

# Common Humanitarian Fund, CAR

## Activity Update #1:

### First Standard Allocation August/September 2008

#### *Introduction*

In July 2008, the Emergency Response Fund (ERF) in the Central African Republic was upgraded to a Common Humanitarian Fund (CHF). The main difference is that most funding from the new CHF is assigned to priority humanitarian action during so-called standard allocations, when the Humanitarian Coordinator and clusters engage in a comprehensive review of urgent needs and priorities. In addition, a reserve is kept for aid agencies to quickly and effectively respond to breaking emergencies. With this dual structure of standard allocations and emergency reserve, the CHF helps making humanitarian funding in CAR more efficient, targeted and coordinated.

#### *First Standard Allocation*

On 28 August 2008, after two funding pledges for the CHF had been received in addition to a carry-over from the ERF, the Humanitarian Coordinator a.i. published a Standard Allocation Document to mark the new fund's first-ever allocation. After consultation with all members of the Humanitarian and Development Partnership Team (HDPT) in CAR, which regroups UN agencies and NGOs, as well as with the fund's Advisory Board and its donors, he decided to allocate \$2.3m to priority humanitarian activities and keep \$500,000 in the emergency reserve. Priority needs are the main criterion for CHF allocations. In addition, the HC a.i. considered the added value that the fund can offer, as well as funding shortfalls.

Two thirds of the allocation was channelled to the five priority sectors that had been identified by humanitarian organisations in CAR during the mid-year review of the 2008 Coordinated Aid Programme (CAP): education, food security, health, protection, and water, sanitation and hygiene. In accordance with the third strategic priority of the 2008 CAP, the HC a.i. allocated 15% or \$345,000 to the early recovery sector, essentially to help people affected by violence to restart their lives and for the rehabilitation of community infrastructure, roads and bridges in the regions hardest hit by conflict. In addition, 20% were assigned to the Humanitarian Air Service, which was facing extreme funding shortfalls. The Air Service is essential for humanitarian action, particularly in the most remote parts of the country, which are impossible to reach by road during the rainy season, and which during the dry season still take a week or two to reach from the capital Bangui. The Standard Allocation Document, which is available on the CHF website on [www.hdptcar.net/chf](http://www.hdptcar.net/chf) contains further details on the allocation.

**Table 1: Contributions to the CHF in 2008**

Donor	Contribution
Ireland	\$777,604
Netherlands	\$1,351,000
ERF carry-over (Ireland, Netherlands, Norway, Sweden, UK)	\$711,007
<b>Total</b>	<b>\$2,839,611</b>

**Table 2: First Standard Allocation, August/September 2008**

Sector	Allocation
Early Recovery	\$345,000
Education	\$230,000
Food Security	\$230,000
Health	\$460,000
Protection	\$287,500
Water, Sanitation and Hygiene	\$287,500
Logistics (Humanitarian Air Service)	\$460,000
<b>Total (standard allocation)</b>	<b>\$2,300,000</b>
Administrative Costs	\$40,000
Emergency Reserve	\$499,611
<b>Total</b>	<b>\$2,839,611</b>

### **Project Selection**

As soon as the Humanitarian Coordinator had launched the first standard allocation, the concerned clusters convened to decide how to allot their funding envelopes to specific projects in the 2008 Coordinated Aid Programme. Together with the cluster lead, an NGO co-lead was responsible for submitting the list of proposed projects to the Humanitarian Coordinator (HC) by 11 September 2008 for final approval. Within three working days from this date, the first four projects were approved and others followed as soon as submitting organisations had provided additional clarification as needed. In total, cluster members, co-leads and leads, and the Humanitarian Coordinator a.i. selected 16 projects for this first round of allocations. In the majority cluster meetings, all members found a consensus on which projects to select; where demands exceeded the cluster allocation, the lead and NGO co-lead finalized the list, shared it with the cluster members for comments, and submitted it to the HC. All the selected projects are part of the 2008 Coordinated Aid Programme and are linked to the CAP's strategic priorities. Almost one third of the funding of this allocation went to two of the only five projects in the CAP that are ranked as an 'immediate' priority. The size of CHF contributions to projects varied tremendously from one cluster to the next. In some cases, organisations needed small amounts to close funding gaps and ensure the continuity of humanitarian action. For instance, Solidarités required \$30,000 to keep their water and sanitation programme in Ndélé in the northeast running until a

funding agreement with another donor begins. In other cases, the cluster members decided to give the entire funding envelope to one or two projects. This was the case in the protection sector, which decided to fund a programme by the Danish Refugee Council for the protection and livelihood of displaced people and others struck by violence in Paoua in the northwest. This underlines the flexibility of the fund and its ability to respond to the specific needs of different aid agencies.

As only \$711,007 of the allocated \$2.3m are available immediately, the CHF Advisory Board, on which UN agencies, NGOs and donors are represented, prioritized projects that are in urgent need of funding (e.g. because of the starting school year) by organisations that do not have the capacity to pre-finance activities and decided on the following projects for immediate financing:

- ACTED/JUPEDEC: Improve access to basic services for vulnerable people in Haut-Mbomou prefecture by supporting local development committees (\$160,000)
- Première Urgence: Improving infrastructure in conflict areas (\$185,000)
- COOPI: Emergency education for children from 3 to 15 years in Paoua sub-prefecture, Ouham-Pendé (\$149,293)
- Triangle GH: Assessment of food security in Vakaga and northern Haute-Kotto prefectures in the northeast (\$37,450)
- AMI: Strengthening the health system to improve primary healthcare, EPI and mother-and-child health in Bamingui-Bangoran and Nana-Gribizi (\$100,000)<sup>1</sup>
- IRC: Water supply and hygiene promotion for people in Nana-Gribizi prefecture (\$30,000)
- Solidarités: Supporting displaced people and others affected by violence in Ouham, Nana-Gribizi and Bamingui-Bangoran (\$30,000)

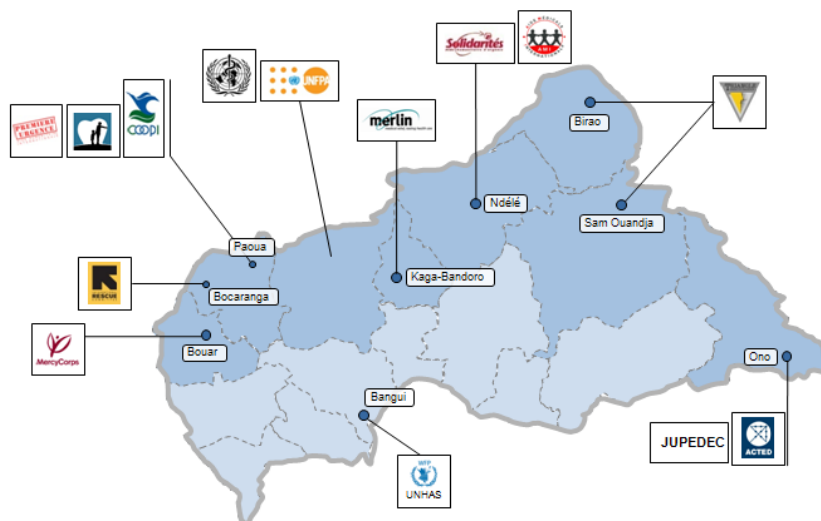
### ***Humanitarian Action Funded by the CHF***

During its first standard allocation, despite the relative limited amount of \$2.3m, the CHF funded projects from six sectors to protect people affected by conflict and violence, provide them with life-saving humanitarian assistance, and help them to restart their lives. This action covers all areas of the Central African Republic where conflict has struck, from Bouar, Bocaranga and Ngaoundaye in the far west and northwest via Paoua, Kaga-Bandoro and Ndélé to Sam Ouandja and Birao in the far northeast. In Haut-Mbomou prefecture in the far southeast, where the Ugandan rebel group Lord's Resistance Army has attacked a number of towns and villages and kidnapped dozens of children, the French NGO ACTED and the Central African NGO JUPEDEC will rehabilitate schools and support community groups. Together, aid agencies will provide direct protection and assistance to some 237,500 people with the funding from this first round of the CHF.

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<sup>1</sup> This project has not yet been finally approved (see below).

## Projects funded during first CHF standard allocation



Since the beginning of the year, Nana-Mambéré prefecture in the west has been severely affected by banditry causing the displacement of some 10,000 people. Here, Mercy Corps will rehabilitate 12 water pumps, improve two wells, construct five boreholes and train community water point committees with CHF funding. Together with its ongoing water and sanitation programme, Mercy Corps will improve access to drinking water for some 60,000 people. In late 2007, the poor public water system had caused a typhoid epidemic in Bouar, the prefecture's capital.

In Bocaranga, the International Rescue Committee will use a small CHF grant to start a new water-and-sanitation programme before anticipated funding arrives to continue and extend this programme. The IRC will construct an improved well at a school so that students and teachers can get clean water. They will also construct latrines, an incinerator and garbage cans, and train students and teachers to improve sanitary and hygiene conditions. The IRC, which works in the education, health, protection, and water-and-sanitation sectors, and MSF-France are the only aid agencies in Bocaranga. The region around Bocaranga has recently been affected by renewed conflict between the APRD militant group and the government.

Three organisations will use CHF funding to operate from Paoua in the northwest. Première Urgence is planning to rehabilitate roads and bridges between Paoua and Ngaoundaye at the border with Cameroon and Chad. This area is almost inaccessible, and there are few other organisations operating here, because of insecurity and poor roads. Première Urgence will closely involve local communities in this work and combine road rehabilitation with a food security programme. Thus, 4,000 farmers who have lost their tools and seed stocks will get salaries for their work, as well as seeds and tools, to restart their lives. PU will also help farmer associations to prepare land which has lain fallow for years so that it can be used again. In Paoua sub-prefecture,

COOPI has implemented a hugely successful emergency education programme, increasing the number of functioning schools from 4 to 104 and bringing 32,500 children, many of them directly affected by violence or displacement, back to school. With the CHF funding, COOPI will improve the quality of the education in these schools by training professional and parent-teachers. Identifying and training 52 new parent-teachers will bring down the student/teacher ratio which is still too high and help to improve the quality of education. By establishing five pilot kindergartens, COOPI will extend its programme to 800 younger children between three and five years. In many cases, this will allow their older sisters, who now stay home to take care of their younger siblings, to go to school. COOPI works closely the communities and 115 parent-teacher associations and trains them to improve the management of schools and the quality of education. Also in the Paoua area, the Danish Refugee Council is carrying out a protection and livelihoods programme. With CHF funding, the DRC will help survivors of rape and other sexual violence, as well as people living with HIV/AIDS, to restart their lives and make an income. Beyond this, the DRC will support women and farmer associations with income-generating activities, vocational and skills training, and work with youth associations to offer recreational activities for young people affected by violence.

Merlin will continue its health programme in Nana-Gribizi prefecture, where the organisation supports 14 health centres and posts to ensure that people in this area have access to quality healthcare. Merlin's goal is to ensure that at least 60% of births in the area are attended by trained health staff. Merlin will also distribute impregnated mosquito nets to at least 80% of pregnant women, mothers of young children and children under five and provide them with the necessary vaccinations. Local staff at the health centres and posts are continuously trained.

For more than a year, Aide Médicale Internationale had been the only international aid agency working in Bamingui-Bangoran prefecture. AMI has implemented an extremely successful health programme by supporting local health structures: the hospital in the regional capital Ndélé and health centres and posts in the entire prefecture with staff training, medical drugs and equipment, and the rehabilitation of buildings.<sup>2</sup> In Ndélé, AMI's programme has led to a fifteen-fold increase in the number of consultations at the hospital from about 100 to 1,500 per month. AMI will continue this programme with CHF funding. In particular, they will give medical equipment to one health centre and two health posts, and provide medical drugs and impregnated mosquito nets for pregnant women, mothers of young children and children under five to all supported health structures. Solidarités, with funding from the Emergency Response Fund, recently established a presence in Ndélé and has assessed the food security situation and needs with regard to water, sanitation and hygiene in Bamingui-Bangoran. With a small grant from the CHF, Solidarités can now close a funding gap in October, before anticipated new funding will arrive in November 2008. With this small grant, Solidarités will construct latrines at a school in Ndélé to improve the sanitary conditions for 850 students and 30 teachers and other staff, who will also be trained on good hygiene practices. As part of its ongoing water and sanitation programme in Bamingui-Bangoran, Solidarités works with AMI to improve the hygiene and sanitary conditions at Ndélé hospital where latrines, garbage pits and an incinerator are under construction.

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<sup>2</sup> A UN/NGO/donor team recently evaluated AMI's health project, which had received funding from the Emergency Response Fund. The report is available on [www.hdptcar.net/erf](http://www.hdptcar.net/erf).

As part of its larger food security programme in the northeast that started a year and a half ago, Triangle Génération Humanitaire plans to conduct a detailed study of the food security situation in Vakaga and northern Haute-Kotto prefectures. As part of the study the impact of Triangle's food security programme will be evaluated and a strategy for activities in 2009 elaborated. Triangle will share the findings and strategy with the other members of the food security cluster and the Humanitarian and Development Partnership Team. Vakaga and Haute-Kotto prefectures are among the areas the hardest to reach, resulting in extremely high logistics costs.

In Obo in the far southeast, where the Ugandan rebel group Lord's Resistance Army has attacked several villages and kidnapped and raped dozens of children, women and men, ACTED and JUPEDEC will use CHF funding to start programmes in the early recovery, education and health sectors. They will work with community groups, associations and local NGOs to reinforce their capacities, start income-generating, and implement ten community projects. The content of these projects will be determined by the communities themselves at the beginning of the project. ACTED will also create links and enhance the coordination and collaboration between 40 local groups. JUPEDEC will train 50 professional and parent-teachers, rehabilitate abandoned school buildings in Obo and Zémio, and train tutors who will give literacy classes, especially to girls and women. JUPEDEC will also train peer educators for a large-scale HIV prevention programme. These educators will then train young people on the prevention of gender-based violence. JUPEDEC will work with communities so that they can take charge of orphans and vulnerable children themselves.

WHO and UNFPA will receive CHF funding for a joint programme to provide emergency obstetric and neonatal care in conflict-affected areas. Across the north of the country, with their partners, WHO and UNFPA will rehabilitate at least six delivery rooms at hospitals and health centres and provide the necessary medical equipment, train medical staff at these hospitals and centres, and help communities to create committees to help pregnant women and young mothers and ensure they get the necessary medical care, on time.

Supporting humanitarian action by all organisations across the country, the Humanitarian Air Service, managed by the World Food Programme, operates from Bangui, serving now thirteen destinations on a regular basis and others on request. Because of severe funding shortfalls, the Humanitarian Air Service already had to reduce the number of airplanes from two to one. Without an important contribution from the CHF, all planes would have had to be grounded and humanitarian action in the farthest areas that are virtually impossible to reach by road during the rainy season would have been at danger.

In sum, the Common Humanitarian Fund's flexibility is proving crucial to support a wide range of protection, life-saving assistance, early recovery and logistical support programmes in the Central African Republic, so that aid agencies can help people struck by violent conflict and brutal banditry.

## ***Emergency Reserve***

The Humanitarian Coordinator decided to keep about \$500,000 in the emergency reserve. In case of a breaking emergency, organisations can submit funding requests to the Common Humanitarian Fund via the cluster system, using a shortened review process to ensure that needs are taken care of quickly. Cluster leads would share submissions with the cluster members (i.e. the other aid agencies working in the same sector) who have two days to comment, before the cluster lead either recommends the project to the Humanitarian Coordinator, or rejects it, based on the comments received. Depending on the urgency of the situation, the Humanitarian Coordinator may decide to shorten this process further.

In addition to the funding it had been allocated during the first standard allocation, the Humanitarian Air Service submitted a second request for \$212,462 to the Emergency Reserve, as its funding shortfalls became direr. The members and lead of the logistics cluster scrutinized the proposal and recommended it to the Humanitarian Coordinator who approved it on 1 October 2008.

## ***Next Steps***

This first standard allocation was largely based on the humanitarian needs and priority activities identified in the mid-year review of the 2008 Coordinated Aid Programme. The Humanitarian Coordinator and the Humanitarian and Development Partnership Team in the Central African Republic plan to base the next allocation, the first one in 2009, on the needs and priorities identified in the CAP for 2009. For this reason, and so that aid agencies can start programmes on time, the ideal time for the next standard allocation would be as early as possible in 2009, i.e. in January or February. This, however, is based on the availability of funding. In preparation of the next standard allocation, the CHF Team in CAR will start now to draw lessons learnt from this first-ever allocation and consult all organisations that are involved in the fund as recipients, cluster members, leads or NGO co-leads, or as members of the Advisory Board to make sure that the project selection for the next allocation is more efficient, thorough, and needs-based.

For further information, please visit [www.hdptcar.net/chf](http://www.hdptcar.net/chf) or contact:

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**Annex I: Projects Funded Under First Standard Allocation**

Sector	Organisation	Project title	Amount allocated (\$)
Early Recovery \$345,000	ACTED/JUPEDEC	Improve access to basic services for vulnerable people in Haut-Mbomou prefecture by supporting local development committees	160,000
	Première Urgence	Improving infrastructure in conflict areas	185,000
Education \$230,000	COOPI	Emergency education for children from 3 to 15 years in Paoua sub-prefecture, Ouham-Pendé	149,293
	JUPEDEC	Restore the education system in Haut-Mbomou prefecture	80,000
Food Security \$230,000	Première Urgence	Reduce the vulnerability of people affected by conflict in Ouham-Pendé	192,550
	Triangle Génération Humanitaire	Assessment of food security in Vakaga and northern Haute-Kotto prefectures in the northeast	37,450
Health \$460,000	Aide Médicale Internationale (AMI)	Strengthening the health system to improve primary healthcare, EPI and mother-and-child health in Bamingui-Bangoran and Nana-Gribizi	100,000
	JUPEDEC	Public and reproductive health among youths in Haut-Mbomou	100,000
	Merlin	Support to primary healthcare services in Nana-Gribizi prefecture	100,000
	UNFPA	Strengthening emergency obstetric and neonatal care in conflict-affected zones	79,998
	WHO	Strengthening emergency obstetric and neonatal care in conflict-affected zones	80,000
Logistics \$460,000	WFP	Humanitarian Air Service in CAR	460,000
Protection \$287,500	Danish Refugee Council (DRC)	Protection and livelihood support to conflict-affected communities in northwestern CAR	287,500
Water, Sanitation and Hygiene \$287,500	International Rescue Committee (IRC)	Water supply and hygiene promotion for people in Nana-Gribizi prefecture	30,000
	Mercy Corps	Improving hygiene and access to clean water in Nana-Mambéré prefecture	227,480
	Solidarités	Supporting displaced people and others affected by violence in Ouham, Nana-Gribizi and Bamingui-Bangoran	30,000
<b>Total</b>			<b>2,299,271</b>