

# **CENTRAL AFRICAN REPUBLIC RAPID RESPONSE DISPLACEMENT 2021**

## **21-RR-CAF-47075**

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## PART I – ALLOCATION OVERVIEW

### Reporting Process and Consultation Summary:

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

12 January 2022

OCHA organised an After-Action Review meeting on 12 January 2022. Key representatives from the six UN recipient agencies (FAO UNFPA, UNHCR, UNICEF, WFP and WHO) and the coordinators/co-facilitators from the Health, Nutrition, Protection, VBG, Child protection and Food Security clusters. OCHA presented the key highlights on the allocation's outcomes to kick-start the discussions. All participants expressed satisfaction over the CERF RR grant. First, they stressed the importance of joint prioritization and constant collaboration across clusters and agencies throughout the various phases (strategic priorities, prioritisation, project design and implementation). Second, they emphasized the added value of the rapid and complementary deployment on the axis to assist the most vulnerable in areas with limited and no service. The presence of multisectoral teams close to the people in need allowed for better information on humanitarian needs and improved access; it reinforced operational coordination and joint targeting; and further supported partners' mobilization to cover the remaining gaps. Third, they discussed the best practices that emerged in terms of highlighting the positive impact the grant had on critical activities, often overlooked in rapid responses, such as trauma care, SRH & VBG mobile clinics.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes  No

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes  No

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The new conflict dynamics that emerged in December 2020 led to an unprecedented outbreak in violence in several regions of the country, large scale forced displacement, and an upsurge in protection and humanitarian needs throughout 2021. The CERF RR allocation allowed partners to quickly scale up their presence and proximity to the most affected communities and to provide timely and critical multisectoral assistance. 470,626 people received an integrated package (food, nutrition, protection and health assistance), including 115,921 women, 268,912 children, and 6,816 persons with disabilities.

The grant supported people living in hard-to-reach areas with little or no services available due to the conflict through increased protection by presence and provision of mobile clinics for health care, Sexual Reproductive Health (SRH) and GBV. In the localities where outbreaks of violence and displacement endangered people's physical and mental well-being, 865 wounded people received critical trauma care and 120,550 people benefitted from emergency health kits.

The grant put girls, boys and women at the centre of the response. 43,655 children received community-based mental health and psychosocial support; 4,702 severely malnourished children were treated; 87 mobile clinics providing SRH and GBV assistance were deployed; 6 safe spaces and 11 listening centres became operational, and 6,342 dignity kits were distributed.

In addition, 44,584 people received an integrated food assistance package and were also able to purchase the agricultural inputs of their choice.

### CERF's Added Value:

The grant helped addressing the most urgent and onset needs resulting from election-related violence in a multisectoral and protective manner. The allocation helped mitigate the impact of the crisis in conflict-affected areas. By November 2021, only two out of the eight sub-prefectures targeted by the grant were classified as severity 4 (HNO 2022) because of the complementarity of the aid package provided. In Dekoa area for instance, data from needs assessments undertaken in September indicate that 72% of the affected people reported that the humanitarian assistance provided by the grant covered their basic and urgent needs, twice the national average (34%).

Implementing partners' participation in the health, protection, nutrition and food security clusters allowed for a timely sharing of information regarding humanitarian needs and gaps in the eight sub-prefectures where the projects were implemented. The different projects' implementation enabled first-hand information on the extent and severity of the needs in targeted areas, as well as additional reporting by partners on key data and trends related to protection and GBV risks.

The grant also enabled effective coordination, not only through the use of coordinated response approaches but through the roll-out of new tools, such as the localised MEB for the food security cluster. Partnerships were also strengthened between UN and NGOs, with WHO establishing a new agreement with one INGO (COHEB), but also with donors. The CERF RR grant was instrumental in building trust and the credibility of the response, demonstrating the ability of humanitarian actors to access conflict areas, despite the complex and insecure operating environment, thus mobilising additional funding from other donors in a complementary manner.

### Did CERF funds lead to a fast delivery of assistance to people in need?

Yes

Partially

No

Projects' implementation started immediately in April 2021, thanks to the use of pre-established partnerships and fast-tracked payment to NGO partners in April 2021. Only WHO signed a new contract, which led to a slight delay in the transferring of funds. Information-sharing, local acceptance and good coordination enabled partners to respect the timelines set under each project, despite insecurity and access constraints.

### Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The grant addressed urgent needs in seven sub-prefectures classified in IPC 3 and 4. Thanks to the joint targeting by the food and nutrition clusters, the CERF funding allowed to timely improve the food security situation of 44,584 people and to prevent a further deterioration of the existing negative coping mechanisms. In addition, the mobile response approaches adopted on the axes, coupled

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

with immediate emergency aid in urban centres, enabled access to basic services and assistance for 248,110 IDPs, and 51,268 newly returnees who had been affected by the onset violence and were living in extremely precarious conditions.

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

Yes

Partially

No

Implementing partners actively participated in the cluster's meetings and activities at national and regional levels (Kaga-Bandoro, Bambari and Bouar). ASA and INTERSOS, as GBVIMS partners, provided monthly data on VBG cases and responses.

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

Yes

Partially

No

The allocation helped shed light on the gravity of the protection crisis and the growing risks of human rights violations and VBG for women and girls. In complementarity with the CERF grant, in August 2021, the Humanitarian Coordinator issued a thematic CAR HF allocation for \$ 4 million to scale up the provision of a holistic response to GBV in areas not covered by the CERF grant.

**Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>**

Addressing women and girls' specific needs was a primary objective of the allocation, especially for GBV survivors and the ones at risk of VBG. In total, women and girls represent 54% of the beneficiaries reached. Holistic GBV and SRH services became available for 24,680 women and girls, including psychological, health and judicial support. 42,937 people were reached by life-saving messages on Sexual and reproductive health GBV, six women and girls safe spaces and 11 listening centres were set up, 6,342 women received dignity kits, 222 girls' survivors of GBV accessed prevention and response services, and material assistance was provided to some 2,992 survivors. Moreover, recipient agencies and their implementing partners ensured equal participation of women and girls in the design and implementation of activities. 45% of the protection community networks were composed by women, and girls represented half of the children attending the newly set up child-friendly spaces. A particular focus was also put on the need for safe access to the services and emergency assistance. Communities, and women in particular, helped identify the sites of voucher distributions close to the market, for instance, so to limit risks of theft, attack and protection incidents.

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>444,800,000</b>
CERF	8,000,183
Country-Based Pooled Fund (if applicable)	23,298,019
Other (bilateral/multilateral)	360,365,496
<b>Total funding received for the humanitarian response (by source above)</b>	<b>391,663,515</b>

**Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)**

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-003	Food Security – Agriculture	1,654,450
UNFPA	21-RR-FPA-002	Health - Sexual and Reproductive Health	650,000
UNHCR	21-RR-HCR-003	Protection	569,999
UNICEF	21-RR-CEF-005	Nutrition	1,003,200

<sup>1</sup> In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

<b>UNICEF</b>	21-RR-CEF-005	Protection - Child Protection	820,800
<b>UNICEF</b>	21-RR-CEF-005	Health	456,000
<b>WFP</b>	21-RR-WFP-003	Food Security - Food Assistance	1,845,592
<b>WHO</b>	21-RR-WHO-005	Health	1,000,142
<b>Total</b>			<b>8,000,183</b>

**Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>5,747,421</b>
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,696,872
Funds sub-granted to national NGO partners*	555,800
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,252,762</b>
<b>Total</b>	<b>8,000,183</b>

\* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

Published in October 2021, the 2022 CAR HNO showcased an unprecedented humanitarian emergency since 2015. 3.1 million people now need humanitarian assistance and protection, 63 % of the population. Of these, 2.2 million people have such severe needs that their physical and mental well-being is in danger. The number of human rights abuses and violations of international humanitarian law has increased as their nature has changed, with new risks to civilians such as explosive devices or the stigmatisation of entire communities, significantly increasing protection needs. In such a volatile context, people are still forced to flee their homes every day for safety. As of November 2021, 670,700 persons remain internally displaced, while 420,000 former IDPs returned home from January to November 2021 only due to the precarious living conditions in displacement areas. The crisis disrupted market functioning, compromised access to land and limited food production, prompting prices for essential products to increase and food security to worsen. The risk of diseases and malnutrition increased as fast as access to food, water and nutrition services decreased. According to the September IPC, in 2022, 2.4 million people will be acutely food insecure.

### Operational Use of the CERF Allocation and Results:

The CERF RR funding enabled 6 UN agencies and their partners to provide timely life-saving assistance to almost half a million people, including 115,921 women, 85,793 men and 268,912 children across four sectors: health, protection, food security and nutrition. 299,378 persons recently affected by forced displacement benefited from this multisectoral assistance, either in their area of displacement or in their locality of origin.

The allocation prevented the further deterioration of food insecurity and malnutrition in the sub-prefectures of Dékoa, Bambari, Bouar and Bangui. Thanks to the food assistance, none of these sub-prefectures were classified in Emergency situation (IPC phase 4) as of September 2021. In total, \$US 1.7 million were distributed for 44,584 people to purchase food commodities and agricultural inputs of their choices. The combination of agricultural and food assistance prevented vulnerable households from adopting negative food coping mechanisms or selling their productive assets to feed themselves.

People in need living in 6 sub-prefectures (Bouar, Dékoa, Bambari, Grimari, Bossangoa, and Batangafo) were provided with a safe access to basic health, nutrition and protection services. Partners succeeded to reach the most vulnerable living along the axes through a flexible and mobile approach. 4,702 children received quality treatment for severe acute malnutrition and hundreds of pregnant women benefitted from the 87 mobile clinics set up in sites where health services were not available. Mortality was also reduced due to the provision of direct health care and treatments in health facilities and via mobile medical teams to over 120,550 people. Many indicators were overachieved such as women accessing basic maternal and reproductive health or the number of children who received mental health support. This overachievement confirms the quality of the community-based approach and sensitization used, the good functioning of the referral system, and beneficiaries' trust in the services provided by the humanitarian actors.

### People Directly Reached:

To estimate the realistic number of beneficiaries reached and avoid double counting, the recipient agencies, with the support of OCHA, exchanged and worked on a scenario based on the beneficiary matrix used when applying for funding. That matrix identified and analyzed the number of targeted beneficiaries, by sector, by geographical area and axes of intervention. Out of an estimated 413,170 people targeted, including 100,834 women, 76,979 men, 121,673 girls and 113,684 boys, the allocation of \$8 million allowed to implement six rapid response projects which reached a total of 470,626 people, including 115,921 women, 85,793 men, 139,204 girls and 129,708 boys. By category, 248,110 internally displaced people, 171,183 people from host communities, 51,268 returnees, 65 people with other vulnerabilities and 6,816 people living with disability were reached. The increase of the people reached is the result of the strong awareness-raising campaigns and community outreach in targeted areas (IDP sites and host communities), particularly with regards to health assistance and protection services.

### People Indirectly Reached:

The indirect beneficiaries of the projects' activities are:

- Approximately 100,000 people who benefited from awareness campaigns on various topics (reproductive health, nutrition, protection, child protection, GBV and food security).
- Approximately 100,000 people benefited from the economic spillover effects of the fairs organized by WFP and FAO, not only because of the funds reinvested in the communities by the traders, but also because of the increase in agricultural production.

**Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster\***

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	9,560	8,822	14,340	13,235	<b>45,957</b>	10,076	6,633	14,472	13,403	<b>44,584</b>
Food Security - Food Assistance	10,148	8,833	7,720	7,012	<b>33,713</b>	12,427	10,817	9,453	8,588	<b>41,285</b>
Health	30,626	29,474	49,824	52,576	<b>162,500</b>	31,980	30,140	41,670	41,608	<b>145,398</b>
Health - Sexual and Reproductive Health	20,000	4,850	9,450	2,700	<b>37,000</b>	24,680	9,037	13,690	5,570	<b>52,977</b>
Nutrition	4,500	0	2,340	2,160	<b>9,000</b>	4,746	72	2,476	2,226	<b>9,520</b>
Protection	26,000	25,000	26,000	23,000	<b>100,000</b>	30,118	27,534	35,795	36,307	<b>129,754</b>
Protection - Child Protection	1,250	1,250	18,000	22,000	<b>42,500</b>	1,894	1,560	21,649	22,006	<b>47,109</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.



**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	42,053	51,268
Internally displaced people	219,154	248,110
Host communities	126,963	171,183
Other affected people	25,000	65
<b>Total</b>	<b>413,170</b>	<b>470,626</b>

**Table 6: Total Number of People Directly Assisted with CERF Funding\***

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	100,834	115,921	6,219	3,746
Men	76,979	85,793	5,782	2,342
Girls	121,673	139,204	4,912	362
Boys	113,684	129,708	4,333	366
<b>Total</b>	<b>413,170</b>	<b>470,626</b>	<b>21,246</b>	<b>6,816</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-RR-FAO-003

1. Project Information			
<b>Agency:</b>	FAO	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Food Security - Agriculture	<b>CERF project code:</b>	21-RR-FAO-003
<b>Project title:</b>	Provision of emergency assistance to improve food production of vulnerable populations affected by the election-related violence and displacement post-electoral crisis in Dékoa, Bambari, Bouar and Bangui		
<b>Start date:</b>	13/04/2021	<b>End date:</b>	12/10/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 31,500,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 3,564,893</b>
	<b>Amount received from CERF:</b>		<b>US\$ 1,654,450</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 192,667</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 33,659
	National NGOs		US\$ 159,008
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

FAO, in collaboration with its network of governmental and non-governmental partners, implemented the emergency project thanks to funds allocated by CERF. In total, 9,200 vulnerable households were identified and benefitted from the assistance provided through the organization of agricultural input fairs in Bangui and its surroundings, Dékoa, Bambari and Bouar.

A total of XAF 276 million (about US\$ 500,244) was provided to beneficiary households through the distribution of vouchers – each household received a voucher worth XAF 30,000 (about US\$ 54) – to purchase agricultural inputs of their choice during the fairs. In total, 369.6 tonnes of seeds (peanuts, maize, sesame, paddy, cowpea, squash) and 27,600 tools (Ceylon hoes and Linda hoes) were purchased by beneficiaries.

Moreover, 1,080 local technicians were trained on agricultural good practices and technical itineraries for food production, based on FAO's model of the resilience box approach, including the following modules: (i) the choice of soils; (ii) the selection of quality inputs; (iii) sowing methods and plant protection (preparation of biopesticides); (iv) conservation and post-harvest marketing of products.

The project contributed to strengthening the resilience of 9,200 vulnerable households (44,864 people) affected by post-electoral conflicts in Bambari (Ouaka), Bouar-Baboua-Niem Yelewa (Nana-Mambéré), Bangui (capital city) and Dékoa (Kémo) between June and October 2021. It should be noted that this assistance was delivered at a time when there were still outbreaks of violence on the axes leading to certain areas of the project, in particular to Bambari and Bouar and the presence of displaced persons in host families.

### **3. Changes and Amendments**

In general, the activities planned in the Project Work Plan were implemented without major deviations. According to the layout of the project, only the organization of agricultural input fairs (food seeds and agricultural tools) were planned. However, in the formulation of the project document, the distribution of agricultural kits was also included, which justified the purchase of additional kits to complete the kits already received beneficiaries through the input trade fairs. This was made in order to enable affected-populations to diversify their activities and improve their nutrition through the provision of vegetable kits. This support is mainstreamed into the framework of FAO support to the 2021 agricultural campaign. In addition, the displacement status of the beneficiaries reached is slightly different from originally planned, reflecting the evolution of the context during the implementation period. The relative improvement of the security situation and the harshness of the living condition in displacement area led to important return movements. The number of vulnerable returnees assisted is therefore doubled compared to the initial target while the number of beneficiaries from the host and internally displaced communities is smaller.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	956	882	1,435	1,323	4,596	3,672	2,473	3,672	2,796	12,613
Internally displaced people	1,912	1,764	2,868	2,647	9,191	635	729	846	791	3,001
Host communities	6,692	6,176	10,037	9,265	32,170	5,769	3,431	9,954	9,816	28,970
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>9,560</b>	<b>8,822</b>	<b>14,340</b>	<b>13,235</b>	<b>45,957</b>	<b>10,076</b>	<b>6,633</b>	<b>14,472</b>	<b>13,403</b>	<b>44,584</b>
<b>People with disabilities (PwD) out of the total</b>										
	143	132	215	198	688	89	189	0	2	280

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

Indirect beneficiaries benefitted from project activities through sensitization campaigns. Indeed, these sessions were held publicly, with local authorities, agents of decentralized government services and implementing partners who explained the methodology for selecting beneficiaries according to vulnerability criteria and the specificities of the project. At the end of this public session, a committee composed of community members was set up to identify and validate the lists of beneficiaries.

## 6. CERF Results Framework

<b>Project objective</b>	Restore capacity for livelihoods and urgently improve food security and nutrition situation of 45,957 people (IDPs, returnees and host families) who face in serious food insecurity due to the election-related violence and displacement of population in Dékoa, Bambari, Bouar and Bangui
<b>Output 1</b>	Agricultural kits are provided to 45,957 most vulnerable people (IDPs, returnees and host families) in the areas of Dékoa, Bambari, Bouar and Bangui) to increase their food production capacity to generate an estimated 4,136.13 tonnes of food products.

Was the planned output changed through a reprogramming after the application stage? Yes  No

<b>Sector/cluster</b>	Food Security - Agriculture			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people receiving agricultural inputs (through input fairs - 60% female heads of households and 40% male heads of households)	45,957	44,864	FAO and Implementation partners' reports
Indicator 1.2	Quantities of agricultural input items distributed (seeds - groundnuts; maize; rice; sorghum; red beans; squash) MT	315	369.6 tonnes	FAO and Implementation partners' reports
Indicator 1.3	Quantities of agricultural inputs items distributed (tools - Ceylan hoes and Linda hoes) pieces	29,000	29,000	FAO and Implementation partners' reports
Indicator 1.4	Total area cultivated by beneficiaries (0.10 ha/person) ha	4,595.7	4,486	FAO and Implementation partners' reports
Indicator 1.5	Estimated food production MT	4,136.13	4,136.13	FAO and Implementation partners' reports
Indicator 1.6	Household Food Diversity Score	Limit/Acceptable	Not yet available	Post-harvest survey will be available on January 2022

**Explanation of output and indicators variance:** 54.6 additional tonnes of agricultural inputs were distributed compared to planned figures. This overachievement is explained by the success of the mitigation measures implemented to avoid inflation. Prices were approved in collaboration with local authorities and suppliers, and carefully monitored. Beneficiaries were able to access more seeds at a lower cost than previous years.

Activities	Description	Implemented by
Activity 1.1	With regards to the estimated needs and operational capacities of its partners (NGOs), memoranda of understanding (MoU) will be drawn up incorporating minimum criteria for distribution, monitoring and	FAO

	<p>evaluation modalities. Training and awareness-raising sessions will be organized for NGO managers and technicians to specify and fix the criteria for selecting beneficiary households as well as technical training topics with a focus on distribution methods, monitoring and evaluation methodologies, reporting requirements. Focus will be put on the minimum technical monitoring requirement of beneficiary households during the agricultural campaign. FAO will closely monitor and provide backstopping support throughout the implementation of the project.</p>	
Activity 1.2	<p>As the modality of supplying inputs to beneficiaries is through input fairs (vouchers programs), FAO and its implementing partners will jointly identify local suppliers who can respond to such specific modality and will liaise with them with regards to the vouchers scheme. FAO will contract a service provider to prepare and issue vouchers for the input fairs. FAO's implementing partners will be responsible for the operational and practical organization of input fairs in the areas identified in a concerted manner with FAO. This will include: (i) the preparatory measures and arrangements to be taken before the fair (planning, support team, availability of vouchers, grievance mechanism, market monitoring, supplier information, etc.); (ii) the organization of the fair (supervision of the fair, support documents and reports, etc.); (iii) the conduct of operations during the day of the fair (maintenance of the list of beneficiaries, weighing of quantities and verification of the seeds quality at the entrance of the fair, etc.); and (iv) provisions for monitoring the closure of the fair (payment of sellers, post-fair follow-up).</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>
Activity 1.3	<p>In the project area, a specific targeting of the intervention villages in which the beneficiary households are living (IDPs, returnees and host families) will be carried out. This targeting will be done in collaboration with FAO's implementing partners and the Central African Agency for Agricultural Development (ACDA) as well with representatives of the beneficiaries. This will also inform the setting up of a plan for the supply of agricultural inputs and training in their use. This analysis will consider the specific needs of women and young people and will adhere to the "do no harm" principle. Outreach meetings will be organized by the agents of the different implementing partners in each of the targeted villages. These meetings will be generally held at locations chosen by the local authorities. These are typically at the village chief's house or village authorities' house (chiefs and notables), and include leaders of the different communities living in the village, representatives of young people and women, etc. During these meetings, the partners will present the project (nature of assistance, targets, implementation period) and the working approach (identification methodology, criteria for selecting beneficiaries, etc.). To facilitate the distribution</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>

	<p>process, through the fairs, and with regards to the consideration of the protection/gender issues of the beneficiaries, risk analyses will be carried out as a prelude to the activities of sensitive input fairs and relation to the security context in the covered areas. Attention will also be paid to protection measures in the context of COVID-19.</p>	
Activity 1.4	<p>On the basis of the work plan drawn up with implementing partners, agreements will be signed to formalize the partnership with NGOs as well as with the technical offices of the MADR. The MoU will establish all operational aspects with regards to awareness activities, identification of beneficiaries and organization of agricultural input fairs. This activity will also be carried out in collaboration with the members of the other clusters involved in this rapid response windows provided by CERF funds in the targeted areas, local authorities and the communities concerned, to facilitate better synergy in the implementation of the assistance. This project will support 45,957 people and contribute to reduce the gap with regards to the 2021 agricultural campaign targets set under the 2021 HRP.</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>
Activity 1.5	<p>FAO will provide vouchers to implementing partner from its central (Bangui) or field offices (Bambari or Bouar) as appropriate and will take all appropriate measures to ensure that the project beneficiaries acquire inputs through fairs in accordance with targeting indicators and on time. In order to organize input fairs, FAO and the implementing partners will jointly identify local suppliers who can deliver quality inputs through the input fairs scheme. Memoranda of understanding with implementing partners will define the type of services offered to the beneficiaries (organization of the fair, technical and financial monitoring, etc.) to ensure that the quality and satisfactory quantities of inputs are available to the beneficiaries. Vouchers will be prepared by a selected service provider according to FAO procedures. Each beneficiary household will receive a voucher worth XAF 30,000 (USD 51), allowing to buy at least 31 kg of food seeds of their choice and 3 hoes (2 Ceylan hoes and 1 Linda hoe). FAO will also launch a call for applications for the selection of a suppliers" payment provider according to its established procedures. The selected operator will be responsible for making payments to suppliers at the end of the programme of fairs directly in the areas in which the fairs are organized. FAO and WFP have agreed that agricultural inputs will be distributed to households receiving food rations provided by WFP (joint targeting) small holder households to immediately access food as well as immediately begin to restore their means of survival.</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>
Activity 1.6	<p>After the distribution of the inputs to the beneficiaries, agents of the implementing partners with the support of the ACDA technicians will organize training sessions to</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-</p>

	<p>the beneficiaries. Topics will include appropriate and good agricultural practices (soil preparation, sowing, weed control, alternative (organic) treatment of pests, etc.), as well on harvesting, conservation of agricultural products, processing and management of agricultural inputs and farming. Reminders will also be made to ensure the integration of gender approaches, the centrality of protection and the “do no harm” principle in the implementation of activities, including data collection. FAO will provide backstopping support to partners. With regard to the number of beneficiaries to be trained and with the aim to facilitate the transfer of knowledge, representatives of the communities will be identified by the communities themselves as endogenous agricultural technical references (among the beneficiaries) in each village and will be trained to replicate training to other beneficiary members of the community. These referrers will benefit from rigorous monitoring by the implementing partners and the ACDA and will be involved throughout the project to facilitate the progressive support of beneficiary households.</p>	<p>Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>
<p>Activity 1.7</p>	<p>In order to maximize the benefits of an integrated support, advisory support will be set up by the implementing partners and ACDA through technical monitoring of beneficiary households. The follow-up will involve regular monitoring of the beneficiaries during the food production cycle and strengthening their technical capacities through training sessions on agricultural practices. Follow-up activities will be defined in the memoranda of understanding with partners and will define as well, the level of interaction between implementing partners and ACDA. This will include the involvement of the ACDA, among others, in the following actions:- Raising awareness among local authorities and beneficiary households ; - Identification/selection of vulnerable households ; - Distribution of inputs to beneficiaries through inputs fairs ; - Training of implementing partners technicians and beneficiaries on agricultural practices;- Participation in implementing partners supervision and M&amp;E missions;- Training of endogenous technical delegates;- Support and monitoring of beneficiaries during the implementation of activities. Endogenous technicians trained with the support of governmental technicians from ACDA (Central African Agency for Agricultural Development) and FAO’s implementing partners will also be mobilized to ensure close supervision of beneficiaries in their respective areas. Consistent follow-up will be provided by FAO, in consultation with project stakeholders, SNU agencies, government agencies (ACDA), NGOs and civil society structures involved.</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>
<p>Activity 1.8</p>	<p>Periodic implementing partners supervision and M&amp;E missions will be carried out by FAO experts in close collaboration with MADR’s specialized field services. Carrying out these missions will enable the regular</p>	<p>FAO, implementing partners AGAB (Dékoa), ESPERANCE (Bambari), CNOPCAF and FMNM (Bouar-Baboua-Niem), AHI &amp; GROUFEPA (Bangui), SAMARITAIN (Bouar) and ACDA</p>



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monitoring of project activities and assessment of the achievement of the defined results. Field implementing partner's staff and representative of the beneficiary groups will also be involved in these missions. In addition, FAO will organize a joint "in situ" assessment mission (MADR, implementing partners and producer groups) of the production obtained at the end of the crop campaign. This activity will be conducted systematically for all implementing partners involved in the implementation of the project. In advance, the field agents of the implementing partners will be trained on the methodology of data collection and processing. The data collected at each stage will take into account the gender dimension, by collecting and analyzing the information taking into account the disaggregation by sex of the head of household. Particular attention will be given to monitoring and evaluating the proportion of households benefiting from seeds that have received a « ration de protection des semences » or other forms of food aid. Each team of experts from FAO Field Offices will conduct monthly close monitoring of implementing partners to ensure the effectiveness of the activities carried out in accordance with the signed Memorandum of Understanding.	
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## 7. Effective Programming .

### a. Accountability to Affected People (AAP) <sup>2</sup>:

Prior to the design and planning of project activities, FAO conducted post-harvest evaluations of the 2020 crop season. Discussion with representatives of the targeted populations were conducted to make sure affected and vulnerable people's needs were taken into account.

At implementation stage, FAO raised awareness on the topic and gathered information on specific needs of vulnerable people regarding the crop campaign activities to be undertaken in 2021 (priority speculations, training needs) directly with the targeted households. Information was used, not only for the design of the project, but also to plan information sessions with different groups of population regarding the implementation of the project and the services that have been made available to them (free provision of services and inputs, training, awareness-raising sessions, identification of beneficiaries). Support provided was guided by the "Do No Harm" principles, and will contribute to strengthening social cohesion within communities.

### b. AAP Feedback and Complaint Mechanisms:

Community complaint mechanisms, through FAO's existing grievance mechanism, have been set up and were accessible to all targeted groups in the community, including to illiterate persons. This mechanism was available to beneficiaries also to address complaints about staff and/or implementing partners' misconduct. This allowed anyone in the community who had reservations about the selection of beneficiaries, ethic or accountability issues to come forward. The complaint can be addressed directly by the concerned persons or by the respective representatives of their home communities to the "Village Committee" which is set up in order to taken into account any complaints and positively respond to those concerned.

Moreover, FAO's existing grievance mechanism allows beneficiaries to address complaints directly by phone at "75 16 80 38" to a dedicated staff member who will take action depending on the issues. If the complaint requires immediate response, the dedicated staff

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<sup>2</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

will do so, otherwise a committee will be set up to deliver appropriate response on time. However, no complain were made through this hotline.

Complaints management and feedback committees whose members included people affected by the crisis must have a participation of at least 50 percent of women and representation by age group.

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#### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

FAO is committed to prevent sexual exploitation and abuse (SEA) by FAO personnel and implementing partners and put in place adequate response mechanisms. Concerning protection against sexual exploitation and abuse (PSEA), FAO has developed a framework for effectively addressing issues of SEA within FAO and its implementing partners and ensure adherence to the PSEA standards set by all FAO staff and implementing partners' personnel. FAO in Central Africa has a PSEA focal point and an alternate to enhance the application of PSEA policy at country level.

Awareness raising of community members on PSEA and FAO policies and procedures are included in FAO's project implementation, and community-based complaints mechanisms (CBCM) and an accountability framework are in place.

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#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Special attention has been placed on women-headed households during the identification of targeted households. Indeed, the project targeted at least 60 percent of women and girls as beneficiaries. The project was designed to address the needs of women, men and children by taking into account the roles of each in the different components of the targeted activities. Food security assessments placed women at the forefront of the fight against food insecurity, given their role in the household and their place in the distribution of work with regards to agricultural activities and related livelihoods activities.

In each area of the project, a local committee at village level was established, involving local authorities and beneficiary representatives to ensure that this distribution was applied transparently and that women participated on an active basis in this committee.

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#### **e. People with disabilities (PwD):**

280 people with disabilities have been identified and supported either directly or through one of the beneficiary household, if not able to participate directly. This was done through each implementing partner, which dedicated a special monitoring agent for people living with disabilities to benefit from the project's assets.

This approach can also be used with community members, where one person has been sensitized and trained by the project for a specific commitment, security issues or sustainable protection for example. The project monitoring framework mainstreamed indicators in order to follow-up on obligations of the PwD, in particular regarding women and girls with disabilities.

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#### **f. Protection:**

The project has established protection at the heart of the action. Indeed, the intervention targeted vulnerable households, and in particular women and young people, in order to reduce the use of negative coping mechanisms, such as the enlistment in armed groups, prostitution and economic exploitation. Particular attention was put on selecting beneficiaries from marginalized groups (women, people with disability, people living with HIV/AIDS), particularly with regards to the impact of food production assistance, that may exacerbate tensions between groups and within the community.

FAO ensured that these basic approaches and principles (gender, centrality of protection and respect for the "do no harm" principle) were implemented throughout the project. Moreover, awareness sessions were conducted to strengthen the capacity of implementing partners and specific indicators will allow accountability in this respect.

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#### **g. Education:**

Not applicable

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	9,200 households reached

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The day the fairs were held, every implementing partners' agents distributed vouchers with a maximum value of FCFA 30,000 (US\$ 54) to each household pre-identified according to agreed criteria of vulnerability. After they were checked individually they use the vouchers to purchase agricultural inputs available from suppliers.

### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.5	9,200 households	US\$ 500,244	Food Security - Agriculture	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
La FAO appuie la campagne vivrière 2021 en République centrafricaine	<a href="https://www.fao.org/africa/news/detail-news/fr/c/1437341/">https://www.fao.org/africa/news/detail-news/fr/c/1437341/</a>

## 3.2 Project Report 21-RR-FPA-002

1. Project Information			
<b>Agency:</b>	UNFPA	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Health - Sexual and Reproductive Health	<b>CERF project code:</b>	21-RR-FPA-002
<b>Project title:</b>	Provision of reproductive health and GBV life-saving interventions to the populations (IDP and host communities) affected by the ongoing humanitarian crisis in CAR		
<b>Start date:</b>	01/04/2021	<b>End date:</b>	30/09/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 5,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 718,000</b>
	<b>Amount received from CERF:</b>	<b>US\$ 650,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 201,429</b>
	Government Partners	<b>US\$ 0</b>
	International NGOs	<b>US\$ 201,429</b>
	National NGOs	<b>US\$ 0</b>
Red Cross/Crescent Organisation	<b>US\$ 0</b>	

## 2. Project Results Summary/Overall Performance

The CERF grant implemented by UNFPA and its 4 implementing partners (ASA, CORDAID, MDA and AID) from April to September 2021 helped providing life-saving reproductive health and Gender-Based Violence services to 52,977 people, including 24,690 women and 13,690 girls.

The following results were achieved:

- 12 health facility were identified and supported for the provision of Sexual Reproductive Health / Gender Based Violence services;
- 24 awareness-raising agents were identified and trained in communication and in the various sensitizations to behaviour change and information on the existence of services for the management of obstetrical complications and SVBG;
- 87 mobile clinics were set up in remote sites faraway from health centres for pregnant women, SGBV, awareness raising and referral for adequate care;
- 837 deliveries were assisted by qualified health personnel;
- 123 cases of caesarean delivery supported;
- 173 cases of abortion were treated;
- 964 delivery kits given to women during assisted deliveries;
- 962 new women and girls placed under family planning;
- 1,633 cases of sexually transmitted infection (STI)s were received and treated;
- 42,937 people were sensitized on the availability and free services;
- 4 secure spaces were set up for the empowerment of women and adolescent girls and psychosocial care for survivors of SGBV;
- 290 women got access to the skills activities;
- 309 parturient and survivors of SGBV benefited from transport costs to support services;
- 34 gender based violence's survivors were referred to legal and judicial supports services;
- 4 women platforms engaged as actors of behavioural change in the alert, prevention and response to GBV;

- 25 health professionals operating in CAR were trained from different sub-prefectures (11 medical doctors, 9 midwives and 5 nurses/other auxiliary personnel), of which 12 from INGOs and 12 directly working from Direction for Family and Population Health (DSFP) for the Ministry of Population and Health.

### **3. Changes and Amendments**

Reaching 52,977 persons (+43% than the planned target), including 24,680 women and 13,690 girls, was possible due to the population's confidence in the work of implementing partners, and the strategy adopted by them, in particular: the mobilization of community agents (women and men) who carried out local sensitization on project interventions, particularly on the existence and availability of services in health facilities, assistance in safe spaces for women and adolescent girls as well as the announcement of mobile clinic activities in terms of days and information on the support and responses provided during mobile clinics, such as : prenatal and postnatal consultations, medical and psychosocial care for rape survivors. Otherwise, no modification of the implementation plan were made.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	4,000	970	1,890	540	7,400	5,402	526	1,016	518	7,462
Internally displaced people	8,000	1,940	3,780	1,080	14,800	8,124	1,609	1,144	1,612	12,489
Host communities	8,000	1,940	3,780	1,080	14,800	11,130	6,899	11,504	3,428	32,961
Other affected people	0	0	0	0	0	24	3	26	12	65
<b>Total</b>	<b>20,000</b>	<b>4,850</b>	<b>9,450</b>	<b>2,700</b>	<b>37,000</b>	<b>24,680</b>	<b>9,037</b>	<b>13,690</b>	<b>5,570</b>	<b>52,977</b>
<b>People with disabilities (PwD) out of the total</b>										
	200	48	93	27	368	Not available	Not Available	Not Available	Not Available	Not Available

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

Indirectly, the implementation of CERF funding has benefited the different categories of health personnel (doctors, nurses, midwives, etc), psychosocial personnel and other humanitarian actors whose capacities have been strengthened in the humanitarian area.

- 13 midwives employed in the health districts of Dékoa, Grimari, and Bossangoa benefited from briefing during the formative supervision of midwives recruited for the project;
- 5 APS from humanitarian organizations took part in the Bambari and Bangassou referral pathway updating workshop;
- Training of health providers by a clinical psychologist (NENGO project) on psychological support for survivors of GBV and IPV;
- 25 health professionals operating in CAR. were trained from different sub-prefectures (11 medical doctors, 9 midwives and 5 nurses/other auxiliary personnel), of which 12 from INGOs and 12 directly working from Direction for Family and Population Health (DSFP) for the Ministry of Population and Health.

## 6. CERF Results Framework

<b>Project objective</b>	Prevent excess maternal and neonatal mortality and morbidity in the 04 targeted sub-prefectures (Dekoa, Bambari, Grimari, Bossangoa) by implementing the MISP (Minimum Initial Services Package) for sexual and reproductive health in crisis situations			
<b>Output 1</b>	Provide access to 12 health facilities supported in 04 targeted sub-prefectures for quality clinical and psychological care of rape and other types of gender-based violence, basic EmONC, full EmONC, prevention and treatment of HIV / STI, family planning, and post-abortion care			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health - Sexual and Reproductive Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of births assisted by skilled health providers	740	837	Implementing partner progress report
Indicator 1.2	Number of cases of caesarean section managed in the referral health facilities	96	123	Implementing partner progress report
Indicator 1.3	Number of health facilities supported with SRH kits	12	12	Implementing partner progress report
Indicator 1.4	Number of cases of STI received treatment	1,292	1,633	Implementing partner progress report
Indicator 1.5	Number of health providers oriented on MISP	25	25	Implementing partner progress report
<b>Explanation of output and indicators variance:</b>		The influx observed is explained by the many awareness campaigns carried out by community workers. These actions made mobilized more women and girls in the communities who interested in the care services provided during mobile clinics in areas covered by the health prefectures of Kemo and Ouaka.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide health facilities with Interagency Emergency Sexual and Reproductive Health (IARH) Kits including post-rape treatment kits (Kit number 3) that includes emergency contraception (EC) to prevent unintended pregnancy and Post –Exposure Prophylaxis (PEP) medication to prevent HIV infection	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), MEDECIN D'AFRIQUE (MDA)		

Activity 1.2	Distribute 2,400 individual clean delivery kits to visibly pregnant women	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), MEDECIN D'AFRIQUE (MDA)
Activity 1.3	Orient health providers on the Minimum Initial Services Package (MISP) including the Guidance on CMR and IPV, for RH in Crisis including the Clinical Management of Rape (CMR) service as one of the main lifesaving integrated SRH/GBV interventions	MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID)
Activity 1.4	Distribute at least 110,000 condoms in targeted areas of intervention	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID)
Activity 1.5	Monitor and provide supportive supervision on life saving RH intervention to targeted health facilities	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID)

**Output 2** Ensure multi-sectorial response to survivors of gender-based violence, including sexual violence and provide psychosocial and medical assistance.

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	% of sexual violence survivors received in health facilities who benefited of PEP kit	100%	100%	Implementing partner progress report
Indicator 2.2	Number of Women and Girls Safe Spaces (WGSS) set-up and functional	4	4	Implementing partner progress report
Indicator 2.3	% of women and girls (disaggregated by age) who accessed PSS support services indicating satisfaction with services	100%	100%	Implementing partner progress report
Indicator 2.4	Number of dignity kits distributed	3,000	3,350	Implementing partner progress report

**Explanation of output and indicators variance:**

- Underestimation during planning
- Excitement as a result of community mobilization activities

Activities	Description	Implemented by
Activity 2.1	Provide medical assistance to GBV survivors	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID)
Activity 2.2	Setup/support Women and Girls only Safe Spaces that provide quality services, information and activities that promote healing and well-being	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),
Activity 2.3	Provide case management services by GBV protection teams	AFRIQUE SECOURS ASSISTANCE (ASA), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),
Activity 2.4	Update and disseminate referral pathways for beneficiaries including child and adolescent survivors and persons with disabilities	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), AFRIQUE SECOURS ASSISTANCE (ASA), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),



Activity 2.5	Conduct safety audits and GBV risk assessments in the affected areas	AFRIQUE SECOURS ASSISTANCE (ASA)
Activity 2.6	Provide dignity kits to vulnerable women and girls and survivors of GBV	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), AFRIQUE SECOURS ASSISTANCE (ASA), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),

**Output 3** Lifesaving integrated GBV/SRH services are available and accessible to beneficiaries.

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

<b>Sector/cluster</b>	Health - Sexual and Reproductive Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of sessions of mobile clinics organized	160	87	Implementing partner progress report
Indicator 3.2	Number of beneficiaries reached with the messages on SRH/GBV	37,000	42,937	Implementing partner progress report
Indicator 3.3	Number of staff recruited	02	02	Implementing partner progress report

**Explanation of output and indicators variance:**

Overestimation of the number of mobile clinics when defining needs. The influx observed for SRH/GBV beneficiaries is explained by the many awareness campaigns carried out by community workers. Likewise, the use of focus group activities by psycho-social agents, the organization of recreational and cultural activities, and the use of relays and community workers helped to mobilize more women and girls in need of assistance.

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 3.1	Conduct integrated mobile clinics for service provisions to hard-to-reach IDP sites where beneficiaries don't have access to services	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID (CORDAID), AFRIQUE SECOURS ASSISTANCE (ASA), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),
Activity 3.2	Conduct community-based outreach activities focused on access to SRH/GBV services, especially life-saving and time-sensitive health services	AFRIQUE SECOURS ASSISTANCE (ASA), MEDECIN D'AFRIQUE (MDA), AFRIQUE INITIATIVE DEVELOPMENT (AID),
Activity 3.3	Recruit and deploy first-line support by GBV and SRH front-line workers (01 GBV Field Assistant, 01 Humanitarian Midwife)	UNFPA

## 7. Effective Programming

### a. Accountability to Affected People (AAP)<sup>3</sup>:

The implementation of the project was an opportunity to:

<sup>3</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

- ensure responsibility towards the affected persons (AAP) by guaranteeing their free access to available SRH / GBV services while ensuring their full care according to the needs identified, in particular displaced women and girls;
- reach out to people with reduced mobility (PwD) during local awareness raising;
- include men and boys as direct beneficiaries in activities with a view to their involvement in the fight against GBV: through targeted sensitization and focus groups with men and boys on the themes of positive masculinity.

#### **b. AAP Feedback and Complaint Mechanisms:**

Suggestion boxes were installed in health facilities. Community workers sensitized the community on the use of suggestion boxes and deposit under anonymity. The feedbacks and complaints were analysed in the presence of accredited community leaders, field managers and M&E.

#### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

The allocation provided the opportunity to support protection against sexual exploitation and abuse (PSEA) by strengthening the capacity of qualified personnel recruited for the project and setting up SEA focal points for IPs working on the project; During the quarterly project monitoring missions, 6 briefing sessions were organized in Dékoa (2), Grimari (2), Bambari (1) and Bangassou (1) for 5 psychosocial workers and 5 staff of health facilities in each site on prevention and response to sexual abuse and exploitation. In addition, during the review of the work plans in September 2021, all the heads of the implementing partners were made aware of the issue of sexual abuse and exploitation.

#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Regarding the gender equality policy inclusion plan, the project reached 4 men including 3 adolescents (denial of resources, opportunities and services), as well as 1 adult victim of physical assault (protection incident) who benefited from services for STIs, psychosocial GBV care.

#### **e. People with disabilities (PwD):**

1 survivor with hearing impairment received an adequate care according to their needs during the project. No other data on PwD is available.

#### **f. Protection:**

The protection of affected and at-risk people was integrated into the implementation of the project by:

- The quarterly briefing of Psychosocial Agents on psychosocial support in emergency situations,
- Securing safe spaces and limiting access to men except in the event of assistance requested;
- Involving local human rights platforms, leaders and local authorities in the choice of spaces in a secure environment that is easily accessible to all women and girls in the area;
- Taking into account marginalized people by: translating messages in Fulani language inside safe spaces, encouraging participation of Fulani women of Dékoa in psychosocial activities; and psychosocial care of a hearing impaired survivor and referral for medical care.
- Commitment of the Organization of Central African Women (OFCA) and the Regional Office of Social Affairs of Dékoa and Grimari to perpetuate the activities at the end of the project with the support of the sub-prefects of the said localities.

#### **g. Education:**

290 women participated to the skills activities of their choice in Safe Spaces for Women and Adolescent.: 135 of them chose the literacy module with reading and counting; and 155 other chose knitting.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project was not planned for cash assistance on the basis of the multisectoral assessments (MSNA, market analysis). Affected people prefer direct services provision rather than cash to cover their protection needs.

## 9. Visibility of CERF-funded Activities

**Guidance (to be deleted):** Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Les violences sexuelles, un crime à combattre dans la ville de Bambari	<a href="https://car.unfpa.org/fr/news/les-violences-sexuelles-un-crime-%C3%A0-combattre-dans-la-ville-de-bambari">https://car.unfpa.org/fr/news/les-violences-sexuelles-un-crime-%C3%A0-combattre-dans-la-ville-de-bambari</a>
UNFPA Centrafrique	<a href="https://car.unfpa.org/">https://car.unfpa.org/</a>

### 3.3 Project Report 21-RR-HCR-003

#### 1. Project Information

<b>Agency:</b>	UNHCR	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Protection	<b>CERF project code:</b>	21-RR-HCR-003
<b>Project title:</b>	Protection to IDPs through Protection Monitoring, SGBV Response and Multi-sectoral Assistance		
<b>Start date:</b>	01/04/2021	<b>End date:</b>	30/09/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

#### Funding

<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 8,700,000</b>
<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 0</b>
<b>Amount received from CERF:</b>	<b>US\$ 569,999</b>
<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 273,744</b>
Government Partners	US\$ 0
International NGOs	US\$ 273,744
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

Through this action, UNHCR and its Partner Organizations contributed to the protection of some 129,754 internally displaced persons in three prefectures (Ouham, Kemo and Ouaka) and 6 Sub-Prefectures (Batangafo, Bouca and Bossangoa in the Ouham prefecture, Dékoa in the Kemo prefecture and Bambari, Grimari in the Ouaka Prefecture). Some 90,526 IDPs (of which 2,979 living with disabilities) directly benefited from community-based Protection Monitoring and Protection by Presence activities, and 39,228 persons (including 55 living with disabilities) were provided with lifesaving GBV programming (out of which 2,992 survivors provided with dignity kits).

Despite the challenges faced due to a volatile security environment, the project was fully implemented, all results were reached, and most indicators were exceeded. Through its community-based protection strategy, the project reached the intended beneficiaries in all targeted locations. Protection staff were recruited, trained, equipped, deployed and conducted protection monitoring missions. Regarding the GBV chapter of this action, a toll-free line was established and was operational in targeted areas. A team of psychologist telephone operators under the supervision of an expert psychologist were recruited. Callers were advised online and directed to Listening Centres where they received GBV (including psychosocial assistance. Material assistance was provided to some 2,992 survivors).

#### 3. Changes and Amendments

No changes and/or amendments were effected in the course of the implementation period of this action. In spite of the difficult humanitarian context in the country from April to September 2021, the project's objectives and results were all reached (and even exceeded).

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	26,000	25,000	26,000	23,000	100,000	30,118	27,534	35,795	36,307	129,754
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>26,000</b>	<b>25,000</b>	<b>26,000</b>	<b>23,000</b>	<b>100,000</b>	<b>30,118</b>	<b>27,534</b>	<b>35,795</b>	<b>36,307</b>	<b>129,754</b>
<b>People with disabilities (PwD) out of the total</b>										
	3,900	3,750	3,900	3,450	15,000	2,157	753	62	62	3,034

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

Some 110,464 persons (16,117 adult men, 20,778 adult women, 37,779 boys, 35,790 girls) benefitted indirectly from this project. This figure represents host communities, returnees (former refugees) living in the same areas as internally displaced persons targeted by this action. They benefitted as the Internally Displaced persons from protection monitoring, protection by presence activities, and GBV programming and response.

## 6. CERF Results Framework

<b>Project objective</b>	Improvement of the Protection of Displaced Populations in targeted sub-prefectures through protection monitoring and GBV response
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<b>Output 1</b>	Community-based protection monitoring is conducted
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Protection			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of protection monitoring missions () conducted and documented (50 per Sub-prefecture; 6 Sub-prefectures)	300	419	Verified partner reports
Indicator 1.2	# of protection monitors recruited, trained and deployed in targeted areas (3 per Sub-prefecture; 6 Sub-prefectures)	18	18	Verified partner reports
Indicator 1.3	# of members of Community-based Relais Communautaires (RECOPs) identified, trained, equipped and supported (30 per Sub-prefecture, 6 Sub-prefectures)	180	177	Verified partner reports

<b>Explanation of output and indicators variance:</b>	Of the 180 envisaged Relais Communautaires (RECOPs), the project identified only 177 (3 missing). The 177 were the ones found to be capable of undertaking protection activities within their communities and met the requirements of RECOP selection.
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Activities	Description	Implemented by
Activity 1.1	Regular protection monitoring missions covering 6 Sub-prefectures	<b>INTERSOS, UNHCR Partner</b> During the project implementation period, 419 protection monitoring missions were carried out: 412 missions to monitor the protection situation of beneficiaries and the collection of protection incidents and 7 joint missions. During these 419 missions, 2,035 protection incidents were documented on 218 girls, 62 boys, 788 women and 967 men.
Activity 1.2	Recruitment, training, and deployment of protection staff	<b>INTERSOS, UNHCR Partner</b> Eighteen protection monitors (15 men and 3 women) received training sessions on protection monitoring techniques, protection incidents and GBV case management. They facilitate the training of community relays, monitor the roads and the sites of displaced people, analyze and assess the protection risks.

		It should be noted that after these trainings, these monitors received briefings and technical support from the protection monitors, GBV case managers and database managers deployed in the Kémo, Ouham and Ouaka areas.
Activity 1.3	Recruitment, training, deployment and provision of support (equipment, supplies and monthly allowance) to community based Relais Communautaires	<b>INTERSOS, UNHCR Partner</b> Of the 180 community relays planned for these localities, 177 were identified, trained and equipped with telephones to facilitate their work of collecting and communicating protection information to Protection Monitors and subsequently to Database Managers.

**Output 2** Life-saving assistance provided to SGBV survivors

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of toll-free fully functional telephone line (Ma Mbi Si) established and operational in targeted areas	1	1	Verified partner reports
Indicator 2.2	# of Expert psychologist recruited and deployed	1	1	Verified partner reports
Indicator 2.3	# of Psychosocial/Line Operators recruited/trained/equipped	4	4	Verified partner reports
Indicator 2.4	# Listening Centres established/equipped in targeted areas (2 per Sub-prefectures)	12	11	Verified partner reports
Indicator 2.5	# of dignity kits distributed	2,992	2,992	Verified partner reports
Indicator 2.6	# of sensitization sessions organized in targeted areas to disseminate information about "Ma Mbi Si" service	10	10	UNHCR reports

**Explanation of output and indicators variance:** Out of the 12 envisaged Listening Centres, only 11 were fully established in the period of implementation of this action. Due to worsening security conditions and reduced access, the establishment of the Listening Centre for Ippy zone was delayed and therefore the centre is not yet fully completed at the time of reporting, although work is ongoing.

Activities	Description	Implemented by
Activity 2.1	Establishment of a toll-free telephone line - a service through which GBV survivors will be able to receive remote counselling, psychosocial support and referral	<b>COOPI, UNHCR Partner</b> Toll-Free number 4006 was put in place and is fully functional in the targeted areas
Activity 2.2	Recruitment and deployment of an Expert Psychologist who will provide survivors with remote psychosocial counselling	<b>COOPI, UNHCR Partner</b> An Expert psychologist was recruited and deployed in targeted areas to enhance staff capacities

Activity 2.3	Recruitment, training and deployment of psychosocial and Line Operators tasked with receiving calls, providing first-line support before referral	<b>COOPI, UNHCR Partner</b> 4 psychosocial line Operators were recruited, trained and made operational: received calls and provided first-line support to survivors who called the 4006 toll-free line.
Activity 2.4	Establishment of equipped Listening Centers in strategically identified places to be managed by SGBV Case Managers	<b>INTERSOS, UNHCR Partner</b> 11 Listening Centres were established, equipped and staffed with trained GBV Case Managers to provide care to survivors or referring them to appropriate service providers
Activity 2.5	Procurement, temporary warehousing and distribution of improved dignity kits to SGBV survivors	<b>UNHCR</b> 2,992 improved dignity kits, each comprising 1 solar lamp, 5 sanitary pads, 2 mosquito nets, 1 6-yards cotton wrapper, 1 underwear, 2 whistles, were procured, temporarily warehoused and distributed to GBV survivors in the targeted areas (Kemo, Ouaka and Ouham prefectures)
Activity 2.6	Organization of sensitization campaigns targeting “Relais Communautaires”, Protection Committees and health centres to disseminate information on “Ma Mbi Si” service	<b>UNHCR, INTERSOS, COOPI</b> 10 sensitization campaigns targeting members of RECOP were organized not only to disseminate information about the toll-free line but also aiming to strengthen capacities of these selected members of communities.

## 7. Effective Programming

### a. Accountability to Affected People (AAP) <sup>4</sup>:

Community relays (RECOPS) were recruited by beneficiaries and community leaders according to criteria defined by them. UNHCR, through its partner INTERSOS developed and implemented an accountability system in the targeted areas comprising Information and Feedback Centers to allow IDPs to express their opinion on the assistance and protection provided. This system was implemented through the classic tools used in the collection of complaints, namely barrier-free complaint boxes, active listening, complaint registers and FGDs. All complaints were captured into a database analysed and acted upon. Feedback was regularly provided to beneficiaries. Complaints management committee were set-up and met on a monthly-basis to process and analyze the complaints recorded during the indicated period. Complaint management reports were prepared and communicated so that advocacy could be undertaken for those complaints that could not be addressed.

### b. AAP Feedback and Complaint Mechanisms:

UNHCR in these activities, actively sought the views of affected populations through suggestion boxes, Information and Feedback Centers (IFCs) in order to improve its programming policy and practice and ensure that feedback and complaint mechanisms are safe, reliable, streamlined, appropriate and sufficiently robust, addressing complaints about violations of policies and humanitarian principles. Specific issues raised by those affected by such violations and/or physical abuse, including sexual exploitation and abuse that may have human rights, legal, psychological or other implications, were not only documented, but also addressed and shared with appropriate actors for redress.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

At the beginning of the project, UNHCR organized training for all staff in the targeted prefectures on EAS protection charter. The trained staff signed the code of conduct as a commitment to strictly abide by it and to disseminate it widely among project beneficiaries. Community sensitization sessions through various channels with a focus on the risks of SGBV, SEA, available services and the importance of accessing them within 72 hours, and human rights were also organized during the project implementation period.

<sup>4</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

The project was designed so that the minority and vulnerable, including women, girls and sexual & gender minorities, would be protected first and foremost, and then when cases arise, they would have the necessary protection and holistic resilience support. Several sensitization sessions have been conducted since the beginning of the project to promote gender equality and strengthen the protection of women and girls. Already in the composition of the project team, priority was given to women and vulnerable people at the time of recruitment. For example, of the five people who make up the Ma Mbi Si office in Bangui, three are women. In addition, about 45% of members of Relais Communautaires (RECOPS) are women.

#### **e. People with disabilities (PwD):**

People living with disabilities have been actively involved in the implementation of the project through their representation among the community relays and mechanisms, the organization of educational talk sessions, community sensitization on the recurrent problems of SGBV, focus groups on protection risks. They (women, girls, boys, men with disabilities) were involved at all levels in community decision-making and receive bonuses for certain trips, especially for children with disabilities. Furthermore, distribution of assistance, i.e. dignity kits, prioritized people living with disabilities, in particular women and girls living with handicap.

#### **f. Protection:**

Through this project, UNHCR continued and reinforced an approach that focuses more on thematic monitoring to measure the protection environment, protection monitoring activities, border monitoring and Camp Coordination Camp Management in the different project areas. Community mobilization has been strengthened and expanded with the establishment of Community Relays which have been revitalized, with an emphasis on the participation of women, PBS, people considered as minorities in the community and the inclusion of people living with disabilities. The operation of these community relays has allowed us to collect, through the Kobo collection tool, several incidents of protection, including several cases of GBV that were documented and treated psychosocially and medically. Coordination and partnership have been strengthened by sharing the data collected with humanitarian actors through presentations of the monitoring results during weekly meetings of site management coordination committee (CCCM).

#### **g. Education:**

Not applicable

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
No	No	N/A

Cash and Voucher Assistance was not implemented in this action for two reasons. Firstly, the action was predominantly protection in nature (providing protection monitoring, SGBV and psychosocial counselling which cannot be delivered through cash). Secondly, only a small portion (about 2.9% of the action's beneficiaries) received dignity kits – which did not make it cost-effective to deliver through cash interventions, given the logistics and risks that are involved in implementing cash in deep-field locations with absolutely no presence of financial service providers. For this reason, in-kind assistance (kits) was provided.

### **9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
[Insert]	[Insert]

### 3.4 Project Report 21-RR-CEF-005

#### 1. Project Information

<b>Agency:</b>	UNICEF	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Nutrition Protection - Child Protection Health	<b>CERF project code:</b>	21-RR-CEF-005
<b>Project title:</b>	Improved access to health, nutrition and protection services for the most vulnerable people, especially children, women and displaced people along the axes of the target areas		
<b>Start date:</b>	01/04/2021	<b>End date:</b>	30/09/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 75,700,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 21,610,934</b>
	<b>Amount received from CERF:</b>		<b>US\$ 2,280,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 1,405,912</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 1,009,120
National NGOs		US\$ 396,792	
Red Cross/Crescent Organisation		US\$	

#### 2. Project Results Summary/Overall Performance

The multi-sectoral character of this programme allowed UNICEF and partners to provide support to communities in an integrated manner. This responds to some of the beneficiaries requests to obtain a holistic support. This enabled a quick, timely and holistic response to issues related to health, nutrition, and child protection/SGBV which too often goes hand in hand.

**Child protection:** Through this CERF RR grant, UNICEF and partners trained 365 members of community-based child protection networks on child rights and protection, including the mechanisms for identification and referral of vulnerable children to support services. 47,109 children and caregivers ( 43,655 children and 3,454 adults) were provided with community-based mental and psychosocial support through 49 Child Friendly Spaces and outreach activities at community level (109% of the planned target), 222 children survivors of sexual and gender based violence (100 % girls) received holistic support (111% of the planned target), 186 children including 37 girls and 149 boys (124 % of the planned target) who exited from armed groups and other children at risk of recruitment received socio-economic support (formal education, skills training and income generating activities, etc), 344 children including 204 boys and 140 girls (94% of the target) who had been separated from their families as a result of the conflict and displacement were provided with family-based care through reunification with their relatives or placement in foster families (98 % of the planned target).

**Health:** Through this CERF RR grant, 60 Emergency Health kits were sourced to cover gaps in essential drugs and medical supply in health facilities for the care of 24,848 patients (99% of the target) including 2,480 women, 1,740 men, 9,820 girls and 10,808 boys in the prefecture of Ouham (health districts of Bossangoa and Bouca) and the prefecture of Nana-Mambere (health district of Bouar).

**Nutrition:** Through this CERF RR grant, UNICEF and its partners MDA (districts of Kemo (Dekoa) & Grimari), FLM (Bossangoa, Batangafo, Bouca-Bouar & Baoro) and AID (District of Bambari) could treat 4,702 severely malnourished children aged 6-59 months (104%of the target) including 2,476 girls and 2,226 boys. 4,416 pregnant and lactating women (98% of the target) have been sensitized

on Infant and Young Child Feeding (IYCF) good practices including IYCF in emergencies. In addition, 296 community relays were trained on screening, referral and the package of nutrition promotion services and, 106 health workers were trained on the integrated protocol for the management of acute malnutrition.

### **3. Changes and Amendments**

Not applicable

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Child protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	750	750	11,000	13,500	26,000	1,316	945	12,989	13,200	28,450
Host communities	500	500	7,000	8,500	16,500	578	615	8,660	8,806	18,659
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,250</b>	<b>1,250</b>	<b>18,000</b>	<b>22,000</b>	<b>42,500</b>	<b>1,894</b>	<b>1,560</b>	<b>21,649</b>	<b>22,006</b>	<b>47,109</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	12,000	13,000	25,000	2,480	1,740	9,820	10,808	24,848
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>12,000</b>	<b>13,000</b>	<b>25,000</b>	<b>2,480</b>	<b>1,740</b>	<b>9,820</b>	<b>10,808</b>	<b>24,848</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,125	0	585	540	2,250	1,186	24	616	556	2,382
Host communities	3,375	0	1,755	1,620	6,750	3,560	48	1,860	1,670	7,138
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,500</b>	<b>0</b>	<b>2,340</b>	<b>2,160</b>	<b>9,000</b>	<b>4,746</b>	<b>72</b>	<b>2,476</b>	<b>2,226</b>	<b>9,520</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

**Child Protection:** A total of 26,023 individuals (including 13,615 women) indirectly benefitted from this funding as they were reached through awareness raising sessions and community dialogues on child rights and the role of local communities in protecting children in the context of armed conflicts. Considering the high risk of GBV incident in the CAR context, local communities were sensitized on the causes and consequences of GBV and how it can be prevented. Community members were also sensitized on their roles in protecting children from recruitment and use of children in armed conflict.

**Health:** A total of 3,240 women (including 2,880 pregnant and lactating women) as well as 1,740 vulnerable men indirectly benefitted from this funding as they could be treated thanks to the training of 90 health workers and community relays: 70 health workers were trained in the use of the flowchart to provide children with curative services against life-threatening diseases like malaria, pneumonia and diarrhoea and 75 community health workers were trained/retrained in integrated community cases management.

**Nutrition:** A total of 10,000 households indirectly benefitted from this funding as they were reached through awareness raising sessions on IYCF and essential health practices conducted by 296 community relays trained on screening, referral, and the package of nutrition promotion services and, 106 health workers trained on the integrated protocol for the management of acute malnutrition.

## 6. CERF Results Framework

<b>Project objective</b>	Protect and ensure access to life-saving nutrition and health services for the most vulnerable, especially children, women and displaced persons along the axes of the target areas			
<b>Output 1</b>	100 agents de santé et 200 relais communautaires sont formés sur le dépistage-référence et la prise en charge de la malnutrition aiguë sévère.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of individuals (community relays) trained to support programme implementation (screening, referral and the package of nutrition promotion services)	200	296	NGOs' final reports (FLM & AID)
Indicator 1.2	Number of individuals (health workers) trained to support programme implementation (integrated protocol for the management of acute malnutrition)	100	106	Final reports of NGO FLM
<b>Explanation of output and indicators variance:</b>		UNICEF and its partners FLM (Bossangoa, Batangafo, Bouar & Baoro) and AID (District of Bambari) implemented the project in health districts in Grimari, Kemo (Dékoa), Bouar, Baoro & Bambari allowing to reach 106% of the targeted health workers and 148% of targeted community relays as follows: FLM and AID trained respectively 140 and 156 community relays that were already enrolled in these health districts. Before the start of the CERF project, MDA had already trained health workers and community relays in districts of Kemo (Dékoa) & Grimari.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Training of community relays on screening, referral and the package of nutrition promotion services	NGOs: MDA (districts of Kemo (Dékoa) & Grimari), FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)		

Activity 1.2	Training of health workers on the integrated protocol for the management of acute malnutrition	NGOs: MDA (districts of Kemo (Dékoa) & Grimari ),FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)
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**Output 2** 4,500 children aged 6-59 months with SAM are timely screened and referred to immediately receive quality treatment for severe acute malnutrition

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

**Sector/cluster** Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SAM new admissions	4,500	4,702	Final reports of NGOs (MDA, FLM & AID)
Indicator 2.2	% of SAM discharged recovered	>75%	90%	Final reports of NGOs (MDA, FLM & AID)
Indicator 2.3	Death cure rate according to SPHERE standards (gender-disaggregated data) and the national protocol for the management of acute malnutrition	< 10%	0.4 %	Final reports of NGOs (MDA, FLM & AID)
Indicator 2.4	Defaulter rate according to SPHERE standards (gender-disaggregated data) and the national protocol for the management of acute malnutrition	< 15%	3.2 %	Final reports of NGOs (MDA, FLM & AID)

**Explanation of output and indicators variance:** 104% of the targeted children with SAM were admitted. All the performance indicators met SPHERE standards. These performances in nutritional units for outpatient management of acute malnutrition were achieved thanks to the large numbers of trained health workers and trained community relays, which made it possible to increase the coverage and quality of SAM treatment.

Activities	Description	Implemented by
Activity 2.1	Provision of nutritional inputs, essential drugs and anthropometric equipment and reproduction of monitoring tools for a timely response	NGOs: MDA (districts of Kemo (Dékoa) & Grimari), FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)
Activity 2.2	Distribution of nutritional inputs, essential drugs and anthropometric equipment and reproduction of monitoring tools in the targeted areas	NGOs: MDA (districts of Kemo (Dékoa) & Grimari), FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)
Activity 2.3	Active and passive screening of SAM cases in health facilities, IDP sites in the communities including through mobile approach	NGOs: MDA (districts of Kemo (Dékoa) & Grimari), FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)
Activity 2.4	Treatment of severely malnourished children	NGOs: MDA (Kemo (Dékoa) & Grimari), FLM (Bossangoa, Batangafo, Bouar & Baoro), AID (District of Bambari)

**Output 3** The prevention of malnutrition in emergency situations is reinforced with 4,500 children aged 6 to 59 months receiving vitamin A supplementation, 3,653 children aged 12 to 59 months being dewormed and 4,500 pregnant and breastfeeding women being sensitized on good practices for infant and young child feeding in emergency situations

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children aged 6-59 months receiving vitamin A supplementation	4,500	4,129	Final report of NGO (MDA)
Indicator 3.2	Number of children aged 12-59 months dewormed	3,653	4,327	Final report of NGO (MDA)
Indicator 3.3	Number of targeted pregnant and lactating women reached in the community, receiving counseling for the stimulation, promotion and protection of breastfeeding and appropriate infant and young child feeding practices.	4,500	4,416	Final reports of NGOs (MDA & AID)
Indicator 3.4	Number of home visits performed by the community relays	1,461	1,710	Final reports of NGOs (MDA & AID)

**Explanation of output and indicators variance:** Only one implementing partner (MDA) was able to carry out both activities (vitamin A supplementation with 2 annual doses for children aged 6-59 months and deworming in children aged 12 to 59 months). MDA was able to achieve 92% of the coverage of the VAS target and 118% of the deworming target. The areas supported by AID (Bambari Health District) and FLM (Bouar and Bossangoa Health District) did not carry out both activities due to the 2 campaigns that had been organized by the Ministry of Health with the support of UNICEF in their respective health districts. Their support during the campaigns was effective in terms of logistics and human resources. To avoid counting these children twice, the data was factored into the campaign reports

Activities	Description	Implemented by
Activity 3.1	Vitamin A supplementation for children aged 6 to 59 months	NGO: MDA (Kemo (Dékoa) & Grimari)
Activity 3.2	Deworming of children aged 12 to 59 months	NGO: MDA (Kemo (Dékoa) & Grimari)
Activity 3.3	Psychosocial support for pregnant and lactating women affected by the crisis to stimulate, promote and protect breastfeeding as a lifesaving measure and ensure appropriate nutrition practices	NGOs: MDA (Kemo (Dékoa) & Grimari), AID (District of Bambari)
Activity 3.4	Home visits	NGO: MDA (Kemo (Dékoa) & Grimari)

**Output 4** 25,000 vulnerable children (13,000 girls and 12,000 boys) affected by the crisis will have access to essential healthcare services

**Was the planned output changed through a reprogramming after the application stage?** Yes  No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of emergency kits (50 IEHK2017, kit, basic Unit et 10 IEHK 2017, kit, suppl.- 1 medecines) received in Bangui	60	60	UNICEF Service Order document n.20248375



Indicator 4.2	Number of mobile clinics set-up in the targeted crisis-affected areas	10	10	Mentor Initiative and FLM's final reports
Indicator 4.3	Number of children in crisis-affected areas who received basic preventive and curative health care	25,000	24,848	Mentor Initiative and FLM's final reports
Indicator 4.4	Number of monthly supervision and monitoring visits to health facilities in target areas	5	5	Mentor Initiative and FLM's final reports
<b>Explanation of output and indicators variance:</b>		No variance. All the medical kits were sourced, and children were treated by mobile clinic teams, functional health care structures and in the communities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Procurement and distribution of 50 IEHK2017, kit, basic Unit et 10 IEHK 2017, kit, suppl.-1 medecines for basic health care interventions in targeted areas	MDA, FLM, AID		
Activity 4.2	Training of 60 health workers (20 women and 40 men) on the use of the flowchart to provide children with curative services against life-threatening diseases like malaria, pneumonia and diarrhea and 30 community health workers (10 women and 20 men) will be trained in patient's referral to health care facilities.	MDA, FLM, AID		
Activity 4.3	Set-up of mobile clinics to provide curative and preventive health services in the localities affected by the crisis twice a month	MDA, FLM, AID		
Activity 4.4	Five supervision and monitoring visits to health care facilities in the target areas each month	MDA, FLM, AID		

<b>Output 5</b>	Front line child protection services are available and strengthened to address the protection needs of de 40,000 vulnerable children (22,000 boys et 18,700 girls) affected by the post-electoral violence in CAR			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	Number of short-term Child friendly Spaces in emergency affected communities	40	49	AFEB <sup>5</sup> , Esperance, CARITAS-Bossangoa, APADE <sup>6</sup> , VD <sup>7</sup> and WC-UK <sup>8</sup> reports
Indicator 5.2	Number of children and caregivers accessing mental health and psychosocial support	40,000	47,109	AFEB, Esperance, CARITAS-Bossangoa, APADE, VD and WC-UK reports
Indicator 5.3	Number of unaccompanied and separated children reunified with	350	344	AFEB, Esperance, APADE, VD and WC-UK reports

<sup>5</sup> Association des Femmes Evangeliques de Bossangoa

<sup>6</sup> All for Peace And Development

<sup>7</sup> Vision et Développement

<sup>8</sup> War Child-UK

	their families or accessing family based alternative care			
Indicator 5.4	Number of Community- Based Child Protection Networks (CBCPNs) set-up for prevention and response to child protection concerns	100	84	AFEB, Esperance, APADE, VD reports and WC-UK
Indicator 5.5	Number of children released from armed groups and other vulnerable children at risk of recruitment who have access to income-generating activities, formal education and vocational training	150	186	AFEB, Esperance and VD reports
Indicator 5.6	Number of children survivors of GBV accessing GBV prevention and response services	200	222	AFEB, Esperance, APADE, VD reports

**Explanation of output and indicators variance:**

Overall, the project reached more targets than initially planned. This is mainly due to the high number of children in need and the adoption of flexible implementation modalities such as the mobile child friendly spaces and child protection mobile teams. In some project locations such as in Ouham and Nana Mambéré Prefectures, the focus was put on reviving existing Community-Based Child Protection Networks (CBCPN) instead of establishing new ones, hence resulting in the slightly smaller number of new CBCPN established.

Activities	Description	Implemented by
Activity 5.1	Address psychosocial impacts of displacement and experience of war through the establishment of at least 40 short term Child friendly Spaces in emergency affected communities; and train 320 caregivers and social workers to integrate psycho-social support in their work	Espérance, APADE, Vision et Développement, AFEB, CARITAS-Bossangoa and War Child-UK
Activity 5.2	Provision support structured play, recreation and other appropriate activities address the psychosocial distress of 40,000 conflict affected children	Espérance, APADE, Vision et Développement, AFEB, CARITAS-Bossangoa and War Child-UK
Activity 5.3	Provide technical and operational support to the national network for Family Tracing and Reunification to identify, document, trace and reunify an estimated 350 children that have been separated or unaccompanied as a result of conflict	Espérance, APADE, Vision et Développement, AFEB and War Child-UK
Activity 5.4	Establish 100 Community- Based Child Protection Networks (CBCPNs) for prevention and response to child protection concerns.	Espérance, APADE, Vision et Développement, AFEB and War Child-UK
Activity 5.5	Provide access to income generating activities, formal education and skills training for an estimated 150 children released from armed groups and other vulnerable children at risk of recruitment.	Espérance, Vision et Développement, AFEB
Activity 5.6	Provide holistic support to 200 children victims of violence, including child survivors of sexual and gender-based violence.	Espérance, APADE, Vision et Développement, AFEB

## 7. Effective Programming .

### a. Accountability to Affected People (AAP) <sup>9</sup>:

**Child Protection:** Child participation is a core guiding principle in all UNICEF child protection interventions. This said, children who benefited from the interventions were consulted to ensure their views were considered in all phases of the project implementation. For instance, the reintegration options supported through this project were based on children's individual choices and profile. Children were also involved in the selection of play and recreational activities implemented in the CFS. This helped ensure activities implemented in the CFS were appropriate to children's gender, culture, and needs. Furthermore, a key strategic approach for UNICEF and partners is the establishment and capacity building of community-based child protection networks. These are informal fora (representative of all community groups and people with interest in child protection) where community members meet to discuss child protection concerns and take appropriate actions. These networks were therefore used as platform to involve the affected population in the design, implementation, and monitoring of the project. Members of these networks have been trained on child protection concerns and played a primary role in identifying vulnerable children victims or at risk of abuse and violence, using locally agreed criteria for vulnerability. They were also used to support awareness raising activities on child protection.

**Health:** The administrative and health authorities, as well as the communities including the beneficiaries were informed about the interventions. They provided information that allowed the development of the operational plan. Community health workers were involved in sensitizing the population on essential family practices and the provision of essential health care. The health district authorities were jointly involved in monitoring the implementation of care by the mobile clinics and functional health care facilities.

Nutrition:

- **Authority involvement:** Administrative and religious authorities were involved in the project through kick-off meetings to present the project and explain each stakeholder roles and responsibilities. Authorities were invited to further mobilize communities and decentralized services to facilitate implementation of project activities. Thus, health agents of concerned districts were informed, and their capacities strengthened on IMAM & IYCF.
- **Community involvement / participation:** Community relays were trained in early detection and referral of SAM cases, community mobilization, and PSEA rules. Through IMAM implementation in health centres (sensitization of accompanying SAM children), community sensitization of mothers and fathers on IYCF, home visits by community relays and cooking demonstration sessions in FOSAs, communities were widely involved in project and their participation was key to its success.
- **Monitoring of project activities:** Through formative supervisions and monthly coordination meetings of community relays, bimonthly supervisions of district management teams (DMT), quarterly joint supervisions of NGOs, UNICEF & DMT, quarterly progress assessment meetings, UNICEF and its implementation partners (MDA, FLM, AID) ensured quality monitoring of all project activities, which made it possible to obtain these very satisfactory results.

### b. AAP Feedback and Complaint Mechanisms:

Existing community platforms are used and fully engaged to ensure that community complaint mechanisms are confidential, responsive and accessible to all groups in the community. The focal points of these community platforms are elected through a participatory process of the community and are used to provide information on the implementation of the project, including incidents and violations that may occur in the course of the project. The information are routinely received and analysed and presented monthly to humanitarian actors. No particular complaint or incidents of violations occurred during the project implementation.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

All NGO partners involved in the implementation of this project were assessed as Moderate SEA risks and had already developed their internal action plans to address the identified risks. As we write this report, UNICEF has facilitated 2-day workshop for all implementing partners assessed as Moderate or High risk with regards to SEA risk. They will then adjust their PSEA plans accordingly. A key component of these action plans is the establishment and capacity building of community-based complaint mechanisms. Partner's PSEA risk rating will be reviewed and updated in January with the aim of upgrading all partners from moderate to low SEA risk. Furthermore, a standard practice for UNICEF CAR is the inclusion of a PSEA activity in all partner's project proposals. For this intervention, all IP conducted

<sup>9</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

awareness raising on PSEA for children benefiting from the interventions and their families in addition to ensuring that all their personnel involved in the implementation of the project (including community volunteers and the members of the child protection networks) were trained on SEA. When possible, PSEA training sessions for partners were co-facilitated by UNICEF child protection staff based in the field.

**d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Response to GBV and in particular sexual violence is a global priority for child protection and an output for this intervention. The provision of the response services to girls and women victims of GBV was based on the inter-agency guidelines on GBV in humanitarian settings to ensure they have access to holistic support (psychosocial, medical, and legal). The project also ensured equal participation of girls and boys: for instance, girls represented 49.5% of all children who attended the CFS activities.

**e. People with disabilities (PwD):**

The inclusion of children with disabilities in the project continued to be challenged by the prevailing social norms and culture which tends to stigmatize them. Additionally, partner's capacity to organise meaningful activities for this group of children remains very low. As such, no disaggregation of children attending the CFS based on their disabilities is available at this moment.

**f. Protection:**

In collaboration with the NGO Esperance and APADE, UNICEF conducted 2 GBV safety audits in Bambari and Bouar. UNICEF trained the NGO social on the safety audits tools and methodology. GBV safety audits in these two locations used a variety of participatory approaches including focus group discussions and interviews with several key stakeholders such as the service providers, women, children, community leaders, etc. The aim of the safety audits was two folds: (i) to assess GBV risks that expose children and women to SGBV and (ii) assess the situation of women and girls, including their ability to get access to support services. For instance, according to the safety audit conducted in Bambari, women and girls are exposed to sexual abuses when they move alone to collect firewood, water or work in the field. Regarding the Nutrition component of the project, protection was integrated through the following 2 activities: organizing consultations with communities on reporting mechanisms to promote and assistance to victims with the aim of creating / revitalizing community complaint mechanisms; and training / awareness of staff of organizations and providers on SEA, including the government part.

**g. Education:**

As stated in the project proposal, education was not a focus of this interventions. However, reinsertion into formal school and vocational training were among the services provided to support the socio-economic reintegration of children who were released from armed groups and forces. As the limited/lack of access to education and vocational training is also a key factor contributing to children vulnerability to recruitment and use by armed groups, other vulnerable children at risk of recruitment were also referred to formal schools or benefited from non-formal education/vocational training as a prevention measure.

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash was not considered as part of this project because of limited funding availability and competing needs. UNICEF does not have launched a cash support approach in the zone of interventions. UNICEF is gearing up its capacity in this area and wishes to expand this in future programmes.

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## 9. Visibility of CERF-funded Activities

Title	Weblink
Publication sur Twitter	<a href="https://twitter.com/unicef_car/status/1468140129336365057?s=21">https://twitter.com/unicef_car/status/1468140129336365057?s=21</a>
Publication sur Twitter	<a href="https://twitter.com/unicef_car/status/1382279839189721093?s=21">https://twitter.com/unicef_car/status/1382279839189721093?s=21</a>

### 3.5 Project Report 21-RR-WFP-003

#### 1. Project Information

<b>Agency:</b>	WFP	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Food Security - Food Assistance	<b>CERF project code:</b>	21-RR-WFP-003
<b>Project title:</b>	Food Assistance to vulnerable people		
<b>Start date:</b>	09/04/2021	<b>End date:</b>	08/10/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

#### Funding

<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 170,935,974</b>
<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 83,727,000</b>
<b>Amount received from CERF:</b>	<b>US\$ 1,845,592</b>
<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 0</b>
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

Through this CERF RR grant, WFP and its partners provided lifesaving food assistance to vulnerable people through cash-based transfers (CBT). 41,285 people received US\$ 10 value voucher of the same amount monthly for two months, then people received US\$ 15 value voucher of the same amount monthly for two months after adjustment of the minimum basket expenditure (MEB). This unconditional assistance to vulnerable households made up for continued food access shortfalls and enables beneficiaries to access food without adopting negative coping strategies, improved the beneficiaries' food consumption and protect their asset. The cash-based modality helped people feed themselves and their families and supported local markets and economies, in the chosen locations Bouar, Bambari and Dékoa where, markets are functioning, and food is available but unaffordable.

#### 3. Changes and Amendments

During the project life cycle, there were no changes or amendments, the project started as scheduled and ended on the agreed end line. There was no change for the three locations where the project was implemented. The number of beneficiaries reached has increased by around 7,000 compared to the planned figure. The assistance was indeed delivered according to the size of the household following the updated MEB developed by the VAM team and food security cluster, by which the transfer value was calculated, that enabled us to target more beneficiaries in the locations.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,522	1,325	1,158	1,052	5,057	1,864	1,623	1,418	1,288	6,193
Internally displaced people	6,596	5,741	5,018	4,558	21,913	8,077	7,030	6,145	5,582	26,834
Host communities	2,030	1,767	1,543	1,403	6,743	2,486	2,164	1,890	1,718	8,258
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10,148</b>	<b>8,833</b>	<b>7,719</b>	<b>7,013</b>	<b>33,713</b>	<b>12,427</b>	<b>10,817</b>	<b>9,453</b>	<b>8,588</b>	<b>41,285</b>
<b>People with disabilities (PwD) out of the total</b>										
	507	442	386	351	1,686	634	511	402	396	1,943

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The 18 retailers and their families are the indirect beneficiaries of the project. The US\$ 1,263,553.92 invested in the purchase of food items has had a big impact for them. The profit made by retailers was reinvested in the local economy, agriculture and societal activities.

## 6. CERF Results Framework

<b>Project objective</b>	Improve food security situation of crisis-affected people through general food distribution. (cash-based transfer)			
<b>Output 1</b>	Distribute cash/food voucher to beneficiaries			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of beneficiaries receiving cash-based transfers/food voucher	33,713	41,285	WFP internal system
Indicator 1.2	Total value of cash distributed	1,348,520	1,263,553.92	WFP internal system
Indicator 1.3	Food Consumption score: Percentage of households with poor food consumption score. The baseline is 7.0% at December 2020.	< 5.60%	Not yet available	PDM outcome report will be available in January 2022
Indicator 1.4	Percentage of households with acceptable food consumption score. The baseline is 66.60% at December 2020	≥ 73.8%	Not yet available	PDM outcome report will be available in January 2022
<b>Explanation of output and indicators variance:</b>		The variance of the number of beneficiaries is related to the change of the transfer value after the study on the Minimum Expenditure Basket resulting on transfer value depending on the size of the households: from 1 to 3 people = 20 000 XAF; from 4 to 6 = 32 000 XAF; 7 and more = 36 000 XAF		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Distribute cash/food voucher to beneficiaries	WFP		
Activity 1.2	Distribute cash/food voucher to beneficiaries	WFP		
Activity 1.3	Distribute cash/food voucher to beneficiaries	WFP		
Activity 1.4	Distribute cash/food voucher to beneficiaries	WFP		

## 7. Effective Programming .

### a. Accountability to Affected People (AAP) <sup>10</sup>:

The systems and mechanisms for monitoring and evaluating of the food and nutritional situation involved surveys of beneficiaries and facilitated the feasibility and appropriateness analysis design the project and served to adapt it to the evolving context. For example, following the increase of food prices, a study on the Minimum Expenditure Basket of households resulted in the adjustment of the transfer value for beneficiaries, based on the household size. The results of process monitoring and the follow-up of markets before, during and

<sup>10</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



after distributions made it possible to correct, adjust and improve the implementation. The operational targeting of beneficiaries is based on a community approach through involvement of community leaders and the settlement of complaints committees, representative of different groups of the population. The targeting phase ended with community validation in a village assembly. It should also be noted that retailers, in whose shops beneficiaries purchase goods, were chosen between community members and participated in the project.

#### **b. AAP Feedback and Complaint Mechanisms:**

WFP and its Cooperating Partners have set up a Complaints and Feedback Mechanism (CFM) to ensure better accountability. Some activities were undertaken to strengthen communication with beneficiaries including the development of tools (SOPs, complaints committee TOR, CFM Focal Points TOR, key messages and banner for toll-free sensitization, template and list of questions for community dialogues, CFM reports and complaints follow-up tool) as well as capacity building sessions and appointment of CFM Focal Points in targeted areas. Additionally, WFP has operated a beneficiary hotline system which is a toll-free number through which beneficiaries call to provide or request information, report complains and receive feedback. The toll-free numbers are displayed at all distribution sites, retailers' shops, beneficiaries' cards and on the banners. The toll-free numbers 4074 and 4075 were managed by two operators based in Bangui whose role is to receive, process and monitor the feedbacks and complaints received. The data is treated confidentially. Only the two WFP operators can have access to personal data (name, telephone number, place of residence, etc.) of the caller. These two operators speak Sango (local language) and French. Community sensitizations were carried out regularly to convey information on all WFP activities, namely changes in rations, planning of distribution dates, feedback to complaints or other concerns of beneficiaries, etc. Here are some complaints recorded in the CFM quarterly report (July to September 2021) covering the CERF implementation period: concerns about the organizations of distributions (long wait, exposure to sun, lack of mechanism of protection for vulnerable), suspicion of reduction in quantities of goods by traders, dissatisfaction with the adjustment of the transfer value on the basis of household size, lack of information on the dates of activities. All these complaints were received and dealt by CFM team. A recent study from Ground Truth Solution's in some prefecture including shows that voucher assistance is the second most preferred modality of beneficiaries, after cash distribution but before in-kind support. This study corroborates WFP's choice of CVA for this project.

#### **c. Prevention of Sexual Exploitation and Abuse (PSEA):**

Community based sensitizations organized to convey information on WFP activities also include information on the zero tolerance policy on sexual exploitation and abuse. WFP operates a beneficiary hotline system which is a toll-free number through which beneficiaries call to report complains and receive feedback. All complaints are thoroughly investigated, and concrete actions taken. WFP's cooperating partners also have their complaint feedback desks, through which they received complaints and share them with WFP for follow up. It should be noted that no complaint on sexual exploitation and abuse was recorded in the period of the project.

#### **d. Focus on women, girls and sexual and gender minorities, including gender-based violence:**

Men and women participation was facilitated to participate in all activities and stages of the project, e.g. ensuring appropriate meeting times and locations, representation on project committees and as primary beneficiaries of cash assistance (prioritization of women and children head of households, pregnant and lactating women, elderly). Through Complains and Feedback Mechanism, men and women were encouraged to claim their rights and submit their complaints. In all distribution sites, special line were set up for women and girls with a special access for lactating women to be served first. The site of distribution were identified close to the market so that there will be no risk of attacking or stealing the Vouchers. Finally, market monitoring assistants were positioned inside the markets to monitor the purchase of the beneficiaries and report if any case of violence against women.

#### **e. People with disabilities (PwD):**

WFP appropriately targets beneficiaries based on specific vulnerability criteria including identifying food insecure populations, households with limited or no assets, female-headed households or households headed by invalids or people with disabilities, and households with precarious livelihoods. PwD were also prioritized in the distribution site. The distribution environment has also considered their safety.

#### **f. Protection:**

As grouping of people is a factor of the spread of COVID-19, key awareness-raising messages were provided to beneficiaries, especially the elderly. During the distribution of vouchers, measures were taken for a strict application of barriers preventing the spread of COVID-19: use of hand washing device, physical distancing, drinking water in sachets for beneficiaries... Protection principles ('do no harm', impartial access, protection from physical harm) were mainstreamed in to assistance activities : prioritization of the most vulnerable beneficiaries such as elderly, pregnant and lactating women, ensuring physical security of beneficiaries through ensuring activities take place in safe areas, presence of water)...

**g. Education:**

Not relevant

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	41,285

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multipurpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Beneficiaries were distributed paper vouchers allowing them to go to pre-identified shops of retailers contracted with WFP to purchase food commodities like casava, meat, fish, rice, sugar, salt, vegetable oil.... As this is an emergency assistance with ad hoc beneficiaries, no linkage to existing social protection systems was explored. A recent study from Ground Truth Solution's in some prefecture including shows that voucher assistance is the second most preferred modality of beneficiaries, after cash distribution but before in-kind support. This study corroborates WFP's choice of CVA for this project.

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Distribution of cash/food voucher to beneficiaries	41,285	US\$ 1,263,553.92	Food Security - Food Assistance	Restricted

**9. Visibility of CERF-funded Activities**

Title	Weblink
Oubangui Médias 27/09/2021	<a href="#">Centrafrique : Le PAM distribue des coupons alimentaires aux personnes vulnérables de Bouar et Baoro</a>
Le PAM soutient les groupements agricoles à Bouar	<a href="#">Centrafrique : Le PAM soutient les groupements agricoles à Bouar</a>
Le PAM distribue de coupons alimentaires à plus de 6500 personnes vulnérables à Bouar et Baoro dans la Nana-Mambéré	<a href="https://www.rjdhrca.org/centrafrique-le-pam-distribue-de-coupons-alimentaires-a-plus-de-6500-personnes-vulnerables-a-bouar-et-baoro-dans-la-nana-mambere/">https://www.rjdhrca.org/centrafrique-le-pam-distribue-de-coupons-alimentaires-a-plus-de-6500-personnes-vulnerables-a-bouar-et-baoro-dans-la-nana-mambere/</a>
Presse CBT CERF	<a href="https://www.facebook.com/133716043870046/videos/841723309871933/">https://www.facebook.com/133716043870046/videos/841723309871933/</a>

### 3.6 Project Report 21-RR-WHO-005

#### 1. Project Information

<b>Agency:</b>	WHO	<b>Country:</b>	Central African Republic
<b>Sector/cluster:</b>	Health	<b>CERF project code:</b>	21-RR-WHO-005
<b>Project title:</b>	Providing live saving health interventions in election-related violence affected areas in Central African Republic.		
<b>Start date:</b>	01/03/2021	<b>End date:</b>	31/08/2021
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

#### Funding

<b>Total requirement for agency's sector response to current emergency:</b>	<b>US\$ 1,850,000</b>
<b>Total funding received for agency's sector response to current emergency:</b>	<b>US\$ 0</b>
<b>Amount received from CERF:</b>	<b>US\$ 1,000,142</b>
<b>Total CERF funds sub-granted to implementing partners:</b>	<b>US\$ 178,920</b>
Government Partners	US\$ 0
International NGOs	US\$ 178,920
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

#### 2. Project Results Summary/Overall Performance

Through this CERF RR grant, WHO and its partners provided trauma care to 865 wounded people; provided interagency emergency health kits to health facilities and mobile medical team benefiting estimated 120,550 people including internally displaced populations (IDPs), returnees and the host community; trained 80 health staff and 120 community health workers on mental health disorder diagnosis and care; supported the Early Warning and Alert Response system (EWARS) in IDP sites and other conflict affected areas; distributed 18,000 mosquito nets to IDPs and their host family.

The project assisted a total of 120,550 people and allowed for preventing outbreaks and maintaining the health mortality indicators within the SPHERE standards in Bouar, Dékoa, Grimari and Tagbara IDPs camps between March and September 2021. This was achieved during the period of sudden violence onset related to the electoral period with the deterioration of the humanitarian situation in the country in several localities.

#### 3. Changes and Amendments

No main changes or amendment were requested during the implementation of this project. A slight delay in the implementation of the grant transfer activity was observed at the beginning of the project related to the WHO's due diligence procedure, but this delay was rapidly recovered after the signing of contract with the implementing partner and all the activities and outputs were achieved in due time. The number of cash beneficiaries was reduced from 250 to 200 and the total amount allocated to cash from US\$ 12,500 to US\$ 5,000 because the number of mobile clinics was increased to cover the needs of the newly displaced population on the Grimari-Kouango axis. This increase number of mobile clinics demanded more financial resources compared to what was planned in the project.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	6,370	5,880	6,503	6,247	25,000	6,400	5,800	6,500	6,300	25,000
Internally displaced people	10,266	10,584	12,316	11,834	45,000	10,300	10,600	12,300	12,000	45,200
Host communities	12,740	11,760	13,005	12,495	50,000	12,800	12,000	13,050	12,500	50,350
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>29,376</b>	<b>28,224</b>	<b>31,824</b>	<b>30,576</b>	<b>120,000</b>	<b>29,500</b>	<b>28,400</b>	<b>31,850</b>	<b>30,800</b>	<b>120,550</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,469	1,410	318	307	3,504	1,500	1,400	300	302	3,502

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

## 5. People Indirectly Targeted by the Project

The projected supported free health care delivery which created a pooling factor for populations residing in the neighbouring health districts or health areas. Those populations from the neighbouring health districts benefited indirectly from project free healthcare delivery activities. In addition, close to 51,065 people benefited from mental health care or sensitization activities on outbreak prone disease and the importance of sleeping under mosquito nets.

## 6. CERF Results Framework

<b>Project objective</b>	Reducing mortality and morbidity among internally displaced population, returnees and host communities in the most election-related violence affected areas			
<b>Output 1</b>	120,000 people including internally displaced population, returnees and host communities have access to quality curative care including trauma, common disease and mental health care.			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of wounded people who benefited from trauma care	600	865	Minutes of the health cluster meetings
Indicator 1.2	Number of patients who benefited from emergency health kits	118,000	120,550	Health facilities reports Medical teams' activity reports
Indicator 1.3	Number of trauma and emergency surgical kits (TESK 2019) distributed	6	8	Donation reports
Indicator 1.4	Number of people with mental or neurological disorders treated	1,400	1,065	Health facilities reports
<b>Explanation of output and indicators variance:</b>		The increased number of patients who benefited from emergency health kits is related to the influx of the indirect population from the neighbouring health districts/areas. The decreased number of people with mental or neurological disorders treated is related to the delay in the training of health staff and community workers.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide trauma and emergency health kits to mobile medical teams and health facilities	WHO		
Activity 1.2	Train health personnel on the clinical management of mental and neurological disorders in humanitarian emergencies	Ministry of Health/WHO		
Activity 1.3	Support mobile medical clinics implementation and health personnel in health facilities	COHEB		
Activity 1.4	Support referral and counter-referral of vital emergencies	COHEB		
<b>Output 2</b>	45,000 internally displaced population are protected against outbreak prone disease through risk communication, mosquito nets distribution and implementation of the early warning, alert and response system (EWARS) in IDP sites			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>				

<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of people sensitized on outbreak prone diseases and preventive measures	45000	50,000	Partners' activity reports
Indicator 2.2	Number of mosquito nets distributed	18000	18,000	Partners' activity reports
Indicator 2.3	% of IDPs sites in targeted areas with a functional EWARS	90%	90%	Minutes of health cluster meetings
<b>Explanation of output and indicators variance:</b>		No variance		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train and support community health workers in IDPs sites for risk communication on common outbreak prone diseases	COHEB/WHO		
Activity 2.2	support the distribution of mosquito nets in IDP sites	COHEB		
Activity 2.3	Support the implementation of EWARS in IDPs sites	COHEB, other NGOs		

## 7. Effective Programming

### a. Accountability to Affected People (AAP) <sup>11</sup>:

Crisis-affected people were involved in the design during the assessment of needs via individual and group discussion, during the implementation and monitoring of the project via monthly meetings with IDP's representative in camps, quarterly meeting with the district management committee.

### b. AAP Feedback and Complaint Mechanisms:

The feedback or complaint mechanisms were implemented via opened discussion with community representatives during individual and focus group discussion. A monthly structured discussion with beneficiaries' representatives was organized in Bouar, Bambari and Grimari to gather their feedback and complaints on the project implementation. The key elements of these discussions were shared with the members of the project monitoring committee at the district level and taken into consideration to review the implementation of the project.

### c. Prevention of Sexual Exploitation and Abuse (PSEA):

Community members were sensitized on PSEA especially in IDPs camps and in violence affected areas. About 8,000 persons were sensitized in Grimari, Bouar and Bambari, including 5,300 women and girls. After the sensitization sessions 38 cases of rape were reported in the health facilities in the targeted areas during the project implementation period including 32 within the first 72 hours after the rape.

### d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Data of all activities were disaggregated according to the age and sex, and regularly analysed to identify gender issue and addressed them accordingly. Women and girls were prioritized in selection (at least 60% of workers) and empowered for community-based activities (mosquito nets distribution, community sensitization, etc.).

### e. People with disabilities (PwD):

During the need's assessment, a focus group was organized with people living with disability to take into consideration their special needs. During the project implementation and monitoring, representative of PwD were involved in the regular meetings and discussions.

<sup>11</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

**f. Protection:**

Distribution of mosquito nets was organized door to door and mobile clinics organized to improve access of beneficiaries and community representatives were consulted during the implementation and monitoring of all the activities. Mobile clinics were deployed in Bouar, Dékoa, Bambari and Bambari after violent shocks to assist newly displaced population or to remote areas to improve access of the vulnerable people to quality health care. Mental health activities were also provided to violence affected people in the target areas.

**g. Education:**

Not applicable

**8. Cash and Voucher Assistance (CVA)****Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	200 people received cash for referral support

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Cash was given to help family members to take care of their basic needs in the locality of their referral.

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Support to health care referral	200	US\$ 5,000	Health	Unrestricted

**9. Visibility of CERF-funded Activities**

Title	Weblink
N/A	N/A

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing partner	Acronym	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date of First Payment to Implementing Partner	State Date of CERF Funded Activities by Implementing Partner
21-RR-FPA-002	Health	UNFPA	CATHOLIC ORGANIZATION RELIEF DEVELOPMENT AID	CORDAID	Yes	INGO	\$27,849	11-Aug-21	18-Aug-21
21-RR-FPA-002	Health	UNFPA	MEDECIN D'AFRIQUE	MDA	Yes	INGO	\$100,746	1-Jun-21	10-Jun-21
21-RR-FPA-002	Health	UNFPA	AFRIQUE INITIATIVE DEVELOPMENT	AID	Yes	INGO	\$54,325	26-May-21	5-Jun-21
21-RR-FPA-002	Gender-Based Violence	UNFPA	AFRIQUE SECOURS ASSISTANCE	ASA	Yes	INGO	\$18,510	23-Apr-21	2-May-21
21-RR-FAO-003	Agriculture	FAO	Amicale des Agriculteurs de Bouca	AGAB	No	NNGO	\$43,000	8-Jul-21	1-Jul-21
21-RR-FAO-003	Agriculture	FAO	Aide humanitaire internationale	DMI-AHI	No	INGO	\$33,659	8-Jul-21	1-Jul-21
21-RR-FAO-003	Agriculture	FAO	Concertation nationale des organisations paysannes de Centrafrique	CNOPCAF	No	NNGO	\$21,886	8-Jul-21	6-Jul-21
21-RR-FAO-003	Agriculture	FAO	Espérance	ESPERANCE	No	NNGO	\$35,831	8-Jul-21	7-Jul-21
21-RR-FAO-003	Agriculture	FAO	Fédération des maraîchers de la Nana Mambéré	FMNM	No	NNGO	\$22,300	10-Jul-21	12-Jul-21
21-RR-FAO-003	Agriculture	FAO	Groupement des femmes agropastorales pour la lutte contre le VIH/SIDA	GROUFEPA	No	NNGO	\$25,192	17-Jul-21	2-Jul-21
21-RR-FAO-003	Agriculture	FAO	L'association le Samaritain	SAMARITAIN	No	NNGO	\$10,799	17-Jul-21	1-Jul-21
21-RR-HCR-003	Protection	UNHCR	INTERSOS	INTERSOS	Yes	INGO	\$217,284	1-May-21	1-Apr-21
21-RR-HCR-003	Protection	UNHCR	COOPERAZIONE INTERNAZIONALE	COOPI	Yes	INGO	\$56,460	1-May-21	1-Apr-21
21-RR-CEF-005	Nutrition	UNICEF	African Initiative for Development	AID	Yes	INGO	\$158,797	27-May-21	27-Apr-21
21-RR-CEF-005	Nutrition	UNICEF	Fédération Luthérienne Mondiale	FLM	Yes	INGO	\$348,176	17-Apr-21	7-Apr-21
21-RR-CEF-005	Nutrition	UNICEF	Médecins d'Afrique	MDA	Yes	INGO	\$144,378	18-May-21	18-Apr-21



21-RR-CEF-005	Health	UNICEF	Fédération Luthérienne Mondiale	FLM	Yes	INGO	\$91,242	31-Dec-21	27-Jul-21
21-RR-CEF-005	Health	UNICEF	Mentor Initiative	MI	Yes	INGO	\$154,514	30-Sep-21	6-Apr-21
21-RR-CEF-005	Child Protection	UNICEF	Association des Femmes Évangéliques de Bossangoa	AFEB	Yes	NNGO	\$210,091	19-May-21	25-Apr-21
21-RR-CEF-005	Child Protection	UNICEF	Esperance	ESPERANCE	Yes	NNGO	\$85,317	29-May-21	1-May-21
21-RR-CEF-005	Child Protection	UNICEF	CARITAS	Caritas	Yes	NNGO	\$50,879	1-Jul-21	1-Jun-21
21-RR-CEF-005	Child Protection	UNICEF	All For Peace And Dignity	APADE	Yes	INGO	\$92,738	20-Aug-21	1-Jul-21
21-RR-CEF-005	Child Protection	UNICEF	Vision et Developpement	VD	Yes	NNGO	\$50,505	7-Jul-21	1-Jun-21
21-RR-CEF-005	Child Protection	UNICEF	War Child UK	WC-UK	Yes	INGO	\$19,275	28-Aug-21	1-Apr-21
21-RR-WHO-005	Health	WHO	Community Humanitarian Emergency Board	COHEB	No	INGO	\$178,920	16-Jul-21	20-Jul-21