

Main figures and indicators		PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
RCMs collected			107	UAMs/SCs*	3
RCMs distributed			112		1
Reunifications, transfers and repatriations					
People reunited with their families			33		
		<i>including people registered by another delegation</i>	10		
People transferred/repatriated			1		
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered			34	Women	3
People located (tracing cases closed positively)			18		17
		<i>including people for whom tracing requests were registered by another delegation</i>	10		
Tracing cases still being handled at 31 December 2011 (people)			27		11
UAMs/SCs,* including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society			32	Girls	15
UAMs/SCs reunited with their families by the ICRC/National Society			32		6
		<i>including UAMs/SCs registered by another delegation</i>	9		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			12		3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited			1,208	Women	
Detainees visited and monitored individually			68		2
Detainees newly registered			49		2
Number of visits carried out			104		
Number of places of detention visited			31		
Restoring family links					
RCMs collected			9		
RCMs distributed			1		
Detainees released and transferred/repatriated by/via the ICRC			18		

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Food		Beneficiaries	62,779	30%	50%
		<i>of whom IDPs</i>	46,141		
Essential household items		Beneficiaries	23,689	20%	60%
		<i>of whom IDPs</i>	23,689		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	70,077	30%	50%
Water and habitat activities		Beneficiaries	60,375	30%	45%
		<i>of whom IDPs</i>	6,000		
Health					
Health centres supported		Structures	1		
Average catchment population			12,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Food		Beneficiaries	155		
Essential household items		Beneficiaries	2,447		
Water and habitat activities		Beneficiaries	600		

groups, wherever feasible, and met regularly with local authorities and community leaders, reinforcing humanitarian messages via the media. At central level, the ICRC provided political and military authorities with legal expertise and training support to better integrate IHL into national legislation and military training, and maintained regular contact with regional/international organizations such as ECCAS.

In parts of the north and south-east, ICRC/National Society teams distributed food and essential household items to people displaced by fighting and to communities hosting them. Those people able to access farmland, including IDPs, resumed crop farming using ICRC seed and tools, helping boost their self-sufficiency. In more stable north-western areas, the ICRC donated bicycles/carts to village associations, which used them to offer community

members affordable transportation to markets and health facilities. In Paoua, where stockbreeding was the chief occupation, the ICRC renovated a veterinary pharmacy and provided training and drugs/supplies to staff, helping ensure pastoralists had reliable access to animal health services.

To improve living conditions and public health in the south-east and more stable northern areas, the ICRC/National Society worked alongside communities to construct/repair water points, latrines and accommodation where such infrastructure was dilapidated/damaged, alleviating the strain on resources. Training for communities in hygiene awareness and maintenance of these facilities encouraged sustainability. As part of its efforts to strengthen community-based health resources in the south-east, the ICRC launched a project with the Health Ministry to combat malaria.

Within four months, 1,940 patients had obtained treatment from newly trained community health workers.

Dispersed relatives re-established contact through Movement tracing/RCM services. In particular, 32 children rejoined their families in the CAR or abroad, including some formerly associated with armed groups.

An agreement with three ministries in January formalized the ICRC's longstanding visits to detainees, although full, systematic access had yet to materialize by year-end. Delegates continued to support the authorities in ensuring that inmates' treatment and living conditions met internationally recognized standards, focusing on their judicial guarantees and access to food, hygiene and health care. In particular, the Justice Ministry took initial steps to reduce lengthy pre-trial detention and to improve the national system through which detention facilities received their food budgets. Malnourished inmates in one facility required ICRC nutritional supplements throughout the year.

With ICRC funds, materials and training, the Central African Red Cross Society adopted a new strategic development plan and strengthened its management, while continuing to reinforce its emergency response and communication capacities. It deployed 400 first-aiders to provide cover during elections and established 10 new first-aid brigades.

Close coordination with Movement partners and other humanitarian actors working locally helped ensure that humanitarian needs were met while avoiding duplication.

CIVILIANS

Violence and looting affected people in several regions, with villages burnt and civilians reportedly wounded, subjected to sexual violence, abducted or killed. Though not all conflict-affected people could be reached (see *ICRC action and results*), some approached the ICRC to report alleged IHL violations. Delegates consolidated their dialogue with authorities and weapon bearers, including, wherever feasible, representatives of armed groups, reminding them of their responsibilities under IHL and other applicable law to protect civilians and humanitarian/medical missions. The parties concerned by documented allegations received confidential oral/written representations from the ICRC with the aim of preventing further abuses and obtaining safe Movement access to people in need.

Conflict-affected families receive relief and support in rebuilding their lives

Armed clashes, violence, banditry and related insecurity forced villagers to seek refuge, often empty-handed, in town centres or outlying bush. This limited their access to farmland and placed strain on host communities already exploiting meagre resources. Where security permitted, affected communities benefited from various ICRC relief and/or livelihood-support initiatives to boost their coping capacities. ICRC-trained National Society volunteers contributed to the implementation of these activities, reinforcing their operational capacities in the process.

To better equip them in precarious conditions, 23,689 newly displaced people (4,002 households) countrywide received essential household items. Following clashes near Ndélé, for example, IDPs scattered among 20 villages received mats, tarpaulins, pans and water-storage containers.

In the south-east, 46,141 IDPs, residents and returnees (12,036 households) whose usual food sources were stretched or inaccessible received a one-month supply of food four times during the year, helping cover their immediate needs. Similarly, 16,638 IDPs (3,626 households) in volatile northern parts, some newly uprooted and others displaced months before, were provided with one-off, one-month food rations to tide them over between harvests. Where appropriate, these families, like others with safe access to farmland (31,508 people/7,297 households in total), began farming again using ICRC-provided staple/cash-crop seed and tools.

In more stable north-western areas, where IDPs and refugees progressively returned home and residents struggled to make ends meet, initial efforts focused on stimulating the local economy by encouraging communities to diversify/increase their sources of income through micro-economic and marketing initiatives. However, a review revealed that profit-making activities had limited appeal in the local culture, casting doubts over their impact. The ICRC refocused its activities to meet wider community needs. As such, 66 village associations received bicycles, carts and/or cereal mills, which they hired out to provide affordable transport to markets and health facilities or to maximize groundnut production, benefiting 38,189 people (7,728 households).

In Paoua, where many households relied on stockbreeding, 380 pastoralists and their families gained more reliable access to animal health care after the ICRC renovated the local veterinary pharmacy and donated drugs/materials to revitalize its services. To help ensure service quality and sustainability without further external support, staff enhanced their animal health knowledge and business management skills at courses organized with the national stockbreeding federation.

Conflict-affected communities see improved access to water, sanitation and shelter

In more stable northern areas, returnees and residents grappled with damaged/dilapidated water and sanitation systems and accommodation. In the south-east, any such infrastructure was scarce, and conditions exacerbated by the presence of IDPs. With help from National Society/ICRC teams, some 60,000 people in the worst-affected areas were better able to cover these basic needs.

As such, 56,890 rural and urban dwellers, including IDPs and communities hosting them, enjoyed access to sufficient clean water after the ICRC constructed/repared local wells and boreholes and harnessed springs, taking measures to protect open sources from contamination. To ensure the facilities' upkeep, local committees were established and trained to undertake routine maintenance. In parallel, communities (some 45,000 people) learnt good hygiene practices to minimize health risks during National Society presentations run with ICRC training, financial and material support. Some of their members constructed latrines in homes, schools and health facilities with materials and guidance from ICRC engineers, benefiting some 8,000 people.

Over 3,400 people whose homes sustained damage during clashes began rebuilding/repairing them using ICRC-provided construction materials.

Community-based health resources strengthened in conflict-affected south-eastern areas

Malaria was prevalent. Resource constraints nevertheless prevented government health services from providing adequate care.

In a pilot initiative developed with the Health Ministry and a specialist NGO aimed at establishing a sustainable malaria-control mechanism, 10 community health workers in Obo acquired the skills to diagnose malaria and provide basic treatment. Launching a home service, they conducted 3,078 consultations and treated 1,940 patients between September and December.

In March, an ICRC assessment in south-eastern CAR and neighbouring Province Orientale (see *Democratic Republic of the Congo*) confirmed that communities there experienced psychological distress and social difficulties linked to local patterns of violence/chronic insecurity and that their needs usually went unmet. Accordingly, research/initial training began in both countries with a view to creating an effective psychological/social support network comprising community members. This would complement existing efforts to support the successful reintegration of formerly abducted persons in the framework of Movement family-links services (see below).

Elsewhere, health facilities in volatile areas received drugs and other supplies to help them respond to any influx of wounded patients. A hospital in Bangui received similar support as a precaution against election-related violence.

Family members dispersed by conflict re-establish/maintain contact

IDPs and other people separated from their families, including Sudanese refugees still present in the north-east since fleeing Darfur in 2007, reconnected with relatives through National Society/ICRC tracing and RCM services. Special attention was paid to children without a parent or other adult guardian. By year-end, 32 unaccompanied children had rejoined their families, including 6 formerly associated with armed groups.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees across the country, including some held by armed groups, received visits according to standard ICRC procedures, enabling delegates to monitor their treatment and living conditions. Those detained for reasons of State security were followed up individually. Vulnerable inmates, such as women and children, received special attention. Some inmates used RCMs to communicate with family members. Following visits, the authorities received confidential oral/written feedback and, where relevant, recommendations for improvements.

Dialogue continued with the government and armed groups to obtain ICRC access to all detainees in their custody. Such discussions resulted in an agreement with the Defence, Security and

Justice Ministries formalizing the ICRC's longstanding visits to people held in permanent and transitory detention under these ministries' authority. In practice, full access to all such detainees had yet to become systematic by year-end.

Eighteen weapon bearers captured by an armed group were transferred to government authorities by the ICRC, acting as a neutral intermediary at the request of the parties concerned.

Authorities supported in ensuring detainees' conditions meet internationally recognized standards

Despite resource constraints, the prison authorities worked with the ICRC to improve detainees' conditions, particularly relating to their judicial guarantees and access to adequate food, health care and hygiene.

After examining an ICRC-compiled list of 54 individuals whose time in pre-trial detention had exceeded the legal limit, the Justice Ministry promptly organized hearings, resulting in the release of several inmates.

As detainees continued to suffer health problems associated with a poor diet, discussions continued on how best to allocate the penitentiary food budget to ensure inmates countrywide were fed as well as possible. In first steps towards improving the situation, the Justice Ministry modified the mechanism by which detention facilities received funds for food, regulating cash flow and therefore food supply. Inmates in major facilities continued to undergo regular ICRC nutritional health monitoring throughout the year, with 155 inmates receiving high-energy dietary supplements.

Some 480 detainees were assured of adequate treatment for common ailments following donations of essential drugs/consumables to two prison dispensaries. Three further dispensaries received a final, similar one-off donation to cover inmates' needs for six months, giving the authorities time to mobilize their own resources. In parallel, medical staff benefited from on-the-job training/advice to help them adhere to national protocols. This aimed, among other things, to ensure inmates had access to national HIV/AIDS and TB prevention/treatment programmes.

As in previous years, international actors contributing to national penitentiary/judicial reform sought ICRC expertise when planning related construction projects. In two facilities where dilapidated infrastructure posed urgent health risks, 600 inmates regained a healthier environment after the ICRC restored water, sanitation

PEOPLE DEPRIVED OF THEIR FREEDOM	CAR	ARMED GROUPS
ICRC visits		
Detainees visited	1,195	13
Detainees visited and monitored individually	55	13
	<i>of whom women</i>	1
	<i>of whom minors</i>	2
Detainees newly registered	49	
	<i>of whom women</i>	1
	<i>of whom minors</i>	2
Number of visits carried out	101	3
Number of places of detention visited	29	2
Restoring family links		
RCMs collected	9	
RCMs distributed	1	
Detainees released and transferred/repatriated by/via the ICRC		18

and/or waste-disposal systems to working order. To help them maintain good hygiene habits, 2,447 detainees received personal hygiene/cleaning materials, backed by National Society/ICRC-run hygiene-education sessions.

AUTHORITIES

A growing network of national/local authorities countrywide strengthened dialogue with the ICRC through regular meetings. Similarly, representatives of regional/international bodies, including the African Union (AU), ECCAS and UN agencies, shared humanitarian concerns and explored ways of cooperating to promote IHL. Such interaction, twinned with supporting publications, enhanced these audiences' understanding of the Movement and humanitarian principles, contributing to wider support for National Society/ICRC activities.

The government continued to benefit from ICRC legal input to assist it in ratifying/implementing outstanding IHL instruments and in enforcing existing legislation, such as that governing use of the Movement's emblems. Accordingly, it ratified the AU Convention on IDPs and began working to incorporate the relevant provisions into domestic law. Meanwhile, the ad hoc committee tasked with establishing a permanent IHL committee to oversee implementation pursued constructive discussions with delegates regarding the technicalities of the process. A planned regional IHL meeting for government/Central African Economic and Monetary Community representatives was postponed.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Heightened insecurity in parts of the CAR reinforced the need to familiarize all weapon bearers with IHL and the Movement's neutral, impartial and independent humanitarian stance. Through bilateral and group briefings, training and tailored information materials, members of the armed forces and armed groups operating in volatile areas improved their grasp of these topics. Incoming MICOPAX contingents similarly deepened their understanding of humanitarian principles prior to their deployment. During such encounters, participants were reminded of their responsibilities to protect civilians and to allow humanitarian workers unrestricted access to conflict-affected people (see *Civilians*).

In parallel, the armed forces continued to draw on ICRC expertise to improve the integration of IHL into their training programmes. Relevant ministries were encouraged to invest more heavily in developing the forces' IHL committee, which lacked the support it needed to fulfil its role in this regard. Meanwhile, at Bangui's military academy, cadets examined basic IHL principles and some 70 senior officers reinforced their existing IHL knowledge at workshops incorporating ICRC presentations and materials. Moreover, two colonels had the opportunity to participate in advanced IHL courses abroad thanks to ICRC funding.

CIVIL SOCIETY

In efforts to gain support for IHL and the Movement among opinion-makers, over 1,250 community representatives, including religious leaders, increased their awareness of these topics during ICRC/National Society briefings and culturally adapted events countrywide. A play developed and performed by the National Society's theatre group with ICRC input, for example, demonstrated to villagers in remote, violence-affected northern regions how Movement personnel applied the principles of neutrality, impartiality and independence when attending to wounded people during armed confrontations.

Meanwhile, local media had access to ICRC press releases/conferences and radio interviews, alerting them to humanitarian concerns and associated Movement activities in order to encourage regular and accurate coverage. Journalists furthered their knowledge by taking part in ICRC-run field trips, interviewing people who had previously benefited from Movement initiatives. Resulting articles and radio spots, and an ICRC film illustrating its assistance initiatives in the south-east, helped build support among the general public.

In academic circles, the University of Bangui and the National School of Administration and Magistracy continued to cooperate with the delegation to teach IHL to future decision-makers. As such, law students had the opportunity to debate IHL issues at ICRC-facilitated discussion groups. Unfortunately, no lecturers were available to attend regional IHL seminars during the year.

RED CROSS AND RED CRESCENT MOVEMENT

Besides gaining field experience alongside ICRC delegates (see above), the Central African Red Cross strengthened its core competencies with ICRC funds, materials, training and expertise. Such support enabled it to finalize and adopt a new strategic development plan in consultation with communities countrywide. Regular meetings involving Movement partners working in the CAR served to harmonize their respective assistance approaches and lines of support to the National Society.

Six priority branches benefited from expert input to strengthen their governance and income-generating activities. The aim was to better prepare them to help implement planned ICRC activities, such as a psychological support initiative in the south-east (see *Civilians*). Meanwhile, senior central- and branch-level personnel underwent training in effectively managing first-aid and communication programmes, and the family-links coordinator received the necessary equipment to maintain case confidentiality. Personnel in Kotamalé (Bamingui-Bangoran) acquired newly constructed offices.

Under a contingency plan devised with national Independent Electoral Commission, International Federation and ICRC backing, the National Society deployed nearly 400 first-aiders to potential flashpoints surrounding January's elections. By year-end, it had established 10 new first-aid brigades appropriately equipped and trained by the ICRC.

Similarly aided by the ICRC and the International Federation, National Society personnel worked to generate grassroots support. For example, they organized weekly national radio spots to deepen understanding of the Movement and, through an awareness-raising campaign in Bangui, resolved 90 cases of misuse of its emblems.