



## HIGHLIGHTS

- Jean-Jacques Demafouth in custody
- ACF and TGH projects funded by the AFD
- The Health Cluster

## Background and security

### Jean-Jacques Demafouth in custody

Jean-Jacques Demafouth, leader of the Armée Populaire pour la Restauration de la Démocratie (APRD) rebel group and current Vice-President of the Disarmament, Demobilization and Reintegration (DDR) Steering Committee of former rebels, has been in custody at the Special Investigations Unit (SIU) since 6 January. He is charged with attempting to violate State security and conspiracy with other rebel groups. Three members of the Union des Forces Démocratiques pour le Rassemblement (UFDR) are also being held in custody.

Jean-Jacques Demafouth came in fifth position during the 2011 presidential election with a 2.79% vote. Following his arrest, on 12 January, the APRD, announced its decision to temporarily withdraw from the Libreville Comprehensive Peace Agreement of 21 June 2008.

## Humanitarian / Development activities

### The ICRC fights against malaria in the South East

The International Committee of the Red Cross (ICRC) launched an early-treatment programme for malaria in September 2011.

Ten inhabitants of Obo (south-east) known as “distributors” received training. At the first sign of malaria symptoms (diarrhoea, extreme fatigue and fever), the inhabitants of Obo can now consult one of these distributors. Distributors test a blood sample from patients using a simple and reliable test.

When malaria is diagnosed, distributors prescribe anti-malarial drugs and observe the patient for the next three days. This is mainly to ensure that patients take the drug properly as prescribed, and that their condition does not deteriorate. The whole treatment process, including the drugs, is free.

In late December, the team of ICRC distributors in Obo received over 3,000 consultations and treated more than 1,900 patients. Malaria is the number one cause of death in the Central African Republic (CAR). It is particularly worst among the most vulnerable persons, especially children under five and the elderly. Life expectancy in the country is 48 years, which puts the country at the second to last position on the world ranking. This is particularly due to the lack of adequate healthcare facilities.

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### ACF and TGH projects funded by the AFD

The French Agency for Development (AFD) board of Directors approved the issuance of grants for the CAR. This funding will enable NGOs such as Action against Hunger (ACF) and Triangle Generation Humanitaire (TGH) to implement the following projects:

#### ACF (food security, nutrition, water and sanitation):

A project in the Yadé region (north-west) for an amount of €409,573 aims to: increase and diversify income generated by food sources and monetary means; improve access to safe water and sanitation, and the populations' hygiene and health conditions. The number of beneficiaries is estimated at 100,000 from 18,000 households among the most vulnerable. The production of corn, peanut and rice will be strengthened as well as the agricultural sector. Nearly 52,000 people will have access to 20 liters of drinking water per day against 10 liters at the moment. Nearly 40,000 people will have access to latrines and 72,000 of them will participate in hygiene awareness campaigns, health and HIV-AIDS prevention.

#### TGH (access to water and sanitation):

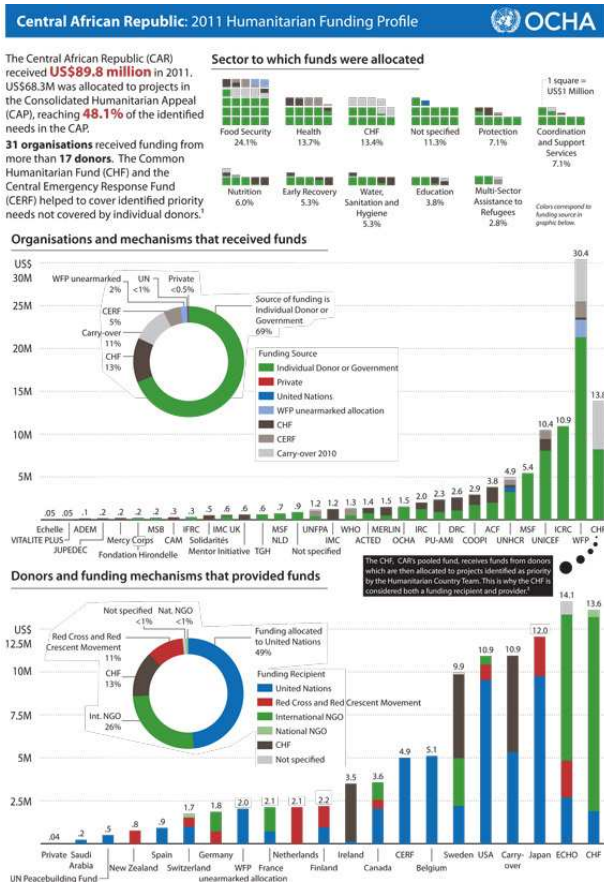
A project in the Ouaka prefecture (center) for an amount of €273,750 will: provide access to safe drinking water and improve upon sanitation for vulnerable populations in the region. This prefecture has about 305,000 inhabitants for 111 boreholes of which 30% are not functional. The project includes the construction of 35 water infrastructures (25 wells and 10 water points rehabilitated) 1,200 family latrines and 56 public latrines. It also includes a hygiene education training programme for the population and capacity building of the local management teams; in charge of the infrastructures. The project will improve the lives of 16,000 people.

## Coordination

### Overview of humanitarian financing in 2011

The CAR received US\$89.8 million funding in 2011. Projects in the Consolidated Appeal Process (CAP) received \$68.3 million, covering 48.1% of the needs identified in the CAP.

More than 17 donors funded projects from 31 organizations. The Common Humanitarian Fund (CHF) and the Central Emergency Response Fund (CERF) were beneficial in covering identified priority needs which were not funded by the CAP.



Download the document here: [http://hdptcar.net/blog/wp-content/uploads/2011/02/111231\\_ocha\\_caf\\_profil\\_financ\\_ement\\_EN.pdf](http://hdptcar.net/blog/wp-content/uploads/2011/02/111231_ocha_caf_profil_financ_ement_EN.pdf)

More information on the CAR humanitarian funding profile is available on the HDPT CAR website on the following link: <http://hdptcar.net/>. You can also refer to the Financial Tracking Service (FTS) website: <http://fts.unocha.org/>.

**The Health Cluster**

The Health cluster’s mandate is to maintain a strategic partnership with the Government counterpart, non-governmental organizations and civil society involved in the health sector in the CAR. This partnership aims to build the national and local capacity for a coordinated response to health and humanitarian crises affecting populations.

**Challenges:**

- Inadequate sanitation information sharing; the early warning system for epidemics is not functional;
- Insufficient funding for coordination activities; the CERF and the CHF did not cover coordination and the health sector’s basic needs;
- Poor logistical and human resources to monitor projects.

**Achievements:**

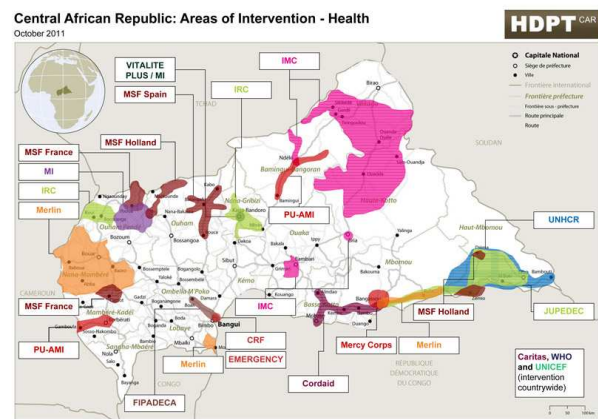
- January to March: rapid health assessment in the north-east (Ndiffa, Nzacko, Tiringoulou and Birao); set up of mobile clinics and donation of medical kits;

- February: health and water and sanitation assessment in Sikikédé (north-east); medicine and material support;
- March and April: health and needs assessment of displaced persons in Bria and Birao (north-east); medical kits donation and emergency assistance;
- September: rapid health assessment in Ouanda-Djallé (north-east); medical and surgical kits donation and medical care given to displaced persons;
- Evaluation following rumors of cholera cases in the south-west (Ombella Mpoko and Lobaye) and in Rafaï (north-east); medicines and health education provided to patients; enhanced epidemiological surveillance and diarrhea kits donation and the construction of health facilities.

**2012 Prospects:**

- Information sharing on epidemiological data through monthly decentralized cluster meetings, missions assessment and health cluster newsletter;
- Ensure emergency care by providing access to essential medicines and emergency medical kits to the affected population in anticipation of epidemics;
- Support to the Regional Emergency Plan response by strengthening the national system of integrated disease surveillance and response; capacity building of technical staff and support;
- Support to the rehabilitation of sanitation and health structures.

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Download the map here: [http://hdptcar.net/blog/wp-content/uploads/2011/02/2011028\\_caf\\_intervention\\_clusters\\_EN.pdf](http://hdptcar.net/blog/wp-content/uploads/2011/02/2011028_caf_intervention_clusters_EN.pdf)

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