agencies	2,533,787	4%	-
Belgium	2,276,902	4%	-
France	2,120,184	3%	-
Canada	2,038,736	3%	-
Switzerland	988,947	2%	-
Finland	666,992	1%	-
Spain	422,535	1%	-
Saudi Arabia	223,079	0%	-
Other income	169,937	0%	-
Private (individuals & organisations)	40,000	0%	-
Grand Total	64,021,716	100%	-

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table X. Non-appeal funding per sector

Other humanitarian funding to Central African Republic 2011 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Sector	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
AGRICULTURE	733,063	4%	-
COORDINATION AND SUPPORT SERVICES	120,963	1%	-
ECONOMIC RECOVERY AND INFRASTRUCTURE	2,145,923	13%	-
HEALTH	4,877,805	29%	-
PROTECTION/HUMAN RIGHTS/RULE OF LAW	3,836,324	23%	-
SECTOR NOT YET SPECIFIED	4,932,660	30%	-
Grand Total	16,646,738	100%	-

NOTE: "Funding" means Contributions + Commitments

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Table XI. Total humanitarian funding per donor (Appeal plus other)

Central African Republic 2011 as of 15 November 2011 http://fts.unocha.org
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
European Commission	13,241,182	16%	-
Japan	12,047,090	15%	-
Carry-over (donors not specified)	10,944,061	14%	-
United States	10,928,650	14%	-
Sweden	8,102,910	10%	-
Central Emergency Response Fund (CERF)	4,999,120	6%	-
Canada	3,567,788	4%	-
Ireland	3,494,195	4%	-
Allocation of unearmarked funds by UN agencies	2,533,787	3%	-
Belgium	2,276,902	3%	-
Finland	2,186,367	3%	-
France	2,120,184	3%	-
Germany	1,850,934	2%	-
Switzerland	1,519,733	2%	-
Spain	422,535	1%	-
Saudi Arabia	223,079	0%	-
Other income	169,937	0%	-
Private (individuals & organisations)	40,000	0%	-
Grand Total	80,668,454	100%	-

NOTE: "Funding" means Contributions + Commitments

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

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

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

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

The list of projects and the figures for their funding requirements in this document are a snapshot as of 15 November 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service (fts.unocha.org).

Annex IV: Acronyms and abbreviations

ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
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)
ACRED	<i>Action Communautaire pour la Reconstruction et le Développement Durable</i> (Community Action for Reconstruction and Sustainable Development)
ACTED	Agency for Technical Cooperation and Development
ADECOM	<i>Association pour le Développement Communautaire</i> (Association for Community Development)
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> (Association of Women Teachers for the Development of CAR)
AFJC	Central African Women's Legal Association
AIDS	acquired immunodeficiency syndrome
ANDE	<i>Agence National de Développement de l'Élevage</i>
APILOD	<i>Appui aux Initiatives Locales de Développement</i> (Support to Local Development Initiatives)
APRD	<i>Armée pour la Restauration de la République et la Démocratie</i> (Army for the Restoration of Democracy)
ARDI	African Regional Spatial Data Infrastructure
ASF	<i>Afrique Sans Frontière</i> (Africa Without Borders)
ASSOMESCA	<i>Association Des Œuvres Médicales Pour La Santé En Centrafrique</i> (Association of Medical Health Programmes in the Central African Republic)
BCC	behavior change communication
BINUCA	<i>Bureau Intégré des Nations Unies pour la consolidation de la paix en Centrafrique</i> (Integrated Peacebuilding Office in the Central African Republic)
CAAFG	children associated with armed groups
CAP	consolidated appeal <i>or</i> consolidated appeal process
CAR	Central African Republic
CARC	Central African Red Cross Society
Caritas	International Confederation of Catholic Relief, Development and Social Service Organizations
CBO	community-based organization
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Fund
CMAM	community management of acute malnutrition
CNR	<i>Commission Nationale pour les Réfugiés</i> (National Refugees Commission)
COHEB	Community Humanitarian Emergency Board
COOGES	<i>comité de gestion sanitaire</i>
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
CORDAID	Catholic Organization for Relief and Development
CPB	<i>Complexe Pédiatrique de Bangui</i> (Pediatric complex of Bangui)
CPJP	<i>Convention des Patriotes pour la Justice et la Paix</i> (Patriotic Convention for Justice and Peace)
CRS	Catholic Relief Service
CSSI	<i>Centre de Support en Santé Internationale</i>
DDR	disarmament, demobilization and reintegration

Annex IV: Acronyms and abbreviations

DGH	<i>Direction Générale de l'Hydraulique</i> (General Directorate for Hydraulics)
DHS	Democratic and Health Survey
DPI	<i>Dialogue politique inclusive</i> (inclusive political dialogue)
DRC	Democratic Republic of the Congo
DRC	Danish Refugee Council
ECHO	European Commission Directorate-General for Humanitarian Aid and Civil Protection
ER	early recovery
FAO	Food and Agriculture Organization of the United Nations
FDPC	<i>Front démocratique du peuple centrafricain</i> (Democratic Front for the Central African People)
FHI	<i>Fondation Humanisme Internationale</i>
FIPADECA	<i>La Fondation Islamique pour la Paix et le Développement en Centrafrique</i>
FOSA	<i>Formation sanitaire</i> (health training)
FPR	<i>Front Populaire pour la Reconstruction</i> (Popular Front for Reconstruction)
FFW	food-for-work
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
ha	hectare
HCT	Humanitarian Country Team
HDPT	Humanitarian and Development Partnership Team
HIV	human immuno-deficiency virus
IASC	Inter-Agency Standing Committee
ICDI	Integrated Community Development International
ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Centre
IDP	internally displaced person
IGA	income-generating activity
IMC	International Medical Corps
IPHD	International Partnership for Human Development
IRC	International Rescue Committee
JRS	Jesuit Refugee Service
JUPEDEC	United Youth for the Protection of the Environment and Community Development
Kcal	kilo-calorie
Km	kilometre
LCDH	<i>Ligue Centrafricaine des Droits de l'Homme</i> (Central African League for Human Rights)
LIFA	<i>Ligue Islamique d'Afrique</i>
LLIN	long-lasting insecticide-treated net
LRA	Lord's Resistance Army
MAM	moderate acute malnutrition
MoE	Ministry of Education
MDDH	<i>Mouvement de Défense des Droits de l'Homme</i> (Movement for the Protection of Human Rights)
MDRA	Ministry of Rural Development and Agriculture
Mentor	Mentor Initiative
MERLIN	Medical Emergency Relief International
MICS	multiple indicator cluster survey

MLCJ	<i>Mouvement des Libérateurs Centrafricains pour la Justice</i> (Movement of Central African Liberators for Justice)
MINURCAT	<i>Mission des Nations Unies en République Centrafricaine et au Tchad</i> (United Nations Peace-keeping Mission in the Central African Republic and Chad)
MoH	Ministry of Health
MOSS	Minimum Operational Security Standards
MSF	<i>Médecins sans Frontières</i> (Doctors without Borders)
MSF – F	<i>Médecins sans Frontières France</i> (Doctors without Borders - France)
MSF – H	<i>Médecins sans Frontières Hollande</i> (Doctors without Borders - Holland)
MSF – S	<i>Médecins sans Frontière Espagne</i> (Doctors without Borders - Spain)
MT	metric ton
NDA	<i>Association Agropastorale de NDA</i>
NFI	non-food item
NGOs	non-governmental organizations
OCDH	<i>Office Centrafricain des Droits de l’Homme</i> (Central African Office for Human Rights)
OCHA	Office for the Coordination of Humanitarian Affairs
OPS	Online Projects System
OTP	outpatient therapeutic programmes
PPCB	peri-pneumonia contagious bovine
PoC	people of concern
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-AMI	<i>Première Urgence-Aide Médicale Internationale</i> (International Medical Aid).
RECAPEV	<i>Réseau Centrafricain des personnes vivant avec le VIH Sida</i> (Central African Network of People Living with HIV/AIDS)
REMOD	<i>Rebâtisseurs de la muraille des ouvres de Dieu</i> (REMOD)
RSD	refugee status determination
SAM	severe acute malnutrition
SMART	specific, measurable, achievable, realistic, time-bound (referring to indicators)
SMART	Standardized Monitoring and Assessment of Relief and Transitions (referring to a survey)
SPONG	<i>Secrétariat Permanent des Organisations Non Gouvernementales</i>
SRCS	Spanish Red Cross Society
STI	sexually transmitted infection
TFC	therapeutic feeding centre
TFU	therapeutic feeding unit
Triangle GH	<i>Triangle Génération Humanitaire</i> (Generation Humanitarian Triangle)
ToR	terms of reference
U5	under five
UFDR	<i>Union des Forces Démocratiques pour le Rassemblement</i> (Union of Democratic Forces for Unity)
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNACREF	<i>Union nationale des centres ruraux d’éducation et de formation</i>
UNICEF	United Nations Children’s Fund
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security

Annex IV: Acronyms and abbreviations

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNS	<i>Unité nutritionnelle supplémentaire</i> (supplementary feeding unit)
UNT	<i>Unité nutritionnelle thérapeutique</i> (therapeutic feeding unit)
UNTA	<i>Unité nutritionnelle de traitement ambulatoire</i> (mobile therapeutic feeding unit)
UPDF	Ugandan People's Defence Force
WC	War Child
WASH	water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

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