

## Project Evaluation Report

Evaluation details	
Project title	Psychosocial support for vulnerable and traumatized people, and prevention of sexually transmittable infections, in Vakaga prefecture, Central African Republic (ERF/CAM2, ERF/CAM4, ERF/CAM5)
Organisation	Comité d'Aide Médicale (CAM)
Sector	Health
Project duration	Three ERF contributions: 3 June 2007 – 31 January 2008, 1 December 2007 – 30 April 2008, 1 July 2008 – 31 December 2008
Project budget (ERF)	Three ERF contributions: \$100,000, \$164,550 and \$166,396 for a total of <b>\$430,946</b>
Place	Vakaga prefecture, northeastern CAR
Dates of evaluation	20 February 2009
Evaluation team members (name, organisation, contact)	Nicolas Rost, OCHA <a href="mailto:rosth@un.org">rosth@un.org</a>
Examined documents (project sheet, work plan, reports)	Project documents, interim and final reports

### Context

*Briefly describe the context in which the project was implemented, including the local security and political context, the displacement situation, and the assessed needs of the people in the area.*

People in Vakaga prefecture in the northeast of the Central African Republic suffered from fighting between the UFDR rebel group and government troops (later supported by the French army) mainly in late 2006 and early 2007. In November and December 2006, the UFDR took over the town of Birao for about one month. In March 2007, they launched another attack but were pushed back after heavy fighting during which more than 700 houses were burned down and most of the town's inhabitants were forced to flee. At its peak, internal displacement reached 20,000 people (35% of the population) in Vakaga prefecture. Some 3,000 people from this area even fled to Sudan's Darfur region. Most displaced people have now returned although there are still an estimated 3,000 people still displaced in Vakaga prefecture.

In addition to politically motivated fighting, the northeastern prefectures have long been affected by banditry, poaching, conflicts between nomadic herdsman and sedentary farmers, and, increasingly, an exploitation of ethnic lines which has led to further violence. The presence of about 200 EUFOR soldiers had somewhat improved security but did not prevent attacks on Am Dafok and Sam Ouandja in late 2008. EUFOR has now handed over the command of the force to MINURCAT, a UN mission.

Vakaga and the northern part of Haute-Kotto prefecture are economically more closely linked to Sudan than to Bangui, CAR's capital. During the six-month rainy season, roads from Bangui to Birao become impassable.

Profiting of an inter-agency mission to Vakaga prefecture, OCHA conducted a 'rapid evaluation' of three programmes in this area that had received ERF-funding, including this CAM programme. In

contrast to regular evaluations which are conducted by a team of one NGO, one UN and one donor representative and which are facilitated by OCHA, this rapid evaluation was carried out directly by OCHA.

## Results

*Compare the results (outcomes and impact) on the ground with the 'expected outcomes' and indicators in the project sheet and work plan. If possible, add summaries*

The rapid evaluation mission met with members of the CAM team in Birao (logistics officer, medical coordinator and psychosocial assistant), as well as with the Head of Mission, who made one of his regular visits to Birao coincide with the rapid evaluation. The mission also visited a community centre which is used by the Birao chapter of the Organisation of Central African Women (OFCA), neighbourhood *paillotes*, a youth centre, a kindergarten, private houses constructed by CAM and community groups for vulnerable people, and, briefly, the hospital. With the exception of the hospital, these infrastructures have been constructed or rehabilitated by CAM in the context of its psychosocial programme.

According to CAM, the programme had three phases, which roughly coincide with the three ERF contributions. During the first phase, the programme was geared towards women in the community to support reconciliation after the events of 2006 and 2007. The community centre was built during this phase to provide a space for women to meet and express themselves, and to participate in literacy and sewing classes. During the second phase, the focus was shifted towards younger people, with literacy classes to facilitate their return to school, sports activities and artistic workshops such as drawing, theatre, music and dance. The third and current phase aims at supporting local NGOs and associations so that they can become financially and programmatically independent and continue to function on their own account. CAM supported income-generating activities such as sewing, tailoring, milling flour for sale and others. In addition, the programme helped and encouraged the local community to support people with special needs (widows, young mothers, prostitutes, etc.) by constructing houses for them. The third ERF contribution was also initially meant to allow CAM to extend its psychosocial assistance programme to western Vakaga, in conjunction with a UNICEF-funded programme for the demobilisation and reintegration of children who had been members of the UFDR rebel group or who were otherwise affected by the conflict. Unfortunately, UNICEF could not sign the partnership agreement with CAM in October 2008 as planned so that ERF-funded programme activities were shifted towards Birao. However, CAM used ERF funding to open a base in Sikikédé, from where the child psychosocial programme in partnership with UNICEF will be carried out. CAM has started preparing this programme by meeting with community leaders and resource persons, and by identifying spots for the construction of community centres in Sikikédé, Gordil, Mele, Aiffa and Boromata.

Over the year and a half that the programme was funded by the Emergency Response Fund (as well as by Spain), a long list of diverse activities were carried out with the aim of strengthening community organisations in Birao and providing a safer, friendlier environment for children and youth, women and people with specific needs.

- Construction of a community centre for the Birao chapter of the Organisation of Central African Women, construction of a youth centre, rehabilitation of a kindergarten, in partnership with the Ministry of Youth and Sports, and the Ministry of Social and Family Affairs. Rehabilitation of two sports grounds.
- Regular meetings with individuals and associations, including youth, women, children, the mayor and other local leaders, to identify the needs of the community and their capacities to

address these needs. During these meetings, resource persons were identified for each neighbourhood to support social work and the psychosocial programme.

- Data collection on social and cultural factors in Birao, Sikikédé, Boromata, Aiffa, Gordil and Tiringoulou, including an identification of vulnerable people, psychosocial needs and the impact of the conflict (e.g. traumata).
- Organisation of discussion groups and groups to provide collective help to people in need, as well as training sessions on various issues, including HIV/AIDS awareness, health and hygiene, reproductive health, motherhood and parenting, schooling, dealing with suffering and traumata, stress management, family interactions, etc., with thousands of participants.
- Social mobilisation to encourage communities to help building houses for people with special needs. The mission visited one house that a youth association had built for a widow who had lost her house in a fire accident.
- Individual psychosocial assistance for identified children. Currently, 103 people receive individual psychosocial assistance with 40 visits per month on average. In addition, in November 2008, 230 young mothers were identified who virtually all do not go to school.
- Organisation of specific community and sports events, together with neighbourhood committees
- Support to income-generating activities. For instance, a millet mill was given to a farmers' association, a brick press to local workers and sewing machines to women's associations.
- Literacy classes, programmes to help children resume schooling and vocational training
- Distribution of condoms (9,352 to 1,620 people during the current phase)
- Training of community leaders and CAM staff on specific topics (management and coordination, HIV/AIDS awareness, etc.)

As this was a rapid evaluation, the mission neither saw each single aspect of the multiple activities of the psychosocial programme nor validated all statistics on the numbers of beneficiaries, events organized, etc. In addition, the outcomes of this type of programme are often difficult to quantify. Yet, it clearly seems from discussions with the CAM team, with community and women leaders, and inhabitants of Birao that the programme has had a very positive impact on the community.

By giving women a space to meet, express themselves and learn skills, and by supporting the creation of a local chapter of the Organisation of Central African Women as well as eight neighbourhood women groups, CAM has helped change the role of women in the community. According to several testimonies, many women who used to never leave their houses earlier now regularly participate in meetings and have learned a skill to earn some money, such as sewing or vegetable gardening.

According to CAM, people are also more easily ready to help their neighbours and engage in community work now. Thus, with regard to the role of women and community work, there has been a real change in mentalities.

Another major achievement is the establishment of a wide network of community agents, including resources persons in each quarter, community leaders, women leaders, members of youth organisations, etc. CAM also has 15 local staff working in its psychosocial programme, some of whom are now being transferred to western Vakaga.

## Constraints

*What constraints were faced during the implementation of the project, including security and logistical constraints or constraints internal to the organisation (lack of staff, etc.)? Was the project duration extended as result? If yes, was it justified?*

As all organisations working in the country's remote northeast, CAM is facing severe logistical and security constraints. As noted below, during the first phases of the programme, activities were mostly restricted to the town of Birao, and other villages in Vakaga were not reached, with the exception of some training sessions for women associations in Am Dafok on the Sudanese border. (Birao has a population of about 5,600 people, out of an estimated 57,445 people in Vakaga prefecture in 2008.)

In some cases, there was a lack of support from the community although, overall, CAM has established very good relations with communities. For instance, it was sometimes difficult to motivate people to contribute to the construction or rehabilitation of buildings, or to maintain and use them properly. For example, five out of 20 neighbourhood *paillotes* are no longer used for meetings. There were also some problems within associations with regards to the management of equipment donated by CAM, such as sewing machines and mills. CAM, the Ministry of Social Affairs and OFCA have now created a joint committee to improve the management of this equipment.

The Global Fund to Fight Malaria, AIDS and Tuberculosis opened an HIV voluntary testing centre in Birao in October. However, the centre is still not fully functioning, which imposes constraints on HIV awareness programmes. If the centre were functioning, HIV awareness programmes, condom distribution and voluntary testing could be perfectly complementary.

## Impact of ERF funding

*What impact did ERF funding have on the overall programme activities of the organisation? Were ERF-funded activities compatible to activities of other organisations in the same area? Were these well coordinated?*

ERF funding was crucial in funding the CAM psychosocial programme for people affected by conflict and displacement in Vakaga prefecture and, in late-2008 and early 2009, to extend it to rural areas in western Vakaga. CAM has now secured funding from UNICEF to continue and expand its psychosocial programme in western Vakaga, as well as from the European Commission to start a two-year health programme in Vakaga, which will include a psychosocial aspect.

## Conclusion

*What is the evaluation team's overall conclusion? Was ERF funding helpful? Was the project implemented according to the plan? Did it have an impact on the ground? What are the lessons learnt?*

Overall, the mission was impressed with the many activities implemented under this psychosocial programme, which has truly helped to change and strengthen the community in Birao, and in particular the role of women and children. Overall, the programme has been successfully implemented and its objectives have been reached. The programme was well coordinated with other activities. For instance, other aid agencies working in the area used the neighbourhood *paillotes* for their training workshops. The programme was also continuously adapted to changing needs among the population, and will now continue in a modified form with UNICEF funding (for child reintegration) and European Commission funding (for healthcare). The mission thus only raises two points:

- Capacities should have been strengthened earlier. For example, during the first phase of the programme, CAM did not have a car in Birao, which restricted its programme to the town.
- Additional funding to complement ERF funding for the CAM psychosocial programme would have helped immensely to strengthen and expand the programme earlier.

*OCHA would like to thank the team of CAM for their availability and assistance during this rapid evaluation.*