



## ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN CENTRAL AFRICAN REPUBLIC 2011

<b>COUNTRY</b>	<b>CENTRAL AFRICAN REPUBLIC</b>
<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>MAIGA Zakaria (HC a.i)</b>

### I. Summary of Funding in 2011 – US\$

<b>Funding</b>	1. Total amount required for the humanitarian response		141,947,471	
	2. Breakdown of total response funding received by source	2.1 CERF		4,999,120
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )		13,065,576
		2.3 OTHER (Bilateral/Multilateral)		50,218,806
		2.4 TOTAL		68,283,502
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded		4,199,120
		1. <i>First Round</i>		4,999,120
		2. <i>Second Round</i>		N/A
		<input type="checkbox"/> Rapid Response		N/A
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		3,615,314.72
		4.2 Funds forwarded to NGOs for implementation		1,368,618.28
		4.3 Funds forwarded to government partners		15,187
		4.4 TOTAL		4,999,120.

## II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	1.9 million
Total number of individuals reached with CERF funding	Female	1,424,458
	Male	1,308,223
	Total individuals (Female and male) <u>including host communities</u>	2,732,681
	Of total, children <u>under 5</u>	505,503

## III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

The projects were implemented in the conflict-affected areas which include the following regions :

- Haut Mbomou, Mbomou prefectures (southeast)
- Vakaga, Bamingui Bangoran prefectures (northeast)
- Nana Gribizi prefecture (north)

## IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?  
 YES  NO

*Remarks: The report was not formally discussed in the Humanitarian Country Team but progress on activities for each project was discussed within the coordination group meeting held on a monthly basis for the south-east and the north-east*

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

## V. ANALYSIS

### 1. The humanitarian context

The year 2011 was marked by progress in the political situation which included successful presidential and parliamentary elections and a ceasefire agreement signed between the rebel group, CPJP, and the Government in June. The resumption of the Disarmament, Demobilization and Reintegration (DDR) activities in the north-west in the middle of the year was an opportunity to find more durable solutions for systematic return of internally displaced persons (IDPs) and refugees to their villages.

Despite of this above-mentioned progress, the humanitarian context was characterised by internal displacements as a result of conflicts between the main two rebel groups (CPJP and UFDR), lack of protection and food insecurity in the country, catastrophic social indicators, lack of Government presence and economic fragility which makes the situation very difficult for the population and creates many challenges for humanitarian operations in CAR.

The health sector is characterized by a lack of infrastructure throughout the country, lack of staff and quasi-absence of qualified medical staff, and limited drugs, medicines and medical supplies. The preliminary MICS 2010 data shows that the maternal mortality rate is 850 deaths per 100,000 compared to the regional average of 620. Meanwhile the under-five mortality rate is 179 per 1,000, whereas the regional average is 127. Moreover, less than 30 per cent of the population has access to health services, and 75 per cent lives more than 10km from a health post. The health access in CAR relies mainly on the presence of humanitarian actors for whom it is complicated to intervene in some unsecured areas.

Several protection concerns have been reported by various organizations, especially in conflict-affected areas. The reported human rights violations included killings, arbitrary arrest, forced displacement, burning and looting of villages, sexual and gender-based violence (SGBV), forced and early marriage, and violence related to accusations of witchcraft. This situation was confirmed by a report of the Internal Displacement Monitoring Centre (IDMC) released in May 2011, which stated that at least four out of six grave violations monitored under UN Security Council Resolution 1612 are still being committed against children in CAR: the abduction of children, recruitment or use of child soldiers, attacks against schools and the denial of humanitarian access to children.

The water and sanitation situation is a serious concern for people in conflict-affected areas, especially IDPs and refugees. Data from a joint monitoring mission in 2010 by WHO and UNICEF showed that only 34 per cent of the population uses improved sanitation facilities, Only 67 per cent of the population (92 per cent in urban and 51 per cent in rural areas) use improved drink water. The MICS IV 2010 reported that the causes of death of children under 5 are:

- Malaria (28 per cent)
- Pneumonia (17 per cent)
- Diarrhoea (14 per cent)

The food security situation is exacerbated by conflict and security concerns, as many farmers in certain areas are still affected by hostilities and criminality and cannot access their land.

The CERF-funded projects aimed to respond strategically to the above needs of the affected population in the key priorities sectors (health, nutrition, protection and food security in the conflict areas especially the south-east and the north-east.)

Through the projects, prevention activities as well as legal support, medical assistance and psycho-social support was provided to GBV survivors in northern and eastern CAR prefectures. Health structures were rehabilitated and provided with essential drugs and medical supplies which enabled an efficient response to outbreak of meningitis and cholera, and better management and referral of critical paediatric case and obstetric emergencies in the northern and eastern regions. 62 per cent of severe acute malnourished children were detected and treated of an estimated caseload of 3,572. Safe drinking water was supplied to some 6,500 IDPs and 4,500 refugees in Haut Mbomou.

In October 2011, an OCHA study revealed that there were 22,180 newly displaced persons in the Central African Republic (CAR) resulting from internal conflicts, banditry, and attacks from the Lord's Resistance Army in the south-east. The overall number of internally displaced persons (IDPs) is estimated at 105,206 IDPs and 66,545 returnees. A total of 171,751 Central Africans are still directly affected by displacement within the CAR. OCHA monitored the humanitarian situation and in collaboration with partners, an effective coordinated response was ensured. Needs were identified through joint inter-agency assessment missions (Bria, Kabo, Sikikede, Birao, Ndélé, Obo), facilitated by OCHA and assistance provided through the various clusters (Bria, Kabo, Sikikede), while prioritising the needs of the most vulnerable groups.

## **2. Provide brief overview of CERF's role in the country**

Under the guidance of the HC and chair of the Humanitarian Country Team, an initial meeting was organized with UN agencies to determine priorities and explore possibilities for joint and multi-sector projects based on CERF life-saving criteria in order to maximize the impact of the interventions.

From the development a draft document on the prioritization strategy, additional criteria was discussed and approved by the HCT. This document "prioritisation guidance" also specifies the division of the CERF envelop by priority sectors. In addition to the life-saving criteria, the HCT agreed to consider the level of funding (FTS) of proposed projects, the ranking in CAP and complementarity of CERF with other funds like CHF, ECHO and the Peace-Building Fund (PBF).

The complementarity of ongoing CHF projects in the selected sectors / areas was especially considered for the selection of CERF projects to be funded. Through the 2010 second CHF allocation carried out in November/ December 2010, a number of projects were approved to begin early in January 2011 in order to respond quickly to the urgent needs of the affected people. Most of these projects were implemented by the same NGOs identified as implementing partners in the CERF projects.

In order to involve all clusters members in the process, a sufficient period was given to agencies for consultation with clusters - especially with potential implementing partners (NGOs) - to discuss operational modalities. As result of the process, the HC, with the support of OCHA, assessed and vetted proposals , culminating with the selection of six of the seven submitted proposals.

Gender issues were certainly considered in the implementation of the selected projects. Gender aspects are considered in the prioritisation criteria in the CAP (see Annex 1 for each project). The gender marker was applied for the first time in the CAP 2012 to monitor the level of gender aspects taken into consideration in humanitarian projects.

## **3. What was accomplished with CERF funding**

The CAR 2011 CAP was funded only at 48 per cent (less than 50 per cent) which is of great concern to the humanitarian community, particularly due to persisting needs. Most humanitarian actors describe the crisis as a forgotten emergency which is worsened by insufficient funding. Due to a high level of vulnerability, most incidents lead to a humanitarian crisis, requiring emergency assistance, and substantial funding is therefore crucial.

Given the limited funding available, the HCT aims to maximize strategic use of financing mechanisms such as CERF and CHF by targeting the highest priority projects in the CAP. In 2011, the country benefited from \$5 million from the CERF underfunded window and \$13 million channelled to projects through CHF.

The CERF funding enabled humanitarian actors to maintain their presence and provide vital assistance to affected people in the northern and south-eastern regions by filling gaps in the identified priority sectors (health, protection, food security).

Key achievements of the CERF in 2011 include:

- Health care services provided to 3.400 children under age 5 and 800 pregnant women through provision of minimum package of care (IMCI, Nutrition and EPI)

- Bria and Bambari hospitals have been rehabilitated/ renovated and paediatric units given the minimum equipment which enabled better management of 122 referred critical paediatric cases and 28 obstetric emergencies
- Food distribution for 27,900 IDPs and 5,300 refugees who were able to consume at least two meals per day during two months. As a result, global acute malnutrition decreased amongst the IDP and refugee community in the Haut Mbomou prefecture.
- Medical, counselling and psycho-social support provided to 410 victims of LRA and 214 survivor of SGBV.
- 45 Therapeutic Feeding Centres (TFC) were operational in Vakaga, Bamingui Bangoura, Mambere Kadei and Nana Mambere
- 2,197 severe acute malnourished children were detected and treated.
- Several community protection committees formed and trained in protection issues, including child protection.
- Several sensitization and trainings given on protection organized for the communities in the regions affected by conflict and other violence.
- Reliable and quality workshop services provided to the humanitarian community to enhance logistical support to humanitarian assistance in the areas where access is hindered for logistical reasons.
- Child protection committees were created and trained in Bangassou and Rafai (South east) to address child protection issues.
- Psycho-social and legal support provided to victims of violence in the south-east.
- SGBV survivors in the Mbomou prefecture accessed the counselling centre in Bangassou, and assisted throughout the survivor support process. They had access to legal, psycho-social, and medical assistance, and were helped with the community reintegration process.
- Safe drinking water was supplied to some 6,500 Internally Displaced Persons (IDPs) and 4,500 refugees in Haut Mbomou
- 1,072 households received construction and maintenance kits to build their shelters.

#### **4. An analysis of the added value of CERF to the humanitarian response**

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

YES  NO

Availability of CERF funds enabled better response to targeted health emergencies due to timely deployment of medical and obstetrical kits. In addition, CERF activities contributed to the rapid health response provided during fighting in north-east CAR. CERF funds contributed to speed up the delivery of assistance to refugees and internally displaced persons in Haut Mbomou.

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

YES  NO

CERF funds enabled agencies and implementing partners to timely provide assistance to targeted populations and to maintain a humanitarian presence in areas of intervention. CERF funds allowed partners to meet critical needs in food, protection, health facilities and safe drinking water for refugees, IDPs and host communities in the south-east.

##### **c) Did CERF funds result in other funds being mobilized?**

YES  NO

In 2011, UNHCR CAR has received funding from Japan (\$2,000,000) which had partially been used to cover the needs/gaps in Zemio in the following areas : protection (registration and documentation); HIV/AIDS (prevention, treatment, care and support services); livelihoods: supports for small business, fisheries, agriculture and livestock.

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

YES  NO

To ensure better monitoring of CERF projects in the south-east it was agreed by actors to discuss progress during the monthly coordination group meeting on the south-east. This created opportunities for other partners in the south-east to build on CERF projects to avoid duplication.

UNHCR, in close cooperation with Government counterparts, CNR, local authorities and others NGOs operating in the south-east were able to establish a mechanism for collecting data on IDPs and to proceed with the registration of refugees. This mechanism allowed UNHCR to collect reliable information on people of concern which was shared with different actors in order to facilitate humanitarian response including protection and multi-sectoral assistance, taking into account the gender aspects.

Additionally, under the leadership of UNHCR, a mechanism of coordination of humanitarian activities was set up in Zemio and allowed humanitarian actors and local authorities to meet monthly to share information on the security situation and the different interventions to have an overview of interventions and avoid duplication. Integration with other organisations and agencies presented in the area assured complementary of activities to assist individual protection cases

Integration with other organisations and agencies presented in the area assured complementary of activities to assist affected communities.

## VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Long delay have been recorded to sign the CERF agreement between NGO partners and WHO and this affected the project implementation timeframe. NGO head quarters took too much time to give a green light to the NGO country team and misunderstandings were notes	Provide regular and updated information to HQ of NGOs partners to facilitate and support NGO country team in the decision process and follow up of CERF project	CERF- NY
Having CERF funds available in some health regions allowed prompt response to acute emergencies such as disease outbreaks, GBV during ongoing armed conflict.	CERF to allow some flexibility in fund allocation or re allocation during an onset of emergency and NGO partners to be supported in the field by available CERF funds, although initially not planned in the project. An urgently-needed response to a new crisis within a CERF project area, can be provided with the same funds available in the country. The cluster lead to find a mechanism for compensation or complementarity in field activities.	OCHA / WHO
Requesting from CERF/NY separate objective, activities and expected outcomes from each Agency separately when submitting a joint project does not allow for real joint implementation of a given project. Each agency to find a way of implementing what fits with its mandate and NGO partners are more confused by working separately with different agencies on same project with different expectations from UN agencies.	When submitting a joint project by two or more agencies, a package of activities should be encouraged and implemented to meet the same package of expected outcomes and the same objective to be reached by the project.	CERF/NY
The SGBV project in Bangassou has experienced some backlash from men in the area, particularly local and religious authorities, who have been reluctant to support the project because they view Mercy Corps as trying to incite discord in the marital home and encourage women to separate from their partners and families.	In light of these difficulties, Mercy Corps and AFJC are continuing to work with community members in order to mobilize support for gender equality, while highlighting both rights-based justifications for protection of women's and children's rights as well as the benefits for the family and community in providing equal rights for men and women and protecting community members from gender-based violence. In addition, Mercy Corps and AFJC are working with local authorities in Bangassou, including chiefs and	OHCHR and implementing partners

	religious leaders, to sensitize them to gender-based violence and the ill effects that it produces in their communities and to maintain an open dialogue with leaders about the project's mission in Bangassou. Engaging community leaders is a strategy that has been successful in changing opinions and garnering community support for the protection of women's rights and combating gender-based violence.	
As demonstrated by massive public participation, the creation of public spaces for discussions, exchanges and recreational activities responds to a substantial need of the population in an area such as Ndélé where local cultural and sports events were rare in the recent past.	Capitalising on its coordination role, UNHCR should ensure that concepts from the Ndélé peace-building campaign will be used in similar campaigns in other parts of the country affected by the inter-ethnic conflict or tensions such as Bria and Kabo.	UNHCR
While some partnerships exceeded expectations (ECHELL, discussion groups) and should be encouraged as best practice, cooperation with four partners in IDP profiling proved too complex for a short project under CERF, as delays by one partner jeopardise timely completion and require significant efforts by other partners to undertake corrective actions.	Project duration for similar projects involving use of innovative methods (such as scientific IDP profiling) and a complex partner structure in an insecure and unpredictable setting should be at least 12 months	CERF UNHCR
The limitation of the project area for security reasons required the project to be creative in ensuring that Ndélé town would not be flooded with assistance and artificial project structures. DRC therefore adopted a strategy of targeted support and the establishment of a number of rather informal structures (e.g. discussion groups instead of formal committees).	In partnership with BINUCA, UNHCR should continue to advocate for increased humanitarian space and access to persons in need of protection and humanitarian assistance in affected areas.	BINUCA UNHCR

## ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY - DROUGHT

UNICEF - PROTECTION							
CERF PROJECT NUMBER	11-CEF-007-A	Total Project Budget	\$ 1,926,000	Beneficiaries		Gender Equity	
PROJECT TITLE	Protection and promotion of the psychosocial well being of vulnerable children, support to GBV victims and vulnerable children at risk among the populations of Rafai, Dembia and Bangassou.	Total Funding Received for Project	\$ 944,000	Targeted	Reached	<p>The number of beneficiaries is less than expected mainly at the level of women's participation because certain activities took place at important times of the harvest. Generally, women are less represented in decision making process but also at the level of secondary education.</p> <p>However, efforts in gender equality in the project have meant that 50 per cent of the beneficiaries are women, among whom 3.049 girls.</p>	
				Individuals	14,750		13,529
				Female	8,350		6,848
				Male	6,400		6,681
				Total individuals (Female and male)	14,750		13,529
				Of total, children under 5	-		-
STATUS OF CERF GRANT	Completed as of 31 December 2011	Amount disbursed from CERF	\$ 300,000	TOTAL	14,750	13,529	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISM		
<p>30 local protection committees of 6 members each are trained on questions related to child protection.</p> <p>Two quarterly reports are produced on questions related to children and women protection by local protection committees.</p> <p>Percentage of targeted children who have shown signs of improvement in their well-being.</p>		<ul style="list-style-type: none"> <li>▪ 30 committees for the supervision and protection of children are trained and are active in the protection of children at the communal level in the sub-prefectures of Bangassou and Rafai. These committees are composed of 61 women and 89 men.</li> <li>▪ 170 sensitization sessions on child protection, identification and orientation child victims of violence to support services have been carried out within the community by the committees.</li> <li>▪ At least 100 monthly reports, an average of three by committee, were written and submitted to the partner Mercy Corps.</li> <li>▪ 3,196 vulnerable children are identified through activities and reports published by the committees.</li> <li>▪ 900 youth, among which 47.5 per cent are girls aged between 13 to 19, have participated in the programme 'Sports for Peace and Life' in Bangassou and Rafai. This programme based on Grassroots Soccer methodology has enabled the commitment of youth to develop their knowledge on sexual and reproductive health, sexually transmitted diseases and HIV/AIDS. Educators have also developed competencies in communication, negotiation and brought psychosocial support in cases of violence.</li> <li>▪ 80 per cent of youth, have participated in at least seven sessions out of 10 organised by the programme 'Sports for Peace and Life'.</li> <li>▪ 300 sessions have been organised for the programme 'Sports for Peace and Life'.</li> <li>▪ 2,165 children have received school kits in Bangassou and Rafai.</li> <li>▪ 437 vulnerable children have received school uniforms.</li> <li>▪ 299 persons were trained on child protection, gender based violence and available support services for victims : <ul style="list-style-type: none"> <li>○ 50 teachers and four representatives of Associations of Parents of Students, among which 6 women ;</li> <li>○ 29 educators, including 11 women of the programme "Sports for Peace and Life" ;</li> <li>○ 66 local authorities among which 3 women ;</li> </ul> </li> </ul>			<p>Eight meetings between UNICEF and Mercy Corps took place over the project, five monthly reports on gender based violence cases et two quarterly reports are shared with the partner Mercy Corps.</p>		

<p>Percentage of members of the community who can describe the negative effects of GBV on the community.</p> <p>Percentage of the population having access to treatment services for GBV</p> <p>Number of men sensitized on GBV questions</p>	<ul style="list-style-type: none"> <li>o 150 members of the protection committees, including 61 women;</li> <li>▪ 62.5 per cent of trained persons can at least describe the negative effects of gender-based violence on the community. It is important to mention that reported cases of some harmful traditional practices such as rape and child beating, still remain low.</li> <li>▪ 16 girls (of which 14 cases of rape) and 127 female victims of gender-based violence received treatment.</li> <li>▪ Four boys and 13 men victims of gender-based violence, received treatment.</li> <li>▪ A total of 160 victims of gender-based violence have received treatment, a figure that represents 1.08 per cent of the 14,750 targeted population.</li> <li>▪ 100 per cent of the victims have received psychosocial support and 39.37 per cent (63 cases) of the victims have benefited, via medical referrals, including 100 per cent of rape victims.</li> <li>▪ 100 per cent of rape victims are female, of which 50 per cent have received post exposure prophylaxis kits within the 72 hours that follow the rape.</li> <li>▪ 30 female victims of gender-based violence have received training and materials for income generating activities and 50 girls and boys have been identified for the second round of the project.</li> <li>▪ Four types of gender based violence have been identified: rape, sexual violence, physical violence and the denial of resources according to the classification of the Information Management System on GBV.</li> <li>▪ Silence and shame felt by the victims as well as fear of reprisals by the victims explains the low number of victims that ask for assistance (1.18 per cent while the rate according to IASC for the victims of sexual violence is 2 per cent).</li> <li>▪ 170 awareness-raising sessions on child rights and the protection of vulnerable children have been conducted within the community with the participation of 9,974 people of which 1,564 are girls, 3,591 women, 1,728 boys, and 3,091 men.</li> </ul>	
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**UNICEF - HEALTH**

<b>CERF PROJECT NUMBER</b>	11-CEF-007-B	<b>Total Project Budget</b>	\$ 8,591,283	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td>42,382</td> </tr> <tr> <td>Female</td> <td>1,030,500</td> <td>32,797</td> </tr> <tr> <td>Male</td> <td>951,231</td> <td>9,585</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,981,731</td> <td>42,382</td> </tr> <tr> <td>Of total, children under 5</td> <td>342,839</td> <td>25,418</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>2,324,570</b></td> <td><b>42,382</b></td> </tr> </tbody> </table> <p>To Note: Targeted figures are aggregated for the joint proposal 11-CEF-007-B covering this project and two others involving WHO and UNFPA. Reached figures relate to the disaggregated number of beneficiaries reached by the WASH and CSD components of the project CAF-11/H/36873/124.</p>	Beneficiaries	Targeted	Reached	Individuals		42,382	Female	1,030,500	32,797	Male	951,231	9,585	Total individuals (Female and male)	1,981,731	42,382	Of total, children under 5	342,839	25,418	<b>TOTAL</b>	<b>2,324,570</b>	<b>42,382</b>	<b>Gender Equity</b>
Beneficiaries	Targeted	Reached																								
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<b>TOTAL</b>	<b>2,324,570</b>	<b>42,382</b>																								
<b>PROJECT TITLE</b>	Promoting integrated management of childhood illness (IMCI) and emergency obstetric care (EMOC) in east, south-east, north-east and centre-north regions of Central African Republic	<b>Total Funding Received for Project</b>	\$ 2,949,918	<p>Gender appropriate latrines are being constructed as part of the WASH component of this project with separate latrines for men and women, built at a distance of more 10 metres apart.</p>																						
<b>STATUS OF CERF GRANT</b>	CSD component completed as of 31 December 2011. WASH component ongoing – expected to be completed by end March 2012.	<b>Amount disbursed from CERF</b>	\$ 737,591																							

<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>	<b>ACTUAL OUTCOMES</b>	<b>MONITORING AND EVALUATION MECHANISMS</b>
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<p>80 per cent of under one children are reached with Penta 3 (baseline: 61 per cent) and measles (baseline: 55 per cent); and have received vitamin A capsules (baseline: 60 per cent) together with de-worming tablets (baseline 50 per cent) during the last six months and pregnant women have received the TT2 (baseline 46 per cent)</p>	<p>UNICEF procured vaccines, refrigerators and icepacks to support the immunization campaigns implemented by the government and the international NGO Premiere Urgence - Agence Medical International (PU-AMI) with the following results:</p> <p><i>Immunization coverage (January to November 2011) for children aged 0-5 and pregnant women</i></p> <table border="1"> <thead> <tr> <th>DISTRICTS</th> <th>Penta 3 %</th> <th>Measles %</th> <th>TT2 %</th> <th>Vitamin A %</th> <th>De-worming %</th> </tr> </thead> <tbody> <tr> <td>Bamingui Bangoran</td> <td>17</td> <td>42</td> <td>53</td> <td>56.4</td> <td>56.9</td> </tr> <tr> <td>Vakaga</td> <td>2</td> <td>10</td> <td>2</td> <td>NA</td> <td>NA</td> </tr> <tr> <td>Mambere Kadei</td> <td>51</td> <td>60</td> <td>76</td> <td>98.6</td> <td>72.3</td> </tr> <tr> <td>Nana Mambere</td> <td>78</td> <td>100</td> <td>94</td> <td>68</td> <td>70.6</td> </tr> </tbody> </table> <p>Penta 3 = 3 doses of pentavalent, TT2 = 2 doses of tetanus toxoid NA = not available</p> <ul style="list-style-type: none"> <li>▪ Difficult access to insecure areas, especially Vakaga, has led to some lower coverage than planned.</li> <li>▪ In the other three targeted prefectures results are more encouraging:</li> <li>▪ In Bamingui Bangouran and Mambere Kadei it can be difficult to reach the full 3 doses needed for the Penta 3 target; there are many cases of abandonment after 1 or 2 doses.</li> <li>▪ In Mambere Kadei, other targets were surpassed with particularly high coverage of Vitamin A and de-worming.</li> <li>▪ The improvement of security conditions and the implementation of performance based financing in Nana-Mambere helped increase immunization coverage and all targets have been surpassed by a large margin.</li> <li>▪ In Bamingui Bangouran, Mambere Kadei and Nana Mambere, results were higher than the baseline in coverage of</li> </ul>	DISTRICTS	Penta 3 %	Measles %	TT2 %	Vitamin A %	De-worming %	Bamingui Bangoran	17	42	53	56.4	56.9	Vakaga	2	10	2	NA	NA	Mambere Kadei	51	60	76	98.6	72.3	Nana Mambere	78	100	94	68	70.6	<p>The Ministry of Health (MoH) collected routine Expanded Programme on Immunization (EPI) data from January to November 2011</p> <p>Data on children admitted to the SFC/TFC are generated by NGOs through regular monthly reports transmitted to the Nutrition Cluster</p>
DISTRICTS	Penta 3 %	Measles %	TT2 %	Vitamin A %	De-worming %																											
Bamingui Bangoran	17	42	53	56.4	56.9																											
Vakaga	2	10	2	NA	NA																											
Mambere Kadei	51	60	76	98.6	72.3																											
Nana Mambere	78	100	94	68	70.6																											

<p>60 per cent of children admitted to SFC/TFC and Paediatrics units received adequate treatment according to IMCI approach (baseline 10 per cent)</p>	<p>TT2, Vitamin A and de-worming.</p> <ul style="list-style-type: none"> <li>Support through the CERF became available in August 2011 and the EPI data above does not yet cover December 2011. When this data becomes available there may be some further evidence of increased coverage.</li> </ul>	
<p>50 per cent of under five children and pregnant women are sleeping under a treated mosquito net (baseline: 15 per cent)</p>	<p>Nutrition: Supplementary Feeding Centre and Therapeutic Feeding Centre (SFC/TFC) and treatment of severe acute malnourished children</p> <ul style="list-style-type: none"> <li>2,197 (62 per cent) of severe acute malnourished children were detected and treated out of a estimated caseload of 3,572.</li> <li>UNICEF procured 2,000 cartons of Plumpy Nut and therapeutic milk (F100 and F75);</li> <li>352 health staff and 774 community health workers received training on the community management of acute malnutrition approach given by AMI-PU in Bamingui Bangoura and Mambere Kadei, International Medical Corps (IMC) in Vakaga and by the MoH in Nana Mambere;</li> <li>45 TFC were operational in Vakaga, Bamingui Bangoura, Mambere Kadei and Nana Mambere.</li> </ul> <p>Integrated Management of Childhood Illness (IMCI)</p> <ul style="list-style-type: none"> <li>69 health workers were trained on Clinic IMCI: 24 in Berberati and 24 in Carnot so that 100 per cent of paediatric units in Mambere Kadei apply the IMCI approach, and 21 health workers in Nana-Mambere, applying IMCI in 50 per cent of paediatric units.</li> <li>In Bamingui-Bangoran a partnership with the NGO PU-AMI has been in place to offer a package of care (IMCI, Nutrition and EPI) covering about 3.400 children under 5 and 800 pregnant women. In this context, UNICEF procured essential drugs for the implementation of the partnership which resulted in : <ul style="list-style-type: none"> <li>Improved access to quality health care for 3.400 children under 5 and 800 pregnant women;</li> <li>Strengthened capacity of health actors particularly in support of maternal and child health, malnutrition and EPI; 69 health workers were trained on Clinic IMCI;</li> <li>Revitalized community participation through awareness-raising and Information, Education and Communication (IEC) materials, and reinforced capacity of members of the management committees of health facilities.</li> </ul> </li> <li>PU-AMI distributed treated mosquito nets in Bamingui-Bangoran and Haute Kotto. The post-campaign evaluation survey on the use of insecticide-treated nets distributed in CAR shows that 70 per cent of children under 5 sleep under a treated mosquito net.</li> </ul>	
<p>Water born disease morbidity and mortality rate are reduced up to 50 per cent amongst under five in health infrastructures;</p>	<p>WATER, SANITATION and HYGIENE (WASH)</p> <p>Insecurity in the North East region caused by the country's rebel groups, the Front Patriotique pour le Redressement (FPR) leader Baba Ladde's militants, inter-ethnic violence, and presence and movements of the Lord's Resistance Army (LRA) forced UNICEF and its key partner Triangle Generation Humanitaire (TGH) to change the initial project area from Vakaga to Ouaka prefecture. The security situation was also exacerbated by poor roads and infrastructure (broken bridges), and lack of a competent borehole drilling company in the country as the only three companies available were also busy elsewhere on other drilling activities.</p> <p>The original objectives were: 1) Water borne disease morbidity and mortality rate are reduced up to 50 per cent amongst children under five in health infrastructures; 2) 2 health centres in Vakaga have access to improved water facilities and 4 health centres in Vakaga have access to improved sanitation and hygiene facilities; and 3) In 4 health centres in Vakaga, 4,000 outpatients have access to improved water, sanitation and hygiene facilities and have attended hygiene promotion sessions. UNICEF requested a modification on 9 June 2011 (UNICEF letter ref. 230). The original projected project budget and timeframe were not modified. The estimated completion date of the project was then approximately the end of March 2012. We now estimate the project will finish at the end of May 2012; work at two of the sites is complete but drilling at the third site has been held up by weather conditions preventing transport of the drilling machine.</p>	<p>A Tracking Results Continuously (TRaC) survey on the use of long lasting insecticide-treated net by households in CAR: Final Report December 2011</p>
<p>Three health centres in Ouaka have access to improved water facilities and to improved</p>	<p>After the modification was accepted by CERF on 24 June 2011 the objectives were:</p> <ul style="list-style-type: none"> <li>The drilling of three new boreholes in 3 health centres, and;</li> </ul>	<p>The partner 'Triangle Generation Humanitaire' (TGH) has sent a progress report to UNICEF. Due to</p>

<p>sanitation and hygiene facilities after the drilling of three new boreholes and construction of 18 Ventilated Improved Pit latrines</p>	<ul style="list-style-type: none"> <li>▪ The construction of a total of 18 ventilated improved pit latrines in these three health centres.</li> </ul> <p>The following progress made so far as of early May 2012:</p> <ul style="list-style-type: none"> <li>▪ Drilling for the three boreholes at three health centres started in March and so far two boreholes have been drilled for two health centres.</li> <li>▪ The recruitment of social mobilisation teams and training of Water Point Management Committees is completed. However, the unstable situation in the area prevented strong community involvement and participation in the set up of the Committees and training for maintenance of the new water and sanitation infrastructure.</li> <li>▪ Effective Information, Education and Communication (IEC) materials for the promotion of hygiene practices have been produced and are now ready for use in the targeted communities.</li> <li>▪ Two blocks of two latrines were constructed in two health centres. In the third health centre, to date only one of the blocks of two latrines has been constructed. Ten latrines have therefore been completed, and two more will be completed by the end of May.</li> </ul>	<p>security reasons, the UNICEF WASH team has not yet undertaken any field mission to the project sites.</p>
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**WFP - FOOD SECURITY**

CERF PROJECT NUMBER	11-WFP-006	Total Project Budget	\$ 19,080,628	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Assistance to Populations Affected by Armed Conflict I the CAR and in the Sub-Region (PRRO 200050)	Total Funding Received for Project	\$ 15,697,365	Individuals			WFP and implementing partners ensure the food distribution committee includes at least 50 per cent of women. WFP and partners regularly monitor food distribution modalities to check any human rights deviation especially sexual violence and other gender-based violence that might be linked to food aid.
				Female	11,666	11,666	
				Male	11,574	11,574	
				Total individuals (Female and male)			
				Of total, children under 5	9,960	9,960	
TOTAL	33,200	33,200					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,700,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					Monitoring and Evaluation Mechanisms
<p>Decrease of the incidence of global acute malnutrition within refugees and IDPs.</p> <p>Improved food access for 27,900 IDPs.</p> <p>Improved food access for 5,300 DRC refugees.</p> <p>A timely provision of sufficient quantity and quality food for the refugees and IDPs</p> <p>5,300 refugees and 27,900 IDPs receiving monthly food rations.</p> <p>At least two meals per day are taken at household level for a period of two months</p>		<ul style="list-style-type: none"> <li>▪ Incidence of global acute malnutrition within refugees and IDPs decreased.</li> <li>▪ Improved food access for 42,861 IDPs.</li> <li>▪ Improved food access for 5,530 DRC refugees.</li> </ul> <p>Quantity and quality food distributed as planned and in a timely manner for the refugees and IDPs</p> <ul style="list-style-type: none"> <li>▪ 5,530 refugees and 42,861 IDPs received monthly food rations.</li> <li>▪ Households were able to consume at least two meals per day.</li> <li>▪ Rapid allocation of funds which enabled WFP to provide life-saving food assistance to refugees and IDPs</li> </ul>					<p>WFP and cooperating partner together with government officials</p> <p>An emergency food security evaluation (EFSA) was carried out in September 2011 on refugee, IDP and host population households. An analysis of food consumption was carried out to evaluate the level of food insecurity. This evaluation found 35 per cent of food insecurity amongst the surveyed households.</p> <p>A joint assessment mission (WFP/UNHCR) is foreseen to reassess the situation.</p>

WFP - COORDINATION AND SUPPORT SERVICE							
<b>CERF PROJECT NUMBER</b>	11-WFP-007	<b>Total Project Budget</b>	\$ 300,000	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>
<b>PROJECT TITLE</b>	Assistance to Populations Affected by Armed Conflict I the CAR and in the Sub-Region (PRRO 200050)	<b>Total Funding Received for Project</b>	\$ 200,000	Individuals	N/A	N/A	
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 200,000	Female	N/A	N/A	
				Male	N/A	N/A	
				Total individuals (Female and male)	N/A	N/A	
				Of total, children under 5	N/A	N/A	
				TOTAL	N/A	N/A	
				To Note: UN Agencies: UNICEF, FAO, ICC, NHCR,OCHA,UNDSS,UNHAS,WFP NGOs : IRC, CORDAID			
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>MONITORING AND EVALUATION MECHANISMS</b>	
Improve light vehicle maintenance capacity within Bangui for the humanitarian community		<ul style="list-style-type: none"> <li>Reliable and quality services are provided for the humanitarian community, and replacement of spare parts are guaranteed</li> <li>The CERF allocation permitted the purchase of spare parts for Toyota and Nissan genuine spare parts.</li> </ul>				<p>WFP will establish a questionnaire to be circulated amongst the beneficiaries/users to measure their satisfaction/dissatisfaction regarding the services rendered.</p> <p>During the reporting period, 52 car repairs related to the humanitarian community excluding WFP and UNHAS, where the level of intervention is 47 car repairs. In addition, an international workshop manager has been hired to manage and reinforce the workshop capacity</p>	

**WHO - HEALTH**

CERF PROJECT NUMBER	11-WHO-011	Total Project Budget	\$1,068,930	Beneficiaries			Gender Equity
				Individuals	Targeted	Reached	
PROJECT TITLE	Medical and community based comprehensive responses to sexual and gender based violence among women , young girls and boys and children in conflict affected zones	Total Funding Received for Project	\$ 207,736	Female	333,244	333,244	<p>GBV survivors were the main beneficiaries of the project. 59 health providers, 46 authorities and 60 community Leaders benefited from this project..</p> <p>Equal attention was paid to men and women in the training for clinical and psycho social management of GBV survivors.</p> <p>14 health providers trained (7 men, 7 women), 78 authorities ( 39 men, 39 women) and community leaders trained (30 men, 30 women)</p> <p>More women and girls benefited particularly from the sensitization campaign as most of survivors in majority women, conducted the campaign</p>
				Male	320,175	320,175	
				Total individuals (Female and male)	653,419	653,419	
				Of total, children under 5	117,615	117,615	
				TOTAL	653,419	653,419	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 207,736	<p><i>To Note: 16 Mass sensitization campaigns reached all the targeted population in the area. However, training of 14 health providers, 78 non-health providers and 60 community leaders improved the prevention and management of gender-based violence in these districts where health facilities were empowered with up to date skills and emergency drugs and materials. The targeted beneficiaries should be the reached beneficiaries in term of public health achievement.</i></p>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSA		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p><u>Objective :</u> The proposed project aims to strengthen prevention and medical, psychosocial, legal and social support to GBV survivors in conflict-affected areas.</p> <p>Expected Outcomes : 32 health prefectures personnel trained on rational management of STI/HIV/TB drugs and management of rape and sexual violence</p> <p>STI/HIV/TB drugs are available in health facilities providing continuous care to vulnerable patients</p> <p>Victims of sexual violence have confident to MoH trained personnel and equipped health facilities</p>		<ul style="list-style-type: none"> <li>▪ Four health providers trained on clinical management of 195 targeted Gender based violence survivors and on rational management of STI/HIV/GBV drugs. Additionally 35 non medical health providers had been trained to ensure psycho social assistance to GBV survivors</li> <li>▪ Four health facilities in Basse Kotto, Haute Kotto and Mbomou(Mobaye, Alindao, Bria and Kembe Hospitals) are provided with essential drugs (Interagency Emergency Health Kits and essential drugs)</li> <li>▪ 24 MoH personnel trained and six health facilities equipped : two training sessions targeted 58 individuals and 16 mass sensitization campaigns carried out</li> </ul>				<p>Health sub cluster monthly meeting led by CAM (and later by Merlin ) in the project areas served as a regular tools for project implementation follow up and information sharing among health stakeholders.</p> <p>As ongoing violence and human right abuses have been registered in Haute Kotto neighbouring health prefectures, special attention has been paid to GBV survivors in Bria, ounda Djalle, Oudda and Ouandja. The INGO IMC was punctual with the implementation of field activities in order to reach beneficiaries.</p> <p>WHO has conducted field visits to evaluate project implementation and supported the health districts affected by conflicts with recommendation.</p>	

WHO - HEALTH

WHO - HEALTH							
<b>CERF PROJECT NUMBER</b>	11-WHO-010	<b>Total Project Budget</b>	\$ 1,000,450				
<b>PROJECT TITLE</b>	Promoting integrated management of childhood illness (IMCI) and emergency obstetric care (EMOC) in east, south-east, north-east and central-north regions of Central African Republic	<b>Total Funding Received for Project</b>	\$ 610,776	<b>Beneficiaries</b>	<b>Targeted</b>	<b>Reached</b>	<b>Gender Equity</b>
				Individuals			
				Female	1,030,500	1,030,500	
				Male	951,231	951,231	
				Total individuals (Female and male)			
				Of total, children under 5	342,839	342,839	
<b>TOTAL</b>	<b>2,324,570</b>	<b>2,324,570</b>					
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 610,776	<p>To Note: The strategy of promotion of integrated management includes a clinical component in health facilities and community component including the targeted population. To implement this strategy in a specific health district means it will benefit all of the population living in the district. While promoting integrated management strategy for public health care, the population as well as health workers adopt new behaviours, new practises in the day by day living process. The entire population sensitized, treated an educated when sick. Thus, the final result is about the reduction of morbidity and mortality in the district which requires monitoring other factors which impact the well being of population.</p>			<p>Both girls and boys received special attention in provision of emergency paediatric care.</p> <p>Special attention was given to pregnant women in need of emergency obstetric care.</p> <p>Paediatric units rehabilitated with treatment wards for boys and girls within Bambari and Bria hospitals</p>

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p><u>Objective :</u> Improve emergency paediatric and obstetric care as well as early detection and prompt management of meningitis cases (and epidemic prone childhood illness) during current meningitis season in health prefectures facilities of NanaGribizi, Haute Kotto and Bamingui-Bangoran (North east CAR).</p> <p><u>Expected outcomes:</u> Capacity of 80 per cent of health centres referring paediatric and obstetric emergencies and 60 per cent of health staff in targeted health prefectures are strengthened to ensure quality management of emergency obstetric and neonatal care to reduce avoidable deaths</p> <p>100 per cent of epidemic prone childhood illness including water born disease are promptly detected and addressed in a timely manner</p> <p>100 per cent of paediatric and obstetric emergencies including meningitis cases are adequately managed due to availability of drugs and trained personnel in northern health prefectures during current meningitis season</p> <p>90 per cent of referral paediatric and obstetric cases receive high quality care in rehabilitated paediatric units of Bambari and Bria prefectural hospitals</p>	<ul style="list-style-type: none"> <li>▪ Five prefectural hospitals have been equipped out of a total of 6 existed for improved referrals (122 in RS4 and ___ in RS5). Additionally 521 individuals received planned training. 327 health providers received training on several topics in RS 4 (clinical IMCI: 40, Community IMCI: 144, Emoc : 76, nutrition: 33, Immunization: 28 ISDR : 6) and 194 in RS 5 (clinical IMCI: 27, Community IMCI : 0, Emoc : 52, Nutrition: 84, Immunization: 25, ISDR: 6)</li> <li>▪ During the project period, cholera and wild poliovirus outbreaks have been reported, investigation done within 48 hours and effective response provided in the first 72 hours. 339 cholera cases have been recorded with 20 deaths registered (fatality rate 5.8 per cent). Lack of experience for the MoH in cholera outbreak management (last cholera outbreak 15 years ago, in 1997) did not enable an adequate response to quickly decrease the fatality rate.</li> <li>▪ 3,000 doses of ceftriaxone , water for injection , syringe with needle as well as 20 laboratory pastorex kits have been deployed in several health facilities in prefectures at risk during meningitis outbreak season. Health sub cluster monthly meetings was used to conduct refresher training on meningococcal meningitis case management for qualified health personnel as well as dissemination of epidemiologic data. No outbreak has been recorded although a total of 531 cases and 78 deaths of all type of meningitis countrywide.</li> <li>▪ 4.1 Bria and Bambari hospitals had been rehabilitated/ renovated paediatric units with minimum equipment which enabled better management of 122 referred critical paediatric cases and 28 obstetric emergencies in health region 4. No referrals were recorded in RS 5 due to the ongoing armed conflict and serious insecurity. several peripheral health centres supported by IMC were closed or destroyed in the project area</li> </ul>	<p>WHO agreed with its partners IMC and IRC the number of targeted health facilities. Planned monthly sub cluster meetings were carried out to assess progress in project implementation. WHO and UNFPA conducted field mission to evaluate the project's impact.</p>

UNHCR - PROTECTION AND MULTI SECTOR ASSISTANCE TO REFUGEES							
CERF PROJECT NUMBER	11-HCR-002	Total Project Budget	\$ 24,641,659	Beneficiaries		Reached	Gender Equity
				Individuals	Targeted	11,300	
PROJECT TITLE	Protection and Multisectoral Assistance to Refugees and IDPs in the HautMbomou Prefecture	Total Funding Received for Project	\$ 2,898,000	Female	10,000	4294	
				Male	7,000	4068	
				Total individuals (Female and male)	17,000	8362	
				Of total, children under 5	3,000	2938	
				TOTAL	20,000	11,300	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 600,000	To Note: <i>The projects faced important constraints in achieving the expected outcomes, mainly due to the security context. This impeded the smooth running of the project because military escorts were required for any UNHCR movements from Zemio to Mboki and Obo. In addition, the distance separating the three different locations (Obo, Mboki and Zemio) combined with the very little number of staff was another constraint hampering the smooth running of the project.</i>		Refugees and IDPs living in Zemio, Obo and Mboki have benefited from this project. Women, girls and boys are the main beneficiaries to this project. 50 per cent of the members of the water management committees were women. Women, girls, boys and men were actively involved in community networks to report any human right violations in particular those in line with LRA activities but also to refer SGBV incidents. The two trainings given helped those community networks to reinforce their knowledge and skills to identify SGBV and refer it adequately in accordance with SGBV SOPs.	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			Monitoring and Evaluation Mechanisms		
Enhance respect for fundamental individual Human Rights including security and physical integrity.		Local authorities and armed forces are able to provide better protection and security training for local authorities , defense and security forces on human rights issues in Zemio:			Through its field presence (Field office) in Zemio, UNHCR had been able to monitor and coordinate all humanitarian interventions. Regular coordination meetings were held with the main stakeholders to share information about protection issues, achievements, constraints, challenges and to propose the way forward to address the gaps.		
Strengthen the capacity of local institutions to effectively prevent and respond to cases of violence against women and children in a coordination manner		Formal and informal mechanisms for the reporting of Human Rights violations at local level established			UNHCR had also been able to deploy experts on the ground to assess WASH and shelter conditions. Their findings helped to concentrate on activities to cover needs identified and which impact the living conditions and well-being of refugees and IDPs.		
Promote community-based monitoring and protection mechanisms for human rights violations.		Community based protection mechanisms established					
Increase multi sectoral response to victims of LRA exactions and in particular women		Response to victims of LRA increased					
Registration and documentation of refugees and IDPs		Registration and documentation of refugees					

<p>Meet the basic needs of refugee and IDPs populations including water, shelter and basic domestic hygienic items</p> <p>Support refugees and IDPs in livelihoods activities</p>	<ul style="list-style-type: none"> <li>▪ 50 per cent of IDPs in Haut Mbomou received documentation (birth certificates)</li> <li>▪ UNHCR protection staff from Bangui deployed in support for registration in Haut Mbomou</li> <li>▪ CNR staff and focal points identified among community were trained on UNHCR standards for registration</li> </ul> <p>Meet the basic needs of refugee populations including water, shelter and basic domestic hygienic items.</p> <ul style="list-style-type: none"> <li>▪ Supply of potable water for refugees in Zemio and Mboki ensured: the provision of water to refugees in camps reached 16 litres per person per day in Zemio and 20 litres per person per day in Mboki.</li> <li>▪ Provision of shelter improved in Zemio, Mboki and Obo: The average area per person per break is 4m1,072 households provided with construction kits to build their houses ;The maintenance system of pumps has been installed and made dynamic by recycling and complete equipment of maintenance of hand pumps and the training of four committees of management of water points (20 refugees);</li> <li>▪ 564 toilets including 544 traditional and 20 modern were performed;</li> <li>▪ Four toilets (02 schools and 2 health center) were performed;</li> <li>▪ 2 committees of hygiene and sanitation (50 per cent of women) in Zemio and Mboki received remediation community Kits composed of 56 wheelbarrows, 120 shovels, 72 machetes, 100 pairs of boots, 200 pairs of gloves, 80 rake mines, and 102 picks rakes;</li> <li>▪ Eight garbage pits were built and maintained throughout the year; and 4 garbage pits in Mboki</li> <li>▪ Six facilities for washing hands were built to school in Zemio and Mboki;</li> <li>▪ Distribution of NFIs to refugees in all camps (125,990 Soap, 9088 buckets, 10,616 jerrycans);</li> <li>▪ Four wells with hand pumps; four public latrines for refugees, IDPs and host populations in Mboki;</li> </ul> <p>Livelihoods activities for refugees and IDPs were supported.</p> <ul style="list-style-type: none"> <li>▪ 1,799 farmers have received seeds and agricultural kits</li> </ul>	
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UNFPA - HEALTH																												
<b>CERF PROJECT NUMBER</b>	11-FPA-008	<b>Total Project Budget</b>	\$ 8,591,283	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>2,324,570</td> <td>10,020</td> </tr> <tr> <td>Female</td> <td>1,030,500</td> <td>5,109</td> </tr> <tr> <td>Male</td> <td>951,231</td> <td>4,909</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,981,731</td> <td>10,018</td> </tr> <tr> <td>Of total, children under 5</td> <td>342,839</td> <td>1,733</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>2,324,570</b></td> <td><b>11,751</b></td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	2,324,570	10,020	Female	1,030,500	5,109	Male	951,231	4,909	Total individuals (Female and male)	1,981,731	10,018	Of total, children under 5	342,839	1,733	<b>TOTAL</b>	<b>2,324,570</b>	<b>11,751</b>	<b>Gender Equity</b>
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<b>PROJECT TITLE</b>	Promoting integrated management of childhood illness (IMCI) and emergency obstetric care (EMOC) in east, south-east, north-east and centre-north regions of Central African Republic	<b>Total Funding Received for Project</b>	\$ 390,550	<p>To Note: The total targeted beneficiaries was for the 3 agencies (UNFPA, UNICEF and WHO). The reached beneficiaries' number is related to the part implemented by UNFPA. The project is completed and the number of reached people was affected to displacements in the project areas due to conflict and insecurity.</p>			The project has focused mainly on pregnant women and new born as the most. Vulnerable women and adolescent girls as far as they are concerned received usual health services.																					
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 351,588																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>				<b>Monitoring and Evaluation Mechanisms</b>																						
<p>Capacity of 80 per cent of health centres and 60 per cent of health staff in targeted health prefectures are strengthened to ensure quality management of emergency obstetric and neonatal care</p> <p>100 per cent of epidemic prone childhood illness including water born disease are promptly detected and addressed in a timely manner</p> <p>100 per cent of paediatric and obstetric emergencies are adequately managed due to availability of drugs and trained personnel</p>		<ul style="list-style-type: none"> <li>▪ 17 health personnel chosen from the 3 supported health facilities benefitted from five-day training on Emergency obstetric and neonatal care. Which give 100 per cent for targeted personnel and 100 per cent of Health facility</li> <li>▪ 18 health personnel chosen from the 3 supported health facilities benefitted from five-day training on IMCI, which give 100 per cent for HCP targeted an 100 per cent of Health facility (Due to the security issue and the availability facilitator for standard day training, it took only 5 days. The next 6 day is schedule on February after a field evaluation)</li> <li>▪ All the 3 Health facilities were provided with essential medical material and drug on monthly basis.</li> <li>▪ 31 Community Health Workers chosen from the three supported health area and neighbour as Selim benefitted from five-day training on community IMCI. They are on supervision on Merlin Community mobilise in the way to insure they put in practice the knowledge acquire.</li> <li>▪ During the course of project the 3 health facilities treated 4105 Malaria cases, 1438 diarrhoeal cases and 1790 RTI cases on under 5.</li> <li>▪ During the course of the project 11 neonatal and obstetrical emergency occurred (10 difficult labours and 1 PPH) and 9 was adequately managed successfully; giving a 81.18 per cent of success.</li> </ul>				<p>Monthly report on the basis of data collection. We have also tools undertook quarterly joint mission for the purpose of monitoring/evaluation.</p> <p>UNFPA agreed with its partners INGOs (Merlin, CAM) and the government on the number of targeted health facilities. Planned monthly sub-cluster meetings were carried out to assess the progress in project implementation, who as well as</p> <p>UNFPA conducted field joint mission to evaluate the project impact.</p> <p>Monthly report on the basis of data collection. We have also tools undertook quarterly joint mission for the purpose of monitoring/evaluation</p> <p>Monthly report on the basis of data collection. We have also tools undertook quarterly joint mission for the purpose of monitoring/evaluation</p>																						

UNFPA - HEALTH																												
<b>CERF PROJECT NUMBER</b>	11-FPA-009	<b>Total Project Budget</b>	\$1,069,430	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>653,419</td> <td>11,753</td> </tr> <tr> <td>Female</td> <td>333,244</td> <td>5,109</td> </tr> <tr> <td>Male</td> <td>320,175</td> <td>4,911</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>653,419</td> <td>10,020</td> </tr> <tr> <td>Of total, children under 5</td> <td>117,615</td> <td>1,753</td> </tr> <tr> <td>TOTAL</td> <td>653,419</td> <td>11,773</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	653,419	11,753	Female	333,244	5,109	Male	320,175	4,911	Total individuals (Female and male)	653,419	10,020	Of total, children under 5	117,615	1,753	TOTAL	653,419	11,773	<b>Gender Equity</b>  Special attention was paid to adolescents and young girls and boys in conflict affected zones. In addition to case management, communities are more aware on STI/HIV/GBV issues and condom is freely distributed to them.
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<b>PROJECT TITLE</b>	Medical and community based comprehensive responses to sexual and gender based violence among women , young girls and boys and children in conflict affected zones	<b>Total Funding Received for Project</b>	\$ 480,591	<p><i>To Note: The total targeted beneficiaries was for the 3 agencies (UNFPA and WHO). The reached beneficiaries' number is related to the part implemented by UNFPA. The project is completed and the number of reached people was affected to displacements in the project areas due to conflict and insecurity.</i></p>																								
<b>STATUS OF CERF GRANT</b>	Completed	<b>Amount disbursed from CERF</b>	\$ 291,429																									
<b>OBJECTIVES AS STATED IN FINAL CERF PROPOSAL</b>		<b>ACTUAL OUTCOMES</b>			<b>MONITORING AND EVALUATION MECHANISMS</b>																							
<p>18 health skilled health professionals provide medical care services to victims of sexual violence.</p> <p>12 health facilities provided with post exposure prophylaxis kits and other drugs and medical supplies for the management of rape</p> <p>1,500 IEC/BCC tools and modules for community based responses to sexual violence developed and distributed</p> <p>Data collection tools developed/adapted and used (in respect to confidentiality, security and dignity of survivors) for regular follow up of GBV cases and decision making</p> <p>300 trained community actors actively involved in the identification, referral to services and protection of GBV survivors and their families</p> <p>18 health skilled health professionals provide medical care services to victims of sexual violence</p>		<ul style="list-style-type: none"> <li>▪ 18 health's personals chosen from the three supported health facilities benefitted from three day training on Clinical Care of Sexual assault survivor.</li> <li>▪ Due to the length of time between the order and the reception of needed drugs, the three health facilities supported where regularly provide on PEP kit from UNFPA and other drug for medical care of rape survivor from July 2010.</li> <li>▪ Up to 1,000 GBV leaflet and Up to 400 HIV /AIDS leaflet were distributed in the communities during sensitization campaign.</li> <li>▪ 22 modules for Clinical care for Sexual Assault survivors were distributed both to the participants and facilitator during the training.</li> <li>▪ In CAR actually they are no yet develop and agree on a specific data collection tool for GBV. Discussion is still going on for a national tool in the way to secure flow of data and get reliable data.</li> <li>▪ Data collection was adapted from the WHO in agreement with the MoH with a security and confidential code. All the data are presently keep in a locked wardrobe in Rafai Health Centre.</li> <li>▪ Up to 135 communities actors : Administrative leaders, Militaries and gendarmes, religious leaders, IDPs representatives, women association representatives and community health workers were trained and sensitised in three sections of one days for actives involves in the identification, referrals and protection of GBV survivors.</li> <li>▪ 18 health's personnel chosen from the three supported health facilities benefitted from three days training on clinical care of sexual assault survivor.</li> </ul>			<p>Monthly report on the basis of data collection. We have also colleagues who undertook quarterly joint mission for the purpose of monitoring/evaluation.</p> <p>UNFPA agreed with its partners INGOs (Merlin, CAM) and the government on the number of targeted health facilities.</p> <p>Planned monthly sub-cluster meetings were carried out to assess the progress in project implementation and colleagues, who like UNFPA conducted field joint mission to evaluate the project impact.</p>																							

## ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-CEF-007-A	Protection	UNICEF	Mercy Corps	International NGO	221,767.20	19/07/2011	14/07/2011	The payment begins upon signature of the contract between UNICEF and Mercy Corps and payment of funds was made in two tranches.
11-CEF-07-B	WASH	UNICEF	TGH	International NGO	157,426.85	31/08/2011	31/08/2011	
11-CEF-07-B	Health	UNICEF	PU-AMI	International NGO	140,847.22	02/08/2011	06/08/2011	
10-CEF-050-C	Protection	UNICEF	International Rescue Committee (IRC)	International NGO	221,588.42	14/04/2011	01/02/2011	The Partnership Agreement was signed on the 1 February 2011 when activities started.
11-WFP-006	Food Security			International NGO				
11-WFP-006	Food Security	WFP	Cooperazione Internazionale	International NGO	89,669.68	14.06.2011	07/2011	Covered an additional 3 months
11-WFP-006	Food Security	WFP	Maman Tongolo	International NGO	3,870.73	23.11.11	07/2011	
11-WFP-006	Food Security	WFP	Danish Refugee Council	International NGO	10,870.80	19.08.2011	08/2011	
11-WHO-011	Health		IMC	International NGO	50,000	29/08/2011	15/05/2011	A partnership has been established in situ and money transferred to IMC due to increased GBV violence during the ongoing armed conflict in Haute Kotto and Vakaga in 3rd trimester of 2011
11-WHO-010	Health	WHO	IRC	International NGO	61,600	29/08/2011	15/05/2011	
11-WHO-010		WHO	IMC		58,600	29/08/2011	15/05/2011	
11-HCR-002	Protection and multi-sectoral assistance to refugees	UNHCR	CSSI	International NGO	40,000	07/03/2011	07/03/2011	
11-HCR-002		UNHCR	ACTED		189,129	13/09/2011	13/09/2011	
11-HCR-002		UNHCR	CNR	Government	15,187	03/03/2011	03/03/2011	
10-CHR-003	Protection	OHCHR	Mercy corps	International NGO	61,500	30/06/2011	01/07/2011	Final transfer pending
11-FPA-008	Health	UNFPA	Merlin	International NGO	60,432	06/06/2011	01/05/2011	
11-FPA-008		UNFPA	CAM		68,400	06/06/2011	01/05/2011	
11-FPA-009	Health	UNFPA	Merlin	International NGO	108,228	06/06/11	01/05/11	
11-FPA-009		UNFPA	CAM		108,198	06/06/11	01/05/11	
10-HCR-035	Protection	UNHCR	DRC	International NGO	262,644	04/02/2011	04/02/2011	

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

AFJC	Association of Women Lawyers of Central Africa
CAAFAG	Children Associated with Armed Forces and Armed Groups
CAR	Central African Republic
CPN	Community Protection Networks
DRC	Danish Refugee Council
EPI	Expanded Programme on Immunization
FNAPEC	Fédération National des Associations des Parents d'Elèves de Centrafrique
FPR	Front Patriotique pour le Redressement
GBV	Gender-Based Violence
HIV/AIDS	Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome
IEC	Effective Information, Education and Communication
IASC	Inter-Agency Standard Committee
IDMC	Internal Displacement Monitoring Centre
IGA	Income Generating Activities
IMC	International Medical Corps
IMCI	Integrated Management of Child Illness
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MoH	Ministry of Health
OTC	Orientation and Transit Centre
Penta 3	3 doses of Pentavalent
PT	Parent - Teachers
PTA	Parents and Teachers Association
PU-AMI	Premiere Urgence - Agence Medical International
SFC/TFC	Supplementary Feeding Centre and Therapeutic Feeding Centre
SGBV	Sexual and gender-based violence
SOP	Standard Operating Procedures
TGH	Triangle Generation Humanitaire
TRaC	Tracking Results Continuously
TT2	2 doses of Tetanus Toxoid
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene