

Central African Republic

AT A GLANCE



Country data (2006 figures, unless otherwise noted)

- 2007 Human Development Index: ranked 171st of 177 countries
- Population: 4.26 million
- GNI per capita (Atlas method, current US\$): US\$350
- Population living on less than US\$2 a day (1990–2005): 84 percent
- Life expectancy (in years): 44
- Infant mortality rate: 115 per 1,000 live births
- Under five infant mortality rate: 175 per 1,000
- Population undernourished (2002–04): 44 percent
- Population with sustainable access to improved water source: 75 percent*
- Adult literacy rate (over 15yrs of age) (1995–2005): 48.6 percent
- Primary education completion rate (2005): 24 percent
- Gender-related development index (2005): ranked 152nd of 177 countries
- Official development assistance (ODA): US\$134 million
- 2007 Corruption Perception Index: ranked 162nd out of 179 countries (TI)

* 26 percent only have access to safe drinking water
Sources: Transparency International, 2007; UNDP, 2007a and 2007b; World Bank, 2008.

The crisis

- New rebel groups attacked large towns to expand control; government troops burned over 100 villages in rebel strongholds, killing hundreds;
- Displaced in the north tripled to 280,000; total of 305,000 across the country, including 20,000 in Cameroon, 50,000 in Chad, and an estimated 210,000 internally displaced;
- 30 percent of children under five in conflict areas suffer chronic malnutrition;
- About one million people affected by widespread insecurity and in need of humanitarian aid;
- Most recent ceasefire signed on 9 May 2008; too early to know if it will lead to real change.

Sources: UNICEF, Human Rights Watch, WFP, UNDP, OCHA.

The humanitarian response

- Despite neglect of crisis, funding and international involvement more than tripled in 2007;
- Humanitarian funding minimal in 2006 (US\$25.8 million); 2007 CAP requested US\$49.5 million (health sector appealed for one-quarter of funds; FTS reports 2007 funding totalled US\$81.1 million);
- ERF received US\$5.7 million in 2007 (from Ireland, Norway, Sweden, United Kingdom, Netherlands); 83 percent of 2007 ERF funding channelled through NGOs;
- CERF main source of funding, encouraging organisations to establish presence in the CAR; in 2007, 35 offices established in the country, compared to seven in 2006;
- 2008 CAP requested US\$92.6 million (double amount of 2007), to address equivalent level of need;
- Donors agreed in 2008 to establish a pooled fund for CAR;
- Humanitarian response conditioned by lack of awareness of crisis, and logistical and access problems;
- Top five donors: U.S. (US\$18.4 million), EC/ECHO (US\$10.4 million); UN CERF (US\$7 million), Sweden (US\$6.8 million); Ireland (US\$5.5 million).

Sources: OCHA, UNDP.

Central African Republic

Adversity in a Silent Crisis

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Introduction¹

The crisis in the Central African Republic (CAR) is practically unknown. In contrast to forgotten emergencies, it has never been in the limelight or received real attention. After more than three decades of misrule, the country remains trapped in a vicious circle of violence and insecurity, increasing poverty, aid dependency, and state failure. The CAR is regarded as a failed or even a “ghost” state with virtually no institutional capacity.² State presence outside of the capital is either weak or non-existent. A substantial part of the country is controlled by rebels or at the mercy of bandits. There are urgent humanitarian needs among the population, with new crises emerging regularly and life expectancy falling at a rate of six months every year, mainly due

to lack of adequate sanitation, and the high level of HIV/AIDS and preventable diseases. The UN Human Development Index ranks CAR as the sixth least developed country in the world. Furthermore, in a country of 4 million, over 300,000 people have been displaced, many of whom have fled to hideouts in the bush, where basic means of subsistence are often absent. In all, at least one million persons in the country are in need of humanitarian aid.³

The humanitarian response in the CAR has been unique. Despite its neglected crisis status, funding and involvement of international actors more than trebled in 2007. The response was also unusual, with the Central Emergency Response Fund (CERF) acting as a main

source of funding, encouraging organizations to establish a presence in CAR.

The crisis: A state of insecurity

A succession of mutinies and rebellions has produced a permanent crisis in which the government has lost its monopoly on violence. Since President Bozizé, backed by Chad, took power in 2003 – the fourth *coup d'état* since the country's independence – his fragile government has been engaged in a low-level war with various rebel groups.⁴

The humanitarian situation deteriorated in 2005 as a result of the insurgency in the north and the brutality of armed gangs, rebels, and government forces. New rebel groups emerged in 2005, attacking major towns and increasing the area under their control. The military responded by attacking rebel strongholds and burning more than 100 villages. Government troops, who often view the local population as rebel sympathizers, have carried out hundreds of illegal killings and burned thousands of homes in the north.⁵ There is, in fact, a perpetual state of insecurity, as law and order in the north has collapsed. Gangs of bandits in the north-west, known as *zaraouinas*, spread terror, cause massive displacement (approximately 100,000 people) and kidnap both children and adults for ransom. According to different sources, the bandits come mainly from Chad and, to a lesser extent, Niger. Ethnic rivalry, previously insignificant, is a new element in the conflict which has arisen from political misrule along ethnic lines. The latest ceasefire was signed on 9 May 2008. But it is still too early to know whether the truce will lead to peace and improve people's living conditions.

The result of this political turmoil and security void is a complex humanitarian crisis. Civilian protection and life-saving aid remain the most urgent humanitarian challenges in a situation where the dynamics of displacement are location specific and complex. Although there is a general lack of data on the extent of the crisis and its impact, approximately a quarter of the population, an estimated one million people, is affected by widespread and deteriorating insecurity.

Given the level of insecurity and human rights abuses, particularly in the north – many of which go unreported – the priority is the protection of the civilian population, demanding a stronger international protection presence. For example, in March 2007, 70 percent of houses in Birao – the main town of the Vakaga

region near Sudan's Darfur region – were torched, and the town's schools and hospital looted and destroyed. Prior to the recent fighting with the Union of Democratic Forces for Unity (UFDR) rebel group, some 14,000 people lived in Birao. The UN estimated that no more than 600 people remained in the town, the vast majority having fled into the bush. Overall, the number of displaced in the north has tripled to 280,000, reaching a total of 305,000 across the entire country. This includes 20,000 Central Africans who have sought refuge in Cameroon, 50,000 in Chad, and an estimated 210,000 internally displaced.

Those displaced by abuse or attacks by bandits, rebels, and government troops often live in makeshift dwellings in the woods in pitiful conditions, often in desperate need of shelter, food, health care, clothing, blankets, and drinking water. In fact, the UN estimated that in 2007, 74 percent of the population did not have access to safe drinking water.⁶ The limited availability of clean water and medical care leads to the prevalence of diseases such as malaria, meningitis, and typhoid.

Those affected by the violence subsist mainly on cassava and wild roots. The conflict disrupts farming and commerce, exacerbating food insecurity. In 2006 an estimated 17,150 children died due to lack of vaccination, proper nutrition, or safe drinking water, while 30 percent of children under five in conflict areas suffer from chronic malnutrition.⁷

Thus, the violence and displacement take place against a backdrop of poverty, underdevelopment, and a lack of services. In fact, over 70 percent of households live below the poverty line and access to basic education and health care is limited and worsening. Life expectancy is declining and (depending on sources) has dropped to 37 or 39 years of age.⁸ According to UNICEF, the incidence of HIV/AIDS is above 15 percent and rising. There are already 140,000 HIV/AIDS orphans in the country. At the time of the Humanitarian Response Index mission, a doctor had been recently kidnapped by *zaraouinas* and medical personnel were on strike as a result of insecurity.

The humanitarian response: Why is the crisis neglected?

The crisis in CAR has in the past received limited attention from donors and agencies alike. In 2006, there was minimum humanitarian funding of only US\$25.8 million. Aside from Médecins Sans Frontières (MSF) and the International Committee of the Red Cross (ICRC),

humanitarian agencies were for the most part absent. In fact, MSF included CAR in its “‘Top Ten’ Most Underreported Humanitarian Stories” in 2007;⁹ the UN High Commissioner for Refugees, António Guterres, has called it “the most neglected crisis in the world;” UNICEF named it “Africa's most forgotten nation;”¹⁰ similarly, Alertnet Factiva ranks CAR as one of the least reported crises.

The crisis in CAR is less visible because of the country's relatively small population and the small number of people who are affected, scattered throughout the north, Chad, Cameroon, and Sudan. As a result, the population in need is dispersed, less visible, and harder to reach than people accommodated in camps. The international neglect can also be explained by the proximity and magnitude of other major crises, such as those in the Democratic Republic of the Congo, and, more recently, in Chad and Darfur. Ironically, however, the presence of Sudanese refugees in the border region of Vakaga has attracted attention to CAR.

CAR lacks a champion on the international scene, such as the UK for Zimbabwe, the United States for Liberia, or Belgium for the DRC. France, the former colonial power, has a long list of more populated and troubled former colonies in which it has greater vested interests. Complicating matters, reports on the CAR are generally in French and are less accessible to the wider stakeholder community. In fact, their translation as of 2006 into English has been a key factor in raising awareness of the crisis. Lastly, the country itself is landlocked and physically isolated from the rest of the world.

Thus, the humanitarian response in CAR has been conditioned by lack of awareness of the crisis, limited international involvement, and logistical and access problems. The response has been partial and incomplete, as a result of insufficient funding and limited agency presence. Despite recognising the existence of needs in CAR, certain international NGOs, such as Oxfam and CARE, have been unable to establish operations in the country because of their limited capacity to effectively and efficiently reach the disparately located population in need, and because of the high costs associated with programme implementation and aid delivery.¹¹ It is in such contexts as that of CAR, with high-cost, chronic emergencies, that NGOs face significant problems in both conceiving viable programmes and addressing humanitarian needs.

The level of need and lack of development in the country poses further challenges in terms of defining areas, common standards, and criteria for intervention.

For example, agencies involved in water and sanitation activities admitted that, at times, they simply did not know where to begin.¹²

Determining need: Limited coverage and capacity vs. pervasive need

In addition to funding difficulties, there are important practical and logistical barriers to the implementation of effective, timely, and appropriate humanitarian relief in CAR. Given the context of widespread poverty and the dearth of services, compounded by the limited previous presence of humanitarian agencies, relief workers claim they have difficulty knowing where to begin. Because looting and displacement have disrupted agricultural production – now desperately low – food is a key sector in need, despite the country's agricultural potential. Houses and fields have been burned, and animals and assets often stolen.

In other areas, it is estimated that bush schools are required for 75,000 displaced children. Access to safe water was even more problematic because of displacement and insecurity; in fact, across the entire country, only 26 percent of the population has access to safe drinking water.¹³ One clear success, however, has been increased protection by the presence of international actors in the country. Thanks to enhanced advocacy and the impact of reports by Human Rights Watch in advance of the September 2007 donor's conference, suffering and abuse no longer escape the attention of the international community. Overall, the protection cluster was considered by many observers “deficient but improving.”¹⁴

However, just reaching survivors of the crisis is complex and expensive. The Central African Republic is landlocked, with poor infrastructure. Its principal river is only navigable six to seven months of the year and during the rainy season the north-east region of the country is difficult to access. As the UN Humanitarian Coordinator explained, “it is difficult to get stuff into the country. It is almost impossible to buy things in the country and it is very hard to move things from one part of the country to another. And costs are rising. At one stage, in 2006, there was only one truck available for the north-west of the country.”¹⁵ At the time of the HRI mission, there was no cement in the country and, as a result, organizations were experiencing great difficulty in carrying out water and sanitation programmes. Advocacy work is also difficult because most communi-

ties are isolated and the majority of families do not have even a radio.

As mentioned earlier, aid delivery is complicated by the fact that the displaced are not accommodated in camps, but are scattered throughout the north and are difficult to find and reach. In the words of the UN Humanitarian Coordinator, “you can distribute aid to three people and then have to drive 50 minutes to reach five more people.”¹⁶ As a result, beneficiaries often end up receiving only one form of assistance, which makes for a less than comprehensive response. For example, in some areas people were receiving exclusively food aid and lacked the most basic non-food items, such as shelter, access to basic health services, and primary education, while in others, food aid was absent, but sanitation services were provided. On the positive side, the absence of IDP camps in a conflict setting avoids other problems, such as increased dependency and the undermining of the capacity and way of life of the survivors. Similarly, the HRI mission found that in the areas where IDPs were accommodated near settlements, there was no resentment on the part of the local population, many of whom often tried to assist the displaced.

In this difficult context, agencies whose resources are already overstretched have trouble responding to new episodes of displacement, and there are many areas where needs are not met due to a lack of presence, capacity and resources. While the cluster approach plays an important role in defining priorities within different sectors, needs assessments are few and far between in CAR. Most assessments are done quickly and do not provide a comprehensive analysis – although donors generally respond to assessments despite their flaws.¹⁷

One such flaw is the lack of involvement of beneficiaries in defining their needs and the most appropriate response. Those interviewed stressed that beneficiary involvement at an early stage would be more likely to guarantee that the right aid was provided, but that it would *not* guarantee that those most in need would receive assistance. In fact, the concept of beneficiary participation in needs assessments was considered inappropriate and not applicable in the context of CAR.

Therefore, tools such as the Good Enough Guide¹⁸ and the SPHERE Standards¹⁹ were not appropriate reference points for many agencies in CAR.

Donor response: Scaling up the international response

The international response to CAR has been limited and not proportionate to existing needs. In a country largely unknown to the world with only 4 million inhabitants, aid agencies claim it is difficult to obtain funding for either development or humanitarian aid activities. However, the funding for 2007 was equal to that received for the four preceding years. For 2007, NGOs and UN agencies participating in the UN Consolidated Appeals Process (CAP) requested US\$49.5 million to carry out 59 projects, with the health sector appealing for the largest amount – over one quarter of the funds. In fact, according to the UN Office for the Coordination of Humanitarian Assistance Financial Tracking System (OCHA FTS), total humanitarian aid for CAR in 2007 amounted to US\$81.1 million, compared to US\$25.8 million the previous year. In 2007, the largest sources of funds were: the United States, with US\$18.4 million (22.6 percent of total funding); ECHO with US\$10.4 million (12.8 percent); the UN Central Emergency Response Fund (CERF), with US\$7 million (8.6 percent); Sweden with US\$6.8 million (8.3 percent); and Ireland with US\$5.5 million (6.8 percent).²⁰ The 2008 CAP appealed for US\$92.6 million, nearly twice the amount of the preceding year, to address what is considered to be an equivalent level of need.

In fact, although funding was very low in 2006, UN agencies and NGOs received more money than in the previous three years combined. 2007, therefore, marked a sea-change in the level of the humanitarian response in CAR, representing a significant leap in a developing trend. Significantly, in 2007, following an increase in funding and awareness of the crisis in CAR in the international community, 35 offices of humanitarian actors were established in the country, compared to only seven one year earlier.

The critical role played by organisations such as MSF and the ICRC, both of which engage in advocacy for both international attention and funding and are not frightened by beneficiary cost and resource-capacity issues, cannot be underestimated. As in many other crises, and as highlighted in the February 2008 Montreux VIII Retreat, there is a need for “strong well-trained, competent leadership of the humanitarian system at the country level.”²¹

These changes in the humanitarian response to CAR raise a number of questions about how much this neglect results from insufficient donor funding, insufficient demand by agencies, or the lack of a concentrated

significant number of beneficiaries. Low-level needs and piecemeal interventions do not help to generate the establishment of NGO country programmes or funding interventions. In turn, the limited engagement by humanitarian actors and a lack of donor presence in the field fails to generate a significant response. Therefore, although donors have been criticised for their lack of funding, just how much demand, or, more importantly, humanitarian response capacity, has actually existed? MSF, a main advocate and provider of humanitarian aid in CAR, has not been a source of demand, as it shies away from government funding in order to preserve its independence. Major NGOs such as Oxfam, CARE, and World Vision are not present in CAR, while the UN only scaled up its presence in 2006. Donor engagement in CAR has been mainly the product of increased UN leadership, although NGOs generally still provide the bulk of front-line humanitarian assistance.

There are four types of bilateral humanitarian aid donors in the CAR: (i) the largest donors, which visit the field to discuss programmes, such as the United States, the European Commission, and Sweden; (ii) the committed donors which fund at a distance, such as Ireland, Japan, the Netherlands, Canada, and Finland; (iii) the absent donors who have yet to register CAR on their radar screen; and (iv) France.

The donors most engaged in programming discussions in the field were the United States, EC/ECHO, France, and Sweden. In this respect the US Office of Foreign Disaster Assistance (OFDA), the European Commission’s Directorate General for Humanitarian Aid (ECHO), and the UK Department for International Development (DFID) – despite its limited funding in CAR – are considered to have the highest technical expertise. However, the OFDA guidelines were perceived as more technical and burdensome. ECHO was considered slow in processing proposals, weak in supporting coordination – as they have no presence in the clusters – and late in providing funding to CAR. Nevertheless, ECHO is seen as the donor that most insists on adherence to good practice. At the time of the HRI mission, it was announced that ECHO would establish a permanent presence in the capital Bangui. In contrast, the US covered CAR with personnel based in the Democratic Republic of the Congo. Finally, Sweden was regarded as the donor that cared the most about beneficiary involvement (GHD Principle 6), and Ireland as the donor that most supported protection and proved most predictable and timely in its funding.²²

Given the general neglect of this crisis, it is hardly surprising that some donors do not contribute funds to CAR, or that they provide very limited amounts. In this respect, Denmark was especially singled out, with mention also of the UK and, to some extent, Norway.²³ China, however, has a visible presence – as it does in other parts of Africa – although its aid is limited to the development sector.

France, and to a less extent the US, are regarded as donors that have political and economic interests in CAR, while other donors were seen to be either completely or largely impartial.²⁴ In view of its lead presence and role in the European Union Force (EUFOR),²⁵ France is also regarded as having military interests and allied to a specific side in the political conflict. The presence of France plays a key role in ensuring some level of access both within and into CAR, because of its troop presence at the airports of Kaga Bandoro and Birao. France has also indirectly contributed to increased security and access to certain areas in the north, with the main rebel group accepting French presence in December 2007. Paradoxically, France was said by implementing agencies to be poor in respecting human rights, and specific mention was made of the killing of civilians by a French helicopter in December 2006 in N’dele. In contrast, France has publicly advocated in favour of human rights. President Sarkozy met with Human Rights Watch and pressured the CAR government to control their military and presidential guard. Finally, although France funds major UN agencies such as the World Food Programme (WFP), it is perceived as being partial to funding of French organizations.

The fact that other countries have no diplomatic representation in CAR has increased the perceived influence of France, which also permanently holds the EU representation responsibilities in CAR, because there are no other EU ambassadors. The overall volume of French aid to CAR amounted to €75 million between 2003 and 2006 – actually, €95 million, if support for the Economic and Monetary Community of the Central African States (CEMAC) peacekeeping force is included – and while these sums are modest in absolute terms, they are significant for CAR.²⁶ According to OCHA FTS data for 2007, France has contributed US\$4.3 million to CAR in humanitarian aid.

Increasing response: Good practice within the limits of current humanitarian aid reform

The array of challenges facing humanitarian actors in CAR has meant that the response is in many ways unique. There is close collaboration among aid implementing agencies and many instances of good practice. Ensuring partnerships between UN agencies and NGOs requires constant effort, sustained by the work of both OCHA and the Humanitarian Coordinator. The Humanitarian and Development Partnership Team (HDPT), managed by OCHA, brings together all humanitarian and development organizations as a new form of the Inter-Agency Standing Committee (IASC) country working group. The HDPT website was set up to explain the humanitarian and development crisis in CAR to a wider audience and as a means of encouraging debate and information exchange.²⁷ Coordination has also been strengthened by the establishment of clusters and the Emergency Response Fund (ERF). But since coverage is low, clusters do not function beyond Bangui.

The use of the CERF has also been innovative as, in addition to helping kick start operations, it has been used strategically to create a demand and expand the coverage of UN agencies and operations into the field and into areas affected by insecurity.²⁸ However, this use of CERF funds may not be the most efficient, since funds must be channelled through UN agencies, incurring high administrative and transaction costs. This illustrates the rigidities of the CERF funding mechanism, despite this being part of the UN reform initiative. In 2007, the ERF was introduced to help NGOs establish offices and to respond to breaking emergencies, with the clusters used to decide which projects should be funded. In 2007, ERF received US\$5.7 million and was funded by Ireland, Norway, Sweden, the UK, and the Netherlands. NGOs received 83 percent of ERF funding in 2007. By the end of that year, ERF was empty, except for US\$150,000, kept in reserve and eventually used to respond to a meningitis outbreak in Kaga Bandoro in January 2008. For 2008, US\$5.6 million has been pledged by Ireland, Sweden, and the United Kingdom. Donors have also agreed to establish a pooled fund in 2008, reflecting the trust they have in the current system, and because it is an attractive funding mechanism for those without an embassy or presence in the country. France, in contrast, prefers to fund through direct mechanisms, giving greater visibility to its funding.

The Coordinated Aid Programme (CAP)²⁹ for CAR was established not only as an appeal process, but

as a tool to plan, implement, coordinate, and monitor HPDT activities.³⁰ The CAP was a collective effort with all heads of UN agencies, NGOs, and the ICRC participating for three days in its design. Lack of prioritisation within Consolidated Appeals Processes has been a major problem in the past, as they offer donors limited guidance on where funds are most needed. For the CAR CAP, six criteria were used to prioritise projects: relevance to key needs and strategic priorities, location, timing, the extent to which a project supports humanitarian action, gender, and capacity-building. However, as needs assessments and response capacity are still not up to par compared with other crises with a stronger international presence, the CAP is not regarded by certain agencies as providing clear direction on how to respond to needs throughout the year. There are also incomplete needs assessments and clear differences in agency capacity. Furthermore, coverage is still incomplete, with the population scattered and new episodes of violence creating new needs. Nevertheless, monitoring the funding of the 2008 CAP should prove of interest to determine how donors react to prioritisation, and if prioritised projects are immediately funded.

Finally, there has been stronger leadership by the Humanitarian Coordinator, along with a call for greater transparency. This, together with the need for increased prioritisation and needs-based approaches, has facilitated a different way of working. UN documentation out of Bangui openly recognises the existing shortcomings and lessons learned, key to future improvement.

While 2007 for many implementing agencies was seen as a start-up year, the objective for 2008 is to consolidate, build on progress, and maintain the presence established, in order to stand by people struck by crisis and meet their priority needs.

Conclusion

Limited international presence to date has not created many opportunities for evaluating the humanitarian response in the Central African Republic. However, both the response, and the lack of it, deserve the humanitarian community's attention.

Despite its natural resources, life expectancy is below 43 years in CAR and the country's statistics are among the worst on the planet, with frequent epidemics – even gangrene – causing many preventable deaths. Years of unstable government has left the economy and services such as health care in shambles. How is it possi-

ble that both a country and a crisis have been largely ignored by the UN, donors, and many NGOs alike? Whose role is it to draw attention to the plight of survivors of the crisis in CAR? Does the system enable donors to be present in such places as CAR, when even NGOs such as Oxfam, CARE, or World Vision face resource and capacity constraints in establishing operations?

Since logistics are the number one challenge, costs are high and interventions are difficult. Paradoxically, while aid agencies claim it is difficult to obtain funding from donors, CAPs have been relatively well funded. Therefore, the situation in CAR also highlights the gaps between existing needs, CAPs, and capacity. How can the CAP for 2006 have been so much lower than that of 2007, despite similar or even higher levels of need? Why were only a handful of agencies present in 2006? How can donors ensure that there is an appropriate humanitarian response in crises such as CAR is experiencing? On the other hand, given the scale of pressing needs elsewhere – such as the Democratic Republic of the Congo – to what extent is the growing response to the crisis in CAR driven by its visibility as a country-based CAP and response? Lessons must be learned from this predicament. An analysis of the causes, consequences, and response should be drawn from the crisis in CAR, in order to improve future humanitarian performance.

The May 2008, the peace deal signed between the CAR government and the main rebel groups brought increased hope for the future, but it has not ended the present humanitarian crisis. Indeed, donors and implementing agencies must not close their offices nor divert their attention, but instead must continue to search for more appropriate and effective ways to help those in desperate need in a neglected country and a failed state.

Notes

- 1 The HRI team, composed of Silvia Hidalgo, Carlos Oliver, and Soledad Posada, visited the Central African Republic in March 2008. The HRI team expresses its gratitude to all those interviewed in CAR. The opinions expressed here are those of the author and do not necessarily reflect those of DARA.
- 2 International Crisis Group, 2007.
- 3 OCHA, 2006.
- 4 President Bozizé was later elected in May 2005 in largely free and fair elections.
- 5 Human Rights Watch, 2007.
- 6 OCHA, 2007.
- 7 OCHA, 2006.
- 8 World Food Programme, 2006 and World Bank, 2007.
- 9 MSF, 2007.
- 10 UNICEF, 2007.
- 11 HRI field and headquarters interviews, March 2008.
- 12 HRI field interview, March 2008.
- 13 OCHA, 2007.
- 14 HRI field interview, March 2008.
- 15 HRI field interview, March 2008.
- 16 HRI field interview, March 2008.
- 17 This was emphasized in relation to the assessment done by the World Food Programme (WFP) and the UN Food and Agriculture Organization (FAO) which, despite its limited nature, prompted a funding response on the part of donors.
- 18 See OXFAM, 2007.
- 19 SPHERE Project, 2004.
- 20 All figures from OCHA Financial Tracking System, dated June 30 2008.
- 21 International Council of Voluntary Agencies, 2008.
- 22 HRI field interview, March 2008.
- 23 HRI field interview, March 2008.
- 24 HRI field interview, March 2008.
- 25 Under a UN Security Council resolution, the 3,700-strong EUFOR is charged with protecting refugee camps, while the smaller UN Mission in the Central African Republic (MINURCAT) focuses on training police and advising authorities on human rights and security threats. EUFOR Chad/Central African Republic will remain in Chad and CAR until March 2009.
- 26 International Crisis Group, 2007.
- 27 HDPT Central African Republic, 2008.
- 28 The CERF was the second most important mechanism for donor funding in CAR in 2007.
- 29 While CAP officially stands for Consolidated Appeal or Consolidated Appeals Process, in CAR the equivalent is referred to as the Coordinated Aid Programme.
- 30 The 2008 CAP includes three strategic priorities: enhancing the protection of those affected by the conflict, particularly in the north; providing life-saving assistance; supporting improvement of the link between relief and recovery activities.

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