



CENTRAL AFRICAN REPUBLIC CONSOLIDATED APPEAL PROCESS 2010

BACKGROUND

The Central African Republic (CAR) is one of the poorest countries in the world and health indicators are among the worst on the African continent. Decades of conflict and neglect have left the country in ruins, its people hungry, its classrooms deserted and its healthcare system in tatters. While the government and the armed opposition have stepped back from the brink of civil war, new rebel groups, splinters within rebel groups, bandits and self-defense groups continue to spark violence across the north of the country. This continuation of violence has caused yet more people to flee their homes – an estimated 28,000 took refuge either in the bush or over the border in one of CAR’s neighboring countries in 2009.

Basic survival remains the main preoccupation for the majority of CAR’s 4 million people. Health facilities that were looted or destroyed during the conflict of 2002-2003 and during more recent rebel activities have yet to be rebuilt and restocked. Social indicators have been worsening steadily for twenty years. Recurrent socio-political crises have given rise to numerous cases of gender-based violence, HIV/AIDS prevalence has reached alarming levels both in high-risk groups and as a generalized epidemic and women give birth in extremely precarious conditions with no access to clean equipment or supplies.

UNFPA AREAS OF CONCERN AND PROPOSED INTERVENTIONS FOR 2010

INTERVENTION AREAS	AMOUNT REQUESTED
Safe Motherhood	US \$390,550
Strengthening emergency obstetric and neonatal care in conflict affected zones	390,550
HIV/AIDS	US \$374,500
Strengthening the response against STIs, HIV and AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones	374,500
Gender Based Violence	US \$513,600
Prevention of medical, psychosocial impact of sexual violence and strengthening community based responses	513,600
Early Recovery	US \$351,589
Promote the socio-economic reintegration of unemployed youth and young mother to reduce their vulnerability	351,589
TOTAL	US \$1,630,239

SAFE MOTHERHOOD

Maternal mortality in CAR remains one of the highest in the world, at 1,355 deaths per 100,000 live births. The destruction of health infrastructure within the country, coupled with an extremely high level of poverty, has made it difficult for those women particularly vulnerable to complications during pregnancy and delivery. Too many women die of obstetrical hemorrhages during labor. While efforts

have been made in 2008 and 2009 to reinforce and rehabilitate health facilities in order to improve reproductive health services, some crisis-affected districts still lack adequate services and referral systems.

In order to reduce maternal and neonatal mortality in conflict-affected zones in CAR, UNFPA is requesting \$390,550 out of a total project budget of \$ **\$2,208,801**, to improve obstetric and neonatal emergency care involving local communities. This joint project is in collaboration with WHO and UNICEF.

Project activities include:

- Strengthening capacities of the health system to provide obstetric and neonatal care, including prevention of mother-to-child transmission of HIV and provision of safe blood transfusion;
- Providing essential reproductive health equipment and supplies.

HIV/AIDS

CAR has the highest generalized HIV/AIDS epidemic in the sub-region, with a national prevalence rate of 6.2 percent. The epidemic cuts across all age groups, but uniformed personnel and young people generally, especially girls and women between the ages of 19 and 24, have been found to be particularly vulnerable. HIV/AIDS prevalence has been found to be as high as 15 percent among women in some conflict-affected areas, and recent surveys indicate that HIV prevalence may be as high as 21 percent within the uniformed services. HIV vulnerability among young people is linked to their susceptibility to sexual exploitation and gender-based violence and to their likelihood of becoming a combatant.

Despite the urgent need for HIV prevention activities, ongoing insecurity and a lack of infrastructure have made it extremely difficult to provide health services or distribute the necessary drugs and supplies for prevention and treatment of sexually-transmitted infections and HIV/AIDS.

UNFPA is requesting \$374,500 from donors reduce the transmission of sexually transmitted infections, including HIV, among young people and uniformed service personnel, and reduce sexual violence by uniformed services.

Project activities include:

- Training doctors and nurses on providing youth-friendly reproductive health, STI management, HIV/AIDS counseling and management of gender-based violence;
- Supplying military health centers, garrisons and community centers with RH equipment and supplies, including rapid HIV test kits, condoms, and post-exposure prophylaxis (PEP);
- Mobilizing and sensitizing uniformed services and surrounding communities on HIV/AIDS and gender-based violence prevention and response.

GENDER-BASED VIOLENCE

According to a recent national health survey, 15 percent of girls aged 15-19 have been victims of sexual violence in CAR, and it is possible that figures are even higher in conflict-affected areas of the country. A UNFPA study found that 24 percent of gender-based violence survivors declared that they had been infected as a consequence of rape; a WHO operational assessment found that as many as 43 percent of gender-based violence survivors were HIV-positive. At the same time, access to medical and psycho-

social care and support is extremely limited for most survivors of gender-based violence, who are exposed to a heightened risk of STIs and HIV infection, unwanted pregnancies, unsafe abortions and psychological distress, as well as stigmatization by their own communities.

In conjunction with UNICEF and WHO, UNFPA is requesting \$513,600 out of a total budget of \$1,144,900 for a joint project to prevent gender-based violence and provide gender-based violence survivors with medical, psycho-social, legal and community-based support.

Project activities include:

- Adapting and developing tools for community-based responses to gender-based violence;
- Mobilizing and sensitizing communities, including the police, armed forces, and local magistrates on gender, gender-based violence and the importance of proper case referral to health and legal services;
- Supplying health centers with rape kits, STI treatment, and other essential drugs;
- Training health workers on gender-based violence management, including provision of medical and psycho-social care.

EARLY RECOVERY

Young people are particularly affected by the on-going armed violence in CAR. With the failure of the education system, high levels of unemployment and economic hardship, joining armed forces is sometimes the only way to have an income, especially for boys. Girls are at high risk of sexual violence and early sexual initiation, which can lead to unplanned pregnancies. Being a young mother presents additional challenges, in particular when income-generating activities are scarce.

In order to promote the socio-economic reintegration of unemployed youth and young mothers, UNFPA is requesting \$351,589 to provide 500 unemployed adolescents and young mothers with vocational training in order to help them reintegrate in their communities.

Project activities include:

- Training 50 trainers and coaches on civic values and peace building;
- Providing vocational training to 400 unemployed adolescent girls and boys and young adults, including young mothers between 14 and 24 years;
- Distributing socio-economic reintegration kits to adolescents and young adults who have successfully participated in vocational training.

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