

August
2016



Bringing hope to 'a forgotten crisis'

Central African Republic Response Report

List of Abbreviations

ANEA	Agence Nationale de l'Eau et de l'Assainissement (National Water Supply and Sanitation Agency)	JUPEDEC	Jeunesse Unie pour la Protection de l'Environnement et le Développement Communautaire (United Youth for Environmental Protection and Community Development)
CCCM	Camp Coordination and Camp Management	NFI	Non-food item
CAR	Central African Republic	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CHF	Common Humanitarian Fund	OFDA	The Office of U.S. Foreign Disaster Assistance
CMAM	Community management of acute malnutrition	ONG	organisation non gouvernementale (non governmental organisation)
DFADT	The Department of Foreign Affairs, Trade and Development Canada	SODECA	Société de Distribution d'Eau de Centrafrique (Central African Water Distribution Company)
EAA	Eau et Assainissement pour l'Afrique (Intergovernmental Agency for Water and Sanitation in Africa)	UNDP	United Nations Development Programme
FAO	Food and Agriculture Organization (United Nations)	UNICEF	The United Nations Children's Emergency Fund
GFD	General Food Distribution	UNHCR	United Nations High Commissioner for Refugees (The UN Refugee Agency)
IYCF	Infant and young child feeding	WASH	Water, Sanitation and Hygiene
ICDI	Integrated Community Development International	WFP	United Nations World Food Programme
IDP	Internally displaced person		
IMCI	Integration management of childhood illnesses		

© World Vision International 2016

All rights reserved. No portion of this publication may be reproduced in any form, except for brief excerpts in reviews, without prior permission of the publisher.

Lead writer: Ian Pugh
Contributing writers: Moussa Sangara and Bruno Col

Published by the World Vision Central Africa Response and West Africa Region on behalf of World Vision International.

Important note: If you wish to adapt this material for your national context, please contact WVI Publishing at wvi_publishing@wvi.org.

For further information about this publication or World Vision International publications, or for additional copies of this publication, please contact wvi_publishing@wvi.org.

Editor in Chief: Edna Valdez. Production Management: Heather Elliot/Joann Slead
Copyediting: Micah Branaman. Proofreading: Audrey Dorsch.

Cover Design and Interior Layout: Lara Pugh.
Front and back cover photos © World Vision/Bruno Col

Front cover caption: Members of the Fulani community, Fenala (43) and her daughter, Rabiadou (12) at the IDP camp in Yaloké.

Back cover caption: Head Doctor, Simion Mornagji, at the World Vision supported Secondary Hospital in Yaloké.

Contents

Foreword	2
Crisis Overview	3
World Vision's Response	4
Projects and Accomplishments	6
Financial Summary	13
Challenges, Innovation and Learning	14
Maintaining Strategic Partnerships	15
Moving forward	16



Foreword

It is with great pleasure that I present to you this FY15 annual report of World Vision's activities in the Central African Republic (CAR). We hope it will provide you with an overview of our achievements in different sectors within the country, as well as demonstrate the strong partnerships we have with humanitarian organisations, beneficiaries, civil society and the private sector.

I thank our partners who have contributed significantly to the response, which is aimed at saving lives and restoring dignity for the most vulnerable. During this past year, we have contributed to the alleviation of suffering of approximately 180,000 vulnerable people, 133,000 of whom are children.

World Vision CAR thanks UNICEF, WFP, UNDP, FAO and UNHCR for funding our emergency Response programme. Thanks must also go to our funding offices in Canada, United States of America (USA), South Korea, Australia, the Netherlands, the United Kingdom (UK), Germany and Taiwan, who have supported us in our struggle to mobilise additional funding. Our West Africa regional office and the World Vision Partnership also provided support.

I would also like to acknowledge our local partners – JUPEDDEC, URU, YAMACUR, Caritas, ICDI, ANEA, the Inter-Religious Platform, community and faith-based organisations, and central, regional and local government representatives – for their significant contribution to programming implementation.

Lastly, a big thank you to World Vision CAR's devoted staff who have risen to face numerous challenges, worked in very demanding and insecure conditions to meet the needs of children and their communities.

I hope you find this report not only informative, but inspiring too.

May the good Lord bless you all.

Moussa Sangara
Response Director
World Vision
Central African Republic

The crisis in CAR is a children's emergency. Children are being used by armed groups and subjected to sexual and gender-based violence; many are displaced, separated from their families and therefore exposed to even greater risk of abuse and exploitation. It remains a priority of World Vision CAR to improve the well-being of all the children affected by this crisis.



Crisis Overview

The Central African Republic (CAR) is one of the world's poorest countries and often described by the international community as a failed state in permanent crisis. Decades of political instability have led to the destruction of the national economy, the weakening of state institutions and a lack of development. According to the UNDP Human Development Index, CAR has the second lowest level of human development (187th out of 188 countries), with life expectancy at 50.7 years and over 62 per cent of the population living below the international poverty line of US\$1.25/day.¹ The under-5 mortality rate is 164 per 1,000 (the 8th highest in the world), and the country's immunisation coverage stands at only 23 per cent.² Forty-one per cent of children under 5 are chronically malnourished³ and less than 35 per cent of the population has access to safe drinking water and adequate sanitation facilities.⁴

The current crisis in CAR began in December 2012, when the *Séléka* forces overthrew the government, forcing then-president Francois Bozizé to flee the country. This led to the formation of self-defence militia groups called the Anti-balaka. Since then CAR has experienced spiralling violence (including atrocities and massacres), inter-community tensions and ethno-religious conflict. Almost the entire population of 4.6 million⁵ has been affected by the crisis and, despite the ongoing response from the humanitarian community, there are, as of June 2016, still 2.3 million people in dire need of humanitarian assistance. This includes 467,800 people who have become refugees in neighbouring countries and a further 391,400 people who are still internally displaced.⁶ The

conflict has almost halved food production, leaving over 2.5 million people in food insecure situations and child malnutrition continuing to rise.⁷

According to UNICEF, one-third of school-age children do not attend school (almost 40 per cent of schools have been attacked and looted) and between 6,000 and 10,000 children have been recruited by armed groups during the crisis. It's perhaps not surprising then that children who gathered together from all over the country at a 'Children's Forum' in Bangui issued a collective plea calling for an end to violence, the return of the hundreds of thousands of refugees and displaced people, and the reopening of schools and health centres.⁸

Recently, the country has experienced a modicum of stability. The Pope's visit to CAR in November 2015 helped to galvanise the population around the theme of 'peace and reconciliation for all'. This was followed by a peaceful general election in which a new president, Faustin-Archange Touadéra, was elected. President Touadéra has vowed to pursue disarmament and 'make CAR a united country, a country of peace, a country facing development'.⁹

Despite this new sense of hope, the situation in the country remains highly fragile and unpredictable. The humanitarian crisis remains one of the worst faced by the international community at the present time, with needs surpassing available resources and humanitarian partners reporting that life-saving operations are being forced to shut down due to a lack of funding.

1 UNDP, 'Human Development Reports' (2016) [website] <<http://hdr.undp.org/en/countries/profiles/CAF>>.

2 WHO, 'Central African Republic: WHO statistical profile' (January 2015) [website] <<http://www.who.int/gho/countries/caf.pdf?ua=1>>.

3 UNICEF, 'Central African Republic: UNICEF calls upon presidential candidates to make a strong commitment to children' (12 February 2016) [website] <http://www.unicef.org/infobycountry/media_90180.html>.

4 European Commission Humanitarian Aid and Civil Protection, 'Central African Republic: ECHO Factsheet' (June 2016) [website] <http://ec.europa.eu/echo/files/aid/countries/factsheets/car_en.pdf>.

5 ECHO Factsheet' (June 2016).

6 UNOCHA, 'Central African Republic' (2016) [website] <<http://www.unocha.org/car>>.

7 ECHO Factsheet' (June 2016).

8 UNICEF, 'Central African Republic' (2016).

9 Reuters, 'Central African Republic's president vows peace, reforms at inauguration' (30 March 2016) [website] <<http://www.reuters.com/article/us-centralafrica-president-idUSKCN0WWIZG>>.

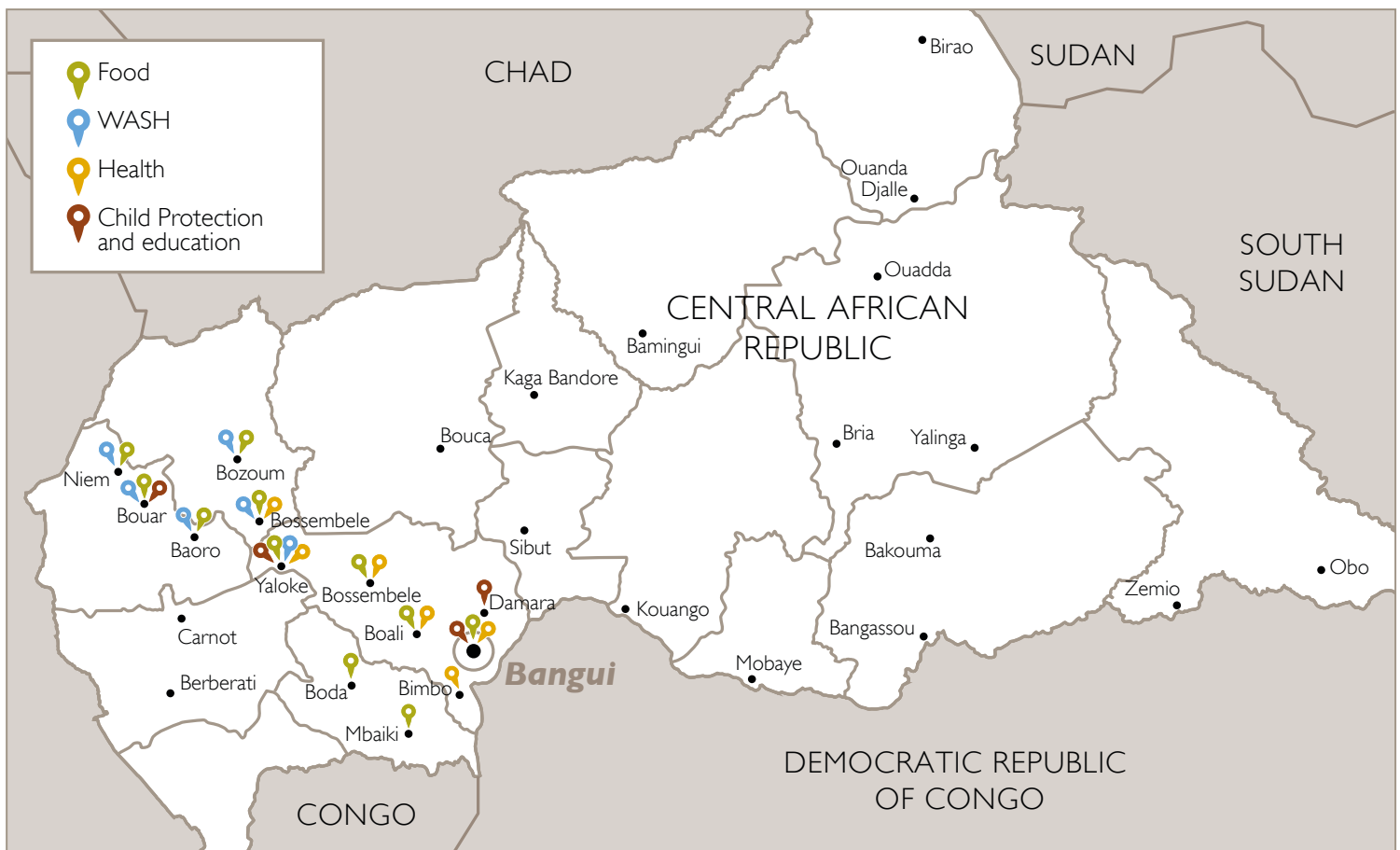
World Vision's Response

World Vision has certainly come a long way since the start of its response in CAR in March 2014. The aim from the outset was to support the government in providing a timely and appropriate response to address the immediate needs of displaced people and the most vulnerable members of the host communities (women, children, the elderly and the disabled). It began as a small response based in the capital, Bangui, with the team initially concentrating on the area extending from Bangui to Yaloké in the Ombella M'Poko prefecture. From there it grew into a multi-sector programme, covering six prefectures, mainly in the west (Bangui, Lobaye, Ombella M'Poko, Ouham Pende, Nana Mambéré

and Mambéré Kadai), and targeting approximately 180,000 beneficiaries.

The main areas of focus in 2015 were water, sanitation and hygiene (WASH), child protection and education, food assistance/nutrition, and health. However, due to the nature of the response and the acute vulnerability of the affected population, World Vision CAR was also involved in shelter programming and the distribution of emergency non-food items (NFIs) as part of life-saving activities. Disability, environment and gender were all employed as important cross-cutting themes to ensure a comprehensive response.

Figure 1: Map showing World Vision CAR's response by sector



AT A GLANCE


World Vision CAR's response to the crisis
March 2014 to June 2016


HEALTH

FOOD

32,100 

highly vulnerable
IDPs and
returnees
received
US\$576,610
worth of value
vouchers

92,725 
pupils were reached with
2,332.462 MTs of food
rations

3,500 
children between 6 and 59
months received 62.801 MTs
of supplementary feeding

80% 

of women coming to the health
centres were sensitized to the
benefits of exclusive
breastfeeding and the need to
provide complementary food
after 24 months

36,500 

highly vulnerable IDPs and
returnees received
1,895.945 MTs of food


1,309 

cases of severe
acute malnutrition
were admitted into
the programme
and treated

25,500 
food-for-work beneficiaries
received 614.250 MTs of
food rations

1,560

community relays (mostly
women) were trained to
promote CMAM, IYCF
and IMCI in their
communities

1,266 
pregnant and lactating women
received 66.677 MTs of
supplementary feeding

13 

health centres were
supported with
medicines, medical
equipment and materials
– and registered no
shortages all year round

180,000

crisis-affected people
(including 133,000 children)
reached

30 

community leaders and
1,000 children were trained
to be relays for all child
protection issues, as well
as to campaign against the
recruitment of children
by armed groups

20 

school hygiene clubs
will be trained in
cleaning and
maintenance
of latrines
and hand-washing
stations

766 

Fulani IDPs (50
households) benefitted
from improved shelter,
sanitation and water
infrastructures

75 
potable water points
were rehabilitated,
benefiting
38,860 people

590 

children demobilised
from (or affected by)
armed groups are being
trained to become peace
promoters and builders
through 7 peace clubs

20 

duplex blocks, housing
improved pit latrines
and hand-washing
stations, were
constructed for
schools and clinics.

13,456 

children from 6 schools
were provided with
potable water and
sanitation facilities

10,000 

children were registered
and issued birth certificates
in target areas

10,500 

people were sensitized to
good hygiene and
sanitation practices

2,350 

survival kits were distributed
(including tarpaulin, blankets,
mosquito nets, cleaning products,
hygiene kits and kitchen sets)

PROTECTION

WASH

Projects and Accomplishments

Most internally displaced persons (IDPs) have been forced to take refuge in makeshift sites, such as religious buildings or camps like the one near Bangui's international airport. This often means they are hosted by local communities who have to share their meagre resources (food, basic supplies, firewood, accommodation, grazing and farmland), leading to shortages and increased poverty in these areas. Even before the arrival of the IDPs, the existing community facilities and services (health services, water points, sanitary facilities, community buildings,

etc.) were either inadequate or non-existent, so the increased pressure has led to a severe deterioration in living standards for many communities. It's a situation that has resulted in approximately half of the country's population being moderately or severely food insecure.¹⁰ It was in the context of this dire humanitarian crisis that World Vision decided to respond to the critical needs of both the IDPs and the host families by sourcing funding for, and implementing, the following projects:

‘I was a farmer – now, thanks to the project, I am also a kind of local peace builder, working to plant seeds of peace in the minds of children and adults.’

Imba Bertin, farmer and Peace Club facilitator

YALOKÉ INTEGRATED WASH AND PROTECTION PROJECT

Donor: CHF/UNDP

Total budget: US\$747,000

Number of beneficiaries reached: 19,380

Objective

When violence spiked in 2014, 766 Muslim Fulani nomads took refuge from the militia in Yaloké. The lack of adequate housing and facilities meant that all of these people (364 women, 107 men and 295 children) were forced to live in a space originally meant for a single family. World Vision designed this project to improve their living conditions by providing them with clean water, improved sanitation and the promotion of good hygiene practices. The next phase of the project (should they agree on this option) is their possible resettlement to another area in Yaloké. Community-managed protection mechanisms and systems have also been put in place to ensure that any cases of abuse are easily identified, managed and/or referred to the appropriate structures so that they can be addressed.

Results achieved

- 10,500 people (including IDPs, returnees and members of the host community) were provided with potable water
- 766 IDPs (or 50 households) benefitted from improved shelter, sanitation and water infrastructure
- 10,500 people were sensitised to good hygiene and sanitation practices
- 30 community leaders were trained to be relays for all protection issues resulting in 174 cases being reported
- 1,430 community members were sensitised on the topic of child protection and how to manage protection issues
- 1,000 children were trained in child rights and protection against all forms of abuse
- 27 separated and/or unaccompanied children were reunited with their families.

Implementing partners: YAMACUR, Caritas, JUPEDDEC, ANEA

YALOKÉ INTEGRATED HEALTH AND NUTRITION PROJECT

Donor: CHF/UNDP and World Vision Australia

Total budget: US\$399,322

Number of beneficiaries reached: 2,180

Objective

A multi-sector/multi-agency assessment conducted in Yaloké showed alarming levels of malnutrition, especially amongst the Fulani IDPs. The loss of their cattle during the crisis had deprived these nomadic people of the milk they relied upon so heavily, and they were now developing signs of severe acute malnutrition with medical complications.¹¹ With the local hospital having no capacity to respond, World Vision sourced funding through an appeal and was able to improve the nutritional status of these people, particularly malnourished children under 5 and pregnant and lactating women. World Vision also carried out other activities to help address the problem of chronic malnutrition in this area.

Results achieved

- 112 cases of severe acute malnutrition with medical complications and 1,043 cases of severe acute malnutrition without medical complications were treated through the programme.
- 841 moderately malnourished children and 137 pregnant and lactating women benefitted from supplementary food and medicines.
- All Yaloké health centre staff were trained in community management of acute malnutrition (CMAM), infant and young child feeding (IYCF) and integration management of childhood illnesses (IMCI).
- The Yaloké health centre received medical equipment and materials to expand its in-patient care capacity.
- Under-5 children and pregnant and lactating women were provided medicines and treated mosquito nets by the hospital.
- World Vision CAR recruited 1 medical doctor and 12 nurses to support the hospital in Yaloké and the 10 health facilities within its catchment area.

A REHABILITATED BOREHOLE CHANGES LIVES 'IN SO MANY WAYS'

'I fled to the bush with my family to avoid death at the hands of armed militia', says Faustin Torenga, 'but in the bush we met death in other forms – diarrhoea, malaria, famine, contaminated water, snakes and scorpion bites'. Living in the open with his family (which included seven sons and five daughters) was an ordeal Faustin will never forget. Not surprisingly, he was ready to return to his village as soon as it was safe to do so. 'I was amongst the first to move back to the village', he says.

However, the family's return home presented another set of serious challenges, the most pressing of which was a lack of clean drinking water near the village. The only borehole in the village had been vandalised during the crisis. 'Now we had to fetch water from over three kilometres away in the forest', Faustin explains; 'and the water was not clean. It was also being used for livestock, bathing and washing household items.' As a result, many villagers constantly suffered from diarrhoea and there was a very real threat of contracting other water-borne diseases such as typhoid and cholera. The long walk to the water point also exposed the villagers to other sinister forces. 'Women and children were raped while trying to fetch water', Faustin reveals. 'When World Vision rehabilitated our borehole, our lives changed in so many ways. Now we don't have to worry about diseases and other dangers.'

¹¹ UNOCHA, Joint assessment with participation from WASH, Nutrition, Protection and Health clusters (December 2014).



Many children were amongst those forced to take refuge at the IDP camp near Bangui Airport. © World Vision/Bruno Col

OMBELLA M'POKO EMERGENCY ASSISTANCE PROJECT (OMEAP)

Donor: OFDA/World Vision USA
Total budget: US\$1,867,502
Number of beneficiaries reached: 43,660 (including 19,877 children)

Objective

This project provided humanitarian assistance in WASH and NFIs to people affected by the crisis in areas between Bangui and Bouar. World Vision chose to work in these areas after observing the growing tension between displaced populations and host communities due to the severe shortage of basic services. The situation was serious, with nearly 70 per cent of communities reporting no access to safe water; 72 per cent of households reporting poorly maintained pit latrines and almost half of all schools and health centres reporting no sanitation facilities.¹² World Vision was able to rehabilitate or repair damaged boreholes, ensuring desperately needed access to water for 32,500 people. In the same communities, sanitation facilities at schools and clinics were upgraded and communities were sensitised to good hygiene and sanitation practices. Soap and detergents were

distributed alongside the hygiene promotion activities to trigger behaviour change and promote hand washing.

Results achieved

- 73 potable water points were rehabilitated, treated and tested (for water quality), benefitting 38,860 people
- 75 community WASH committees (with 12 members each) were established and trained
- 2,350 survival kits were distributed (including tarpaulins, blankets, mosquito nets, cleaning products, hygiene kits and kitchen sets)
- 20 duplex blocks, housing improved pit latrines and hand-washing stations, were constructed for schools and clinics
- 170 water pump maintenance visits were carried out during the project's duration
- two field visits by the OFDA regional representative and the US ambassadors for CAR and Chad were hosted during the project.

Implementing partners: Water for Good, ICDI, ANEA

¹² Assessment report led by Water, Sanitation and Hygiene cluster (July 2014).

ENHANCED PROTECTION AND SECURITY FOR MOST VULNERABLE

Donor: World Vision Korea

Total budget: US\$100,000

Number of beneficiaries reached: 23,456

Objective

During the crisis, children were affected in many ways, including from exploitation, sexual abuse and recruitment into armed groups. Another common problem involved the lack of birth certificates issued during the crisis, which resulted in children being denied access to schools and other civil services.¹³ This project aimed to ensure that all children in the targeted districts (mainly around Bangui) were registered and issued birth certificates and that the children from the IDP camps were registered in schools. Many of the schools also required urgent attention. Classrooms had been used as places of refuge for IDPs,

putting added strain on the already precarious water and sanitation facilities.¹⁴ World Vision intervened, with the help of funding from World Vision Korea.

Results achieved

- 10,000 births in target areas were registered
- 50 street children in target areas received access to basic needs and support for income-generating activities
- 230 children were enrolled in schools and received school kits
- 13,456 school children were given access to safe, clean water and sanitation facilities.

Implementing partners: ANEA, SODECA

'PEOPLE WERE SCARED OF ME. I WAS ALONE AND ANGRY'

My name is Oudre. I'm 18 years old and I was part of the Anti-balaka militia for one year. A few days before the Séléka entered our village, one of my uncles (not the one I live with now) told me that our ancestors gave me a supernatural power which I can use to fight against the Séléka and protect our people. He made me drink some herbal juice and asked me to stay for two days in the forest. After that, I joined the militia and fought with them for one long year. I decided to leave the group a few months after the election, when I realised that the reason we decided to fight was not relevant anymore. When I returned home, I discovered that things were more difficult than I had imagined; people were scared of me. I felt alone and I was angry to see that they did not understand my enrolment. Today, I see myself as a man and I want to start helping my community with something else than a gun.

A leader from Damara came to my village and explained that there is a new project starting which is aimed at bringing young people and ex-combatants like me together to participate in activities promoting peace. My friend and I asked to be part of it and we have now started the activities. I feel like it is helping change the way people see us. This is the main benefit I see from the project. My uncle is proud of me and tells people that I'm changing in a positive way. He is like a father to me and his pride is a blessing for me and my future. World Vision's project is changing my life and I hope it will help me to get a job; then I'll be able to support my uncle and my last grandfather, who is old and counting on me.

¹³ UNOCHA, 'The Humanitarian Response Plan' (2015).

¹⁴ Ibid.

CHILDREN AS PEACE BUILDERS

Donor: World Vision Korea

Total budget: US\$200,000

Number of beneficiaries reached: 5,060

Objective

A multi-sectoral assessment facilitated by World Vision identified at least 2,304 children (8–16 years old) who had to be demobilised from armed groups in the Damara area (Ombella M'Poko prefecture). The majority of the children in this area (including many who had not been recruited) were found to be suffering from the traumatic effects of the conflict, with many of their parents and/or siblings having been abducted, tortured or killed.¹⁵ Given the sensitive nature of this issue, World Vision will partner with a local organisation, URU, to create and support children's peace clubs. The aim of the clubs is to promote peace and social cohesion, as well as to train key people to work at the community-level on issues such as transitioning from conflict situations and healing relationships.


Results achieved

The results of this project reflect only part of its implementation as activities are ongoing.

- 460 children demobilised from (or affected by) armed groups are being trained to become peace promoters and builders
- Seven peace clubs were formed to serve as a space for children to meet, play and feel protected
- 130 children demobilised from (or affected by) armed groups in Damara are receiving life skills and vocational training based on their age and interests
- 1,000 vulnerable children and their communities have been mobilised to campaign against the recruitment of children by armed groups.

Implementing partners: URU

¹⁵ World Vision, Multi-sector assessment conducted in Damara (June 2015).



14-year-old 'Francis' (not his real name) is a former child soldier with the Anti-balaka armed group.
© World Vision/Bruno Col

'I WAS READY TO LOSE PRUDENCE AS I HAD NO SOLUTION FOR HER'

My name is Ms. Yadoke. Years ago my husband abandoned me, leaving me in charge of my five children. My 5-year-old daughter, Prudence, became sick but, due to my limited resources, I could not take her to the health facilities. Prudence's situation was becoming worse from day to day. I was ready to lose her because I had no solution for her. During a sensitisation session and screening organised in my community with the support of World Vision, Prudence was found to have severe malnutrition. The team referred us to Boali Hospital and ensured that the treatment was free. When I had confirmation that I didn't need to pay for her care I went to the hospital. In addition to her treatment, World Vision provided daily meals for me while I was in Boali.

World Vision's intervention produced a positive change in the life of my child. She has now almost recovered and has started to play with her brothers and sisters. I am very grateful to World Vision for all of their efforts to save children's lives. I will continue practising the advice I received during the sensitisation and demonstration sessions on nutrition, health and sanitation. I will also encourage all mothers in my community to take part in the sensitisation sessions and use the health facilities for any health issue.

EMERGENCY RESPONSE TO MALNUTRITION

Donor: DFADT – Canada

Total budget: CAD\$1,250,000

Number of beneficiaries reached: 74,301

Objective

Acute malnutrition rates peak annually during the lean season from April to November, but the combination of conflict and severely restricted access to food has caused a sharper spike than in previous years. The situation has been made worse by the fact that many health workers have fled the violence, leaving clinics empty. This, coupled with the fact that sick children are often brought to clinics late because of poor access and/or safety issues, has led to precarious levels of child malnourishment.¹⁶ This project is aimed at addressing the nutritional needs of the community in Ombella M'Poko, using a CMAM approach, inclusive of infant and young child feeding in emergencies (IYCF-E), supported by the IMCI.

Results achieved

The results of this project reflect only part of its implementation as activities are ongoing.

- 260 community relays were trained in CMAM, IYCF and IMCI
- 960 moderately malnourished children received therapeutic food and medication
- 1,300 female community volunteers were trained to promote IYCF
- 266 severely malnourished children were admitted into the programme
- 12 health centres' staff were trained in CMAM, IYCF and IMCI
- 13 health centres were supported with medicines, medical equipment and materials
- 4,300 pregnant and lactating women were educated about IYCF and IMCI.

Implementing partner: Ministry of Health



MOU MABAKO FOOD ASSISTANCE PROJECT

Donor: World Food Programme (WFP) and World Vision (USA, Austria, Germany, Canada, Hong Kong, Taiwan, UK, Australia)

Total budget: US\$2,334,372

Number of beneficiaries reached: 145,188

Objective

Food insecurity affects over 67 per cent of the rural population, particularly those households headed by women. The scarcity of food also means high prices at the market, causing enormous difficulties for both IDPs and host communities. Often the only way these people can survive is by resorting to negative coping strategies such as begging, banditry, prostitution, etc.¹⁷ To help alleviate this situation, World Vision, in partnership with WFP, provided relief food rations (GFD and cash vouchers), as well as introducing school feeding, blanket supplementary feeding, targeted supplementary feeding and seed protection rations. This helped to address the immediate food needs of the affected population. The school feeding programme also encouraged enrolment and attendance, while improving the nutritional status and cognitive development of the affected children. Blanket and targeted supplementary feeding helped improve the nutritional needs of pregnant and lactating women as well as children under 5. With the Food and Agriculture

Organization (FAO), World Vision also distributed food rations for seed protection to discourage beneficiaries from consuming agricultural seeds provided for planting. The project was implemented in all the areas most affected by food insecurity.

Results achieved

- 36,500 highly vulnerable IDPs and returnees received 1,895.945 metric tonnes (MTs) of food
- 32,100 highly vulnerable IDPs and returnees received US\$576,610 worth of value vouchers
- 92,725 pupils received 2,332.462 MTs of food rations
- 3,500 children between 6 and 59 months received 62.801 MTs of supplementary feeding
- 1,266 pregnant and lactating women received 66.677 MTs of supplementary feeding
- 614.250 MTs of food rations were distributed to 25,000 food-for-work beneficiaries
- Efficient accountability systems were utilised, and community complaint mechanisms established and implemented
- Commodity loss was minimised to less than 2 per cent of the total tonnage managed.

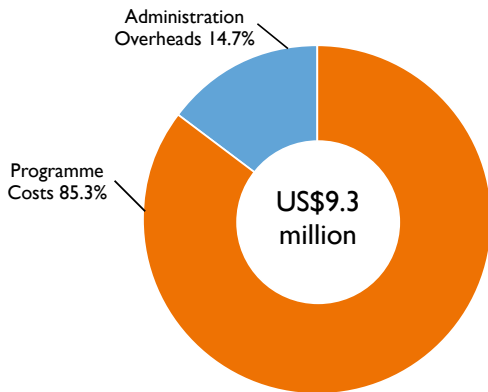
Implementing partners: WFP, FAO



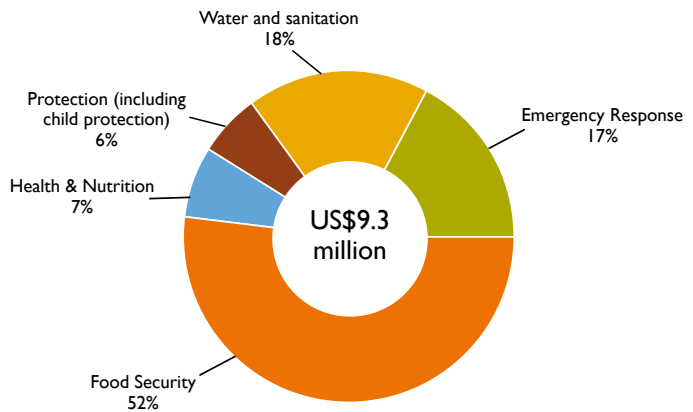
Displaced children at a child friendly space set up by World Vision with support from UNOCHA in Yaloké. © World Vision/Geoffrey Kalebbo Denye

Financial Summary

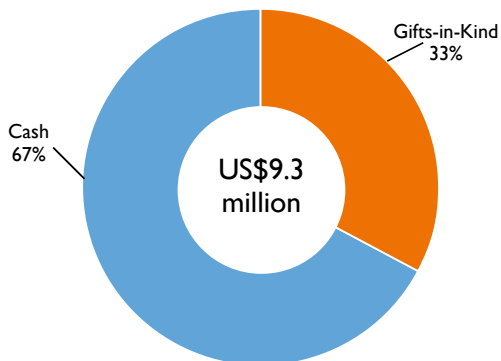
FUNDS RAISED



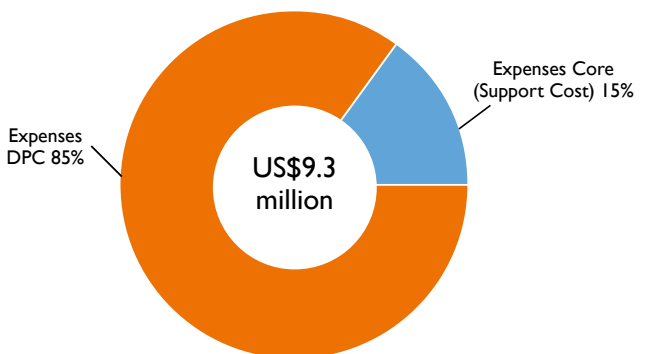
EXPENSES BY SECTORS



EXPENSES BY FUNDING TYPE



EXPENSES - CORE COSTS & DPC





Vulnerable families are provided with rice and oil at a World Vision/World Food Programme food distribution in Bangui. © World Vision/Bruno Col

Challenges, Innovation and Learning

Innovative strategies have often been required to meet the numerous challenges faced by World Vision CAR during this response, and important lessons have been learnt along the way. One example involved a World Vision food distribution project in Bouar, Nana Mambéré, a community divided along religious lines. The project had been troubled from the start, even before World Vision took over. At the last distribution someone had been killed, further polarising the community and making it clear that a new approach was required. The key here involved extensive consultation with all the parties including the local authorities, representatives of the Anti-balaka and the imam of the Haoussa (Muslim) community, in which everyone agreed to specific roles on the day of distribution. To avoid any confusion based on false assumptions, the estranged communities had to agree

to come to the distribution together in mixed groups. This had not happened before but it worked extremely well, underlining the importance of community engagement and a well-thought-out strategy.

Another example involved a WASH project, which looked like it wasn't going to reach even 50 per cent of its water pump rehabilitation target. The main challenge with this project was that sourcing the required equipment and services through the normal international channels was proving too expensive for the project's allocated budget. A way around this problem was found by using local businesses, supervised by World Vision technical staff, to repair and maintain the pumps. The quality of work was of a high standard, and the lesson learnt was that solutions can often be found by 'looking local'.

‘The project has opened a door. Now the Muslims and Christians living in the community have to seize the chance to keep it open for a better future.’

Mady Logo, widow from Muslim community



Maintaining Strategic Partnerships

Coordination and collaboration with a wide range of stakeholders has played a critical role in enabling the World Vision CAR Response to effectively carry out its mission. Networking with support offices, donor agencies, the UN, CAR government ministries and other international and local non-governmental organisations (NGOs) must be maintained and strengthened. In order to achieve this, World Vision CAR is committed to:

- mapping and prioritising donors' interests to ensure an active donor engagement for resource mobilisation
- continuing to network and engage with the humanitarian country team, UN agencies (UNHCR, UNICEF, WHO, UNDP, WFP, OCHA, etc.), the clusters (WASH, protection, child protection, CCCM, food security, livelihood and social cohesion, health and nutrition), etc.
- continuing to build and maintain a strong relationship with CAR government ministries at national and local levels
- creating and maintaining relationships with businesses or commercial corporates, namely suppliers/vendors, shippers, consultants, experts, etc.
- continuing to partner and coordinate with local NGOs, community-based organisations (CBOs) and faith-based organisations (FBOs) for the effective implementation of the Response programme
- continuing to be a member of (and working with) the Comité de Coordination des ONGs internationales
- continuing to work with the following local organisations: URU, ICDI, EAA and ANEA, the Inter-Religious Platform and the Association of Women Lawyers.



Children share experiences and life stories at a child friendly space in Yaloké.
© World Vision/Geoffrey Kalebbo Denye

Moving Forward

DEALING WITH A PROTRACTED CRISIS

CAR has faced conflict, instability and chronic poverty for 40 years, and there is no clear end in sight. However, it has largely slipped off the international agenda, rarely receiving any media and/or donor attention, which is why it is often referred to as 'the forgotten crisis'. The general trend in the international community is to give aid to a specific response for a relatively short period – typically less than a year. The million people displaced in

CAR since the most recent crisis face long-term displacement. This means they need safer shelters, continued access to basic social services and sustainable livelihoods – none of which are challenges that can be fixed in the short term. For this reason, World Vision CAR will be working to secure more consistent long-term funding which will enable the implementation of the various strategies in place to ensure lasting solutions.

FOCUSING ON THE CHILDREN'S EMERGENCY

The crisis in CAR is very much a children's emergency. Children are being killed; thousands have been recruited as child soldiers, and many are being subjected to sexual and gender-based violence. To make matters worse, many displaced children have been separated from their families and are therefore exposed to even greater risks of abuse and exploitation.¹⁸ To address this issue, World Vision CAR will continue to support and participate in programmes and advocacy campaigns to prevent all forms of violence against children in CAR, with a strong focus

on demobilising and reintegrating child soldiers.

As more areas become accessible, World Vision CAR hopes to work with more crisis- and conflict-affected communities, as well as gradually transitioning into post-response programmes, including rehabilitation and sustained development over the long term. However, much of this will be dependent on the country's socio-political/security situation and the availability of funding in the years ahead.

KEY TARGETS FOR FY16

With most of the country's population affected by the conflict, including almost 1 million people displaced (internally and externally) and over 2.5 million people experiencing acute food insecurity,¹⁹ World Vision CAR will continue to respond to the humanitarian crisis by standing with the vulnerable population and working towards the following targets:

- improve the nutritional status of 170,000 IDPs and the most vulnerable members of host communities
- ensure that over 47,000 people have access to basic health services, particularly the most vulnerable children
- increase access to safe water and improved sanitation facilities for 60,000 of the most vulnerable IDPs and returnees
- promote the protection of 86,600 of the most vulnerable members of the community through peace building, restoration of social cohesion and child protection.

‘My husband, Martial, has been killed. He wanted to protect the village. He was not a hero – just a man trying to help his community. I never believed life could make me live such hard moments.’

Chanelle Bala (20), widow and mother of Duran (5)



¹⁸ UNOCHA, 'The Humanitarian Response Plan' (2014).

¹⁹ ECHO Factsheet' (June 2016).



INTERNATIONAL OFFICES

World Vision International Executive Office
Waterview House
1 Roundwood Avenue
Stockley Park
Uxbridge
Middlesex UB11 1FG
UK
+44.207.758.2900

World Vision International New York
and United Nations Liaison Office
2nd Floor
919 2nd Avenue New York
NY 10017
USA
+1.212.355.1779

World Vision International Geneva
and United Nations Liaison Office
Chemin de Balexert 7-9
Case Postale 545
CH-1219 Châtelaine
Switzerland
+41.22.798.4183

World Vision Brussels and EU Representation
18, Square de Meeûs
1st Floor, Box 2
B-1050 Brussels
Belgium
+32.2230.1621

www.wvi.org

World Vision is a global Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity or gender.

World Vision West Africa Regional Office
Hann Maristes, Scat Urban
Villa R21 M/S
P.O. Box 25857 Dakar-Fann
Senegal
+221.33.859.5700

