

**ANNUAL REPORT OF
THE RESIDENT/HUMANITARIAN COORDINATOR
ON THE USE OF CERF GRANTS**

Country	Central African Republic
Resident/Humanitarian Coordinator	Bo SCHACK
Reporting Period	1 January 2009 – 31 December 2009

I. Summary of Funding and Beneficiaries

Funding (US\$)	Total amount required for the humanitarian response:		\$100,447,041	
	Total amount received for the humanitarian response:		\$70,125,418	
	Breakdown of total country funding received by source:	CERF		\$2,975,145
		CHF/HRF COUNTRY LEVEL FUNDS		\$11,897,073
		OTHER (Bilateral/Multilateral)		\$55,253,200
	Total amount of CERF funding received from the Rapid Response window:		\$187,355	
	Total amount of CERF funding received from the Underfunded window:		\$2,787,790	
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$2,445,078
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$530,067
		c. Funds for Government implementation:		
d. TOTAL:			\$2,975,145	
Beneficiaries	Total number of individuals affected by the crisis:		1,047,020	
	Total number of individuals reached with CERF funding:		52,222	
			6,219 children under 5	
			27,194 females ¹	
Geographical areas of implementation:	South-west, North-west, North, North-east, South-east			

II. Analysis

The year 2009 saw an upsurge in violence in several parts of the Central African Republic (CAR), notably the central, north-west and south-east regions. In the north-west, tensions rose between the local population and idle rebel soldiers, leading to the formation of many local self-defence groups and ongoing sporadic clashes. Moreover, tensions between different ethnic groups soared due to local political power plays, leading to widespread displacement. In the north-east, local violent conflicts erupted in June 2009 which led to thousands of new forced displacements creating fear and distress notably in and around Birao.

In addition, during 2009 the Haut-Mbomou prefecture in CAR's far eastern corner saw increasingly exposed to violent attacks by Ugandan guerrilla fighters from the Lord's Resistance Army (LRA). The LRA's violence against the local population has been characterized by killings, kidnappings attacks on villages and looting. The humanitarian impact of the incursion of the LRA in the south-east prefectures has been significant with more than 2000 refugees² fled Democratic Republic of Congo (DRC) for CAR and more than 5,000 IDPs³.

The conflict in CAR and the gradual raising of insecurity in some regions led to more displacement in 2009. The displaced people, having lost their livelihoods and assets, are living in a serious risk of food insecurity and malnutrition because the food stocks in the community and households have been looted. Sometimes they live in inaccessible area areas without access to primary care, clean water and other basic necessities.

Many families have lost their seed stock and have to rebuild their agricultural capital step by step. Community based structures are re-organizing slowly but remain fragile and need support to revitalize agricultural production and economy.

The forced displacements were on the raise in 2009. At the end of the year the number the internally displaced people (IDPs) was estimated at 162,284. These IDPs were forced to move from home or trying to return without conditions for basic durable solutions.

In the south-west; the forest and mining region of the Central African Republic has faced rising rates of malnutrition among children due mostly to the global financial crisis affect on the mining sector. A rapid assessment showed that the global economic down turn has caused losses in the mining sector and as a result has caused the alarming nutrition situation. More than 6,600 children suffered from severely acute malnutrition and 10,110 suffer from moderate acute malnutrition.

The Underfunded Emergencies Window

CERF funding sought in 2009 specifically targeted the humanitarian consequences of displacement, health care, protection, malnutrition and access in conflict affected areas.

CERF funding in 2009 has strengthened the humanitarian response in CAR by addressing immediate life-saving needs of vulnerable people. In addition the funding has allowed the humanitarian community to respond to the malnutrition crisis suddenly raised in the south-west while this was not initially foreseen in the 2009 CAP.

² Figures in September 2009

³ Figures in September 2009

- More than 2,000 refugees have been provided with health care in the prefecture of Haut Mbomou and health prefectures main hospitals Ndele, Kaga Bandoro and Obo were supported with drugs and materials. In addition, CERF funds have allowed CAM (Comité d' Aide Medicale) to establish a field office in Obo (south-east) to reinforce the humanitarian presence in that area and also for better response and preparation for health emergencies.
- 6,476 malnourished children were treated (96% under 5) through 10 established therapeutic units and 22 ambulatory therapeutic programs.
- 11,181 households have been provided with seeds and agricultural tools in the south-west to restart their agricultural activities and to increase and diversify their production.
- Food assistance was provided to more than 2,000 refugees in Obo, Mobki and Zemio (Haut Mbomou) far above to the 2,000 initially estimated.
- 22,157 people (including 3,000 IDP and refugees in the Hau Mbomou) have access to safe drinking water a basic sanitation facilities.
- 4.500 people affected by the conflict have been trained on basic hygiene practices.
- 11,100 women GBV survivors received appropriate and effective psycho-social follow-up in 2009.

To ensure access to beneficiaries and that the effort of humanitarian actors bears fruit, CERF funding allowed the United Nations Humanitarian Service (UNHAS) to provide air service to humanitarian operations in CAR and opened new lines to emergencies areas in the south-east (Obo, Zemio and Mboki).

The road Ndélé/Ngarba rehabilitation project (09-WFP-05) in the prefecture of Baniougui Bangoran was not implemented due to security reasons in the targeted area. Negotiations between humanitarian actors in CAR, led by the HC, and the government on humanitarian access to the area are ongoing but the outcome is not predictable. The World Food Programme (WFP) and its implementing partner Solidarités decided to withdraw the project and WFP is preparing an alternative project with the same amount to be submitted to CERF Secretariat.

The Rapid Response window

Only one project was funded under this window to provide a reliable common telecommunications backbone for UN agencies and cluster partners and facilitate common security support measures and basic inter-agency telecommunications infrastructure and services, covering security communications which are essential for the efficient and effective operations.

With CERF funds two common interagency telecommunication systems were established, based on the UN Minimum Operational Security Standards (MOSS). Security operations in Ndélé and Bangui enhanced with the 24/7 radio rooms established in Ndélé and upgraded in Bangui.

The CAR government has confirmed the new licenses will be given to the humanitarian community before end April 2010.

CERF allocation process

In terms of the CERF allocation process, clusters have been consulted in a transparent manner and they have identified priority needs among the underfunded projects in CAP that comply with life saving criteria. All humanitarian organisations were involved in the process through cluster approach where discussions lead to projects; some of the NGOs were identified as key implementers. The newly established Humanitarian Country Team in CAR, chaired by the Humanitarian Coordinator (HC) will build on this and strengthen prioritization and coordination around the next CERF allocation for CAR.

The CERF allocation process in CAR in 2009 went as follow:

1. Initial analysis of life-saving eligibility of existing CAP projects, and initial proportional allocation by cluster according to amount of funding still required for eligible projects of a high or immediate CAP priority
2. HC, cluster leads (UN) and co-leads (NGOs) met to adjust the initial inter-cluster allocation to reflect new and emerging needs and priorities not yet taken into account in CAP
3. Each cluster receiving funds met to divide their cluster-allocation between specific projects and, where necessary, develop new projects for new needs. Inter-cluster meetings ensured coordinated response to new emergencies.
4. Cluster leads and HC supported by OCHA vetted projects to ensure life-saving eligibility and priority.

Given the small amount of CERF funding compared with the total outstanding funding required for the CAP, it was decided by the HC and cluster leads/co-leads to prioritise certain sectors and regions, paying particular attention to a) existing projects identified as being of key importance by the clusters but currently unfunded and b) a coordinated multi-sector response to new crises in the south-east and south-west in particular, not adequately covered by projects already in the CAP. All CERF projects are those for which no other funds are immediately available and could not be implemented at the time without the CERF.

III. Results:

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
WASH	CAF- 09/WS/20617/R/124 09-CEF-041-G Provision of emergency basic WASH services to vulnerable people across the conflict- affected in the southeast.	\$419,999	\$552,120	<p>(Project is divided in three sub projects. The first one target 41,540 people The total of the three subprojects targets 67,500 people.)</p> <p>Total: 41,540 people Children: 20,770 Women: 10,340 Men: 10,430</p>	<p>(The project is divided in three sub projects. This sub project targets only 4,700 people. For the three subprojects together, the total is indeed 11,700 people.)</p> <p>4,700 people (refugees and internally displaced persons) have received basic hygiene kits and basic hygiene information.</p> <p>4,700 people (refugees and internally displaced persons) have access to safe drinking water and basic sanitation facilities.</p> <p>50 boreholes are rehabilitated and/or pumps are repaired.</p> <p>The project is divided in three subproject. In this subproject, 50 boreholes will be rehabilitated and in the third sub project (IRC), 15 other boreholes will be rehabilitated, for a total of 65 boreholes.</p> <p>36,840 people have access to safe drinking water in Haut-Mbomou prefecture.</p>	<p>These results are intermediate results and not final results. Date of project completion project is June 30 2010.</p> <p>3,000 people (refugees and internally displaced persons) have (temporary) access to safe drinking water and basic sanitation facilities and work for permanent access to safe drinking water is ongoing.</p> <p>26 boreholes rehabilitated and/or pumps repaired.</p> <p>19,157 people have access to safe drinking water in Haut-Mbomou prefecture.</p>	CERF funding allowed for maintenance and reinforcement of NGO present in conflict affected area (north) and to bring new actors in a completely forgotten and remote area (south-east).	Monitoring is carried out by UNICEF field offices and reported at central level in Bangui.	Children and women are considered as vulnerable persons.
				<p>14,500 (50% male and 50% female) including 4,500 IDPs</p>	<p>4,500 people affected by the conflict have access to safe drinking water (15L/day/person).</p>	<p>3 wells are under construction (Akoursoulback, Bulkinia 1, Bulkinia 2)</p>			

				<p>The Ndélé hospital water system provides enough water to conduct medical care for 10,000 people</p> <p>The Ndélé hospital patients have access to safe drinking water and basic sanitation facilities for 10 000 people</p>	<p>The water system for Ndélé Hospital has been deigned and the supply for the implementation phase is under going.</p>			
			<p>School students on Kotangombe and Ouandago Routes: 1179 female, 1850 male (total: 3029)</p> <p>26,994 persons on Ouandago and Kotangombe axes</p> <p>400 newly displaced households</p>	<p>6,000 people have access to improved water sources</p> <p>2,000 households store their water in clean, covered containers</p> <p>30,000 people have improved knowledge of good hygiene practices</p> <p>1,600 students have access to safe latrine and hand-washing facilities</p> <p>75% of students and teachers are capable of stating at least three important times to wash hands</p>	<p>15 existing water points to rehabilitate and 15 traditional wells to be protected have been identified.</p> <p>1023 vulnerable households have been identified. Material has been identified and ordered.</p> <p>Participatory hygiene and sanitation transformation refresher training was given to 54 Community Hygiene Promoters as a first step. Community Hygiene Promotion sessions started in February.</p> <p>Schools and latrines sites have been identified, materials ordered.</p> <p>Training has been provided to teachers and hygiene sessions at schools are ongoing.</p>		<p>Monitoring is carried out international Rescue Committee and reported to UNICEF.</p>	

NUTRITION	CAF 09/H/25752/R (09-CEF-041-A) Reduction of child deaths due to alarming malnutrition situation in the south west region of CAR by end of 2009.	\$130,002	\$210,000	6,600 severe acute malnourished children to be treated.	Contributing to the reduction of infant mortality rate in Mambere Kadei by keeping rates of acute malnutrition below critical values and ensuring medical treatment of malnourished children.	From October to December 2009, 4,103 children have been treated in 4 nutrition therapeutic units and 13 ambulatory therapeutic programs. The number of targeted beneficiaries was estimated at the beginning of the malnutrition crisis based of the prevalence rate in the area. But due to sensitization and further deep assessment this number was reduced and the assistance was given to those who really were malnourished. In addition, insecurity limited the intervention in certain areas.	Common strategy built with health and food security clusters to address the nutrition crisis in the south west CERF funding allowed NGOs to maintain longer presence in the field.	Monitoring carried out by: MSF France Action Contre la Faim MSF Espagne / Belgique And share within the cluster	96% of the children treated are under five
	CAR CAF-09/H/20412/R/124 (09-CEF-041-B) Emergency Nutrition for child survival	\$248,026	\$2,045,150	5,200 severe acute malnourished children to be treated.	Address child under-nutrition and reduce child mortality in conflict-affected regions in a timely and effective manner.	From October to December 2009, 2,376 severe acute malnourished children have been treated in 2 nutrition therapeutic units and 22 ambulatory therapeutic programs. See above.		Monitoring carried out by: Action Contre la Faim Merlin International Medical Corps IPHD	
	CAF-09/H/25725/R (09-CEF-041-C) Prevention of child deaths due to alarming malnutrition situation in the South West Region of CAR	\$300,000	\$350,000	6,600 severe acute malnourished children to be treated.	To contribute to the reduction of under-5 mortality rate by treatment of acute malnutrition. To contribute to the reduction of infant mortality rate by keeping rates of acute malnutrition below critical values.	From October to December 2009, 4,103 children have been treated in 4 nutrition therapeutic units and 13 ambulatory therapeutic programs. See above.		Monitoring carried out by: Action Contre la Faim MSF France MSF Espagne / Belgique Monitoring carried out by	

HEALTH	CAF-09/H/20581/R (09-WHO-057) Decentralise prevention and preparation activities for a prompt response to disaster and crises	\$554,450	\$554,050	2,840,574 indirect beneficiaries Children:568,114 Women: 1,448,692, Men: 1,391,881 Other groups: 15 humanitarian Organizations working in health sectors	80 % of targeted health facilities are strengthened to respond to basic health needs of IDPs, outbreak of epidemic prone disease and others disaster 100% of targeted health prefecture management team are trained in health response to public health crisis Essential drugs and emergency medical and surgical kits available for crucial health services Public health incidents are tracked and disseminated to health organization through a weekly health cluster bulletin	Trough a field partnership with NGOs in health prefectures (CAM in Haut-Mbomou , MERLIN in Nana Gribizi and IMC in Bamingui-Bangoran) major health facilities have been provided with essential drugs for basic health care for vulnerable people, a stockpile of antibiotics and material for management of meningococcal meningitis have been pre located in northern CAR health facilities with the cooperation of MoH disease surveillance and response service. Training of health prefecture management team including Nana Gribizi, Bamingui-bangoran and Haut-Mbomou have been conducted through the health sub cluster monthly meeting which focused on the field emergency response plan to predicted health crisis in the health region. Planed training session on risk reduction and disaster awareness to be conducted by IMC in Bamingui-Bangoran prefecture. Deployment of kits in the field (Zemio and Mboki hospitals) following the rebel attack in Ndelé and the influx of congolese refugees in Zemio and Mboki took place during intercluster joint field rapid need assessment as well as during field mission to support health facilities affected by new crisis. The health cluster weekly briefing note has been fed by WHO sub offices and field health partners in order to improve the control of epidemic prone disease as well as the tracking of health events.	CERF funds enabled the Health cluster to decentralize prevention and preparation activities in CAR health prefectures affected by humanitarian crisis and will increase the local capacity for a prompt response to disaster and crisis.	Monitoring is carried out by International NGOs (CAM, MERLIN, IMC) and the MoH health prefectures under the coordination of WHO.	
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	CAF-09/H/20573/R/124 (09-CEF-041-H) Strengthening Emergency obstetric and neonatal care in conflict affected zones	\$68,050	\$756,288	23,042 persons including 3,986 children under 5 and 922 pregnant women.	<p>Maternal mortality rate among births attended in health facilities is <20%</p> <p>Neonatal mortality rate among births attended in health facilities is < 2%</p> <p>% of pregnant women attending ANC services received a session on IEC</p> <p>% of children under 5 years seen in consultation and having a nutritional screening</p>	<p>In order to make a good follow-up of ANC for pregnant women, the conceptualisation and editing of monitoring tools have been carried out and are complete.</p> <p>Intensive vaccination for children (routine antigens) and women (TT vaccines) provided to 286 children under 5 and 558 female drugs will be purchased in 2010.</p>	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified.</p>	<p>WHO, UNICEF and MoH have supervised the intensive vaccination activities</p> <p>Monthly coordinating meetings were carried out to assess the progress of the project activities.</p>	<p>Both girls and boys were beneficiaries of the project and pregnant women were also targeted.</p>
	CAF-09/H/20573/R/1171 (09-FPA-024) Strengthening emergency obstetric and neonatal care in conflict-affected zones (Ouham and Ouham Pende Districts)	\$155,261	\$189,390	219,789 women of reproductive age including 8,792 pregnant women	<p>Contribute to reducing maternal and neonatal mortality by reinforcing the health system and using effective methods to reduce obstetrical haemorrhages</p>	<p>The project is being implemented. All the project activities including procurement have been planned and approved through the humanitarian annual work plan. The funding was received in November 2009 while UNFPA was about to proceed its annual finance closure. In view of this, the MoH and UNFPA agreed to undertake and fast track project implementation in early 2010. However, the project experienced time constraints, due to the delay registered in the signature of the 2010 annual work between UNFPA and the Ministry of Health.</p> <p>Currently, all project activities are planned and approved. UNFPA and the MoH will fast track the implementation so that by 30th April all project activities including procurement would be completed.</p>	<p>Hundreds of local decision makers sensitized on the importance of referral of pregnant women with danger signs for an early and appropriate EMOC service and importance of antenatal care services and benefits of assisted delivery.</p> <p>Thirty community health workers trained to assist pregnant women with danger signsForty health service providers underwent refresher training on EMOC services Medical equipment, essential drugs and other medical supplies were ordered to support EMOC service provision in the health facilities. These will be provided free of charge.</p>	<p>Monitoring carried out by the Ministry of Health through the Division of Family Health and Population (DSFP) under the supervision of UNFPA.</p>	<p>All beneficiaries are women with particularly attention to pregnant women.</p>

Protection	CAF-09/P-HR-RL/20622/120 (09-HCR-030) Profiling of IDPs in Bamingui-Bangoran, Northern Region of CAR	\$209,963	\$448,462	36,000 people including 16,000 women and girls 7,200 children 12,800 men	<p>Effective protection monitoring and a monthly provision of reliable information and analysis of the numbers, location and condition of IDPs</p> <p>Decrease in protection incidents and improved security situation for the IDPs in the zone</p> <p>Increased awareness of protection mechanisms, human rights, advocacy methods, and the situation of IDPs among all relevant stakeholders</p> <p>Increased international attention to the human rights crisis in CAR Strengthened physical, legal and material security of the IDPs through the facilitation of multi-sector and efficient humanitarian assistance</p>	The project started fully in January 2010, after receiving approval in October 2009, due to operational constraints. The operational constraints were related to the timeframe for setting up implementation protocols and formalities with the implementing partner.	Not applicable for 2009 due to gradual nature of project. Activities now started and value added will be reported for 2010.	Assessment of conditions made prior to project elaboration will form basis of subsequent monitoring and evaluation. Outcome of monitoring and evaluation activities will be reported in 2010.	Not applicable for 2009. Gender equity will be included in 2010 report.
	CAF-09/P-HR-RL/20622/120 (09-HCR-031) Emergency GBV Interventions in Conflict-Affected Ouham Pendé	\$210,004	\$743,000	19,893 IDPs including 11,936 women 4,973 girls 2,984 children	<p>Standard IRC treatment protocol for the clinical care and treatment of sexual assault survivors implemented in the primary health care response</p> <p>GBV focal points within the IRC health team identified for each targeted IRC-supported health facility receive regular refresher training on GBV guiding principles.</p> <p>GBV psychosocial focal points in health centres provide case management services to GBV survivors seeking care and treatment at health facilities</p> <p>Community members in north-western Ouham Pendé receive information to combat GBV, to facilitate access to response services, and to reduce stigmatization of survivors through information sessions, mass sensitization</p>	<p>93% of identified survivors received medical treatment as per the protocol for the clinical management of rape, and ten women received PEP (post exposure prophylaxis) treatment 100% of GBV survivors received appropriate and effective psycho-social follow-up in 2009.</p> <p>74% of all newly identified child survivors received appropriate child-specific medical care including counselling and home visits from the psycho-social officers.</p> <p>There was an average of 21 training sessions per month, with an average of 18 participants per training session, for civil and military authorities, armed non-state actors and MICOPAX. 50 training sessions were held</p>	Receipt of CERF funds allowed the project to continue until the end of the year so as to deliver on objectives.	<p>Visits made every two weeks from the capital to assess progress made by on-site evaluation and discussion with targeted beneficiary population.</p> <p>Bi-monthly protection reports shared with stakeholders.</p>	The project's intervention focused solely on women, girls and female children

					campaigns, and training Local partners conduct GBV awareness-raising activities and respond directly to GBV with the support of IRC	with community leaders, with an average of 24 participants per session.			
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<p style="text-align: center;">Food Security</p>	<p>CAF-09/A/25731/R (09-FAO-025) Fourniture d'urgence d'intrants agricoles à 3 000 familles vulnérables affectées par la malnutrition dans les localités de Carnot et Berberati</p>	<p>\$173,001</p>	<p>\$216,000</p>	<p>4,000 household (20,000 people)</p>	<p>4,000 household (2,000 in Carnot and 2,000 in Berberati) increase and improve their food consumption by producing their own vegetables and cereals</p> <p>4,000 gardening kits (machete, hoe, watering bucket, 100 g of vegetable seeds) completed with crop seeds supplied to the beneficiaries</p> <p>4,000 household trained for market gardening production, are aware of the importance of diversifying their food consumption</p>	<p>As the agricultural season was already well advanced when inputs were available, FAO decided to support vulnerable household not only during the last cycle of market gardening season, but also during cropping season to encourage a real re-launch of agricultural activities.</p> <p>In Carnot, Première Urgence started surveys since September 2009, initiated beneficiaries' identification in January 2010 that permitted a first distribution of seeds and tools (hoe, machete, watering bucket and 100 g of vegetable seeds) to some 107 household (50% women).</p> <p>As agricultural season was already well advanced, the partner chooses to focus on a small number of household already engaged in market gardening. However, the open trainings on plots benefitted to a broader number of people. The others beneficiaries will be included during the next cropping season.</p> <p>In Berberati, ACDA with FAO support, finalized beneficiaries identification based on the NGO Action Contre la Faim data in January 2010 and realised distribution to some 1, 074 household (51% women), as in this area there were no household already engaged in market gardening. In both areas, first training session have been realised to household directly on the plots settled by the beneficiaries. In Berberati, ACDA and FAO have decided to realise continuous training during all the cycle of production, as an important lack of agricultural technics was noticed. In Carnot, Première Urgence is planning thematic training with ACDA and MSF France.</p>	<p>Interaction and concerted strategy between food security and nutrition clusters to address nutrition crisis in the north west.</p> <p>New funding from other donors to continue addressing the malnutrition issue in 2010.</p>	<p>NGOs in the field assessed the situation, monitored the project, and reported results and impacts to the cluster.</p>	<p>At least 50% of the beneficiaries are women.</p>
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	CAF-09/A/25735/R (09-WFP-051) Emergency Food Assistance to the Displaced People (IDPs/Refugees) in Haut Mbomou)	\$107,033	\$131,591	2,000 conflict-affected people (DRC refugees and IDPs including approx 1,200 IDPs, 800 refugees., and 880 women out of 2,000 beneficiaries)	Right food rations (correct quality and quantity) timely received by the intended beneficiaries Prevention of increase in acute malnutrition among the affected population Prevention of increase in mortality among the affected population due to food insecurity and malnutrition	The full ration was received by more than 5,000 people. Regarding the two outcome indicators, an in-depth evaluation needs to be conducted when the security situation permits.	Funding allowed WFP to conduct an emergency food loan using the stock already existing in country thus intervening with food assistance to the displaced population following the intrusion and attacks by Lord's Resistance Army (LRA) in Haut Mbomou.	Distribution is done by contracted local partner in the field and supervised by WFP.	Attention put on vulnerable people: children, old persons, and pregnant women.
Coordination and support service	CAR CAF-09/CSS/20526/561 (09-WFP-052) Provision of safe, effective and cheap flights for the humanitarian community	\$168,000	\$4,304,942	Humanitarian community - over 2,500 passengers	A safe, cost-effective, fast and reliable air service in the CAR	WFP/UNHAS started providing its services to CAR humanitarian community with a Let 410 capacity aircraft, 15 passenger capacity. During 2009 WFP/UNHAS transported 2,300 and 39 tons of cargo and more than 2,500 passengers. UNHAS flew to 17 national destinations. 13 UN agencies and 27 NGOs used services.	CERF funding allowed new line to new emergency areas (south-east region).	Monitoring and evaluation through UNHAS users group periodically meetings.	N/A
	CAF-09/CSS/21410/561 (09-WFP-004) Provision of common emergency telecommunication services to the humanitarian community in Central African Republic	\$187,355	\$217,127	All UN agencies, NGOs and other humanitarian organizations present in the common operational areas	Co-ordinate inter-agency telecommunications activities in support of staff security Establish a common Inter-Agency security telecommunication system, based on the UN Minimum Operational Security Standards (MOSS)	Two common Inter-Agency security telecommunication system, based on the UN Minimum Operational Security Standards (MOSS) established Security operations in Ndélé and Bangui enhanced with the 24/7 radio rooms established	Security of staff and equipment enhanced. New operational areas accessible.	Monitoring is carried out by UNDSS field offices and main offices and reported at the humanitarian coordination level in Bangui.	5 radio operators out of 25 are women (20%).

					procedures	Provision of technical advice to all UN agencies and NGOs (if required) and other humanitarian partners Confirmation received from the CAR government that new licenses will be given to the humanitarian community before end of April 2010			
	RCA CAF-09/CSS/20917/R (09-WFP-053) Entretien d'urgence de l'axe Ndélé/Ngarba, préfecture du Bamingui-Bangora	\$44,001	\$66,000	9,000 persons affected by the conflict / axis Ndélé - Garba 12,000 Chadian and Central African refugees	Rehabilitation of 6 km road between Boulkinia and Ngarba to improved humanitarian access in the areas along the axis Ndélé - Ngarba	This project has not been implemented due to security reasons and forbidden access to the axis Ndélé - Ngarba. WFP is preparing a request to use the funds for an alternative project to be submitted to the CERF Secretariat			

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
CAM	Health	CAF-09/H/20581/R (09-WHO-057)	\$51,606	08/03/2010
MERLIN	Health	CAF-09/H/20581/R (09-WHO-057)	\$50,887	08/03/2010
IMC	Health	CAF-09/H/20581/R (09-WHO-057)	\$47,507	In process
IRC	WASH	CAF-09/WS/20617/R/124 (09-CEF-041-G)	\$100,963	14 /01/2010
SOLIDARITES	WASH	CAF-09/WS/20617/R/124 (09-CEF-041-G)	\$72,791	10/12/2009
IRC	Protection	CAF-09/P-HR-RL/20622/120 (09-HCR-031)	\$206,313	

Annex 2: Acronyms and Abbreviations

CAP:	Consolidated Appeal Process
CAM:	Comité d'Aide Médicale
CAR:	Central African Republic
DRC:	Democratic Republic of Congo
GBV:	Gender Based Violence
HC:	Humanitarian Coordinator
IDP:	Internally Displaced people
IRC:	International Rescue Committee
LRA:	Lord's Resistance Army
MOSS:	Minimum Operational Security Standards (MOSS)
NGO:	Non Governmental Organization
OCHA:	Office for the Coordination of Humanitarian Affairs
UNICEF:	United Nations Children's Funds
UNFPA:	United Nations Population Funds
WFP:	World Food Programme
WHO:	World Health Organization