

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CENTRAL AFRICA REPUBLIC  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Najat Rochdi**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*Due to HNO and HRP processes and Humanitarian Fund Second standard allocation, it was somehow difficult to organise a specific AAR exercise at that time. Instead, OCHA collected feedback on the RC/HC report as well as on the in-country reporting process through a message disseminated to all UN agency CERF focal points. The feedback was gathered on: (1) CERF process: what works well, what could be improved? (2) implementation of activities in the context of CAR: difficulties and opportunities, and (3) how to improve in terms of analysing the CERF allocations at the inter-cluster level.*

- b. 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

*The HCT has not been able yet to discuss this RC/HC CERF report as the first draft has been finalized -mid-February only due to late reporting by several agencies. OCHA encountered very significant challenges and lack of prompt responsiveness from most of the UN agency CERF focal points at the country level. It is also to be noted that the OCHA team providing support for the in-country reporting process of the CERF left respectively late August for the CAR HF manager and December 2017 for the deputy HoO overseeing financing. As the RC/HC CERF report is overdue, the consultation and discussion within the HCT will be held concurrently with the review of the first draft report by the CERF Secretariat. Thus, the incorporation of HCT members' inputs will take place before the clearance of the final version.*

- c. 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

*This zerodraft of the report was shared first with Inter-cluster committee for additional comments and inputs from the cluster coordinators. The wider dissemination at country level will take place concurrently as the CERF Secretariat. This will comprise the Humanitarian Country Team and the Intercluster committee once for final review and clearance. Implementing partners (UN sub-grantees) will also be consulted as part of the validation exercise of the final draft report.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 376,075,932 <sup>1</sup>		
Breakdown of total response funding received by source	Source	Amount
	CERF	17,985,406
	COUNTRY-BASED POOL FUND (if applicable)	2,204,412
	OTHER (bilateral/multilateral)	80,192,836
	<b>TOTAL</b>	<b>100,382,654</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 20/08/2016			
Agency	Project code	Cluster/Sector	Amount
FAO	16-UF-FAO-020	Agriculture	700,000
IOM	16-UF-IOM-033	Camp Coordination and Camp Management	750,000
UNFPA	16-UF-FPA-038	Health	800,000
UNHCR	16-RR-HCR-042	Multi-sector refugee assistance	1,373,271
UNHCR	16-UF-HCR-037	Non-Food Items	1,150,003
UNICEF	16-RR-CEF-100	Education	230,831
UNICEF	16-RR-CEF-101	Child Protection	258,859
UNICEF	16-RR-CEF-102	Water, Sanitation and Hygiene	307,826
UNICEF	16-UF-CEF-092	Nutrition	500,000
UNICEF	16-UF-CEF-093	Child Protection	400,000
UNICEF	16-UF-CEF-094	Water, Sanitation and Hygiene	1,199,974
WFP	16-UF-WFP-051	Food Aid	1,850,000
WFP	16-UF-WFP-052	Nutrition	349,838
WFP	16-RR-WFP-058	Food Aid	814,776
WFP	17-RR-WFP-001	Food Aid	6,000,028
WHO	16-UF-WHO-038	Health	1,300,000
<b>TOTAL</b>			<b>17,985,406</b>

<sup>1</sup> This refers the sum of each project requirement as indicated in the HRP.

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	13,068,931
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	4,359,042
Funds forwarded to government partners	557,433
<b>TOTAL</b>	<b>17,985,406</b>

### **HUMANITARIAN NEEDS**

Despite the relative improvement in security at the beginning of 2016, human rights violations were frequently violated on a large scale especially during armed group clashes. On regular basis, violence erupted in several parts of the country while the overall crisis remained latent in many others causing further defiance and instability. Overall, critical humanitarian needs were not being met. Humanitarian access continued to be a major challenge for humanitarian actors on the ground while the humanitarian response in Central African Republic (CAR) continued to be heavily underfunded.

The crisis in CAR remained characterized by frequent attacks on civilians and clashes among armed groups in various parts of the country, resulting in new and renewed population displacements and hindering people from accessing basic services, returning to their home areas and further interrupting the normalcy of livelihoods. Although many achievements were made by the humanitarian community in support to the affected population through an increase of humanitarian operations since 2013, per the 2016 Humanitarian Response Plan (HRP) 2.3 million remain in need of assistance similarly in scale and scope to needs in 2013. Over the last two years, the situation evolved into a further protracted crisis, where most displaced and refugees were unable to return, sporadic violence is still on the rise compounded by chronic needs in an underdeveloped context where humanitarian partners are the lifeline in the provision of basic services. For instance, the Consumer Price Index (CPI) analysis covering the period January-June 2016 indicated that more than 1.7 million people are in emergency phase (IPC phases 3 & 4), which represents an increase compared to the 2015 data. This worsening of the food security index added serious concerns to a country where two thirds of the population has no access to basic health care and 1.4 million have no access to adequate water and sanitation facilities. The Periodic Monitoring Review (PMR) of the 2016 HRP has confirmed that the needs and trends identified in the HRP at the beginning of the year remained accurate. In addition to existing needs, the increase of spontaneous returnees throughout 2016, required humanitarian partners to further diversify their assistance to a new category of affected population through the provision of initial multi-sectorial assistance, this to ensure their safety and dignity during this return process.

The humanitarian access in CAR has continued to be a major concern caused by many factors: insecurity linked to the communal divide, the activity of armed groups and criminality, difficulties of acceptance of humanitarian partners by communities, physical barriers (damaged roads, no bridges), red tape and corruption. During 2016 numerous attacks perpetrated against humanitarian partners led to a regular suspension of provision of life saving activities. The International NGO Safety Organization (INSO) has registered 26 security incidents affecting NGO operations in CAR in May 2016 placing CAR in the first place ahead of Syria (24), the Democratic Republic of the Congo (12), and Afghanistan (12). Lastly, with only 23% of the HRP 2016 being funded at the end of July 2016 (and 52% of the HRP 2015), the severe lack of funding continues to hamper the ability of humanitarian workers to stay and provide necessary assistance to face a steady increase in multi-sectorial needs.

Although the origin of the CAR crisis must do with very deep structural causes, the 2016 crisis was fuelled by two immediate sources: intercommunity social divide and the action of armed groups. Children, women, persons with disabilities, displaced persons, returnees and minority groups were the most affected by the crisis. Besides insecurity, the lives of thousands of people were marked by a

restriction of access to basic services (healthcare, water, electricity and education) for extended period. According to the “Commission des Mouvements de Populations” (CMP) the prioritized zones in this application accounts for 36 per cent of the total IDPs population (140,430 out of 384,314 IDPs) and 5,578 recent returnees at the end of June 2016, adding to a total of 66,000 returnees. Displacement dynamics in CAR were moreover highly complex, with some areas seeing return of both IDPs and refugees, other areas experiencing secondary displacement following closure of sites, or return from abroad to areas of continuous volatility and yet again other areas experiencing continuous spontaneous displacement and return from abroad simultaneously. Moreover, out of the 261 human rights violations reported by UN partners during 2016, 95 were registered in the Ouham Pende Prefecture, 42 in Ouham Prefecture, 41 in Ouaka Prefecture and 25 in Nana Gribizi.

Facing an increasing underfunding and where 2.3 million remained in need of assistance in 2016, CAR has become a protracted protection and displacement crisis, especially as emergency assistance and basic social services depend almost entirely on humanitarian actors who very often have to replace inexistent state services. The multiplication of needs for the returnees to ensure their safety and dignity in these specific areas required a multi-sectorial approach tailored to needs and vulnerabilities.

## II. FOCUS AREAS AND PRIORITIZATION

The HRP 2016 was centred on two strategic objectives: a) respond to emergencies in a multi-sectorial way to save lives; and b) implement actions to create and maintain an environment conducive to the restoration of human dignity, while reducing vulnerabilities. These two strategic priorities were translated into three strategic objectives focusing on protection, emergency response and developing resilience:

1. Promoting respect for fundamental rights: The protection of affected populations and of those at risk because of the conflict is strengthened as part of an approach based on law and strengthening mechanisms for preventing and resolving conflicts
2. Save lives: Affected populations have access to an integrated emergency assistance to ensure their survival while preserving their security and dignity.
3. Preserve human dignity: Affected populations and those at risk have improved access to strengthened basic social services and their basic coping mechanisms are maintained.

As per the 2016 HRP, 2.3 million people was targeted through the provision of humanitarian assistance representing almost half of the population. However, as the HRP continued to be underfunded, the humanitarian community was struggling to meet its initial objectives and targets.

The CERF allocation was utilised to complement on-going humanitarian efforts by focusing on the assistance of 289,629 vulnerable people, mainly IDPs and returnees. In line with the HRP approach, the focus of the CERF funding was on communities living along the battle lines between armed groups in the central, northwest and western areas of the country, as well as landlocked populations affected by insecurity.

Therefore, building on the CERF added value, the identified strategy approved by the Humanitarian Country Team has focused on (1) supporting pipeline supplies to avoid critical gaps due to underfunding for the coming months in support of the on-going response and (2) providing front-line life-saving activities to ensure continuation of services in critical areas and provision of services in areas newly affected by violence or where significant return movements have been observed but where underfunding has prevented initial response. Specific areas in five out of sixteen prefectures have been selected: Ouham-Pende (Bocaranga, Kouï and Ngaoundaye) Ouaka (Bambari, Grimari, Ngakobo and Ippy) Ouham (Batangafo – Kaba axe) Nana Gribizi (Ouandago- Kaga-Bandoro- Mbrès-Bakala-), and Haut Mbomou (Obo) have been jointly selected based on these criteria and seasonality. The allocation has targeted needs of more than 289,629 individuals (140,430 of IDPs on site at with host families, 66,157 returnees and 83,042 most vulnerable host community members) in the prioritized areas both in urban and rural settings.

In term of sectors, CERF allocations have targeted the following clusters:

**Agriculture et Food aid:** The Integrated classification phase (IPC June 2016) showed that the number of people in immediate need of humanitarian assistance is estimated at 1,787,560 people (populations in phases 3 and 4 IPC June 2016). Compared to the situation in November 2014, the number of people in humanitarian phase was increased from 32% to 40% in rural areas. Assessments conducted by the food security cluster indicated that the prioritized prefectures were facing several challenges both structural, security and logistical. These challenges were disabling people to develop their livelihood peacefully and causing a disturbance of the food and economic situation resulting in the exhaustion of coping mechanisms and the use of damaging approaches. Priority was given to households living on the following axes: Bambari-Grimari-Ngakobo-Ippy, Ouandago-KagaBando, Batangafo-Kabo-Bocaranga Ngaoundaye-Koui.

**CCCM/Shelter/NFI:** the underfunding situation in CAR has led to an almost total absence of shelter and NFI assistance over past year. Most of the make shift shelters were worn out and exposing its residents to health hazards and the harsh weather conditions as their tents have been repeatedly flooded. Lack of proper camp management structures also had an impact on the protection of populations affected by the crisis and their access to basic services. Due to absence of direct assistance to host communities, the IDPs, in most cases, did not have access to basic domestic items and depended on host families, who were equally affected by the crisis and in dire need of basic domestic items and services also. The focus for CCCM/Shelter/NFI was mainly on IDPs, host communities and returnees in priority areas.

**Protection:** as the major risks identified were related to the new displacement and human rights violations consecutives to intercommunity/inter-armed group clashes. Moreover, out of the 261 human rights violations reported by UNHCR partners in the course of 2016, 95 were registered in the Ouham Pende Prefecture, 42 in Ouham Prefecture, 41 in Ouaka Prefecture and 25 in Nana Gribizi. Though the figure was indicative as not all incidents were registered and there was limited presence of protection monitors, it is remarkable that almost 78% of the reported cases were reported in the prioritized zones. Due to underfunding, the number of protection monitors was very limited and most of the people movement as well as protection incidents were not covered or recorded. GBV was particularly rampant in the Ngoundaye, Ouandago and Kaga Bando. Around 44,000 people living in those localities were in dire conditions after the clashes between factions of armed groups. As a result, there has been increased violence and exploitation of girls. 84 cases of rape were reported and most of the survivors didn't have access to health care because of the lack of support services in those areas. Even in the areas where the GBV Sub-Cluster has partners, they still lack capacity to respond to cases. Furthermore, children in the affected areas were at great risk especially of being recruited by armed groups, reinforcing the child protection presence there was vital to reduce, respond and prevent child protection risk.

**Health:** The sub-optimal coverage of response was essentially due to inadequate resources to support the very limited capacities of the Ministry of Health (MoH), which is limited by inadequate technical, lack of human resources and supplies leading to a very limited access to health facilities by rural populations. Due to underfunding, there was a limited presence of health actors in prioritized areas. Health humanitarian actors from some areas has reduced people access to quality health care for IDPs and host community as many health facilities were either destroyed, not operational and not equipped. Therefore, many vulnerable people were left without any access to health care services. In the Ouham province (Batangafo and Kabo) for example, in the first term of 2016, a meningitis outbreak was detected too late in the Kabo and Batangafo sub-prefecture leading to several deaths were reported due to lack of appropriate support.

**Multi-sector refugee assistance:** Following clashes between the armed forces of South Sudan (SPLA) and an armed group of young people in Source Yubu and Ezo along the border with the Central African Republic (CAR), over 4,000 refugees have found asylum in the CAR neighbouring areas to the South Sudanese border. According to registration exercise conducted in July 2016 in Bambouti, 4,058 refugees were reported in the Sub-Prefecture, located 4 km from the border with South Sudan. Although refugees initially stated that they preferred to stay in Bambouti due to close proximity with the South Sudanese border, spontaneous movements of refugees from Bambouti to Obo were reported by UNHCR in August 2016. From the initial number of 657 refugees identified as per September 2016 data, UNHCR assessments in both sides confirmed that the refugees in Bambouti will also move given the overall conditions - including security - in Obo, totalling to 4,931 refugees to be hosted in Obo.

Based on the movement of refugees to Obo, UNHCR, in close coordination with the national government and humanitarian community developed plans to shift the overall response from Bambouti to Obo due to the continuing insecurity in South Sudan putting the refugee

community in Bambouti at serious risk of cross-border incursions by armed groups. Secondly, Bambouti suffered from logistical constraints that have considerably limited the capacity of humanitarian actors to respond adequately to the situation.

**Nutrition:** CAR has one of the highest child mortality rates in the world, with almost one in five children dying before their fifth birthday. CAR also has the third highest rate of maternal mortality. This is largely due to preventable diseases and a health system in disarray following years of neglect, conflict, and political instability. Per the 2014 national SMART survey, the rate of Global Acute Malnutrition was estimated at 6.6%, with a SAM proportion of 1.9%. The situation remained fragile in the enclaves and IDP sites where, according to a 2015 survey and specific localized rapid SMART surveys conducted in Alindao, Grevai, Bakou, the prevalence rate was approaching the alarming threshold. In most prefectures, the mortality rate among children under five years has surpassed the cut off of 2 deaths/per 10,000 live births/per day with dramatic crude mortality rates in the prefectures of Nana-Gribizi (3.34 deaths/10,000/day), Ouham (3.41 deaths/10,000/day) and Kemo (2.29 deaths/10,000/day). According to both surveys, the rate of stunting among children under five remained high (40.8%) at national level and 38.8% in Muslim enclaves and IDP sites

**WASH:** WASH indicators in prioritized sites were dire and require immediate support due notably to underfunding or end of funding. In these areas, sanitation risks were on the rise due to the absence of functioning WASH infrastructures and services and where standards were far from being met. Lack of adequate sanitation facilities has increased open defecation within the camps, exposing children particularly during the rainy season. Among other risks, cholera had to be seriously taken into consideration as an epidemic was already affecting the country with 89 cholera cases and 15 deaths reported as of 14 August, (lethality 16.9%). Moreover, the WASH infrastructures were almost inexistent in the return areas prioritized for CERF funding due to sabotage of the infrastructures during the crisis and dismantling of management and maintenance structures.

### III. CERF PROCESS

The consultation process was conducted within existing in country humanitarian coordination mechanisms to ensure an appropriate and inclusive consultation process with humanitarian actors and partners. The prioritization process for this submission was initiated at the Humanitarian Country Team level where the priorities were discussed and agreed upon. It was also agreed to focus on a limited number of geographical areas and to involve clusters in the development of this CERF submission at various stages of the process.

During the Inter-Cluster Coordination (ICC) meeting, Cluster Coordinators and Co-facilitators recommended that it was important to maximize impact of CERF funding by focusing activities on limited areas through a multi-sectoral approach. The selection of the geographical areas to be covered by the CERF funding was then agreed consensually. Based on clear criteria, OCHA proposed a fund allocation process which followed the same approach used for the CAR Humanitarian Fund (the Country-Based Pooled Fund) and supported by the existing in-country coordination mechanisms such as the HCT and the ICC to ensure adherence to the context. This allowed the conduct of a competitive process of project selection focusing on the quality of the submissions in line with CERF life-saving criteria. Lessons learnt from previous CERF allocations and processes were also taken into account. The suggested fund allocation per cluster and agency was shared with HCT for final endorsement under the leadership of the HC.

The coordination, CIMCoord and protection sections of OCHA and the GenCAP were also involved in this CERF strategic process to ensure that access, protection, gender and GBV issues were well analysed and well included in projects. Despite the context, beneficiary communities were also consulted in the design of projects to ensure the ownership and accountability to affected population. Furthermore, the Communication with Communities Expert has supported clusters to implement and maintain a feedback/complaint mechanism in activities.

### 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 as per the 2016 HRP target.			
Cluster/Sector	Female	Male	Total

	Girls	Women	Total	Boys	Men	Total	Children	Adults	Total
	(< 18)	(≥ 18)		(< 18)	(≥ 18)		(< 18)	(≥ 18)	
Agriculture	6,540	26,160	<b>32,700</b>	4,360	17,440	<b>21,800</b>	10,900	43,600	<b>54,500</b>
Camp Coordination and Camp Management	49,537	28,521	<b>78,058</b>	46,534	25,520	<b>72,054</b>	96,071	54,041	<b>150,112</b>
Child Protection	3,543	179	<b>3,722</b>	2,579	140	<b>2,719</b>	6,122	319	<b>6,441</b>
Education	1,090	7	<b>1,097</b>	1,150	14	<b>1,164</b>	2,240	21	<b>2,261</b>
Food Aid	25,149	20,356	<b>45,505</b>	23,085	19,007	<b>42,092</b>	48,234	39,363	<b>87,597</b>
Health	75,843	92,698	<b>168,541</b>	70,009	85,568	<b>155,577</b>	145,852	178,266	<b>324,118</b>
Multi-sector refugee assistance	1,746	820	<b>2,566</b>	1,714	599	<b>2,313</b>	3,460	1,419	<b>4,879</b>
Non-Food Items	20,995	17,914	<b>38,909</b>	22,778	19,375	<b>42,153</b>	43,773	37,289	<b>81,062</b>
Nutrition	8,735	7	<b>8,742</b>	5,609	2	<b>5,611</b>	14,344	9	<b>14,353</b>
Water, Sanitation and Hygiene	66,870	28,035	<b>94,905</b>	65,092	26,062	<b>91,154</b>	131,962	54,097	<b>186,059</b>

<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**

First to all, it is important to underline that this RC HC CERF report comprises details of three separate CERF grants allocated to Central African Republic respectively in September 2016 (under the rapid response window), in November 2016 (from the underfunded window), and the last one received in February 2017 (under the rapid response window of the CERF).

A total of 399,852 beneficiaries were reached in CAR with the funding received from the CERF for a period covering from late September 2016 to early August 2017. This represent 27.5 per cent more than the initial targeted number of beneficiaries. This included the following breakdown per age: 188,512 children and 211,340 adults, and per sex: 2017,304 females and 192,548 males. Overall, the number of beneficiaries reached exceed the original planning as a result of new displacements that occurred right after the endorsement of the CERF proposal. However, for a couple of sectors such as nutrition and multisector refugee assistance, the number of beneficiaries reached was slightly lower than anticipated because of pendulum movement of populations.

The main challenge in estimating the number of beneficiaries reached through these three grants was to avoid double counting of beneficiaries between CERF grants or sectors. To this end, a matrix of beneficiaries - looking at the number of beneficiaries targeted and reached per grant and per sector - was developed, and the rationale explained below was applied to estimate the total number of beneficiaries reached and the unique number of beneficiaries reached per sector:

### (1) Number of beneficiaries reached per CERF grant

For the rapid response grant received in September 2016, the total number of beneficiaries reached corresponds to the sum of all the beneficiaries reported for each project except those reported for project "16-RR-WFP-058". Since this last project and the WFP one on food "16-RR-HCR-042" targeted the same geographic area et the same population, only the highest number of beneficiaries reached by one project – the WFP one – have bene retained for the calculation of the total number of beneficiaries reached through this CERF grant.



With regards to the underfunded grant received in November 2016, the number of beneficiaries reached retained is the overall beneficiaries reported by health sector. Indeed, to estimate the number of beneficiaries for health interventions, humanitarian actors in that specific sector refer to the number of consultation conducted in specific areas targeted by the intervention. Thus, the number of beneficiaries under health will therefore comprises all the beneficiaries targeted by other sectors for the geographic areas. And finally, the number of beneficiaries reached through the rapid response grant allocated in February 2017 was straightforward as this grant comprised only one food aid project implemented by WFP.

(2) Number of beneficiaries reached per sector

The number of beneficiaries reached per sector corresponds to a sum of the number of beneficiaries reached by each project under that specific sector with the only exception of protection sector under which two projects were funded specifically funded under the rapid response window and the other one against the underfunded window. In this case, the total number of beneficiaries reached by the sector corresponds to the highest number of beneficiaries reached through the project funded against the underfunded window of the CERF as the two projects focused on the same geographic area. For health cluster, the number of beneficiaries reached was straightforward as the recipient UN agencies – UNFPA and WHO – submitted, implemented and reported as a joint project.

The matrix of beneficiaries is attached at the end of the report and referenced as annex 3.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	97,496	109,808	2017,304
<b>Male</b>	91,016	101,532	192,548
<b>Total individuals (Female and male)</b>	<b>188,016</b>	<b>211,340</b>	<b>399,852</b>

<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 allocation has improved humanitarian response by addressing needs of vulnerable people in targeted areas. This CERF allocation provided quick assistance to 399,852 vulnerable people. In general, even if the humanitarian community has continued to face access concerns, projects were implemented in the best manner. A no cost extension was requested and granted for a project. Below is an overview of key results per sector

**Agriculture**

The focus of the project implemented by FAO through a CERF funding of US\$700,000 was to urgently improve the food security and nutrition of 7,000 households (35,000 people), including displaced people, returnees and host families. At the end of the project, 10,900 households (54,500 people) resumed their agricultural activities and restored their livelihoods capacity. Each beneficiary household received a kit that included 50 g of vegetable seeds (cabbage, lettuce, okra, onion and tomato) and five agricultural tools (shovel, rake, watering can, Ceylan hoe and Linda hoe).

**Camp Coordination and Camp Management**

With the funding of \$750,000 received from the CERF, IOM implemented a project that focused on “displacement Tracking, CCCM Light, and Direct Humanitarian Assistance” in the Nana Gribizi (Kaga Bandor and axis), Ouham (Batangafo, Kabo and axis) and Ouaka (Bambari) prefectures”. Through its Displacement Tracking Matrix (DTM tool), IOM collected and shared displacement information (flash updates, assessments and return intentions survey reports) and reached 150,112 people. The following results were achieved: 90 site facilitators were provided with DTM tools, 51 DTM updates were shared with the humanitarian community, which enabled humanitarian response actors to have access to essential information required for planning and implementing humanitarian assistance activities, 4 implementing partners (AFPE, CRCA, NRC and CARITAS) were contracted and trained to implement different components of the project

activities, 60 site facilitators were trained on protection, PSEA standards, IOM conducted ToT for 17 participants including representatives from the Ministry of Social Affairs to build confidence and increased sense of ownership.

## **Education**

With a funding of \$231,831 received from the CERF, UNICEF has implemented a project aiming to improve access to quality and inclusive education in a safe environment for girls and boys of school age who are affected by the conflict in the Haut Mbomou prefecture. Through this project 2,015 children (47% girls) were reached through the provision of training to 21 teachers (43% women) on psychosocial support and 989 youth (43% girls) benefitted for life skills activities. Additionally, 87 children (37% girls) with special needs including children with disabilities, sick children, traumatized children, separated children and single heads of household were identified and referred to specialized centres to receive appropriate medical and/or psychosocial support care.

## **Food Aid**

Through a CERF overall funding of \$8,664,804 distributed into three separate grants, WFP was in position to procure and distribute 4,840 MT of food ration and provide food rations to 87,597 people among which 75,675 IDPs, 7,002 host communities, and 4,920 refugees. Most of the local markets were disturbed due to security constraints and poor road conditions. Consequently, the use of the cash-based programming approach was not possible in some areas. Nonetheless, WFP managed to provide the food assistance either on displacement sites and/or in host communities, and meet the basic need requirement of 2,100 kcal per person per day. The post-distribution monitoring conducted in June confirmed the improvement of beneficiaries' food consumption.

## **Health**

Through a CERF funding of \$2,100,000, WHO (US\$ 1,300,000) and UNFPA (800,000) could provide life-saving primary and secondary health care to around 324,118 (206,273 IDPs, 83,000 host population and 34,845 returnees) vulnerable people including children under 5 years, pregnant and people with life-threatening emergencies and survivors of rape. This was possible through distribution of malaria and reproductive health kits to health facilities, provision to hospitals with safe blood transfusion reagent and kits, support of 484 GBV survivors with medical assistance and measles vaccination of 41,609 children aged 6 months to 14 years. Additionally, the allowed to distribute 8,512 clean delivery to pregnant women in IDPs camps, and 3,405 vulnerable women of childbearing age received dignity kits. Finally, the project permitted to implement an active disease surveillance in 8 IDPs camps and 13 health areas without a health facility.

## **Multi-sector refugee assistance**

The UNHCR implemented a project to provide urgent multi-sectorial assistance to refugees and hosting communities in Bambouti and Obo. It reached 4,879 refugees through the distribution of Core Relief Items (CRI) to 1,948 households, 1,875 emergency shelters to person of concern and allowing all 4,879 refugees to have access to primary healthcare.

The project emphasised community self-management rather than imposing assistance on the population of concern. To this end, the sectorial committees established within the refugee community acted as focal points for the different community groups - such as women and children – to identify specific needs of each groups in various areas including WASH, shelter & non-food items, and Nutrition.

## **Non-Food items**

A project implemented by UNHCR for US\$ 1,150,003 focused on assistance to vulnerable on sites in basic non-food items and adequate emergency shelter. It provided shelter kits, materials, and construction services to 200 vulnerable IDPs households (1,000 individuals), core relief items to 2,262 households (11,310 individuals) and established 74 community-based protection committees. Through this project, UNHCR partners made 1,022 protection referrals.

## Nutrition

The CERF funding of \$849,838 two grants of respectively \$500,000 allocated to UNICEF and WFP \$349,838 permitted to reached 14,344 children affected by severe or moderate acute malnutrition.

The project implemented by UNICEF permitted the admission of 7,244 (1,306 inpatient cases and 5,938 outpatient cases) children under 5 with severe acute malnutrition in therapeutic units. 79% of the children admitted recovered with a mortality rate of only 3%. Additionally, 4,980 cartons of therapeutic milk were procured and distributed, and 89 therapeutic units (69 OTP and 20 ITP) were equipped with essential kits.

81,296 MT of Plumpy'Sup was procured and distributed by WFP through the second project reaching 7,100 children affected by moderate acute malnutrition in the targeted localities. The recovery rate was 84 per cent. Additionally, WFP and its partners conducted sensitization sessions for mothers on good nutritional practices, and on the use of Plumpy'Sup as well as hygiene.

## Child protection

The results reported below cover two projects of a total CERF funding of \$658,859 allocated to UNICEF for the in support of child protection and related issues. Through these two projects UNICEF reached 9,388 persons of which 8,744 children and 644 adults. Furthermore, the following results were achieved: 451 survivors - which 263 women, 96 girls, 30 boys and 62 men - were identified and referred for holistic assistance including medical reference, psycho-social support and community support of while 101 caregivers were trained on GBV particularly on the referral process, case management as well as the follow-up. Additionally, these two projects allowed to organize psycho social activities in child friendly spaces for affected children 3,543 girls and 2,579 boys. Of 426 children identified as associated with armed groups, 400 were released, benefit for interim care and reintegration program, 118 separated children were reunified with their families.

## Water, Sanitation and Hygiene

UNICEF received a total of \$ 1,507,800 through two separate CERF grants that permitted to reach 186,058 beneficiaries. Through the first project of \$307,826, UNICEF was able to reach 10,058 through the distribution of 15 litres per person per day to 3,750 persons, by making available latrines at an average of 100 persons for each, distributing kits to 1,000 households, and by reaching out 7,640 people through hygiene campaign.

Through the second project of \$1,199,974, UNICEF reached 176,000 persons through distribution of 15 litres of water per person per day by constructing 17 new water points (10 wells and 7 drillings) and rehabilitating 50 others, construction of 520 latrines, distribution of kits to 16,000 persons, and through hygiene campaign on hygiene promotion on good practices (hand washing with soap, safe water conservation, toilet maintenance) that reached 176,000 people.

## CERF's ADDED VALUE

In a context of extreme population vulnerability in CAR, the CERF allocation has supported the humanitarian community to achieve HRP strategic objectives and ensure that protection and basic services were accessible to all and tailored to their different needs and abilities based on gender, age and vulnerability. Communication and interaction with affected communities guided the work of the humanitarian community and strengthened the acceptance of the beneficiaries.

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

YES  PARTIALLY  NO

Even security and logistics constraints remained one of the major concerns of humanitarian community, the CERF received through the rapid response window has allowed a fast delivery of response and has contributed to a rapid scale up of the ongoing humanitarian response, and significantly contributed to "save lives".

### b) Did CERF funds help respond to time critical needs??

YES  PARTIALLY  NO

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<sup>2</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.).

The funds received from the CERF were critical to ensure the provision of food and shelter assistance, and to sustain appropriate access to water and sanitation, food aid basic health, treatment of acute malnutrition, maternal, child and health care, but also provide protection services and care for children directly affected by conflict in need of protection activities and support to survivors of gender-based violence (GBV).

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

YES  PARTIALLY  NO

As the CERF funding came in late in the year, they were instrumental in boosting the continuation of urgent and critical response to vulnerable people. Data reported in FTS showed that beside the funding of \$17.9 million granted by the CERF, the CAR received nearly \$80 million in support of the same humanitarian priorities through mainly bilateral funding. While most bilateral funding came in before the CERF funding, a significant portion was also granted right after the CERF funds in the continuation of the instrumental resource mobilization and the advocacy made in support of the CERF grant requests.

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

YES  PARTIALLY  NO

The three CERF grants have contributed a lot in bringing around the table all humanitarian stakeholders through the existing coordination mechanisms to identify priority needs, determine gaps, avoid duplication of the response and strategically clarify areas and sectors of interventions. Endorsed at the HCT, the operational approach was discussed and agreed at the ICC involving the engagement of OCHA at all level of the coordination mechanisms through the head of office, OCHA's coordination and CIMCoord, GenCap Adviser hosted by OCHA, Communication with Communities (CwC) officer, CAR Humanitarian Fund, and Cluster coordinators and Co-facilitators to ensure that strategic priorities and related issues such as access, protection, gender, GBV and feedback or complaint mechanism were properly taken into account from the project design stage through the implementation.

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

CERF funding allocated particularly through the underfunded emergencies window was critical impact in providing resources to respond to critical needs in a chronic underfunded context and at a time when needs were increasing due to new waves of displacement and arrival of refugees in CAR.

**V. LESSONS LEARNED**

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	Suggestion for follow-	Responsible entity
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 labor intensive	To allow more flexibility to include staff costs – when justified - to ensure projects can be successfully implemented	CERF
Even these allocations were highly appreciated by humanitarian community, the needs to be covered increase every day and CAR remained chronically underfunded	Strengthen advocacy for more humanitarian funding to CAR	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	Suggestion for follow-	Responsible entity
Involvement of beneficiary communities was a pillar for	Continue to strengthen community	Recipient UN agencies

success of projects	involvement in management and decision taking	
Even these allocations were highly appreciated by humanitarian community, the needs to be covered increase every day and CAR remained chronically underfunded	Strengthen advocacy for more humanitarian funding to CAR	HC and OCHA
A strategic/mainstreaming of resources has been successfully applied between these CERF allocations and CAR HF to avoid duplication and reinforce complementarity in humanitarian response	Continue to be strategic in use of limited available resources	HC, HCT and OCHA

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	04/11/2016 - 03/05/2017		
<b>2. CERF project code:</b>	16-RR-CEF-100		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Education			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support to emergency education and protection for children and families of refugees and host communities in Bambouti					
<b>7. Funding</b>	a. Total funding requirements <sup>3</sup> :	US\$ 6,118,063	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>4</sup> :	US\$ 1,467,883	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 147,478	
	c. Amount received from CERF:	US\$ 230,831	▪ <i>Government Partners:</i>		US\$ 0	
<b>Beneficiaries</b>						
<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>	923	615	1,538	1,090	1,150	2,240
<i>Adults (≥ 18)</i>	17	23	40	7	14	21
<b>Total</b>	<b>943</b>	<b>635</b>	<b>1,578</b>	<b>1,097</b>	<b>1,164</b>	<b>2,261</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
<i>Refugees</i>	1,230		369			
<i>IDPs</i>			626			
<i>Host population</i>	329		1,245			
<i>Other affected people</i>			21			

<sup>3</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>4</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>1,559</b>	<b>2,261</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>The total number of children directly reached with CERF funding exceeded the planned target by 45%. There were a couple of variances between the targeted and the reached number of beneficiaries under each specific category of beneficiaries. Initially, the project aimed to reach 1,538 children refugee (3- 18 years old) based on UNHCR's action plan to relocate 5,000 refugees from Bambouti to Obo. The targeted children included 1,230 refugee children and youth (60% girls) aged from 3-17 and 308 children from host communities. At the end, UNHCR managed to relocate only 1,637 refugees including 369 refugee children targeted by this project, bringing the total of refugees in Obo to 2,025 of which 597 children. Therefore, the number of children in the host community targeted by project increased from 308 to 1,245 school aged children (50% girls). Additionally, 626 displaced children (46% girls) who were also not in school - including 564 primary aged children (45% girls) and 62 adolescents (55% girls) - were reached by the project.</p>	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	1230 refugee and 308 host community children in Obo aged 3-17 years, have access to adapted educational opportunities in a safe and protective learning environment.		
<b>10. Outcome statement</b>	Improve access to quality and inclusive education in a safe environment for girls and boys of school age who are affected by the conflict in the region Haut Mbomou prefecture, CAR		
<b>11. Outputs</b>			
<b>Output 1</b>	Protect the survival of children and adolescents (3-17 years) through access to safe and protective learning environments		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of children attending lessons in TLS	1538	2,015 (47% girls)
Indicator 1.2	# of teachers trained and operational in Obo	21	21
Indicator 1.3	# awareness raising sessions concerning education opportunities conducted	8	16
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Sign cooperation agreement with implementing partner	UNICEF	COOPI
Activity 1.2	Set up 2 local committees to monitor activities.	Ministry of Education, UNICEF, COOPI	COOPI
Activity 1.3	Establishment of 10 Temporary Learning Spaces (TLS)	Ministry of Education, UNICEF, COOPI	COOPI
Activity 1.4	Provision of furniture and equipment for TLS	Ministry of Education, UNICEF, COOPI	COOPI
Activity 1.5	In collaboration with local education authorities, train 21 teachers on pedagogical skills	Ministry of Education, UNICEF, COOPI	COOPI

Activity 1.6	Distribute learning materials to children in TLSs and teachers kits to TLCs	Ministry of Education, UNICEF, COOPI	COOPI
Activity 1.7	Organize catch-up classes	Ministry of Education, UNICEF, COOPI	COOPI
Activity 1.8	Construction/rehabilitation of latrines and water point in 5 schools	UNICEF, NGO	COOPI
<b>Output 2</b>	Strengthen psychosocial reintegration, cognitive development and self-sufficiency of children and youth aged 3-18 years		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of teachers trained on psychosocial support	21	21 (33% women)
Indicator 2.2	# of youth benefiting from life skills activities	400	989 (43% girls)
Indicator 2.3	# of children with specific needs referred for further support – estimated at 5% of targeted children.	77	87 (37% girls)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training of teachers on psychosocial support	Ministry of Education, UNICEF, COOPI	COOPI
Activity 2.2	Implement life skills activities for out of school youth	Ministry of Education, UNICEF, COOPI	COOPI
Activity 2.3	Implementation of referral mechanisms for children who are identified with special needs	Ministry of Education, UNICEF, COOPI	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:**

With the increased number of children in the host community from 308 to 1,245 school aged children (50% girls) and the additional 626 displaced children (46% girls), the project registered 31% more children attending lessons in TLS (from 1,538 to 2,015 children) and 60% more youth that benefitted from the skilled activities (from 440 to 989 youth). Regarding the construction of ten Temporary Learning Spaces, COOPI, UNICEF's implementing partner, was able to make saving by using local materials which allowed to construction eleven TLS instead of the planned ten. Additionally, within the available budget COOPI was able to rehabilitate three government schools, one of which had suffered damage following strong winds in October 2016. This slight reorientation of the project (including government schools) facilitated the integration of the refugees and strengthened the cohabitation between the refugees and the local community.

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

A coordination structure involving key actors in the refugee camp of which UNHCR, COOPI, VCW and Jeunesse Unie pour la Protection de l'Environnement et le Développement Communautaire (JUPEDEC) was established. Its main purpose was to ensure that all organizations were working towards a common goal, to coordinate the actions of humanitarian actors and to maximize the use of available resources. UNHCR as the lead of this structure ensured that the principles of refugee population management were applied and respected. At the community level (refugees, IDPs and host) ongoing dialogue and monitoring was carried out, including preliminary assessments, monitoring missions during the implementation phase and at the end of the



project, which facilitated accountability to donors and beneficiaries.

Two local school management committees were established to ensure the maintenance, safety and protection of the TLS. These committees included community leaders, members of the PTAs, and local educational authorities. With the participation of parents, the committees played a key role in the identification of the site that will host the TLS. The choice was critical to ensure safety of the children and adherence of the beneficiaries to the project.

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

EVALUATION CARRIED OUT

The activities were conducted in compliance with project guidelines with only a slight change in the targets achieved as described above due to the realities once the programme was underway. Additionally, monitoring visits were carried out by the UNICEF EiE Specialist to carry out the initial survey, assess programme challenges, and initiate solutions in close collaboration with the implementing partner. A joint evaluation with l'Inspection d'Académie du Centre Sud (IASE) was conducted in July and pointed out that 350 schools were closed due to the resurgence of insecurity with the activism of arms groups.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	01/09/2016 - 28/02/2017		
<b>2. CERF project code:</b>	16-RR-CEF-101		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>	Child Protection					
<b>4. Project title:</b>	Creating a protective environment for refugee children and children living in host communities.					
<b>7. Funding</b>	a. Total funding requirements <sup>5</sup> :	US\$ 2,266,920	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$ 791,589	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 177,210	
	c. Amount received from CERF:	US\$ 258,859	▪ <i>Government Partners:</i>		US\$ 0	
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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	950	950	1,900	1,013	1,609	2,622
<i>Adults (≥ 18)</i>	300	300	600	263	62	325
<b>Total</b>	<b>1,250</b>	<b>1,250</b>	<b>2,500</b>	<b>1,276</b>	<b>1,671</b>	<b>2,947</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	1,900			364		
<i>IDPs</i>				829		
<i>Host population</i>	600			1,754		
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>2,500</b>			<b>2,947</b>		

<sup>5</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>6</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>	Globally, the project reached 18% more beneficiaries than planned (2,947 reached vs 2,500 planned). This can be explained by pendulum movement of populations that led to reach a not planned number of 829 IDPs and 1,154 additional host population at the end of the project while the number of refugees was significantly reduced from 1,900 to 364 only. Additionally, more children were recorded as survivors of Gender-Based Violence (GBV) compared to adults (from 600 to 325 adults).
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Promote the protective environment for 2,500 children living in the refugee camp and host community in Obo.		
<b>10. Outcome statement</b>	Refugee and host community children in Obo are protected.		
<b>11. Outputs</b>			
<b>Output 1</b>	1,900 children participate in psychosocial activities in child friendly spaces.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number child friendly spaces set up	2	8
Indicator 1.2	Number of children who participate in CFS activities	950 girls and 950 boys	2,622
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Establish child-friendly spaces in the Obo community Identification and training of 150 foster families	COOPI	COOPI
Activity 1.2	Establish a listening point for children and women in each child-friendly space;	COOPI	COOPI
Activity 1.3	Organize recreational and creative activities for children grouped by age;	COOPI	COOPI
Activity 1.4	Organize discussion groups with children and adolescents in youth clubs;	COOPI	COOPI
Activity 1.5	Provide materials and toys (recreation kits, educational kits, early childhood development kits, etc.) to organize recreational activities.	UNICEF	UNICEF
<b>Output 2</b>	300 separated and unaccompanied refugee children are identified, documented and reunified with their families;		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of separated children identified and documented	300	104
Indicator 2.2	% of separated children and unaccompanied minors reunited with their families	70%	80% (83 out of 104)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Identify and document separated and unaccompanied children;	COOPI	COOPI

Activity 2.2	Identify, train and equip (hygiene kits) transitional host families for the care of children;	COOPI	COOPI
Activity 2.3	Start rapid family tracing and reunification of children in communities;	COOPI	COOPI
Activity 2.4	Monitor children placed in foster families	COOPI	COOPI
<b>Output 3</b>	500 gender based violence survivors and other vulnerable children will be identified and referred to appropriate services;		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of survivors (children, women and men) identified and referred to holistic care and assistance	400 girls and men and women and 100 boys	451 (62 men, 263 women, 96 girls and 30 boys)
Indicator 3.2	Number of women committees and caregivers trained, GBV cases documented, referred and followed up	180 caregivers	101 caregivers
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Organize community awareness sessions on risks and means of prevention of GBV, essential family practices and children's rights;	COOPI	COOPI
Activity 3.2	Train committees or women groups, caregivers of survivors and other vulnerable persons;	COOPI	COOPI
Activity 3.3	Holistic support (medical, psychosocial service, etc.) for survivors of GBV and other vulnerable persons identified in communities;	COOPI	COOPI
Activity 3.4	Train staff and community volunteers working in child-friendly spaces, monitor separated and unaccompanied children;	COOPI	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:**

CERF project helped to deliver rapidly, in collaboration with the Obo's communities, critical services to 2,662 children in need (instead of the 1,900 planned). The project doubled the planned number of child-friendly spaces (8 vs 4 CFs) benefitting not only children of refugees and returnees but also children from host communities who were in significant need for safe spaces. The 8 CFs provided them with recreational activities, socialization and psycho-social support. The project covered more people from the local host communities than refugees for a better harmonization and to avoid discrimination. In addition, more IDPs, seeking for safety, were included into the project due to the continuing insecurity in the targeted area.

Out of an estimated amount of 300 children, 104 separated and unaccompanied children (69 girls and 35 boys) were identified and documented by COOPI. Out of them, 7 (1 girl, 6 boys) were survivors of LRA, 6 (5 girls, 1 boy) are non-accompanied refugees from South Sudan, 91 (51 girls, 40 boys) were separated (either refugees from South Sudan or IDPs of CAR). The involvement of the communities coupled with the transfer of the refugees and returnees from Bambouti to Obo organized by UNHCR resulted in a smaller number of unaccompanied and separated children than expected.

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

Partnership with an experienced NGO with a comprehensive expertise in this area allowed us to train and involve various actors such as refugees and IDPs but also members of the host communities. 5,597 people participated to 1 of the 5 community

awareness sessions that were conducted on the children's rights, prevention of abuse and violence, etc. 53 women from women's association in the community were trained on GBV particularly on the referral system, case management and community awareness. In addition, community awareness sessions were broadcasted 3 times on the radio. The project was well explained to the population through community focal points for a better ownership of the communities and thus a better accountability.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The activities undertaken by the partner NGO COOPI with other funding was extended and will end by the end of June, when the evaluation will take place. On the other hand, UNICEF Child Protection Specialist conducted field monitoring to update the information and results attained through CERF funding. This evaluation has not yet taken place to date.	EVALUATION PENDING <input checked="" 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>	17/10/2016 - 16/04/2017		
<b>2. CERF project code:</b>	16-RR-CEF-102		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector :</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency WASH for refugees and host communities in Bambouti, Central African Republic					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :	US\$ 7,227,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>8</sup> :	US\$ 3,504,860	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 70,783	
	c. Amount received from CERF:	US\$ 307,826	▪ <i>Government Partners:</i>		US\$ 34,660	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	1,308	1,302	2,610	3,510	3,492	7,002

<sup>7</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>8</sup> This should include both funding received from CERF and from other donors.

Adults (≥ 18)	610	530	1,140	1,635	1,422	3,056
<b>Total</b>	<b>1,918</b>	<b>1,832</b>	<b>3,750</b>	<b>5,145</b>	<b>4,913</b>	<b>10,058</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>		<b>Number of people (Reached)</b>			
Refugees	3,000		5,058			
IDPs						
Host population	750		5,000			
Other affected people						
<b>Total (same as in 8a)</b>	<b>3,750</b>		<b>10,058</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>	There is a significant discrepancy between the planned (3,750) and the actual number of beneficiaries reached (10,058) due to the increasing number of South Sudanese refugees in Obo. Moreover, 5,000 people from host communities (vs 750 planned) benefitted from the project because of 10 additional water points that were rehabilitated by the governmental partner.					

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Reduce the risk of water borne diseases among 9,458 vulnerable persons in CAR		
<b>10. Outcome statement</b>	Refugees and IDPs composed of vulnerable persons especially women and children in Obo in CAR have improved and increased access to safe drinking water, improved sanitation and good hygiene practices as per SPHERE and other internationally recognized standards.		
<b>11. Outputs</b>			
<b>Output 1</b>	3,750 affected people have access to safe drinking water		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Available water supply per person per day (15 liters/p/day, <500 meters)	15 liters/p/day, <500 meters for 1,309 girls; 1,302 boys; 609 women and 530 men	15 liters per day per person
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Construction of 3 water points (well/manual drilling)	ANEA / VCW	ANEA/VCW
Activity 1.2	Setting up and training of 3 water point management committees	ANEA	ANEA
Activity 1.3	Rehabilitation of water points	ANEA	ANEA
<b>Output 2</b>	3,000 refugees have access to toilets and hand washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate for children and women and have a safe waste disposal system		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons per latrine	100 persons (35 boys, 35 girls, 14 men, 16 women)	100 persons (35 boys, 35 girls, 14 men, 16 women)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 30 emergency latrines	VCW	VCW
Activity 2.2	Setting up, training and equipment of 5 sanitation committees	VCW	VCW
Activity 2.3	Management and maintenance of the latrines	VCW	VCW
<b>Output 3</b>	3,750 affected people have access to WASH kits and WASH-related information to prevent child illnesses, especially diarrhoea		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of household benefitting from kit distribution	1,000	1,000
Indicator 3.2	Number of people reached by the hygiene campaign	3,750	7,640
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of supplies (soap, jerry cans, buckets, water purification tablets)	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) on a daily basis by community relays	VCW/ANEA	VCW/ANEA
Activity 3.2	Household visits for door to door hygiene promotion and inspection of behaviour change	VCW/ANEA	VCW/ANEA
Activity 3.3	Distribution of kits to households	VCW/ANEA	VCW/ANEA

**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:**

There is a significant discrepancy between the planned (3,750) and the actual number of beneficiaries reached (10,058) due to the increasing number of South Sudanese refugees in Obo.

**Output 1: Access to water to 10,058 beneficiaries**

Out of the 3 water points planned, 13 water points were built (including 3 hand dug wells equipped with hand pump and 10 manual drills built by our governmental partner ANEA) giving access to water to 10,058 beneficiaries. Those water points contributed to address not only the needs of the refugees but also of the affected people in host communities.

- For each water point, a management committee was set up, trained and equipped to maintain the water points. Each management committee is composed of six people including a minimum of 2 female participants. The training covered both technical (mechanics, masonry) and management (accountancy) aspects.
- During the manual drilling implementation, 5 young people from the local community were trained and are now able to implement additional water points for the community. 6 caretakers were also trained and equipped for hand pump repair.

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

Transparent and ongoing communication and collaboration with communities were maintained during the inception and implementation phases of the project. Part of the project has been monitored by DGH (Direction Générale de l'Hydraulique) which is the governmental body in charge of water and sanitation.

Affected populations (Refugees and host communities), the Central African Women's Union and local authorities (Prefect, Sub-Prefect, Regional Service for Social Affairs, ANEA and the Municipality) massively and actively participated in the elaboration of the project and the search for solutions. Focus groups discussions, semi-open questionnaires, information workshops, planning meetings were undertaken on various subjects such as the living conditions, water supply, hygiene and sanitation conditions of the populations affected by the political conflicts in Obo and Southern Sudan.

UNICEF and partners encouraged constant participation of the targeted population and strengthened their capacities to contribute to a sustainable change, and help the community to reach a stage of independence that allows them to continue and maintain post-project activities.

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

**TABLE 8: PROJECT RESULTS**

CERF project information			
<b>1. Agency:</b>	UNHCR	<b>5. CERF grant period:</b>	18/10/2016 - 17/04/2017
<b>2. CERF project code:</b>	16-RR-HCR-042	<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing
<b>3. Cluster/Sector:</b>	Multi-sector refugee assistance		<input checked="" type="checkbox"/> Concluded
<b>4. Project title:</b>	Emergency Assistance to South Sudanese Refugees in Bambouti (CAR)		
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :	US\$ 9,711,967	d. CERF funds forwarded to implementing partners:
	b. Total funding received <sup>10</sup> :	US\$ 7,461,794	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 1,373,271	US\$ 1,150,000
			▪ <i>Government Partners:</i>
			US\$ 223,271
Beneficiaries			
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF</b>			

<sup>9</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>10</sup> This should include both funding received from CERF and from other donors.



funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,276	2,243	4,519	1,746	1,714	3,460
Adults (≥ 18)	829	622	1,451	820	599	1,419
<b>Total</b>	<b>3,105</b>	<b>2,865</b>	<b>5,970</b>	<b>2,566</b>	<b>2,313</b>	<b>4,879</b>

#### 8b. Beneficiary Profile

Category	Number of people (Planned)	Number of people (Reached)
Refugees	3,000	4,879
IDPs	750	0
Host population	1,931	0
Other affected people	289	0
<b>Total (same as in 8a)</b>	<b>5,970</b>	<b>4,879</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>	The discrepancy is not significant as the project reached nearly 19% less people than initial target. This was due to relocation of the refugee population from Bambouti to Obo.	

#### CERF Result Framework

<b>9. Project objective</b>	Providing urgent multi-sectorial assistance to 5,970 refugees and hosting community members in Bambouti and Obo, CAR		
<b>10. Outcome statement</b>	5,970 individuals given access to registration, protection/GBV assistance, shelter, core relief items (CRIs), and health assistance.		
<b>11. Outputs</b>			
<b>Output 1</b>	Population has sufficient basic and domestic items		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# households receiving CRIs	1,493	1,948
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 1,493 kits of core relief items	UNHCR	UNHCR
Activity 1.2	Distribution of 1,493 kits of core relief items	UNHCR, JUPEDDEC	UNHCR, JUPEDDEC
<b>Output 2</b>	Risk of SGBV is reduced and quality of response improved		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# Awareness raising campaigns on SGBV	14	3

	prevention and response mechanisms conducted		
Indicator 2.2	# Community-based committees/ groups working on SGBV prevention and response	1	1
Indicator 2.3	% reported SGBV incidents for which counselling and medical support are provided	80%	100%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Delivery of an awareness raising campaign on SGBV prevention and response	UNHCR	UNHCR
Activity 2.2	Organise community-based committees/groups to work on SGBV prevention and response	UNHCR	UNHCR
Activity 2.3	Mobilise community-based committees/groups to work on SGBV prevention and response.	UNHCR	UNHCR
<b>Output 3</b>	Protection of children strengthened		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# Community-based committees/groups dedicated to child protection issues functioning	2	0
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Organise community-based committees to work on child protection issues	UNHCR	UNHCR, COOPI et CNR
Activity 3.2	Mobilise community-based committees to work on child protection issues.	UNHCR	UNHCR
<b>Output 4</b>	Quality of registration and profiling improved and maintained		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of persons of concern registered on an individual basis with minimum set of data required	4,931	4,879
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Conduct individual-level registration whilst collecting basic data	UNHCR, CNR	Comité des refugies, CNR, UNHCR
<b>Output 5</b>	Shelter and infrastructure established, improved and maintained		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	# persons of concern receiving emergency shelter assistance	4,931	1,875
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Emergency shelter kits procured for beneficiary population in Bambouti and Obo	UNHCR	UNHCR
Activity 5.2	Emergency shelter kits transported to Bambouti and Obo	UNHCR	UNHCR

Activity 5.3	Emergency shelter kits distributed amongst the beneficiary population	UNHCR, JUPEDEC	UNHCR, JUPEDEC
<b>Output 6</b>	Health status of the population improved		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	# persons with access to primary healthcare	5,970	4,879
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	Rapid repairs to ensure medical facility functionality and provision of essential emergency medical equipment and medicines to emergency wards	UNHCR and VCW	UNHCR AND VCW
Activity 6.2	Equip health centre with essential medicine	UNHCR and VCW	UNHCR and VCW

**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:**

During the planning stages of this project, and through the early stages of implementation, there were several changes to the context that had impacted on the number of beneficiaries assisted. In September 2016, just before the commencement of activities, it was determined that the provision of assistance in Bambouti would no longer be feasible. Consequently, the decision was taken to facilitate the voluntary relocation of refugees from Bambouti to Obo, where the area was more secure and better served by existing services, as well as being more accessible both by road and by air. The relocation process saw the majority of refugees relocate, agreeing that it would be beneficial to them. Some opted to relocate; others to return to South Sudan. A subsequent registration and verification mission in February confirmed a new population total of 1,606 and subsequent new arrivals seeing the population rise back to 1,875, having stood at 4,879 as recently as December 2016.

Community-level sensitisation sessions addressed the prevention of and response to incidents of SGBV. Although the project had initially planned 14 separate awareness-raising campaigns, this was later reduced to three main campaigns, each lasting several days, and regular reinforcement in the course of interactions with the community

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

The project emphasised on community self-management rather than imposing assistance on the population of concern. In this regard, sectorial committees were established within the refugee community. These committees acted as focal points for the different groups within the community (such as women and children) and different sectors such as WASH, Shelter, Nutrition, etc... UNHCR and its partners in Bambouti – and later on in Obo – maintained day-to-day contact with these committees, ensuring that their issues were listened to and that appropriate action was taken to address them in a satisfactory way. One example of this was UNHCR and the local authorities responding to the community's expressed desire to begin agricultural activities by getting them access to farmland adjacent to the site. The size of the plots and the type of seeds sought were in line with the request of the community. Regular monitoring missions routinely liaised with the community committees and refugee leadership to seek their opinions on what remained to be done and on how assistance could be improved.

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

EVALUATION CARRIED OUT

Focus group discussions were held with refugee men, women, boys and girls in the camp at the end of the year as planned. The various exchanges covered the successes of the project and the outstanding needs in the camp (latrines, lighting, water points).

EVALUATION PENDING

Key issues raised with the assistance provided include:

- The need for internal locks on the latrines for security.
- The need for lighting in the camp at night in order to reduce the number of protection

NO EVALUATION PLANNED

- incidents (solar lamps have since been installed).
- The frequency of incidents of VBG in and near the camp. UNHCR has since strengthened the referral pathways and ensured that medical support for survivors is available in the local hospital.

Survivor  
session

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	20/12/2016- 31/03/2017		
<b>2. CERF project code:</b>	16-RR-WFP-058		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector :</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Assistance to South Sudanese Refugees in Bambouti (CAR)					
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ 74,506,672	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>12</sup> :	US\$ 7,639,799	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 814,776	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,276	2,243	4,519	2,279	2,240	4,519
Adults (≥ 18)	829	622	1,451	849	602	1,451
<b>Total</b>	<b>3,105</b>	<b>2,865</b>	<b>5,970</b>	<b>3,128</b>	<b>2,842</b>	<b>5,970</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		

<sup>11</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>12</sup> This should include both funding received from CERF and from other donors.

Refugees	3,000	4,920
IDPs	750	0
Host population	1,931	1,050
Other affected people	289	0
<b>Total (same as in 8a)</b>	<b>5,970</b>	<b>5,970</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>	No discrepancy observed.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Providing urgent food assistance to 4,931 refugees and 1,039 vulnerable host community members in Bambouti and Obo, CAR.		
<b>10. Outcome statement</b>	5,970 beneficiaries are given access and consume adequate food over a 6 months' period.		
<b>11. Outputs</b>			
<b>Output 1</b>	Adequate quantity and quality of food aid provided to 4931 refugees and 289 from host community.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# beneficiaries receiving rations of 2,100 kcal per day	5,970	5,970
Indicator 1.2	# of metric tons (MT) of food distributed by commodity (MT of cereals, MT of pulses, MT of CSB)	507 MT	467 MT
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Deliver food basket to Bambouti and Obo	WFP	WFP
Activity 1.2	Distribute monthly rations for the refugees and vulnerable households-6 months period	WFP/Partner	WFP/Partner

Activity 1.3	Post Distribution Monitoring (PDM)	WFP	WFP
<b>Output 2</b>	Cash transfer is provided to 750 beneficiaries from host community to procure food at local market a 4-month period.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Value of food assistance delivered to beneficiaries through cash-based transfers (estimated based on transfer values provided by WFP elsewhere with ration of USD 0.333 / person / day. To be confirmed following review of market and feasibility of cash-based assistance)	\$29,970	\$0,00
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Review of market/trader capacity and evaluation of possibilities for introducing cash-based assistance	WFP	WFP
Activity 2.2	Identification of cash-based transfer mechanism if cash-based assistance is deemed feasible (administrative issues with traders, agreement with cooperating partner)	WFP	WFP
Activity 2.3	Distribute cash-based transfers through selected mechanism, including monitoring of distribution/exchange if applicable (e.g. vouchers)	WFP/Partner	WFP/Partner
Activity 2.4	Post Distribution Monitoring (PDM)	WFP/Partner	WFP/Partner

**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:**

WFP managed to provide regular/monthly food assistance at full ration level to refugees in Obo and to members of the host community over the duration of the project. This has allowed to meet the basic needs requirements of 2,100 kcal per person per day. With the complementary resources obtained, WFP maintained the full rations and ensured that all targeted beneficiaries receive their entitlements.

The planned distribution of cash-based transfers for 750 members of the host community was not implemented due to the following reason. After conducting the market analysis, it was noted that the local food availability would hardly

meet/cover any additional demand which will be created by the distribution of vouchers. Using a cash-based transfer approach would have furthermore disturbing the existing local market. WFP decided to do a direct food ration distribution rather than proceeding by a cash voucher distribution.

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

In partnership with its cooperating partners, WFP ensured that all the distributions points are closer as possible to the targeted communities in order to avoid any long distance between their houses and food collection points. That also minimizes the security risk on their way. WFP and partners also ensure that the beneficiaries are informed of their entitlements by disclosing the rations scales (and food basket) at the distribution points. Complaint mechanisms for beneficiaries were set at all the distributions sites and the beneficiaries were fully informed on the process.

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

EVALUATION CARRIED OUT

The post-distribution monitoring (PDM) was completed in June 2017. However, data collection was conducted between end April and early May to ensure accuracy of the information on beneficiaries' food security. Generally, PDMs are conducted three months after the food assistance is provided to measure progress in the beneficiaries' food consumption score. This CERF project was finalized in March thus, the timeline of this PDM was in line with the initial plan (PDM reported attached).

EVALUATION PENDING

Despite the security constraints and road conditions, WFP managed to reach the targeted localities in Obo, using UNHAS flights. In Obo, both refugees and host communities were interviewed during the data collection phase.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
<b>1. Agency:</b>	UNICEF	<b>5. CERF grant period:</b>	21/09/2016 - 30/06/2017
<b>2. CERF project code:</b>	16-UF-CEF-092	<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 integrated nutrition response in most affected areas in the Central African Republic		

<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 7,200,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received <sup>14</sup> :	US\$ 3,266,885	▪ <i>NGO partners and Red Cross/Crescent:</i>	US\$ 105,855
	c. Amount received from CERF:	US\$ 500,000	▪ <i>Government Partners:</i>	US\$ 19,233

### Beneficiaries

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	3,790	3,642	7,432	3,765	3,479	7,244
<i>Adults (≥ 18)</i>				7	2	9
<b>Total</b>	<b>3,790</b>	<b>3,642</b>	<b>7,432</b>	<b>3,772</b>	<b>3,481</b>	<b>7,253</b>

### 8b. Beneficiary Profile

<i>Category</i>	<i>Number of people (Planned)</i>	<i>Number of people (Reached)</i>
<i>Refugees</i>		0
<i>IDPs</i>	2,229	3,107
<i>Host population</i>	5,203	4,146
<i>Other affected people</i>		0
<b>Total (same as in 8a)</b>	<b>7,432</b>	<b>7,253</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:*

Overall, no significant discrepancy was observed

### CERF Result Framework

#### 9. Project objective

Contribute to improving the nutritional status of children under 5 affected by severe acute malnutrition in the context of the prevailing crisis in the most affected prefectures of CAR.

<sup>13</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>14</sup> This should include both funding received from CERF and from other donors.



<b>10. Outcome statement</b>	Children affected by the crisis in the most affected prefectures are protected and treated against severe acute malnutrition and its complications.		
<b>11. Outputs</b>			
<b>Output 1</b>	At least 7,432 children 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.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of children under 5 with SAM admitted into OTP for treatment	7,432(7432 under this project)	7,244
Indicator 1.2	Percentage of children <5 with SAM in inpatient and outpatient that recovered	>75%	79%
Indicator 1.3	Percentage of mortality among children <5 with SAM admitted in therapeutic units	< 5%	3%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
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 children with complications are treated in in-patient units.	Ministry of health	Ministry of Health
Activity 1.2	Support systematic and active screening of malnourished children in health facilities and at community level.	Ministry of Health	Ministry of Health
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
<b>Output 2</b>	Nutrition supplies (therapeutic food, essential drugs and anthropometric equipment) for the management of SAM are procured and delivered to beneficiaries.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of therapeutic milk cartons procured and delivered to health facilities for CMAM treatment	5,100 cartons	4,980 cartons
Indicator 2.2	Number of stock out for CMAM treatment reported at level of health facilities	0	0
Indicator 2.3	Number of therapeutic units (out-patient and in-patient therapeutic units) equipped with essential kits	32	89 (Including 69 OTP and 20 ITPs)
<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	UNICEF	UNICEF

	food, essential drugs and anthropometric equipment) for the management of SAM		
Activity 2.2	Distribution of nutrition supplies and other essential goods in adequate quantities and in a timely manner to targeted areas	UNICEF and Ministry of Health	UNICEF and Ministry of Health
Activity 2.3	Equip all targeted out-patient therapeutic units and in-patient therapeutic units with essential kits	UNICEF	UNICEF

**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:**

- 89 therapeutic units (vs 32 therapeutic units planned) have been provided with essential nutrition kits: 69 sets of anthropometric equipment (for out-patient units) and 20 nutrition kits (for in-patient units) have been distributed, including in hard to reach areas (Mbres, Bakala, Ngaoundaye and Kouï), for the use of health workers to better assess the nutritional status of children and facilitate an adequate case management of severe acute malnutrition cases. Random spot checks have been conducted by end-users' teams to verify that kits were timely distributed, and that adequate quantities were provided
- 69% more therapeutic units were provided than initially planned due to changing of humanitarian context with the needs of scaling up coverage in the targeted areas to reach more SAM children.

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

- Communities (IDPs and host communities) massively and actively participated during project design and implementation for a better understanding of SAM, its causes and consequences. The continuous participatory approach aimed to ensure a better prevention of SAM (early diagnosis, follow-up and referral).
- UNICEF CAR's field technical presence in four field offices (Bossangoa, Kaga Bandoro, Bambari and Bouar) helped to enhance monitoring activities with a close follow-up and to facilitate nutrition assessment by implementing partners, ensuring the nutrition needs of affected communities
- Field programmatic visits by UNICEF, NGO partners and representatives from the Ministry of Health involving communities' leaders were organized and were crucial to analysis of project performance indicators and the effective use of supplies and funds received from the project. Bottlenecks, problems and difficulties encountered during the implementation of this project were discussed and allowed partners to correct the factors impeding project achievement by taking in account feedback from affected population;
- The nutrition cluster, led by UNICEF, has been a key mechanism to share data by sex and age disaggregated analysis and dashboards including performance indicators with stakeholders involved in the nutrition response for the affected zones;
- In hard to reach areas, pockets of malnutrition were identified through coordination and monitoring mechanisms such as the nutrition status monitoring mechanism (RRM/MSA and SMART rapid surveys). During the project, at least 12 nutrition rapid assessments, including six rapid SMART surveys were conducted, analysed and shared with humanitarian actors. The cluster coordination platform helped to ensure a jointed rapid response;
- Community mobilization and a community-based system (for nutrition surveillance, screening and referral) coupled with the health workers were set to bring a sustainable change and build resilience for affected-people to better face recurrent shocks in such a volatile context.

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

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	21/09/2016 - 30/06/2017		
<b>2. CERF project code:</b>	16-UF-CEF-093		<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>	Community protection, psychosocial support and assistance for children affected by conflict in the Ouham Pendé prefecture					
<b>7. Funding</b>	a. Total funding requirements <sup>15</sup> :	US\$ 4,113,720	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>16</sup> :	US\$ 966,731	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 299,406	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>		US\$ 0	
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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	1,000	3,000	4,000	3,543	2,579	6,122
<i>Adults (≥ 18)</i>	100	300	400	179	140	319
<b>Total</b>	<b>1,100</b>	<b>3,300</b>	<b>4,400</b>	<b>3,722</b>	<b>2,719</b>	<b>6,441</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			3,000		1,803	
<i>Host population</i>			1,400		4,683	

<sup>15</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>16</sup> This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
<b>Total (same as in 8a)</b>	<b>4,400</b>	<b>6,441</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>	Project implementation reached 46% more beneficiaries than initially planned. In total, 6,441 vulnerable people from both IDPs and host communities in Bocaranga and Ngaoundaye were provided with essential and adequate protection services. The discrepancy was mainly due to the increased number of children from host communities due to the safe and supportive environments created by the project for children facing higher risks of violence and exploitation by armed groups. The proportion of host population reached was much higher than planned as the continual influx of IDPs increased pressure on host communities and amplified their need for assistance. By supporting more conflict-affected children from host communities than initially planned, the project helped to mitigate discrimination against IDPs and tension within communities at a moment when social cohesion and unity were the most needed.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Creating a safe environment for 4,000 conflict affected children in the prefecture of Ouham Pende.		
<b>10. Outcome statement</b>	Displaced communities and host community children in Ouham Pende are protected		
<b>11. Outputs</b>			
<b>Output 1</b>	Refugee live in a safe environment		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of CFS established for children	4	5
Indicator 1.2	Number of family members who are involve in CFS activities	200	319
Indicator 1.3	Number of children who participate in CFS activities	2,000 girls and 2,000 boys	3,543 girls and 2,579 boys
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Establish child-friendly spaces in the communities of Bocaranga and Ngaoundaye	IRC	War Child UK
Activity 1.2	Identification and training of 150 foster families	IRC	War Child UK
Activity 1.3	Establish in each child-friendly space a listening point for children and women in search of first aid social psychology;	IRC	War Child UK
Activity 1.4	Organize recreational and creative activities with children by age groups;	IRC	War Child UK
Activity 1.5	Organize discussion groups with children and adolescents in youth clubs;	IRC	War Child UK

Activity 1.6	Provide materials and toys (recreation kits, educational kits, early childhood development kit, etc....) to organize recreational activities.	IRC	War Child UK
<b>Output 2</b>	Identify and release 400 children including 100 girls from armed groups		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of children associated with armed groups identified	200 girls and 200 boys	426 children (127 girls and 299 boys)
Indicator 2.2	Number of identified and released children from armed groups	200 girls and 200 boys	400 children (117 girls and 283 boys)
Indicator 2.3	Number of separated children identified and reunified with families	100 children including 50 girls	118 children including 68 girls
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Identification of children associated with armed groups	IRC	War Child UK
Activity 2.2	Release of children associated with armed groups	IRC	War Child UK
Activity 2.3	Identification and documentation of separated and unaccompanied children;	IRC	War Child UK
Activity 2.4	Identification, training and equipment of transitional host families for the care of children;	IRC	War Child UK
Activity 2.5	Starting a rapid family tracing and reunification of children in the communities;	IRC	War Child UK
Activity 2.6	Monitoring of children placed in foster families	IRC	War Child UK
<b>Output 3</b>	Monitoring grave violations against children in the project areas		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	% of incidents reported	100%	100%
Indicator 3.2	% of incidents documented	100%	100%
Indicator 3.3	% responses provided to victims of incidents related to (1612)	100%	100%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identification of structures and key counterparts for training on MRM	IRC	War Child UK
Activity 3.2	Training on MRM and information flow mechanism	IRC	War Child UK
Activity 3.3	Response mechanism for victims	IRC	War Child UK

**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 project helped to ensure care and protection assistance for 6,441 conflict-affected people (146% of the planned beneficiaries) in Bocaranga and Ngaoundaye areas.

More specifically, significant discrepancies were noted in the following results:

- 319 family members (including 179 women) were involved in the child-friendly space activities (159% of the planned beneficiaries). Eight psychosocial agents (including four women) were recruited and trained to facilitate activities in the child-friendly spaces (CFS). Community members' participation played a key role as the large number of children attending activities in the CFS initially exceeded the supervisory capacity. Furthermore, the community members' engagement helped them to progressively develop a sense of ownership, and to progressively take the lead and the responsibility for children's well-being in the CFSs. The project had supported this great community involvement through the training of host families and relays as the setting up of a consultation framework.
- 6,122 vulnerable children (including 3,543 girls) from displaced and host communities participated in child-friendly spaces activities (153% of the planned beneficiaries). The greater participation of girls (who are usually marginalized and forced to shoulder the responsibilities of domestic tasks and daily survival needs) was mainly due to the implementation of activities organized by age and sex to meet the specific needs of girls and boys of different group ages. To cope with this increase, the project made use of additional recreational kits and involved community volunteers in the animation of organized recreational activities to accommodate the maximum number of children.

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

- Consultations with parents and beneficiary children made it possible to identify and select sites for establishing child-friendly spaces. Through these consultations, the project understood and took into account the fears expressed by parents and the reasons why the number of girls participating in recreational activities was slightly lower than that of boys. Finally, the places chosen to establish the child-friendly spaces were determined in consultation with the parents to ensure the child's safety.
- 
- In the listening point, the counselling between the child and the monitor are individualized. The child in the listening point expressed and benefited from the monitor's attention to their specific needs that are not necessarily of interest to other children and should not be discussed in public. These listening points and focus groups allowed children to be regularly consulted on how to conduct activities. Thus, the schedule of activities, the weekly frequency, the toys built locally were established according to the suggestions made by the children.

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

EVALUATION CARRIED OUT

A preliminary report was produced following an evaluation mission conducted in Bocaranga and Ngaoundaye in March 2017. However, a final evaluation report is pending as the deterioration of the security conditions did not allow any final evaluation mission.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	26/09/2016 - 30/06/2017		
<b>2. CERF project code:</b>	16-UF-CEF-094		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector :</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Respond to emergency WASH needs of vulnerable people in conflict affected areas in the Central African Republic					
<b>7. Funding</b>	a. Total funding requirements <sup>17</sup> :	US\$ 7,227,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>18</sup> :	US\$ 3,504,860	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 563,159	
	c. Amount received from CERF:	US\$ 1,199,974	▪ <i>Government Partners:</i>		US\$ 273,599	
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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	38,389	38,186	76,575	63,360	61,600	124,960
<i>Adults (≥ 18)</i>	17,877	15,548	33,425	26,400	24,640	51,040
<b>Total</b>	<b>56,266</b>	<b>53,734</b>	<b>110,000</b>	<b>89,760</b>	<b>86,240</b>	<b>176,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	43,843		133,500			
<i>Host population</i>						

<sup>17</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>18</sup> This should include both funding received from CERF and from other donors.



<i>Other affected people</i>	66,157	42,500
<b>Total (same as in 8a)</b>	<b>110,000</b>	<b>176,000</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>	Beneficiaries reached were 60% higher than planned mainly due to the higher number of displaced persons in the targeted IDP sites. From September 2016 to June 2017 (end of the project), the number of IDPs in the country has increased by 39%. The proportion of “other people affected” assisted is relatively lower than initially planned as the main focus of the interventions was on the IDP sites with an increased number of IDPs.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Reduce the risk of water borne diseases among 110,000 IDPs and returnees in CAR		
<b>10. Outcome statement</b>	Internally displaced persons and vulnerable populations in targeted priority zones in CAR have improved and increased access to safe drinking water, improved sanitation and good hygiene practices as per SPHERE and other internationally recognized standards.		
<b>11. Outputs</b>			
<b>Output 1</b>	30,000 affected people have access to safe water		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Available water supply per person per day	15 litres (30,000 people including 4800 boys, 5,100 girls, 9,900 men, 10,200 women)	15 litres per day for 23,400 girls; 21,840 boys; 56,600 women and 54,600 men.
Indicator 1.2	Number of person per water point	500	Fill in
Indicator 1.3	Number of newly constructed water points here to enter text.	10	500
Indicator 1.4	Number of rehabilitated water points	30	17 newly constructed water points (10 wells by CARITAS and 7 drillings by SIAD)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of supplies	UNICEF	UNICEF
Activity 1.2	Rehabilitation of water points	ANEA	ANEA
Activity 1.3	Construction of new water points	ANEA	ANEA
Activity 1.4	Water trucking	OXFAM, TRIANGLE	TRIANGLE

Activity 1.5	Water pumping	OXFAM, TRIANGLE	TRIANGLE
<b>Output 2</b>	43,843 affected people have access to toilets and hand washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate for Children and women as well as safe waste disposal system		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of person per latrine	100 persons (16 boys, 17 girls, 33 men, 34 women)	100 persons (16 boys, 17 girls, 33 men, 34 women)
Indicator 2.2	Waste is collected and disposed	Totally covered	Waste collected and disposed in all targeted IDPs sites
Indicator 2.3	Number of latrines	440	520 latrines constructed
<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)	UNICEF	UNICEF
Activity 2.2	Emergency latrine construction and maintenance	ANEA, CARITAS, ECHELLE, OXFAM, TRIANGLE	CARITAS,DGH, ECHELLE, TRIANGLE
Activity 2.3	Primary and secondary collection of solid waste	ANEA, CARITAS, ECHELLE, OXFAM, TRIANGLE	CARITAS,DGH, ECHELLE, TRIANGLE
Activity 2.4	Final disposal of solid waste	ANEA, CARITAS, ECHELLE, OXFAM, TRIANGLE	CARITAS,DGH, ECHELLE, TRIANGLE
<b>Output 3</b>	110,000 affected people have access to WASH kits or WASH-related information to prevent child illness, especially diarrhoea		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of people benefiting from kit distribution	30,000	16,000
Indicator 3.2	Number of people reached by the hygiene campaign	110,000	176,000 people (24,640 boys, 26,400 girls, 61,600 men and 63,360 women)
Indicator 3.3	% of people who can name at least three key moments for handwashing with soap through Focus Group interviews	80%	52% through KAP survey conducted in Bambari IDP sites
<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, jerrycan, buckets)	UNICEF	UNICEF
Activity 3.2	Multiplication of sensitisation material	UNICEF	UNICEF
Activity 3.3	Public Hygiene campaign	ANEA, CARITAS, ECHELLE, OXFAM, TRIANGLE	CARITAS, DGH ECHELLE, TRIANGLE
Activity 3.2	House to house visits for Hygiene sensitisation	ANEA, CARITAS, ECHELLE, OXFAM, TRIANGLE	CARITAS, DGH ECHELLE, TRIANGLE
Activity 3.3	Distribution of WASH kits (soap, jerrycan, buckets) to vulnerable households	UNICEF	CARITAS, DGH, ECHELLE, TRIANGLE

**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 general, the outcomes are higher than expected to better adapt the response to the higher number of IDPs

Output 1: Access to water

Seven additional water points (17 vs 10 planned water points) were constructed to meet the needs of the increased number of IDPs. The 17 water points include seven mechanised drillings and ten hand dug wells equipped with a hand pump.

The emergency water supply was conducted in IDPS sites in Bambari in collaboration with TRIANGLE and in Kaga Bandoro by DGH. In Bambari, our partner had to pump the water from existing borehole. Due to the sudden increase in number of IDPs, our partner set up a mobile treatment plant to treat the water from the river before being trucked to the sites. 35 chlorination points were also set up and managed to provide safe water to host communities in Bambari. In Kaga Bandoro, we were able to pump water from shallow boreholes manually drilled on the river bank for the IDP usage (well jetting). During the manual drilling implementation, 21 young IDPs were trained on manual drilling techniques to allow them to implement additional water points for the community. Additionally, 50 water points were rehabilitated by ANEA for mainly returnees.

Output 2: Sanitation

520 latrines (vs 440 planned) were constructed or rehabilitated to meet the needs of the increased number of IDPs.

Output 3: Hygiene

There is a discrepancy between planned and actual people benefiting from kit distribution during the project (16,000 vs 30,000), as the RRM program had already reached some affected people. Kits are made of jerry cans, soap and water purification tablets. In addition, 176,000 people (vs 110,000 planned) were reached by hygiene campaigns (26,400 girls, 24,640 boys, 63,360 women and 61,600 men). During public sessions, separate groups based on gender were gathered to easily address specific topics (notably, subject such as menstrual hygiene which is a taboo in the local culture). Animators also conducted household visits not only to reinforce key messages but also to observe the family hygiene practices and address specific hygiene issues.

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

A community-based approach (continuous communication and collaboration with communities, capacity building, management committees, etc.) was adopted to bring sustainable solutions and build resilience of affected-people to better face recurrent shocks in such a volatile context. The continuous participatory approach aimed to ensure ownership, create sustainable solutions and reach a stage of independence that allows communities to maintain post-project activities.

Furthermore, UNICEF implementing partners include government partners (ANEA, DGH), local NGOs (CARITAS and ECHELLE) and an international NGO (TRIANGLE). Partners with a proven experience in WASH activities and have been accepted and integrated by authorities and communities. Part of the project has been monitored by DGH, the governmental body in charge of water and sanitation. This has contributed to guarantee collaboration of government counter-part and ensure accountability to affected population. In addition, UNICEF contracted a Third-Party Monitoring Institution to collect and verify monitoring data including beneficiaries' feedback.

In addition, and finally, a gender dimension was integrated in the project notably to better address specific and differentiate needs of each group (inclusive management committees, specific hygiene sensitization, gender separated latrines, etc.).

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

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	FAO		<b>5. CERF grant period:</b>	22/09/2016 - 30/06/2017		
<b>2. CERF project code:</b>	16-UF-FAO-020		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing  <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector :</b>	Agriculture					
<b>4. Project title:</b>	Soutien à la subsistance et la sécurité alimentaire des ménages touchés par la crise centrafricaine dans les préfectures de la Ouaka, de la Nana Gribizi, de l'Ouham et de l'Ouham Pende					
<b>7. Funding</b>	a. Total funding requirements <sup>19</sup> :	US\$ 86,000,000	<b>d. CERF funds forwarded to implementing partners:</b> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 97,279  ▪ <i>Government Partners:</i> US\$ 0			
	b. Total funding received <sup>20</sup> :	US\$ 10,203,280				
	c. Amount received from CERF:	US\$ 700,000				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,200	2,800	7,000	6,540	4,360	10,900
Adults (≥ 18)	16,800	11,200	28,000	26,160	17,440	43,600
<b>Total</b>	<b>21,000</b>	<b>14,000</b>	<b>35,000</b>	<b>32,700</b>	<b>21,800</b>	<b>54,500</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			Fill in			
IDPs	6,000		9,343			

<sup>19</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>20</sup> This should include both funding received from CERF and from other donors.

<i>Host population</i>	10,000	15,573
<i>Other affected people</i>	19,000	29,584
<b>Total (same as in 8a)</b>	<b>35,000</b>	<b>54,500</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>	FAO was able to reach more beneficiaries due to the economies of scale and savings resulting from bulk purchases of supplies of multiple projects done in once. The distributions were conducted using the same approach to maximize the resources available and reach more people in need. This way, FAO managed to 19,500 additional beneficiaries than initially planned.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Améliorer, en urgence, la sécurité alimentaire et la situation nutritionnelle de 35,000 personnes (déplacées, retournées et des familles d'accueil) qui se trouvent en situation d'insécurité alimentaire grave à cause de la crise.		
<b>10. Outcome statement</b>	35,000 personnes, constituées de déplacés, retournés récents et communautés d'accueil des zones ciblées reçoivent des intrants maraichers pour la reprise de leurs activités agricoles et la réhabilitation de leurs moyens de subsistance.		
<b>11. Outputs</b>			
<b>Output 1</b>	Fourniture d'intrants maraichers à 35,000 personnes (7,000 ménages) dans ces localités qui ont un niveau d'insécurité alimentaire allant de l'urgence à la crise		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Le nombre de ménages, désagrégés par sexe, ayant reçu les intrants maraichers	100% (7 000 ménages)	10,900
Indicator 1.2	Quantités d'intrants distribués	100% (7 000 kits)	10,900
Indicator 1.3	Score de Diversité alimentaire des Ménages (SDAM/HDDS)	Limite/Acceptable	Acceptable for 32%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification des bénéficiaires	FAO, ONGs (ARND, GDAP, AFRBD, ECHELLE, PNRM, COHEB, RESCUE TEAM, NDA, TRIANGLE)	ACDES, ADC, JUPEDEC, NDA, TRIANGLE, COHEB, AEPA, PNRM, GDAP, AFRBD et VITALITE PLUS
Activity 1.2	Achat des intrants	FAO	FAO
Activity 1.3	Distribution des intrants aux bénéficiaires	FAO, ONGs (ARND, GDAP, AFRBD, ECHELLE, PNRM, COHEB, RESCUE	ACDES, ADC, JUPEDEC, NDA, TRIANGLE, COHEB, AEPA,

		TEAM, NDA, TRIANGLE)	PNRM, GDAP, AFRBD et VITALITE PLUS
Activity 1.4	Formation, suivi et encadrement des bénéficiaires	ONGs, ACDA, MADR	ACDES, ADC, JUPEDEC, NDA, TRIANGLE, COHEB, AEPA, PNRM, GDAP, AFRBD et VITALITE PLUS, ACDA

<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>	
The project planned to distribute gardening kits to 7 000 households (35 000 people). However, support was provided to an additional 3 900 households for a total of 10 900 (54 500 people) thanks to the implementation of FAO's programmatic approach. As a result, bulk purchases were made and grouped distributions were carried out with other projects led by the agency.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>La conception du projet s'est basée sur les évaluations de l'IPC qui ont permis de situer les zones les plus touchées par l'insécurité alimentaire et nutritionnelle. Ainsi, le choix de la zone de couverture du projet s'est basé essentiellement sur le degré de vulnérabilité des populations de cette partie du pays.</p> <p>Pendant la mise en œuvre, les populations des localités choisies, de même que les autorités locales ont été impliquées dans les phases d'identification des bénéficiaires et de distribution des intrants.</p> <p>Avant la distribution des intrants, des formations ont été organisées au profit de certains membres des communautés ont pris part à des formations ayant fait d'eux des « moniteurs endogènes ».</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>As a result of the implementation of project activities, each beneficiary household was able to sow 0.1 ha for a total of 1 090 ha, and produced 300 kg of vegetables for a total of 3 270 tons with an estimated value of USD 2 452 500 (USD 255/beneficiary).</p> <p>The production obtained and the income generated from selling of part of the production will help 10 900 beneficiary households to cover their food needs for 4 to 5 months.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNFPA WHO		<b>5. CERF grant period:</b>	26/09/2016 - 30/06/2017 (UNFPA) 26/09/2016 - 30/06/2017 (WHO)		
<b>2. CERF project code:</b>	16-UF-FPA-038 16-UF-WHO-038		<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 primary and secondary health care to the most vulnerable people in conflict affected areas including common disease care, trauma care, reproductive health and rape care					
<b>7. Funding</b>	a. Total funding requirements <sup>21</sup> :	US\$ 13,549,595	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>22</sup> :	US\$4,889,997	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 715,844	
	c. Amount received from CERF:	US\$ 2,100,000	▪ <i>Government Partners:</i>		US\$ 0	
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>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	60,436	55,787	116,224	75,843	70,009	145,853
<i>Adults (≥ 18)</i>	73,867	68,185	142,051	92,698	85,568	178,265
<b>Total</b>	<b>134,303</b>	<b>123,972</b>	<b>258,275</b>	<b>168,541</b>	<b>155,577</b>	<b>324,118</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		

<sup>21</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>22</sup> This should include both funding received from CERF and from other donors.



Returnees	34,845	34,845
IDPs	140,430	206,273
Host population	83,000	83,000
Other affected people		
<b>Total (same as in 8a)</b>	<b>258,275</b>	<b>324,118</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>	The Humanitarian situation was worsened during the period of the implementation of the project. Targeted areas in prefectures in Ouaka, Nana Gribizi, Ouham and Ouham Pende prefectures have recorded the influx of several new displaced persons due to several clashes between armed groups. From October 2016 to the beginning of July 2017. The areas targeted by the project hosted 65,843 new displaced persons. This explained the increased number of beneficiaries reached by the project.	

CERF Result Framework			
<b>9. Project objective</b>	Contributing to the reduction of excess mortality and morbidity in crisis affected areas through provision of life-saving emergency health care including common disease care, reproductive and rape care, prevention and control of outbreak prone diseases in Bambari, Ippy, Bakala, Mbres, Kaga Bando, Kaba, Batangafo, Kouï, Bocaranga and Ngaoundaye		
<b>10. Outcome statement</b>	IDPs, returnees and their host communities including children under 5 years, pregnant and lactating women, people with life-threatening emergencies and survivors of rape have access to quality life-saving emergency care		
<b>11. Outputs</b>			
<b>Output 1</b>	258,275 people including including 44,682 children under 5 years, 10,331 pregnant women, 8,781 lactating women and 2,650 gender based violence survivors have access to quality basic and secondary emergency care		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of IEHK 2011 basic unit & IEHK 2011 malaria module transferred to health facilities and NGO in the targeted areas	60	81
Indicator 1.2	Number of IEHK 2011 supplementary unit & IEHK supplementary malaria module transferred to health facilities and NGO in the targeted areas	6	12
Indicator 1.3	Number of Reproductive health kits 2B transferred to health facilities and NGO in the targeted areas	40	40
Indicator 1.4	Number of hospitals provided with safe blood transfusion reagent and kits in the targeted areas (Bambari, Kaga Bando, Bocaranga, Ngaoundaye)	4	4
Indicator 1.5	Number of hospitals/health centres provided with RH Kit 3 &5	12	12

Indicator 1.6	Number of GBV survivors who received medical assistance in the targeted areas	2,650	484
Indicator 1.7	Number of Health centres/hospitals provided with RH kits 6A, 6B, 8, 9, 11A & 11B in the targeted areas	6	6
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure and transfer IEHK basic and malaria module to implementing partners	WHO	WHO
Activity 1.2	Procure and transfer IEHK supplementary and malaria module to implementing partners	WHO	WHO
Activity 1.3	Procure and transfer of safe blood transfusion reagent and kits to targeted health facilities	WHO	WHO
Activity 1.4	Procure and transfer of Reproductive health kits (2B, 3, 5, 6A, 6B, 8,9, 11A,11B & 12) to targeted health facilities	UNFPA	<b>UNFPA</b>
Activity 1.5	Procure and transfer of post-rape kits to targeted health facilities	UNFPA	<b>UNFPA</b>
Activity 1.6	Brief health 100 care providers on the management of the most common and killer diseases (malaria, diarrhoea, acute respiratory infection)	MoH/WHO/UNFPA	MoH/WHO/UNFPA
Activity 1.7	Brief health 100 care providers on Sexual exploitation and abuse & the clinical management of rape cases	MoH/ACABEF/UNFPA	MoH/ACABEF/UNFPA
Activity 1.8	Brief 25 laboratory technicians on safe blood transfusion and related laboratory tests	MoH/WHO	MoH/WHO
Activity 1.9	Implement mobile clinics with a psychological support component in health areas without a functional health facility and IDP's camps	COHEB, Rescue Team, Vitalité plus, GDAP under the supervision of WHO & UNFPA	COHEB, Rescue Team, Vitalité plus, GDAP under the supervision of WHO & UNFPA
Activity 1.10	Supervise and monitor activities in supported health facilities and mobile clinics teams	COHEB/Rescue team /MoH/WHO/UNFPA	COHEB/Rescue team /MoH/WHO/UNFPA
Activity 1.11	Support free health care package through incentives to health providers and district management teams in targeted areas	COHEB, Rescue Team under the supervision of WHO	COHEB, Rescue Team under the supervision of WHO
Activity 1.12	Minor rehabilitation and equipment of certain health facilities and maternity/delivery rooms	COHEB, Rescue Team, ACDES-Suisse under the supervision of WHO & UNFPA	COHEB, Rescue Team, ACDES-Suisse under the supervision of WHO & UNFPA
<b>Output 2</b>	4,500 vulnerable women of childbearing age (WCBA) and and 5,586 pregnant in IDPs camps/health areas without a functional health facilities are provided with clean delivery kits and or dignity kits		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of clean delivery kits distributed to pregnant women in IDPs camps/health areas without a functional health facilities	5,586	8,512

Indicator 2.2	Number of vulnerable women of childbearing age provided with dignity kits	4,500	3,405
Indicator 2.3	Number of sensitization meetings held with community leaders in targeted sub-provinces	28	32
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure and transfer dignity kits to NGOs operating in affected areas	UNFPA	UNFPA
Activity 2.2	Procure and transfer and clean delivery kits to implementing partners	UNFPA	UNFPA
Activity 2.3	Sensitize the community leaders on the main criteria of vulnerability for the distribution of dignity kits, the importance of clean delivery and the referral pathway for GBV survivors	NGOs (Vitalité Plus, COHEB, Rescue Team, ACABEF, GDAP) under the supervision of UNFPA	NGOs (Vitalité Plus, COHEB, Rescue Team, ACABEF, GDAP) under the supervision of UNFPA
Activity 2.4	organize distribution sessions of dignity and clean delivery kits to the targeted population after community based identification of beneficiaries	NGOs (Vitalité Plus, COHEB, Rescue Team, ACABEF, GDAP) under the supervision of UNFPA	NGOs (Vitalité Plus, COHEB, Rescue Team, ACABEF, GDAP) under the supervision of UNFPA
<b>Output 3</b>	140,430 IDPs and their host community are protected from outbreaks diseases through the setting up of an early warning and response system for disease surveillance in IDPs camps and in areas not covered by a functional health facility.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of IDPs camps with an active disease surveillance focal point in the targeted areas	6	8
Indicator 3.2	Number of health areas without a health facility with an active disease surveillance focal point in the targeted areas	6	13
Indicator 3.3	% of EWARS reports from IDPs camps/ health areas without a functional health facilities received on time at the district level in the targeted areas	90% of EWARS reports received on time at the district level	89%
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identify and train EWARS focal points in targeted areas on surveillance and major outbreak prone diseases	WHO/MoH	WHO/MoH
Activity 3.2	Procure and provide EWARS focal point with data collection tools	WHO	WHO
Activity 3.3	Procure and provide EWARS focal point with communication equipment (mobile phone & airtime)	WHO	WHO
Activity 3.4	Supervise and monitor the activities of the EWARS focal points	WHO/MoH	WHO/MoH
Activity 3.5	Pay incentives to EWARS focal points	WHO	WHO

**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:**

Implementation of the project has been influenced by occurring of new emergency situations. During the period of implementation the country recorded around 65,000 new displaced persons including the wounded persons in the target areas due to the various armed clashes. At the same time the sub prefecture of Bouca experienced a measles outbreak and more than 500 cases of measles with 7 deaths were recorded

Although the planned trainings were not conducted due to the security constraints, these funds enabled us to respond to these new emergencies in order to save more lives through the following achievements (success story)

- The measles vaccination campaign at the Lazarré site of the new displaced persons in Kaga Bandoro where 1,286 children aged 6 months to 14 years were vaccinated against measles. The measles vaccination campaign targeted 13,474 children (coverage of immunization: 95.2 %)
- The cost of referral system was supported in favor of injured persons at the Bambari hospital from November 2016 to May 2017 due to recurrent armed clashes in this area: A total of 366 wounded were referred to the Bambari hospital including 81 seriously injured
- The vaccination campaign against the measles epidemic in Bouca: A total of 28135 children aged 6 months to 14 years were vaccinated on 28709 targeted children, (98% of immunization coverage)
- The establishment of the early warning system in the new displaced sites and the health facilities in the newly displaced areas (Togo, Aviation, Lazaré, Goddo, Yamalet, Bouca, Kembe, Grimari Zemio, Alindao, Zangba and Bangassou.)

In additional for UNFPA in project areas:

- Indicator defined: More than 3,000 visibly pregnant women;
- Indicator reached: 2158 visibly pregnant women and 14918 affected public - 11 cases of obstetric fistula identified and 39 cases of VGB.
- Need for the use of condoms, during the awareness sessions, claimed by the populations.
- Women / girls are no longer ashamed or afraid to seek voluntary testing.
- The victims of obstetric fistulas voluntarily demonstrated after the sensitization by the relays.

**The significant discrepancies in the following indicators are clarified in below:**

- 1.1. & 1.2. Given the increase of hotspots and overestimation of kits costs , we were obliged to purchase more Emergency Health kits
- 1.6. The sensitization against sexual and gender violence carried out by humanitarian partners seems having a good impact. The trend of medical consultation for sexual violence decreased during the period of the project;
- 2.1. Same reason as 1.1 and 2.2
- 2.2. A part of Dignity kits was looted from truck of transportation rented by UNFPA and operational didn't received all the stocks as planned
- 3.2. Given the increase of new hotspots we were obliged to extend the Early warning system to the new other IDPs sites for early detection of outbreak

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

Accountability to affected population was achieved through transparency in the contracting and disbursement process with NGOs (RESCUE TEAM, GDAP, ACABEF and COHEB) which received the amounts mentioned in the Joint UNFPA/WHO CERF project. The activities carried out within the framework of this project made a systematic reference to the "CERF fund" for better information to the beneficiary communities, Ministry of Health, and local authorities. In addition, field supervision missions were initiated by WHO and UNFPA in order to better understand the activities carried out and the challenges faced by NGOs and beneficiary in health facilities. Both organizations have involved their decentralized office located in Bambari, Bossangoa and Kaga Bandoro. In addition, UNFPA and WHO have involved the GBV Sous Cluster actors and GBV working group on the field who periodically involved in the monitoring of GBV trend to improve the response and the community engagement. The exploitation of the results of the missions of other partners on the ground were systematically performed and exchanged with operational NGOs in order to reassure ourselves of a right implementation of the project on the ground. The follow-up of the implementation of the project is exchanged frequently with the partners of the health cluster for a good coordination and harmonization of actions on the ground.

In addition, UNFPA has conducted from March to April 2017, an independent audit of NGOs involved in the project and the outcome was shared with Humanitarian community and this outcome is used to improve the transparency and the accountability

regarding the use of the Humanitarian Fund. At the time of the finalization of the report, GDAP and ACABEF who received the audit provided satisfactory justification about the use of the fund and the activity implemented, and UNFPA has proceed with the reimbursement retroactively as the activities were implemented during the Project Period.

The attached reporting from involved NGOs subcontracted for implementation of CERF funds is also part of accountability. The targeting vulnerable populations have genuinely taken ownership of the project.

**Concerning the involving of beneficiaries with ownership of the project and reinforcing of resilience capacity,**

Training/briefing of health workers and sensitization of community conducted during the project implementation contribute to reinforce their resilience. The community is better able to behave in cases of reproductive health problems through spontaneous consultation in case of fistula, pregnancy, sexual violence. Cases of sexual violence tend to decrease. Health workers trained for blood transfusion and epidemiological surveillance continue to provide the same activities until these days among their respective communities after capacity building.

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

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
<b>1. Agency:</b>	UNHCR	<b>5. CERF grant period:</b>	26/09/2016 - 30/06/2017
<b>2. CERF project code:</b>	16-UF-HCR-037	<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing
<b>3. Cluster/Sector:</b>	Non-Food Items		<input checked="" type="checkbox"/> Concluded
<b>4. Project title:</b>	Shelter, core relief items and protection response for displaced and returning people in the Central African Republic		
<b>7. Funding</b>	a. Total funding requirements <sup>23</sup> :	US\$ 14,231,077	d. CERF funds forwarded to implementing partners:
	b. Total funding received <sup>24</sup> :	US\$ 1,150,003	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 483,334
	c. Amount received from CERF:	US\$ 1,150,003	▪ <i>Government Partners:</i> US\$ 0
<b>Beneficiaries</b>			
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	

<sup>23</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>24</sup> This should include both funding received from CERF and from other donors.

	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	15,265	16,543	31,808	20,995	22,778	43,773
<i>Adults (≥ 18)</i>	13,003	14,092	27,095	17,914	19,375	37,289
<b>Total</b>	<b>28,268</b>	<b>30,635</b>	<b>58,903</b>	<b>38,909</b>	<b>42,153</b>	<b>81,062</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>	43,903	62,062
<i>Host population</i>		
<i>Other affected people</i>	15,000	19,000
<b>Total (same as in 8a)</b>	<b>58,903</b>	<b>81,062</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>	The increase number of beneficiaries reached is explained by the scale of displacement that dramatically increased across the country during the implementation period of this project. Several outbreaks of conflict in the targeted areas – in particular in Bambari and villages near to Kaga-Bandoro – led to previously unexpected IDP populations living in sites.	

#### CERF Result Framework

<b>9. Project objective</b>	Provide Shelter Assistance and NFI Assistance to IDPs on site and returnees, and Protection Monitoring services to IDPs and IDP returnees across CAR.		
<b>10. Outcome statement</b>	The immediate shelter needs of IDP returnees are met, and the protection environment for IDPs and IDP returnees is improved.		
<b>11. Outputs</b>			
<b>Output 1</b>	Affected and vulnerable population (on sites and returnees' households) have access to basic non-food items and adequate emergency shelter		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of shelter kits and materials provided to male & female headed returnee households.	750 (3,750 individuals)	200 households (1,000 individuals) were reached: 96 male-headed households and 104 female-headed households.
Indicator 1.2	# of households receiving core relief items	3,000 (15,000 individuals)	2,262 households (11,310 individuals): 1,086 male-headed households and 1,176 female-headed households
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by</b>	<b>Implemented by</b>

		(Planned)	(Actual)
Activity 1.1	Distribution of shelter materials and maintenance tool kits, and construction services to vulnerable IDPs households.	UNHCR and DRC	UNHCR
Activity 1.2	Distribution of domestic and household items (Core relief item kits)	UNHCR and DRC	UNHCR/DRC/COOPI
Activity 1.3	Shelter and NFI monitoring visits	UNHCR	UNHCR/COOPI
<b>Output 2</b>	Protection from effects of armed conflict strengthened		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	% of monitored sites where persons of concern and the civilian community are threatened by the presence of armed actors	40 (65 sites)	45 sites
Indicator 2.2	# of community-based protection committees established and functional	120	74
Indicator 2.3	% of active female participants in leadership/management structures	50% (180 individuals)	42.5% (152 individuals)
Indicator 2.4	# protection referrals made	1,000	1,022
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training of Protection Monitoring Workers	UNHCR, COOPI, INTERSOS	UNHCR, COOPI, INTERSOS
Activity 2.2	Formation and Mobilisation of Community-Based Protection Committees	UNHCR, COOPI, INTERSOS	UNHCR, COOPI, INTERSOS
Activity 2.3	Daily protection monitoring and protection referrals	UNHCR, COOPI, INTERSOS	UNHCR, COOPI, INTERSOS

**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:**

Whilst the majority of outcomes were in line with those planned at the beginning of the project, there are some differences due to changes in operational context. Assistance to returnees was interrupted by the ongoing violence that escalated in and around Bambari in October and November 2016, and the second degradation of the security environment in February 2017. Similarly, Nana-Gribizi, and the axis between Kaga-Bandoro and Batangafo, saw significant movements by armed groups, whose presence steadily became more felt in the town itself. Whilst UNHCR succeeded in maintaining its presence in Ouaka and Nana Gribizi, the reach of its monitoring missions was curtailed. In some cases, planned distributions of assistance to returnees was prevented by their renewed displacement.

At the same time, the violence provoked new displacements, causing a rise in the number of IDPs in sites. The attacks in Nana-Gribizi in mid-October 2016 saw some 19,201 people flee into displacement, many seeking safety in Kaga-Bandoro itself, and the majority of those converging around the MINUSCA site, as well as smaller numbers at the Bamo and Kando sites. As alternatives to this temporary arrangement were sought, the preparation of the Lazare IDP site became a major feature of the environment.

Nevertheless, the fluidity of movement, and the cycle of displacement and return, contributed to instability within the community. In terms of the project's targets, the most affected by this were community committees whose membership evolved through the implementation period. The rising needs in Bria, which had seen its displaced population rise exponentially to over 38,000 during the second half of the implementation period, also strained the resources of many actors, and meant that the vast swaths of newly

displaced had to be prioritised over the returnee population for NFI assistance.

During the reporting period, in Ouaka and Nana Gribizi some 25,000 people left sites to return to their areas of origin. This included the departure in December 2016 of 2,802 families (9,492 people) from major Bambari sites (NDV, PK8 and Aviation). The majority of these

**TABLE 8: PROJECT RESULTS**

<b>CERF project information</b>					
13. Project implemented	<b>1. Agency:</b>	Monitoring: IOM	<b>5. CERF grant period:</b>	26/09/2016 - 31/10/2017	
UNHCR areas. differ with th	<b>2. CERF project code:</b>	al committees amongst the commun acted as focal points for the different /ASH, Shelter, Nutrition, etc. UNHCR ensuring that their issues were listened	<b>6. Status of CERF grant:</b>	and amongst those living in hosting (such as women and children) and ed areas maintained regular contact n was taken to their satisfaction.	
14. Evaluation:	<b>3. Cluster/Sector:</b>	Camp Coordination and project been evaluated or is an eval Camp Management		<input checked="" type="checkbox"/> Concluded	EVALUATION CARRIED OUT <input type="checkbox"/>
Partici Mains greate interve Never remain	<b>4. Project title:</b>	ercises were conducted based on the Age, Gender Diversity proach with IDPs and returnees. These enabled UNHCR to gain a Displacement Tracking, CCEM Light, and Direct Humanitarian Assistance Provision felt the benefits of greater engagement and community organization			EVALUATION PENDING <input checked="" type="checkbox"/>
	<b>a. Total funding requirements<sup>25</sup>:</b>	US\$ 1,076,402	<b>d. CERF funds forwarded to implementing partners:</b>	NO EVALUATION PLANNED <input type="checkbox"/>	
occupied by armed groups); living conditions both in the sites and in the return areas remain inadequate and present inherent risks (eg. limited access to medical care and drinking water), the absence of basic social services, loss of documents and consequently lack of access to civil status documents, in particular those of children, and a lack of skilled personnel (such as teachers and health workers). Security, particularly the DRR process and the return of the Central African Armed Forces (FACA), was one of the most commonly highlighted points during these meetings and is considered by the participants as a condition sine qua non for returns.					

<sup>25</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.



b. Total funding received <sup>26</sup> :	US\$ 750,000	▪ NGO partners and Red Cross/Crescent:	US\$ 211,889
c. Amount received from CERF:	US\$ 750,000	▪ Government Partners:	US\$ 0

### Beneficiaries

**8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).**

Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	24,334	23,380	47,714	49,537	46,534	96,071
Adults (≥ 18)	29,741	28,575	58,316	28,521	25,520	54,041
<b>Total</b>	<b>54,075</b>	<b>51,955</b>	<b>106,030</b>	<b>78,058</b>	<b>72,054</b>	<b>150,112</b>

### 8b. Beneficiary Profile

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	106,030	150,112
Host population		
Other affected people		
<b>Total (same as in 8a)</b>	<b>106,030</b>	<b>150,112</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:*

The difference in number of internally displaced persons (IDP) reached is due to frequent clashes during project implementation that led to additional and substantial population displacements, hence increasing the number of target beneficiaries. In addition, IOM improved data collection methodologies that led to increased identification of beneficiaries. Also, the tracking of IDPs and returnees (CCCM out of camp) was initiated in some neighbourhoods of Kabo and Kaga-Bandoro to capture urban displacement dynamics. The total number of actual beneficiaries as stated above includes both IDPs and returnees.

### CERF Result Framework

<b>9. Project objective</b>	To contribute to efficient and timely responses of the humanitarian community to life-saving needs of IDPs in Kaga Bandoro and axis, Batangafo, Kabo and axis, and Bambari.
<b>10. Outcome statement</b>	The humanitarian community has increased access to timely and regular information on

<sup>26</sup> This should include both funding received from CERF and from other donors.

	priority humanitarian needs and gaps of displaced populations in the target areas		
<b>11. Outputs</b>			
<b>Output 1</b>	Humanitarian needs, gaps and responses are regularly shared with relevant stakeholders allowing for an adequate and timely response through the DTM mechanism		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of site facilitators using the DTM tools	60	90
Indicator 1.2	Number of DTM updates shared with humanitarian community	6	51
Indicator 1.3	Percentage of DTM updates that prompt a response by the humanitarian community based on DTM reports	70	80
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Training of site facilitators in DTM roll out and DTM tools	IOM	IOM
Activity 1.2	Manage and monitor DTM activities	IOM	IOM
Activity 1.3	Share DTM updates following analysis and collection of data from all partners, including referrals of individual cases	IOM, AFPE, CRCA, Caritas	IOM, AFPE, CRCA, Caritas
<b>Output 2</b>	IDPs have access to protection assistance/referral		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of targeted IDPs having access to a protection referral mechanism whereby they can seek assistance	60% (63,618)	235% (150,112)
Indicator 2.2	Percentage of identified protection cases being assisted and/or referred to protection agencies	70%	100%
Indicator 2.3	Number of site facilitators trained on protection, PSEA standards and the humanitarian code of conduct as well as Do no Harm principles	60	60
<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 and referred to humanitarian partners for further assistance in accordance with IOM data protection principles for sensitive and personal data	IOM	IOM
Activity 2.2	Provide referral to medical/psychosocial actors	IOM	IOM
Activity 2.3	Site facilitators trained on protection, PSEA standards and the humanitarian code of conduct as well as Do no Harm principles	IOM, NRC	IOM, NRC

<b>Output 3</b>	Effective site management and services are strengthened in displacement sites in Batafango, Kaga Bando and Bambari and transit centres in Kabo and Moyenne Sido		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	25 sites using CCCM light tools	25	48
Indicator 3.2	Number of transit centres benefitting from improved site management, including rehabilitation and maintenance works	3	0
Indicator 3.3	Number of site committee members trained in CCCM light	250 (40% women)	252 (42% women)
Indicator 3.4	% changes in information provision after 3 months of training roll out, measured through post-training perception survey with beneficiaries, cluster partners and IDPs	5%	/A – training sessions were organized towards the end of the project, which did not allow for post-training survey to be conducted. More details below
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Roll out CCCM light in displacement sites in Batafango, Kaga Bando and Bambari	IOM	IOM
Activity 3.2	Develop sensitization materials in the line with the identified needs through the DTM for local site management. Some materials already exist (such as flooding and fire prevention), others however need to be developed for the CCCM setting or be adapted to the local context.	IOM	IOM
Activity 3.3	Manage Kabo and Moyenne Side transit centres, including rehabilitation/maintenance of infrastructures based on identified needs	IOM	N/A – details below
Activity 3.4	Train local site committees on self-site management, coordination and referral systems linking to coordination agencies and administration ensuring participation of female site managers.	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:**

**Output 1: Humanitarian needs, gaps and responses are regularly shared with relevant stakeholders allowing for an adequate and timely response through the DTM mechanism**

90 Site Facilitators were trained and deployed in locations covered by the project. 30 more than initially planned Kaga Bando (24), Kabo (14), Moyenne Sido (7), Bambari (12), Batangafo (1), Bangassou (30) and 2 NRC Staff who were also responsible to conduct training on LTB (Droits Logements, Terre et Bien).

A total of 51 DTM updates (including flash reports, assessment and return intentions surveys) were shared with humanitarian

partners to support and guide humanitarian response activities. This corresponds to 45 more DTM updates than initially planned. The data were collected in the following project locations: Kaga Bandoro (16), Kabo and Moyenne-Sido (9), Bangassou (11), Bambari (7, including 5 site profiles), Boda (6) and Ndélé (2).

At the project development stage, Bangassou was not considered as a priority location. However, as a result of the attacks on the city in May 2017, the subsequent displacement crisis and the need to collect data on IDPs located at the Petit Séminaire site, the DTM was rolled out in Bangassou in order to inform humanitarian actors and prompt a better-informed response.

**Output 2: IDPs have access to protection assistance/referral**

Every protection case identified in the locations targeted by this project were either directly assisted, referred or both. In total, 9 cases were identified in Moyenne Sido (assisted by IOM and referred) and 5 cases in Kaga Bandoro (included in CfW activities as per UNFPA's request). In addition, IOM provided return assistance to third country nationals (TCNs) from Bangassou to their respective country of origin. 2 families consisting 14 individuals (Guinea: 7; Mali: 7) were assisted to return.

**Output 3: Effective site management and services are strengthened in displacement sites in Batangafo, Kaga Bandoro and Bambari and transit centres in Kabo and Moyenne Sido**

Although the project proposal aimed at the implementation of CCCM light tools in 25 sites, during the project implementation period, the tools were introduced and being used in 48 sites. 23 additional sites than initially planned in the proposal.

In coordination with the CCCM/Shelter/NFI cluster both at national and regional level, IOM conducted a Training of Trainers (ToT) on CCCM Light to roll out trainings in the targeted areas. Upon the approval of the implementation of CCCM Light instead of the traditional one in 2016, IOM developed relevant training methodologies, materials, and tools. In order to ensure sustainability of the project and increase the sense of ownership, IOM trained 17 ToT participants from the Ministry of Social Affairs (7) and Mayor's offices (2) in addition to 3 site managers and 5 IOM facilitators to roll out the trainings in the project locations.

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

IOM considers AAP as one of the most important aspects especially during the project implementation and monitoring. IOM facilitators and site managers from the partner organisation were always sharing information with the displaced persons in the targeted areas of displacement. Site management committees composed of representatives from the site were established with the goal to create a link between the humanitarian community and the IDPs and returnees. The committee actively disseminated relevant information to the community from humanitarian actors, and also communicated opinions and questions from IDPs to the humanitarian community. In addition, some committee members benefited from CCCM light trainings to further strengthen the representative structures of displaced communities. The ultimate aim being that IDPs are empowered to fully participate in decision-making on local level.

In regards with displacement tracking, the DTM methodology is based on two-way communication with the IDPs, returnees and their representatives. Therefore IDPs / returnees are able to directly contribute to the needs analysis that are used to develop projects within IOM and other organisation that base their project proposal on DTM. The DTM coordinator is in permanent contact with site facilitators (IOM's and partners') through a telephone hot line so that information about IDPs and potential referral cases (health, GBV, child protection) can be reported and helped consistently with IOM's protection of data framework.

Finally, internal monitoring missions have been conducted to every area covered by the project in order to learn and improve communication techniques between project staffs, site facilitators and IDPs.

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

**TABLE 8: PROJECT RESULTS**

**CERF project information**

<b>1. Agency:</b>	WFP	<b>5. CERF grant period:</b>	28/09/2016 - 30/06/2017			
<b>2. CERF project code:</b>	16-UF-WFP-051	<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector :</b>	Food Aid		<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Emergency food assistance to IDPs living in sites of Ouaka, Nana Gribizi, Ouham and Ouham Pende prefectures					
<b>7. Funding</b>	a. Total funding requirements <sup>27</sup> :	US\$ 74,506,672	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>28</sup> :	US\$ 1,850,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 97,329	
	c. Amount received from CERF:	US\$ 1,850,000	▪ <i>Government Partners:</i>		US\$ 0	
<b>Beneficiaries</b>						
<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>	3,737	1,245	4,982	8,576	7,803	16,379
<i>Adults (≥ 18)</i>	14,073	5,855	19,928	5,122	4,538	9,660
<b>Total</b>	<b>17,810</b>	<b>7,100</b>	<b>24,910</b>	13,698	12,341	26,039
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>						
<i>IDPs</i>	24,910			26,039		
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>24,910</b>			<b>26,039</b>		

<sup>27</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>28</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>	No significant discrepancy
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**CERF Result Framework**

**9. Project objective** Improve the food security of 24,910 displaced persons who continue to be affected by the consequences of the conflict.

**10. Outcome statement** At least 24,910 displaced people most vulnerable to food insecurity have received food assistance of 2,100Kcal / day over a period of 3 months.

**11. Outputs**

**Output 1** Improved food security

<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
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Indicator 1.1	# of # beneficiaries receiving rations of 2,100 kcal per day (by gender)	24,910	26,039
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Indicator 1.2	# of metric tons (MT) of food distributed by commodity (MT of cereals, MT of pulses, MT of CSB+)	1, 213 MT	1,197 MT (98%)
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Indicator 1.3	24,910 beneficiaries have an acceptable food consumption score, i.e. percentage of household with higher dietary diversity and frequency of food consumption and increase possibility of achieving nutrient adequacy	70% (17,437)	76% (post-distribution monitoring, June 2017)
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<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
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Activity 1.1	Finalize Field Level Agreements: WFP has discussed with its partners working in the areas covered by this project to extend the collaboration agreements. The collaboration agreements with partners such as IEDA, Plan International and Triangle (TGH) will be extended from 1st September to 31st December 2016. The collaboration agreements signed with these partners will facilitate the implementation of this project. Preliminary discussions were held with these three partners who wish to support the implementation of CERF project	WFP	WFP
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Activity 1.2	Procurement of food: WFP procure food commodities through forward purchase facilities (FPF mechanisms) in order to rapidly respond	WFP	WFP
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	to emergency food needs of the affected people. By using FPF mechanisms WFP will be able to procure food at regional markets in order to provide live saving rations. WFP will ensure the delivery of the food basket each month through its extended delivery partner based on field local agreement (FLA) to be signed		
Activity 1.3	Distribution of monthly food rations for -3 months' period: Distributions of food rations will be organized on a monthly basis with implementing partners including IEDA, Triangle GH and Plan International. Food distributions will target IDPs living in sites and selected based on their vulnerability to food insecurity. Distribution will target 24,910 vulnerable people among them 71, 5 % are women and 28, 5% are men.	WFP and Partners	WFP and Partners
Activity 1.4	Post distribution monitoring: In addition to regular monitoring of project activities, post distribution monitoring will be conducted after three months of assistance in order to understand the perception of beneficiaries on the effectiveness of the implementation of the response, measure the direct effect of food assistance and analyse food situation of recipients	WFP and Partners	WFP 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:**

No significant discrepancy in project's outcomes.

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

In collaboration with the cooperating partners, WFP ensured that all the distributions points were established as closer as possible to the targeted communities in order to prevent beneficiaries from walking long distances to collect their entitlements, thereby reducing exposure to protection risks. WFP and partners also ensured that beneficiaries were informed of their entitlements by disclosing the rations scale (and food basket) at the distribution points. As it is the case in some sites, complaint mechanisms were established at all distributions sites and beneficiaries were informed on the process. In addition, WFP obtained from the Government through the Autorite de Regulations des Telecommunications (ART) two telephone numbers which will be communicated to the beneficiaries (free call) to alert, inform on any misuse and/or issue related to WFP food assistance. The training sessions which were initiated in 2017 for WFP and partners' staff will be pursued over the coming months.

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

EVALUATION CARRIED OUT

The post-distribution monitoring conducted in June revealed that 77 percent of the IDPs (compared to 82 percent of the permanent residents) have an acceptable food consumption score. WFP's beneficiaries in Ouaka, Ouham and Nana-Gribizi have acceptable food consumption score, respectively at 87 percent, 52 percent and 98 percent. Most of the IDPs are living on sites and are fully relying on WFP's assistance. The PDM report also informed that women are the decision-makers regarding the utilization of food assistance at household level (58 percent for the food and 64 percent for cash-based transfers).

EVALUATION PENDING

NO EVALUATION PLANNED



**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	26/09/2016 - 30/06/2017		
<b>2. CERF project code:</b>	16-UF-WFP-052		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector :</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provide critical support to people affected by the crisis: Targeted Supplementary Feeding for treatment of moderate acute malnutrition in children under 5					
<b>7. Funding</b>	a. Total funding requirements <sup>29</sup> :	US\$ 5,548,102	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>30</sup> :	US\$ 2,390,770	▪ NGO partners and Red Cross/Crescent:		US\$ 7,600	
	c. Amount received from CERF:	US\$ 349,838	▪ Government Partners:		US\$ 0	
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)	4,928	4,734	9,662	4,970	2,130	7,100
Adults (≥ 18)				0	0	0
<b>Total</b>	<b>4,928</b>	<b>4,734</b>	<b>9,662</b>	<b>4,970</b>	<b>2,130</b>	<b>7,100</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			1,420			
IDPs	3,830		2,840			
Host population	3,832		2,840			

<sup>29</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>30</sup> This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	2,000	0
<b>Total (same as in 8a)</b>	<b>9,662</b>	<b>7,100</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>	During project implementation, a total of 7,100 beneficiaries (70 percent are girls) were assisted in the targeted localities of Ouaka, Ouaham-Pende, Ouaham and Nana-Gribizi. The moderate malnourished children (6-59 months) admitted into the targeted supplementary feeding programme have been assisted during 120 days on average (instead of 90 days as planned). If the beneficiaries fully comply with the recommendations on how to use the Plumpy'Sup at home (three meals, not to be shared with other family members to obtain the expected impact on the moderate malnourished child, improvement of the hygiene, etc.), the moderate malnourished child should recover after 90 days of treatment maximum. The total quantity of Plumpy'Sup procured against this contribution 81.296 mt covered the needs of 7,100 children. WFP managed to timely procure the food and deliver it to its cooperating partners: Ministry of Health, International Emergency and Development Agency (IEDA Relief), International Medical Corps (IMC) and Médecins Sans Frontière - Hollande.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Contribute to addressing critical nutritional needs during the First 1000 Days of life, identifying treating and monitoring moderate acute malnutrition in children under 5, in the most crisis-affected areas in CAR		
<b>10. Outcome statement</b>	MAM treatment recovery rate from 50% up to 75% (at least 7247 cases of MAM recovered)		
<b>11. Outputs</b>			
<b>Output 1</b>	A total of 9662 children identified as moderately malnourished through screening activities, admitted into MAM treatment programmes, and receive life-saving treatment for MAM, for up to 90 days, over a period of 6 months.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of girls and boys assisted as compared to the planned	100% (9662)	73%
Indicator 1.2	Quantity of Plumpy Sup distributed, as % of planned distribution	80	81.296
Indicator 1.3	Number of cooperating partners' staff trained - Refresher course of a day for frontline staff directly providing MAM management	50	32
Indicator 1.4	Number of screening activities/rounds within the targeted communities (monthly screening of children 6 – 59 months for malnutrition using MUAC)	3	3
Indicator 1.5	Number of community sensitization campaigns on hygiene and good nutrition	3	3
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by</b>	<b>Implemented by</b>

		(Planned)	(Actual)
Activity 1.1	Adequate services provided at nutritional centers	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team
Activity 1.2	Food (Plumpy Sup) procurement	WFP	WFP
Activity 1.3	Timely food delivery to nutritional centers	WFP	WFP
Activity 1.4	Monthly screening of children 6 – 59 months at nutrition/health centers	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team
Activity 1.5	Community sensitization campaigns on hygiene and good nutrition practices	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team	French Red Cross, COHEB, Ministry of Health, MSF-H, CARITAS, IEDA-Relief, Intersos and Rescue Team

**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:**

Every month, the screening activity was conducted during general food distributions in order to identify the moderately malnourished children and refer them to nutritional treatment centers. A total of 7,100 moderately malnourished children were assisted with a recovery rate of 84 percent. In addition to the treatment, WFP and partners also organized sensitization sessions for mothers on good nutritional practices, on the use of Plumpy'Sup and on hygiene as the malnutrition aggravating factors/risks remain very high in the targeted rural localities. These localities face serious constraints related to adequate access to potable water, to sanitation and health facilities. WFP provided to the cooperating partner's staff trainings on nutritional prevention measures (including the use of the screening tools) and the treatment of moderate acute malnutrition. An agreement was signed with the Ministry of Health to strengthen their capacities and support them in better managing the targeted supplementary feeding programme, particularly at decentralized levels.

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

During the project design phase, WFP and partners informed parents on the purpose of conducting the screening exercises (through the Mid-Upper Arm Circumference (MUAC)) and about the type of support provided when their child is referred for a nutritional treatment programme. As much as possible the treatment centres were established at close distance to the

beneficiaries' villages in order to reduce protection risks. WFP and partners organized monitoring visits at the nutritional centres and at beneficiaries' houses to ensure the Plumpy'Sup was used as per the recommendations. The sensitization of the beneficiaries remains the main channel through which feedback on any constraints faced during the treatment phase is obtained, and advice and guidance (on how to keep the food and follow the medical calendar to facilitate the child's recovery process) are provided.

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

EVALUATION CARRIED OUT

The post-distribution monitoring (PDM) conducted in June 2017 informed on the utilization of the Plumpy'Sup distributed to the beneficiaries. Some 65 percent of them fully complied with the number of meals to be provided to the moderately malnourished children. WFP and partners will continue investigating the reasons (time, level of education, insufficient information) why some beneficiaries (about 35 percent according to the PDM report) did not respect the number of meals per child per day and/or continue to use the Plumpy'Sup as a regular food by sharing it with other family members who are not malnourished. Then, WFP and partner will design an intervention strategy which will pay attention to the trainings, nutritional education and sensitization to be provided to mothers in order to improve the utilization of the Plumpy'Sup at household level.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	06/02/2017 - 05/08/2017		
<b>2. CERF project code:</b>	17-RR-WFP-001		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector :</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Assistance alimentaire d'urgence aux nouveaux déplacés internes et les familles d'accueil dans les sous-préfectures de Bria, Bambari, Kaga-Bandoro et axes					
<b>7. Funding</b>	a. Total funding requirements <sup>31</sup> :	US\$ 70,019,742	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>32</sup> :	US\$ 44,218,887	▪ NGO partners and Red Cross/Crescent:		US\$ 238,546	
	c. Amount received from CERF:	US\$ 6,000,028	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	12,439	11,481	23,920	14,294	13,042	27,336
Adults (≥ 18)	6,698	6,182	12,880	14,385	13,867	28,252
<b>Total</b>	<b>19,137</b>	<b>17,663</b>	<b>36,800</b>	<b>28,679</b>	<b>26,909</b>	<b>55,588</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs	29,440		49,636			
Host population	7,360		5,952			

<sup>31</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>32</sup> This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
<b>Total (same as in 8a)</b>	<b>36,800</b>	<b>55,588</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>	Compared to the plan, WFP assisted more beneficiaries as new IDPs continued to arrive in the targeted localities. The resurgence of combats between from April and the tension in Bambari have resulted in a significant increase in the number of the beneficiaries. Insecurity which occurred in the south-east region (Basse-Kotto) also triggered important population displacements to Haute-Kotto prefecture (Bria) where the newly displaced people found safety (around MINUSCA basis) and were provided with humanitarian assistance.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Sauver des vies et de répondre aux besoins alimentaires d'urgence de 36, 800 personnes nouvellement déplacées vivant dans les sites et familles d'accueil des sous-préfectures de Bria, Bambari, Kaga-Bandoro et axe suite aux récents affrontements entre les groupes armés.		
<b>10. Outcome statement</b>	Lutte contre l'insécurité alimentaire aigue et la malnutrition au sein des ménages nouvellement déplacés et dans les familles d'accueil.		
<b>11. Outputs</b>			
<b>Output 1</b>	24, 000 nouveaux déplacés dont 14,000 personnes dans la zone de Kaga-Bandoro et 10, 000 personnes dans la zone de Bambari ont reçu des coupons alimentaires et ont un accès immédiat à la nourriture en quantité et en qualité via le marché local pour une période de 3 mois		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Valeur de l'aide alimentaire fournie directement aux bénéficiaires par les transferts monétaires (estimée sur la base des valeurs de transfert fournies par le PAM ici en RCA avec une ration de USD 0,333 / personne / jour).	720,000 USD	725,000 USD
Indicator 1.2	Nombre minimal de coupons alimentaires distribués par mois (En raison de 6 personnes par ménage)	4, 000	31,500 (total number of vouchers distributed by month)
Indicator 1.2	Nombre de personnes servies par mois	24,000 dont 52% des femmes	20,000 (54% female)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Contact préalable et activités préliminaires avec les vendeurs locaux +présentation du projet aux différents stakeholders	PAM+Partenaires	PAM+Partenaires
Activity 1.2	Organisation administrative relative au volet transfert monétaire (Formation rapide des vendeurs, identification et signature rapide	PAM+Partenaires	PAM+Partenaires

	des accords avec les vendeurs, impressions des coupons		
Activity 1.3	Distribution des coupons alimentaires/Foires alimentaires en faveur de 24,000 personnes sur une durée de 3 mois avec une ration de 0,333 USD par personne par jour	PAM+Partenaires	PAM+Partenaires
Activity 1.4	Suivi post distribution (Coupons + organisation des marchés)	PAM+Partenaires	PAM+Partenaires
<b>Output 2</b>	36, 800 nouveaux déplacés dont 12, 800 personnes dans la zone de Bria et ses axes, 10, 000 personnes dans les zones de Bambari, Grimari et axes et enfin 14, 000 personnes dans la zone de Kaga-Bandoro ont reçu des vivres et ont amélioré leur consommation alimentaire et nutritionnelle pour une période maximale de 4 mois.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Nombre minimum de personnes qui reçoivent une ration de 2100 Kcal par jour	36,800 font 52% des femmes	55,588 (52% female)
Indicator 2.2	Quantité distribuée des vivres en tonnes par type des produits (MT de céréales, MT de légumineuses, MT de CSB)	3,925	3,226 MT
Indicator 2.3	Nombre minimum de distributions des vivres effectué par mois/zone d'intervention	1	1
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Achats des 3,925 tonnes de vivres à travers des facilités d'achat (mécanismes FPF) au niveau régional	PAM	PAM
Activity 2.2	Livraison de 3,925 tonnes des vivres dans les zones d'intervention (Bria, Bambari et Kaga-Bandoro) en vue d'assister 36, 800 nouveaux déplacés	PAM	PAM
Activity 2.3	Distributions mensuelles des vivres pendant une durée de 3 mois à Bambari et Kaga-Bandoro pour 24, 000 personnes et 4 mois à Bria pour 12, 800 personnes sur base des listes existantes.	PAM+Partenaires	PAM+Partenaires
Activity 2.4	Suivi post distribution	PAM+Partenaires	PAM+Partenaires

**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 project planned to provide in-kind emergency food assistance to new IDPs, vulnerable host families in Bambari, Bria and Kaga-Bandoro and launch the CBT modality (vouchers) in Bambari and Kaga-Bandoro pending the security situation and markets functionality. By end of November, a total of 55,588 beneficiaries (150 percent) were assisted. The implementation of the CBT modality started in February in Kaga-Bandoro as per plan with an initial number of 7,000 beneficiaries which was gradually increased to reach 20,000 IDPs (83 percent compared to the plan). The CBT modality was not implemented in Bambari

due to resurgence of tension in the town and fighting between armed groups in surroundings localities in April/May. This situation resulted in a disruption of the market supply chain to Bambari. Thus, in-kind food assistance was provided in Bambari and the CBT modality was increased in Kaga-Bandoro where the necessary conditions were in place and where the modality was well received by the beneficiaries.

The deterioration of the security situation around Bria resulted in a significant increase in the number of new IDPs in Bria, from 12,000 to nearly 32,000 additional IDPs between May and July 2017. WFP has to take also into consideration these changes and include these new IDPs in the caseload. Thus, compared to the total project planned number of 36,800 persons, 55,588 beneficiaries were reached.

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

In collaboration with its cooperating partners, WFP ensured that all the distributions points are established as closer as possible to the targeted communities in order to prevent them from walking long distances, thereby reducing the exposure to protection risks. WFP and partners also ensure that the beneficiaries are informed of their entitlements by disclosing the ration scales (and food basket) at the distribution points. As already established in some of the sites, WFP is gradually requesting from cooperating partners that complaints mechanisms be established at all the distributions sites and that the beneficiaries be informed on the process. In addition, WFP obtained from the Government through Autorite de Regulation de Telecommunications (ART) two telephone numbers which will be communicated to the beneficiaries (toll free number) to alert, inform on any misuse and/or issue related to WFP food assistance. The trainings sessions which were initiated in 2017 for WFP and partners' staff will be pursued over the coming months.

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

EVALUATION CARRIED OUT

The post-distribution monitoring conducted in June revealed that 77 percent of the IDPs (compared to 82 percent of permanent residents) have an acceptable food consumption score. WFP's beneficiaries in Ouaka (including Bambari) and Haute Kotto prefectures have an acceptable food consumption score, respectively at 87 percent and 91 percent and 98 percent in Nana-Gribizi (including Kaga-Bandoro). Most of the IDPs are living on sites and are fully relying on WFP's assistance. The post-distribution monitoring report also informed that women are the decision-makers regarding the utilization of food assistance at household level (58% for the food and 64 percent for CBT).

EVALUATION PENDING

NO EVALUATION PLANNED



## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

In Annex I, agencies shall provide details on sub-grants undertaken under each CERF grant including information on implementing partners, amounts and timeliness.

*The Annex is provided as a separate Excel table to be completed with consolidated information on all sub-grants under all projects of the allocation. The template was forwarded as part of the reporting package but can also be found on the CERF website [here](#).*

*Please refer to the guidelines before completing.*

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Population
AAR	After Action Review
ACABEF	Association Centrafricaine pour le Bien Etre Familial
ACDA	Agence Centrafricaine de Développement Agricole
ACDES-Suisse	Alliance Coopérative de Développement, d'Entraide et de Solidarité
AFPE	Association des Femmes pour le Promotion de l'Entreprenariat
AFRBD	Association des Femmes Rurales de Batangafo pour le Développement.
ANEA	Agence Nationale pour l'Eau et l'Assainissement
ARND	Association of Ngaoundaye Nationals for Development
CAR	Central African Republic
CBP	Cash-Based Transfer
CBT	Cognitive Behavioral Therapy
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
CFS	Child-Friendly Space
CIMCoord	Civil-Military Coordination
CMAM	Community-based Management of Acute Malnutrition
CMP	Commission Mouvement des Populations
CNR	Commission Nationale des Refugies
COHEB	Community Humanitarian Emergency Board
COOPI	Cooperazione Internazionale
CPI	Consumer Price Index
CRCA	Croix Rouge de la République Centrafricaine
CRI	Core Relief Items
CWC	Communication with Communities
DGH	Direction Générale de l'Hydraulique
DTM	Displacement Tracking Matrix
EiE	Education in Emergency
EWARS	Early Warning, Alert and Response System
FAO	Food and Agriculture Organization
FTS	Financial Tracking Services
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GDAP	Groupement pour le Développement Agropastoral
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HNO	Humanitarian Needs Overview

HRP	Humanitarian Response Plan
ICC	Inter-Cluster Coordination
IDPs	Internally Displaced Persons
IEDA	International Emergency and Development Agency
IEHK	Inter-Emergency Health Kit
IMC	International Medical Corps
INSO	International NGO Safety Organization
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IPT	Inpatient Therapeutic
IRC	International Rescue Committee
JUPEDEC	Jeunesse Unie pour la Protection de l'Environnement et le Développement Communautaire
LRA	Lord Resistance Army
MADR	Ministère de l'Agriculture et du Développement Rural
MAM	Moderate Acute Malnutrition
MINUSCA	Mission des Nations Unies pour la Stabilisation de la Centrafrique
MoH	Ministry of Health
MRM	Monitoring and Reporting Mechanism
MT	Metric Ton
MSA	Multisectoral Assessment
MUAC	Mid-Upper Arm Circumference
NDA	Association Agropastorale de Nda
NFI	Non-Food Items
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
OPT	Outpatient Therapeutic
PDM	Post-Distribution Monitoring
PMR	Periodic Monitoring Review
PNRM	Person in need Relief Mission
PTA	Parents Teachers Association
RC	Resident Coordinator
RH Kit	Reproductive Health Kit
RUTF	Ready-To-Use Therapeutic Food
RRM	Rapid Response Mechanism
SAM	Severe Acute Malnutrition
SGBV	Sexual Gender-Based Violence
SPLA	South Sudan People Liberation Army
TLS	Temporary Learning Space
UK	United Kingdom
UN	United Nations
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissary for Refugees
UNICEF	United Nations Children Fund
VCW	Vision to Change the World
WASH	Water, Hygiene and Sanitation
WFP	World Food Program
WHO	World Health Organization

**ANNEX 3: MATRIX OF BENEFICIARIES**

Attached

**ANNEX 4: FUNDING RECEIVED AGAINST THE SELECTED PROJECTS FUNDED BY THE CERF IN 2016 & 2017**

Attached

**ANNEX 5: WFP PDM REPORT**

Attached