For every child,
Health, Education, Equality, Protection
ADVANCE HUMANITY

Central African Republic

Monthly Report
December 2008
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Summary

- The long-delayed political dialogue commenced on 8 to 20 December 2008. Government, opposition, civil society groups and rebel movements called for a consensus government, a truth and reconciliation commission and a process of disarmament.

- Joint military forces from Uganda, southern Sudan and the DRC launched aerial bombings on camps of the Lord’s Resistance Army (LRA) in the in northeastern DRC. Fears of LRA moving towards CAR.

- Largest health campaign in the history of the CAR. Nearly 800,000 children under the age of five were targeted for vaccination against measles, given free bars of soap and mosquito nets.

The Central African Republic
Humanitarian Overview

Country Summary

The Central African Republic’s (CAR) political history since independence from France in 1960 has been marked by brutal dictatorships, unsteady and opportunistic interference from France, revolts and coups.

In recent years, residents of the country’s north have become increasingly victimized by armed groups, including rebel factions, gangs of armed bandits and the government army itself. These tensions have resulted in the displacement of more than 300,000 people and the near-complete decimation of the already under-developed infrastructure.

Landlocked and encircled on three sides by countries in the midst of long-running wars, CAR is suffering from a multi-faceted crisis of ongoing waves of violence coupled with steep poverty. All this is creating a significant negative impact on the lives of women and children.

Bandits, known in CAR as ‘Zaraguinas’ or ‘Coupeurs de Route’, frequently disrupt traffic and prevent the delivery of humanitarian aid. Banditry, rather than political conflict or military operations, is now the principal cause of human suffering in CAR. These bandits roam the dangerous northern areas of CAR, assaulting and killing travelers and villagers, kidnapping women and children, looting property and burning homes. The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that up to a third of the 300,000 Central Africans forced from their homes in the past several years fled from bandits.

Despite some modest improvements over the past few years, the situation of children in CAR continues to be of great concern to UNICEF. With an infant mortality rate of 106 per 1,000 and an under-5 mortality rate of 176 per 1,000, the country has some of the continent’s worst child survival indicators. An estimated 38% of the country’s under-5s suffer from Global Chronic Malnutrition, while a further 10% suffer from Global Acute Malnutrition. In addition, the HIV prevalence (6.2%) is the highest in the region. More than 75% of the population is without access to adequate sanitation facilities, which means that preventable diseases are easily spread.

UNICEF works closely with its partners to improve these indicators and enhance human welfare.

Core Country Data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>4,302,360</td>
</tr>
<tr>
<td>Human Development Index Rank</td>
<td>171 of 177</td>
</tr>
<tr>
<td>People affected by violence</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Refugees in Chad, Cameroon and Sudan</td>
<td>108,000</td>
</tr>
<tr>
<td>Internally Displaced Persons (IDPs)</td>
<td>197,000</td>
</tr>
<tr>
<td>GDP per capita</td>
<td>$380</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
<td>40(m), 45.7(f)</td>
</tr>
<tr>
<td>Infant Mortality Rate (per 1,000)</td>
<td>106</td>
</tr>
<tr>
<td>Child &lt;5 Mortality Rate (per 1,000)</td>
<td>176</td>
</tr>
<tr>
<td>Maternal Mortality Rate (per 100,000)</td>
<td>1,355</td>
</tr>
<tr>
<td>People living on below US$1/day</td>
<td>67.0%</td>
</tr>
<tr>
<td>Population without access to safe water</td>
<td>73.9%</td>
</tr>
<tr>
<td>Children fully immunized</td>
<td>32.0%</td>
</tr>
<tr>
<td>HIV overall prevalence</td>
<td>6.2%</td>
</tr>
<tr>
<td>Global Acute Malnutrition</td>
<td>10.1%</td>
</tr>
<tr>
<td>Global Chronic Malnutrition</td>
<td>38.0%</td>
</tr>
<tr>
<td>Primary School Enrolment (net)</td>
<td>55.5%</td>
</tr>
</tbody>
</table>
Political Summary

The long-delayed dialogue between government and rebel groups began on 8 December 2008 in Bangui. The forum brought together some 200 representatives of the government, opposition, civil society groups and rebel movements.

Security levels were high as all parties to the armed conflict participated in the dialogue, including ex-president Ange-Felix Patasse who returned to the CAR after five years in exile in Togo. Former Burundian president Pierre Buyoya presided over the discussions, the third meeting of its kind over the last decade.

One of the world's poorest countries, the CAR has been racked for years by insecurity, with rebel groups, bandits and government troops blamed for widespread criminal activity.

All sides to the armed conflict agreed that time has come to end fighting. President Francois Bozize pledged to form a new unity government while Patasse, the man Bozize ousted in a coup in 2003, vowed to recognize him.

The talks included calls for a consensus government, a truth and reconciliation commission and a process of disarmament.

The forum’s final report admitted that previous efforts aimed at “reconciliation and dialogue have not enabled the Central African Republic to be rooted definitively in peace, stability and development, as shown by the insecurity and tragic events that occur in the north of the country.”

The report further stated: “consensus” government should be tasked with “restoring peace and security throughout the country” and “work for genuine and lasting reconciliation among its citizens” and “carry out the relevant recommendations of the conference.”

The forum ended 20 December. Municipal elections are scheduled for 2009 followed by presidential and parliamentary polls in 2010.

Insecurity

While the government and rebel groups take steps toward ending armed conflict in the CAR, civilians primarily in the northern parts of the country, continue to suffer from the threat of roaming road bandits taking advantage of the lawless territory.

In neighboring DRC joint military forces from Uganda, southern Sudan and DRC in December 2008 launched a series of aerial bombing attacks on camps of the Lord's Resistance Army (LRA) in northeastern DRC.

LRA troops escaped the attacks and are suspected to have fled further toward the border with CAR having lost their previous safe havens in Uganda, southern Sudan and DRC.

The joint military interventions against LRA follow a string of failed peace talks. In 2005 the International Criminal Court issued arrest warrants against Joseph Kony, leader of LRA, and four senior members.

The LRA, which has wreaked havoc in northern Uganda and southern Sudan for more than 20 years, has more recently targeted populations in the DRC and CAR. Between February and March 2008 LRA troops attacked several towns and villages in Haut-Mbomou prefecture in southeastern CAR abducting 111 persons, out of whom more than half are under the age of 18.

From September through November 2008 villages in northeastern DRC were attacked resulting in 50 deaths, approximately 250 child abductions, and displacement of some 60,000 people.

The recent pursuit of LRA has pushed the group from its camps in DRC. This constitutes a serious threat to the civilian population in southeastern CAR should the LRA aim for yet a new safe haven. The CAR government has sent additional troops to the area. The humanitarian community in CAR stands before a major challenge to protect and assist civilians should the LRA enter southeastern CAR.
Nationwide Health Campaign

The largest health campaign in the history of the CAR

From 16 to 23 December 2008 UNICEF and partners carried out the biggest health campaign of its kind in the history of the CAR. Nearly 800,000 children under the age of five were targeted for vaccination against measles, given free bars of soap and impregnated mosquito nets for their homes.

The goal of the health campaign was to reduce the mortality rate of children under five, which is Millennium Development Goal number 4. Child mortality rates in the CAR range among the highest in the world (162nd out of 177 countries). Main killers are malaria, measles and diarrhea as a cause of poor hygiene.

Nearly a year was spent preparing for the campaign, including pre-positioning equipment throughout the country, training over 1,750 health volunteers and identifying 875 sites for operation. Getting everything in place was an enormous challenge involving not only UNICEF but also the Ministry of Health and four international NGO’s; Aide Medicale Internationale, the International Medical Corp, Merlin, and Population Service International.

While the initial projection was to reach every child under the age of five, traveling in CAR is so difficult that reaching farms and hamlets deep in the bush proved too ambitious. A goal of reaching 80% of children was set. With logistics in place in all 16 prefectures another challenge was motivating the population.

Benedicte Kafobeobona, 20, and her two small children are waiting in line outside a health center in Ouham prefecture. “Some people say that the measles vaccinations aren’t important but as a child I was vaccinated by UNICEF and I think it helped me,” says Kafobeobona. “UNICEF has a lot of programs and they’re usually right about what children need. I think it’s a good idea to also give away soap and mosquito nets because why only save children from one sickness when there are so many ways that children can get sick and die?”

Nationwide families were reached through posters announcing the upcoming campaign and its benefits. Private cell phone companies pitched in with text messaging and hired trucks drove through neighborhoods advertising the campaign using stereos and microphones.

Interview with Dr. Eli Josoa Ramamonjisoa, Head of Health Section, UNICEF/CAR

“We’ve done vaccinations campaigns before but never on this scale. Together with our partners it took a year to plan. Eventually six teams were sent to the field to supervise the campaign along several axes of the country. All reported a high population turnout. We were operating some 875 sites.

In line with Millennium Development Goal number 4 our aim is to reduce the mortality rate of children under 5. Since 2003 our work has already helped to decrease infant mortality by about 20% - from 220 deaths out of 1,000 children to 176. But this is still the 15th worst rate in the world.”
The health campaign was launched in the city of Bossangoa in northwestern CAR. The marketing paid off. Throughout the country hospitals and health centers reported long lines of mothers and children waiting for vaccinations. Some, like Ruth Mwero, waited in line for several hours. “My children will be vaccinated today and this small net may change our lives. It’s our first mosquito net,” says Mwero patiently waiting for her turn.

“A couple of weeks they’re very sick and spend all their time inside resting. They can’t go to school or work or play with other children. It’s like this everywhere in Bossangoa,” says Mwero.

On a whole the grand scale health campaign was well conducted with due support from organizers and communities alike.

However, a few unfortunate events were reported such as the death of a child due to an overdose of immunization. Unfortunately some mothers do not hesitate to immunize their children more than once in order to receive additional nets and soap.

A shortage of measles vaccines were reported two days after the campaign launch. UNICEF took immediate action and borrowed vaccines from the UNICEF office in neighboring DRC. Vaccines arrived the following day and the campaign continued undisturbed.

Results from the health campaign are now being gathered for evaluation.

More than 2 million people in developing countries, most of them children, die every year from diseases associated with lack of access to clean drinking water, inadequate sanitation, poor hygiene and overcrowding. About 90% of these deaths are children under the age of five. Thousands of deaths could be averted through a combined prevention and treatment strategy including immunizing children against measles; increased access to safe clean water and sanitation facilities and improved personal and domestic hygiene, including keeping food and water clean and washing hands before touching food.
UNICEF CAR Funding

CAP Funding Status at end of December 2008

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements (US$)</th>
<th>Funds Received (US$)</th>
<th>Unmet Requirements (US$)</th>
<th>Unfunded</th>
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</thead>
<tbody>
<tr>
<td>Education</td>
<td>3,500,000</td>
<td>2,964,984</td>
<td>535,016</td>
<td>15%</td>
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<td>Health and Nutrition</td>
<td>6,499,985</td>
<td>1,623,828</td>
<td>4,876,157</td>
<td>75%</td>
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<tr>
<td>NFI's and Shelter</td>
<td>835,000</td>
<td>0</td>
<td>835,000</td>
<td>100%</td>
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<tr>
<td>Protection</td>
<td>1,316,900</td>
<td>539,268</td>
<td>777,632</td>
<td>59%</td>
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<tr>
<td>Water and Sanitation</td>
<td>1,425,255</td>
<td>1,695,736</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Cross-Sectoral</td>
<td>N/A</td>
<td>499,704</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Monitoring/Evaluation</td>
<td>N/A</td>
<td>322,141</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>13,577,140</strong></td>
<td><strong>7,645,661</strong></td>
<td><strong>5,931,479</strong></td>
<td><strong>52%</strong></td>
</tr>
</tbody>
</table>

UNICEF would like to express its gratitude to donors. Your donations significantly improve the ability of UNICEF CAR to respond to the needs of some of the country's most vulnerable women and children. UNICEF hopes that this support will continue in the future so that we can expand our programmes to areas where they are most needed – most notably Health and Nutrition, NFI's and Protection, for which funding is most lacking.

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