

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CENTRAL AFRICAN REPUBLIC  
RAPID RESPONSE  
CONFLICT-RELATED DISPLACEMENT 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Fabrizio Hochschild**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

An AAR was organised on September 16 and all the UN agencies who participated in this allocation were invited while 6 agencies participated in the meeting. The meeting was structured around the following agenda:

1. CERF process and project cycle: what works well, what could be improved? What is the CERF added value?
2. Implementing CERF projects: difficulties and opportunities
3. How can we ensure coherence and better analyse the impact of this CERF allocation at the inter cluster level (direct and indirect beneficiaries 's identification, impact analysis and cross sharing of results)

Due to time constraints and multiple process ongoing notably the CERF underfunded allocation, the HF CAR second standard allocation, a response to a cholera epidemic, and the preparation of the Humanitarian Needs Overview for the 2017 Humanitarian Planning Cycle, it has not been possible to have an in-depth consultation exercise for this AAR involving implementing partners.

Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

- b. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The report was shared with all agencies through the Humanitarian Country Team. Implementing partners were strongly involved at the reporting stage and the final report will be shared with the clusters.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response for 2015: 613 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,556,590
	COUNTRY-BASED POOL FUND – HF CAR	27,500,000
	OTHER (bilateral/multilateral)	286,400,000
	<b>TOTAL</b>	<b>325,400,000</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 3 November 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-129	Water, Sanitation and Hygiene	1,856,001
UNICEF	15-RR-CEF-130	Health	600,061
UNICEF	15-RR-CEF-131	Child Protection	367,973
UNICEF	15-RR-CEF-133	Nutrition	600,000
FAO	15-RR-FAO-032	Food Security	398,609
UNFPA	15-RR-FPA-043	Sexual and/or Gender-Based Violence	397,682
UNFPA	15-RR-FPA-044	Health	369,678
UNHCR	15-RR-HCR-060	Camp Coordination and Camp Management	486,055
UNHCR	15-RR-HCR-061	Sexual and/or Gender-Based Violence	513,937
IOM	15-RR-IOM-042	Camp Coordination and Camp Management	301,391
UNDP	15-RR-UDP-010	Early Recovery	200,000
WFP	15-RR-WFP-076	Common Logistics	1,491,240
WFP	15-RR-WFP-077	Food Security	1,398,291
WFP	15-RR-WFP-080	Common Humanitarian Air Services	1,855,910
WHO	15-RR-WHO-050	Health	719,762
<b>TOTAL</b>			<b>11,556,590</b>

**TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)**

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	6,897,139
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	4,506,959
Funds forwarded to government partners	152,492
<b>TOTAL</b>	<b>11,556,590</b>

## **HUMANITARIAN NEEDS**

The violence in Bangui and in other parts of the Central African Republic (CAR) that re-started in September 2015 worsened an already dire humanitarian situation. Over 80 deaths and over 42,000 newly displaced in sites were recorded in Bangui and another 20,000 new Internally Displaced Person (IDPs) in Bambari and Dekoa cumulatively. The "Commission Mouvements de Population" (CMP) reported that the number of people in IDP sites in Bangui has increased by 38 per cent within a few days only, reaching a total of new 42,000 IDPs adding up to the 30,435 IDPs having sought shelter and security in sites prior to this new eruption. According to the Danish Refugee Council (DRC), over 45,000 IDPs were estimated to be sheltered in host families as a result the September crisis. At the end of September, a renewed wave of violence affected Bangui and other key locations in the country emphasizing the extreme volatility of the situation and worsening of the humanitarian situation despite a relative improvement of the context with some sites starting to be closed. Since 27 October, the assassination of two key members of a faction of the ex-Seleka movement based in Bambari who came to Bangui for peace talks sparked a new wave of inter-communal violence in several neighbourhoods of the capital city and had repercussions in other towns of the country such as Bria and Bambari. Mid-November, the IDP camp in Batangafo, where 30,976 IDPs were sheltered since the 2013 crisis, was attacked. Violence has led IDPs to flee from the IDP site, some to NGOs and UN compounds in the Batangafo area. During the crisis, the UN documented multiple human rights violations including at least 41 civilians killed, instances of rape and other forms of sexual violence, kidnapping and unlawful detention, and the pillaging, looting and destruction of property. The number of IDPs increased from 378,425 at the beginning for September to 447,487 at November according to the CMP. From a gender analysis perspective, the crisis worsened an already pervasive situation in the country. Since the conflict resumed the number of reported incidents of sexual violence is alarming, in particular those committed by armed men; although the great majority of survivors are women and girls but also men and boys have been reported among victims.

The rapid movement of populations towards IDP sites and host families created a new set of humanitarian needs, beyond those originally planned by the clusters and supported through existing resources. Given their strong protection needs, newly displaced people were unable to return to their neighbourhoods or alternative areas. This therefore required continued assistance in the sites and in neighbourhoods where IDPs stayed with host families, and continue to be. The displacement situation during implementation process of this CERF allocation remained dynamic, with renewed spikes of violence between armed groups and communities recurring since the end of September. Back and forth "pendulum" movements were witnessed on a daily basis in and out of the sites, and any new security incident leads immediately to a new wave of displacement.

The violence at the end of 2015 severely affected the humanitarian community, and its ability to access people in need. Stocks were looted, properties destroyed, and direct attacks have been targeted at humanitarian workers. Attacks against humanitarian workers and associated rumours remain unabated and has some of the highest figures in the world. During the latest crisis, the humanitarian community felt victim to threats and thefts in some neighbourhoods of Bangui. This resulted in temporary suspension of aid delivery. Two hundred non-governmental organization (NGO) staff were evacuated. All UN civil offices were officially closed for two weeks whilst critical staff stayed on duty. Humanitarian access, especially by road, continued to be seriously hindered and had become almost impossible in some parts of the country. The violence and insecurity also resulted in the cutting off of humanitarian assistance from affected people. The crisis demonstrated how fragile the supply chain is to the political and security context. Economic activities were halted for over two weeks, and the closure of the airport had a direct consequence, preventing partners –that also suffered from the looting of their goods and premises- from supplying key lifesaving items (medicines, fuel and cash) to their bases in other parts of the country, thereby impeding the continuation of humanitarian activities. Even areas not affected by violence were required to halt operations due to an absence of supplies.

The CERF funds complemented the ongoing response of humanitarian partners to address lifesaving needs caused by a new eruption of violence end of September 2015 pushing back the gains made over the last two years and leading to a further deterioration of the

humanitarian situation with new waves of displacements throughout the country. This grant further supported the strengthening of humanitarian access and a further decentralization of humanitarian operations to ensure that critical lifesaving assistance could be delivered across the country to vulnerable populations, IDPs and host communities.

## II. FOCUS AREAS AND PRIORITIZATION

Since the beginning of the crisis, sectoral and multi-sectoral assessments were carried out by agencies and partners as part of the cluster and under the rapid response mechanism. The main needs identified were related to support the advocacy of the Humanitarian Coordinator for humanitarian partners to stay and deliver, despite the heightened tensions and extreme volatile context and to ensure the protection of civilians through increasing humanitarian presence. It also identified the necessity to answer to lifesaving needs such as health, food, WASH and protection and replenishing of stocks, as the public infrastructure of a large number of humanitarian organizations, including stock and equipment, were looted.

**In terms of health**, the Rapid Response Mechanism (RRM) assessments implemented in Bangui and Dekoa identified the following major needs for the affected population: (i) health care for all the affected IDPs including boys, girls, women, men and the injured; (ii) protection of under five children (boys and girls) and pregnant women from preventable diseases, including by immunization against vaccine preventable diseases, LLIN distribution etc. During this crisis there was extremely limited national health care capacity to provide care and treatment. WHO reported that during the first 3 weeks of the crisis, an increased rate of malaria and diarrhoea among IDPs in sites was recorded reaching respectively 42 per cent and 22 per cent of the total number of consultation instead of 38 per cent and 18 per cent in normal circumstances. The number of people consulting daily in health facilities decreased of about 30 per cent due to the limitation of population movement in the 3rd, 4th, 5th and 8th districts of Bangui. In addition many people in affected areas lost their livelihood and couldn't afford some basic needs including hygienic materials especially for women who fled in IDP camps.

Assessments led by partners and information continuously collected through key informants during the events, showed increased **needs in food and livelihoods** among families who are hosting new IDPs. Within days, their food stock or cash on hand began being exhausted, threatening hunger and malnutrition. Their assets including housing and agricultural land were subject to vandalism during the displacement. The loss of their livelihoods has further weakened their household economy and food security, and also may prolong the displacement. Furthermore, the crisis created an important strain on host families whose livelihoods urgently needed to be strengthened to be able to cover the immediate food and livelihood needs of the new displaced people.

According to the IOM Displacement Tracking Matrix (DTM) dated October 21, it was estimated that in Bangui 23,000 new IDPs were in need of **urgent WASH assistance** in the camps - in addition to those IDPs who were living already before new arrivals. These events occurred in a context where WASH actors were in the process of phasing out of humanitarian activities following a decrease in the number of IDPs (dismantling of latrines, closure of water connections on sites, cessation of water point construction). In the regions outside Bangui, it was estimated that more than 120,000 people were living in camps with WASH needs remaining unaddressed.

The **specific needs for women and girls** was echoed by released data from UNFPA indicating that between August and October 2015, 16,906 incidents of sexual violence were reported at country level. 97 per cent of survivors were women and girls but also 458 incidents against men and boys were reported. The most affected areas in terms of gender-based violence (GBV) were Bangui (4th and 5th), Nana-Gibrizi, Kemo and Ouaka. However with a limited capacity of GBV actors to respond led to the urgent needs to establish listening centres and safe spaces for e.g. women and girls exposed to reprisal by armed actors and to ensure the availability of hygiene kits and post-rape kits for the clinical management of rapes in health centres. Meanwhile, the Mechanism for Monitoring and Reporting (Security Council Resolution 1612) on grave violations against children verified and documented the following violations: (i) 12 children killed (11 boys and 1 girl aged 6 months to 17 years, including one child associated with an armed group); (ii) 19 children injured, including 14 boys and 5 girls aged 10 to 17 years; and (iii) numerous unaccompanied and separated children among the 35,000 newly internally displaced persons. Men and boys were also marginalized by the crisis and hence efforts were made towards implementing strategies for male engagement and violence reduction, including community alert networks.

Additionally, the violence and insecurity in Bangui has also resulted in the **disruption of economic activities demonstrating how fragile the markets supply chain is**. However, the monitoring of markets carried out by national NGOs on the ground during the crisis showed that although the economic activity slowed down, it never stopped and most markets in Bangui remained open. Indeed, out of the 24 markets monitored across all neighbourhoods of the capital between 28 and 30 September, only 3 markets totally shut down for a very short period and reopened quickly. Obviously the supply of these markets from production areas at the periphery of Bangui was disrupted, resulting in an increase of prices. Nevertheless, local populations were still able to move from sites to neighbourhoods during the day (pendulum movements), to access markets and even to restart some of their economic activities.

**The main strategic objective of this CERF allocation** was directly related to improve humanitarian access and allow for humanitarian operations to continue despite the increasing insecurity. With the CERF envelope, it was agreed that the geographical scope of activities would focus on i) priority sites and neighbourhoods identified by clusters in Bangui, ii) targeted areas of the country which were affected by the recent violence and iii) hot spot areas identified where violence had or was likely to have an impact, notably the transhumance corridors which saw increased movements of armed groups during reporting period. The CERF allocation thereby focused on Bangui and the following seven key prefectures: **Kemo, Ombella M'Poko, Nana Gribizi, Nana Mambere, Ouaka, Ouham and Ouham Pende**. These areas were selected based on the following criteria:

- Areas directly hit by the recent wave of violence and requiring the set-up of an emergency humanitarian response
- Areas where large displacements have occurred
- Areas characterized by a high level of instability as a direct consequence of the recent violence
- Areas targeted include both towns and axis around those towns due to frequent and pendulum movements and explains why the geographical targeting has been done at the sub-province level.

This CERF response was directly connected to the strategic objectives of the 2015 HRP, as laid out in the different projects. Furthermore, the development of this CERF allocation benefitted from the on-going 2016 HRP strategic planning on-going at the time of the crisis and was further integrated in the final version of the HRP document.

In terms of complementarity with the HF CAR, it should be noted that the second standard allocation was organised in September at the time the crisis erupted. Ensuring complementarity of funding and added value was a key criteria when organising the CERF allocation.

### III. CERF PROCESS

The needs and gaps in the humanitarian response to the consequence of the crisis were first discussed at the Inter-Cluster Coordination (ICC). The ICC identified both a number of priority sites and areas for intervention and developed a response plan further presented to the Humanitarian Country Team (HCT) which brings together NGOs, UN agencies, and donors. An additional round of consultations was organised with the ICC, cluster lead agencies, donors and the HCT. The clusters also organised specific discussions with cluster partners to delve into the specific needs and gaps which needed to be prioritized for this allocation. The funding envelope was assigned in consultation with different clusters in consideration of most urgent funding needs, additional contributions being negotiated with donors bilaterally, and capacity to implement on the ground. OCHA also supported the coordination with key donors to keep them abreast of the development of this CERF proposal to ensure complementarity with ongoing or planned funding allocations. The donor mapping included bilateral funding pledged by major donors to the different priority sectors of the Crisis Response Plan, as well as the allocation from the Common Humanitarian Fund (CHF) Round 2 of 2015. For the latter, due to the crisis, a specific assessment to review the state of implementation of funded projects has been made to ensure synergies with the CERF grant..

In the absence of a GenCAP Adviser, the Coordinator of the Protection GBV sub-cluster took on the lead to review each proposal and provided guidance on both the use of the gender and the GBV markers for applicants to take into account in the finalization of their proposals. These efforts to integrate gender have led to 87 per cent of projects scoring the maximum gender marker code (2). Additionally, as GBV was identified as a key concern, more than 50 per cent of the submitted proposals have a GBV component by e.g. ensuring specific referral system for GBV survivors to ensure medical, psychosocial and legal aid, while 3 projects had GBV response as its main objective.

In order to ensure Accountability to Affected Populations (AAP) beneficiaries were involved through the assessment carried out to assess the needs under this emergency response which further informed the design of the proposals. In addition, during the technical review of proposals Communication with Communities (CwC) has been a key aspect of this review to ensure all proposals include clear mechanisms to ensure voices of beneficiaries will be taken into account in the project implementation.

During implementing process, the HC triggered a mid-term review process which was undertaken in close collaboration with the HCT and CERF dedicated focal persons. Through the provided template by CERF, agencies were required to provide a brief update on progress and challenges faced so far. The mid-term review exercise helped to provide a quick update on progress made and to provide support there were needed. The report was shared with the HCT and the CERF Secretariat. Follow-up to the initial findings shared in this report was made when preparing this final report.

The 2015 Humanitarian Response Plan and other specific tools developed by the Inter Cluster Coordination Group were used for prioritization needs for CERF funding. As noted above, complementarity was ensured with the HC CAR and the Inter Cluster Coordination mechanisms were fully used for this response with OCHA country office support.

#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 2;3 million in Central African Republic									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Camp Coordination and Camp Management	38,257	42,021	80,277	31,313	30,752	62,065	69,570	72,772	142,343
Child Protection	4,435	2,015	6,450	5,063	2,965	8,028	9,498	4,980	14,478
Common Humanitarian Air Services	51 humanitarian partners								
Common Logistics	27 humanitarian partners								
Early Recovery	0	905	905	0	757	757	0	1,662	1,662
Food Security	10,802	13,580	24,382	10,146	10,749	20,895	20,948	24,329	45,277
Health	94,691	39,098	133,789	87,407	36,090	123,497	182,098	75,188	257,286
Nutrition	3,260	0	3,260	3,010	0	3,010	6,270	0	6,270
Sexual and/or Gender-Based Violence	10,828	18,431	29,259	10,404	10,992	21,396	21,232	29,423	50,655
Water, Sanitation and Hygiene	27,058	36,692	63,750	25,858	35,392	61,250	52,916	72,084	125,000

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

#### **BENEFICIARY ESTIMATION**

The affected individuals and reached beneficiaries by sector as indicated in table 4 are based on submitted reached beneficiaries per sector, as reflected in submitted individual final reports. In terms for the CCCM and Food Security/Aid clusters, these represents both numbers from UNHCR and IOM and FAO and WFP respectively as services and locations differ and hence they do not represent same population, this follow same methodology adopted in submitted CERF proposal. The figure for health however is based on those figures provided by WHO and UNFPA as these were based on the figures from Protection cluster of IDPs at site and with host communities in all target areas (Ouaka, Bangui, Ombella Mpoko, Nana Grizibi, Haute Kotto, Kemo, Mbomou, Ouhmam Pende)

The estimated beneficiary summary figures in table 5 draws on the total of beneficiaries reached based on the total health caseload (IDPs and Host communities). This methodology follows the methodology adopted in the submission of this CERF proposal.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	94,691	39,098	133,789
<b>Male</b>	36,090	123,497	182,098
<b>Total individuals (Female and male)</b>	182,098	75,188	257,286

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.

## CERF RESULTS

The CERF application for 2015 was directly aimed at improving humanitarian access and allowing for humanitarian operations to continue despite the increasing insecurity in areas targeted by this allocation and the slow resumption of activities by humanitarian partners in certain parts of the country. In general all planned targets were met, even though the humanitarian community continued to have problems with humanitarian access throughout the CERF implementation due to e.g. insecurity. However, the logistics component supported by this allocation was critical to improve the delivery of aid. In terms of change in humanitarian situation; the CERF funds allowed the necessary funding to ensure that humanitarian actors could continue addressing lifesaving needs caused by a new eruption of violence throughout the end of 2015. This grant further supported the strengthening of humanitarian access and a further decentralization of humanitarian operations to ensure that critical lifesaving assistance was delivered across the country to vulnerable populations through life saving assistance and improve common humanitarian air services and common logistics which benefitted 51 humanitarian organizations. Especially in view of the attacks on offices and warehouses, this CERF allocation really ensured that assistance could be provided immediately to thousands of vulnerable people. Below is a more detailed overview of the achieved key results per cluster.

- **Camp Coordination and Camp Management:** 76 568 IDPs and host communities received improved Camp Management and Camp Coordination mechanism in Ombella Mpoko (Bangui), Ouaka (Bambari) prefecture and Ouham prefecture (Batangafo), including the rehabilitation and construction of 35 sites and 20 community shelters were constructed and rehabilitated . **65,775** IDPs and host community members had access to protection assistance, referral and other direct assistance through improved site facilitation and displacement tracking of IDPs in host families and sites affected by the crisis. Improved displacement tracking was achieved as 8 new districts were included; Bangui, Lobaye (Boda), Nana-Grebizi (Kaga Bando), Ouham (Kabo, Moyenne Sido, Batangafo) and Ouaka (Bambari) as well as all axes between these towns.
- **Child Protection:** through CERF funding **9,498 children** among the displaced populations and surrounding communities in Bangui, Sibut, Dekoa and Kouango had access to psychosocial support in child-friendly spaces (CFS) while **500 children associated with armed groups** were released and benefited from interim care in transitional structures and family reunification; an additional **4,980** community leaders and youth, including armed group leaders, were reached through mobilization campaigns on GBV and family separation, as well as sensitizing them on the monitoring of violations and child protection risks.
- **Common Logistics:** Availability of common storage capacity in and outside of Bangui was increased by providing a total of 1,200 m2 storage capacity for **27 humanitarian organizations**; Humanitarian community road transportation capacities were strengthened and mutualised in 7 provinces whereby 4,533mt of cargo was transported and 24 organisations benefitting from free transport services through the CERF funding.
- **Common Humanitarian Air Services:** Humanitarian access was improved to remote areas and more humanitarian relief is transported to the most vulnerable population in Central African Republic; With CERF funding **51 humanitarian organisations** benefitted from humanitarian air services provided to 27 different destinations, including 15 additional destinations, 39 tons per month was transported representing almost 34 per cent of additional cargo transported compared to 2015 and on average 3,027 passengers (including transit) per month were transported from January to June 2016
- **Early Recovery:** **1,662 individuals** most affected by the crisis in Bangui were assisted through a cash for work intervention to address critical needs of the affected households
- **Food Security:** In order to save and protect lives of IDPs and to protect lives and further disruptions of the livelihoods of severely food insecure households, 45,250 people received food vouchers through which 75,292 USD was provided to beneficiaries (5,800 XAF per month per beneficiary). Furthermore, 15,500 IDPs and host populations in Bangui received either in-kind grant or voucher (22,500 XAF per beneficiary) for quality agricultural inputs for vegetable production and resume their agricultural production..
- **Health:** **257,286 individuals** were reached through the provision of life-saving emergency health care including trauma, obstetric and neonatal care, prevention and control of outbreak prone diseases in Bangui, Bimbo, Begoua and Dekoa – including **12,993 individuals** who attended mental health hospitals, **75,132 people** including children under five (girls and



boys) and pregnant and lactating women among IDPs and host populations were covered by emergency curative care. Furthermore, secondary health care to people affected by life threatening emergencies was provided through hospitals in Bangassou, Ngaoundayi, Bria, Bocaranga, Bakala and Mbres, while **28,669 LLINs** were distributed in IDP camps in Bangui and Begoua.

- **Nutrition:** CERF funds contributed to the improvement of the nutritional status of **6,270 children** affected by severe acute malnutrition were reached and benefited from appropriate therapeutic treatment according to national protocol. Additionally, a total of **4,912 caregivers** were reached through Young Child Feeding Counselling programmes in Bangui, Kemo, Nana Gribizi, Ouham, Nana Mambere and Ouaka.
- **Sexual and/or Gender-Based Violence:** **1,739 children and women survivors of SGBV** received direct life-saving multi-sectorial response being access to psychological services, medical care, and legal protection. Additionally, a total of **67,527 community members** benefitted from awareness raising activities on GBV, with a particular focus on existing services medical and psycho-social factors that enable rapid support for survivors
- **Water, Sanitation and Hygiene:** **125,000 IDPs and vulnerable populations** had improved/increased access to safe drinking water, improved sanitation and good hygiene practices as per SPHERE and other internationally recognized standards in Ombella Mpoko, Lobaye, Ouham, Ouham Pende, Kemo, Ouaka, Nana Mambéré, Mambere Kadei, Basse Kotto, Haute Kotto, Haut Mbomou, Mbomou, Nana Gribizi, Sangha Mbaere.

Through this CERF allocation, the importance of **cash programming in humanitarian response** was emphasised as 3 out of 15 projects included cash based programming in their activities; WFP provided food voucher to serve beneficiaries, UNDP implemented a cash for work to address the critical needs of affected households in Bangui while FAO provided conditional vouchers for transport of agricultural goods and inputs to the local market in Bangui.

## **CERF's ADDED VALUE**

### **a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES ☒ PARTIALLY ☐ NO ☐

Even though security and logistics constraints were prominent, the CERF allocation has allowed a fast delivery of response and has contributed to a rapid scale up of the ongoing response.

### **b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

Most of the response was focused on IDP and the host community directly affected by the ongoing crisis. As such, CERF allocation helped respond to time critical needs which continues to take place in Bangui, Kemo, Ombella M'Poko, Nana Gribizi, Nana Mambere, Ouaka, Ouham and Ouham Pende.

### **c) Did CERF funds help improve resource mobilization from other sources?**

YES ☒ PARTIALLY ☐ NO ☐

The two CERF funded logistics projects aiming at strengthening the decentralization of humanitarian operations has been highly appreciated by the humanitarian community. As a result, CERF has been instrumental in securing additional sources of funding enabling continuation of these two projects beyond the CERF implementation timeframe. During the AAR, for the other CERF funded projects, partners have noted that in some instances it has been proven difficult to secure additional funding. This can notably explained by the underfunding situation characteristic of CAR in 2016. In addition, during the AAR some partners have mentioned that certain donors were reluctant to fund on the basis that CERF already funded these activities. Please also see section V lessons learned for an elaborated analyse on this aforementioned issue.

<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

Together with the Country Based Pooled Fund (CHF), CERF is the only mechanism that puts together all actors in each sector around the same table to define needs, identify gaps, avoid duplication and define the projects needed. During the AAR, partners also welcomed the mid-review exercise enabling them to know more on the other projects and their status and challenges faced so far. According to the Financial Tracking System (FTS) (<http://fts.unocha.org/>), the largest bilateral and multilateral donors which support the response to the humanitarian crisis in CAR for 2016 included, ordered according to the amount of their contribution: United States, United Kingdom, European Commission, Japan, Germany, Canada, Central Emergency Response Fund (CERF), Sweden and the Netherlands.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

For this allocation, CERF funding has had a critical impact in providing funds to respond to the critical needs at a time when most funding was already allocated for the year and most projects, running on an annual basis, did not have the sufficient resources to reallocated funding from existing projects to respond to the new needs. Furthermore, CERF added value lied on the fact that this funding allocation was critical in replenishing humanitarian stock in a context characterized by heavy looting of several agencies and organizations during the September violence, thus ensuring continuity of the response to the most vulnerable population.

## V. LESSONS LEARNED

Below is a detailed overview of the lessons learned and other key observations and recommendations in view of the CERF funding based on the AAR and other observations during the overall process by main stakeholders involved

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-	Responsible entity
Although there is an overall emphasis to promote cash <b>based programming</b> , current CERF templates don't track any (proposed) cash based projects.	To include extra column in proposal to indicate if a CTP modality would be used to allow better tracking of cash based projects. The GenCap should be involved during the planning process to ensure that gender is properly mainstreamed. Implementation of CERF funded projects including challenges and good practices should be shared with GenCap but also discussed within the GBV sub-cluster	OCHA and CERF
Within the CERF proposal template, there is a dedicated section (12C) on Gender and GBV response. However, within the CERF final report template no follow up on gender and GBV was required. It is therefore not possible to systematically measure the result and ensure accountability.	To ensure that the reporting template reflect the same key issues as mentioned in the proposal template - the same would apply for the issue of accountability of affected populations.	CERF
The new reporting format has not gain full support from partners. In its current format it only allows to provide very factual information and does not enable to better 'tell the story' of the activities carried out and results achieved. It was also noted that there is no option to report on cross-cutting issues such as gender and protection mainstreaming while these are key elements to be taken into account in any given humanitarian response and are key elements of our collective accountability as a humanitarian community.	To include a section per indicator or activity on progress made and additional other information	CERF
Partners noted that the funding limitations of the CERF regarding the support staff has been noted as a hindrance to allow for a full operationalization of the activities – especially as many activities are labour intensive	To allow more flexibility to include staff costs – when justified - to ensure projects can be successfully implemented	CERF
Partners noted that in such context as CAR, characterized as a complex emergency, it was not always easy to develop a compelling argument against the CER life-saving criteria. Partners consider their activities on the ground as life-saving while the CERF criteria may be restrictive and further interpretation would help to meet realities on the ground.	CERF to take better into account local realities when analyzing funding proposals	CERF
While understanding that the template used by the CERF is global, it was noted that in the case of CAR where it has been agreed since 2013 that no registration exercise of IDPs will be carried out, it is often difficult to give exact figures of the targeted caseload. Such difficulties in providing accurate figures in the proposal template have been encountered with IDPs having sought shelter and protection in host families.	Same as above	CERF

The option of prefunding allowed by the CERF rapid response allocation needs to be improved. The absence of a confirmation of prefunding through an official letter does not allow agencies to sign a contract with implementing partners and disburse funding, according to their rules and regulations. This as a results leads to potential delays in the implementation of projects while CERF 6-month implementing timeframe cannot be modified. This is furthermore important with national partners which usually do not have sufficient financial capacity to pre-finance activities.	Needs to be determined how this can be improved for next CERF allocations	CERF and OCHA
Agencies have underlined their willingness to work with local partners, this is especially critical in some areas where they have a better access to populations in need. This contrasts with the additional requirement to train and supervise national partners who are not familiar with CERF type processes and requirements and for which capacity building activities are critical. This ties in with the above stated limitation regarding support costs.	To establish and discuss whether or not additional costs for much needed capacity building costs can be included to ensure a greater impact of CERF allocations which is especially the case in complex emergencies such as CAR, also marked by serious underfunding of the HRP	CERF
The delay by implementing partners in submitting narrative and financial report has been reported in various cases. This risk based approach required from all agencies leads to a delay in the payment of the funding tranches and can go beyond the allowed CERF expenditure period.	CERF to asses option to expand expenditure timeframe	
CAR being among underfunded humanitarian emergencies, agencies have reported that in some instances CERF funding has been seen by donors as a mean not to prioritize funding for activities being implemented while CERF's role is to provide seed funding to kick start operations. This has created difficulties in ensuring complementarity of CERF activities beyond CERF's implementation timeframe.	Advocacy from OCHA and CERF to inform donors that CERF is to only fund 30 per cent of overall need for a specific response.	Country teams and secretariat
As not all partners/agencies are very familiar with CERF, it is recommended that a training would be provided to explain the funding possibilities and limitations of CERF, including the details of life saving criteria and how that translates to the CAR context.	To explore the possibility to organize a special CERF training for partners in CAR	CERF and OCHA

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-	Responsible entity
A recommendation to improve communication on reporting requirements was made while the organization of the mid-term report was seen as a positive improvement. Firstly because it allowed to take stock of progress made so far and take corrective action as needed and secondly as it allowed for cross-sharing of information among partners of their respective activities. A recommendation was made to share a mapping of final approved projects in a given allocation to improve coherence and complementarity of projects, notably for those implemented in the same location to maximize impact of results across clusters Moreover; partners have been appreciative of the timely allocation of funding for this emergency allocation. The set-up of an internal timeline with set deadlines was deemed very helpful to organize the allocation of this funding.	At the beginning of next CERF allocation and reporting calendar should be shared informing the different agencies the key details of each CERF funded project (including geographical intervention area) and to ensure that mid-term review is a standard process and reviewed by CERF focal persons – Mid Term Action Review - as well that key implementing partners should be involved in both processes to ensure a more in-depth analysis of the CERF funding and to ensure its impact.	HC and HCT, OCHA and CERF focal points and feedback from CERF
Clusters 'involvement in and joint prioritization exercise of geographic areas to be considered was highly appreciated and is recommended to become a good practice in future CERF allocations.	To have clusters more involved before, during and after CERF allocations at key moments	
Partners have indicated that they are now familiar with CERF processes in CAR and appreciated the flexibility and predictability of this funding mechanism.	To ensure that new CERF focal persons are fully briefed on process by OCHA	OCHA
It was noted that compared to 2014, at the beginning of the current humanitarian crisis - which saw a rapid surge in the number of implementing partners, - the visibility and knowledge of partners has significantly improved over the last two years. This has proven useful in setting-up emergency response as was needed under this rapid response allocation.	N/A	

## VI. PROJECT RESULTS – see Annex 1

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF	5. CERF grant period:		12/11/2015 – 12/05/2016		
2. CERF project code:		15-RR-CEF-129	6. Status of CERF grant:		<input type="checkbox"/> Ongoing		
3. Cluster/Sector:		Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:		Support to the response for emergency WASH needs and WASH-related NFI needs of internally displaced persons and vulnerable populations including school children, children affected by severe and moderate malnutrition, and pregnant women in the Central African Republic					
7.Funding	a. Total funding requirements <sup>2</sup> :		US\$ 5,900,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>3</sup> :		US\$ 2,300,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 501,541			
	c. Amount received from CERF:		US\$ 1,856,001	▪ <i>Government Partners:</i> US\$ 83,006			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		19,482	18,618	38,100	27,058	25,858	52,917
Adults (≥ 18)		26,418	25,482	51,900	36,692	35,392	72,083
Total		45,900	44,100	90,000	63,750	61,250	125,000
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		55,000			100,000		
Host population		26,000			25,000		
Other affected people		9,000					

<sup>2</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>3</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>90,000</b>	<b>125,000</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	In general results reached were higher than planned mainly due to additional funding received from other donors. The proportion of IDPs assisted was relatively higher than the proportion of the host population assisted due to the fact that the return movement did not take place as planned and the intervention was mainly focussed on IDP sites.	

CERF Result Framework			
9. Project objective	Reduce the risk of water borne diseases among 30,000 IDPs in CAR		
10. Outcome statement	Internally displaced persons composed of vulnerable persons especially women and children in targeted priority zones in CAR have improved/increased access to safe drinking water, improved sanitation and good hygiene practices as per SPHERE and other internationally recognized standards.		
11. Outputs			
Output 1	30,000 affected people have access to safe drinking water		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Available water supply per person per day	15 litres/per person perday to 30,000 affected people (4,800 boys, 5,100 girls, 9,900 men, 10,200 women)	15 litres per person per day to 27,066 (4,331 boys, 4,601 girls, 8,932 men, 9,202 women)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of supplies (bladders, chlorine, etc)	UNICEF	UNICEF
Activity 1.2	Water trucking in complement to SODECA network provision	ACTED, OXFAM, TRIANGLE	OXFAM, TRIANGLE
Activity 1.3	Water pumping	ANEA	ANEA
Activity 1.4	Connection to SODECA network or existing borehole	ANEA	ANEA
Output 2	30,000 affected people have access to toilets and washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate for children and women as well as a safe waste disposal system		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons per latrine (300 latrines will be constructed)	100 persons (16 boys, 17 girls, 33 men, 34 women)	66 persons (11 boys, 12 girls, 21 men, 22 women) In total <b>703 latrines</b> constructed and maintained for 46,431 persons.

Indicator 2.2	Waste is collected and disposed	38 sites (100 per cent disposal)	38 sites (100 per cent disposal)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of supplies (tarpaulin and latrine slabs)	UNICEF	UNICEF
Activity 2.2	Emergency latrine construction and maintenance	ACTED, TRIANGLE, ANEA, NRC, OXFAM	ACTED, TRIANGLE, ANEA, OXFAM
Activity 2.3	Primary and secondary collection of solid waste	ACTED, TRIANGLE, NRC, OXFAM	ACTED, ANEA, TRIANGLE, OXFAM
Activity 2.4	Final disposal of solid waste	ACTED	ACTED
<b>Output 3</b>	30,000 affected people have access to WASH kits and WASH-related information to prevent child illnesses, especially diarrhoea		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of people benefited kit distribution	30,000	52,108
Indicator 3.2	Number of people reached by the hygiene campaign	30,000	52,108
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of supplies (soap, jerry cans, buckets)	UNICEF	UNICEF
Activity 3.2	Multiplication of sensitisation material	UNICEF	UNICEF
Activity 3.3	Hygiene promotion on good practices (hand washing with soap, safe water conservation, toilet maintenance) in all IDP camps on a daily basis by community relays.	UNICEF, ACTED, TRIANGLE, ANEA, NRC, OXFAM	UNICEF, ACTED, TRIANGLE, ANEA, OXFAM
Activity 3.4	Household visits for door to door hygiene promotion and inspection of behaviour change	ACTED, TRIANGLE, ANEA, OXFAM	ACTED, TRIANGLE, ANEA, OXFAM
Activity 3.5	Distribution of kits to registered IDPs on monthly basis	ACTED, TRIANGLE, ANEA, OXFAM	ANEA
<b>Output 4</b>	In the absence of ready humanitarian action within the humanitarian community, undertaking emergency responses in the NFI/WaSH sectors to 60,000 persons made highly vulnerable by a shock.		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of NFI kits distributed to highly vulnerable households	10,000	18,191
Indicator 4.2	Number of highly vulnerable persons benefitting from drinkable water and improved sanitation and hygiene conditions	10,000	7,879
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Purchase of 10,000 emergency NFI kits and	UNICEF	UNICEF



	emergency WASH material and transportation by air to Bangui		
Activity 4.2	Release of emergency NFI and WASH items to partners	UNICEF	UNICEF
Activity 4.3	Identification of beneficiaries	Partners	RRM partners (ACF, ACTED, PU-AMI & SI)
Activity 4.4	Distribution of NFI kits	Partners	RRM partners (ACF, ACTED, PU-AMI & SI)
Activity 4.5	WASH activities	Partners	RRM partners (ACF, ACTED, PU-AMI & SI)
Activity 4.6	Post Intervention Monitoring	Partners	RRM partners (ACF, ACTED, PU-AMI & SI)

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

As previously mentioned, general results reached were higher than planned mainly due to additional funding received from other donors - except for the area of water supply, where results reached were lower than planned. This is due to the progressive replacement of emergency water supply by permanent water points in the sites.

✓ **Output 1: Water supply**

In total 27,066 people were reached (4,331 boys, 4,601 girls, 8,932 men, 9,202 women) for water supply. The project has ensured a minimum of 15l/pers/day for the population. This was done through water trucking in Bangui conducted by OXFAM and ACTED. Water collected from the SODECA treatment plant was shipped to the IDP sites using bladder set on truck. Water was then transferred in bladder and distributed through tap stands while on site. Additionally where existing boreholes permitted, water was directly pumped and chlorinated for the use of the IDPs.

The target for water supply (30,000 beneficiaries) was not reached since Emergency water system was progressively stopped while UNICEF and partner under other funds managed to construct borehole equipped with hand pumps. This durable solution helped decrease and stop emergency water system which is costly and logistic demanding.

✓ **Output 2: Sanitation**

In total **703 latrines** were constructed and maintained for 46,431 persons. The coverage is then 66 persons (11 boys, 12 girls, 21 men, 22 women) per latrines. The project target (100 persons per latrines for a total of 300 latrines) was exceeded. This is due mainly to the extremely demand in the sites and to the fact we managed to exceed our initial standards (100 pers/lat) that was under the Sphere standard (50 pers / latrines). Latrine maintenance and cleaning was also part of this project since various cases of vandalism were noticed during the project. Particularly we had to replace plastic for the superstructure frequently since it was systematically stolen by the population. Advocacy and sensitisation campaign conducted helped reduce vandalism by the end of the project. The latrines pits got frequently full and fortunately partners in the sites were able to regularly empty the pits under different funds.

Solid wastes collection was organised in 38 sites. This included primary collection done by the population. Secondary collection was done by hygiene agents recruited for the purpose. Final disposal was done using truck to carry the wastes to the Bangui town dumping station.

✓ **Output 3: Hygiene**

In total 52,108 people were reached. Activities for this output include daily Hygiene promotion on good practices (hand washing with soap, safe water conservation, toilet maintenance) in all IDP camps by community relays. Monthly distribution of Wash kits composed of jerry can and soap was also conducted to address the needs of the IDPs since some of them flee their houses without any equipment.

✓ **Output 4: RRM**

Under RRM, 18,191 NFI-WASH kits were purchased and distributed. The process included: Identification of beneficiaries, Distribution of NFI kits and Post Intervention Monitoring. The kit is set for the family and in general is given to the mother. The Post Intervention Monitoring conducted revealed that the composition was adapted to the context and that the kits were used as planned.

<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNICEF implementing partners include ACF, ACTED, ANEA, PU-AMI, SI, TRIANGLE and Oxfam. These partners all have proven experience in WASH activities and in the RRM mechanism. They have been accepted and integrated by authorities and communities in their respective zones. Communication and collaboration with communities was continuous during project design and also during implementation. Part of the project was monitored by DGH (Direction Generale de l'Hydraulique), the governmental body in charge of water and sanitation. This has contributed to guaranteeing accountability to the affected population and to the government. UNICEF performed monitoring through U-report, a mobile phone text-message based innovation. A survey was conducted to gather feedback from assisted populations.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Evaluation of the project was not planned due to its short duration of three months. However several monitoring visits have been undertaken in project areas to assess the level of implementation and to take relevant measures in order to achieve the planned results. In Bangui and Bambari for example, field monitoring was done at least twice per week by UNICEF staff. For other sites, the monitoring was conducted either by UNICEF staff either by our governmental counterpart DGH (Direction Generale de l'Hydraulique). For the RRM component, PDM (Post Distribution Monitoring) is conducted after intervention to assess how the distributed kits meet the needs of the beneficiaries. Continued feedback is gathered to improve future distributions.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	01/11/2015 – 01/05/2016			
<b>2. CERF project code:</b>	15-RR-CEF-130		<b>6. Status of CERF grant:</b>	<input checked="" type="checkbox"/> Ongoing  <input type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Health						
<b>4. Project title:</b>	Contribute to the reduction of maternal and under five morbidity and mortality among 52,000 IDPs and 50,000 persons in host populations in the localities of Bangui, Bimbo, Dekoa, Kaga Bandoro, Bossangoa, Bambari and Kouango						
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :		US\$ 2,100,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>5</sup> :		US\$ 560,805	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 245,815			
	c. Amount received from CERF:		US\$ 600,061	■ <i>Government Partners:</i>			
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		21,217	28,763	49,980	15,339	17,720	33,059
Adults (≥ 18)		22,082	29,937	52,020	22,510	19,563	42,073
<b>Total</b>		<b>43,299</b>	<b>58,701</b>	<b>102,000</b>	<b>37,849</b>	<b>37,283</b>	<b>75,132</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	52,000			38,858			
Host population	50,000			36,274			
Other affected people							
<b>Total (same as in 8a)</b>	<b>102,000</b>			<b>75,132</b>			

<sup>4</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>5</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Only 73.3 per cent of planned beneficiaries have been reached. This discrepancy is mainly due to situation of insecurity which continued to prevail in the area covered by the project even during its implementation. This has limited access of the beneficiaries to health services and outreach interventions especially in Bambari and the axis between Grimari and Kouango.
--	---

CERF Result Framework			
9. Project objective	Contribute to the reduction of maternal and under five morbidity and mortality among 52,000 IDPs and 50,000 persons in host populations in the localities of Bangui, Bimbo, Dekoa, Kaga Bandoro, Bossangoa, Bambari and Kouango from 1 November 2015 to 31 January 2016.		
10. Outcome statement	A minimum of 102,000 people including under five children (girls and boys) and pregnant and lactating women among IDPs and host populations receive lifesaving interventions in the affected localities.		
11. Outputs			
Output 1	Vulnerable populations in IDP sites and other target areas receive free curative care with emphasis on under five children and pregnant and lactating women.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of those affected by acute humanitarian crises covered by emergency curative care.	100% (102,000)	74% (75,132)
Indicator 1.2	Percentage of expected deliveries assisted by qualified personnel in the areas affected by an acute humanitarian crisis.	80% (1,070)	71% (763)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure essential drugs, kits, LLINs and essential equipment.	UNICEF	UNICEF
Activity 1.2	Transfer essential drugs, kits, LLINs and essential equipment to health facilities in the affected areas.	UNICEF/NGO partners	UNICEF/ALIMA, FILLES ORISTANO (CARITAS-Dispensaire St Paul Bangui), INTERSOS, MDA, CRCA
Activity 1.3	Provide free treatment to the displaced population with emphasis on under five children and pregnant women.	MoH/NGO partners	MoH/ ALIMA, FILLES ORISTANO (CARITAS-Dispensaire St Paul Bangui), INTERSOS, MDA
Activity 1.4	Organize antenatal clinics in favor of pregnant women.	MoH/NGO partners	MoH/ ALIMA, FILLES ORISTANO (CARITAS-Dispensaire St Paul Bangui), INTERSOS, MDA
Activity 1.5	Organize preschool clinics in favor of under five children.	MoH/NGO partners	MoH/ ALIMA, FILLES ORISTANO (CARITAS-Dispensaire St Paul Bangui), INTERSOS, MDA

<b>Output 2</b>	Households in IDP sites in Bangui and Dekoa receive LLINs.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of households in IDP sites who received two bed nets.	>80%	98.74%
Indicator 2.2	Percentage of households in IDP sites sensitized on the utilization of bed-nets.	>80%	102%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Distribute two LLINs per household in the IDP sites.	MoH/NGO partners	NGO partners (CRCA)
Activity 2.2	Conduct household visits to sensitize IDPs on the utilization of nets.	MoH/NGO partners	NGO partners (CRCA)
<b>Output 3</b>	Implemented activities are supervised, monitored and monthly data collected and analysed by age and sex and reports shared.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of field supervisions implemented.	03	6
Indicator 3.2	Number of monthly reports shared.	03	7
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Undertake field visits to monitor/supervise implementation of activities.	UNICEF/NGO partners	UNICEF/NGO partners
Activity 3.2	Collect, analyze by age and sex and share implementation reports with donor.	UNICEF/NGO partners	UNICEF/NGO partners

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Output 1

- 75,132 of the 102,000 displaced or living in host families (74 per cent) had received free care in Bangui, Bimbo, Kaga Bandoro Dekoa and Bossangoa from 1 November 2015 to 31 January 2016.

33,059 children out of 49,980 had also benefited from health care (66 per cent).

- With regard to deliveries, 763 deliveries out of 1,070 (71%) were attended by skilled personnel

Three major constraints did not reach the level of result set: 1) difficulties in finding implementing partners: In the sub-prefectures of Bambari and Kouango, the armed conflicts between the elements of the ex-Séléka and the antibalakas were very accentuated giving no opportunity to have implementing NGOs. However, UNICEF through its Bambari Sub-Office provided technical support to the Ouaka Prefecture's Health Team and the supply of Bambari and Kouango health facilities with biomedical medicines and equipment.

Unfortunately, data on the care of displaced persons and host families were not taken into account. 2) The start of project implementation did not begin immediately after the allocation of CHF funds. For example, NGO InterSOS, one of the project implementing partners with UNICEF in Kaga Bandoro sub-prefecture, found it difficult to recruit staff who considered the locality to be at high risk of insecurity and The signing of the partnership agreement with the health prefecture had been delayed due to administrative procedure. The project, which is expected to be initially implemented during the period from 24 February 2016 to 23 May 2016, was extended from 24 May to 30 June 2016; 3) The reduction in humanitarian space due to the volatility of the security situation in certain localities (Dékoua, Kaga-Bandoro) did not achieve the expected targets

Output 2:

- 5,734 households benefited from two long-lasting insecticide-treated mosquito nets in contrast to 5,616 initially planned households (102%).

- 28,309 displaced people in Bangui and Begoua benefited from LLIN compared to 28,669 people (98.74%). This figure of 28,303 beneficiaries of MLIDAs exceeds 28,088 persons set in the SSFA with UNICEF. The mosquito nets were provided by UNICEF and CERF

<p>funding was used to support operational costs.</p> <p>Output 3:</p> <p>Joint teams of government health units, NGOs and UNICEF, both at the central level and in the UNICEF sub-offices, conducted 6 supervision missions on the 3 predicted. All NGOs involved in the implementation of the project had produced and shared 7 reports with disaggregated data by sex and age</p> <p>For the distribution of LLINs in IDP camps in Bangui and Begoua (output 2), more people benefited from this activity than expected (28,669 as compared to the target of 28,088). This distribution was based on the standard of 2 nets per household. The mosquito nets were provided by UNICEF and the CERF funding was used to support operational costs.</p> <p>The discrepancies between the targets related to curative care and assisted deliveries (output 1) and the final outcomes are mainly due to the persistence of insecurity in project areas, leading to further displacements of populations to other localities and limiting their access to health centres. Furthermore, mobile clinics could not be performed in these areas (Dekoa, Kaga Bandoro) during clashes between armed groups or among host populations. In addition, this performance does not take the populations of Bossangoa, Bambari and Kouango into account, who did not benefit from this CERF funding as initially planned.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p> <p>Outreach strategies (through mobile clinics) were used to reach affected populations. IDPs and the host communities living near health facilities were organized into support groups to conduct sensitization activities in order to improve the use of services and promote essential family practices and the prevention of potential epidemic diseases.</p> <p>Health committees were involved in implementing community activities such as sensitization, identification of the most vulnerable populations, and use of services and case monitoring.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Evaluation of the project was not planned due to its short duration of three months. However several monitoring visits have been undertaken in project areas to assess the level of implementation and to take relevant measures in order to achieve the planned results. For example, five programme visits were undertaken in Dekoa by UNICEF staff from Bangui and Kaga-Bandoro and were very useful in order to avoid duplication with an ongoing project with IRC in the same district. In addition, at least one programme visit was organized by UNICEF staff from Bangui and Bimbo to monitor LLIN distribution and the health project with ALIMA. The Kaga-Bandoro activities with INTERSOS were regularly supervised by the UNICEF team based there.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	01.12.15 - 30.04.16			
<b>2. CERF project code:</b>	15-RR-CEF-131		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Child Protection			<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Protective Environment for children affected by conflict and community population displacement						
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 1,440,850	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>7</sup> :	US\$ 800,000	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 126,656</div> </div>				
	c. Amount received from CERF:	US\$ 343,900	<div> <div>▪ Government Partners:</div> <div>US\$ 48,001</div> </div>				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		5,205	5,395	10,600	4,435	5,063	9,498
Adults (≥ 18)		0	0	0	2,015	2,965	4,980
<b>Total</b>		<b>5,205</b>	<b>5,395</b>	<b>10,600</b>	<b>6,450</b>	<b>8,028</b>	<b>14,478</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	5,205			Total: 9,498			
Host population	5,395			Total: 4,980			
Other affected people							
<b>Total (same as in 8a)</b>	<b>10,600</b>			<b>14,478</b>			
In case of significant discrepancy between planned and reached beneficiaries, either		The project has reached its target in most cases. Out of 513 children associated with armed groups, 500 were registered in the program after the verification process. Nonetheless, some					

<sup>6</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>7</sup> This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	<p>difficulties have been encountered:</p> <ul style="list-style-type: none"> <li>Concerning the release of children, several leaders of the armed groups changed their minds after the negotiations. Sometimes UNICEF was forced to negotiate with different leaders to explain the intention of the project and review their demands;</li> <li>Leaders of armed groups fear eventual prosecution if they acknowledge that they have children in their ranks;</li> <li>Children are reluctant to confirm that they are associated with armed groups out of fear of prosecution and punishment from their parents;</li> </ul> <p>In spite of these difficulties, the project managed to raise the awareness of several leaders of armed groups on the consequences of the recruitment of children. Children have also been reached after leaders of armed groups provided lists with their names following MRM training sessions and awareness raising campaigns. The project managed to create synergies with another project already implemented by UNICEF partners, which led to the referral 102 children to a socio-professional training structure.</p> <p>Despite the end of CERF activities, these children will continue being reached with activities (formal and non-formal schooling, psychosocial support, etc.) thanks to other financing obtained from UNICEF donors.</p>
--	--

CERF Result Framework			
9. Project objective	Create a protective environment for 10,600 children from communities affected by population displacement in Bangui, Sibut, Dekoa and Kouango.		
10. Outcome statement	Children from communities affected by conflict in CAR will be protected		
11. Outputs			
Output 1	10,000 children among the displaced populations and surrounding communities will have access to psychosocial support in child-friendly spaces (CFS);		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Child friendly spaces and “points d’ecoute” (listening centers) created	12	16 CFS with one “point d’ecoute” in each CFS
Indicator 1.2	Children who participate in CFS activities	10,000	9,498 including 4,435 girls
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish 12 child-friendly spaces in the intervention sites;  16 CFS created with a listening center in each of the 16 CFS. In some places, due to the number of children, the project established more CFS to allow additional children to attend activities.	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO/



Activity 1.2	Set up listening centers for children in IDP sites;  16 listening centers: Bangui (11) in eleven 11 IDP sites Dekoa (1), Kouango (1), Sibut (1). These listening centers were created in addition to mobile teams, which can reach children who cannot attend the centres due to disabilities or the remoteness of their communities.	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
Activity 1.3	Organize recreational activities and games for children;  The recreational activities were as follows: Dancing, jumping rope, football, volleyball, running, singing and other cultural activities. The activities were opened to all categories of children. Sensitization campaigns were carried out to inform parents and children on the importance of psychosocial activities, education and hygiene etc.	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO Yess confirmed
<b>Output 2</b>	<b>500 children associated with armed groups will be identified, documented, and released and will benefit from interim care in transitional structures and family reunification;</b>		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of children released from armed groups	150 girls and 350 boys	500 (Girls:97; Boys:403)
Indicator 2.2	Number of children released from armed groups that are reunified with their families and communities  The remaining number of children (338) was not in need of reunification as they were already living in their communities of origin.	150 girls and 350 boys	162 (Girls: 97; Boys:65)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Advocate, identify, verify and profile 500 children associated with armed groups  Advocacy activities were conducted with UNICEF child protection and MINUSCA staff through armed groups' leaders to release children from their ranks. The process was followed with a verification activity in order to certify the children associated with armed groups. Due to the security situation in the project areas, some children and armed groups leaders were reluctant to release children as they feared that they would be tracked down by the justice later on. The project continued to inform and sensitize communities, children and armed group leaders.	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
Activity 2.2	Ensure interim care of children released from armed groups  Among the 500 children released from armed groups, 96 were unaccompanied and were placed in temporary foster families before being reunited with their parents. In the beginning, some children did not want to return in their families because they were afraid of being rejected or stigmatized by their community.	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO

	The project has sensitized their communities and families prior to undertaking the reunification process.		
Activity 2.3	<p>Organize mediation, tracing and family reunification of children released from armed groups</p> <p>Several social mediations were undertaken by the project to prepare for the return of children in their communities. With the involvement of the Ministry of Social Affairs, all reunified children were accepted by their families and communities. Some cases were difficult to deal with due to the involvement of children in armed groups' activities (communities were reluctant about allowing a former "fighter" back into the community).</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
Activity 2.4	<p>Sensitize communities on the monitoring of violations and child protection risks.</p> <p>Sensitization campaigns organized by the project reached more people than expected. More than 4,980 individuals including 2,015 women and 2,965 men were reached by the activities. The project succeeded in involving community leaders and youth through mobilization campaigns on gender based violence and family separation</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
<b>Output 3</b>	<b>100 separated and unaccompanied children will be supported in host families and will benefit from family reunification.</b>		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of separated children and unaccompanied minors documented	50 girls and 50 boys	162 children including 97 girls and 65 boys
Indicator 3.2	Number of foster families participate in providing interim care for children	(50 girls and 50 boys)	<p>96 children have been temporarily placed in foster families. In addition, some 41 families were already identified by UNICEF's partners in previous projects prior to implementing CERF activities. All 96 families have received training, guidance and follow up with the full involvement of the Ministry of Social Affairs.</p>
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	<p>Identify host families and support those who care for unaccompanied minors and separated children</p> <p>96 foster families were involved in the project to care for released children who were separated from their families. For the selection of host families, UNICEF supported the development of a manual with guidelines, which was approved by the Ministry of Social Affairs and validated by child</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO

	protection partners. All participating families must follow the rules and principles outlined in this manual. The selection of host families is ultimately made by the Ministry of Social Affairs, which is responsible for monitoring children placed in foster families. In many cases, these families were already part of a family network monitored by UNICEF, the Ministry of Social Affairs and partners.		
Activity 3.2	<p>Rapid family tracing and reunification for unaccompanied minors and separated children</p> <p>Rapid family tracing and reunification was part of UNICEF and child protection actors' strategy when dealing with an emergency situation. Information was rapidly shared among child protection actors to find the families of separated children. 85 children were rapidly reunified with their families through the information sharing mechanism put in place involving community members, the Ministry of Social Affairs and other partners executing similar projects.</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
Activity 3.3	<p>Follow up of children in foster families</p> <p>All children placed with foster families received follow up visits from implementing partners with the involvement of the Ministry of Social Affairs before and after their reunification</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO
Activity 3.4	<p>Reunify unaccompanied minors and separated children with their families and communities</p> <p>162 separated children (97 girls and 65 boys) were identified by the project.</p>	FHAP/Caritas /ESF/SPASO	FHAP/Caritas/ESF/SPASO

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Out of 500 children targeted by the project, the project has identified 513 children formerly associated with armed groups. After careful verifications, 500 met the requisite criteria, which was:

- To be aged under 18;
- Association with an armed group;
- Place of recruitment, name(s) of leader(s).

The children who have been removed from the list of children formerly associated with armed groups were considered to be vulnerable. The project referred them to school reintegration and psychosocial assistance. In some project areas, children were reluctant to register on the list because they feared being pursued by armed groups. In spite of a tremendous effort made to convince families and children, many refused to enlist. Efforts to sensitize children and their families to enlist are ongoing.

Out of the 500 children who met the requisite criteria, the project has been able to combine efforts with other UNICEF projects to register 102 children with a vocational training centre. These children will complete their training after the CERF project is over.

Furthermore, the project has succeeded in gathering information on cases of GBV and has referred them to the appropriate services in conjunction with other partners including government health services, UNFPA and Bethanie centre for vocational training and AFJC for regular monitoring on GBV. The reported cases of GBV were cases of sexual assault and physical violence. Cases of sexual abuse and exploitation were also reported and handed over to UNICEF's internal task force on SEA. To facilitate the follow up process, an SEA case recording, tracking and monitoring system was implemented by a dedicated SEA team. Each case is consistently coded and tracked, and all updated cases are documented within this reporting system. Moreover, a report is being prepared and will be shared with the appropriate partners.

<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>Regarding instructions given to social workers during the project launch, strict directives were given to partners about the importance of accountability of the project towards the beneficiaries / communities. UNICEF had an obligation to prepare a detailed report and conduct a participatory evaluation to ensure that the objectives have been achieved. The beneficiaries were informed of the activities to be conducted through targeted trainings and meetings with community leaders and community-based groups. In the various meetings held with community leaders and groups, the project gave broad information about the activities, duration, the lessor and the implementing partners.</p> <p>Moreover, project activities have taken into account the needs and demands of women to encourage their participation. The aim was to involve women in activities and in the supervision of children. The levels of responsibility given to beneficiaries have emerged in orientation sessions with project staff and community resources involved in tracking and monitoring activities.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The evaluation was participatory and was held on May 12-24 with implementing partners under the sponsorship of the Ministry of Social Affairs. It was focused on the description of activities carried out, difficulties encountered, and on finding possible solutions. Recommendations were based on the findings of previous supervisions in addition to information collected from beneficiaries and implementing partners. The conclusions of the evaluation were satisfactory and are summarized as follows:</p> <p>a). <b>Achievements:</b> The activities carried out were satisfactory. The objectives of the project were achieved in most cases.</p> <p>b). <b>Major constraints:</b></p> <ul style="list-style-type: none"> <li>- Children associated with armed groups have been very reluctant to register in the project for support. Many children feared that the purpose of the project was to prosecute them;</li> <li>- The small size of play areas in some IDP sites has limited the expansion of recreational activities for some children.</li> <li>- The short time frame of the project did not allow partners to complete the reintegration process for all of the children released from armed groups. However, UNICEF is currently working on integrating these children into recreational and psychosocial activities of other projects. This year, UNICEF plans to secure the release of 3,000 children from armed groups and reintegrate them into their communities. Programs are already underway, with the support of other donors, to allow the smooth reintegration of these children into formal schooling and vocational trainings.</li> </ul> <p>c). <b>Perspectives/Outlook:</b> The targets that were reached represent 16 per cent of the displaced population and host communities targeted by the project (83,000). Many other children and communities still need support through psychosocial activities. There are still children associated with armed groups in the project areas.</p> <p>It is desirable to continue the interventions in the project areas for a period of six additional months in order to ensure a protective environment for all conflict children.</p> <p>Tools used for the evaluation: Project log frame, discussions with beneficiaries, partner debriefing and focus group discussions with youth, children and adults.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	01/12/2015 – 01/06/2016			
<b>2. CERF project code:</b>	15-RR-CEF-133		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Nutrition						
<b>4. Project title:</b>	Emergency nutrition response through integrated community-based management of severe acute malnutrition among children in prefectures the most affected by the conflict in CAR						
<b>7. Funding</b>	a. Total funding requirements <sup>8</sup> :		US\$ 7,200,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>9</sup> :		US\$ 6,465,230		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 213,460		
	c. Amount received from CERF:		US\$ 600,000		■ <i>Government Partners:</i> US\$ 9,433		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		3,649	3,369	7,018	3,260	3,010	6,270
Adults (≥ 18)							
<b>Total</b>		<b>3,649</b>	<b>3,369</b>	<b>7,018</b>	<b>3,260</b>	<b>3,010</b>	<b>6,270</b>
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population	7,018			6,270			
Other affected people				Included			
<b>Total (same as in 8a)</b>	<b>7,018</b>			<b>6,270</b>			
In case of significant discrepancy		Project implementation reached almost 90 per cent (89.3 per cent) of the planned caseload.					

<sup>8</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>9</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The discrepancy is a result of the fact that during implementation, many of the displaced persons who were targeted by the project were returning to their communities of origin. Another reason for the discrepancy between planned and actual outcomes is linked to the number of children estimated during the initial assessment, which was done based on the children living in around six IDP sites in Bangui that closed at the end of January when the security situation improved. In the same way, the number of pregnant women and caregivers reached for IYCF interventions have been affected as for children reached (85.7 per cent of the planned target).
---	---

CERF Result Framework			
9. Project objective	Contribute to improving the nutritional status of children aged under 5 years who are affected by severe acute malnutrition in the context of the prevailing crisis in Bangui and the most affected prefectures of CAR.		
10. Outcome statement	Children affected by the crisis within Bangui and other most affected prefectures are protected and treated against acute malnutrition and its complications.		
11. Outputs			
Output 1	At least 7,018 children (an estimated 3,649 girls and 3,369 boys based on the gender demographic breakdown) suffering from severe acute malnutrition benefit from appropriate therapeutic care through out-patient and in-patient treatment programmes with adequate supplies of Ready-to-Use Therapeutic Foods.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children aged under 5 with SAM admitted into OTP for treatment	7,018	6,270
Indicator 1.2	Percentage of children <5 with SAM in inpatient and outpatient recovered	> 75%	88.19%
Indicator 1.3	Percentage of mortality among children <5 with SAM admitted in therapeutic units	< 5%	3.29%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Ensure management of severe acute malnutrition with and without medical complications (IPT/OPT): SAM patients without complication are admitted, treated in outpatients units while those with complications are treated in in-patient units.	Ministry of Health	Ministry of Health, Action Contre la Faim, Save the Children, MDA, CRF, MSF-E, IMC
Activity 1.2	Support systematic and active screening of malnourished children in health facilities and at community level.	Ministry of Health	Ministry of Health, Action Contre la Faim, Save the Children, MDA, CRF, MSF-E, IMC
Activity 1.3	Train Community Health Workers on active community-based nutrition screening and referral and equip Community Health Workers with essential kits and all OTPs/ITPs with essential tools.	Ministry of Health	Ministry of Health, Action Contre la Faim, Save the Children, MDA, CRF, MSF-E, IMC
Output 2	Nutrition supplies (therapeutic food, essential drugs and anthropometric equipment) for management of SAM are procured and delivered to beneficiaries.		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	Number of therapeutic milk cartons procured and delivered to health facilities for CMAM treatment	950 cartons	950 cartons
Indicator 2.2	Number of stock out for CMAM treatment reported at level of health facilities	0	0 ( No stock out registered)
Indicator 2.3	Number of therapeutic units (out-patient and in-patient therapeutic units) equipped with essential kits	24	24
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of nutrition supplies (therapeutic food, essential drugs and anthropometric equipment) for management of SAM	UNICEF and Ministry of Health	UNICEF and Ministry of Health
Activity 2.2	Distribution of nutrition supplies and other essential goods in adequate quantities and in a timely manner to targeted areas	Ministry of Health and NGOs (ACF, SCI, MoH, MDA, IMC)	Ministry of Health, Action Contre la Faim, Save the Children, MDA, CRF, MSF-E, IMC
Activity 2.3	Equip all targeted out-patient therapeutic units and in-patient therapeutic units with essential kits,	Ministry of Health and NGOs	Ministry of Health, Action Contre la Faim, Save the Children, MDA, CRF, MSF-E, IMC
<b>Output 3</b>	Emergency infant and young children feeding practises are enhanced among at least 4,912 caregivers		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of caregivers reached through IYCF counselling programmes	4,912	4,389
Indicator 3.2	Number of integrated child psychometric therapeutic stimulation spaces functioning in IDP sites or in OPT/IPT	3	4
Indicator 3.3	Number of pregnant and lactating women reached with support from IYCF counsellors	728	624
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Support systematic IYCF counselling for caregivers in inpatient therapeutic programmes	Ministry of Health and NGOs	Ministry of Health, Action Contre la Faim, MDA, CRF, IMC
Activity 3.2	Support development of integrated child psychometric therapeutic stimulation spaces for malnourished children in coordination with the Education and Protection sectors	Ministry of Health and NGOs	Ministry of Health, Action Contre la Faim, MDA, CRF, IMC
Activity 3.3	Support development of e-IYCF for pregnant and lactating women	Ministry of Health and NGOs	Ministry of Health, Action Contre la Faim, MDA, CRF, IMC

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>This project funded by CERF helped to ensure lifesaving interventions in areas the most affected by the September 2015 crisis through integrated community-based management of acute malnutrition among children, in ensuring mainly the following achievements:</p> <ul style="list-style-type: none"> <li>- <b>5,913 cartons</b> have been provided to beneficiaries. This quantity also covered the supplies looted during the September crisis in Bangui. Special attention has been focused on strengthening community systems and community health workers in providing basic services such as active case detection, house follow-up, delivering of IYCF interventions and key messages.</li> <li>- <b>6,270 cases</b> of severe acute malnutrition have been admitted and treated in nutrition units (comprising 1,751 SAM cases admitted in IPTs with associated complications and 4,519 admitted in out-patient therapeutic units). The caseload that was reportedly reached represents 89.3 per cent of the planned target. The discrepancy is a result of the fact that during implementation, many of the displaced persons who were targeted by the project were returning to their communities of origin. Another reason for the discrepancy between planned and actual outcomes is linked to the number of children estimated during the initial assessment, which was done based on the children living in around six IDP sites in Bangui that closed at the end of January when the security situation improved. The children who left the IDP sites received follow up by initial health structures through integrated health/nutrition program existing in different compounds of Bangui and surrounding communes.</li> <li>- <b>4,389 pregnant</b>, lactating mothers and caregivers have been reached by the IYCF special education sensitization programme with emphasis on families and children affected psychologically. Four integrated child psychometric therapeutic stimulation spaces functioning in IDP sites and in OPT/IPT of CPB of Bangui, health centres of Begoua, St Joseph and in Sibut Hospital. As for the number of children reached for Severe Acute Malnutrition interventions, the number of pregnant and lactating women reached with support from IYCF counsellors have been affected ( only 85.7 per cent of them have been reached)</li> <li>- During implementation of the project, the number of IDPs sites decreased, and 4 out of 10 mobile outpatient units were informed about existing outreach nutrition units in public health structures in different compounds in Bangui.</li> </ul>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>This nutrition project was designed on the basis of a nutrition needs assessment done within affected communities in IDP sites, health structures and with community leaders who were consulted when designing the mobile approach and determining the areas most affected by the crisis. It is important to underline that the opening day for each mobile nutrition OPT in each IDP site and different road was decided in conjunction with the approval of community leaders and the NGOs intervening in the area (ACF for Bangui).</p> <p>As in the beginning of the September crisis, there was extremely limited national health care capacity to provide care and treatment to children suffering from severe acute malnutrition, only 6 out of 12 functioning health and nutrition facilities within Bangui and surrounding areas were ensuring screening and treatment supported by implementing partners. Consequently, a system of communication using community leaders, community health workers, community radio (including Ndekeluka) was used for social mobilization and provide information on cases of malnutrition. Involvement of the community proved to be very efficient in reaching beneficiaries and allowed UNICEF to recover almost 80 per cent of cases of malnourished children who abandoned treatment centers during the crisis and thus facilitate the system of community-based screening, referral and treatment.</p> <ul style="list-style-type: none"> <li>- As in early October–November 2015, the movement of most humanitarian staff was limited to secured axes, monitoring within Bangui, Kemo and other affected area involved the Ministry of Health and health district authorities.</li> <li>- Programmatic visits by UNICEF, NGO partners and representatives from the Ministry of Health were organized and were crucial to analysis of project performance indicators and the effective use of supplies and funds received from the project. Bottlenecks and difficulties were discussed which allowed partners to correct the factors impeding project achievement.</li> <li>- Discussion with beneficiaries, community health workers and community members benefiting from the project were conducted in health facilities in Begoua and Saint Sauveur IDP sites. Through these discussions, areas considered to be pockets of malnutrition were identified and referred to the mobile team.</li> </ul>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
The evaluation of the project allowed UNICEF and implementing partners to identify two main challenges:	EVALUATION PENDING <input type="checkbox"/>
<ul style="list-style-type: none"> <li>- Revisit the number of existing IDP sites as the number of sites has decreased as the security situation in Bangui has improved. The project was focused on health and nutrition facilities hosting IDP families.</li> </ul>	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



<ul style="list-style-type: none"> <li>- The villages surrounding Bangui on the axes of Damara, Bégoua and Boali are still in need of support, as the population who fled to the bush/in Bangui town still require health and nutrition services. Support is required in order to be able to continue the community-based system of nutrition surveillance, screening and referral through the network of community health workers to address the aggravated nutritional status of the many children still affected by the crisis.</li> </ul>	
---	--

TABLE 8: PROJECT RESULTS

CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	08/12/2015 – 07/06/2016		
<b>2. CERF project code:</b>	15-RR-FAO-032		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Security			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of emergency livelihood assistance to respond to new critical needs of host families and IDPs that have risen in the recent crisis in Bangui					
<b>7. Funding</b>	a. Total funding requirements <sup>10</sup> :	US\$ 1,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>11</sup> :	US\$ 598,609	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 46,840			
	c. Amount received from CERF:	US\$ 398,609	■ <i>Government Partners:</i> US\$ 12,052			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,500	1,100	2,600	1,567	1,533	3,100
Adults (≥ 18)	5,700	3,200	8,900	6,268	6,132	12,400
<b>Total</b>	<b>7,200</b>	<b>4,300</b>	<b>11,500</b>	<b>7,835</b>	<b>7,665</b>	<b>15,500</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs			6,925			
Host population	11,000 people (2,200 households)		4,835			
Other affected people	500 people (100 households)		3,740			
<b>Total (same as in 8a)</b>	<b>11,500 people</b>		<b>15,500 people</b>			
In case of significant discrepancy	According to project forecasts, 11,500 people were to benefit from direct agricultural input					

<sup>10</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>11</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	distribution. However, a higher number of beneficiaries (15,500 people) was reached than initially expected (except for the 100 trader households, recipients of coupons for the transportation of goods to local markets that remained as planned). This was possible thanks to the fact that for 2016, FAO made a bulk purchase that helped to reduce the costs for the procured inputs. As a result, an additional 4,000 beneficiaries were assisted, an increase of 25 per cent. Gender and age were taken into account for the vulnerability criteria to select beneficiary households.
---	--

CERF Result Framework			
9. Project objective	Strengthening food security of host communities and displaced populations.		
10. Outcome statement	Host populations in Bangui have access to quality agricultural inputs to reinforce their food security through recovering agricultural production and mitigate the impact of the recent events on displacement of populations to the sites.		
11. Outputs			
Output 1	1,100 households (5,500 people) receive vouchers for quality agricultural inputs for vegetable production and resume their agricultural production.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households receiving vouchers	1,100	1,100
Indicator 1.2	Number of households using the vouchers for the purchase of quality agricultural inputs (first necessity items: short cycle production seeds and tools, food conservation and processing material for storage and reducing post-harvest losses)	1,100	1,100
Indicator 1.3	Number of months of food reserves covered by vegetable production	3 months	2 month
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of the beneficiaries into the host communities in collaboration with the local authorities	FAO, ACTED and Vitalité plus	FAO, COHEB and Vitalité plus
Activity 1.2	Procurement with local suppliers	FAO	FAO
Activity 1.3	Distribution of vouchers and follow-up with the local suppliers	ACTED and Vitalité plus	COHEB and Vitalité plus
Activity 1.4	Monitoring and follow-up	FAO, ACTED and Vitalité plus	FAO, COHEB and Vitalité plus
Output 2	1,100 households (5,500 people) benefit from direct distribution of quality agricultural inputs for vegetable production and restart their agricultural production		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households identified and receiving a kit for vegetable production	1,100	2,000
Indicator 2.2	Number of quality agricultural kits for vegetable production are procured	1,100	2,000
Indicator 2.3	Number of quality agricultural kits for vegetable production are distributed	1,100	2,000
Indicator 2.4	Number of months of food reserves covered by the	3	3

	vegetable production		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of the beneficiaries into the host communities in collaboration with the local authorities	FAO, ACTED and Vitalité plus	FAO, COHEB and Vitalité plus
Activity 2.2	Procurement of quality agricultural kits for vegetable production to the households	FAO	FAO
Activity 2.3	Distribution of quality agricultural kits for vegetable production to the households	FAO ACTED and Vitalité plus	FAO, COHEB and Vitalité plus
Activity 2.4	Farmer field schools approach implemented for technical support to households	ACTED and Vitalité plus	COHEB and Vitalité plus
Activity 2.5	Monitoring and follow-up	FAO ACTED and Vitalité plus	FAO, COHEB and Vitalité plus
<b>Output 3</b>	100 trader households receive conditional vouchers for the transport of agricultural goods and inputs to local markets in Bangui		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of local market operators transporting local agricultural produce identified	100	100
Indicator 3.2	Number of market operators transporting local agricultural goods and inputs to the local markets in Bangui	100	100
Indicator 3.3	Increase in availability of local agricultural goods and inputs in the local markets	10%	10%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Identification of main local transporters of agricultural goods and inputs affected by the recent events	ACTED and Vitalité plus	COHEB and Vitalité plus
Activity 3.2	Distribution of vouchers and follow-up in the local markets	ACTED and Vitalité plus	COHEB and Vitalité plus
Activity 3.3	Monitoring and follow-up	FAO ACTED and Vitalité plus	FAO, COHEB and Vitalité plus

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The main activities carried out and results achieved based on expected outputs were as follows:

- 1,100 beneficiary households each received two coupons (value of FCFA 22,500 each) for the purchase of seeds/gardening tools and fresh produce for a total value of FCFA 45,000.
- 2,000 beneficiary households each received 50 g of seeds (10 g of amaranth, 10 g of cabbage, 10 g of tomato, 10 g of okra and 10 g of spinach seeds); and gardening tools, including one watering can, one rake, one shovel and one hoe. In total, 100 kg of vegetable seeds and 2,000 hoes, 2,000 rakes, 2,000 watering cans and 2,000 shovels were distributed to beneficiaries.
- 100 trader households each received a coupon with the value of FCFA 50,000 for the transportation of goods to local markets.
- The capacities of 3,100 beneficiary households were strengthened in vegetable production techniques.
-

## Production and impact

FAO, through NGOs' partners (COHEB and Vitality +) has helped 3,100 displaced people including host families and 100 carriers in the 2nd, 3rd, 5th, 6th, 7th district of Bangui and Bégoua to restore their ability in food security and production, in order to cover vulnerable people needs and stimulate the economy through:

- direct distribution of 2,000 kits including vegetable seeds and agricultural tools that enabled beneficiaries to produce and get access to food within a maximum period of three months,
- distribution of 1,100 coupons for purchasing vegetable kits and fresh food during the market fair,
- distribution of 100 coupons to support the transport of vegetable products and gardening tools to the market fairs.

FAO support has ensured people and communities to remain fixed avoiding more movement. Gardening activities could in a very short time provide recipients with food of high nutritional value while helping to maintain social relationships and economic systems stabilizing factors.

This support also helped host families whose livelihoods are constrained to restore food security and production capacity, and to cover the needs of displaced people to whom they provide accommodation.

The harvest and impact assessment of the project is based on data collected around the beneficiary households.

The provision of the 2,000 household beneficiaries with vegetable seeds (amaranth, cabbage, lettuce, tomato, okra) and agricultural tools has enabled them to sow 200 ha of vegetable (0.10 ha per household). For the harvest starting earlier in mid-January to the end of March, the total production is about 600 tons of vegetables, with an average yield of 3 tons/ha. This not only contributes to the diet diversification of households, but also allows them to generate income. The total generated income from vegetable production is about USD 450,000 (USD 225 per household).

The food reserves covered by the vegetable production obtained by each household is two month, instead of three because some households were obliged to host some displaced people from the 3rd, 6th, 8th district Bangui Bégoua as a result of the February and in March 2016 events.

In view of implementing partners there was a change from ACTED to COHEB as there were problems in negotiations with ACTED, and the agreement finally failed because the submitted budget by ACTED was too high. FAO approached COHEB who accepted the partnership for the implementation of activities under this CERF application

## 13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The violence that erupted in Bangui between 26 and 29 September 2015 has caused the displacement of large numbers of people who fled their homes in neighborhoods where the violence took place, to take refuge in host families in a few specific areas (districts 2, 3, 6, 8 of Bangui and the commune of Bégoua). The violence also resulted in the disruption of economic activities.

It is in this context that FAO has initiated this project to provide emergency livelihood assistance to meet the new critical needs of host families and displaced persons that have arisen in the recent crisis in Bangui.

After the official launch of the project, a workshop for the planning of activities involving all stakeholders (Ministry of Agriculture, local authorities, the Bangui gardeners' federation, the implementing partners, etc.) was organized on 15 March 2016. At the end of this workshop, a local committee was set up, by district, for the identification and selection of beneficiary households according to predefined criteria. Focus groups were organized by the FAO's project staff in each district covered to exchange with beneficiaries, to explain the criteria of households' identification and how the project will be implemented. Each committee, after identification of households, submits the list to the local authorities for approval.

The implementation of all project activities is performed by the partners (ACDA, COHEB and Vitalité plus) under the supervision of the technical expert appointed by FAO and the monitoring of field activities will be carried out by the Ministry of Agriculture in collaboration with the FAO's monitoring unit and the representative of the gardeners' federation.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Reasons behind the delay in the evaluation in progress are the following:</p> <ul style="list-style-type: none"> <li>- A difficult negotiation with ACTED which was originally designated for the implementation of the project and which finally ended, a month later, in its withdrawal and its replacement by COHEB.</li> <li>- The identification process of COHEB which intervened in the project area has also delayed the implementation of the project activities.</li> <li>- The departure of the coordinator, following his appointment as director general at the Ministry of Agriculture and Rural Development and the appointment of another Coordinator to replace him also impacted on the established calendar.</li> <li>- The recent crisis in Bangui, specifically in District 3 in February, the organization of elections in Central African Republic between December and February 2016 and the swearing-in of the new authorities of the country disrupted the identification of beneficiary households in this district.</li> </ul> <p>Indeed, the above-mentioned reasons prompted the new coordinator to renew planning of project activities that have been extended to the end of July following a request for a no cost extension.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	01/11/2015– 01/05/2016		
<b>2. CERF project code:</b>	15-RR-FPA-043		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Sexual and/or Gender-Based Violence					
<b>4. Project title:</b>	Prevention and response to gender based violence in the most fragile areas of Ouaka, Kemo, Nana-Gibrizi and Bangui in Central African Republic					
<b>7. Funding</b>	a. Total funding requirements <sup>12</sup> :		US\$ 1,350,230			
	b. Total funding received <sup>13</sup> :		US\$ 397,682			
	c. Amount received from CERF:		US\$ 397,682			
d. CERF funds forwarded to implementing partners:						
■ <i>NGO partners and Red Cross/Crescent:</i> 176,550 US\$ ■ <i>Government Partners:</i> 0 US\$						
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,407	4,811	10,218	10,828	10,404	21,232
Adults (≥ 18)	5,476	3,606	9,082	18,431	10,992	29,423
<b>Total</b>	<b>10,883</b>	<b>8,417</b>	<b>19,300</b>	<b>29,259</b>	<b>21,396</b>	<b>50,655</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	16,000			734		
Host population	3,300			49,421		
Other affected people				600		
<b>Total (same as in 8a)</b>	<b>19,300</b>			<b>50,755</b>		

<sup>12</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>13</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	During project implementation the project couldn't reach the planned number of IDPs as many returned to their community, which was especially the case for Mpoko site in Bangui, Dekoa and Kouango. Furthermore the restriction of movements due to clashes also limited implementation of activities at the sites. Lastly as there were other actors implementing similar activities in the same period and in the same localities, it was agreed that UNFPA will focus on host population to increase impact with other actors.
--	---

CERF Result Framework			
9. Project objective	Prevent sexual violence to occur among 301,654 people affected by the conflict in the fragile areas of Bangui, Kemo, Nana-Gibrizi and Ouaka and ensuring that GBV survivors access specialized service		
10. Outcome statement	Conflict affected communities are better protected from gender based violence and survivors access specialized services for GBV case management		
11. Outputs			
Output 1	Risks and spikes in sexual violence, including conflict related sexual violence, are detected and protection mechanisms are activated to respond to them		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Functional early warning system for early action for sexual violence, including conflict related sexual violence  <i>Vitalité Plus and IRC have put in place 10 Multi-sectoral committees (composed of leaders from youth women and community committees/associations) at 10 localities to ensure a functional early warning system for early action for sexual violence, including conflict related sexual violence. Only in Bataganfo it wasn't possible to establish an early warning system due to insecurity.</i>	11 localities (Kaga-Bandoro, Bambari, Bangui-4th,5th , 8th and PK5, Bimbo Kouango, Mbres and Dekoa)	10 localities (Kaga-Bandoro, Bambari, Bangui-4th,5th , 8th and PK5, Bimbo Kouango, Mbres and Dekoa)
Indicator 1.2	Number of incidents of sexual violence segregated in rapes, sexual slavery, early marriages and sexual assault detected by the alert system during crisis	250 rapes 30 early marriages 150 sexual assault	196 rapes 10 early marriages 181 sexual assault
Indicator 1.3	Number of vulnerable women and girls that received dignity kits newly displaced and exposed to acute risks of sexual violence as identified by the alert system  <i>1920 dignity kits were distributed to women and girls by IRC and Vitalite plus. The kits are composed of 1 bucket, 3 pieces pagne/clothe, 1 towel, 2 pieces of laundry soap and hand soap.</i>	Women: 700 Girls: 300	Women: 1500 Girls: 420
Indicator 1.4	Number of women, girls, men and boys serving as new GBV focal points for the alert network and referral of survivors  <i>In total 168 people were trained to serve as new GBV focal points: 150 members from the 10 committees served as new GBV focal persons in Kaga Bandoro, Dekoa, Mbres, Bimbo, Bambari, Kouango. Furthermore 18 focal points of the OCB &amp; Women's groups in Kaga Bandoro were also trained on GBV, guiding principles and the case of referrals to available services.</i>	Women: 165 Girls : 110 Boys: 11 Men: 11	Women: 120 Girls 0: Boys 0: Men: 48



	<p><i>Despite ensuring that sensitization activities were carried out in the presence of girls and boys, they were not part of early warning systems. This is related to socio-cultural inertia and fear of reprisals in the event of termination of the authors who are adults and elements of armed groups that are active in the localities.</i></p> <p><i>The project also trained 12 judicial officers, to strengthen the system of holistic care for victims given that providing legal services has long been the weakest link in GBV response and project areas.</i></p>		
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	<p>Development and roll out of local sexual violence early warning system using GBV sub-cluster indicators, including the roll out of the matrix for conflict related sexual violence developed and MARA working group and creating community alert network composed by community GBV focal points</p> <p><i>All focal points were trained on the sexual violence early warning system. The referral system was put in place by IRC Kaga Bandoro, Dekoa, Mbres, Bambari, Kouango and Bangui. The referral system is now running in all areas of operation of UNFPA. Additionally, the MARA system was implemented in those areas affected by the conflict, some of which were subject to allegations of abuse and sexual exploitation. UNFPA trained and sensitized the stakeholders on the mechanisms to enable them to contribute to the identification of conflict related gender-based violence.</i></p>	UNFPA (Bambari, Bangui, Kaga-Bandoro), IRC (Dekoa, Kaga-Bandoro, Mbres) Vitalité Plus (Bangui- 4th,5th, 8th PK5, 'Mpoko, Kouango) and other GBV sub-cluster members	UNFPA (Bambari, Bangui, Kaga-Bandoro), IRC (Dekoa, Kaga-Bandoro, Mbres) and Vitalité Plus (Bangui- 4th,5th, 8th PK5, 'Mpoko, Kouango) and other GBV sub-cluster members
Activity 1.2	<p>Ensuring the analysis of information reported towards the alert system, immediate exploitation and action, including advocacy to law enforcement authorities and MINUSCA to stop and reduce violence to occur</p> <p><i>UNFPA has established mechanisms for collecting information on SEA cases through the community networks. As lead agency in the field of GBV, UNFPA coordinated all GBV and SEA related activities in Kaga Bandoro, Dekoa and Bambari.</i></p>	UNFPA (GBV coordinators) with support of GBV sub-cluster members	UNFPA (GBV coordinators) with support of GBV sub-cluster members
Activity 1.3	Procurement and distribution of dignity kits to most vulnerable women and girls newly displaced and exposed to acute risks of sexual violence as identified by the alert system	UNFPA in collaboration with IRC (Dekoa, Mbres), Vitalité Plus (Bangui- 4th,5th, 8th PK5, 'Mpoko, Kouango) , AFJCI (Sibut)	UNFPA in collaboration with IRC (Dekoa, Mbres), Vitalité Plus (Bangui- 4th,5th, 8th PK5, 'Mpoko, Kouango)
Output 2	GBV survivors access specialised medical, legal and psychosocial services according to their needs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of GBV survivors that receive quality medical, psychosocial ,legal services according to their needs	100%	100%

	<i>100 per cent of the cases reported through the various help centers run by IRC Vitality Plus have benefited from psychosocial and medical care. The survivors (s) were referred for legal support on a case by case situation.</i>		
Indicator 2.2	<p>Number of sexual violence survivors, disaggregated by sex and age, and by type and category (rape, sexual aggression, sexual slavery and sexual exploitation), who accessed specialized medical and psychosocial service in health and listening centres within and after 72hrs following the incident</p> <p><i>From January to April 2016 614 cases were reported in targeted areas. Among these cases there were 550 cases of GBV and 64 cases of SEA. The vast majority of these cases are rape cases (195), sexual exploitation and abuse (64), physical violence (63), psychological violence (115) denial of resources (7). These incidents occur in the communities of origin, the IDP camps, in the bush or when going to the field and fetching wood. Most perpetrators are armed men, while some are male members of the community. Of all reported cases, 15 cases were related to men, while majority of reported cases involved the sexual assault and rape of women (175) and girls (57).</i></p>	660 women 420 girls 70 boys 25 men	477 women 57 girls 65 boys 15 men
Indicator 2.3	<p>Number of GBV survivors that receive appropriate medical and psychosocial service, dignity kits and that are referred for legal protection</p> <p><i>2534 GBV survivors in total - 1920 beneficiary received dignity kits and 614 beneficiaries received medical and psychosocial care - 1997 women (1500 dignity and 497 received appropriate medical and psychosocial service and legal assistance )</i></p> <p><i>477 girls (420 hygiene kits and 57 received appropriate medical and psychosocial service and legal assistance)</i></p> <p><i>2934 survivors out of which 1920 got dignity kits, 398 received psychosocial service and thirteen saw a lawyer. 85 per cent of the 2934 where taken to see a doctor</i></p>	1,060 women 820 girls 200 boys 95 men	1,997 women 477 girls 65 boys 15 men Total ; 2,554
Indicator 2.4	<p>Number of women, girls, men and boys targeted by community sessions on consequence of GBV and available service,</p> <p><i>Since the beginning of the project awareness raising sessions were carried out in the communities on various topics related to GBV to raise awareness on GBV and change the mentality on GBV and to promote a secure environment for women and girls. The various achievements in creating a protective environment for women and girls are as follows:</i></p> <p><i>Information and awareness sessions were provided to 50,195 people (18,346 women, 10,617 men, 10,828 girls and 10,404 boys) on issues related on GBV and SEA through Community Volunteer Agents were trained by IRC and Vitalite Plus;</i></p>	3,851 women 3,777 girls 3,000 boys 4,000 men 50 local organizations	18,346 women 10,828 girls 10,404 boys 10,617 men 50 local organizations

	<i>The project activities have generated a massive involvement of women's organizations such as Organisation des Femmes Centrafricaines, la Coalition des Femmes pour la Paix et la Reconstruction en Centrafrique, religious organizations, youth and local authorities. This strong involvement was achieved during the commemoration of the International Women's Day and related discussion sessions</i>		
Indicator 2.5	<p>Monthly GBV situation and response analysis produced and presented by GBV sub-cluster in Bambari and Kaga-Bandoro towards the GBVIMS</p> <p><i>UNFPA and the different stakeholders from the GBV working group ensure every month the compilation of data of the recorded GBV cases. These efforts help to attract attention of humanitarian actors on major trends in e.g. access to services in the most at-risk areas, different forms of GBV and to guide interventions on the ground. 5 of 8 monthly presentations on the situation of GBV were provided in Bambari and Kaga Bandoro. The other presentations couldn't be done due to security which limited the data collection which prevented UNFPA to capture data for the monthly presentations. The 4 other presentations that were scheduled in Bangui could not be done as GBVIMS steering committee suspended the analysis and monthly publication.</i></p>	15	5
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	<p>Train NGOs intervening in new project area (Dekoa, Kouango and Bangui) on caring for survivors and GBVIMS to integrate the local referral pathways</p> <p><i>33 representatives from NGOs (of which 10 came from Kaga-Bandoro, Mbres, Bambari, Dekoa Kouango) were trained on the use of GBVIMS including the referral mechanism and medical management organized by UNFPA, UNICEF and UNHCR.</i></p>	UNFPA in collaboration with UNICEF	UNFPA in collaboration with UNICEF and UNHCR
Activity 2.2	<p>Install 7 new listening centres to serve new displaced population and their host communities</p> <p><i>IRC and Vitalie Plus established 4 new listening centers in Bangui, Nana Gribizi and Ouaka. The services offered by these centres focused on psychosocial care of GBV cases including psychosocial activities for individual cases and group activities. All four centers offer basic emotional support and holistic case management, providing psychosocial support following the established action plan to ensure the specific needs of each survivor (s) are met.</i></p>	IRC (Dekoa, Mbres) and Vitalité Plus (Bangui- PK5, 8th arrondissements, Bimbo, Kouango)	IRC (Dékoa, Mbrès) et Vialite Plus (8e arrondissement et Koango)
Activity 2.3	<p>Development of monthly GBV situation analysis by GBV sub-cluster in Bambari and Kaga-Bandoro towards the GBVIMS, ensuring technical control and local data sharing agreements</p> <p><i>The analysis and data sharing is done on monthly base to develop prevention strategies for advocacy, as well to ensure</i></p>	IRC (Dekoa, Kaga-Bandoro, Mbres) and Vitalité Plus (Bangui- PK5, 8th arrondissements, Bimbo, Kouango)	IRC (Dekoa, Kaga-Bandoro, Mbres) and Vitalité Plus (Bangui- PK5, 8th arrondissements, Bimbo, Kouango)

	<i>monitoring of activities at field level.</i>		
Activity 2.4	Procurement and preposition of medical treatment for rape survivors and ensure that clinical management of rape is available in health centres in the areas of project implementation	UNFPA in collaboration with health cluster	UNFPA in collaboration with health cluster
Activity 2.5	Awareness raising sessions on consequences of GBV, GBV standard operating procedures (referral and core concepts) targeting including religious, traditional leaders, local authorities, youth, and parties to the conflict  <i>As part of the project, the SOPs were presented during each outreach activities as conducted by IRC and Vitality Plus in the project areas.</i>	IRC (Dekoa, Kaga-Bandoro, Mbres) and Vitalité Plus (Kouango Bangui-PK5, 8th and Bimbo)	IRC (Dekoa, Kaga-Bandoro, Mbres) and Vitalité Plus (Bangui-PK5, 8th arrondissements, Bimbo, Kouango)
Activity 2.6	Development of monthly GBV situation analysis by GBV sub-cluster in Bambari and Kaga-Bandoro towards the GBVIMS, ensuring technical control and local data sharing agreements  <i>The collection, compilation and sharing of GBV / IMS data is done on a monthly base to ensure the development of advocacy on prevention strategies, as well to ensure monitoring of activities at field level.</i>	UNFPA (Kaga-Bandoro and Bambari)	UNFPA (Kaga-Bandoro and Bambari)

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

All project activities were carried out, thus contributing to the achievement of objectives and expected results. However, the low level of achievement of certain indicators (number of IDPs affected, total monthly presentation of trends and youth focal points) was due to the return of some displaced in their community, the case Mpoko sites in Bangui and Dekoa Kouango. Furthermore, the restriction of humanitarian movements due to clashes also limited interventions on sites (Bambari and PK5). Access to some beneficiaries such as youth limited project implementation due to fear of e.g. retaliation of some groups and/or the influence of socio-cultural constraints.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project design was conducted in a participatory manner through inclusion of community and religious leaders during the different organized meetings to e.g.; identify needs. This led to strong public support for the implementation of the CERF project and the establishment of early warning system, the usage of both medical and psychosocial support services and beneficiaries active participation during the different phases of the project.

Due to its success and active involvement of community members; the project contributed to mitigating new cases of GBV through the identification of risks by early warning mechanisms and increased community awareness on the related consequences.

The GBV survivors received both medical and psychosocial support as well as hygiene kits and other support for their socio-economic reintegration.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

The strengthening of the capacities of the NGOs has improved overall M&E component of the project through the regular data collection of GBV cases into the GBVIMS database necessary for planning and mobilization resources. During the project, no final assessment was done but activities that were conducted in the implementation areas were monitored. (8th 4th arrondissements of Bangui, Kaga-Bandoro, Dekoa, Mbres and Kouango)

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNFPA WHO		<b>5. CERF grant period:</b>	15/11/2015 – 15/05/2016		
<b>2. CERF project code:</b>	15-RR-FPA-044 15-RR-WHO-050		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Providing life-saving health services to people affected by the crisis in Bangui, Bimbo, Begoua and Dekoa					
<b>7. Funding</b>	a. Total funding requirements <sup>14</sup> :		US\$ 3,200,000			
	b. Total funding received <sup>15</sup> :		US\$ Total: 3,089,440			
	c. Amount received from CERF:		US\$ 1,089,440			
d. CERF funds forwarded to implementing partners:						
			▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 282,390	
			▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	56,675	52,315	108,990	94,691	87,407	182,098
Adults (≥ 18)	23,401	21,601	45,002	39,098	36,090	75,188
<b>Total</b>	<b>80,076</b>	<b>73,916</b>	<b>153,992</b>	<b>133,789</b>	<b>123,497</b>	<b>257,286</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	52,000				122,390	
Host population	101,992				134,896	
Other affected people						
<b>Total (same as in 8a)</b>	<b>153,992</b>				<b>257,286</b>	
In case of significant discrepancy between planned and reached beneficiaries, either			In addition of planned needs (already met), the project enabled to support more health facilities in needs during the clashes between armed groups and epidemics context (meaning			

<sup>14</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>15</sup> This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	that secondary health care was provided by people affected by life threatening emergencies in Bangassou, Ngaoundayi, Bria, Bocaranga, Bakala and Mbres through respective hospitals) This justifies the increase in numbers of beneficiaries. This could be considered as a success story
--	--

CERF Result Framework			
9. Project objective	Contributing to the reduction of excess mortality and morbidity in crisis affected areas through provision of life-saving emergency health care including trauma, obstetric and neonatal care, prevention and control of outbreak prone diseases in Bangui, Bimbo, Begoua and Dekoa from 15 November 2015 to 15 May 2016		
10. Outcome statement	Displaced and crisis affected children and mothers have access to quality life-saving emergency (curative, preventive or promotional) care		
11. Outputs			
Output 1	3,569 people affected by life-threatening emergencies have access to quality secondary care including trauma, pediatric, neonatal and obstetric care		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of severely wounded people treated in Hopital general , Complexe pediatrique and Hôpital communautaire	600	1,034
Indicator 1.2	Number of children under five treated in the Complexe pediatrique hospital	1,200	9,131
Indicator 1.3	Number of Caesarean section delivered at the Hôpital de l'Amitié, Hôpital communautaire, Hôpital de district de Begoua, and Hôpital Maman Elizabeth Domitien de Bimbo	400	259
Indicator 1.4	Number of safe blood bags delivered by the National blood bank	5,000	8,063
Indicator 1.5	Number of people transported to health facilities by the MoH ambulances	1,200	232
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and transfer 4 Italian trauma kits (types A et B) to Hopital general , Complexe pediatrique and Hôpital communautaire in Bangui	WHO	WHO; Each health facility received one Italian trauma Kit A et B as planned
Activity 1.2	Procure and transfer 5 IEHK supplementary units and malaria module to Complexe pédiatrique, Hôpital communautaire, and Hôpital de l'Amitié in Bangui	WHO	WHO; Each health facility received supplementary units and malaria module
Activity 1.3	Procure and transfer 10 Inter-agency reproductive health kit bloc 2 (6A,6B,8, 9, 11A, 11B) to Hôpital de l'Amitié, and Hôpital communautaire in Bangui , Hôpital de district de Begoua and Hôpital Maman Elizabeth Domitien de Bimbo	UNFPA	UNFPA
Activity 1.4	Procure and transfer 6 blood transfusion kits	UNFPA	UNFPA ; CNTS received 06 Reproductive

	(kit 12) to the National blood bank in Bangui		health Kit n°12
Activity 1.5	Provide fuel to 2 ambulances of the MoH and pay incentives an airtime to 4 stretchers, 8 stretcher-bearers and 1 manager of the operation centre	MoH	WHO and MoH (2 ambulances of MoH)
Activity 1.6	Provide secondary health care to people affected by a life threatening emergency	MoH/NGOs	Ten health facilities were supported through the CERF funds at secondary (Hôpital de l'Amitié, Hôpital communautaire de Bangui,, Hôpital Maman Elizabeth Domitien de Bimbo, Complexe pédiatrique de Bangui, Dekoa, Bria, Mbrès, Bakala, Ngaoundayi, Bocaranga & Bangassou )
Activity 1.7	Collect and provide safe blood bags to referral hospitals	MoH/Emergency	Sixteen health facilities were provided with safe blood bags
<b>Output 2</b>	52,000 IDPs in camps have access to basic life-saving emergency care (curative, preventive, promotional)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of delivery kits distributed to pregnant women at the 3rd term of the pregnancy	500	698
Indicator 2.2	Number of dignity kits distributed to women of childbearing age	1,295	1,295
Indicator 2.3	Number of people who attended to mental health clinics	10,000	12,993
Indicator 2.4	Number of weekly report on disease surveillance received from IDPs camps	696	840
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure and transfer delivery kits to NGOs operating in IDP camps	UNFPA	ACABEF, Vitalité-Plus et GDAP
Activity 2.2	Procure and transfer dignity kits to implementing partners (ACABEF, Vitalité plus, GDAP)	UNFPA	ACABEF, Vitalité-Plus et GDAP
Activity 2.3	Transfer funds to implementing partners	UNFPA/WHO	UNFPA/WHO
Activity 2.4	Distribute dignity kits to women of childbearing age in IDP camps in Bangui, Bimbo, Begoua and Dékoa	ACABEF, Vitalité plus, GDAP	ACABEF, Vitalité-Plus et GDAP
Activity 2.5	Sensitize households on reproductive health issues in IDP camps in Bangui, Bimbo, Begoua and Dekoa	ACABEF, Vitalité plus, GDAP	ACABEF, Vitalité-Plus et GDAP
Activity 2.6	Implement mobile clinics for mental health services in IDPs camps in Bangui, Bimbo and Begoua	MoH	Croix Rouge Francaise (CRF) (See Report of Red Cross in annex) and MoH (collecting of EWARS data)
Activity 2.7	Supervise and coordinate mental health services in IDP camps	WHO	CRF
Activity 2.8	Pay incentives to psychosocial workers for the implementation of mental health clinics in IDP	MoH	CRF and MoH (Referral of mental health cases to national psychiatric unit)

	camps		
Activity 2.9	Pay incentives and provide data collection tools to disease surveillance focal points	WHO	WHO (see detail in annex)
<b>Output 3</b>	69,955 children under five, 16175 pregnant and 12293 lactating women from the IDPs host community in the 3rd, 6th and 8th districts of Bangui and the Dekoa district have access to basic life-saving emergency care (curative, preventive, promotional)		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Percentage of children under five consulted during curative care in targeted areas	At least 80%	69%
Indicator 3.2	Percentage of deliveries attended by a skilled birth attendance	60%	67%
Indicator 3.3	Percentage of pregnant women who attended to at least one antenatal care	90%	85%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procure and transfer IEHK basic units with malaria module, and pneumonia kits to Croix Rouge Française (CRF)	WHO	WHO
Activity 3.2	Procure and transfer reproductive health kits (2A, 2B, 3, 5) to CRF	UNFPA	UNFPA
Activity 3.3	Transfer Emergency health kits and reproductive health kits to targeted health facilities	CRF	CRF (realised through two donations to support the following health centers: Castors, Henry Dunant, Fatima, Mamadou Mbaiki, Combatant and Guitangola )
Activity 3.4	Transfer funds to CRF for payment of incentives to Health care providers, and operating cost in targeted facilities, as well as monitoring and referral system support cost	WHO	WHO
Activity 3.5	Supervise reproductive health care services in targeted health facilities	UNFPA/ACA BEF, Vitalité plus, GDAP	UNFPA, ACABEF, Vitalité-Plus & GDAP
Activity 3.6	Monitor and evaluate the activities of the implementing partners	WHO/UNFPA /MoH	UNFPA, ACABEF, Vitalité-Plus & GDAP WHO and MoH

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The significant positive discrepancy of "Indicator 1.2 "is explained by underestimation of the baseline. The 'Complexe pédiatrique" of Bangui is the only hospital for the pediatric reference at national level with a very high activities.

Concerning the key achievements of this project, it has contributed in general to filling the major gaps in health care in the Central African Republic. The absence of a national supply chain for essential medicines is a barrier to the functioning of the health facilities. Currently there is no public funding for the purchase of medicines and the country is landlocked, the medicines cost purchased from abroad is very expensive. The support from CERF project was extended beyond the health facilities initially targeted to face the new acute emergencies through the additional stocks. These include the Monkey Pox epidemic in Bangassou, the influx of wounded cases and displaced persons in Bria, Mbrès, Bakala, Ngaoundayi, Bocaranga, where each of the hospitals in these areas were supported by the project; This support contributed to save lives of patients with life-threatening risks. In conclusion the success of the project is found in



<p>increasing its positive impact in terms of geographical coverage and beneficiaries especially in access to secondary health care</p> <p>Indicators 3.1</p> <p>The number of children under 5 years consulted in the targeted health facilities is 48,269 or an average of 1, 4 consultation per year per child.</p> <p>Indicators 3.3:</p> <p>Despite the effort to raise awareness, 15% of pregnant women (2,266 out of 16,175 expected pregnant women) do not come to the antenatal consultation</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>Five disease surveillance focal points of the MoH were supported by WHO to monitor the activities in health facilities and in IDPs camps. The epidemiological data are collected, analyzed and presented to partners at the weekly meeting of the Health Cluster, held each Tuesday at 10:00. Trends of IDPs influx, wounded influx, epidemic prone diseases and rape cases are followed up and actions are taken in case of emergency. UNFPA also regularly holds meetings in the sub cluster of SGBV where aspects of reproductive health in relation of the project are addressed with all the partners involved in the implementation.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	01/11/2015 – 01/05/2016		
<b>2. CERF project code:</b>	15-RR-HCR-060		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Camp Coordination and Camp Management					
<b>4. Project title:</b>	Camp Management and Camp Coordination and response in IDP sites					
<b>7. Funding</b>	a. Total funding requirements <sup>16</sup> :		US\$ 1,339,000			
	b. Total funding received <sup>17</sup> :		US\$ 381,375			
	c. Amount received from CERF:		US\$ 486,055			
d. CERF funds forwarded to implementing partners:						
			■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 357,290 ■ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	25,267	20,673	45,940	25,267	20,673	45,940
Adults (≥ 18)	16,845	13,783	30,628	16,845	13,783	30,628
<b>Total</b>	<b>42,112</b>	<b>34,456</b>	<b>76,568</b>	<b>42,112</b>	<b>34,456</b>	<b>76,568</b>
Category						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	76,568			76,568		
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>76,568</b>			<b>76,568</b>		
In case of significant discrepancy	There is no significant discrepancy to report					

<sup>16</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>17</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
---	--

CERF Result Framework			
9. Project objective	Camp Management and Camp Coordination and response in IDP sites in OMBELLA MPOKO (BANGUI), OUAKA (BAMBARI) PREFECTURE, Ouham prefecture (Batangafo)		
10. Outcome statement	Camp Management and Camp Coordination mechanism exist in all IDPs site with a specific focus on women, children and Persons with Specific Needs		
11. Outputs			
Output 1	New/Emergency shelters are constructed and/or rehabilitated		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of sites rehabilitated or constructed	35	35
Indicator 1.2	# of community shelters constructed or rehabilitated	20	20
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Evaluation of sites receiving New IDP further to Sep 26 events for NFI distribution and emergency shelter construction as part of UNHCR's mandate of provider of "last resort"	UNHCR	UNHCR/COOPI/DRC
Activity 1.2	Construction/Rehabilitation of infrastructures/Shelters on site	UNHCR / COOPI / DRC	UNHCR/COOPI/DRC
Output 2	Non Food Item (NFI) Assistance is provided in Bangui, Batangafo and Bambari		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of New arrivals household who received NFI assistance	5,000	5,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of New arrivals with special focus on Persons with Specific Needs	COOPI / DRC	COOPI/DRC
Activity 2.2	Distribution of NFI from UNHCR current stock	COOPI / DRC / UNHCR	COOPI/DRC/UNHCR
Activity 2.3	Advocacy with other Clusters for NFI and basic services	UNHCR	COOPI/DRC/UNHCR
Output 3	Management and coordination of the sites is maintained		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of displaced persons who received regular monitoring	76,568	76,568
Indicator 3.2	# of displaced persons who are profiled	76,568	76,568

Indicator 3.3	# of displaced persons who received regular monitoring and assistance	76,568	76,568
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Profiling of IDPs to identify return areas, needs, etc...	UNHCR / COOPI	UNHCR/COOPI/DRC
Activity 3.2	Monthly report on protection situation in the sites	COOPI / DRC	UNHCR/DRC/COOPI
Activity 3.3	Advocacy on behalf of IDP for provision of basic services and essential services	COOPI / DRC	COOPI/DRC

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

In Ouaka, Camp Management and Camp Coordination coverage was successfully ensured for displaced populations living in sites in Bambari, Ippy, Grimari, and Kouango, as well as groupings of IDPs on the principal axes between. There was a slight variation in the focus of activities according to the needs of the particular site. For instance, in the Cotonnerie site in Bambari, the restructuring of blocks was a priority during 2016 and was organised through a democratic election process. IDP sites in and around Bangui faced fewer challenges in terms of ensuring the provision of services, with the focus more on maintaining positive relations with the site owners to ensure that the populations could feel secure in their right to remain on the site. As the situation in the capital stabilised, populations began to express a desire to return, and towards the end of the reporting period UNHCR facilitated discussions over a possible timetable for a voluntary return process.

The central activities of the project included the distribution of food assistance; ensuring the distribution of NFI assistance (and identifying the most vulnerable cases for prioritisation), and close coordination with WASH actors to ensure thorough coverage in each site. Particular attention was paid to the need to encourage community self-management, with the establishment of thematic community committees and the clarification of reporting lines to address gaps or deficiencies.

Whilst there was no significant discrepancy between the planned and actual outcomes, outputs and activities carried out by UNHCR and its partners, namely COOPI and DRC, Ouaka prefecture saw continuous insecurity that prevented UNHCR and partners from sufficiently identifying needs in IDP return areas. This was particularly the case in Kouango, which saw localised outbreaks of violence throughout the first half of 2016.

The numbers of IDPs living in sites did gradually reduce throughout the implementation period. Nevertheless, despite the clear desire to return that was frequently expressed by the displaced populations, returns were somewhat slowed down by a lack of faith in the DDR process.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project was designed after a thorough assessment and was based on real needs of Affected Populations. UNHCR and partners work with Affected Populations since the beginning of the CAR crisis. Committees formed by affected populations exist in all sites and are associated to identification of the needs. A particular focus is put on women and persons with specific needs. During the implementation period, UNHCR and partners had regular meetings with Affected Population. Partners report on regular basis progress made towards the objectives. The first two months of the implementation of the project was audited by an audit firm to ascertain that CERF Funds and funds from other donors are committed and spent as appropriate. The remain period will be audited at the end of 2016

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

Instead of an evaluation, UNHCR projects are audited through KPMG at the end of the year of implementation. The audit of the current project will be conducted and available on UNHCR website: [www.unhcr.org](http://www.unhcr.org)

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/11/2015 – 01/05/2016		
2. CERF project code:	15-RR-HCR-061		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection monitoring and response in Ombella Mpoko (Bangui), Kemo (Dekoa) and Ouaka (Bambari) Prefecture					
7. Funding	a. Total funding requirements <sup>18</sup> :	US\$ 1,597,955	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>19</sup> :	US\$ 1,084,018	■ NGO partners and Red Cross/Crescent: US\$ 342,465			
	c. Amount received from CERF:	US\$ 513,937	■ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	54,740	36,494	91,234	54,740	36,494	91,234
Adults (≥ 18)	23,461	15,641	39,102	23,461	15,641	39,102
<b>Total</b>	<b>78,201</b>	<b>52,135</b>	<b>130,336</b>	<b>78,201</b>	<b>52,135</b>	<b>130,336</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	62,000		62,000			
Host population	68,336		68,336			
Other affected people						
<b>Total (same as in 8a)</b>	<b>130,336</b>		<b>130,336</b>			
In case of significant discrepancy between planned and reached	There are no significant discrepancies between planned and reached beneficiaries.					

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
<p>In Ouaka, Camp Management and Camp Coordination coverage was successfully ensured for displaced populations living in sites in Bambari, Ippy, Grimari, and Kouango, as well as groupings of IDPs on the principal axes between. There was a slight variation in the focus of activities according to the needs of the particular site. For instance, in the Cotonnerie site in Bambari, the restructuring of blocks was a priority during 2016 and was organised through a democratic election process. IDP sites in and around Bangui faced fewer challenges in terms of ensuring the provision of services, with the focus more on maintaining positive relations with the site owners to ensure that the populations could feel secure in their right to remain on the site. As the situation in the capital stabilised, populations began to express a desire to return, and towards the end of the reporting period UNHCR facilitated discussions over a possible timetable for a voluntary return process.</p> <p>The central activities of the project included the distribution of food assistance; ensuring the distribution of NFI assistance (and identifying the most vulnerable cases for prioritisation), and close coordination with WASH actors to ensure thorough coverage in each site. Particular attention was paid to the need to encourage community self-management, with the establishment of thematic community committees and the clarification of reporting lines to address gaps or deficiencies.</p> <p>Whilst there was no significant discrepancy between the planned and actual outcomes, outputs and activities carried out by UNHCR and its partners, namely COOPI and DRC, Ouaka prefecture saw continuous insecurity that prevented UNHCR and partners from sufficiently identifying needs in IDP return areas. This was particularly the case in Kouango, which saw localised outbreaks of violence throughout the first half of 2016.</p> <p>The numbers of IDPs living in sites did gradually reduce throughout the implementation period. Nevertheless, despite the clear desire to return that was frequently expressed by the displaced populations, returns were somewhat slowed down by a lack of faith in the DDR process.</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>The project was designed after a thorough assessment and was based on real needs of Affected Populations. UNHCR and partners work with Affected Populations since the beginning of the CAR crisis. Committees formed by affected populations exist in all sites and are associated to identification of the needs. A particular focus is put on women and persons with specific needs. During the implementation period, UNHCR and partners had regular meetings with Affected Population. Partners report on regular basis progress made towards the objectives. The first two months of the implementation of the project was audited by an audit firm to ascertain that CERF Funds and funds from other donors are committed and spent as appropriate. The remain period will be audited at the end of 2016</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Instead of an evaluation, UNHCR projects are audited through KPMG at the end of the year of implementation. The audit of the current project will conducted and available on UNHCR website: <a href="http://www.unhcr.org">www.unhcr.org</a>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/11/2015 – 01/05/2016		
2. CERF project code:	15-RR-HCR-061		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Protection monitoring and response in Ombella Mpoko (Bangui), Kemo (Dekoa) and Ouaka (Bambari) Prefecture					
7. Funding	a. Total funding requirements <sup>18</sup> :	US\$ 1,597,955	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>19</sup> :	US\$ 1,084,018	■ NGO partners and Red Cross/Crescent: US\$ 342,465			
	c. Amount received from CERF:	US\$ 513,937	■ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	54,740	36,494	91,234	54,740	36,494	91,234
Adults (≥ 18)	23,461	15,641	39,102	23,461	15,641	39,102
<b>Total</b>	<b>78,201</b>	<b>52,135</b>	<b>130,336</b>	<b>78,201</b>	<b>52,135</b>	<b>130,336</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	62,000		62,000			
Host population	68,336		68,336			
Other affected people						
<b>Total (same as in 8a)</b>	<b>130,336</b>		<b>130,336</b>			
In case of significant discrepancy between planned and reached	There are no significant discrepancies between planned and reached beneficiaries.					

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	
--	--

CERF Result Framework			
9. Project objective	PROTECTION MONITORING AND RESPONSE IN OMBELLA MPOKO (BANGUI), KEMO (DEKOA) AND OUAKA (BAMBARI) PREFECTURES		
10. Outcome statement	Protection situation of Internally Displaced Persons is monitored and response provided.		
11. Outputs			
Output 1	Protection risks and incidents are identified through protection by presence and monitoring, addressed or referred other key stakeholders		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	#of immediate/rapid alert/warning system/committees set_up	3	3
Indicator 1.2	# of Prefectures covered by the protection monitoring projects	3	3
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of ICT equipment	UNHCR	UNHCR
Activity 1.2	Identification of protection incidents	UNHCR/COOPI	UNHCR/COOPI
Output 2	Community Participation in identifying , reporting and/or addressing protection risks or incidents is improved in Bangui, Bambari and Kouango		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of persons benefiting from Community Prevention initiatives	130,336	130,336
Indicator 2.2	# of Protection and Women Comittees set up	33	17
Indicator 2.3	# of Protection Focal point trained	330	170
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of Community Leaders on Protection related issued	UNHCR / COOPI	UNHCR/COOPI
Activity 2.2	Set up and training of Women Committees on Community Protection	COOPI	COOPI
Activity 2.3	Monitoring mission in areas (Prefectures/Villages) covered by CERF Funded projects	UNHCR/COOPI	UNHCR/COOPI
Output 3	Early warning mechanisms are established with the communities in Bangui, Bambari and Kouango		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Operational early alert system in all high-risk sub-prefectures	Yes	Yes
Indicator 3.2	# of prefectures covered by protection monitoring projects (including population movement tracking)	3	3



	and projects monitoring response to identified needs		
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Deployment of UNHCR and Partner Staff	UNHCR/COOPI	UNHCR/COOPI
Activity 3.2	Coordination between UNHCR, Protection Partners and MINUSCA	COOPI/UNHCR	UNHCR/COOPI
<b>Output 4</b>	Advocacy for the protection of groups and communities at risk is undertaken		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of mission in areas affected by the recent events	12	15
Indicator 4.2	# of Advocacy mission conducted	48	48
Indicator 4.3	# of monthly monitoring Protection reports released	6	6
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Monitoring missions	UNHCR / COOPI	UNHCR/COOPI
Activity 4.2	Production of mission report	UNHCR / COOPI	UNHCR/COOPI
Activity 4.3	Sharing of mission report with HCT	UNHCR	UNHCR
<b>Output 5</b>	Specific/Targeted assistance is provided to Persons with Specific Needs		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Percentage of Persons with Specific Needs who are identified, registered and assisted	100	100
Indicator 5.3			
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Profiling of Persons with Specific Needs	UNHCR / COOPI	UNHCR/COOPI
Activity 5.2	Information on NFI distribution criteria	COOPI	COOPI
Activity 5.3	Distribution of (Plastic Sheeting, Mats, Kitchen Set, Blankets)	UNHCR/COOPI	UNHCR/COOPI

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Due to the insecurity the following indicators couldn't be met:

# of Protection and Women Committees set up could not be achieved (17 against 33 planned)

# of Protection Focal point trained (170 against 330 planned)

The unmet targets refer to areas outside the town of Bambari which were particularly difficult to access due to the activism of the armed groups.

More broadly, the vast majority of protection monitoring targets were met. This can be partially attributed to the re-division of monitoring teams into groups of three in some harder-to-access zones. This meant that each monitoring mission could achieve a wider coverage than initially thought possible.

The fight against SGBV was supported through 4 fixed counselling centres and additional mobile assistance teams. Through these, rapid follow-up could be assured for individual cases, and group sensitisation sessions could also be delivered along with regular refreshers.

<p>Community protection committees were also established, each with a coverage of one very localised area. Although this meant that a larger number of committees had to be formed – necessitating more intensive monitoring of each – it also strengthened the accountability of each committee as they were supporting their immediate peers.</p> <p>Protection monitoring in Kemo and Ouaka involved covering insecure axes and therefore forced the teams to focus on the most immediate essentials. The situation in Bangui and Ombella M'Poko was different, with comparatively better security affording a more detailed level of monitoring. This meant that in Bangui, protection monitoring teams were able to get a more detailed picture of the Housing Land and Property situation, with a view to informing later returns. Whilst the vast majority of families indicated that they did have access to their former homes, only a minority of respondents said that their homes were in a good condition. In these areas, criteria for access to water were found to be uniformly met and food security was not perceived as the most pressing issue by a majority of the population.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>The project was designed after a thorough assessment and was based on real needs of Affected Populations. UNHCR and partners work with Affected Populations since the beginning of the CAR crisis. Committees formed by affected populations exist in all sites and are associated to identification of the needs. A particular focus is put on women and persons with specific needs. During the implementation period, UNHCR and partners had regular meetings with Affected Population. Partners report on regular basis progress made towards the objectives. The first two months of the implementation of the project was audited by an audit firm to ascertain that CERF Funds and funds from other donors are committed and spent as appropriate. The remain period will be audited at the end of 2016</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Instead of an evaluation, UNHCR projects are audited through KPMG at the end of the year of implementation. The audit of the current project will be conducted and available on UNHCR website: <a href="http://www.unhcr.org">www.unhcr.org</a></p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		IOM		<b>5. CERF grant period:</b>		01/11/2015 – 01/05/2016	
<b>2. CERF project code:</b>		15-RR-IOM-042		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>		Camp Coordination and Camp Management					
<b>4. Project title:</b>		Site Facilitation and Displacement Tracking Matrix (DTM) for IDPs in host families and sites affected by the recent crisis in Bangui and beyond					
<b>7. Funding</b>	a. Total funding requirements <sup>20</sup> :		US\$ 1,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>21</sup> :		US\$ 301,391		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 79,664		
	c. Amount received from CERF:		US\$ 301,391		■ <i>Government Partners:</i>		
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		18,654	12,534	31,188	12,990	10,640	23,630
Adults (≥ 18)		9,894	7,927	17,821	25,176	16,969	42,145
<b>Total</b>		<b>28,548</b>	<b>20,461</b>	<b>49,009</b>	<b>38,166</b>	<b>27,609</b>	<b>65,775</b>
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		42,000			58,242		
Host population		7,009			7,533		
Other affected people							
<b>Total (same as in 8a)</b>		<b>49,009</b>			<b>65,775</b>		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		Through its activities, IOM reached 58,242 IDPs on site and 7,533 in host families – as a consequence of the September crisis, the number of IDPs on sites and in host families continued to rise for the two following months. A decrease in number was only recorded in December, once the security situation had improved.					

<sup>20</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>21</sup> This should include both funding received from CERF and from other donors.

CERF Result Framework			
9. Project objective	To contribute to efficient and timely responses of the humanitarian community to live-saving needs of IDPs both in spontaneous displacement sites and host families affected by the crisis of September 2015		
10. Outcome statement	The humanitarian community provides adequate life-saving assistances to displacement population,		
11. Outputs			
Output 1	Humanitarian needs, gaps and responses as well as displacement trends and dynamics are regularly shared with relevant clusters allowing for an adequate and timely humanitarian response through the DTM mechanism		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of DTM reports shared with humanitarian community	50 DTM reports on up to 49,009 IDPs	89 DTM reports on up to 65,775 IDPs
Indicator 1.2	# of responses of the humanitarian community based on DTM reports	6 for WASH, 20 for food security, 10 for protection, 10 for CCCM/Shelter/NFI. This increase is subject to funding availability of cluster responses.	- Wash: 23 - Health: 14 - Foodsec: 7 - GBV: 3 - Child Protection: 10 - Protection :4 - CCCM/NFI/Shelter: 23
Indicator 1.3	5 crisis affected regions covered by DTM and site facilitation	Coverage of the city of Bangui (8districts)and Bimbo and increase of coverage of other conflict affected regions (Sibut, Dekoa).	100% : IOM managed to expand the DTM, to cover the 8 districts of Bangui,: Lobaye (Boda), Nana-Grebizi (Kaga Bandoro), Ouham (Kabo, Moyenne Sido, Batangafo) and Ouaka (Bambari) as well as all axes between these towns
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Daily sharing of DTM reports following analysis and collection of DTM reports from all partners, incl. referrals of individual cases.	IOM	IOM
Activity 1.2	Daily visits and facilitation of spontaneous displacement sites and IDPs in host families based on the inter-cluster questionnaire	IOM and partners (JUPEDEC, AFPE, Freres Centrafricains and the national Red Cross movement)	IOM, CAR Red Cross, AFPE, CPPC
Activity 1.3	Capacity Building of partners outside Bangui/Bimbo in site facilitation and DTM	IOM (in coordination with UNHCR CCCM/NFI/Shelter cluster and Protection cluster)	IOM (in coordination with UNHCR CCCM/NFI/Shelter cluster and Protection cluster)
Output 2	49,009 IDPs have access to protection assistance, referral and other direct assistance		
Output 2 Indicators	Description	Target	Reached

Indicator 2.1	Percentage of targeted IDPs having access to a protection assistance and referral mechanism	100% (49,000)	100%
Indicator 2.2	Percentage of identified protection cases being assisted and/or referred to protection agencies	100%	100%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Establish a database to record IDP needs and protection cases identified in accordance with IOM data protection principles for sensitive and personal data	IOM	IOM
Activity 2.2	Provide assistance and/or referral to medical, psychosocial, return/transport and other types of protection needs i.e. legal aid/documentation	IOM, JUPEDEC, AFPE, Freres Centrafricains, CPPC and national Red Cross	IOM, CAR Red Cross, AFPE, CPPC
Activity 2.3	Enhance advocacy for on-site populations	IOM	IOM

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The planned outcomes were all met, and in certain cases exceeded. Based on the changing context of the project environment and the needs expressed by the local partners following several severe fires, the site facilitators were trained in awareness raising techniques on fire safety and prevention for sites and conducted training sessions based on developed sensitization campaign materials to the local site managers in all locations. In preparation of rainy season, a similar exercise was then undertaken in March-April for flooding of sites. Training materials were developed and shared with the cluster partners prior to the roll-out of a country-wide fire and flood prevention campaign. Training materials include comics, information brochures and posters explaining good practices for risk prevention. All local site managers and IDP committees in the area of project implementation were trained and fire response posts established – it needs to be noted that funding for this component remains limited and in the absence of a national disaster response plan, or a fire brigade will remain a risk.

During the project implementation period the project was able to expand the geographic scope of the displacement tracking matrix (DTM), which allowed a consistent capturing of displacement dynamics, particularly in areas of high risk. It is interesting to note that the displacement dynamics and information as collected by the facilitators was also shared with the Protection of Civilians taskforce, which is attended by the CIMCOORD of the DPKO mission and used as early alert mechanism for upcoming threats for prevention purposes. This partnership has been very successful.

Several trainings for the local partners, to ensure mainstreaming of protection through the partnership between IOM and the protection cluster to develop adequate means of monitoring protection mainstreaming by adapting the Do no Harm matrix into a monitoring tool. All staff seconded by the local partners the implementation of the DTM throughout the project implementation area participated in the training. The constant monitoring of the context through the applied DNH monitoring tool, therefore allowed a rapid collection of contextual information, which enabled the sharing and the establishment of a flash alert system.

As communicated in due time to OCHA, in order to ensure the project implementation, IOM changed the implementing partners; consequently, neither Freres Centrafricains nor JUPEDEC were selected as partners. The redistribution of activities among partners already selected for this project was carried out and the results were as originally planned.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The DTM is intrinsically a tool for two-way communication between affected populations and the humanitarian community. Site facilitators have a daily presence in displacement sites, and keep in close contact with host families or displaced communities in the bush. Information collected based on the assessments (following an ICC developed questionnaire), but also information collected as shared by the population, is distributed to the relevant clusters, with the child protection sub-cluster, the GBV sub-cluster and the protection cluster,

specific referral pathways have been agreed for confidentiality reasons. The site facilitators then also facilitate the contact between the responding cluster partners and the affected population and monitor and report on the relevant assistance provision through the DTM. Information on return intentions, and site profiles as created through the DTM team, are being shared with the site managers for verification and local filing as well. The DTM was shared daily in November- January, after which the frequency was decreased to twice a week.

Frequent monitoring of the data collection teams and site facilitators was conducted by the senior management team of the project to ensure that data collection followed the IOM standards.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The project was under constant revision of the CCCM/shelter/NFI cluster. The information collected by the DTM was collected based on an ICC questionnaire, which was regularly reviewed by the clusters. In addition, an Information Management Specialist based at IOM's headquarters in Geneva, came on TDY to CAR in March 2016 in order to re-evaluate the quality of data collection and presentation. Furthermore, the quality of the data collected was regularly monitored along all main axes and monitoring reports publicly shared with all clusters.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNDP		<b>5. CERF grant period:</b>	09/12/2015 – 09/06/2016		
<b>2. CERF project code:</b>	15-RR-UDP-010		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Early Recovery			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Cash for work intervention to address critical needs of affected households in the 4th district of Bangui					
<b>7. Funding</b>	a. Total funding requirements <sup>22</sup> :	US\$ 750,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>23</sup> :	US\$ 670,000	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 183,164</div> </div>			
	c. Amount received from CERF:	US\$ 200,000	<div> <div>▪ Government Partners:</div> </div>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	721	1,029	1,750	905	757	1,662
<b>Total</b>	<b>721</b>	<b>1,029</b>	<b>1,750</b>	<b>905</b>	<b>757</b>	<b>1,662</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	1,155			1,035		
Host population	385			169		
Other affected people	210			458		
<b>Total (same as in 8a)</b>	<b>1,750</b>			<b>1,662</b>		
In case of significant discrepancy between planned and reached beneficiaries, either		The beneficiary reached up to 95 per cent				

<sup>22</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>23</sup> This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	
--	--

CERF Result Framework			
9. Project objective	Contribute to save life through emergency livelihood support to most vulnerable populations.		
10. Outcome statement	An emergency financial assistance to populations most affected by the crisis in the 4th District is provided through labor based work, which enables them to survive during the crisis.		
11. Outputs			
Output 1	Basic needs of 1,750 vulnerable and displaced people including 70 per cent youth at risks are addressed.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of emergency employment created, unit: work day (for both unskilled and skilled workers (10 percent)	1,750	1,662
Indicator 1.2	Total amount of cash directly injected in the economy (USD)	160,000	160,000
Indicator 1.3	Number of local leaders "Comités de Cohesion Sociale "involved in the beneficiary selection process.	10	9
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Community mobilization and selection (communication and approval of criteria of eligibility, presentation of the project to local authorities and committees, etc.)	UNDP and Helpage	UNDP, HELPAGE and locals authorities
Activity 1.2	Organization of beneficiaries THIMO sites	Helpage	HELPAGE
Activity 1.3	Acquisition and distribution of equipment and supplies of THIMO sites (individual equipment, wheelbarrows, hoes, spades, cut slices ..)	Helpage	HELPAGE
Activity 1.4	Provision of salaries to beneficiaries THIMO	UNDP and Helpage	UNDP and HELPAGE
Output 2	3.5 km of roads are rehabilitated and access to neighbourhoods is improved		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Length of roads rehabilitated.	3.5 km	3,5 km
Indicator 2.2	Number of areas cleaned.	7,000m	21,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Supply site materials (input from good quality materials such as rubble, gravel to fill the nests of hens in places)	Helpage	HELPAGE
Activity 2.2	Delivery of material for rehabilitation	Helpage	HELPAGE
Activity 2.3	Monitoring and public work engineering (daily follow-up on the field and with the Bangui's	Helpage	HELPAGE



	Department of public work)		
--	----------------------------	--	--

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Originally planned to offer a temporary income to 1,750 people, the project finally enabled 1662 people to work for 15 days through 4 rotating teams. This resulted in 26250 jobs / days. The difference between the 88 unused persons is due to the fact that 2 out of 4 teams worked only for 10 days instead of 15 days. The continued decline of rates at different payments has failed to recruit all of labor. Indeed the budget was set in dollars, but labor was paid in FCFA at a fixed rate. For example, at the launch of the project, the exchange rate was 599,271 CFA francs for 1 US dollar, while at the payment of the 2<sup>nd</sup> disburse had fallen to 588 Fcfa for 1 dollar. This staffing gap was closed towards the end of the project. The total amount invested in the works is "67,700,000 CFA francs" (seventy seven million seven hundred thousand). The remuneration of the workers was intended to be made through a service contract with a micro finance company of the place, but given the cost of managing this service, payments were made directly. Impossible to conclude an agreement with the institution of micro-finance to pay the beneficiaries for the following reasons:

1. The very shy operationalization of the CMCA (Caisse Mutuelle de Centrafrique) in the 4<sup>ème</sup> Arrondissement
2. The refusal of the beneficiaries to join CMCA because of very high membership fees out of door of the scholarship recipients
3. The absence, for greet majority of recipients, identifications documents that are necessary for the realization of bank transactions.

The payroll of the workforce directly by HELPAGE with security assistance from the municipal police of the 4<sup>ème</sup> Arrondissement.

Several sensitization meetings were held with recipients to encourage them to join the CMCA but the funds required for membership were considered exorbitant by the beneficiaries. For this reason, UNDP organized several meetings for exchange and discussion with HELPAGE, the CMCA and the authorities to try to resolve these issues without success. The CMCA refused to revise downwards the membership rate, authorities do not have the means to grant to beneficiaries of identity papers, to join the CMCA, although very important activity could not happen. It was strongly recommended to authorities to find mechanisms for the population of 4<sup>th</sup> district to have the identity documents for future similar actions.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The project was initiated to cover part of the emergency job creation needs that could not be met through the construction of a cultural and sports complex in Boy-Rabé in the Fourth District of Bangui. It has partially remedied the problems of draining rainwater, which often causes floods and house collapses due to the proximity of the Lower Oubangui hills. The involvement of the populations in this work, allowed them to develop their own living space

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
There are no assessment.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		09/12/2015 – 09/06/2016	
2. CERF project code:		15-RR-WFP-076		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Common Logistics				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Logistics Cluster Common Services to Support the Humanitarian Community Emergency Response in CAR					
7.Funding	a. Total funding requirements <sup>24</sup> :		US\$ 1,910,722		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>25</sup> :		US\$ 1,491,240		▪ NGO partners and Red Cross/Crescent: US\$ 696,791		
	c. Amount received from CERF:		US\$ 1,491,240		▪ Government Partners:		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		n/a	n/a	n/a	n/a	n/a	n/a
Adults (≥ 18)		n/a	n/a	n/a	n/a	n/a	n/a
Total				45 humanitarian partners			27 humanitarian partners
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs							
Host population							
Other affected people		45 humanitarian partners			27 humanitarian partners		
Total (same as in 8a)		45			27		

<sup>24</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>25</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There is no direct population benefiting from the project as the logistics common services was in support to humanitarian partners.
--	---

CERF Result Framework			
9. Project objective	Restoring logistical access & storage capacities for the humanitarian community to the most affected areas across Central African Republic – 7 provinces.		
10. Outcome statement	Emergency relief operations are no longer depending on Bangui supply chain.		
11. Outputs			
Output 1	Availability of common storage capacity in and outside of Bangui for 45 organizations is increased.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of logistics hubs deployed	3	3
Indicator 1.2	Total storage capacity made available	1,200 m2	1,200 m2
Indicator 1.3	Number of partners benefitting from storage services	20	27
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Logistics Hubs setting up in three locations.	Handicap International	Handicap International
Activity 1.2	Coordination with WFP, logistics cluster and humanitarian stakeholders to organize and facilitate the interagency storage management.	Handicap International	Handicap International
Activity 1.3	Inter-ngo/agencies storage management and material/goods handling (no repacking / reconditioning)	Handicap International	Handicap International
Output 2	Humanitarian community road transportation capacities are strengthened and mutualised in CAR in 7 provinces.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Weight of cargo transported.	2,500 available Mt	4,533 available payload Mt
Indicator 2.2	Number of trips (15MT capacity)facilitated for relief cargo transportation	166	266
Indicator 2.3	Number of organisations benefitting from free transport services	15	24
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Selection of reliable transportation means according to final destinations and road conditions.	Handicap International	Handicap International
Activity 2.2	Coordination with WFP, Logistics Cluster and humanitarian community to prioritize movements	Handicap International	Handicap International

	and destinations		
Activity 2.3	Transportation of relief items through the organisation of humanitarian convoys.	Handicap International	Handicap International
<b>Output 3</b>	15 airstrip runway spot repairs or maintenance to maintain air cargo capacity across the country.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Spot repairs or maintenance at number of airstrip runways.	15	13
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Spot repairs or maintenance of airstrip runways in accordance with standard practice.	Handicap International	Handicap International

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Discrepancy between the planned and actual number of NGOs supported is due to less request received from humanitarian partners for cargo transportation however the weight and the number of trips was over the initial estimation due to the additional operational needs for some partners.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

N.A

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

The 2 field logistics hubs opened during the project in Bossangoa and Kaga Bandoro have been respectively handed over to Action Contre la Faim (ACF) and Solidarités international (SI) and are still operational.

EVALUATION PENDING ☐

No evaluation has been planned for the cargo transportation since this activity was dedicated to Log Cluster partners with no mid / long term effect.

Regarding the airstrips rehabilitation, it's a continuous work to perform throughout the year, especially during and after rainy season.

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/11/2015– 01/05/2016			
<b>2. CERF project code:</b>	15-RR-WFP-077		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Food Aid						
<b>4. Project title:</b>	Critical support to populations affected by the ongoing crisis in Central African Republic						
<b>7. Funding</b>	a. Total funding requirements <sup>26</sup> :	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>27</sup> :	US\$ 1,698,291	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 756,901				
	c. Amount received from CERF:	US\$ 1,398,291	■ <i>Government Partners:</i>				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		6,990	6,935	13,925	10,802	10,146	20,948
<i>Adults (≥ 18)</i>		6,990	6,935	13,925	13,580	10,749	24,329
<b>Total</b>		<b>13,980</b>	<b>13,870</b>	<b>27,850</b>	<b>24,382</b>	<b>20,895</b>	<b>45,277</b>
8b. Beneficiary Profile							
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>			
<i>Refugees</i>							
<i>IDPs</i>	15,850			20,308			
<i>Host population</i>	12,000			24,969			
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>	<b>27,850</b>			<b>45,277</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>		The number of beneficiaries reached with the funds is 180 per cent higher than planned. A new targeting exercise was carried out by partners beginning in January 2016 in order to					

<sup>26</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>27</sup> This should include both funding received from CERF and from other donors.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	target beneficiaries impacted by the events of September, including both displaced persons and households hosting displaced persons. The caseload identified was higher than the number of beneficiaries planned for the CERF funding; the CERF funds were used to provide 1-2 distributions to these beneficiaries, while remaining distributions were covered by other funding sources. Funds originally planned for use for Output 2 (see below, cash distribution in Kaga Bandoro) were re-programmed to assist the caseload under Output 1.
---	--

CERF Result Framework			
9. Project objective	Save lives and protect livelihoods of the IDPs in camps and people directly impacted by the September 2015 crisis while promoting social cohesion		
10. Outcome statement	Targeted households and or individuals receiving access to basic food and not suffering from acute hunger		
11. Outputs			
Output 1	25,000 beneficiaries received vouchers in Bangui		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Total number of beneficiaries	80 percent of the target of 25,000 people	181% (45,277 beneficiaries)
Indicator 1.2	Total voucher value transferred to beneficiaries: US\$ 9.21 per month per beneficiary	80 percent of the target of US\$ 690,750	109% (US\$ 75,292)
Indicator 1.3	Percentage of assisted households with a poor consumption score at the end	< 20 percent of the total assisted	Evaluation pending (see box 14 below)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Market re-assessment following the September crisis: review of trader capacity and continued monitoring of market prices	World Vision in PK5 ACTED in Sara Yakité and Bimbo/Boeing ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections WFP: consolidation of inputs by the partners	World Vision in PK5 ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections WFP: consolidation of inputs by the partners
Activity 1.2	Printing of vouchers	WFP	WFP
Activity 1.3	Identification by new beneficiaries through community participation	World Vision in PK5 ACTED in Sara Yakité and Bimbo/Boeing ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections	World Vision in PK5 ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections
Activity 1.4	Monitoring of local markets	World Vision in PK5 ACTED in Sara Yakité and Bimbo/Boeing ACF in 6th section and Bimbo/Gitangola	World Vision in PK5 ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections

		OXFAM in Kokoro and 5th and 8th sections Cross-referencing by WFP with the data collected by the food security cluster	Cross-referencing by WFP with the data collected by the food security cluster
Activity 1.5	Distribution of vouchers	World Vision in PK5 ACTED in Sara Yakité and Bimbo/Boeing ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections	World Vision in PK5 ACF in 6th section and Bimbo/Gitangola OXFAM in Kokoro and 5th and 8th sections
Activity 1.6	Production of monthly distribution report and reconciliation of payment to traders and operational costs	World Vision, ACTED, ACF, OXFAM and WFP	World Vision, ACF, OXFAM and WFP
Activity 1.7	Monitoring visits: beneficiary feedback	World Vision, ACTED, ACF, OXFAM and WFP	World Vision, ACF, OXFAM and WFP
Activity 1.8	Post-distribution monitoring	WFP	WFP
Activity 1.9	Final project reports	World Vision, ACTED, ACF and OXFAM	Not yet received as activities still in course (see explanation below)
<b>Output 2</b>	2,850 beneficiaries received cash transfers in the Kaga Bandoro and Dékoa areas		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Total number of beneficiaries	80 percent of the target of 2,850 people	Not implemented
Indicator 2.2	Total voucher value transferred to beneficiaries: US\$ 9.21 per month per beneficiary	80 percent of the target of US\$ 78,745.5	Not implemented
Indicator 2.3	Percentage of assisted households with a poor consumption score at the end	< 20 percent of the total assisted	Not implemented
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Market re-assessment and site selection	WFP and IRC	WFP
Activity 2.2	Training on the WFP cash-based transfer programme	WFP	WFP
Activity 2.3	Beneficiary selection criteria setting	WFP and IRC	Not implemented
Activity 2.4	Identification by beneficiaries through community participation	IRC	Not implemented
Activity 2.5	Monitoring of local markets	IRC and cross-referencing by WFP with the data collected by the food security cluster	Not implemented
Activity 2.6	Distribution of cash	IRC	Not implemented
Activity 2.7	Production of monthly distribution report and reconciliation of cash transfers and operational costs	WFP and IRC	Not implemented

Activity 2.8	Monitoring visits: beneficiary feedback	WFP and IRC	Not implemented
Activity 2.9	Post-distribution monitoring	WFP	Not implemented
Activity 2.10	Final project report	IRC	Not implemented

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Output 1 was achieved with some minor adjustments due to operational exigencies. For example, the value of the transfer increased from 5,000 XAF to 5,800 XAF per beneficiary, due to increased market prices starting in January 2016. This increase in price led WFP to reformulate the strategy; to streamline the beneficiary selection process. Following the reformulation of the strategy, the negotiation between ACTED and WFP on the contract (FLA cost) took longer than planned. In order to begin delivering assistance as soon as possible to the affected populations, the project advanced with the other three partners. Funds had been transferred to NGOs with whom WFP was already working to deliver cash-based assistance (as highlighted in the project proposal, the Bangui caseload was to be integrated into ongoing activities with the NGOs) however due to the revised implementation arrangements, the CERF funds distributed to beneficiaries in 2016 were transferred through ACF, World Vision and Oxfam.

The implementation strategy of Output 2 was reviewed. The Field Level Agreement (FLA) negotiation between IRC and WFP was ongoing. As the agreement (on FLA cost) was not reached, WFP identified a different partner CARITAS in Kaga Bando, and started strengthening the capacity of cash based transfer implementation. Meanwhile, in order not to interrupt the assistance to food insecure beneficiaries, WFP proceeded with in-kind food distribution in this region with other funding sources. The resources initially planned for Output 2 activities were reallocated to Output 1 activity, in order to maximize assistance to the displaced populations.

According to the Post Distribution Monitoring carried out in April and August 2016, Nearly 40 % of WFP beneficiaries (in-kind food distributions) are still in food insecure situation due to the adjustment in the food ration scale that WFP applied during the project implementation; As the number of IDPs /beneficiaries increased as a result of the continuous armed conflicts in some areas(Kaga Bando) WFP has to reduce the food rations in order to respond to the additional needs.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

AAP has been ensured in cooperation with the implementing partners through 1) transparent and participatory approach to selection of beneficiaries, in collaboration with the community and the chefs de quartier; 2) sensitization campaigns for both beneficiaries and retailers at the start of the project and ad-hoc as required to communicate the objectives and any changes to the assistance (e.g. change in the value of the voucher); and 3) presence of partners and WFP staff during distribution and exchange of coupons to ensure oversight of interaction with retailers and a reference point for complaints by beneficiaries and retailers.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

The CERF funding contributed to activities within larger agreements between WFP and the cooperating partners; following the 1 May 2016 date by which the CERF funds were consumed, these activities have been funded by other sources. While the agreement with ACF finished as planned at end-May, the agreements with WVI and Oxfam are still in course due to security concerns in their areas of intervention, which has delayed final distributions to some beneficiaries. Thus an end-project evaluation has not yet taken place, though Post Distribution Monitoring has been done and results are expected in July.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒



TABLE 8: PROJECT RESULTS

CERF project information							
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	07/12/2015 – 07/06/2016			
<b>2. CERF project code:</b>	15-RR-WFP-080		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Common Humanitarian Air Services						
<b>4. Project title:</b>	Provision of Humanitarian Air Services in Central African Republic						
<b>7. Funding</b>	a. Total funding requirements <sup>28</sup> :		US\$ 14,849,067	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent (ASF-F and UNHAS)</i> US\$ 1,855,910 ▪ <i>Government Partners:</i>			
	b. Total funding received <sup>29</sup> :		US\$ 10,644,520				
	c. Amount received from CERF:		US\$ 1,855,910				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)					N/A	N/A	N/A
Adults (≥ 18)					N/A	N/A	N/A
<b>Total</b>				60 humanitarian partners	N/A	N/A	51
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people							

<sup>28</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>29</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>60 humanitarian partners</b>	<b>51</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>51 Partners (different Users): 38 NGOs + 13 Un Agencies who have used the single engine aircraft (ASF-F) against 91 Partners in average from January to June 2016 for the whole UNHAS fleet.</p> <p><b>NOTE:</b> The highest rate of Partners was reached in May with 107 partners for the whole UNHAS fleet, out of a total of 137 partners registered with UNHAS.</p>	

CERF Result Framework			
9. Project objective	To increase significantly delivery of Humanitarian Relief and access for the humanitarian community by adding Aircrafts and locations served in all Central African Republic		
10. Outcome statement	Humanitarian access is restored in remote areas and more humanitarian relief is transported to the most vulnerable population in Central African Republic. Additional locations served. Additional passengers and cargo transported.		
11. Outputs			
Output 1	More new served destinations (+15), more passengers (+1000) , more cargo (+100 000kg)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of passengers transported	560pax /month ASF-F	186pax/month
Indicator 1.2	Non–food items transported	27 tons /month ASF-F + Cargo aircraft	21.2T/month
Indicator 1.3	Number of location served	36	27
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Passenger transportation (Jan to May 2016)	UNHAS + ASF-F	UNHAS + ASF-F
Activity 1.2	Cargo transportation (Jan to May 2016)	UNHAS + ASF-F + Cargo aircraft	UNHAS + ASF-F + Cargo aircraft
Activity 1.3	Flight management	UNHAS + ASF-F	UNHAS + ASF-F
Output 2	Flexible and quick response to flight requests		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Time between agreed “normal” demand and date of planned flight	<48hrs	<48hrs
Indicator 2.2	Time between agreed “urgent” demand and take-off	<4hrs	<4hrs
Indicator 2.3	Response to medical or security relocation	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Flight management and prioritization	UNHAS + ASF and partners	UNHAS + ASF and partners

Activity 2.2	Flight management and prioritization	UNHAS + ASF and partners	UNHAS + ASF and partners
--------------	--------------------------------------	--------------------------	--------------------------

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

**OUTPUT 1:** (More new served destinations (+15), more passengers (+1000), more cargo (+100 000kg)).

Explanation :

- **15 additional destinations** coincided with the maintenance of 15 field airstrips during 5 months. 13 airstrips have been maintained during that period, some of those 13 airstrips only 6 are corresponding to new destinations (Alindao, Bakouma, Sibut, Bouca, Boguila, Mboki), the other 7 field airstrips maintenance have been made on airstrips regularly used by the Humanitarian Air Service in CAR. It is also good to recall that UNHAS but also MSF Aviation and ICRC have benefited from this activity. A "plaidoyer" in supporting this activity has been presented by the CCO on 25 April 2016 (attached document). UNHAS was used to serve 21 destination in 2015, succeed to serve 27 destinations in 2016, directly benefiting of the single engine aircraft from ASF-F which was able to land on smaller airstrips, benefiting of the field airstrips maintenance which facilitated the opening of 6 new destinations.  
The 36 planned destinations was adjusted to 30 destinations at the time of mid-term report.
- In 2015, UNHAS transported an average of 2,567 passengers per month (including transit) whereas 3,027 passengers (including transit) have been transported from January to June 2016. It is obvious that the increase of an average of 460 passengers per month (18 per cent increase) in 2016 is closely related to the additional aircrafts (ASF-F + Cargo aircraft). The 560 passengers/month ASF-F planned referred to this increase in passengers per month owing to the additional aircrafts.
- Despite the single engine aircraft, ASF-F transported a total of 933 passengers (including transit) during the 5 months contract, making an average of 186 passengers per month. The use of ASF-F aircraft also facilitated some important field missions (Joint Management missions....etc) but also vacated some additional room for the rest of UNHAS fleet which has directly benefited of the flexibility of the single engine aircraft. It is also important to recall that on smaller airstrips, the number of passengers (payload) is affected, due to the size itself of the airstrip.
- For the second indicator of "1,000 more passengers", we can say that the target has been reached with 933 more passengers transported by ASF-F.
- 106,038kg is the total amount of additional cargo transported with the Cargo aircraft (LET 410) and the single engine (Cessna 208 Grand Caravan) both funded by the CERF during 5 months, making an average of 21.2 tons per month against the 27 tons per month planned (target). It is also to note that UNHAS was doing an average of 29.3 tons per month in 2015 and increase to 39 tons per month during the CERF funding period, representing almost 34 per cent of additional cargo during the 5 months of the CERF project. It is also very important to note that the cargo transported by both aircrafts vacated some **payload** into the rest of the UNHAS fleet, this payload being used for additional passengers. Note that the cargo aircraft didn't transport any passenger but only NFI.
- For the third indicator of "100,000kg more cargo", we can say that the target has been reached with 106,038kg transported by the LET 410 (Cargo aircraft) and the Cessna 208 Grand Caravan (ASF-F),

Remark: It is important to recall that the Presidential elections took place in December 2015 and January 2016, and we noted a slight decrease of the movements of the Humanitarian Community during that period. This may also have affected our performances.

From December 2015 and May 2016, ASF-F performed 3 MEDEVAC for 3 persons from different INGOs. Also 16 passengers from one INGO were relocated from a field location to Bangui in December 2015.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

N/A

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT ☐

<p>There was no evaluation carried out by the end of the CERF project (from 18 December 2015 to 24 May 2016). Despite of that, a SGC (Steering Group Committee of UNHAS) was organized on 20 May 2016 to appreciate the CERF project related to air movement activities.</p> <p>The SGC is gathering a representation of the INGOs, of the UN Agencies, of the Donors. 3 Organisations were also invited: MSF, HI and UNHCR.</p> <p>During that meeting it was recognized that the CERF project was a real success, 2 “plaidoyer” were submitted by the CCO, concerning all the activities conducted under CERF funding.</p> <p>Regarding the 4 activities related to Aviation (additional single engine aircraft, additional cargo aircraft, field airstrips maintenance, cargo storage at Bangui airport), it has been proposed to get 3 of those activities reconducted under WFP/UNHAS project/budget until the end of 2016</p> <ul style="list-style-type: none"> <li>• additional single engine aircraft</li> <li>• field airstrips maintenance</li> <li>• cargo storage at Bangui airport)</li> </ul> <p>In June 2016, a tender has been launched by WFP for contracting a single engine aircraft: ASF-F is the Operator who got the contract. Since 01 July 2016, ASF-F is officially under WFP contract in CAR.</p> <p>A MoU between WFP and HI has been signed to keep on working on field airstrips maintenance and management of the cargo storage at Bangui airport.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>
---	---

## ANNEX 2: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	INGO	\$180,002
15-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	INGO	\$184,810
15-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	INGO	\$136,729
15-RR-CEF-129	Water, Sanitation and Hygiene	UNICEF	GOV	\$83,006
15-RR-CEF-130	Health	UNICEF	INGO	\$49,983
15-RR-CEF-130	Health	UNICEF	NNGO	\$47,109
15-RR-CEF-130	Health	UNICEF	INGO	\$49,741
15-RR-CEF-130	Health	UNICEF	RedC	\$49,000
15-RR-CEF-130	Health	UNICEF	INGO	\$49,983
15-RR-CEF-131	Child Protection	UNICEF	NNGO	\$41,811
15-RR-CEF-131	Child Protection	UNICEF	NNGO	\$40,040
15-RR-CEF-131	Child Protection	UNICEF	NNGO	\$38,415
15-RR-CEF-131	Child Protection	UNICEF	Gov	\$48,001
15-RR-CEF-133	Nutrition	UNICEF	INGO	\$213,460
15-RR-CEF-133	Nutrition	UNICEF	GOV	\$9,433
15-RR-FAO-032	Agriculture	FAO	GOV	\$12,052
15-RR-FAO-032	Agriculture	FAO	INGO	\$25,516
15-RR-FAO-032	Agriculture	FAO	NNGO	\$21,374
15-RR-FPA-043	Gender-Based Violence	UNFPA	INGO	\$129,453
15-RR-FPA-043	Gender-Based Violence	UNFPA	NNGO	\$47,097
15-RR-FPA-044	Health	UNFPA	NNGO	\$27,590
15-RR-FPA-044	Health	UNFPA	NNGO	\$27,400
15-RR-FPA-044	Health	UNFPA	NNGO	\$27,400
15-RR-HCR-060	Camp Management	UNHCR	INGO	\$120,714
15-RR-HCR-060	Camp Management	UNHCR	INGO	\$236,576
15-RR-HCR-061	Gender-Based Violence	UNHCR	INGO	\$342,465
15-RR-IOM-042	Camp Management	IOM	RedC	\$22,468
15-RR-IOM-042	Camp Management	IOM	NNGO	\$48,577
15-RR-IOM-042	Camp Management	IOM	NNGO	\$8,619
15-RR-WFP-076	Common Logistics	WFP	INGO	\$696,791
15-RR-WFP-077	Food Assistance	WFP	INGO	\$193,855
15-RR-WFP-077	Food Assistance	WFP	INGO	\$378,361
15-RR-WFP-077	Food Assistance	WFP	INGO	\$184,685

15-RR-WFP-080	Common Humanitarian Air Service	WFP	INGO	\$686,935
15-RR-WHO-050	Health	WHO	RedC	\$200,000

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ANEA	Agence Nationale de l'Eau et de l'Assainissement
CHF	Common Humanitarian Fund
CMP	Commission Mouvements de Population"
CFS	Child Friendly Spaces
CHF	Common Humanitarian Fund
CHW	Community Health Workers
CRI	Core Relief Items
DSRSG/RC/HC	The Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator
DTM	Displacement Tracking Matrix
EMONC	Emergency Obstetric and Newborn Care
EWARS	Early Warning and Response System
FSCO	Field Security Coordination Officer
FOMAC	Multinational Force of Central Africa
FTS	Financial Tracking System
GBV	Gender-based Violence
GBVIMS	Gender Based Violence Information Management System
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IEHK	Interagency Emergency Health Kit
LLIN	Long Lasting Insecticidal Nets
RRM	Rapid Response Mechanism (RRM)