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GRAVE VIOLATIONS OF CHILDREN'S RIGHTS AND MORTALITY IN THE CENTRAL AFRICAN REPUBLIC
Results of a Nationwide Survey

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EXECUTIVE SUMMARY

Background: Since 2005, UNICEF has been working with operational and academic partners to develop epidemiological methods and standards to monitor the grave violations of the rights of children, which UN Resolution 1612 defines as:

- Killing or maiming of children;
- Recruitment or use of children as soldiers;
- Abduction of children;
- Rape and other grave sexual abuse of children;
- Attacks against schools or hospitals; and
- Denial of humanitarian access for children.

As part of this initiative, the Central African Republic was chosen as the first location for UNICEF to execute a nationwide survey covering the first four of these six violations. The survey was conducted in collaboration with Columbia University during June and July 2009.

Methods: A random, multi-stage cluster survey was conducted based on population estimates from the 2003 national census. Thirty-six locations were selected in the northern half and thirty-three locations in the southern half of the country, systematically proportional to population size (PPS). Randomly selected households were interviewed and asked about births and deaths in 2009, and the occurrence of grave violations of the rights of children[1] over the past 18 months. Objects were used to represent the combined composition of the three nearest neighboring households. Interviewers were asked about the occurrence of births, deaths, and grave violations in their households and the neighboring households as well. Attempts to triangulate or verify the data were employed in some clusters by conducting a traditional mortality survey in an area adjacent to the cluster and/or by attempting to independently estimate the village population and compare it to the 2003 census estimate.

Results: In the Southern areas of the country, 310 women were interviewed about their own and neighbors' households containing 6,999 people. In the previous 18 months, these households experienced: 24 incidents of intentional violence (five among children), no incidents of recruitment of children, six incidents of abduction (three involving children), 11 episodes of sexual abuse (three involving girls less than 18 years of age), and 64 incidents of rape (15 involving girls). In the previous six months, these households experienced 138 live births and 250 deaths. This provides a crude mortality rate (CMR) of 5.9 deaths / 1,000 people / month, and an under-five mortality rate (U5MR) of 7.2 / 1,000 children under five / month.

In the Northern half of the country, 288 women were interviewed about theirs' and neighbors' households containing 6,548 people. In the previous 18 months, these households experienced: 65 incidents of intentional violence (3 involving children) including the killing of 14 adults, 10 incidents of recruitment of children (8 of these forced recruitment), 115 incidents of abduction (21 involving children), 39 episodes of sexual abuse (21 involving girls <18 years of age), and 117 incidents of rape (32 involving girls). In the previous six months, these households experienced 118 live births and 262 deaths. This provides a crude mortality rate (CMR) of 6.4

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[1] Children were defined as younger than 18 years of age. For the purposes of this report, "girls" refers to female children 5 years or older, but less than 18 years of age.

deaths / 1,000 people / month, and an under-five mortality rate (U5MR) of 8.6 / 1,000 children under five / month.

Rape was the most commonly reported grave violation and it, along with sexual abuse, was only reported among women and girls (defined as five years of age or older). Abductions were the second most commonly reported violation, occurring mostly in the Northern section of the country. All reports of killings (14) occurred in the North, along with a large number of recorded incidents of maiming or intentional injury. Reports of recruitment were recorded, but they were rare.

When results of the two strata (North and South) are weighted and combined as single point estimates, 1.84% (95% CI: 0.86-2.82) of women and girls experienced rape each year between January 2008 and June 2009 and 0.51% (95% CI: 0-1.17) of women and girls experienced some form of sexual abuse. Of the entire population, 0.45% (95% CI: 0.18-0.72) experienced abduction each year between January 2008 and June 2009 and 0.38% (95% CI: 0.16-0.61) of this population experienced incidents of intentional injury, including killing, over the same period. No meaningful national estimates are able to be extrapolated from the data on recruitment, due to the low number of reported incidents.

Conclusions:

- This experience shows it is possible to collect representative, population-based estimates regarding the occurrence of grave violations in difficult and politically unstable settings, although further validation is required. The survey was conducted for less than $40,000 (USD), and displays the potential for alternative monitoring mechanisms in other countries.

- Of the Resolution 1612 grave violations measured in this survey, most are occurring in the Northern stratum of the country. Related activities should thus be focused on these areas. Rape had the highest recorded prevalence, with an estimated rate of 1.7% of girls between the ages of five and 17 being raped each year in the North.

- The extremely high crude mortality rate points to the lack of a functioning health system as a priority problem for both children and adults, and is so grave as to indicate a humanitarian emergency throughout the country. Access to health care must be improved in all regions of the country.

- The mortality findings should be verified by the World Health Organization or implementing partners with an existing, on-the-ground presence in CAR.

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BACKGROUND

Over the past 10 years, the United Nations (UN) has been increasingly conscious of the requirements and complexities of keeping children safe in times of armed conflict. In 2005, UN Resolution 1612 called for an end to grave violations against children in conflict and the formation of a Working Group on Children in Armed Conflict to develop mechanisms for the monitoring and reporting of six specific grave violations:

- Killing or maiming of children;
- Recruitment or use of children as soldiers;
- Attacks against schools or hospitals;
- Denial of humanitarian access for children;
- Abduction of children; and
- Rape and other grave sexual abuse of children.

At present, the official UN reporting mechanisms focus on verified cases, which may or may not reflect the universe of all child rights violations, and which cannot be used to estimate the magnitude of the problem or trends over time. Given the growing emphasis on the need to protect women and children in times of armed conflict, population-based information is required to allow for the needs-based allocation of resources, and the ability to learn which programs or actions are effective at protecting children.

Epidemiological methods have increasingly been used to explore issues of human rights violations.[2,3] These have the potential of estimating the true number of events that occur, whether or not the events are known by legal authorities, social services, or human rights groups. Most of these approaches involve either discussing events that happened to the interviewee, or comparing lists of events developed by some surveillance process. Both of these techniques are problematic for monitoring the violations of the rights of children in conflict settings, because documentation of such events can be sporadic and because of the ethical limitations of discussing traumatic experiences with a large representative sample of children.

The UN Children's Fund (UNICEF), as the UN agency mandated for children and working in all situations of conflict, partnered with Columbia University's Mailman School of Public Health in an effort to develop a methodology to obtain a population-based estimation of four of the six grave violations – the killing or maiming, abduction, grave sexual abuse or rape, and recruitment of children. Attacks against schools or hospitals and denial of humanitarian access for children were not included at this time, as they occur at the community level rather than at the individual household level, but these may be included in the future. The Central African Republic was chosen as one of the first countries for implementation of this methodology.

Central African Republic (CAR) is one of 19 countries of concern named by the UN Secretary-General in his eighth report to the Security Council on children and armed conflict (A/63/785-S/2009/158). Since independence in 1960, the country has experienced a seemingly endless series of coups and four decades of economic stagnation or decline. Several armed groups are active in CAR, with perhaps half the country outside of the Bangui-based government's control; at any moment, a significant portion of the North is considered a "no travel" zone for UN personnel.

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[2] Swiss S. et al. Violence against women in the Liberian conflict. JAMA 1998, Feb 25;279(8):625-9.

[3] Ball P, Spirer H, Spirer L. Making the Case: Investigating Large Scale Human Rights Violations Using Information Systems and Data Analysis. AAAS 2000. http://shr.aaas.org/mtc/index.html

Further complicating the ability to provide services is the prevalence of road bandits or *zaragina,* who attack and rob vehicles travelling in rural areas. June typically is the start of a rainy season which ends road access to perhaps one third of the country for a 2 to 3 month period.

One of the world's poorest and least healthy states, CAR ranks 178th out of 179 countries in the 2008 Human Development Index rankings. Additionally, there is little available information on human (or child) rights abuses or the full extent of the health crisis facing the country. Thus, in June and July of 2009, a Columbia University research team, with the support of UNICEF CAR, executed a national survey to obtain estimates of the rates of four of the grave violations against children listed above, as well as under-five mortality and overall mortality.

METHODS

In conducting this survey, the research team utilized the "Neighborhood Method," a methodology developed by Columbia University's Mailman School of Public Health. With this methodology, interviewers conduct one-on-one household interviews with respondents. They ask not only about respondents' own experiences, but also about the experiences of all members of their household and members of the households of their three closest neighbors. In this way, the neighborhood methodology allows for faster collection of information about a large number of persons, at a lower financial and logistical expense than surveys in which respondents are asked only about their own experiences.

This method also explores the possibility that people may be comparatively reluctant to discuss their personal experiences regarding sensitive subjects while being more comfortable discussing the experiences of others. Thus, the Neighborhood Method provides two lenses with which to study sensitive social problems. These lenses also offer potential sources of validation, such as the potential to examine under-reporting by interviewees of their own adverse experiences. As people likely know more about their own household than their neighboring households, this process can not readily distinguish between incomplete information and a reluctance to talk about neighbors. Columbia University, in collaboration with NGO partners, piloted the Neighborhood Method in surveys on gender-based violence undertaken with Christian Children's Fund in Uganda (2006)[4] and with the International Rescue Committee in Liberia (2007).[5]

Because there is no established method for measuring the occurrence of abduction, recruitment, rape, or maiming, some touchstone of validity was sought for the sensitive data collected. There is an established literature on the measurement of mortality in times of conflict.[6] As killing overlaps with general mortality, including general mortality was a minor expansion of the neighborhood methodology. Because mortality surveys can be rapid and inexpensive, an additional male interviewer was hired to conduct a complimentary, traditional household mortality survey. The data from this exercise was sought to confirm and validate the Neighborhood Method mortality data. He was to act as the team representative when dealing with local officials and to conduct simple mortality assessments of 10 consecutive households in an area adjacent to the area selected for a cluster, with an initial goal of doing so in at least 30

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[4] Stark, L., Roberts, L., Acham, A., Boothby, N., & Ager, A. (2008). Measuring violence against women amidst war and displacement in northern Uganda. Manuscript submitted for publication.

[5] Warner, A., Roberts, L., Stark, L., Lehman, H., Boothby, N., & Ager, A. (2008). Use of "Neighborhood Method" to assess violence against women and girls in Liberia. Manuscript submitted for publication.

[6] Checci F, Roberts L. Interpreting and Using Mortality Data in Humanitarian Emergencies: A Primer for Non-Epidemiologists. Humanitarian Policy Network Paper #52, 2005.

locations. This complimentary survey was not possible in all locations, such as clusters with no adjacent population to survey, or where time or security did not permit.

As a secondary touchstone of validity, in those few selected villages with singular distinct conterminous populations, an attempt was made to estimate the entire village population so it could be compared to the 2003 census estimate. It was believed that some insights into mortality might be obtained by assessing population growth in this way.

Sampling

Sampling was based on the 2003 census data from the *3ème Recensement Général de la Population et de l'Habitation de 2003 (RGPH03),* which was provided to the surveying team by the UN Office for the Coordination of Humanitarian Affairs (OCHA).

The impression of colleagues and the 2006 UNICEF MICS survey (Multiple Indicator Cluster Survey) suggested that life was far better and mortality lower in Bangui and the southern areas of the country. Thus, to increase precision of the results, the country was divided into two strata, delineated, as suggested, by UNICEF CAR. The "Northern Stratum" is considered to be less served by government and other service providers, and includes the majority of recent or current conflict areas inside the country, while also lying in closer proximity to conflict areas in neighboring countries (i.e. Sudan and Chad). It consists of Bamingui Bangoran, Nana Gribizi, Ouham, Ouham Pendé, Nana Mambéré, Haut Kotto, Haut Mbomou, and Vakaga prefectures. This area has an estimated population of 1.394 million people. Prefectures considered to be less-affected by conflict and within closer reach of government services were Mambéré Kadéï, Sangha Mbaéré, Lobaye, Ombella M'Poko, Bangui, Kémo, Ouaka, Basse Kotto, and Mbomou. This area is referred to as the "Southern Stratum" and has an estimated population of 2.501 million people.

A minimum sample size estimate was made assuming a 10% incidence of rape, with a worst acceptable rate of 8%. The required sample size was calculated to identify this precision (10% +/- 2%) with 95% confidence and 80% power. A necessary sample size of 864 was estimated using Epi Info (Version 6, CDC Atlanta, 1993). Since the Neighborhood Method typically generates data on approximately 6 women, the required sample size for the sample would be 144 (864/6) if the sample were perfectly random. Because the sample is not a simple random design, but rather random clusters of interviews, we accounted for the loss of power associated with taking clusters of 10 households (design effect or DE) by doubling the sample size. Further anticipating people not knowing about some neighbors and other sampling losses, a minimum of 300 households was sought in each stratum (30 clusters of 10 households per stratum).

Security and logistical constraints prevented the team from planning data collection activities in two prefectures, Vakaga and Haut Mbomou. Because of this, and the assumption that further logistical constraints and United Nations (UN) security regulations would prevent travel to large swathes of other prefectures, 36 clusters were selected from the Northern Stratum and 33 were selected from the Southern Stratum, with a goal of obtaining 30 clusters from each. It was determined that by including the "no travel" areas in the sampling frame, and then adding those missed clusters to the villages that were unreachable, the team could best articulate the fraction of the population missed because of security and logistical concerns.

If, during the data collection phase, a selected cluster was inaccessible because of a damaged bridge, flooding, or some other logistical constraint, the nearest accessible town or village to that selected cluster was used as a substitute.

Within each selected village or urban neighborhood, a first house to be interviewed was selected at random and the next nine houses were selected systematically in an attempt to have a sample that was spread evenly over the village or neighborhood. The sampling interval varied within each village or neighborhood, based on an estimate of the number of households within the village. The smallest interval used, regardless of the number of households in a given location, was six, guaranteeing that a selected households' neighbors would not later be re-selected as a household in the sample. The ten households to be interviewed, and each one's three nearest neighbors, were identified by the team leader before interviewers approached the house.

Interviewing

Training of the interviewers took place over five days. Most interviewers had experience interviewing in the past, with non-governmental organizations or private companies. All were female, university educated, and fluent in French and Sangho, a language spoken nationally by the people of CAR. Many interviewers spoke some other local languages as well. The training methodology included role play, didactic sessions, and practice interviews, and the survey instruments (questionnaire and data collection form) were repeatedly revised throughout this process. Interviewers were trained in surveying methods, data collection techniques, discussing sensitive topics, and interacting with survivors of violence.

The training also included a discussion of child protection and gender-based violence issues in CAR, with extensive discussions on the meaning and definitions of the grave violations being measured. The interviewers were able to provide input on placing each definition within a local context and shaping the questions to assure that local populations would understand what was being asked of them. Two days of field testing the questionnaire and data collection instruments were undertaken in Bangui at the end of the training. The semi-structured interviews were almost all in Sangho. The written questionnaires were in French initially, in which all interviewers were fluent. Sangho translations of the written French used in the questions were then verbally agreed upon by the team. A small number of the interviews took place in other local dialects.

The definitions for each grave violation, as agreed upon by the research team, are as follows:
- **Injury:** Any type of injury to a person, accidental or intentional, including killing and other injuries that resulted in physical harm. The intentional vs. unintentional determination was recorded based on the interviewees' perception.
- **Recruitment:** Being approached by or recruited to join armed groups, forcibly or otherwise (i.e. voluntarily).
- **Abduction:** Being forcibly taken or disappearing from a home or village.
- **Sexual Abuse**: Unwanted verbal harassment or attempts at touching; unwanted sexual advances such as kissing, groping, etc.; or attempted rape, defined as an attempt at non-consensual penetration of an orifice by an object or the body part of another person, without the actual act of penetration taking place.
- **Rape:** Penetration of an orifice by an object or the body part of another person, without one's consent.

During data collection, interviewers approached the selected household and asked for the female head of household. After explaining the purpose of the visit, and assuring that the woman was at least 18 years of age, the interviewer would invite her to participate in an interview. The interviewer read a consent statement and asked for the respondent's informed consent to participate in the interview. The age and marital status of the respondent was recorded on the data collection form. If there was no female over the age of 18 at home and/or willing to participate, the interviewer would go to the next nearest neighbor of the three households previously identified by the team leader. If the interviewer encountered four refusals or unavailable households in a row, the interviewer would then proceed to the household at the start of the next sampling interval.

The interview always began with an open-ended question about the problems facing women and children in the selected neighborhood or village. This would often lead into one of the topics to be discussed. Interviewers were encouraged, to the extent possible, to collect the information via loosely structured conversations rather than by a series of rigid questions.

To facilitate the interview, objects were used to represent the compositions of the three nearest households to the interviewee's household. Different-sized bells or buttons were used to denote both males and females above 18 years, males and females between 5 and 17 years, and children below 5 years of age. As each additional household was described, more objects were added to the pile that represented the combined composition of the three nearest households. When events were described, interviewers could refer to the objects to ensure that the person experiencing the incident was one of the neighbors previously described. In the case of a death, an object could be placed in the collection to confirm that there was previously another person living among this group.

Use of these objects thus facilitated the discussions about neighboring households, making data collection clearer and faster. Their use also added a degree of anonymity to the neighbor's information, in that the specific neighboring household of someone experiencing an incident was not indicated to the interviewer. If an interviewee did not know a household well enough to provide at least the crude composition of a neighbor's household, the interviewee was not asked about that neighbor.

The questionnaire is attached as Annex 1, and asked about household composition, births and deaths since January 1, 2009, as well as occurrence of the grave violations mentioned above since January 1, 2008; the longer recall period for grave violations was deemed appropriate in order to include events occurring before a peace accord was signed in June 2008. In addition to incidents of rape, incidents of sexual abuse (including harassment and attempted rape) within the recall period were also recorded. All questions were asked both for the respondents' household and those of her three closest neighbors. At the end of the interview, women were asked what they thought would be the most helpful solutions to the problems discussed. If health or other services were available nearby, the interviewer would also offer information on services that may be relevant to respondents' needs. Interviews typically lasted about 40 minutes.

The short mortality survey exercise assessed only three things: the composition of the household, and births and deaths since the start of 2009. The male interviewer could interview any adult in the household regardless of gender. While the introductory statement was similar to that of the interviewers using the neighborhood methodology, the interview itself was brief and businesslike.

Privacy and confidentiality were of great concern to the team. Interviews were conducted in private or with household members that the interviewee requested be present. Because spousal

abuse could be a topic of discussion, as a rule, interviews were not completed if husbands or other adult males were present. No names or addresses were recorded.

On a few occasions, households were revisited after a few days to see if any questions had arisen or if any adverse consequences had arisen. In a small subset of places where four houses in a row were missed, the homes were revisited and the interviews conducted with the women that were absent during the original day of data collection. This was done to determine the potential for absentee bias associated with these initial skips. Data from these revisits are not included in the numbers and rates reported in the tables below.

Analysis

Data were analyzed by strata. The midpoint date of the interviewing process was used for a recall period (6.1 months for mortality, 18.1 months for other grave violations). Data analysis was conducted using Excel and Epi Info. Where events were recorded over an 18.1 month period (abduction, recruitment, maiming, sexual abuse, rape), annualized rates are reported. Rape and sexual abuse only occurred in females 5 years of age and older, therefore rates of those two measures used a denominator of females 5 years and older. Risks associated with living in one stratum versus the other were assessed by constructing 2x2 tables and then analyzed using Epi Info Version 3.5.1 (CDC, Atlanta GA, USA 2008).

Mortality was assumed to be equal to the number of deaths, divided by the number of persons presently living in the households minus half the births plus half the deaths, or: deaths / (present living residents in the households – ½ births + ½ deaths) over the recall period. This assumes that the average household had as many people move out as move in over the recall period. Under-five (<5) mortality was defined as the number of deaths among children under 5 years old, divided by the number of under-five year olds living in the households plus half the number of deaths among under-five year olds, or: deaths <5 / (those <5 living in the households + ½ the <5 deaths) over the recall period. This assumes that an equal number of resident children turned age five in the recall period as were born. This approach to mortality estimation is known as the current household census method.

Confidence intervals within strata were calculated using Epi Info Version 6.04 (CDC, Atlanta, GA USA, May 1996). Nationwide estimates were created using WINPEPI Describe version 1.44 (J.H. Abramson, 2004), which weighted the strata proportional to their population according to the 2003 census in making point estimates and confidence intervals. For confidence interval calculations, the entire sampling universe was assumed to have the same age and gender breakdown as the sample taken (for example, 16.7% of the sample in the northern stratum is <5 years old, so the entire population of <5 years olds in the Northern stratum was assumed to be 16.7% of the 1.394 million people comprising the entire 2003 census estimate for that area).

RESULTS

In total, 598 women were interviewed about events in approximately 2,375 households across the two strata: 310 women in the Southern Stratum and 288 women in the Northern Stratum. The vast majority of women interviewed were able to report on the situations of the residents in all three neighboring households. Thus, the total population of selected households and their closest neighbors represented in the survey is 13,547 persons: 6,548 in the Northern Stratum and 6,999 in the Southern Stratum.

Of the 6,999 people reported on in the Southern Stratum, 1,245 are under the age of five. Of the 5,754 people over the age of five, 3,089 are female and 2,665 are male. The sample included 2,527 children between the ages of five and 17 (inclusive), with 1,324 girls and 1,203 boys. The sample included 3,227 adults (18 years or over), with 1,765 women and 1,462 men.

Of the 6,548 people reported on in the Northern Stratum, 1,146 are under the age of five. Of the 5,396 people over the age of five, 2,924 are female and 2,472 are male. The sample contained 2,427 children between the ages of five and 17 (inclusive), with 1,250 girls and 1,177 boys. The adult sample (18 years or over) included 2,969 people, with 1,674 women and 1,295 men. For 6 people, either exact age or gender was unknown.

Overall, nine of the 69 sampled areas selected were unable to be accessed by the research team and unable to be reliably substituted with a nearby village or *quartier* (neighborhood). Seven of these areas were located in the Northern Stratum and include villages in the two prefectures that were completely inaccessible at the time of research, due to both security and logistical constraints (Vakaga and Haut Mbomou). Another was in an area of Bamingui Bangoran identified as a UN "no travel" zone. Thus, three of the missed clusters were from an excluded part of the sampling universe. Two of the inaccessible clusters were encountered in the Southern Stratum and were inaccessible due to bad road conditions. On 9 occasions (4 in the North and 5 in the South), the specific village selected could not be reached because of a bridge outage or other logistical barrier, and a neighboring substitute village was selected.

Eight households (1.3%) refused to be interviewed, usually because the female head of household was too busy. Of these, four households were located in the Northern and four were in the Southern Stratum.

On 285 occasions, houses were approached and no one was at home, but one of the other three neighbors was successfully interviewed. If neighbors can report successfully on their neighbors, then this 32% of households not at home creates no potential bias. If neighbors consistently report incompletely about other neighbors and those not at home differed from their neighbors, then a potential source of bias exists. On an additional 63 occasions (10.5%), the selected house and all 3 neighbors were not at home. Because these events were believed to hold a greater potential for absentee bias, on 11 occasions in three locations, places where four households in a row were previously found to be empty were revisited on another day and the selected household or a neighbor was successfully interviewed. Because only a small number of repeat visits were able to be performed, the data from these revisits cannot be used for statistical testing, only as an indication of the likelihood of bias.

To assess the affect of absentee bias, these 11 successful revisit interviews with information on 44 households were compared to the characteristics of the same village cluster's data on 40 households from the initial visit, weighted proportionally to the number of revisit interviews (that is, a cluster with three revisits was weighted 3 times more than a cluster with one successful revisit interview). The 44 households initially missed but later represented by an interview had a weighted average household size of 5.9 compared to 5.4 in those found at home on the first visit in the same locations. The death rate was 4.8/1000/month compared to 5.7/1000/month in those initially found at home. Because they were so rare, the combined frequency of the 4 grave violations were examined, finding 2.7% of revisited household residents had experienced a grave violation as compared to 2.3% among those initially found. While limited, this data suggests that houses initially missed were not dramatically better or worse off than those interviewed with regard to mortality or the occurrence of grave violations.

At the beginning of the interview, respondents were asked a general question about problems facing women and children in their village/neighborhood. In the Northern Stratum, the three most frequently raised issues related to health and health care (mentioned 176 times), food and nutrition (101), and water and sanitation (90). In the Southern Stratum, the most frequently mentioned areas of concern were health and health care (204), water and sanitation (109), and access to/quality of schooling (67), which was followed closely by support for agriculture and technology (including livelihood and income-generating activities) (66). At the end of the interview, respondents were asked about what would help women cope with the problems facing them and their children in their village/neighborhood. In the Northern Stratum, the three most frequent responses related to support for health and health care (287), food and nutrition (182), and water and sanitation (157). In the Southern Stratum, the most frequently mentioned areas for support were health and health care (332), water and sanitation (192), and circulation of money (including support of microfinance projects and increased purchasing power) (132). Notably, one respondent in the South said, "Services like the people in the north receive."

The emphasis on a need for health care, food, and water points to the dire situation most Central Africans find themselves in, with even the most basic needs going unmet. Concerning health, many women spoke of the long distance to clinics and hospitals; the lack of qualified staff, equipment, and medicines once there; and the specific health needs of women and children. It is important to note that respondents were not asked to rank their needs/concerns, nor were they prompted to talk about more sensitive or personal topics—what is noted above are solely frequencies of response. In addition to these areas, women interviewed also mentioned less frequently needs and concerns related to insecurity; theft; lack of access to markets; transport/degraded roads and bridges; gender-based violence; support for vulnerable groups such as orphans and widows; lack of non-food items such as clothes and materials to build shelters; electricity; unemployment; single motherhood; difficulties cultivating due to rainfall, elephants, and attacks by armed groups; exploitation of natural resources and poaching; and the need for peace and reconciliation in CAR.

In order to assure that respondents did not experience any adverse consequences as a result of speaking with the research team, six clusters were revisited several days after the initial interviews took place. Interviewers were asked to return to their selected households and speak with the women interviewed, if they were home. The interview team was able to speak with 33 respondents, none of whom reported experiencing adverse consequences (i.e. anger or resentment from neighbors, abuse from a family member or spouse) in the period following the initial interview. While many women reported being happy to have participated in the interview process and felt that the survey was good for their country, evidence of raised expectations was found during these revisits. Three women asked when development projects would be brought to their villages and one woman expressed survey fatigue, stating that she continues to participate in surveys, yet nothing changes. The husbands of several women respondents also reported being proud when their wives told them they had represented their family and their village in the survey.

Rape

Rape was the most commonly reported grave violation. All reported rapes were in females and the youngest reported victim was 8 years old. Four episodes of rape occurred in girls 10 years of age or younger.

There were 64 incidents of rape recorded in the Southern Stratum, 15 among girls under the age of 18 and 49 among adult women. These numbers indicate a point estimate of 1.8% of adult women and 0.75% of girls between the ages of five and 17 being raped each year in the South. Marital rape by a woman's husband accounts for 62.5% (40) of all rape recorded, while neighbors or residents of the same village or neighborhood were recorded as the perpetrators of 23% (15) of reported cases and only one (1.6%) case of rape perpetrated by a member of an armed group was reported. Of the 8 other rapes reported, recorded perpetrators included strangers (6), *zaragina* (1), and other/unknown (1).

In the Northern Stratum, there were 117 incidents of rape recorded, 32 among girls under the age of 18 and 85 among adult women. These numbers indicate a rate of 3.4% of adult women and 1.7% of girls between the ages of five and 17 being raped each year in the North. Marital rape by a woman's husband accounts for 34% (40) of all rape recorded, while armed groups are reported to be the perpetrators of 26.5% (31) of reported cases. Of the 46 other rapes reported, recorded perpetrators included *zaragina* (13), neighbors (11), strangers (10), family (5), merchants (3), government forces (1), or other/unknown (3).

In both the Southern and Northern strata, interviewees reported more incidents of rape in their own homes than in their neighbors' households, although this difference was only statistically significant in the South. These differences are shown in Table 1.

**Table 1: Annual Rate of Rape Among Females 5 Years or Older (*episodes per 100 females 5 years and older per year)*

		Percent of all females 5 years of age or older experiencing rape per year, January 2008 – June 2009 (95% CI)
Southern Stratum	**Selves & Neighbors**	**1.38 (1.07 to 1.68) Design Effect (DE)=0.84**
	Selves	**2.26 (1.39 to 3.13) DE=1.28**
	Neighbors	**0.99(.70 to 01.27) DE=0.70**
Northern Stratum	**Selves & Neighbors**	**2.65 (2.00 to 3.29) DE=1.89**
	Selves	**3.10 (1.98 to 4.22) DE=1.40**
	Neighbors	**2.47 (1.72 to 3.24) DE=1.99**
Combined & Weighted National Estimate	**Selves & Neighbors**	**1.84 (0.86 to 2.82)[7]**
	Selves	**2.56 (0.68 to 4.45)**
	Neighbors	**1.53 (0.36 to 2.69)**

Women and girls were 1.9 times more (95% CI: 1.4 to 2.6) likely to be raped if they lived in the Northern Stratum compared to the South. For girls 5 to 17, this risk was 2.3 fold higher in the North (95% CI: 1.2 to 4.3).

If we assume that the most accurate reports are about respondents and their own homes (that is data about "Selves" in the table above), it is estimated that 43,680 incidents of rape occurred per year nationwide (95% CI: 11,600 to 75,800) between January 2008 and June 2009.

Because the sample size is limited and we lose insight if we exclude part of the data, if we assume that the Selves and Neighbors data is the best available insight into the rape of girls 5 to 17 years

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[7] Design Effect or reduction of statistical power associated with the clustering of events is not calculated for these combined and weighted measures, but is accounted for in these confidence intervals generated in WINPEPI.

of age, this sample estimates that 8,200 girls were raped per year (95% CI: 3,300 to 13,100) over the recall period.

Sexual Abuse

As with rape, incidents of sexual abuse, including harassment and attempted rape, were only reported among females five years of age and older.

In the Southern Stratum, there were 3 reports of abuse of girls under the age of 18 and 8 reports of abuse among adult women. Seven (nearly 64%) of all recorded incidents were said to be harassment, while there were two (18%) reports of attempted rape and 2 (18%) reports of other types of sexual abuse.

In the Northern Stratum, there were 21 reports of abuse of girls less than 18 years of age, and 18 reports of abuse among adult women. Seventeen (nearly 44%) of all recorded incidents were said to be harassment, while there were 6 (15%) reports of attempted rape and 16 (41%) reports of other types of sexual abuse.

There were no apparent differences between the reported rates of abuse among the households of interviewees as compared to the households of their neighbors. Whether we assume that self reports are more accurate (suggesting 6,700 abuse events, 95% CI: 0 to 25,000) or the combined data are more valid (suggesting 8,700 events, 95% CI: 0 to 20,000), the low reported frequency of these events prevents an accurate estimate of the annual rate of occurrence, since the confidence interval includes the possibility that perhaps no events occurred.

Table 2: Annual Rate of Sexual Abuse Among Females 5 Years or Older (*episodes per 100 females 5 years and older per year)*

		Percent of all females 5 years of age or older experiencing sexual abuse per year, January 2008 – June 2009 (95% CI)
Southern Stratum	**Selves & Neighbors**	**0.24 (0.08 to 0.39) DE=1.25**
	Selves	**0.21 (-0.02 to 0.44) DE=0.92**
	Neighbors	**0.25 (0.06 to 0.43) DE=1.20**
Northern Stratum	**Selves & Neighbors**	**1.00 (0.64 to 1.35) DE=1.47**
	Selves	**0.72 (0.31 to 1.12) DE=1.67**
	Neighbors	**1.00 (0.60 to 1.37) DE=1.23**
Combined & Weighted National Estimate	**Selves & Neighbors**	**0.51 (0 to 1.17)**
	Selves	**0.39 (0 to 1.44)**
	Neighbors	**0.51 (0 to 1.29)**

Reports of sexual abuse among all women 5 years or older were 3.8 times more likely in the Northern Stratum (95% CI: 2.0 to 7.5). For girls 5 to 17 years of age, the risk was 7.4 fold higher in the North (95% CI: 2.2 to 24.8).

Abduction

Abductions were the second most commonly reported grave violation and occurred primarily in the Northern Stratum.

In the Southern Stratum, six incidents of abduction were recorded, 3 involving children under the age of 18. One girl and two boys under the age of 18 were reported to be abducted. All three adults were men. Four out of the six (66%) abductions were reported to have been perpetrated by *zaragina*.

In total, 115 incidents of abduction were recorded in the Northern Stratum, 21 involving children under 18 years of age, and 94 involving adults over the age of 18. The majority (75) of reported incidents involved adult men over the age of 18; nearly 4% of adult men at risk in the Northern Stratum are abducted each year. Seventy abductions (61.4%) were reported to have been perpetrated by armed groups ("rebels" being the phrase most often used by respondents) and 39 (34.2%) by *zaragina*.

There appears to be no meaningful difference in the rates of reported abductions among the interviewee's households versus the interviewee's neighbors' households. These rates are presented in Table 3.

Table 3: Annual Rate of Abduction (*episodes per 100 residents per year*)

		Percent of all residents abducted per year, January 2008 – June 2009 (95% CI)
Southern Stratum	**Selves & Neighbors**	**0.06 (0.01 to 0.10) DE=1.02**
	Selves	**0.06 (0.04 to 0.17) DE=1.47**
	Neighbors	**0.07 (0.005 to 0.13) DE=1.11**
Northern Stratum	**Selves & Neighbors**	**1.15 (0.79 to 1.51) DE=2.99**
	Selves	**0.90 (0.53 to 1.27) DE=1.19**
	Neighbors	**1.25 (0.84 to 1.66) DE=2.63**
Combined & Weighted National Estimate	**Selves & Neighbors**	**0.45 (0.18 to 0.72)**
	Selves	**0.35 (0 to 0.78)**
	Neighbors	**0.49 (0.16 to 0.82)**

Abduction was reportedly 20.5 times more likely (95% CI: 9.0 to 46.5) in the Northern Stratum. For children under 18 years of age, this risk was 7.4 fold (95% CI: 2.2 to 24.8) greater in the North.

Assuming that the Selves & Neighbors data above provides the best estimate leads to the conclusion that 17,500 individuals were abducted per year (95% CI: 7,000 to 28,000) between January 2008 and June 2009. Of these, the data suggest that 3,700 were children, although this confidence interval includes zero.

Recruitment

Thirty-four incidents of recruitment were recorded among the sampled population, 16 of them forced. All of the recorded forced recruitment occurred in the Northern Stratum. In total, 10 incidents of recruitment occurred among children under 18 years of age, 8 of which were forced. Five incidents of forced recruitment of women were recorded, each of which involved rape and four of which involved girls under the age of 18. Respondents reported that these women were taken by armed groups to "serve as their women". Of the overall number of incidents recorded (forced or otherwise), 68% were recruitments by armed groups and the remaining recruitments were carried out by *zaragina*, government forces, or self-defense groups. Meaningful national estimates cannot be made for such a rarely reported event given the size of this dataset.

Killing or Maiming

In the Southern Stratum, 24 incidents of intentional violence (killing or maiming) against a member of the household or neighboring household since January 1, 2008 were recorded. Of these, five involved children less than 18 years of age, while 19 incidents occurred among adults. Reported perpetrators of these intentional injuries did not include armed groups, the government, or *zaragina*. Most perpetrators were family members or neighbors, with six (25%) incidents of spousal abuse recorded. None of the reported intentional injuries were killings or resulted in death.

Household interviews in the Northern Stratum recorded 65 incidents of intentional violence (killing or maiming) against a member of the household or neighboring household since January 1, 2008. Of these, only 3 recorded incidents were related to children less than 18 years of age, while 62 incidents occurred among adults. Overall, there were 14 reports of killing, yet none of the victims were children under 18 years of age. Of the 14 adults killed, 12 were male and 2 were female. Half of the killings were reported to be perpetrated by armed groups, four by *zaragina*, two by other groups and one by government forces. The largest perpetrators of incidents of intentional violence were armed groups, reported as responsible for nearly 55% (28) of incidents. Of the 51 incidents of maiming, 21 were reportedly perpetrated by armed groups, 7 by *zaragina*, and 11 resulted from spousal abuse.[8]

Table 4 shows that interviewees reported almost twice as many incidents of intentional violence within their own home as compared to their neighbor's homes.

Table 4: Annual Rate of Killing or Maiming (*episodes per 100 residents per year*)

		Percent of all residents killed or maimed per year, January 2008 – June 2009 (95% CI)
Southern Stratum	**Selves & Neighbors**	**0.22 (0.11 to 0.33) DE=1.58**
	Selves	**0.37 (0.20 to 0.55) DE=0.71**
	Neighbors	**0.16 (0.04 to 0.28) DE=1.74**
Northern Stratum	**Selves & Neighbors**	**0.66 (0.44 to 0.88) DE=1.93**
	Selves	**0.90 (0.46 to 1.35) DE=1.67**
	Neighbors	**0.56 (0.31 to 0.82) DE=2.19**
Combined & Weighted National Estimate	**Selves & Neighbors**	**0.38 (0.16 to 0.61)**
	Selves	**0.56 (.07 to 1.06)**
	Neighbors	**0.30 (0.06 to 0.55)**

If we assume that the "Selves" report is most accurate, this suggests that 15,000 incidents of killing or maiming (95% CI: 6,000 to 24,000) have occurred per year over the recall period. The data suggests 1,600 of these incidents are in children under 18 years of age, but the confidence interval is so broad as to make this estimate meaningless.

Killing or maiming was 2.3 times more likely in the Northern Stratum (95% CI: 1.4 to 3.7). For children under 18 years, this risk was insignificant (RR=0.6, 95% CI: 0.0 to 2.7).

No incidents of any of the grave violations were recorded among children less than 5 years of age.

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[8] It should be noted that the survey did not specifically ask or probe about cases of spousal abuse/domestic violence, but some incidents were recorded as part of the questioning related to intentional violence.

Mortality

Since January 1, 2009, the 6,999 people represented by interviews in the 31 clusters of the Southern Stratum experienced 138 live births and 250 deaths. This provides a crude mortality rate (CMR) of 5.9 deaths / 1,000 people / month, and an under-five mortality rate (U5MR) of 7.2/ 1,000 children under five / month.

Since January 1, 2009, the 6,548 people represented by interviews in the 29 clusters of the Northern Stratum experienced 118 live births and 262 deaths. This provides a crude mortality rate (CMR) of 6.4 deaths / 1,000 people / month, and an under-five mortality rate (U5MR) of 8.6 / 1,000 children under five / month.

In both the Southern and the Northern Stratum, there was a significantly higher mortality rate reported in the homes of interviewees than their neighbors. The reason for this difference is not clear. The Selves reports also included more births (28.4/1000/year) than did reports on Neighbors (14.8/1000/year).

Table 5: Crude Mortality Rates (CMR) and Under-5 Mortality Rates (U5MR) (*deaths per 1,000 per month*)

	CMR (deaths/1,000/month), January – June 2009 (95% CI)		U5MR
Southern Stratum	**Selves & Neighbors**	**5.9 (5.2 to 6.4) DE=0.73**	**7.2 (5.3 to 9.0) DE=1.00**
	Selves	**7.5 (6.1 to 9.0) DE=0.94**	
	Neighbors	**5.0 (4.3 to 5.7) DE=0.79**	
Northern Stratum	**Selves & Neighbors**	**6.4 (5.5 to 7.3) DE=1.44**	**8.6 (5.6 to 11.8) DE=2.17**
	Selves	**9.5 (7.9 to 11.1) DE=0.89**	
	Neighbors	**5.2 (4.1 to 6.2) DE=1.64**	
Combined & Weighted National Estimate	**Selves & Neighbors**	**6.1 (5.1 to 7.0)**	**7.7 (4.7 to 10.7)**
	Selves	**8.2 (6.0 to 10.4)**	
	Neighbors	**5.1 (3.9 to 6.3)**	

In 35 clusters a second measure of mortality was conducted in an adjacent area. These rapid interviews (averaging less than 5 minutes each) of 10 households in a row were conducted by a male (unlike all Neighborhood Method interviews) and did not bridge any "sensitive" topics such as rape of sexual abuse. Interviewees were asked about the composition of their households, any known pregnancies and any deaths that occurred since January 1, 2009. The wording of questions was identical to the same inquiries in the neighborhood methodology surveys. These 345 households with 1,963 residents reported 49 deaths and 61 births.

Table 6 presents the contrast between the Neighborhood Method and the more traditional rapid mortality interview technique. Not shown in the table is that the birth rate reported by these rapid interviews (31.1/1000/year) is very similar to what was reported in the "Selves" reports in the neighborhood methodology.

Table 6: Crude Mortality in 35 Clusters Where a Rapid Comparison Was Conducted

	CMR (deaths/1,000/month), January – June 2009 (95% CI) In 35 Clusters	
Simple Rapid Survey	**4.1 (2.6 to 5.6) DE=1.75**	
Neighborhood Method	**Selves & Neighbors**	**5.6 (5.0 to 6.3) DE=1.09**
	Selves	**7.9 (6.7 to 9.2) DE=0.86**
	Neighbors	**4.6 (3.9 to 5.4) DE=1.17**

In nine locations, all households in the village were counted and the average household size from the interviews was multiplied by the number of households in order to estimate the village population. This was only undertaken where the village limits were clear and known. These 9 villages had an estimated population of 4,471 people at the time of the survey. The 2003 census population estimates for those towns was 4,619. This suggests that these 9 combined populations had declined by 3.2% over the preceding 6 years.

DISCUSSION

UN Resolution 1612 focuses on the occurrence of grave violations against children affected by armed conflict. The UN has never had a population-based comprehensive estimate for an entire nation or conflict, and this survey demonstrates the difficulties in acquiring such an estimate. Even in the Northern Stratum where the conflict is most intense, the occurrence of grave violations is reported in a small fraction of households. In spite of slow, respectful interviews by women of women, evidence of considerable underreporting can be seen. Women reported roughly half as many rapes and incidents of intentional violence among their neighbor's households as their own, yet it is unlikely that there was a true difference in the rate of occurrence between them.

In the Northern Stratum, the following grave violations against children were reported, all perpetrated by armed combatants[9]:

- 10 recruitments (8 forced);
- 21 abductions;
- 1 maiming;
- 9 episodes of sexual abuse; and
- 18 rapes.

Thus, in terms of the Resolution 1612 mandate, the 6,548 people represented by surveys in the North experienced 59 violations. This suggests that approximately 8,300 episodes per year should be reported to the Resolution 1612 monitoring process over the recall period. It becomes exceedingly difficult to calculate a confidence interval for this estimate. If one assumes that all of these events are equally well reported, cluster by a similar amount, and that rare events (i.e. 1 intentional injury) have a design effect of 1, then, if this survey process were repeated 100 times, the point estimate of Resolution 1612 violations against children in the North would fall between 6,143 and 10,500 incidents annually in 95% of those repeat surveys.

The 4 violations in the Southern Stratum (2 abductions by *zaragina* and 2 rapes, 1 by *zaragina* and 1 by an armed group) suggest that a very minor fraction of 1612 violations, in the range of 10-15%, occur among the 60% of the population living in those areas. This suggests that the focus of UNICEF's activities and efforts related to Resolution 1612 should be the Northern areas.

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[9] For the purposes of this report, incidents perpetrated by *zaragina* are included here.

Furthermore, the fact that all reported violent deaths occurred in the Northern Stratum indicates that the division of CAR's 16 prefectures into two stratum based on, among other things, differing security situations, was a useful delineation. These results further suggest that Resolution 1612-related programming and monitoring should be focused on the areas within the Northern Stratum.

While there is no existing or baseline information of the four measured grave violations against children in armed conflict, the absolute figures point to greater incidence of abduction than of recruitment, killing or maiming. Additionally, the majority of incidents involved adults over the age of 18, not children. It is likely that rape and sexual abuse were under-reported, due to the sensitive nature of these incidents and cultural constraints on discussing these matters. Nevertheless, data reveal that in the Northern Stratum each year 1.7% of girls 5 to 17 years of age and 3.4% of women are raped. Within the Southern stratum, 0.75% of girls 5 to 17 years and 1.84% of women are reported as being raped each year.

Furthermore, the interviewing team has less confidence in the completeness of reports collected about rape and sexual abuse than those collected on births, deaths, and abductions. In a focus group following the data collection process, the interviewers (who are by and large experienced, professional surveyors) noted that many respondents "laughed" when probed about marital rape, saying that they understood that to be a normal part of life rather than a "problem"; the interviewers also commented that they believed respondents grossly under-reported such events. Thus, in addition to the stigma mentioned above, lack of sensitization on issues of gender-based violence may have also contributed to lower numbers of incidents reported.

The mortality rate measured by the Neighborhood Method (6.1/1,000/month) suggests approximately 300,000 deaths are occurring each year if the national population still exceeds 4 million, as suggested by the 2003 census. Most of the deaths are in children, and most deaths are from preventable diseases such as malaria and diarrhea. The high mortality rate alone suggests the nation as a whole constitutes a humanitarian crisis. The rate reported among the interviewees' households was statistically higher than reported in the households of neighbors in both strata. We believe it is unlikely people were fabricating deaths in their own homes; therefore it is more likely that they are under-reporting deaths among their neighbors, suggesting the CMR may indeed be as high as 8.2 deaths per 1,000 per month.

Because mortality has been measured in many conflict settings and occasionally validated, roughly confirming the mortality rate by some other method was deemed important in understanding the ability of people to report on their neighbors. Therefore, a second rapid mortality estimate was conducted in 35 of the selected clusters. In those clusters, a male interviewer conversing briefly with an adult in each household (usually female) recorded only 73% as many deaths. This method is analogous to surveys conducted elsewhere in the region.[10] By any of these three measures (Neighborhood Method reports from within the respondent's home, Neighborhood Method reports on the respondents' neighbors' households, or the more traditional mortality rapid assessment), CAR is in a humanitarian crisis. The fact that the population has declined in the nine villages where such a comparison could be obtained further supports this scenario.

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[10] Elevated Mortality Associated With Armed Conflict --- Democratic Republic of Congo, 2002. MMWR. Vol. 52(20); 469-471.

These nine clusters where distinct boundaries were known and time allowed for careful counting of all households tended to be rural and small (population range: 170 to 1,172, average 497). Therefore this last finding may be a function of a shrinking population, or the populations moving from rural to urban areas. Importantly, for the population to have grown at 2-3% per year as assumed by the Ministry of Planning, rather than shrunk by 3% over the past 6 years as suggested by this survey's comparison of (mostly rural) village populations, a migration of roughly 20% of the rural population (a population similar in size to the capital Bangui) would have to have moved to urban areas. Finding low rates of birth and only 17% of the population less than 5 years of age, while simultaneously experiencing an under-5 mortality rate not much higher than the overall crude mortality rate, further suggests the population shrinkage is not just an issue of urban migration.

The Sphere Project's Humanitarian Charter and Minimum Standards in Disaster Response (2004 Edition) defines emergency situations as a doubling of baseline mortality rates and/or, for Sub-Saharan Africa, a CMR of 0.9/10,000 people/day and a U5MR of 2.3/10,000 people/day, which translates to a CMR of 2.7/1,000 people/month and a U5MR of 7.0/1,000 people/month. Additionally, Médecins Sans Frontières (MSF) Refugee Health Handbook sets an emergency threshold of >1 death/10,000 people/ day or >3 deaths/1,000 people/month. The U.S. Centers for Disease Control (CDC) MMWR (July 24, 1992/Vol. 41/No. RR-13) states that a situation is a cause for concern when CMR reaches 1/10,000 people/day or 3/1,000/month and U5MR reaches 4/10,000 people/day or 12.2/1,000 people/month.

When comparing these standard definitions of an emergency to the resultant mortality rates found in CAR for the first six months of 2009, it is clear that the present situation in both the northern and southern areas of the country far surpass the definition of a humanitarian emergency.

Table 7: Commonly Used Emergency Threshold Mortality Rates

Mortality Rate Thresholds in Emergencies (/1,000 people / month)	Sphere Project	MSF	CDC	CAR (South / North)
CMR	2.7	3	3	5.8 / 6.4
U5MR	6.9		12.2	7.1 / 8.6

To further emphasize the dire situation unfolding in CAR, as measured by mortality, one can look at recent data from neighboring countries in conflict. Similar household mortality surveys have been undertaken in the Democratic Republic of Congo (DRC) in 2006-2007[11], the Darfur region of Sudan in 2005[12], and northern Uganda in 2005[13]. Rates recorded in CAR are nearly two to three times as high as rates found in neighboring countries experiencing conflicts within the past five years.

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[11] The International Rescue Committee. "Mortality in the Democratic Republic of Congo; an ongoing crisis." 2007.
[12] Federal Ministry of Health Sudan and World Health Organization Sudan. "Mortality survey among internally displaced persons and other affected populations in greater Darfur, Sudan." 2005.
[13] The Republic of Uganda Ministry of Health. "Health and mortality survey among internally displaced persons in Gulu, Kitgum and Pader districts, Northern Uganda." 2005.

Table 8: Conflict Mortality Rates from Neighboring Countries

Mortality Rates from Neighboring Conflict Areas (/1,000 people / month)	DRC (2006-2007)	Darfur (2005)	Northern Uganda (2005)	CAR (2009) (South / North)
CMR	2.2	2.4	1.54	5.8 / 6.4
U5MR	5.0		3.18	7.1 / 8.6

While the World Health Organization (WHO) regularly compiles mortality statistics for all countries, including CAR, different methods of data collection are used to arrive at the given rates. Rates reported above were gathered using the current household census method with a short recall period of six months. This allows for a brief snapshot of the existing mortality situation. Methods used by the Demographic Health Surveys (DHS), UNICEF, and WHO, tend to employ much longer recall periods (five years for under-five mortality) than the six months used in this survey. Given that situations can change dramatically over time, especially throughout the course of acute or protracted humanitarian emergencies and conflict, a mortality measure with a five year recall period is impractical for a country like CAR. Further, studies in the region suggest that surveys asking mothers about births and deaths over a multi-year period fail to capture most deaths.[14,15] The rates presented below, which are not exactly analogous in denominator to those we collected, were gathered from the WHO 2009 World Health Statistics.

Table 9: WHO Mortality Figures

	Under-Five Mortality Rate (Probability of dying by age 5 per 1,000 live births)	Adult Mortality Rate (Probability of dying between 15 and 60 years per 1,000 population)	U5MR (per 1,000 children <5 / month)	CMR (per 1,000 people 15-60 years old /month)
WHO / CAR Statistics	172	456	2.87	0.84
			U5MR (per 1000 children <5 / month)	CMR (per 1000 people / month)*
1612 Survey / CAR (South/North)			7.1 / 8.6	5.8 / 6.5

*Note, the 1612 Survey CMR includes persons of all ages (including children), while the WHO estimate does not.

As stated above, current WHO estimates of mortality and under-five mortality likely under-represent the severity of the current situation facing residents of the country, both in the northern areas and in the south.

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[14] Becker SR, Thornton JN, Holder W. Infant and Child Mortality in Two Counties of Liberia: Results of a Survey in 1988 and trends since 1984. Int. J. of Epi. Vol. 22, suppl. 1, 1993. pp. S56-63.
[15] Taylor WR, Chahnazarian A, Wienman J, Wernette M, Roy J, Prebley AR, Bele O, ma-Disu M. Mortality and Use of Health Services Surveys in Rural Zaire. Int. J. of Epi. Vol. 22, suppl. 1, 1993. pp. S15-19.

The measured mortality in CAR reflects a greater number of deaths than births by two out of three measurement techniques, a situation that has previously occurred only during the most dire of humanitarian crises. However, only ten of the deaths recorded in 2009 were violent deaths. The mortality crisis in CAR therefore appears not to be directly linked to current or recent conflict, but rather to a non-functioning health care system. This state of affairs is exacerbated by the lack of transport links throughout the country which results, in part only, from the current and recent conflicts. The supposition that the effects from the war are indirect is further supported by the similarity between mortality rates in the conflict-affected northern areas of the country and in the Southern Stratum.

While the interviewer team was not trained to probe in detail for cause of death, most recorded causes are listed simply as unknown illness, short or long. Occasionally, symptoms of the cause of death or specific infectious diseases were listed, but these rarely provided detail beyond fever, diarrhea or malaria. The lack of understanding over cause of death points to the complete inability of people to access health care capable of diagnosing or treating illness.

Furthermore, the fact that all reported violent deaths occurred in the Northern Stratum indicates that the division of CAR's 16 prefectures into two strata based on, among other things, differing security situations, was a useful delineation. These results further suggest that Resolution 1612-related programming and monitoring should be focused on the areas within the Northern Stratum.

Strengths and Limitations

Given the ongoing security problems in the seven northern areas unable to be reached by the survey team, and the remote locations of the two such areas in the south, it is expected that the reported number of incidents for all grave violations, as well as the reported mortality rates, are lower than they would have been had these areas been included. In the excluded prefectures of Vakaga and Haut Mbomou, UN reports of grave violations against children having occurred there over the recall period[16] strengthen this assumption. In addition to the areas that were excluded from the study, nine clusters were substituted with the nearest accessible village or *quartier* within the same geographic area (defined as, for example, being located on the same road). In cases where the closest site was a city, a neighborhood was randomly sampled within that city to be the site for interviewing. There were four substitutions in the Northern Stratum and five substitutions in the Southern Stratum. While these substitutions may bias the results since the substituted areas were more accessible, the effect would be likely to err in the direction of underestimating the rates of deaths and adverse events.

The team attempted to verify cases or findings with local operational organizations where possible; due to confidentiality concerns, it was never possible to match specific cases with another data set. In Kaga Bandoro, an agency that provides services to victims of rape and sexual abuse reported approximately 1,200 rape survivors treated over the past two years. Both that agency and another operational in the same area reported not receiving any specific report of abduction in the area. Yet this survey's data for the same area suggests that adults and children experienced abduction more frequently than rape over the past 18 months. To the survey team's knowledge, no services are available to help families or victims of abduction. Likewise, most cases of child recruitment brought to the attention of the UNICEF Child Protection Officer reportedly came forward as a result of the offering of demobilization services to such children—that is, the offering of a program seems to have triggered the identification of child soldiers. Both of these examples point to the possibility that passive surveillance

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[16] See the 26 March 2009 Report of the Secretary-General on Children and Armed Conflict (A/63/785—S/2009/158).

information, and perhaps people's awareness of events in a community, might be mediated by the availability of services to address their problems.

The ability to interview some households which were initially missed due to the absence of available respondents strengthens the study, in that evidence of a significant absentee bias was not seen. However, the data set on which this observation is based provides limited confidence in the lack of bias noted, given the small number of households reached through re-visits (11 groups of four households).

A limitation of many surveys, particularly those on sensitive topics, is that people might not tell the truth. The survey instrument (questionnaire) was designed to compensate for this by asking first about benign general concerns and less sensitive subjects, such as the number of pregnancies and deaths in the household. The more sensitive topics were usually broached after the interviewee had raised them. Interviewers were also trained on techniques for talking about such topics. The results are further strengthened through the survey team's attempt to independently verify Neighborhood Method mortality rates by conducting a traditional household survey in adjacent areas of some sites, and to assess the village size compared to the 2003 estimate, where possible.

The use of semi-structured, open-ended interviewing was both a strength and limitation of the survey design. It presented a huge advantage in that every interviewing encounter was tailored to match the respondents' comfort level, language differences, and general disposition, with the French questionnaire and verbally-agreed Sangho translations serving as a guide. However, the reliability of the process is arguably limited as no two interviews were exactly the same. Interviewers reported that the vast majority of interviews occurred in Sangho, for which a translation was standardized, but some did occur in other languages.

The surveying team faced security and logistical constraints, including the time of year in which the survey was conducted. Interviews were carried out during the rainy season, when many women work in the fields all day, sometimes sleeping there as well. This sometimes led to difficulties in finding women in their villages, and may have led to a higher number of missed households than what would have been possible during other times of the year. Additionally, rain damage prevented use of some roads and bridges, and security restrictions meant that vehicles could only travel during certain times of day, limiting the hours during which a village could be visited and the time that could be spent there.

The UN security clearance process also created serious barriers to the field work. While three of the selected clusters were in "no travel" areas, this was an inevitable consequence of the insecurity in CAR. Instead, it was the requirement to predetermine the days and exact places of travel many days in advance that made some tasks, such as returning to villages where many households were not home at the first visit, almost impossible. Changing locations because of food distributions or other events that disrupted the survey process was also extremely difficult. It was so challenging to alter the pre-approved itinerary that, on one occasion, UN security personnel initially forbid the surveying team from cancelling travel to a town where attacks had occurred the night before.

Importantly, the "Neighborhood Method" offered a faster, cheaper way of conducting a population-based survey about sensitive topics in a country where transport links are extremely poor, and sometimes non-existent. Accessing isolated villages with enough time left to conduct a traditional household-based survey and return to a secure location for the night would have been extremely difficult. Funding is also an issue for many operational agencies in CAR, and the

ability to conduct this survey with a budget of less than $40,000 adds to its usefulness in resource-poor settings. The field work of the survey itself took approximately one week of training plus five weeks of interviewing.

Finally, by asking about both the experiences of the respondents themselves and their neighbors, use of the Neighborhood Methodology offered two lenses through which to evaluate information about a population: what people know about their households, and what they know about their neighbors' households. If a respondent is reluctant to discuss problems occurring in one of these social spheres (for example, her own household), presumably she may be more open to discuss problems among the other (for example, the neighbors' household), providing some means of internal verification between these two views into the lives of Central Africans.

CONCLUSIONS

- This experience shows it is possible to collect representative, population-based estimates regarding the occurrence of grave violations in difficult and politically unstable settings, although further validation is required. The survey was conducted for less than $40,000 (USD), and displays the potential for alternative monitoring mechanisms in other countries.

- Of the Resolution 1612 grave violations measured in this survey, most are occurring in the Northern Stratum of the country. Related activities should thus be focused on these areas. Rape had the highest recorded prevalence, with an estimated rate of 1.7% of girls between the ages of five and 17 being raped each year in the North.

- The extremely high crude mortality rate points to the lack of a functioning health system as a priority problem for both children and adults throughout the country. This was the most frequently cited need by interviewees. Access to health care must be improved in all regions of the country.

- The mortality findings should be verified by the World Health Organization or implementing partners with an existing, on-the-ground presence in CAR. The unusual finding of more deaths than births reported herein makes the validation of these findings relatively easy. If several operational partners would monitor births and deaths in two to three selected locations of their operational areas for a period of several weeks, a collective rejection or confirmation of these findings could be made by the humanitarian community.

Guide d'Enquête

Voir la forme ci-jointe de consentement – Assurez que la femme bien comprend ses doits pendant l'enquête.

Obtenez les informations de base sur la femme enquêtée et le voisinage :

1. **Quel âge avez- vous ?**

2. **Quelle est votre situation matrimoniale ?**

3. **Pouvez-vous me dire combien de personnes vit dans votre ménage ?**

(Enregistrez <u>l'âge</u> et <u>le sexe</u> de chaque personne. S'il y a un doute, citez même les personnes qui vivent temporairement dans la ménage jusqu'à hier nuit.)

Étalez les boutons et les utilisez représenter la composition de chaque des trois ménage les plus proches.

4. **Dites-moi environ combien de personnes vit chez le 1er voisin ?**

   Pouvez vous dites l'âge et le sexe de chacun de ces personnes ?

Arrangez les boutons

5. **Dites-moi environ combien de personnes vit chez le 2eme voisin ?**

   Pouvez vous dites l'âge et le sexe de chacun de ces personnes ?

Arrangez les boutons

6. **Dites-moi environ combien de personnes vit chez le 3eme voisin ?**

   Pouvez vous dites l'âge et le sexe de chacun de ces personnes ?

Arrangez les boutons

Commencez par des questions ouvertes au sujet des problèmes des femmes dans la communauté

7. **Pouvez-vous me dire quels sont les problèmes de sécurité que rencontrent femmes et les enfants dans la communauté ?**

Enregistrez les idées principales
Cette conversation peut s'étendre sur plusieurs minutes si cela s'avère nécessaire.

8. Est-ce que depuis le Nouvel An de 2009, quelqu'un de votre ménage a été enceinte ?

SI OUI : **Est-ce que la grossesse s'est bien déroulée jusqu'a l'accouchement.**
SI NON : *Continuez à question 9.*

→ SI OUI : **Comment l'accouchement s'est déroulée ?** *Notez Qui & Quand.*
→ SI NON : **Quelles sont les complications qui ont survenues au cours de la grossesse.** *Notez Qui & Quand.*

Présentez des boutons qui représentent les trois ménages :

9. Y a-t-il eu des femmes enceintes depuis le Nouvel An de 2009 dans ces 3 ménages ?

SI OUI : **Est-ce que la grossesse s'est bien déroulée jusqu'a l'accouchement.**
SI NON : *Continuez à question 10.*

→ SI OUI : **Comment l'accouchement s'est déroulée ?** *Notez Qui & Quand.*
→ SI NON : **Quelles sont les complications qui ont survenues au cours de la grossesse.** *Notez Qui & Quand.*

10. Est-ce que depuis le Nouvel An de 2009, quelqu'un de votre ménage est décédée ?

SI OUI : *Enregistrez les détails –*
C'était une femme ou un homme, une fille ou un garçon ?
Il/Elle avait quel âge ?
Quand est-ce la mort ?
Comment a-t-il/elle est décédée ?
SI NON : *Continuez.*

Présentez des boutons qui représentent les trois ménages :

11. Est-ce qu'il y a quelqu'un dans les trois ménages qui est décédée depuis le Nouvel An de 2009?

SI OUI : *Enregistrez les détails –*
C'était une femme ou un homme, une fille ou un garçon ?
Il/Elle avait quel âge ?
Quand est-ce la mort ?
Comment a-t-il/elle est décédée ?
SI NON : *Continuez.*

Placez les boutons appropriés et confirmer tous les morts.

12. Je comprends qu'il y avait beaucoup de voleurs et des groupes armés dans certaines parties du pays.

Y-a-t-il quelqu'un de votre ménage qui a été blessé depuis le Nouvel An de 2008?

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?
   Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été blessée ?
   Qui l'a fait ?

SI NON : *Continuez.*

Présentez des boutons qui représentent les trois ménages :

13. **Y-a-t-il quelqu'un dans ces trois ménages qui a été blessé depuis le Nouvel An de 2008?**

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?
   Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été blessée ?
   Qui l'a fait ?
SI NON : *Continuez.*

Confirmez ceci en plaçant de côté les boutons qui reflètent les bons genres et âges et obligez l'interviewé à confirmer.

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14. **Je sais que les groupes armés essayent souvent d'obliger des hommes et des femmes à partir au loin avec eux.**

   Y-a-t-il quelqu'un de votre ménage qui a été approché ou recruté par les groupes armés depuis le Nouvel An de 2008?

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?
   Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été approchée ou recruté ?
   Qui l'a fait ?
SI NON : *Continuez.*

Présentez des boutons qui représentent les trois ménages :

15. **Y-a-t-il quelqu'un de ces trois ménages qui a été approché ou recruté par les groupes armés depuis le Nouvel An de 2008?**

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?

Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été approchée ou recruté ?
Qui l'a fait ?

SI NON : *Continuez.*

Confirmez ceci en plaçant de côté les boutons qui reflètent les bons genres et âges et obligez l'interviewé à confirmer.

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16. **Je sais que des enfants sont pris ou parfois entraînés loin de leurs familles par les groupes armés ou des hommes quelconques.**

   Y-a-t-il quelqu'un de votre ménage qui a été enlevé ou a disparu depuis le Nouvel An de 2008?

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?
   Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été enlevée ou a disparu ?
   Qui l'a fait ?

SI NON : *Continuez.*

Présentez des boutons qui représentent les trois ménages:

17. **Y-a-t-il quelqu'un de ces trois ménages qui a été enlevé ou a disparu depuis le Nouvel An de 2008?**

SI OUI : *Enregistrez les détails –*
   C'était une femme ou un homme, une fille ou un garçon ?
   Il/Elle avait quel âge ?
   Quand est-ce que l'événement ?
   Qu'est-ce qui s'est passé ? Comment la personne a-t-elle été enlevée ou a disparu ?
   Qui l'a fait ?

SI NON : *Continuez.*

Confirmez ceci en plaçant de côté les boutons qui reflètent les bons genres et âges et obligez l'interviewé à confirmer.

Je sais qu'il peut être difficile de discuter ces sujets.

SVP laissez-moi vous rappeler que si vous ne voulez pas en parler, on peut s'arrêter à tout moment.

Si l'interviewé a donné des informations de l'abus sexuel, le violence sexuel, les viols, etc. á la question 7, vous pouvez dire :

Vous avez mentionné que le viol/abus sexuel est un des problèmes de cette communauté.

Si l'interviewé n'a pas donné des informations de l'abus sexuel, le violence sexuel, les viols, etc. á la question 7, vous pouvez dire

Un bon nombre de femmes rapportent que l'abus sexuel est un grand problème dans leur communauté.

Faites une brève introduction des sujets comme l'abus sexuel, le viol, l'exploitation, etc.

Présentez des boutons qui représentent les trois ménages :

18. **Vos voisins dans ces trois ménages ici, y-a-t-il quelqu'un qui été violés depuis le Nouvel An de 2008?**

SI OUI : *Enregistrez les détails –*
    Pouvez-vous me dire ce qui s'est passé ?
    Qui a fait cela? Quelqu'un dans le ménage ?
    Où cela s'est-il produit ?

Si la pénétration n'est pas mentionnée, l'interviewer devrait sonder pour découvrir si l'incident impliquait la pénétration.

Si l'incident impliquait la pénétration, l'interviewer devrait cocher l'incident en tant que viol.

Si l'incident n'impliquait pas la pénétration, l'interviewer devrait cocher l'incident en tant qu'abus sexuel.

19. **Y a t-il eu dans votre ménage ou quelqu'un de votre ménage a-t-il été forcé à avoir des rapports sexuels avec quelqu'un contre sa volonté depuis le Nouvel An de 2008?**

SI OUI : *Enregistrez les détails –*
    Pouvez-vous me dire ce qui s'est passé ?
    Qui a fait cela? Quelqu'un dans le ménage ?
    Où cela s'est-il produit ?

CONCLUSION

20. **Pour les femmes et les enfants qui ont subit la violence, l'abus sexuel ou le viol, comment pensez-vous pouvoir les aider à y faire face ?**

Merci d'avoir pris le temps de parler avec moi. J'ai pu poser toutes mes questions. Je veux juste te dire encore que tout ce que tu nous à dit est strictement est confidentiel. Ces informations nous aideront à mieux comprendre les problèmes qui se posent aux femmes et aux enfants dans cette communauté, et nous aideront à fournir de meilleurs services. Y a-t-il toute autre chose qui vous voudriez nous dire, ou nous demander ?

- *Remerciez la femme pour sa disponibilité*

- *Expliquez les services médicaux, les services sociaux, et les protocoles légaux disponibles [la liste actuellement assemblé par l'UNICEF et leurs associés]*

- *Expliquez que l'UNICEF va faire avec l'information rassemblée par ces entrevues*

- *Demandez à la femme si elle n'a plus de questions.*

Interviewer Guide

INFORMED CONSENT

See Attached Consent Form.
Assure that the woman understands her rights during the interview.

Obtain basic information about the respondent and neighbors:

1. **How old are you?**

2. **What is your marital status?**

3. **Can you tell me, how many people live in your household?**

   (Record the age and gender of each person. If there is any doubt, only note the people who slept in the house the previous night.)

   Arrange the buttons/bells and use them to represent the composition of each of the three nearest neighbor households.

4. **Tell me about how many people live in the first neighbor's household? Can you tell me the age and gender of everyone?**

   (*Arrange the buttons/bells)*

5. **Tell me about how many people live in the second neighbor's household? Can you tell me the age and gender of everyone?**

   (*Arrange the buttons/bells)*

6. **Tell me about how many people live in the third neighbor's household? Can you tell me the age and gender of everyone?**

   (*Arrange the buttons/bells)*

Begin with open-ended questions about problems facing women in the community

7. **Can you tell me about the security concerns facing women and children in this community?**

Record key ideas expressed.
This conversation can flow for many minutes if needed.

8. Since New Year', has anyone in your household been pregnant?

IF YES: Did the pregnancy continue until birth
IF NO: *Continue to question 9*

→ IF YES: **What happened during the birth?** *Note date of birth and age of mother*
→ IN NO: **What were the complications that arose during the pregnancy?** *Note age of mother and date of complications*

Present the buttons/bells that represent the three nearest households:

9. Were there any pregnancies in these three households since New Year's 2009?

IF YES: Did the pregnancy continue until birth
IF NO: *Continue to question 9*

→ IF YES: **What happened during the birth?** *Note date of birth and age of mother*
→ IN NO: **What were the complications that arose during the pregnancy?** *Note age of mother and date of complications*

10. Has anyone in your household died since New Year's 2009?

IF YES: *Note the details –*
 Was it a woman or a man, a girl or a boy?
 How old was he/she?
 When did he/she die?
 What was the cause of death?
IF NO: *Continue*

Present the buttons/bells that represent the three nearest households:

11. Was there anyone in these three households that died since New Year's 2009?

IF YES: *Note the details –*
 Was it a woman or a man, a girl or a boy?
 How old was he/she?
 When did he/she die?
 What was the cause of death?
IF NO: *Continue*

Place the appropriate buttons with the household representations and confirm each death

12. I know that there have been a lot of thieves and armed groups in some parts of the country.

 Has anyone in your household been injured since New Year's 2008?

IF YES: *Note the details –*

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Was it a woman or a man, a girl or a boy?
How old was he/she?
When was the event?
What had happened? How was the person injured?
Who did it?
IF NO: *Continue*

Present the buttons/bells that represent the three nearest households:

13. Is there someone in these three households that was injured since New Year's 2008

IF YES: *Note the details –*
Was it a woman or a man, a girl or a boy?
How old was he/she?
When was the event?
What had happened? How was the person injured?
Who did it?
IF NO: *Continue*

Confirm by referencing the buttons/bells that reflect the gender and age of the three households

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14. I know that armed groups are often trying to get men and women to go off with them.

Has anyone in your household been approached or recruited by armed groups since New Year's 2008?

IF YES: *Note the details –*
Was it a woman or a man, a girl or a boy?
How old was he/she?
When was the event?
What had happened? How was the person injured?
Who did it?
IF NO: *Continue*

Present the buttons/bells that represent the three nearest households:

15. Is there someone from these three households that was approached or recruited by armed groups since New Year's 2008?

IF YES: *Note the details –*
Was it a woman or a man, a girl or a boy?
How old was he/she?
When was the event?
What had happened? How was the person approached or recruited?
Who did it?
IF NO: *Continue*

16. **I know that sometimes children are taken or lured away from their families by unknown men.**

    Has anyone in your household been abducted or disappeared since New Year's 2008?

    IF YES: *Note the details –*
          Was it a woman or a man, a girl or a boy?
          How old was he/she?
          When was the event?
          What had happened? How was the person abducted?
          Who did it?
    IF NO: *Continue*

Present the buttons/bells that represent the three nearest households:

17. **Is there someone from these three households who was abducted or disappeared since New Year's 2008?**

    IF YES: *Note the details –*
          Was it a woman or a man, a girl or a boy?
          How old was he/she?
          When was the event?
          What had happened? How was the person abducted?
          Who did it?
    IF NO: *Continue*

Confirm by referencing the buttons/bells that reflect the gender and age of the three households

QUESTIONS ABOUT SENSITIVE SUBJECTS

I know that some of these topics can be difficult to discuss. Please let me remind you, if you do not want to discuss something, you can stop at any time.

If the woman mentioned sexual abuse, sexual violence, rape, etc. when responding to question 7, you can say:

You mentioned that rape/sexual abuse is problems in this community.

If the woman did not mention sexual abuse, sexual violence, rape, etc. when responding to question 7, you can say:

Lots of women report that sexual abuse is a big issue in their communities.

Make a brief introduction to the subjects of sexual abuse, rape, exploitation, etc.

Present the buttons/bells that represent the three nearest households:

18. Your neighbors in these three households here, was someone raped since New Year's 2008?

IF YES: *Note the details –*
Can you tell me what happened?
Who did it? Was it someone from the household?
Where did it happen?
IF NO: *Continue*

If penetration was not mentioned, the interviewer should probe to see if the incident did involve penetration

If the incident did not involve penetration, the interviewer should code the incident as sexual abuse.

19. Was there someone in your household forced to have sex with someone against their will since New Year's 2008?

IF YES: *Note the details –*
Can you tell me what happened?
Who did it? Was it someone from the household?
Where did it happen?
IF NO: *Continue*

CONCLUSION

20. For women and children who have experienced violence, sexual abuse or rape, what do you think might help them cope?

Note the details.

Thank you so much for taking the time to talk with me. I have gone through all of my questions. I just want to tell you again that everything you have told me is completely confidential. This information will help us better understand the issues facing women and children in this community, and will help us provide better services. Is there anything else that you would like to share or ask me?

- Thank the woman for her time
- Explain the medical services, social services, and legal protocols available
- Explain what UNICEF is going to do with the information collected through these interviews
- Ask the woman if she has any more questions