

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
CENTRAL AFRICAN REPUBLIC  
RAPID RESPONSE  
CONFLICT-RELATED DISPLACEMENT 2014**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Aurelien Agbenonci**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*See comments below*

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

YES ☒ NO ☐

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

YES ☐ NO ☒

*See comment below*

### Overall comments

It should be noted that the consultation and the reporting process for this allocation has been hampered by several factors. First of all, the extensions of several projects has desynchronized the reporting process leading to the submission of inputs between August and December 2015. By that time, due the high level of staff turn over in CAR, the relevant resource persons were not always present in the country anymore. Finally, the majority of this reporting process has taken place at a time when CAR has been hit by a surge in violence between October and December 2015. This violence triggered a new CERF allocation under the rapid response window. Due to the difficulty of the context during which this reporting process was organised, the After Action Review (AAR) took place through discussions both at the inter cluster coordination forum and the Humanitarian Country Team. Notably, the results of this CERF allocation have been discussed and were taken into account in funding processes, notably the CHF two standard allocations organised in 2015 and the CERF new allocation, approved under the rapid response window at the end of 2015.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: USD 612,958,926		
Breakdown of total response funding received by source	Source	Amount
	CERF	14,264,013
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )	27,506,332
	OTHER (bilateral/multilateral)	273,629,645
	<b>TOTAL</b>	<b>315,400,000</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 05-Dec-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-186	Education	499,997
UNICEF	14-RR-CEF-187	Sexual and/or Gender-Based Violence	216,080
UNICEF	14-RR-CEF-188	Nutrition	750,000
UNICEF	14-RR-CEF-189	Child Protection	789,446
UNICEF	14-RR-CEF-190	Water, Sanitation and Hygiene	1,499,980
UNICEF	14-RR-CEF-191	Health	495,406
UNICEF	14-RR-CEF-192	Shelter	398,040
FAO	14-RR-FAO-041	Agriculture	1,944,952
UNFPA	14-RR-FPA-056	Sexual and/or Gender-Based Violence	379,654
UNFPA	14-RR-FPA-057	Health	400,138
UNHCR	14-RR-HCR-058	Protection	1,575,998
UNHCR	14-RR-HCR-059	Shelter	900,001
IOM	14-RR-IOM-054	Camp Coordination and Camp Management	760,920
UNDP	14-RR-UDP-018	Early Recovery	599,949
WFP	14-RR-WFP-094	Common Logistics	603,209
WFP	14-RR-WFP-095	Food Aid	1,100,408
WFP	14-RR-WFP-096	Nutrition	749,930
WHO	14-RR-WHO-087	Health	599,905
<b>TOTAL</b>			<b>14,264,013</b>

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

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,032,743
Funds forwarded to NGOs for implementation	5,760,409
Funds forwarded to government partners	464,142
<b>TOTAL</b>	<b>14,264,013</b>

## **HUMANITARIAN NEEDS**

The Central African Republic (RCA), surrounded by six countries in the region that are themselves fragile, is going through a complex humanitarian crisis which has continued since the political events that started early March 2013. The deterioration of the socio-economic infrastructures, the weak state presence and shortage of technical services in the sous-prefectures and prefectures, the erosion of social cohesion and of the socio-economic fabric as a result of recurrent crises and violence, have had considerable humanitarian consequences, causing the displacement of thousands of people particularly from 05 December 2013.

Since then, the security situation has improved in particular in Bangui, and partially in the western part of the country, allowing the return of a part of the displaced population. But it remains extremely volatile with frequent clashes between elements of anti-Balaka, ex-Seleka, attacks against the civilian population and a strong rise of urban and rural criminality activities on the main roads. Poverty in rural and urban environments has worsened: the RCA which was ranked 179<sup>th</sup> in 2011 in the human development index is now sitting on 185<sup>th</sup> out of 187 countries in 2013.

The impact of conflicts on populations in Bangui and its surroundings, and in several regions of the country has had humanitarian consequences like never before and so much that the authorities are not prepared or do not have the capacity and means to address the challenges. In fact, since the beginning of the crisis, approximately one million people have been internally displaced while more than 419,000<sup>1</sup> people have sought refuge in neighboring countries, impacting on the populations of these host countries. Even inside the country, certain groups are found "enclaved" and deprived of their freedom of movement, others have taken refuge in the bushes without being able to receive any assistance, economic migrants have been evacuated by their countries, and people with double nationalities, stateless cases, or without documentation, are deprived of their right to protection. The communities or host families are weakened as a result and do not receive adequate assistance neither.

The situation of basic social services in the Central African Republic has deteriorated sharply: Of 815 health facilities, 31 per cent remained closed, (55 per cent) are operational and 14 per cent partially operational.; the global acute malnutrition rates is estimated between 3.3 per cent and 8 per cent (with severe acute malnutrition rate estimates between 0.3 per cent to 1.7 per cent and moderate acute malnutrition rate estimates between 2.8 per cent and 6.6 per cent), while stunting rate are very high between 17.6 per cent to 54 per cent. More than 30 per cent of the population or 1.5 million people are living in food insecurity and lack of access to safe drinking water, hygiene and sanitation; 59 per cent of schools were closed at the end of the school year 2013-2014 due to the absence of teachers, occupation of school premises by the armed groups and the persistence of insecurity. Between 8,000 and 10,000 children have been recruited into armed groups, while several cases of sexual violence and gender-based violence continue to be reported, even among internally displaced populations often by armed men.

The cross-sectoral analysis of humanitarian needs conducted in October 2014 across the country has established that 2.7 million people among whom 0.4 million IDPs require humanitarian aid, and some 36,300 are stranded in enclaves with the priority needs urgent in all sectors. The areas of high priority include 6 prefectures (Ouaka, Kémo, Nana Gribizi, Ouham, Ouham Pende and Nana Mambere) and for new displaced in Bangui. In addition to these priority areas, the current malnutrition rates among children and women call for an immediate action at national level, especially for those coming out from the bushes and the 36,300 people living in 9 enclaves overall the country. Due to deterioration of roads security for humanitarian actors towards these places; it is anticipated that humanitarian staff will use more plane as per UNSO recommendations for the projects implementation and monitoring.

<sup>1</sup> As of 05 November 2014

## II. FOCUS AREAS AND PRIORITIZATION

The CERF envelope came at the moment when the already complex humanitarian situation was further complicated by the changes of tactics by the armed groups, that are increasingly targeting humanitarian actors, thus further reducing the humanitarian space and access to the population in need. Due to the security and working conditions deterioration, the IASC principals decided to extend the Level 3 emergency till June 2015. The Periodic Monitoring Report (PMR) which takes advantage of measuring the progress against the revised 2014 Strategic Response Plan (SRP) unveiled immense remaining needs across the sectors. The revised PMR recommends a substantial scale-up of operations to be achieved in the short term to ensure:

- Providing protection and assistance to the newly displaced,
- Facilitating the integration of returnees,
- Avoiding outbreaks including increased malnutrition,
- Enhancing the humanitarian space

With the CERF envelope, it was strategically expected to expand provision of basic services to the in need displaced persons and returnees, and reduce acute tensions among communities by outreaching assistance to **1,149,466 people** through provisions of basic essential services (shelter/NFI, WASH, health, nutrition, food security, protection and education), bridges reparation/construction and emergency mediation including immediate income generating activities in the hotspots prefectures that are Ouaka, Kémo, Nana Gribizi, Ouham, Ouham Pende, Nana Mambere, Bangui (only for new displaced people) and to the **36,300 people stranded** in the 9 enclaves. All projects targeted immediate life-saving of individuals affected by the crisis while contributing on a secondary level to reduce tensions and promote the co-habitation of communities.

## III. CERF PROCESS

The HCT forum discussed priority needs during several meetings resulting in guidance given priority areas and on priority sectors and themes. The Inter Cluster coordination mechanism was subsequently consulted to finalise the proposals. Following this, discussions were held within each cluster to define the scope of the respective projects (geographic areas and target populations). NGOs were associated in the definition of the priority activities to undertake and will be largely associated in the implementation of the projects.

## IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR**

Total number of individuals affected by the crisis: 2,700,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Agriculture	47,100	30,400	77,500
	Camp Coordination and Camp Management	17,199	16,184	33,383
	Common Logistics	17,850	17,150	35,000
	Early Recovery	5,656	7,496	13,152
	Education	4,775	5,164	9,939
	Food Aid	20,305	20,145	40,450
	Health	228,402	139,542	367,944
	Nutrition	23,573	5,362	28,935
	Child Protection	71,805	79,615	151,420
	Protection	63,816	52,214	116,030
	Sexual and/or Gender-Based Violence	39,354	28,173	67,527
	Shelter	63,192	52,794	115,986
	Water, Sanitation and Hygiene	47,022	45,178	92,200

## BENEFICIARY ESTIMATION

**TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING**

	Planned	Estimated Reached
Female	975,896	650,049
Male	968,119	499,417
<b>Total individuals (Female and male)</b>	<b>1,944,015</b>	<b>1,149,466</b>
<b>Of total, children under age 5</b>	<b>149,689</b>	<b>308,787</b>

The estimated beneficiary summary figures in table 5 draws on the total of beneficiaries reached by projects cumulatively. This methodology follows the methodology adopted in the submission of this CERF proposal.

## CERF RESULTS

The CERF application for 2015 has allowed humanitarian actors to re-launch activities inside the country with a strong emphasis on expand provision of basic services to the in need displaced persons and returnees, and reduce acute tensions among communities. Below is a more detailed overview of the achieved key results per cluster.

- **Agriculture: 15,500 households** from displaced, returnees and host communities (77,500 individuals in total) received assistance in delivery of gardening and cropping seeds and tools to restore their critical situation in six months. This assistance included the distribution of more than 200,000 gram of seeds.
- **Camp Coordination and Camp Management:** the urgent needs of **10,716 IDPs** were addressed in both Kabo and Moyenne Sido. In addition, while advocating for all IDPs, the needs of 8,665 IDPs that are protracted since 2008 were addressed. **22,667 IDP and host community members** benefitted from public, cultural and sportive events to enhance social cohesion.
- **Child Protection:** through CERF funding **1,589** children were released from armed groups and **149,852** children participated in psycho-social activities at IDP sites and local communities. Finally, **410** commanders and combatants participated in the training session about the children's rights, prevention of use of children in armed groups and violation of children's rights.
- **Common Logistics:** The humanitarian access to beneficiaries was improved for humanitarian organizations in Ouaka, Kémo, Nana Gribizi, Ouham, Ouham Pende, Nana Mambere and Bangui through the deployment of a mobile intervention brigade which allowed the rehabilitation of **35 critical road infrastructures**, which benefitted around **35,000 community members**.
- **Education:** The resilience of **9,772 displaced and other conflict-affected children** was improved through increasing access to education and recreation activities in safe, protective and hygienic learning environments while promoting their survival, protection and development.
- **Food Aid:** In order to save and protect lives of IDPs and to protect lives and further disruptions of the livelihoods of severely food insecure households, **40,450 beneficiaries** received GFD rations, **2,500 households** received food vouchers and **385 metric tons of food** was provided to beneficiaries.
- **Health: 57,000 vulnerable people** were directly covered by basic and secondary health care, **2,308 pregnant women** attended at least one quality antenatal clinic, **3,144 dignity kits** were distributed to adolescent girls and women, and **42 health centers** were provided with reproductive health kits. **14,098 children under the age of 5** were reached with malaria treatment. **10,455 pregnant women** were sensitized on prevention of micronutrient deficiency, malaria prevention and the prevention of mother to child transmission of HIV/AIDS, including HIV testing during pregnancy.
- **Nutrition:** CERF funds contributed to the improvement of the nutritional status of **10,025 children under 5 years** affected by severe acute malnutrition were reached and benefited from appropriate therapeutic treatment according to national protocol. Additionally, a total of **8,910 beneficiaries** received direct treatment to prevent infant and maternal morbidity.
- **Protection: 116,030 persons** benefitted from protection monitoring activities, providing holistic assistance and the establishment of mechanisms for the prevention of conflicts inter and intra community. This included direct assistance to **916 protection incidents**. Additionally, a mechanism for border surveillance (monitoring) both at the official and non-official border crossing points was established, including the recruitment and training of **26 border monitors**.
- **Sexual and/or Gender-Based Violence:** A total of **67,527 community members** benefitted from awareness raising activities on GBV, with a particular focus on existing services medical and psycho-social factors that enable rapid support for survivors.

Additionally, **1,739 children and women survivors of SGBV** received direct life-saving multisectorial response being access to psychological services, medical care, and legal protection.

- **Shelter: 115,986 IDPs and host communities, migrants and returning persons** received multi-sectoral lifesaving packages while ensuring the early warning system covering the whole country was strengthened. A total of 3,000 NFI kits were made available
- **Water, Sanitation and Hygiene: 92,000 IDPs and vulnerable populations** were assisted through the provision of emergency WASH assistance, which included **68,300 IDPs** covered with access to emergency water system and **92,200 IDPs** having access to emergency sanitation.

## **CERF's ADDED VALUE**

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

YES ☒ PARTIALLY ☐ NO ☐

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

### **b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

Most of the response was focused on Internally Displaced People and the host community directly affected by the ongoing crisis. As such, CERF funding helped respond to time critical needs which continues to take place in Bangui and outside.

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

YES ☒ PARTIALLY ☐ NO ☐

The timing of the CERF funding has been catalytic in improving resource mobilization from other sources. CERF projects were in most sectors co-financed by other actors. The main reason for the big increase in resources mobilisation was probably due to the declaration of the Level 3 system wide emergency. CERF was further used during allocation by the CHF to ensure alignment and complementarity.

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

YES ☒ PARTIALLY ☐ NO ☐

Together with the Country based pooled fund (CHF), it is the only mechanism that really put together all actors in each sector around the same table to define needs, identify gaps, avoid duplication and define the projects needed.

According to the Financial Tracking System (FTS) (<http://fts.unocha.org/>), the largest bilateral and multilateral donors which support the response to the humanitarian crisis in CAR included, ordered according to the amount of their contribution: the United States, the European Commission, Germany, the Central Emergency Response Fund (CERF), the United Kingdom, the World Bank, Sweden, Norway, the Netherlands, Canada, Denmark and France.

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<sup>2</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Due to the high staff turn over and the volatile context, there is a need to improve the monitoring of projects to better anticipate for extensions by providing information more regularly.	Dedicate staffing and capacity for monitoring and clarify the role of the OCHA Country Office to recipient agencies to support this monitoring endeavor.	CERF Secretariat (together with OCHA)
Reports submitted by agencies need several back and forth at the country level to quality check the data provided and compare with the project proposal to get a full understanding to the projects' quantitative results.	Review the reporting requirements, asking agencies to back-up their reports by evidence of regular data collection and triangulation, notably with regards to beneficiaries reached.	CERF Secretariat (together with OCHA)

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Difficulty in identifying the CERF focal point in recipient agencies and lack of training on the CERF reporting process.	To have one unique focal point who will centralise and dispatch all the information within each agency designated at the time of the proposal Improve the training of these focal points ahead of the reporting period.	OCHA
Envelopes are often too small to work with international NGOs	As this comment originates from the cluster coordinators, the HCT recommends that the head of agencies has an increased role in how the allocation of funds to NGOs is done by the agencies. It is recommended that the programme officers have a meeting to harmonize some costs Agencies need to better document their negotiations with NGOs at the time of the allocation to ensure full transparency	HCT, HC, Heads of agencies, OCHA
Further clarification on the involvement of the cluster to be provided. While the inter cluster coordination group is involved in the prioritisation to advise on how the funds could be used, the clusters are then not fully involved when the process is moved towards agencies to develop the projects and select the partners.	Clarify the process and the respective roles and responsibilities of clusters and agencies. The CERF Secretariat to share good practices from other countries.	ICC, OCHA, CERF
More focus should be made to ensure internal and external monitoring and evaluation of the CERF funded projects. This can be adjusted to the security constraints inherent to the situation in CAR.	Guidelines to be shared with agencies and OCHA to work more with field offices for M&E activities of CERF projects through standards tools/templates. Ideally this should include inputs from beneficiaries.	OCHA and UN Agency/IOM



## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS					
CERF project information					
1. Agency:		UNICEF	5. CERF grant period:		
2. CERF project code:		14-RR-CEF-186	6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:		Education			
4. Project title:		Restoring and providing safe educational activities for vulnerable children and adolescents affected by the conflict and displacement in CAR.			
7. Funding	a. Total project budget:		US\$ 1,392,480	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project		US\$ 444,497	NGO partners and Red Cross/Crescent: US\$ 262,716	
	c. Amount received from CERF		US\$ 499,997	Government Partners: US\$ 117,159	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		3,650	4,775	Insecurity in the target areas continued throughout the project lifespan, increasing the need for Education in Emergency Programming. Partners were able to use existing classrooms and structures as Temporary Learning Spaces while using CERF funds to accommodate the increase in programme beneficiaries. Therefore there was a significant increase (36 per cent) in the overall number of beneficiaries.	
b. Male		3,650	5,164		
c. Total individual (female + male):		7,300	9,939		
d. Of total, children <u>under</u> age 5		1,517	1,393		
9. Original project objective from approved CERF proposal					
The overall programme objective was to improve the resilience of 7,300 displaced and other conflict-affected children through access to education and recreation activities in safe, protective and hygienic learning environments while promoting their survival, protection and development. Specifically, the project was to (1) increase the access to quality non-formal education opportunities for 4,800 displaced and other conflict-affected children in four identified hot spots (through the resumption or opening of 30 temporary learning spaces in areas affected by displacement and relocation, taking into account their special needs and; (2) provide 2,500 children with adequate hygiene and sanitation facilities at the learning sites in five schools in two areas affected by conflict (WaSH-in-school).					
10. Original expected outcomes from approved CERF proposal					
1. Establishment and implementation of temporary learning spaces					
<ul style="list-style-type: none"><li>- Over 4,800 conflict-affected children aged 3-18 years old benefit from educational and recreational activities;</li><li>- 30 temporary learning spaces established/ reopened in zones where government schools remain closed due to insecurity;</li><li>- Approximately 72 teachers are trained and able to deliver accelerated course and to impart age-appropriate life-saving skills in these spaces;</li><li>- 4,800 children gain knowledge and/or skills on age-appropriate life-saving topics such as hygiene and sanitation, basic health, HIV/AIDS, gender-based violence, human trafficking, awareness on mines and unexploded ordinances and Ebola prevention and awareness.</li></ul>					

- 4,800 children are provided with essential learning materials;
  - 72 teachers are provided with basic teaching materials.
- 1. Providing hygiene and sanitation facilities (WaSH-in-school)**
- 5 schools in Kaga Bandoro, Mbrs, Bambari will have improved Water, Sanitation and Hygiene (WaSH) facilities, concretely gender-responsive latrines and water points;
  - Approximately 2,500 children in 5 schools gain basic knowledge on hygiene and sanitation practices including effective hand washing;
  - 5 schools are provided with soaps and jerry cans to promote WaSH-in-school.

#### 11. Actual outcomes achieved with CERF funds

##### In total, 9,939 children and 128 teachers participated in 57 Temporary Learning Spaces

- **10 blocks of gender segregated latrines** and improved hygiene were provided in 5 schools in Kaga Bandoro.
- The following activities were implemented by the three NGO partners:
  - o Ecole Catholique Associees de la Centrafrique (ECAC) - Ouaka (Bambari)
  - o Plan International - Ouham (Batangafo), and (Bouca)
  - o L'agence Nationale de l'Eau et de l'Assainissement (ANEA) - Nana Gribizi (Kaga Bandoro).

##### Temporary Learning Spaces are established and implemented

- **57 ETAPES** were established to ensure children had access to educational activities in areas affected by conflict.
- **7,766 children** (3,817 girls (49 per cent) aged 3-18 years in areas affected by conflict in the Ouham (Batangafo, Bouca, Gbakaya, Bozoro and Botombo) and Ouaka (Bambari) prefectures participated in the TLS, benefitting from educational and recreational activities and learning materials in a safe and protective environment.

##### 128 teachers received training on age-appropriate life-saving

- **128 community teachers** received 6 days of training in basic pedagogy, child protection, positive discipline, hygiene and sanitation, basic health, HIV/AIDS, GBV, human trafficking, awareness on mines and unexploded ordinances, Ebola prevention and awareness, and psychosocial support. This increased the quality of teaching and learning, which was documented during by regular monitoring missions.
- **10 education committees** were established in all IDP sites to monitor ETAPE activities and to organize and carry out social mobilization to increase awareness for education activities.

##### Hygiene and sanitation facilitated by WaSH-in-school programme

- **5 schools** in Kaga Bandoro have improved Water, Sanitation and Hygiene (WaSH) facilities, including gender-responsive latrines and water points.
- **2,173 children** (963 girls (44 per cent) received information on a sanitation practices including effective hand washing.
- Soap and jerry cans were provided to the 5 schools in order to promote WaSH-in-Schools.
- The tables below outline the areas of intervention, implementing partners, TLS numbers, and number of beneficiaries reached.

**TABLE 1**

Prefectures	Sous Prefectures	Partners	ETAPES/Sc hools	Beneficiaries					
				Children			Adults		
				B	G	T	M	F	T
OUHAM	Batangafo	ECAC	27	1,147	1,400	2,547	49	3	52
	Bouca	Plan International	22	1,977	1,490	3,467	28	2	30
OUAKA	Bambari	ECAC	8	830	922	1,752	8	8	16
NANA GRIBIZI	Kaga-Bandoro	ANEA	5	1,210	963	2,173	25	5	30
<b>TOTAL</b>				<b>5,164</b>	<b>4,775</b>	<b>9,939</b>	<b>110</b>	<b>18</b>	<b>128</b>

TABLE 2

	47 ETAPES			5 SCHOOLS			TOTAL		
Children	Girls	Boys	Total	Girls	Boys	Total	Girls	Boys	Total
3-5 years	676	717	1393	0	0	0	643	750	1,393
6-17 years	3,141	3,232	6,373	963	1,210	2,173	4,104	4,442	8,546
S-Total	3,817	3,949	7,766	963	1,210	2,173	4747	5,192	9,939

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

As noted, due to the continuing insecurity during the project period, there was an increased demand for Education in Emergency programming, specifically in Ouham (Batangafo and Bouca), Ouaka (Bambari) and Nana Gribizi (Kaga Bando). There have been ongoing attacks and violence in these districts since 2013, and continuing to date, resulting in a large population of displaced persons. UNICEF requested that implementing partners use local materials to create the TLS and for the provision of teaching and learning materials. For example, Plan International was able to use local materials (wood and straw) to create the TLS. Therefore, there was a 'savings' in the construction line item, which allowed for a significant increase in the number of children in displaced sites who participated in the programme.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☒ NO ☐

**If 'YES', what is the code (0, 1, 2a or 2b): 2a**

**If 'NO' (or if GM score is 1 or 0):**

Under the CERF project, data collection was disaggregated by sex. Community mobilization for education aimed to encourage the enrolment of girls and boys in both the TLS and in functioning schools. Teacher training focused on pedagogic skills and on child protection; for vulnerable children, a particular focus was placed on the risks that girls face in a crisis context, prevention of GBV, sexual harassment in school and positive discipline. Attendance in the TLS and in functioning schools demonstrated gender parity. However, there were significantly less women teachers than men involved in the programme, which is reflective of the national statistics.

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

EVALUATION CARRIED OUT ☐

UNICEF and IP field based staff conducted regular site visits for supervision and monitoring purposes, providing timely feedback to implementing partners so that necessary adjustments were made to reflect the realities on the ground and to achieve proposed results. The sites visits and regular supervision visits by UNICEF staff, MoE and NGO partners, ensured that programme progress was on track to realize programme objectives and targets, and that cross cutting issues were addressed as per the project document.

EVALUATION PENDING ☐

UNICEF and partners employed a variety of monitoring tools and reports, including regular inspection of school records and data, reference to UNICEF monitoring forms, verbal feedback, observation, evaluation forms, training reports, minutes from coordination meetings, reports including photos from private contractors, (specifically for construction related activities), distribution reports and conversations or Focus Group Discussions with project participants such as teachers and students.

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF UNFPA	5. CERF grant period:	01.12.14 – 31.08.15
2. CERF project code:	14-RR-CEF-187 14-RR-FPA-056	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Sexual and/or Gender-Based Violence		<input checked="" type="checkbox"/> Concluded
4. Project title:	Lifesaving response to SGBV in affected areas		
7. Funding	a. Total project budget:	US\$ 1,541,350	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project: <b>US\$ 967,366</b>	NGO partners and Red Cross/Crescent: <b>UNICEF: US\$ 183,220</b> <b>UNFPA: US\$ 223,630</b>	
	c. Amount received from CERF: <b>Total: US\$ 595,734</b> UNICEF: US\$ 216,080 UNFPA: US\$ 379,654	Government Partners: US\$ 0	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,171	39,354 (4,262 girls) UNICEF: 20,175 UNFPA: 19,179	The significant discrepancy between planned and reached beneficiaries is due to the fact that UNICEF and UNFPA were able to reach a great number of people during mass sensitizations on GBV, including International Women's Day, World Population Day and the Day of the Africa Child, which all occurred during periods of relative calm. The target of beneficiaries as children under age of 5 should have been 0 because GBV program doesn't have a specific target for children under 5 years.
b. Male	3,829	28,173 (3,706 boys) UNICEF: 10,619 UNFPA: 17,554	
c. Total individuals (female + male):	<b>10,000</b>	<b>67,527</b> <b>UNICEF 30,794</b> <b>UNFPA: 36,733</b>	
d. Of total, children <u>under</u> age 5	3,492	UNICEF: 0 UNFPA: 0	
9. Original project objective from approved CERF proposal			
<p>In order to save the lives of children and women affected by conflict:</p> <p>1- <b>Engage in awareness raising and advocacy to monitor sexual violence trends that guide the response.</b> The lack of information for the population on existing services in cases of sexual violence can cause complications that impact a person's life. The mass information activities will focus particularly on the existing services medical and psycho-social factors that enable rapid support for survivors. Information shall be addressed also to the eventual perpetrators to educate them about the acts which will not go unpunished.</p> <p>2- <b>Ensure life-saving multisectorial response to 7,492 children and women survivors of SGBV</b> in Nana-Gribizi (Kagabandoro), Ouaka (Bambari), Ouham (Bossangoa, Batangafo and Kabo), in particular provide them access to psychological services, medical</p>			

care, and legal protection.

#### 10. Original expected outcomes from approved CERF proposal

##### Outcomes

- 250 community-mobilizers are involved in campaigning against GBV in Nana-Gribizi (Kagabandoro), Ouaka (Bambari), and Ouham (Bossangoa, Batangafo and Kabo)
- Youth, women, local chiefs, and armed group leaders (ex-Seleka and anti-Balaka) are involved in monthly focus groups on themes related to prevention of GBV
- Local radio stations broadcast information and messages on GBV in projects area by March 2015
- Quarterly reports are compiled and shared on the extent of sexual violence in the area covered by the project.
- 10 new listening centers are establish in the XX, YY and ZZ locations covered by the project offering services to GBV survivors in the 10 regions targeted by the project.
- 7,492 GBV survivors including children and women have access to psychological support, medical services and legal protection by NGOs.
- 20 community-based health, social workers and paralegals are trained by February 2015 on how to listen and provide needed care to GBV survivors.
- 100 per cent of survivors of sexual violence have access to prompt medical services including prophylaxis treatment to prevent sexually transmitted diseases, including HIV/AIDS

##### Indicators

- Number of community-mobilizers (disaggregated by sex) involved in campaigns against GBV
- Number local stakeholders (disaggregated by function/sex) participating in monthly focus group discussions
- Number of new listening centers established
- Number of GBV survivors who received medical and psychosocial assistance as well as legal protection
- Number of community based health and social workers ( disaggregated by sex) trained on care technics

#### 11. Actual outcomes achieved with CERF funds

##### Engage in raising awareness and advocacy to monitor sexual violence trends that guide the response:

- **517 community mobilizers** (229 men and 288 women) were involved in campaigning against GBV in Nana-Gribizi (Kaga-Bandoro), Ouaka (Bambari), and Ouham (Batangafo and Kabo) by UNFPA and its partners. The strategies adopted by DRC, IRC and IMC to mobilize focal points in women's groups and among religious leaders had an unexpected success during the last months of project implementation, as the participation was greater than initially planned. This shows that in order to engage the community in the fight against GBV enough time should be allocated: in the first 4 months of project implementation only 112 mobilizers got engaged while in the last two months, an additional 344 mobilizers got involved in respective activities.
- Between March and August 2015, youth, women, local chiefs and leaders of armed group (ex-Seleka and anti-Balaka) were involved in monthly focus groups on themes related to the prevention of GBV. The project supported also the organization of awareness raising activities during the International Women's Day, The Day of the African Child and Population Day in Bossangoua, Bambari and Kaga-Bandoro. This was partly funded by CERF and with additional funds form UNICEF, UNFPA, IMC, DRC and IRC. These activities were in addition to the advocacy activities at grassroots level on the consequences of sexual violence that engaged local leaders, parties to the conflict and youth groups.
- Quarterly reports on GBV trends were compiled and shared with GBV sub-clusters partners in Bambari, Bossangoua and Kaga-Bandoro
- Between January and August 2015, local radio stations broadcasted information and messages on GBV in project areas.

**Ensure life-saving multi-sectorial response to 2,000 children and women survivors of SGBV in Nana-Gribizi (Kagabandoro), Ouaka (Bambari), Ouham (Bossangoa, Batangafo and Kabo), and in particular, provide them with access to psychological services, medical care, and legal protection.**

- Under this project, **1,739 GBV survivors** were assisted with holistic support. These GBV survivors received services provided by IRC, IMC and Mercy Corps in Bambari, IRC in Kaga-Bandoro, Bangui, Ouham Pende, DRC in Batangafo-Kabo and COOPI in Bossangoa. The services were provided through activities organized in listening centers as well as outreach activities facilitated by trained social workers. All GBV survivors received medical, psycho-social and legal assistance.
- **18 listening centers** are currently operational (12 were newly established) to support GBV survivors and to raise GBV awareness in target areas. 6 listening centers 2 in Bossangoa, 1 in Bambari and 1 in Kaga-bandoro have been supported during this project. In addition, **12 new listening centers** have been operational as of mid-July 2015, 6 new listening centers were opened by UNFPA partners in Kaga-Bandoro, Bambari, Batangafo and Kabo and 6 by UNICEF partners in Ouham-Pende (Communities in Ngoutere, Boukayan, Kelle Claire, Bocaranga, Kouï and Letele). These centers responded to the needs of GBV survivors through medical, psycho-social and legal assistance.
- In total, **341 community-based health/social workers, youth educators and local leaders** were trained on GBV, women's empowerment and equipped with knowledge about response and prevention of GBV. UNICEF and partners trained 221 community based social workers and local leaders (28 women and 193 men) in Bangui and Ouham-Pende. UNFPA and partners trained 25 health workers and 15 youth educators in Ouka, Nana-Gebrizi and 80 community social workers in Ouham.
- **77 per cent per cent of survivors** who experienced rape (272 over 351) had access to **prompt medical services** including prophylaxis treatment to prevent sexually transmitted diseases, including HIV/AIDS, **within the 72 hours** following the incident, the remaining 33 per cent received quality medical service excluding the prophylaxis because of the delay in attending the hospital.\*57 per cent per cent (108 out of 187) from UNFPA and 100 per cent (164 out of 164) from UNICEF.

Indicator	Target	Result
250 community mobilizers are involved in campaigning against GBV in Nana-Gribizi (Kagabandoro), Ouaka (Bambari), and Ouham (Bossangoa, Batangafo and Kabo)	250	517 community mobilizers were involved in campaigning against GBV
Youth, women, local chiefs, and armed group leaders (ex-Seleka and anti-Balaka) are involved in monthly focus groups on themes related to the prevention of SGBV	Monthly	Monthly (since February 2015)
Local radio stations broadcast information and messages on GBV in project areas by March 2015	March 2015	January 2015 in Bossangoua, March and July 2015 in Kaga-Bandoro, May and June 2015 in Bambari
Quarterly reports are compiled and shared on the extent of sexual violence in the area covered by the project.	Quarterly	Quarterly report on sexual violence and other GBV issues were produced in March 2014 for Kaga-Bandoro, Bossangoua and Bambari. Batangafo has been included since June 2014 in the Ouham report (Bossangoua+Batangafo-Kabo)
10 new listening centers are establish in the XX, YY and ZZ locations covered by the project offering service to GBV survivors in the 10 regions targeted by the project.	10	12 new listening centers established: - 6 by UNFPA (2 in Kaga-Bandoro by IRC, 2 in Batangafo by DRC and 2 in Bambari by Mercy Corps) - 6 by UNICEF (6 in in Ouham-Pende by IRC)
7,492 GBV survivors including children and women have access to psychological support, medical services and legal protection by NGOs.	Revised target : 2,000	<b>1,739 GBV survivors received support:</b> - 897 GBV by UNFPA and partners - 842 by UNICEF (707 women, 6 men and 129 children)
20 community-based health, social workers and para-legals are trained by February 2015 on how to listen to and provide care needed by GBV survivors.	20	<b>341 community-based, health/ social workers and paralegals</b> were trained. <b>UNFPA:</b> 80 community social workers, 25 health workers and 15 youth educators were trained on GBV core concepts, referral pathways and on how to listen to and provide the care needed by sexual violence survivors. <b>UNICEF:</b> 221 community based social workers and

		local leaders (28 women and 193 men) received training to ensure that caretakers know how to respond to GBV survivors and local leaders to acquire knowledge on GBV and women's empowerment. The total number of direct beneficiaries of training and of GBV case management is 2,597. Numbers of trained people also exceeded the planned target thanks to complementary funding.
100 per cent of survivors of sexual violence have access to prompt medical services including prophylaxis treatment to prevent sexually transmitted diseases, including HIV/AIDS	100 per cent	<b>100 per cent of rape survivors received quality medical care</b> including prophylaxis treatment to prevent sexually transmitted diseases. By contrast, survivors of rape who accessed the service within 72 hours following the rape incident can receive HIV/AIDS prophylaxis, as consequence only 77 per cent of them (272 over 351) had prompt medical service for HIV prevention. Insecurity, fear of stigma or reprisal and lack of information are the principal reasons that frequently prevent survivors to quickly seek for assistance.
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
<p>The significant discrepancy between planned and actual outcomes and the related revision of GBV beneficiaries from 7,492 survivors to 1,739 is due to several factors such as lack of information on service availability, absence of a means of transport, inability to afford medical fees, feelings of shame on the part of survivors, fear of stigma, community and family rejection and of reprisal by alleged perpetrators and their accomplices. Despite the fact that the NGOs can easily remove barriers such as medical fees, information and transport towards project activities, the other barriers faced by survivors demand the development of strategies and approaches to reduce their fears and trigger behaviour and social changes and/or advocacy with other actors on security issues. Security issues, changing attitudes towards GBV and fear on the part of victims are all challenging in CAR. It is also important to note that while local referral pathways have been in place since 2014 and is regularly updated and shared since January 2015 in related project areas, the majority of project activities for case management started in different periods and areas, which affected the performance of the project on access to service.</p> <p>In view of the project sites that were originally planned in Ouham (Bossangoa, Batangafo and Kabo), UNICEF decided to cover Ouham prefecture (Bossangoa) with other resources. Thus, the only project site that received funding from UNICEF under the CERF funded project was Ouham-Pende, while beneficiaries in Ouham were reached with other resources. Also, DRC (UNFPA's partner in Ouham) did not execute the total amount for operational capacity due to security challenges at the beginning of the implementation of this project. Therefore UNFPA used the remaining amount to purchase additional dignity and reproductive health kits that were rapidly used during the first months of project implementation. Lastly both DRC and IRC charged more support and personnel costs than initially agreed with UNFPA due to the expenses related to logistic and operational challenges.</p> <p>The increase of number of beneficiaries related to community mobilizers and trained health/social workers etc. is that UNICEF and UNFPA were able to reach a great number of people during mass sensitizations on GBV, including International Women's Day, World Population Day and the Day of the Africa Child, which all occurred during periods of relative calm. Also, number of people reached with training is bigger than planned as both UNICEF UNFPA and two implementing partners (IRC and DRC) used complementary funding to organize larger training, in order to respond to new needs identified during the project implementation.</p>		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):		
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>

<p>No formal evaluation was planned for either UNICEF or UNFPA activities. However both UNICEF and UNFPA undertook regular field monitoring visits and meetings with partners at local and national level, related UN Agencies (MINUSCA, OCHA, UNHCR, UNFPA) and related ministries (Ministry of Social Affairs, Ministry of Defence, Ministry of Health). UNICEF and UNFPA have field offices in Bossangoa, Bambari and Kaga Bandoro. UNICEF has Child Protection Specialists in Bossangoa and Bambari, and UNFPA has national GBV Coordinators in Bossangoa, Bambari and Kaga Bandoro, and these staff are responsible for daily monitoring and follow-up on programme implementation. The frequent field monitoring visits in the areas covered by this project were conducted to assure the quality of the project as well as to supervise activities by partner NGOs. In addition, a simple final evaluation should have been organized one week after submission of the final project report by all the implementing partners, in the form of a project review meeting involving IRC, DRC, IMC, UNICEF and UNFPA to discuss outcomes, challenges, lessons learnt and good practices. This meeting did not take place as the IRC submitted the final narrative and financial reports only on the 26<sup>th</sup> of November 2015. This delay was due to the crisis that occurred at the end of September, when the reports were due to UNFPA (one month after the end of the project). As program manager of implementing partners are not anymore in CAR and a new GBV CERF funded project started on the 1<sup>st</sup> of November. The lunch of the new project will includes a presentation on lessons learned from this one.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01.12.14 – 30.05.15
2. CERF project code:	14-RR-CEF-188	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency community- based management of severe acute malnutrition among children in most affected prefectures by the conflict in CAR		
7. Funding	a. Total project budget:	US\$ 11,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 4,756,515	▪ NGO partners and Red Cross/Crescent: US\$ 283,000
	c. Amount received from CERF:	US\$ 750,000	▪ Government Partners: US\$ 75,936
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,491	5113	At least 92.7 per cent of beneficiaries (10,025) of children under five with severe acute malnutrition were reached through the project and benefited from appropriate therapeutic treatment according to national protocol. We are certain that we reached the total number of planned beneficiaries, however due to delays in the relay of data from remote regions; we could not include them in the cases for this reporting period.
b. Male	5,296	4,912	
c. Total individuals (female + male):	<b>10,787</b>	<b>10,025</b>	
d. Of total, children <u>under</u> age 5	10,787	10,025	
9. Original project objective from approved CERF proposal			
<b>2.1. General Objective</b> Contribute to improving the nutritional status of children under 5 years affected by severe acute malnutrition in the context of the prevailing socio-politico-military crisis in Ouham, Ouham Pende, Kemo, and Nana Gribizi prefectures of CAR.			
<b>2.2. Specific Objectives</b> <ol style="list-style-type: none"> <li>1. Rehabilitate 4 therapeutic units of SAM (Inpatients therapeutic units (IPT) and 25 out-patient therapeutic units (OPT) by reopening the units, strengthening staff capacities and equipping sites in the 4 locations,</li> <li>2. At least 90 per cent children with severe acute malnutrition benefit from quality nutritional care and adequate counselling for appropriate infant and young child feeding,</li> <li>3. Ensure regular, monitoring, supervision and production of information for decision making in a timely manner.</li> </ol>			
10. Original expected outcomes from approved CERF proposal			

**Achievements**

- 20,000 children < 5 screened with MUAC tape to track SAM cases
- 10,787 children < 5 are referred to outpatients clinics
- 1,787 children with SAM < 5 are treated in inpatient hospitals
- 9,000 children with SAM < 5 are treated in outpatient health centers
- 29 health facilities rehabilitated

**Indicators:**

- total # of children (<5 years old) screened with MUAC
- total # of children (<5 years old) referred to health centers
- per cent of children with SAM <5 in inpatients recovered
- Percentage of mortality in inpatient clinic
- per cent of children with SAM < 5 children defaulted from inpatient clinic
- per cent of children with SAM <5 in inpatients recovered
- Percentage of mortality in inpatient clinic
- per cent of children with SAM < 5 children defaulted from inpatient clinic
- Number of health facilities rehabilitated

**11. Actual outcomes achieved with CERF funds**

- At the end of the project, a total of **10,025 children** were admitted for Severe Acute Malnutrition (SAM) treatment, including children from IDP sites and enclaves in Ouaka, Ouham, Ouham Pende, Kemo and Nana Gribizi prefectures.
- The Severe Acute Malnutrition cases with complications represent a proportion of 15 per cent (**1,504**) in **In-Patient Therapeutic units** and **85 per cent (8,521) in Out-Patient Therapeutic programmes**.
- Geographical access and attendance in integrated community-based management of acute malnutrition facilities has increased in the targeted affected area with an increase at the national level of up **39 In-Patient Therapeutic Programmes** and **287 Out-patient therapeutic units** with an increase in capacity response in the prefectures most affected by insecurity including Ouaka, Ouham, Ouham Pende, Kemo and Nana Gribizi. In the targeted area, a total of **32 health facilities** have opened Outpatient therapeutic services.
- The performance indicators showing the quality of management of severe acute malnutrition are in the norms in regards to standards recommended by WHO and national protocol: with a 87.26 per cent cured rate ( >75 per cent), a 1.96 per cent death rate ( < 5 per cent) and 10.7 per cent defaulter's rate (< 15 per cent).
- As of the end of the project, up to **126 Mt of Ready-to-Use Therapeutic Food (RUTF)** and **3 Mt** therapeutic commodities were purchased and distributed to beneficiaries from targeted prefectures.

**12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:**

There is no significant discrepancy between planned and actual outcomes as 92.7 per cent of beneficiaries have been reached. However it is important to underline that as reflected by the figures of beneficiaries reached, girls represent 51 per cent (5,113) whereas boys covered are estimated to be 49 per cent (4,912).

**13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?**YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): GM = 1

If 'NO' (or if GM score is 1 or 0):

The designed data collection mechanism in CAR for nutrition reports allows the program to capture on monthly basis figures of new admissions disaggregated by sex and age. Performance indicators are disaggregated as well by sex and age and these data collection tools are utilized in all treatment nutrition units.

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

EVALUATION CARRIED OUT ☐

No evaluation has been planned. However UNICEF in accordance with OCHA field offices and local Ministry of Health representatives have conducted jointed regular field monitoring visits in area covered by implementing partners IMC and MDA in order to make a follow up of the progress of the project, identify issues and constraints to be addressed. Adapted corrective actions were taken to adjust activities implementation especially in regards to coordination of the response in area to be covered, and on the strategic way of strengthening the community-based screening and reference of Severe Acute Malnutrition cases from remote villages with limited access to humanitarian response.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01.12.14 – 31.05.15
2. CERF project code:	14-RR-CEF-189	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Release of children from armed groups and psychosocial supports to children in most affected conflict areas		
7. Funding	a. Total project budget:	US\$12,327,773	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,315,614	▪ NGO partners and Red Cross/Crescent: US\$ 621,057
	c. Amount received from CERF:	US\$ 789,446	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	295,000 Women including 109,035 girls	71,805 girls	Please note that the project assisted the entire population of the selected communities as planned beneficiaries with the rationale that all community members directly and/or indirectly benefitted from an improved protective environment through the CERF funded project activities. However, we believe that number of beneficiaries “reached” should be those directly participating in the activities. Thus, there is a significant discrepancy between the number of planned and reached beneficiaries (reached is much lower). Direct beneficiaries include the children released from armed groups, children participated in the psycho-social activities provided under the framework of this project.
b. Male	285,000 Men including 107,305 boys	79,615 boys 410 men (commanders and combatants of armed groups)	
c. Total individuals (female + male):	<b>580,000</b>	<b>151,830</b>	
d. Of total, children <u>under</u> age 5	216,340	0	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> <li>Identify, facilitate the release and treatment of <b>216,340</b> children associated with armed groups in the prefectures of Nana Gribizi groups Ouham and Ouaka;</li> <li>Ensure the implementation and management of psycho-social support for children affected by armed conflict;</li> <li>Strengthen the monitoring and reporting mechanism and documentation of the six grave violations against children in conflict areas.</li> </ol>			
10. Original expected outcomes from approved CERF proposal			
- 450 children (girls and boys) associated with armed groups identified, supported and reunited with their families in the prefectures of Nana-Gribizi, Ouham and Ouaka during 6 months of implementation of the project.			

- 40 Commanders of anti-Balaka and Ex-Seleka groups in 10 localities received information on the prevention of recruitment and promised to facilitate the release and return to the family of children associated with their groups
- At least 200,000 children participated in psychosocial activities in IDP sites and villages
- Each of 10 project villages has recreational activities and psychosocial care for children affected by the conflict.
- 10 new networks of child protection in place and are functional in 12 localities of the project (Baka Bambari Batangafou, Boguila, Bouca, Kaga Bandoro Kouango, Makunda, Mbres Bakassa and Nana).
- The grave rights violations are documented and monthly reported in the areas of project intervention, and supported advocacy at the highest level.

#### 11. Actual outcomes achieved with CERF funds

##### Outcomes achieved:

- **1,598 children** (432 girls and 1,166 boys) were released from armed groups
- **149,852 children** (71,403 girls and 78,449 boys) participated in psycho-social activities at IDP sites and local communities
- **410 commanders and combatants** participated in the training session about the children's rights, prevention of use of children in armed groups and violation of children's rights
- **17 communities** and neighbouring IDP sites benefited from recreational and psycho-social activities through established child friendly spaces (CFS).
- **8 Child Protection Networks** were established and their system is reinforced in the areas of Bossangoa, Bouca, Nana Bakassa and Boguila with 215 volunteers

##### Detailed information per achieved outcomes

- **1,598 children** (432 girls and 1,166 boys) were released from armed groups namely Anti-Balaka and Ex-Seleka in the target areas of Ouaka, Ouham and Nana-Gribizi. After identification, verification and registration by UNICEF and its partners, the children were separated from the armed groups and have received holistic support including interim care, medical check and treatment, psycho-social support as well as reintegration to their family and communities. Some children who have difficulty to reinsert to their family were supported to find host family to settle in the "normalcy" in the family setting. Despite UNICEF's principal and effort to take care of these children is putting children back to the family environment, UNICEF set up the model of transitional centre, which enable to take care those who cannot inserted into family settings for mainly security reasons, in the centre as the last resort.
- In the war-tone and extremely unstable environment, children's need for psycho-social support is huge. UNICEF and its partners reached **149,852 children** (71,403 girls and 78,449 boys) with psycho-social support through established child friendly spaces (CFS). The psycho-social support includes various activities such as counselling session (both individual and in group), sports, drama session, drawing depending on children's age and needs. The meaning CFSs hold is significant; children in IDP sites and communities severely affected by the conflict can have safe place to have support, meet and play with other children without fear of attack or violence against them.
- **410 commanders and combatants** participated in the training session about the children's rights, prevention of use of children in armed groups and violation of children's rights. The sessions were delivered in Ouaka prefecture where intensive violence still remains between armed groups as well as violent act against civilians. Ouaka prefecture where Ex-Seleka put as the main base in Bambari.
- **17 communities and neighbouring IDP sites** benefited with recreational and psycho-social activities through established child friendly spaces (CFS). Total of **149,852 children** from the neighbouring communities and IDP sites participated in the activities held by the CFSs daily basis.
- **8 Child Protection Networks** were established and their system is reinforced in the areas of Bossangoa, Bouca, Nana Bakassa and Boguila with **215 volunteers**; **6 community centers** were rehabilitated in the Lower Koto and Ouaka for including community-based monitoring of children from armed groups.
- **Monitoring and Reporting Mechanism** (MRM) was maintained with the partner NGO (NDA, AFEB, Save the Children and DRC) in the area of Ouaka, Ouham and Nana-Gribizi.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The number of children released from armed forces and groups became much higher than originally planned in 2014. The main reason is that UNICEF achieved to have an agreement between armed groups to immediately release children in reconciliation held in Bangui in May 2015. The agreement led to a much higher pace of the release of children from the armed groups which whom UNICEF and its partners are progressively working with in order to respond the needs of those children. The number of children who participated in psychosocial activities is lower than the planned number: This is mainly due to security issues. The unstable security situation in the field often hindered UNICEF and its partners' implementing and maintaining activities in view of Child-Friendly Spaces (CFS). The volatile security situation frequently caused populations to move, which made it difficult to maintain CFS activities. Furthermore, families often avoided sending their children to CFS as a result of their fear of violence that could occur walking from home to the CFS. Taking into account staff safety, implementing partners were also restricted in maintaining some project activities, which led to a smaller number of children benefiting from psychosocial activities in CFS than originally planned.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b>  <b>If 'NO' (or if GM score is 1 or 0):</b>  UNICEF in CAR implements its activity in a gender sensitive way. In DDR (Disarmament, Demobilization and Reintegration) activities, gender is incorporated in every procedure; identification/verification of children associated with armed groups, interim care and integration to families and societies. Special attention is put on girls who have tendency to have more difficulty with sexual abuse, pregnancy and child raising, stigmatization by families and community members.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation has been planned. However UNICEF is implementing regular field monitoring as well meetings with partners, related UN agencies (MINUSCA, OCHA, UNHCR, and UNFPA) as well as related ministries (Ministry of Social Affairs, Ministry of Defence). UNICEF has two field offices in Bossangoa and Bambari where Child Protection Specialists are based to do daily monitoring and follow-up visits. The frequent field monitoring in the areas covered by this projects are implemented in order to assure the quality of the project as well as supervise on the activities by the partner NGOs.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information					
1. Agency:		UNICEF		5. CERF grant period:	30.12.14 – 29.06.15
2. CERF project code:		14-RR-CEF-190		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Water, Sanitation and Hygiene			
4. Project title:		Response to emergency WASH needs of internally displaced persons, and vulnerable population in CAR			
7. Funding	a. Total project budget:		US\$ 17,400,000		
	b. Total funding received for the project:		US\$ 8,331,578		
	c. Amount received from CERF:		US\$ 1,499,980		
		d. CERF funds forwarded to implementing partners:			
		▪ NGO partners and Red Cross/Crescent:		US\$ 977,917	
		▪ Government Partners:		US\$ 264,328	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		51,000	47,022	Differences noticed between planned and reached beneficiaries are due to a reduction in the number of IDPs following a return movement in communities observed between submission of this proposal and its implementation.	
b. Male		49,000	45,178		
c. Total individuals (female + male):		100,000	92,200		
d. Of total, children <u>under</u> age 5		17,300	15,950		
9. Original project objective from approved CERF proposal					
<p>Response to emergency WASH needs of 100, 000 internally displaced persons and vulnerable populations in Central African Republic for a period of 6 months.</p> <p>Activities will be implemented in the following locations: Ngaoundaye, Kouï, Bossangoa (Kabo and Moyenne Sido), Batangafo, Bouca, Kaga Bandoro, Bambari, Bangui, Boda. Specific activities in each location are under discussion within the WASH cluster and will depend on the implementation capacity of partners and the severity of needs of the population.</p>					
10. Original expected outcomes from approved CERF proposal					
<b>Indicator</b> <ul style="list-style-type: none"> <li>- # of IDPs covered with emergency water system: 100,000</li> <li>- # of IDPs having access to emergency sanitation : 100,000</li> <li>- # of hygiene promoters in IDP camps: 200</li> <li>- # of people reached by mass media campaign focusing on handwashing with soap and latrines use and maintenance: 200,000</li> <li>- # of IDPs living in a site with solid waste management organization: 100,000</li> </ul>					
<b>Source</b> <ul style="list-style-type: none"> <li>- Reports from implementing partners,</li> <li>- Report from implementing partner, field monitoring visit</li> <li>- Training reports, reports from implementing partners</li> </ul>					

<ul style="list-style-type: none"> <li>- Mass media report</li> <li>- Reports from implementing partners, field monitoring visit</li> </ul>		
11. Actual outcomes achieved with CERF funds		
Indicators	<i>Planned</i>	<i>Reached</i>
# of IDPs covered with emergency water system	100,000	68,300
# of IDPs having access to emergency sanitation	100,000	92,200
# of hygiene promoters in IDP camps	200	400
# of people reached by mass media campaign focusing on handwashing with soap and latrines use and maintenance	200,000	125,000
# of IDPs living in a site with solid waste management organization	100,000	95,600
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
<p>Beyond the fact that the numbers of IDPs decreased between the time of project design and project implementation, the discrepancy is also due to the fact that implementing partners mainly focused their interventions on the then pressing needs in emergency sanitation. Water needs on IDP sites were largely covered by the SODECA network; the construction of boreholes was primarily covered by ANEA; and water trucking was provided by WASH cluster actors/stakeholders. As a result, the level of performance in emergency sanitation is higher as compared to that of emergency water activities.</p>		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b>  <b>If 'NO' (or if GM score is 1 or 0):</b>  Wash interventions are conducted in conformity with the "5 engagements minimums WASH et genre CAR" defined and agreed by all the partners. The engagements ensure that the views of girls, boys, women and men are taken into account during all the steps of the project, from the design to the implementation and monitoring. They also ensured the data are gender desegregated and that cultural concerns are well integrated.</p>		
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Due to the timeframe of the project within the volatile context, an evaluation cannot be objectively conducted. Some of the sites have closed and many IDPs have returned home. Most of the activities were one-time activities that are difficult to monitor retroactively. Nevertheless, during project implementation, UNICEF has ensured proper monitoring through field visits. Despite the fact that a formal evaluation was not conducted, some findings and lessons learned should be considered including: a significant number of IDP sites were located in churches and school compounds. We now see that we should reinforce capacity of those institutions to respond to future crisis, i.e. construction of durable latrines, prepositioning of kits and training.</p>		EVALUATION PENDING <input type="checkbox"/>
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>



TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF WHO UNFPA	5. CERF grant period:	UNICEF : 01.12.14 – 31.05.15 WHO: 01.01.15 – 30.06.15 UNFPA: 02.01.15 – 30.09.15
2. CERF project code:	14-RR-JNT-046 (14-RR-FPA-057, 14-RR-WHO-087, 14-RR-CEF-191)	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Providing integrated primary and secondary health care delivery to vulnerable population in the most affected areas in the Central African Republic.		
7. Funding	a. Total project budget:		US\$ 3,373,683
	b. Total funding received for the project:		US\$ 2,170,894
	c. Amount received from CERF:		Total: US\$ 1,495,449 UNICEF US\$ 495,406 WHO: US\$ 599,905 UNFPA US\$ 400,138
	d. CERF funds forwarded to implementing partners:		Government Partners: US\$ 6,719  NGO partners and Red Cross/Crescent US\$ 45,200
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	256,631	228,402	<b>WHO:</b> Given the escalation of conflicts, the implementation of the project was partly oriented to meet the new health needs which enabled to support free health care and saving lives among the displaced persons in prefectures of Ouaka and Nana Gribizi (Areas already taken into account in the joint project)
b. Male	174,427	139,542	
c. Total individuals	431,058	367,944	
d. Of total, children <u>under</u> age 5	166,286	129,704	<b>UNFPA:</b> Due to insecurity in some areas like Abba and the frequent movement of population in Kaga Bandoro and Bambari, UNFPA couldn't reach all planned beneficiaries.  <b>UNICEF:</b> The project funds were used to cover the operational cost of ACTs, LLINs and other operational cost such as, transfer, distribution of drugs and treatment of patients suffering from malaria in the entire Ouaka health prefecture. They also funded the strengthening of capacities of health managers and health service providers. Due to the prevailing insecurity in the targeted communities, training of community health workers was postponed to October 2015. The availability of these drugs and other commodities and implementation of the free health care strategy in all the health facilities facilitated access to health facilities for all age groups especially children aged under-five and pregnant women. Implementation of the project started at the beginning of February 2015.

			Distribution of LLINs to pregnant women and under five children is still ongoing due to the fact these commodities are handed over to the target groups only either during antenatal consultations or during measles immunization of under five children. ACTs, ARVs, HIV tests and other commodities are still available in health facilities for the continuous care of patients.
<b>9. Original project objective from approved CERF proposal</b>			
Contribute to the reduction of the mortality and morbidity among children under 5, pregnant and lactating women, and internally displaced people in targeted areas.			
<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>- Provide quality primary health care (curative, preventive and promotional) to 32,125 children under 5; 7,428 pregnant women; 5,645 lactating women; and 11,071 internally displaced people in targeted areas (Abba, Kouï, Bocaranga, Ngaoundaye, Nana Bakassa and Bakala)</li> </ul> <p><b>UNFPA</b></p> <ul style="list-style-type: none"> <li>- Improve the management of obstetric and neonatal emergencies by ensuring safe pregnancy in health facilities situated in affected areas</li> </ul> <p><b>UNICEF: Malaria project</b></p> <ul style="list-style-type: none"> <li>- Provide Long Lasting Insecticide treated Nets (LLINs) to at least 12,215 children aged 12 to 59 months and pregnant women in targeted areas</li> <li>- Promote early diagnosis and treatment of non-severe cases of malaria among the more vulnerable people in targeted area</li> </ul> <p><b>UNICEF: Prevention of mother to child transmission of HIV/AIDS (PMTCT) project</b></p> <ul style="list-style-type: none"> <li>- Provide information about HIV/AIDS 7,570 pregnant women in targeted area</li> <li>- Provide HIV counselling and testing to all (7,570) pregnant women attending the antenatal care (ANC) during the implementing period of the project</li> <li>- Provide Antiretroviral (ARV) prophylaxis to all (364) pregnant women tested positive for HIV in the targeted health facilities</li> <li>- Ensure assisted delivery to 5,299 pregnant women attending ANC in targeted health facilities</li> <li>- Ensure systematic care to 5,299 new-born in targeted health facilities.</li> <li>- Ensure paediatrics care including ARV prophylaxis to 364 exposed children( children born from HIV+ mothers)</li> </ul>			
<b>10. Original expected outcomes from approved CERF proposal</b>			
<p><b>WHO</b></p> <ul style="list-style-type: none"> <li>- All the six health facilities are provided with planned Emergency Health kits</li> <li>- At least 60 mobile clinics (including EPI) are implemented in targeted areas in need</li> <li>- At least 20 health care provider are trained on the Guidelines of free health care, use of emergency health kits and the treatment protocols of the main causes of mortality and morbidity (EWARS and malaria ) by February 2015</li> <li>- At least 56,269 (80 per cent) people have access to primary health care (curative consultation, antenatal care, postnatal care and routine vaccination)</li> <li>- All the reports on epidemiological surveillance of the targeted area are sent on time to the prefecture</li> <li>- At least 5,645 (80 per cent) children under one are vaccinated with Penta3/OPV3 vaccine in targeted area</li> <li>- At least 5,571 (60 per cent) pregnant women attend to at least one quality antenatal clinic in the targeted area</li> </ul> <p><b>UNFPA</b></p> <ul style="list-style-type: none"> <li>- 4 targeted health centers (in Mbres, Markounda, Nana Bakassa and Abba) and 5 IDPs camps health units (Sangaris,</li> </ul>			

MINUSCA and Notre Dame de Victoire in Bambari; Evêché in Kaga Bandoro; Evêché in Bossangoa) are referring paediatric and obstetric emergencies and 60 per cent of their health staff capacities are improved to ensure quality management of emergency obstetric and neonatal care to reduce avoidable deaths

- All the targeted health facilities (13) are provided with reproductive health kits, dignity kits, equipment and other medical supplies
- At least 90 per cent of referred paediatric and obstetric cases receive high quality care in rehabilitated paediatric units, maternity wards and surgical theatres in the targeted Hospitals (Bambari, Bossangoa, Sibut and Kaga Bandoro).

#### **UNICEF: Malaria project**

- At least 12,215 children from 12 to 59 months receive the LLINs during immunization and pre-school clinics;
- At least 5,000 pregnant women receive the LLINs and two doses of Intermittent Preventive Therapy (IPT) during the ANC clinics.
- All the targeted operational health units have received antimalarial drugs, Rapid diagnostic test and other commodities for the implementation of the project.
- At least 100 trained health providers and 150 community health workers are able to diagnose and treat malaria cases according to the norms;
- At least six of the planned monthly supervisions for onsite continuous training, are implemented according to standards;
- At least one quarterly coordination meetings is held at prefectural level and bottlenecks analysis performed, corrective actions identified and planned
- At least 200 monthly reports of health units are elaborated and sent to the health prefecture management team;
- At least 700 planned IEC sessions are held at the level of the health units;
- At least 14,750 scheduled home visits are carried out;

#### **UNICEF: Prevention of mother to child transmission of HIV/AIDS (PMTCT) project**

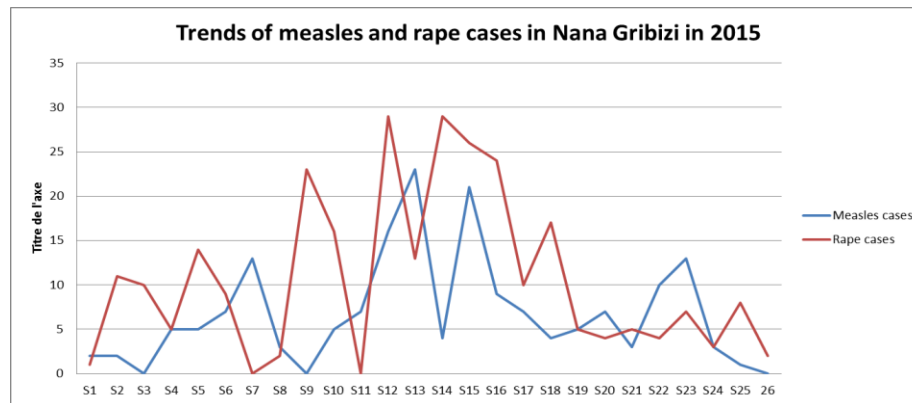
- 9 targeted health facilities offer a comprehensive package of maternal and new-born care with PMTCT services
- At least 7,570 pregnant women attending ANC1 receive information, preventive care (Iron and IPT) and are tested for HIV
- 364 the HIV+ pregnant women in the targeted health units receive ARV prophylaxis
- At least 70 per cent of pregnant women received delivery assisted
- 5,299 new-born in targeted health facilities received systematic birth care and exposed children receive ARV prophylaxis.
- 9 targeted Health facilities in the affected areas are provided with sufficient HIV supplies (HIV tests Kits,
- Consumables and basic drugs (ARV, PEP), and EmONC materials and equipment.

### **11. Actual outcomes achieved with CERF funds**

#### **WHO**

- **12 health facilities** were provided with Emergency Health kits in prefecture of Ouaka Health posts of Ngandza, Bangao, Ngakobo and Health center of Kouango) in prefecture of Nana Gribizi (Dispensaire de l'évêché, Dispensaire Kaga-Bandoro, health posts of Blakadja, Gazao, Morobanda, Domodo, Health centers of Mbrès and Morobanda) The second part of Emergency health kits was entrusted to the NGO IMC for supporting the mobile clinic.
- **60 Mobile clinics** were implemented in 3 health centers and 2 IDPs camps in Ouham Prefecture. (Health centers of Ouaham Bac, Gbangayanga; Zere and IDPs sites of Kango and Bobo)
- **33 health care providers** were trained on the Guidelines of Free Health Care, use of emergency health kits and the treatment protocols of the main causes of mortality and morbidity (EWARS and malaria )
- **57, 000 people** were directly covered by basic and secondary health care through the CERF project through free health care support (paying of the incentives to health staffs and operation fees)
- **2,308 pregnant women** attended at least one quality antenatal clinic in the targeted area
- All the reports on epidemiological surveillance of the targeted area were sent on time to the prefecture of Ouaka Nana Gribizi and Ouham. Including Early warning system (EWARS) in 10 IDPs sites. The epidemiological surveillance highlighted the following facts:

- The 3 main pathologies in consultation are Malaria (40 per cent), respiratory infections (25 per cent) and diarrheal diseases (15 per cent)
- The increasing trends of measles cases and rapes (mainly during clashes). In IDPs camps and health structures in Prefecture of Nana Gribizi The Early warning system helped to organize appropriate responses related to the trends.
- At least 6117 children have been screened by MUAC and during mobile clinic 603 (483 MAM and 120 SAM) children benefitted from nutrition services and 1,694 children under one are vaccinated with Penta3 vaccine in targeted areas



#### UNFPA

- All **4 targeted health centers** and **5 IDPs camps health units** in the project areas were provided with Reproductive Health (RH) kits and successful managed paediatric and obstetric emergencies (7,955 deliveries and 4500 WRA Family Planning)
- **114 health workers** were trained to ensure quality management of emergency obstetric and neonatal care to reduce avoidable deaths. In addition the recruitment of two national consultant (1) midwife and (1) RH logistician specialist.
- **42 health centers and 7 hospitals** in most affected areas were provided with reproductive health kits, A total 04 health centers received (1) table operating, (1) light operating theatre, (1) autoclave and (3) kits C-section instruments per health facility.
- **3,144 dignity kits** were distributed to vulnerable Adolescent girls and women.
- A total **362 C-section**, **101 survivors** of sexual violence accessed medical care, **2,079 cases of STIs** were treated in project areas.

#### UNICEF: Malaria project

- A total of **14,098 children** under the age of 5 years were reached with LLIN distribution and malaria treatment. Among these children, **9,695 received** LLINs during immunization and pre-school clinics. Targeted health facilities continue to distribute LLINs and are continuing distribution to the target groups.
- A total of **3,864 pregnant women** received LLINs and **2,870 women** received two doses of Intermittent Preventive Therapy (IPT) during ANC clinics. Distribution of LLINs and IPT tablets are ongoing in health facilities.
- All the targeted **38 operational health units** received antimalarial drugs, rapid diagnostic tests and other commodities for the implementation of the project. Enough stock is still available for the continuity of the project.
- The capacities of all the planned **100 health service providers** were reinforced on the prevention and treatment of malaria cases but due to the ongoing insecurity in the health prefecture, the training of the 150 community health workers was not conducted under CERF funds, but through UNICEF internal funds and took but took in the month of October 2015. Through internal funds UNICEF will continue to provide support to these health facilities in the prevention and treatment of malaria cases.
- **6 monthly supervisions** for on-site continuous training were implemented by the health prefecture management team and the UNICEF focal point in the prefecture. These activities will continue with UNICEF ongoing support to these health facilities.

<ul style="list-style-type: none"> <li>- <b>2 quarterly integrated coordination meetings</b> were held in the health prefecture to review all health projects including the malaria project. During these meetings, bottlenecks analysis was performed, and corrective actions identified and planned for immediate implementation.</li> <li>- The health prefecture management team in Ouaka received <b>266 monthly reports</b> from the 38 health units. Despite low accessibility and insecurity in some areas, local NGOs and other partners in the prefecture collaborated in the collection of these documents during field visits.</li> <li>- Community health workers in secured areas of the health prefecture continued to implement IEC sessions and undertook home visits. But due to the fact that their training was not implemented, data on these activities was not collected for present project report. Nevertheless, UNICEF will continue to provide support to these health facilities in the prevention and treatment of malaria cases using internal funds.</li> </ul>	
<b>UNICEF: Prevention of mother to child transmission of HIV/AIDS (PMTCT) project:</b>	
<ul style="list-style-type: none"> <li>- All the <b>9 targeted health facilities</b> in the affected areas were provided with sufficient HIV supplies (HIV test kits, consumables and basic drugs (ARV, PEP), and Emergency Obstetric and Neonatal Care (EmONC) materials and equipment and were offered as a comprehensive package of maternal and new-born care with PMTCT services.</li> <li>- <b>10,455 pregnant women</b> attending ANC1 in the 9 health facilities were provided with information on the prevention of micronutrient deficiency, malaria prevention and the prevention of mother to child transmission of HIV/AIDS through the performance of HIV testing during pregnancy.</li> <li>- <b>156 HIV+ pregnant women</b> attended antenatal clinics in the targeted health units received ARV prophylaxis.</li> <li>- Since 2014, through internal funds and cooperation with UNFPA, the capacities of health service providers were reinforced. During the reporting period, <b>6,670 pregnant women</b> delivered in health facilities with the assistance of qualified personnel.</li> <li>- The <b>6,670 new-borns</b> also received systematic birth care and exposed children received ARV prophylaxis.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<b>WHO:</b> Significant discrepancy for coverage of immunization that remains a big challenge. Only one third of the target was achieved during mobile clinics due to the weakness EPI at national level ( lack of items and essential equipment (fridge, cooler boxes, stock out of vaccines)	
<b>UNFPA and UNICEF:</b> No significant discrepancy	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b> <b>If 'NO' (or if GM score is 1 or 0):</b> The gender aspect has been mainstreamed in all the 3 sub projects :	
<ul style="list-style-type: none"> <li>- <b>UNICEF:</b> The implementation of the project targeted the whole population of the Ouaka health prefecture (girls, boys, pregnant women and all other age groups). LLIN distribution targeted only pregnant women and under five children because they are the most vulnerable groups. Mass distribution of LLINs is planned and will be implemented by the International Federation of the Red Cross by the end of 2015.</li> <li>- <b>WHO:</b> Taking into account of rape cases (women mainly vulnerable) and physical traumatism (men mostly vulnerable) in EWARS and ANC for pregnant women in the project</li> <li>- <b>UNFPA:</b> The project has focused mainly on women of childbearing age, pregnant women and new born children</li> </ul>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<b>WHO:</b> Two sub offices Bambari and Kaga Bandoro conducted regular field's visits for the drugs supply of health facilities and supervision of implementation of activities. The activities of project were followed up and harmonized with others humanitarian partners through the health cluster meetings	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

<p><b>UNFPA:</b> The project wasn't evaluated but the M&amp;E was done through monthly reports from supported health facilities. Three quarterly joint missions (health cluster/NGOs/Government) were also carried out for monitoring and evaluation the purpose.</p> <p><b>UNICEF:</b> During the implementation of the project, regular field monitoring visits and coordination activities through the health cluster meetings were organised to take stock on progress, identify issues to be addressed and adequate corrective actions taken to adjust activities implementation. Indicators were monitored monthly through the Humanitarian Performance Mechanism system (HPM) to show advances during the project and impact of the various activities. Particular emphases were laid on joint evaluation follow up missions with government counterparts and the Central African Red Cross at central and decentralised levels. Prevailing insecurity around the health prefecture throughout the implementing period was a serious challenge to implementation of the project. Insecurity led to the postponement of the training of community health workers in November 2015. Additional funds from UNICEF's Child Survival and Development (CSD) section will be mobilized to continue providing support to this health prefecture in the prevention and treatment of malaria.</p>	
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**TABLE 8: PROJECT RESULTS**

CERF project information				
1. Agency:	UNICEF UNHCR	5. CERF grant period:	01.12.14 – 31.05.15 UNICEF and UNHCR)	
2. CERF project code:	14-RR-CEF-192 14-RR-HCR-059	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Shelter		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Intervention stock for Emergency Shelter and Non-Food Items (NFI) in Central African Republic			
7. Funding	a. Total project budget: <b>US\$ 32,595,004</b>		d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project: <b>US\$ 5,877,935</b>		▪ NGO partners and Red Cross/Crescent: UNICEF: <b>US\$ 139,633</b>	
	c. Amount received from CERF: <b>US\$ 1,298,041</b> UNICEF: US\$ 372,000 UNHCR: US\$ 900,001		▪ Government Partners: US\$0	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female		63,192	UNHCR: 55,542 UNICEF: 7,650	UNICEF: This is estimation, as from December 2014 until May 2015 RRM has reached a total of 70,360 individuals, thanks to all the funds received. Logistics and security constraints increased the cost of the interventions, thus increasing the cost per beneficiary.
b. Male		52,794	UNHCR: 45,444 UNICEF: 7,350	
c. Total individuals (female + male):		<b>115,986</b>	<b>115,986</b>	
d. Of total, children <u>under</u> age 5			UNHCR: 39,440 UNICEF: 1,155	
9. Original project objective from approved CERF proposal				
UNHCR: <b>Objective 1:</b> The strategic objectives of the project remain those of the sectorial response plan of the CAR NFI/Shelter Cluster: <ul style="list-style-type: none"> <li>- IDPs and host communities, migrants, and returning persons receive multi-sectoral life-saving packages.</li> <li>- Conflict-affected people are protected from harm, specifically vulnerable groups (e.g. unaccompanied minors, women, single-headed households, unaccompanied children and the elderly)</li> <li>- Returnees and other affected people access basic services</li> <li>- Ensure displaced populations benefit from protection from both physical elements and personal security, as well as live in dignified conditions</li> <li>- Support relocated populations to establish safe and dignified new settlements that provide similar conditions to the returnee populations in rural areas</li> </ul> UNICEF-RRM:				

**Objective 2:** Ensure the early warning system covering the whole country by conducting exploratory missions as well as multi-sectoral assessments in areas affected by a shock with humanitarian consequences and their diffusion to the humanitarian community.

**Objective 3:** Improve life conditions and decrease vulnerability of affected households which do not have access to Non Food Items to support their survival, welfare and carry out basic activities

#### 10. Original expected outcomes from approved CERF proposal

##### **UNHCR: Objective 1**

###### **Results**

- Logistics and Supply maximized to serve the operational needs of UNHCR and Members of Shelter/NFI cluster
- UNHCR and Members of Shelter/NFI Cluster have sufficient NFI to response to need identified
- Affected populations have access to basic domestic items
- Affected populations receive Core Relief Items timely.

###### **Indicators**

- 10,000 NFI kits are purchased, properly stored and accessible as emergency stock
- 3 rub halls are constructed to enhanced NFI storage capacity in affected areas
- The coordination mechanism established by Shelter Cluster Coordinator between UNHCR, UNICEF/RRM, IOM and other members of the cluster is strengthened.

##### **UNICEF-RRM: Objective 2:**

###### **Results**

- The assessment criteria are defined and allow the identification of priority zones for RRM interventions and to map sectoral vulnerabilities.
- The humanitarian community is informed and alerted of the humanitarian situation through MSA reports and mapping of the vulnerabilities, and through the systematic attendance to clusters meetings.

###### **Indicators**

- Availability of harmonized tools for the analysis of the vulnerabilities and for the targeting of the zones affected by movement of population.
- Number of multi-sectoral assessment reports shared with the humanitarian community.

##### **UNICEF-RRM: Objective 3**

###### **Results**

- The humanitarian community has increased capacities to respond to the needs identified by MSA in the NFI/Shelter sector.
- The vulnerable population has access to NFI items and is sensitized to their use.

###### **Indicators**

- Number of NFI kits available to the RRM partners (3,000)
- per cent of households targeted through vulnerability approach (100 per cent)
- Number of households benefiting of NFI/Shelter assistance (3,000)
- per cent of RRM interventions followed by post intervention monitoring (70 per cent)

#### 11. Actual outcomes achieved with CERF funds

##### **UNHCR: Objective 1**

With the CERF Funding UNHCR CAR Operations procured from UNHCR Regional Stockpile in Douala :

- 10.000 CRI Kits composed of :
  - o 150 plastic rolls



- 10,000 Kitchen Set
- 20,000 Fleece Blanket
- 10,000 Semi-Collapsible Jerry Can – 10 litre capacity
- 20,000 Synthetic Sleeping Mats
- 10,000 Heavy Buckets – 15 litres
- 60,000 Pieces of Soap
- 3 rub halls were erected in Bambari, Bossangoa and Kaga Bandoro
- The coordination mechanism established by Shelter Cluster Coordinator between UNHCR, UNICEF/RRM, IOM and other members of the cluster was strengthened.

#### **UNICEF-RRM: Objective 2:**

- **Availability of harmonized tools for the analysis of the vulnerabilities and for the targeting of the zones affected by movement of population:** RRM uses a tool that allows for the scoring of the vulnerability of assessed households in NFI/Shelter, WASH, Food Security, Health, Nutrition, Education and Protection sections, and also provides information about the context and demography. This tool was adapted from the RRMP model in DRC, where it has been successfully used for several years. RRM adapted the tool to the CAR context along with inputs provided by the Cluster Coordinators and co-facilitators. The new partnership with IMPACT-REACH has been keen in terms of information management: analysis of the RRM activity, dashboards sent to the humanitarian community as well as to the main donors, mappings (including mapping of vulnerabilities). Several maps are being used for the exercise of HNO 2015.
- **Number of multi-sectoral assessment reports shared with the humanitarian community:** 100 per cent of the reports of the 58 MEX and 41 MSA undertaken between December 2014 and May 2015 were shared with the humanitarian community through the listing from the steering committee in which the Head of OCHA, Inter Cluster Coordinator, all the cluster coordinators and co-leads, some NGOs are members. The reports of the 41 MSAs were shared to a larger list through mailchimp which includes all the INGO, and NGO, CCO, Coordination at decentralized level etc.

#### **UNICEF-RRM: Objective 3**

- **Number of NFI kits available to the RRM partners (3,000):** During the 6 months of the project the partners distributed a total of 14,072 kits thanks to the funds received from different donors, including 3,000 NFI kits funded under the CERF project. In June 2015, the partners still had a response capacity and thus the implementing partners from RRM had the capacity to respond in a timely manner to the needs identified during the MSAs.
- **per cent of households targeted through vulnerability approach (100 per cent):** RRM intervenes only when the MSA shows alert scoring. There is no intervention without an MSA. Thus 100 per cent of the households were targeted through a vulnerability approach.
- **Number of households benefiting of NFI/Shelter assistance (3,000):** Total number of households assisted during the 6 months was 14,072 HH, while with CERF funding this was 3,000 HH. In total UNICEF assisted 70,360 individuals under its overall RRM programme. Through CERF funding the number of total beneficiaries was 15,000 (7,560 female and 7,350 male). Each distribution was preceded by a sensitization session on the use of the items (mainly the buckets, mosquito net and soap).
- **per cent of RRM interventions followed by post intervention monitoring (70 per cent):** 68 per cent of interventions were followed by a PIM/PDM.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

There was no significant discrepancy to be reported

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☐ NO ☒

**If 'YES', what is the code (0, 1, 2a or 2b): 1**

**If 'NO' (or if GM score is 1 or 0):**

Women represent some 55 per cent of the beneficiaries of the CERF funded project. Women are identified individually during the need assessment phase. During the distribution, a particular attention is paid that women receive direct their

During the evaluation, the voices of women are given particular attention as they have the most information regarding health and nutritional status of children. When conducting household interviews, the teams seek to speak with the women. Then focus groups including women and also elders are organised. RRM also pays special attention to other vulnerable groups (people with disabilities, the elderly), and the teams always look to include these vulnerable groups in distributions.

By distributing 2 blankets, 2 mats and 2 LLINs per household, all groups, both boys and girls are targeted.

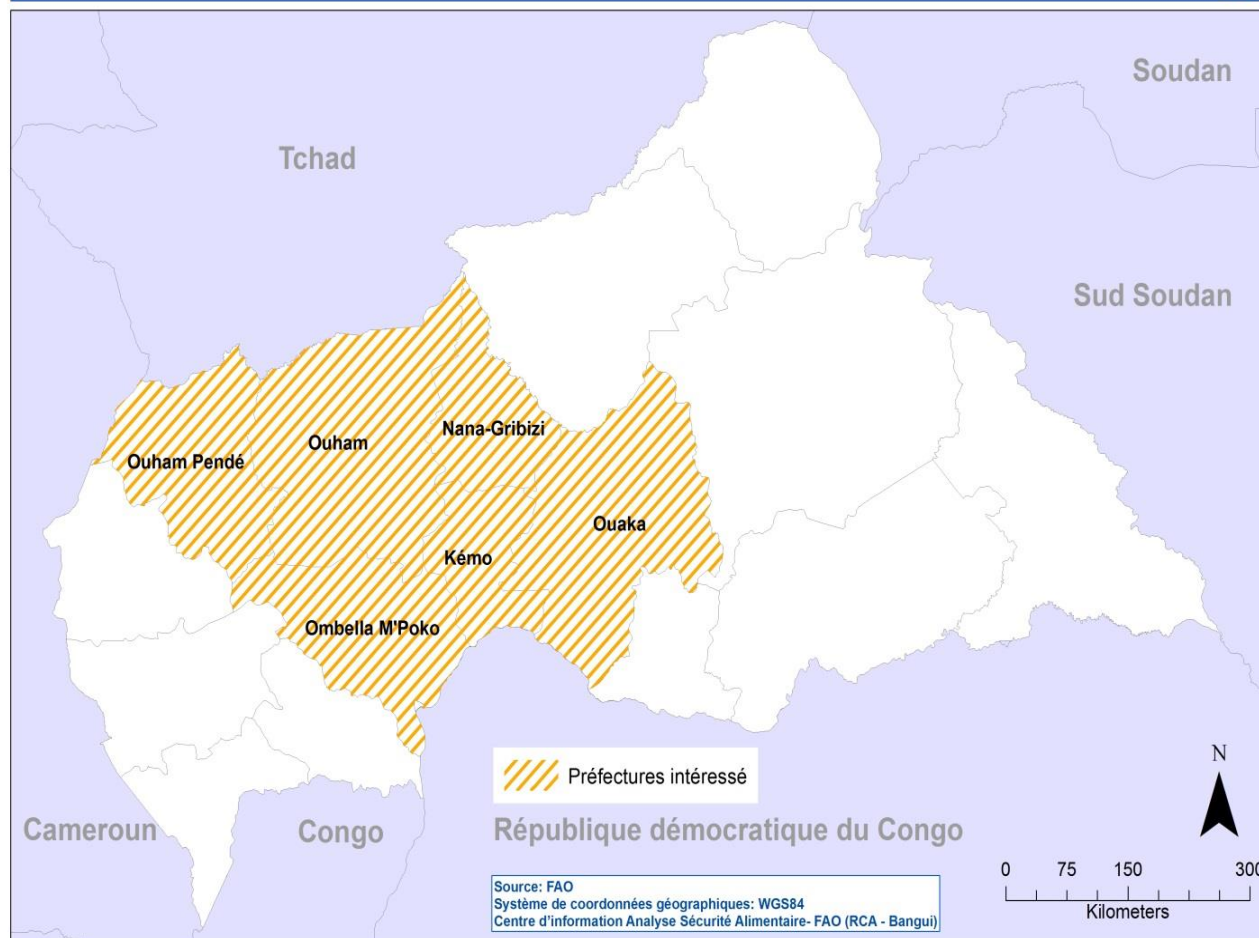
RRM also intervenes in WASH where gender aspects are also taken into consideration: distance from water point to housing (protection aspects), specific sanitation infrastructures separated for men, women and children, and lighting of sanitation infrastructures.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p><b>UNHCR</b> CAR Operations was audited in May 2015. Specific to NFI, including those funded by the CERF, OIOS auditors recommended that there should be an individually beneficiary list to acknowledge receipt of NFI. This recommendation is now being implemented by UNHCR.</p> <p><b>UNICEF:</b> An evaluation of the RRM project is forecast for 2016 for the last 2 years of the project (2014-2015). Nevertheless, RRM has a strategic steering committee that takes place every 3 months with the essential RRM members, as well as 2 yearly workshops. During these events, RRM results are analysed and evaluated by the members. This allows for reorientation of the strategy if needed. Finally, we have an internal evaluation system. The UNICEF RRM team organises missions to the field to evaluate responses from implementing partners, and monitoring and analyses tools have been developed to improve the overall RRM response. The partners also have MEAL staff that monitor the quality of the project.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	FAO	5. CERF grant period:	13.01.15 – 12.07.15
2. CERF project code:	14-RR-FAO-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Emergency response to improve food and nutrition security of displaced and returned households and host communities		
7. Funding	a. Total project budget:	US\$ 46,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 14,557,248	■ NGO partners and Red Cross/Crescent: US\$ 422,064
	c. Amount received from CERF:	US\$ 1,944,952	■ Government Partners: US\$ Fill in
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	46,900	47,100	
b. Male	30,600	30,400	
c. Total individuals (female + male):	<b>77,500</b>	<b>77,500</b>	
d. Of total, children <u>under</u> age 5	47,100	47,400	
9. Original project objective from approved CERF proposal			
<p>The main objective of the project was to urgently improve food security and the nutritional status of 15,500 households (displaced, returnees and host families) who were severely food insecure because of the crisis. The planned assistance should have consisted in the delivery of gardening and cropping seeds, tools and small livestock to help 15,500 vulnerable households to restore their critical situation in six months, strengthening livelihoods and increasing their production capacity.</p> <p>Specifically, the project facilitated the access of vulnerable populations to agricultural inputs by targeted distributions to rehabilitate their livelihoods.</p> <p>The implementation zone of the project covered the Prefectures of Kemo (Sibut), Nana-Gribizi (Kaga-Bandoro) ombella-M'Poko (Bangui and its surroundings), Ouham Pende (Bozoum , Paoua, Ngaoundaye), Ouaka (Bambari), Ouham (Bossangoa, Moyenne Sido).</p>			

## R.C.A : Zones d'exécution du projet OSRO/CAF/501/CHA



### 10. Original expected outcomes from approved CERF proposal

Number of beneficiaries by category and genre: 15,500 households (approximately 77,500 people) - returnees, IDPs and vulnerable households (estimate: 3 children / household of which two are girls)

Kits	Households	Men	Women	Children	Total people
Cropping	9,000	8,800	9,000	27,200	45,000
Gardening	5,000	4,800	5,000	15,200	25,000
Livestock	1,500	1,300	1,500	4,700	7,500
<b>Total</b>	<b>15,500</b>	<b>14,900</b>	<b>15,500</b>	<b>47,100</b>	<b>77,500</b>

Quantities of inputs distributed: 225.2 tons of seeds (225t of cropping seeds and 200kg of gardening seeds) 15,500 tools kits (hoes, rakes, shovels, watering cans...) and 60 farming kits<sup>3</sup>.

<sup>3</sup> The planned quantity of inputs were established as follow per household : - For crop production : 25 kg of seeds and 2 hoes ; - For vegetable production : 40 g of seed + 1 hoe, 1 watering can, 1 shovel and 1 rake ; - For livestock: each group (25 households) received 500 chickens (chicks or hens), equipment and shelter for animals.

Activities	Quantity	Unit
Cereals (rice, corn, peanuts)	225	Tonnes
Gardening(Amarante, cabbage, lettuce, tomato, onions, okra, spinach)	200	kg
Hoes	18,000	pièces
Rake	5,000	pièces
Shovel	5,000	pièces
Wateringcan	5,000	pièces

Total areas planted: cropping 4,500 ha (0.5 ha per beneficiary) and gardening: 500 ha (0.1 ha per beneficiary);

Estimated obtained production: cereals: 4,500 t (yield 1 t / ha) and gardening: 1,500 t (3 t / ha);

Production estimated value: cereals: USD 2.25 million (USD 250 / household) and gardening: USD 1,125,000 (USD 225 / household);

Food production generated during crop season by 9,000 beneficiaries of crop kits will allow them to have an estimated consumption of 2 kg of grain per household per day for 5 to 6 months. 75 per cent of the production will be available by May-June while 25 per cent will be harvested in July. Consumption will begin at the end of May and continue for 5 to 6 months. For the households that commercialize their production, they will benefit from increased income starting in May.

#### 11. Actual outcomes achieved with CERF funds

**Outcomes under Result 1: 9,000 households (45,000 people) mainly IDPs, returnees and host communities receive crop seeds and tools to enable them to produce their own food, which might cover food needs 2 kg/day per household during 5-6 months.**

##### 1. Number of beneficiaries reached by category and gender

Kits	Households	Men	Women	Children	Total people
Cropping	10,000	9,800	10,000	30,200	50,000
Gardening	4,000	3,500	4,000	12,500	20,000
Livestock	1,500	1,300	1,500	4,700	7,500
<b>Total</b>	<b>15,500</b>	<b>14,600</b>	<b>15,500</b>	<b>47,400</b>	<b>77,500</b>

##### 2. Distribution of inputs for food production to households

On the basis of agreements, FAO partners have distributed inputs (crop's seeds and agricultural tools) to households identified in the project zone, as indicated in the table below.

**Table 1: Quantity of inputs distributed to beneficiary households**

Prefectures	NGO partner	Number of households	Quantity of food seeds per household (kg)	Total quantity of seed / NGO (kg)	Agricultural tools (number)	
					Ceylan hoes	Linda hoes
Nana-Gribizi	Vitalité Plus	1,000	31	31,000	2,000	1,000
Ouham-Péndé	DRC	2,000	31	62,000	4,000	2,000
Kémo	COHEB	2,000	31	62,000	4,000	2,000
Ouaka	COHEB	1,000	31	31,000	2,000	1,000
Ouham	AFRDB	2,000	31	62,000	4,000	2,000
Ombella-M'Poko	AHA	2,000	31	62,000	4,000	2,000
<b>TOTAL</b>		<b>10,000</b>	<b>-</b>	<b>310,000</b>	<b>20,000</b>	<b>10,000</b>

The inputs' quantities distributed to the households are superior to the planned's quantities, as a result of the programmatic approach adopted by the FAO in its projects implementation which allowed to buy more inputs at lower prices.

In addition, the resources initially dedicated to purchase breeding kits were also used to purchase food-producing kits, in order to improve the quality and the quantity of inputs received by household. Each household received:

- 3 hoes: 2 Ceylan hoes, 1 Linda hoe, and
- 31 kg of seeds (peanut, corn, rice or sorghum, sesame), according to the agro-ecological zone and the cultural habits:
  - ✓ 20 kg of peanut, 10 kg of corn and 1 kg of sesame,
  - ✓ 20 kg of peanut, 10 kg of rice and 1 kg of sesame, or
  - ✓ 20 kg of peanut, 10 kg of sorghum and 1 kg of sesame.

Globally, 310 tons of crop seeds and 30,000 pieces of hoes were distributed to the households. These inputs allowed the households to cultivate 5,000 ha of food crops for a production of more than 5,000 metric tons of foodstuffs.

A part of this food will cover the consumption of the beneficiaries households and the other families in the areas during at least 5-6 months. The sale of the remaining part of the harvests will generate income for the concerned households.

**Outcomes under Result 2: 5000 households receive vegetable kits to produce vegetables that can help improve their food and income.**

For the 2015 ongoing vegetable campaign, inputs acquired by the project were distributed to the households as indicated in the table below.

**Table 2: Quantity of the vegetable kits distributed to the identified households**

Prefecture	Number of households	Quantity of food seeds per household (kg)	Total quantity of seed (g)	Tools for gardening (number)			
				Watering cans	Hoes	Rakes	Shovels
Ombella-M'Poko	1,000	50	50,000	1,000	1,000	1,000	1,000
Ouham-Péndé	500	50	25,000	500	500	500	500
Ouham	500	50	25,000	500	500	500	500
Kémo	1,000	50	50,000	1,000	1,000	1,000	1,000
Ouaka	1,000	50	50,000	1,000	1,000	1,000	1,000
<b>TOTAL</b>	<b>4,000</b>	<b>-</b>	<b>200,000</b>	<b>4,000</b>	<b>4,000</b>	<b>4,000</b>	<b>4,000</b>

Each beneficiary household has received:

- 50g of vegetable seeds (amaranth, spinach, okra, tomato, onion, cabbage, lettuce, cucumber), among which 05 different vegetable speculations will be selected per household;
- 4 agricultural tools: 1 Ceylan hoe, 1 watering can, 1 rake and 1 shovel.

In total, the 4,000 beneficiary households have received:

- 200 kg of vegetable seeds;
- 4,000 pieces of watering can;

- 4,000 pieces of Ceylan hoe;
- 4,000 rake parts; and
- 4,000 shovel parts.

The provision of these vegetable kits enabled beneficiaries to cultivate 400 hectares of vegetable crops (0.10 ha per household) for a production estimated at 1,200 metric tons of vegetables. This production will not only be a source of diversification of food for households but also will generate an income for producers. The total income that will be generated by the households involved in producing vegetable is estimated to more than US\$ 900,000.

**Out comes under Result 3: 1,500 households receive kits of small breeding consisting of poultry and small ruminants in order to revive the traditional livestock.**

1,500 breeding kits could not be acquired and distributed as expected. The resources initially dedicated to this activity have been reallocated to improve the quantity and the quality of crops' kits and vegetables kits distributed to the households.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

1,500 kits of breeding could not be acquired and distributed as expected. The resources initially dedicated to this activity have been reallocated to improve the quantity and the quality of crops' kits and vegetables kits distributed to the households.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☐ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 1

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

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

EVALUATION CARRIED OUT ☐

No evaluation was carried out

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

**TABLE 8: PROJECT RESULTS**

CERF project information					
1. Agency:		UNHCR		5. CERF grant period:	01.12.14 – 31.05.15
2. CERF project code:		14-RR-HCR-058		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Protection			
4. Project title:		Protection Monitoring, Protection by Presence and Border Monitoring in North, North-West, South-West and Center of CAR (Bambari, Kabo-Bataganfo-Bouca-Kaga Bandoro-Dekoa axis, Nana Mambere, Ouham Pendé, and Ouham)			
7. Funding	a. Total project budget:		US\$ 26,856,043	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 18,384,029	US\$1,231,207	
	c. Amount received from CERF:		US\$ 1,575,998	■ Government Partners: US\$ 0	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
<i>Direct Beneficiaries</i>		<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female		63,816	63,816	CERF Funded project was implemented as planned	
b. Male		52,214	52,214		
c. Total individuals (female + male):		<b>116,030</b>	<b>116,030</b>		
d. Of total, children <u>under</u> age 5		58,015	58,015		
9. Original project objective from approved CERF proposal					
<p>In line with 2014-2015 Strategic Response Plan, the Protection Monitoring aims at the promotion of a favourable protection environment for the civilian population, including the displaced, the population at risk and returnees, through protection monitoring activities, with a view to provide not only a holistic assistance, but also by the establishment of mechanisms for the prevention of conflicts inter and intra Community. The border monitoring programme seeks to establish a mechanism for border surveillance (monitoring) both at the official and non-official border crossing points in accordance with the principle of 'non-refoulement'. It is designed to collect information on population movements and human rights violation to which populations of concern are exposed to at border points in order to guide the advocacy and meet the needs of the people falling within UNHCR's mandate. The border monitoring as well as the protection monitoring through it their objectives, i.e. collecting information on former refugees returning to CAR, their numbers, their age and their locations on one hand, and collecting protection incidents and sharing them with the Humanitarian Committee for immediate action are life save activities.</p> <p>As such, the border monitoring has the following specific objectives:</p> <ol style="list-style-type: none"> <li>1. Identify, monitor and report movements of populations in border areas, as well as cross-border movements (in and out)</li> <li>2. Produce regular and documented information and analysis related to persons who decide, or who are forced, for various reasons to seek asylum in a neighbouring country or to return to CAR</li> <li>3. Information about specific situations in order to alert UNHCR offices and teams in CAR and in the countries of asylum.</li> </ol>					



While the Protection Monitoring advocates for the protection and assistance to persons falling within UNHCR's Protection Mandate. Specifically, the Protection Monitoring in Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bandoro) and Kemo (Dekoa), Ouakam (Bambari) will achieve the following objectives:

1. Track and collect data on the protection environment in the concerned localities; analyse these data and share them with the humanitarian community for appropriate actions.
2. Strengthen the capacity for the community's self-protection and self-support through the reinforcement of mechanism to refer the victims of violence to existing/accessible structures for adequate response, namely medical centers, hearing centers, protection committees

#### 10. Original expected outcomes from approved CERF proposal

- Protection mission are organized.
- Data on protection incidents are collected, analysed and shared with all stakeholders, including MINUSCA , and the Protection Cluster.
- Advocacy towards humanitarian organizations for coverage of the operational gaps is conducted.
- Advocacy conducted towards the national and local authorities for a better respect of the human and for fight against sexual violence.
- Identification and sharing of the needs and gaps in psychosocial, legal, protection assistance programmes,
- Rapid assessment missions are organized in the targeted areas.
- Training and awareness raising campaigns are organized to the benefit of civil, military and religious authorities, breeders and farmers, community and religious leaders, representatives of the IDPs on the guiding principles of internal displacement, human rights, International humanitarian right, the peaceful resolution of conflicts, mediation mechanisms and social cohesion.
- 7 Local Protection Committees (CLP) are set up and functional.
- Border monitoring missions are organized on a regular basis in the localities and border crossing points.
- Collection, analysis and sharing of data on protection by UNHCR is reinforced and systematized
- Advocacy with local and national authorities on the principles of free movement and non-refoulement is conducted and reinforced
- Training of border, local administrative authorities and leaders of opinion on human rights (freedom of movement, principle of non-refoulement, status Persons of Concerned) is conducted on a regular basis.
- The border monitoring tracking points is implemented and operationalized
- A mechanism of flash identification, weekly report, monthly reports and final report is developed and shared with UNHCR and all humanitarian agencies in CAR and neighboring countries.
- 2 National and local NGO as well 20 community relays are identified and trained on issues related to border monitoring.

#### Indicators

- **86 (DRC) et 33 (INTERSOS)** evaluation mission will be conducted in Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bandoro) and Kemo (Dekoa), Ouakam (Bambari) and sustained by reports.
- **06 « priority zones »** targeted by CERF, i.e (Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bandoro) and Kemo (Dekoa), Ouakam (Bambari)) are covered by the Protection Monitoring programme
- **100 per cent** (all) known protection incidents are analyzed, reported and referred for response, with the breakdown per age and gender of survivors.
- **45 (DRC) and 33 (INTERSOS)** weekly narrative reports are produced analysed and shared.
- **8** analytic reports are provided by the partners, with the number of women, girls, men and boys who participated in an activity or who were victims of exaction.
- **21** statistical reports (monthly and bi-yearly) are produced by each of the three partners and shared, with the breakdown per age and gender.
- **7** Local Protection Committees (CLP) are formed and operationalized, with 40 per cent of women participation.
- **15** training sessions are conducted for civil and military authorities, community and religious by 31 May 2015

- **1,000** persons are trained on human rights, IDP guiding principles, social cohesion and International humanitarian law, with the breakdown per age and gender of participants.
- **32** border monitors are recruited and trained by 01 January 2015.
- **48** border monitoring missions are undertaken.
- **22** border crossing points considered as « priority zones » are fully covered.
- **100 per cent** protection incidents recorded at the border are documented and referred to UNHCR for follow up
- **8** Protection analytic reports prepared and share with all stakeholders.
- **2** local Protection ONG are identified, trained and equipped by 31 May 2015
- **24** weekly situation reports are produced and shared.
- **50** flash reports are produced and shared with the Humanitarian community.
- Regular evaluation is conducted on the **22** formal and informal crossing points on Chad-CAR and Cameroon-CAR borders.

#### 11. Actual outcomes achieved with CERF funds

Thanks to the CERF UNHCR recruited a Head of Field Office in Bambari, a Head of Field Office for Bouar and an Associate Field officer in Kaga Bando during the implementation period to enable UNHCR to continue its role to advocate for more emphasis on SGBV related issues, not only in Bangui but also in the field. In addition, as submitted to the CERF, UNHCR partnered individually with Intersos and DRC for Protection Monitoring in covering Kabo-Batangafo-Bouca-Kaga Bando-Dekoa axis, Nana Mambere, Ouham Pende and Ouham Prefecture. In the frame of the CERF funding, Project Partnership Agreement was signed with IEDA for the monitoring of CAR/Cameroon and CAR/Chad borders. UNHCR and its partners achieved the following result with CERF Funding:

Planned Indicators	Achieved indicators
<b>86</b> (DRC) et <b>33</b> (INTERSOS) evaluation mission will be conducted in Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bando) and Kemo (Dekoa), Ouakam (Bambari) and sustained by reports.	<b>114 (88 DRC and 26 Intersos)</b> evaluation and monitoring missions, sustained by mission reports were organised to Kaga Bando, Ndomete, Mbres, Ouandago, Badia, Dekoa and Sibut (Intersos) and to Kouï, Ngaoundaye, Bocaranga and Paoua (DRC).
<b>06</b> « priority zones » targeted by CERF, i.e (Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bando) and Kemo (Dekoa), Ouakam (Bambari)) are covered by the Protection Monitoring programme	<b>06</b> « priority zones » targeted by CERF, i.e (Ouham (Kabo, Batangafo, Bouca), Nana Gribzi (Kaga Bando) and Kemo (Dekoa), Ouakam (Bambari)) were covered by the Protection Monitoring programme through the Project Partnership Agreement signed with Partner in Implementation and the reinforcement of UNHCR Field Office in Bambari (Ouaka)
<b>100 per cent</b> (all) known protection incidents are analyzed, reported and referred for response, with the breakdown per age and gender of survivors.	<b>All 915</b> protection incidents involving 344 men, 424 women, 49 boys and 98 girls were analysed, reported and referred for response.
<b>45</b> (DRC) and <b>33</b> (INTERSOS) weekly narrative reports are produced analysed and shared.	<b>12</b> (DRC) and <b>24</b> (INTERSOS) weekly narrative reports were produced, analysed and shared
<b>8</b> analytic reports are provided by the partners, with the number of women, girls, men and boys who participated in an activity or who were victims of exaction.	<b>16</b> analytical reports were produced by the partners. As result 915 protection incidents involving 344 men, 424 women, 49 boys and 98 girls, were analysed, reported and referred for response.
<b>21</b> statistical reports (monthly and bi-yearly) are produced by each of the three partners and shared, with the breakdown per age and gender.	17 reports produced by the 3 partners: <ul style="list-style-type: none"> <li>- <b>5,056</b> CAR nationals (1482 households composed of 1226 women, 746 men, 1567 girls and 1517 boys) crossed the border and moved out the area of origin to seek refuge in neighbouring countries.</li> <li>- <b>416 Vulnerable</b> (25 boys, 36 girls, 139 men and 216 women) received cash assistance</li> </ul>
<b>7</b> Local Protection Committees (CLP) are formed and operationalized, with 40 per cent of women participation.	22 Local Protection Committees were formed in the following priority villages Kaga Bando, Ndomete, Mbres, Ouandago, Badia, Dekoa and Sibut, Gouze, Lemouna, Bedaya, Beteko,

	Lia, Taley, Beoura, Bangaro, Pougol, Gadock, Sangani, Bolere, Bokongo, Bokayan, Bilseme, Kelle-Claire, Latele, Kounpala, Loura
15 training sessions are conducted for civil and military authorities, community and religious by 31 May 2015	7 training were conducted for 189 female and 263 male leaders
1,000 persons are trained on human rights, IDP guiding principles, social cohesion and International humanitarian law, with the breakdown per age and gender of participants.	2,231 persons (107 girls, 110 boys, 939 women and 1075 men) were trained on human rights, guiding principles, social cohesion and International humanitarian law
32 border monitors are recruited and trained by 01 January 2015.	26 border monitors were recruited and trained by IEDA. In additional 17 Focal points were identified at the crossing points.
48 border monitoring missions are undertaken.	32 monitoring and evaluation monitoring missions were conducted. The discrepancy is explained by the lack of security at some border points.
22 border crossing points considered as « priority zones » are fully covered.	26 border crossing points were considered as priority zones and were fully covered.
100 per cent protection incidents recorded at the border are documented and referred to UNHCR for follow up	100 per cent of protection incidents were subject recorded at the border are documented and referred to UNHCR for follow up
8 Protection analytic reports prepared and share with all stakeholders.	7 analytical report were produced and shared with UNHCR
2 local Protection ONG are identified, trained and equipped by 31 May 2015	1 Local NGO, namely the "Commission National pour les Refugies", UNHCR's Governmental Partner was trained. The discrepancy is due to the fact that the monitoring of the border was sensitive issue that needed to be dealt with the Government only.
24 weekly situation reports are produced and shared.	24 weekly situation reports were produced and shared with UNHCR. The report mainly focussed on the trend of displacement.
50 flash reports are produced and shared with the Humanitarian community. Regular evaluation is conducted on the 22 formal and informal crossing points on Chad-CAR and Cameroon-CAR borders.	92 flash reports were produced and shared with UNHCR and the Humanitarian Community. The increase is due the necessity to alert UNHCR as much as possible on border incident and people movements

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

As per above, there was no significant discrepancy in terms of target areas, number of beneficiaries and/or achievement. Despite the unrest, UNHCR timely signed Project Partnership Agreement with Intersos (Protection Monitoring in Nana Kribizi), DRC (Protection Monitoring in Ouham Pende) and IEDA (Nana Mambere, Kanga Bando), IEDA (Border Monitoring). With regards to the statistics of the population who benefited from the project, the initial estimate which is based on the number of prefecture covered, still stand.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a or 2b): 1 the project requested partners to provide analytic reports with the number of women, girls, men and boys who participated in an activity or who were victims of exaction.

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

EVALUATION CARRIED OUT ☐

The projects funded by the CERF will be audited by KPMG as of 29 February 2016. The result of the audit which will involve visits on the sites of implementation will be shared with the CERF

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	01.01.15 – 31.08.15
2. CERF project code:	14-RR-IOM-054	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Camp Coordination and Camp Management		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of life saving humanitarian assistance to IDPs in Central African Republic (CAR)		
7. Funding	a. Total project budget:	US\$ 2,760,920	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,760,920	▪ NGO partners and Red Cross/Crescent: US\$ 89,001
	c. Amount received from CERF:	US\$ 760,920	▪ Government Partners: 0.00 US\$
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	16,218	17,199	Through its activities, IOM reached 10,716 IDPs on site and in host families of which 3,601 are children under 5 years, including 22,667 host community members. The number of children under 5 years has doubled due to the increase in number of IDPs on-site and in host families, including returnees from Chad.
b. Male	14,382	16,184	
c. Total individuals (female + male):	<b>30,600</b>	<b>33,383</b>	
d. Of total, children <u>under</u> age 5	1,530	3,601	
9. Original project objective from approved CERF proposal			
<p>The overall, strategic objectives of the project correspond to those of the sectorial response plan of the CAR CCCM Cluster:</p> <ul style="list-style-type: none"> <li>- To improve humanitarian assistance of affected populations seeking a safe haven in displacement sites and transit centers, responding to life-saving needs according to international standards.</li> <li>- To establish and support representative and functioning local communication and representation structures at displacement sites and transit centres, such as local IDP Committees, Women and Youth Empowerment Groups, in order to ensure effective representation of IDPs (in accordance with the accountability to affected populations' framework and based on a selection in accordance with the AGDM approach).</li> <li>- To facilitate returns through effective information dissemination and in close collaboration with other humanitarian actors to ensure that peace and reconciliation, livelihood, shelter and other required social infrastructure measures are in place, in addition to ensuring measures are in place for site closure.</li> </ul> <p>Specifically, IOM intended to address urgent life-saving needs of IDP populations in Ouham Prefecture in northern CAR. In particular, IOM contributed to address urgent needs of 8,600 IDPs currently residing in Kabo and Moyenne Sido and ensure community communication, sensitization and cohesion with the host community of 22.000 people. The expected outputs are as follows:</p> <ul style="list-style-type: none"> <li>- The needs of 8,600 IDPs in Kabo &amp; Moyenne Sido are reported and referred in a timely manner to the humanitarian community;</li> <li>- 8,600 IDPs in Kabo and Moyenne Sido have access to protection assistance and referral;</li> </ul>			

- The resilience and living conditions of 8,600 IDPs in Kabo and Moyenne are improved through site management and site coordination
- 8,600 IDPs receive lifesaving assistance to enhance their living conditions in Kabo & Moyenne Sido;

## 10. Original expected outcomes from approved CERF proposal

### CERF Project Results Framework Outcome statement:

IOM will address urgent needs of 8,600 IDPs currently residing in Kabo and Moyenne Sido, while also facilitating inter-communal relations between IDPs and host communities of 22,000 people.

#### Output 1: The needs of 8,600 IDPs in Kabo & Moyenne Sido are reported and referred in a timely manner to the humanitarian community

<i>Indicators</i>	<i>Description</i>	<i>Target for Indicator</i>
1.1	Number of IDP sites for which lifesaving needs are reported to international community and the Government of CAR	2 (Kabo & Moyenne Sido)
1.2	Frequency of reporting to humanitarian community	weekly reporting
<i>Activity</i>	<i>Description</i>	<i>Implemented by</i>
1.1	Training of site facilitators and IDP Committee members as polyvalent agents in the field of CCCM, protection, WASH, health, food security, communication with affected communities, "do no harm" principles and confidentiality	IOM / AFPE for Kabo & Moyenne Sido
1.2	Site visits by site facilitators assessing needs and collecting information, in collaboration with IDP Committee leaders	IOM / Red Cross for Kabo & Moyenne Sido
1.3	Dispatch of emergency alerts, and regular reports, including the Displacement Tracking Matrix to the humanitarian community by sector of intervention	IOM

#### Output 2: 8,600 IDPs Kabo and Moyenne Sido have access to protection assistance and referral

<i>Indicators</i>	<i>Description</i>	<i>Target for Indicator</i>
2.1	Percentage of target IDPs having access to a protection assistance and referral mechanism	100 per cent
2.2	Percentage of identified protection cases being assisted and/or referred	100 per cent
<i>Activities</i>	<i>Description</i>	<i>Implemented by</i>
2.1	Establishment of a database to record assessed IDP needs and protection cases identified in accordance with IOM data protection principles for sensitive and personal data	IOM
2.2	Protection assistance and/or referral to medical, psychosocial, return/transport and other types of protection needs i.e. legal aid/personal documentation	IOM
2.3	Enhance advocacy for on-site populations	

#### Output 3 : The resilience and living conditions of 8,600 IDPs in Kabo and Moyenne Sido are improved through site management and site coordination

<i>Indicators</i>	<i>Description</i>	<i>Target for Indicator</i>
3.1	Number of sites in where rehabilitation work is carried out by a CCCM actor	2 (Kabo & M. Sido)
3.2	Number of sites on which community representation mechanisms are established (IDP Committees, Women/Youth Empowerment Groups)	2 (Kabo & M. Sido)
<i>Activities</i>	<i>Description</i>	<i>Implemented by</i>
3.1	Assessment of existing living conditions at IDP sites in Kabo & Moyenne Sido	IOM

3.2	Undertaking of necessary repair works to improve living conditions of IDPs and minimize their exposure to health related risks	IOM
3.3	Facilitation of establishment of representative groups to improve IDP involvement in local decision making that concerns them	IOM, AFPE, Red Cross
3.4	Promotion of inter-communal relations between IDPs and host communities through active engagement of local IDP Committees, Women & Youth Empowerment Groups in social communication, sensitization and cohesion activities	IOM / AFPE, Red Cross
<b>Output 4: 8,600 IDPs receive lifesaving assistance to enhance their living conditions in Kabo &amp; Moyenne Sido</b>		
<i>Indicators</i>	<i>Description</i>	<i>Target for Indicator</i>
4.1	Number of IDP households receiving targeted NFI assistance	1,000 kits
<i>Activities</i>	<i>Description</i>	<i>Implemented by</i>
4.1	Rapid needs assessment and prioritization of beneficiaries	IOM
4.2.	Procurement and transportation of 1,000 NFI sets according to specific needs of the target population	IOM
4.3	Post-distribution monitoring of NFI utilization	IOM

#### 11. Actual outcomes achieved with CERF funds

During the project lifespan, IOM contributed significantly to address the urgent needs of **10,716 IDPs** among whom 4,544 IDPs are on-site while 6,172 IDPs are in host families in both Kabo and Moyenne Sido. In addition, while advocating for all IDPs, IOM assisted in addressing the needs of **8,665 IDPs** that are protracted since 2008 and whose situation has been worsened by the recent crisis. In addition to these IDPs, 22,667 **host community members** benefited from the project through site facilitation and social cohesion activities as well as advocacy for on-site populations and host community members (See Table 1). IOM also coordinated the humanitarian actors in the Kabo-Moyenne Sido region since April 2014.

**Output 1: The needs of 8,600 IDPs in Kabo & Moyenne Sido are reported and referred in a timely manner to the humanitarian community: Achieved: The needs of 10,716 IDPs were reported; this is an increase of 25 per cent of the targeted beneficiaries.**

##### Achieved Output 1 Indicators:

**Indicator 1.1:** Number of IDP sites for which lifesaving needs are reported to international community and the Government of CAR through the Commission des Mouvements de Populations (CMP): 2 (Kabo & Moyenne Sido): **Achieved: 2**

**Indicator 1.2:** Frequency of reporting to humanitarian community: **weekly reporting:** The indicator was fully achieved as the needs of 10,716 IDPs in Kabo & Moyenne Sido were reported and referred in a timely manner to the humanitarian community.

**TABLE 1- STATISTICS OF BENEFICIARIES IN KABO AND MOYENNE SIDO AS OF 31 AUGUST 2015**

LOCATION	SITE	Sex				Child under 5 Years	
IDP Beneficiaries	,	Female	Male	Total	per cent	#	per cent
Kabo	Kabo SITE C	985	921	1,906	17.1 per cent	439	20.4 per cent
	In-Host families	1,750	1,491	3,241	30.4 per cent	591	27.4 per cent
Moyenne Sido	Site de la Paix	1,361	1,277	2,638	23.6 per cent	520	24.1 per cent
	In-Host families	1,660	1,271	2,931	28.8 per cent	605	28.1 per cent
Total IDPs		<b>5,756</b>	<b>4,960</b>	<b>10,716</b>	<b>100.0 per</b>	<b>2,155</b>	<b>100.0 per</b>

					cent		cent
Other beneficiaries							
Protracted IDPs	Kabo SITE A	2,006	1,928	3,934	45.4 per cent	550	38.0 per cent
	Kabo SITE B	2,389	2,342	4,731	54.6 per cent	896	62.0 per cent
	Total Protracted	4,395	4,270	8,665	100 per cent	1,446	100 per cent
Host community members	Kabo	4,264	3,936	8,200	58.6 per cent	N/A	
	Moyenne Sido	2,784	3,018	5,802	41.4 per cent	N/A	
Total Host Community		7,048	6,954	14,002	100 per cent		-
Total other beneficiaries		11,443	11,224	22,667			
Total		17,199	16,184	33,383		3,601.00	
Total per cent		51.52 per cent	48.48 per cent	100 per cent			

## Output 1 Activities

### Activity 1.1 Training of site facilitators and IDP Committee members as polyvalent agents in the field of CCCM, protection, WASH, health, food security, communication with affected communities, “do no harm” principles and confidentiality IOM / AFPE for Kabo & Moyenne Sido

This activity aimed to strengthen the capacity of the local Chapters of the Central African Red Cross Society and the IDP site representatives in both Kabo and Moyenne Sido through the training of Site Facilitators as polyvalent agents in the field of CCCM, protection, WASH, health, food security, communication with affected communities, “do no harm” principles and confidentiality, in order to set up and smoothly run IDP site facilitation and IDP site management.

During the initial project phase, the following activities were run and successfully completed:

- Since February 2015, an agreement was signed with AFPE (*Association des Femmes pour la Promotion de l'Entrepreneuriat*) to design and implement a training programme module on Camp Coordination and Camp Management, including protection and collect of IDPs' needs in WASH, health, food security, communication with affected communities, “do no harm” principles and confidentiality for the Site facilitators and the IDP representatives in Kabo & Moyenne Sido;
- Two training sessions were successfully held in Kabo and Moyenne Sido from 20 to 25 February 2015 with 60 participants (30 in each location), including IDPs' representatives and local authorities (30 per cent of participants were women).
- The training modules focused on: a) CCCM; b) IDP Site facilitation and reporting on IDPs' needs; c) Protection of vulnerable IDPs, reporting: referral mechanism, communication with IDPs and, “do no harm” principles and confidentiality,
- The training sessions were very participative, involving adult training methodology to facilitate interaction among participants;
- In addition to these training sessions, a monitoring mission was also organized from 31 March to 14 April 2015 in order to assess the progress made so far in site management carried out by the Red Cross Chapters. In particular, the mission :
  - o Assessed the progress made by the facilitators and site managers in IDP site management and IDP site facilitation;
  - o Identified and analysed gaps and priorities raised by the Facilitators and beneficiaries during the training of February;
  - o Facilitated a two-day workshop on both sites to bridge gaps identified and to strengthen the team to do its job better. A total of 40 participants from Red Cross and IDP Site committee members (i.e. 20 participants from each of IDP site).
  - o Analysed the difficulties and challenges encountered by Site facilitators in achieving their tasks and activities on-sites.
- Made recommendations so as to systematically monitor the IDPs' needs and protection incident on-site and caseloads;
- Produced a site facilitation manual (300 copies) in both French and Sango (national language) that is being used by Site

facilitators as a handbook to capture and report on the needs of IDPs while getting feedback from humanitarian actors.

**Activity 1.2. Site visits by site facilitators assessing needs and collecting information, in collaboration with IDP Committee leaders IOM / Red Cross for Kabo & Moyenne Sido**

Since February 2015, IOM handed over the activities of site facilitation and site management (CCCM) to the local chapters of the Central African Red Cross (CRCA) in both Kabo and Moyenne Sido. **11 Site facilitators** (4 in Kabo and 7 in Moyenne Sido) were recruited by the Red Cross Chapters that have actively monitored the displacement sites with on-daily-basis site visits to collect information on movement trends and humanitarian needs on these sites. Through the CERF funds, these site facilitators were able to assist more than 10,000 IDPs; the majority of these IDPs are the Bangui- PK12 that found a safe escape from the violence targeting Muslims in the capital. These IDPs also include a new wave of IDPs from Batangafo as well as up to **3,000 returning refugees** from Chad. After the training in February 2015, the Red Cross society site facilitators successfully supported the handing over of information collected and data to IOM, including contributing to feeding data on displacement movements and displacement matrix to the CAR government's Commission for Movement of Populations (CMP). In coordination with IOM, the Red Cross site facilitators continued to collect information and data while facilitating a cross-verification of information collected. As co-lead of the CCCM cluster, IOM works closely with the Red Cross Society to monitor several displacement sites in Kabo and Moyenne Sido, including the IDPs in host families, as well as the protracted IDPs that were displaced in the neighbourhoods of Kabo due to communal violence from 2008.

**Activity 1.3 Dispatch of emergency alerts, and regular reports, including the Displacement Tracking Matrix to the humanitarian community by sector of intervention. This activity has been achieved through the following:**

Since February 2015, the Red Cross Society Chapters have been able to share with IOM alerts and requests from IDP community members, and IOM has acted to share specific information of sites with Cluster leads, including cases requiring referral mechanism in order to be able to respond to reported situations. During the project period, humanitarian assistance, gaps and responses were recorded and regularly shared in a timely fashion through site profile generated by the IOM Bangui DTM Team. Site facilitators were also trained to take into account the different needs of vulnerable populations and regularly draw attention to the needs of elderly people alone, as well as concerns of groups of people such as children in need of school or child-friendly spaces, pregnant women in need of maternity healthcare and spent adequate time during site visits to talk to different people and understand their needs, so that these are fed into the DTM report or responded to in a timely fashion or they are raised through individual referrals to cluster lead and members. To this end, through the Red Cross, IOM assisted **413 vulnerable individuals** through small cash-transfer (10,000 XAF equivalent to USD20) to respond their urgent needs. In close coordination with IOM, the Red Cross also participated in the SGBV and UAMSC referral systems on a case by case basis. During the project period, **three (3) cases of SGBV** were referred to MSF for further assistance while **4 minors** were referred to and assisted by the International Red Cross and Red Crescent (ICRC).

**Output 2: 8,600 IDPs in Kabo and Moyenne Sido have access to protection assistance and referral**

Indicator 2.1      Percentage of target IDPs having access to a protection assistance and referral mechanism: **Achieved: 100 per cent**  
Indicator 2.2      Percentage of identified protection cases being assisted and/or referred: **Achieved: 100 per cent**

**Activity 2.1 Establishment of a database to record assessed IDP needs and protection cases identified in accordance with IOM data protection principles for sensitive and personal data**

During the project lifetime, the DTM reporting template was revised by Cluster leads providing responses to the needs raised by the IDPs at displacement site. The Red Cross site facilitation team was trained on using the DTM report to collect data and information from IDP sites. In order to ensure efficient and timely response, the feedback information received from humanitarian Agencies was also shared with the site facilitation team so that the **DTM is a two-way dialogue between humanitarian actors and IDP communities**. During the training sessions in February and April 2015, the site facilitators were trained to collect personal data and report on protection cases identified in accordance with the data protection principles providing reliable data and in a timely manner. To this end, IOM developed a database and hired a Data Entry Clerk that worked with the Red Cross Chapters to input the data into



the database. The data on IDPs also supported the distribution of Non-food items, shelter items as well as the cash-transfer to vulnerable IDPs. In addition, IOM supported the registration of IDPs on-site and in host families in both Kabo and Moyenne Sido for food distribution.

**Table 2- STATISTICS OF IDPS IN KABO AND MOYENNE SIDO AS OF 30 August 2015**

Location/IIDP Site	Kabo				Moyenne Sido				Total	per cent/
Age category/Gender	F	M	T	per cent	F	M	T	per cent		
Child (<1 Years)	46	51	97	5 per cent	47	36	83	3 per cent	180	4 per cent
Child (1-<5 Years)	173	169	342	18 per cent	200	228	428	16 per cent	770	17 per cent
Child (5-14 Years)	267	264	531	28 per cent	499	526	1,025	39 per cent	1,556	34 per cent
Adolescents (15-17 Years)	80	77	157	8 per cent	77	57	134	5 per cent	291	6 per cent
Adults (18-59 Years)	361	289	650	34 per cent	478	362	840	32 per cent	1,490	33 per cent
Elderly People (60 yrs. & +)	58	71	129	7 per cent	45	54	99	4 per cent	228	5 per cent
Total	985	921	1,906	100 per cent	1,346	1,263	2,609	100 per cent	4,515	100
per cent	52	48			51.6	48.4	100	0 per cent		
# Households			538				637		1,175	
Relocated IDPs 30.04.14	97	175	272		514	473	987		1,259	
# IDP Increase per cent	915	426	601		162	167	164		259	
IDPs in host families	1,750	1,491	3,241		1,980	1,516	3,496		6,737	
Other Protracted IDPs	4,679	3,985	8,665		-	-	-			
Total IDPs (#)	7,414	6,397	13,811		3,326	2,779	6,105		19,916	
Total IDPs ( per cent)	37 per cent	32 per cent	69 per cent		17 per cent	14 per cent	31 per cent		100 per cent	

**Activity 2.2 Protection assistance and/or referral to medical, psychosocial, return/transport and other types of protection needs i.e. legal aid/personal documentation**

During the reporting time, the following activities were accomplished:

- IOM has undertaken a vulnerability assessment in order to provide tailored assistance to vulnerable IDPs. To this end, a total of **413 vulnerable IDPs** (see Table 2) were identified and assisted by IOM through a cash-transfer assistance (XAF10, 000 each), closely with the local Red Cross Chapters and the IDP committee members. 69 per cent of these IDPs are girls and women in difficult situation and without any family support.
- Upon request, IOM assisted **10 IDPs** (three households) by providing transport assistance to facilitate family members' reunification in Sibut and Bambari, working closely with the local Chapters of the Red Cross Society and IOM Bangui;
- Upon request, IOM assisted **106 IDPs** in acquiring child birth certificates by paying the fees to the Mayor's office, in close coordination with UNICEF, and IOM continue to advocate for exempting IPs from paying fees for birth certificates ;
- Also, and upon request, IOM supported the return-to-school of 3,313 **children** from IDP and host community through

payment of fees to 40 teachers to cover the gaps of financial participation from IDPs' parents, and thus facilitating social cohesion with host communities.

- In addition to the above mentioned, IOM supported **597 vulnerable IDP women** through distribution of potatoes seeds and assistance in potatoes cultivation in both Kabo (217 Women) and Moyenne Sido (380 women) while assisting in the latter in groups' structuration.

**Table 3- STATISTICS OF VULNERABLE IDPS AT KABO AND MOYENNE SIDO SITES as of 30 August 2015**

Category	<- 1 Year		1 - à 5 Years		6 - 14 Years		15 - 17 Years		18 - 59 Years		60 and + Years		TOTAL				Family members,	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	T	per cent	T	per cent
<b>Widow</b>	0	0	0	0	0	0	0	0	98	35	10	7	108	42	150	35	654	38
<b>Girls/Women</b>	0	0	0	0	0	0	4	0	119	0	0	0	123	0	123	27	519	30
<b>Orphans</b>	2	0	16	25	33	53	2	9	0	0	0	0	53	87	140	38	565	33
<b>Total</b>	2	0	16	25	33	53	6	9	217	35	10	7	284	129	413	100	1738	100
<b>per cent</b>	0	0	6	6	xx	15	1	3	51	7	2	1	69	31	100			

### **Activity 2.3 Enhance advocacy for on-site populations**

During the reporting period, IOM has led efforts towards the better coordination of humanitarian agencies in both Kabo and Moyenne Sido while contributing to enhance advocacy for on-site populations and feedback from humanitarian actors to respond to identified needs. IOM has been advocating for durable solutions for IDPs on displacement sites and in host families. In addition, IOM has been working closely with *Medecins Sans Frontieres (MSF)*, *Solidarites Internationales*, INTERSOS, Danish Refugee Council (DRC) while chairing the humanitarian actors' coordination meetings. Through continued advocacy, the following activities were accomplished:

- Continued distribution of food assistance to more than **10,000 IDPs on-site and in host families** by WFP and INTERSOS;
- Provision of WASH materials for the reparation of **5 Boreholes** in both Kabo and Moyenne Sido IDP sites by UNICEF;
- *Solidarites Internationales* distributed farming Kits (Three (3) kg of Sorghum and two farming tools to **120 beneficiaries**. In addition Solidarites is currently supporting IDPs that voluntarily returned to their villages in Moyenne to rebuild their houses;
- Qatari Red Crescent is currently assisting IDPs in host families to re-build their own housing units;
- Child Friendly Space was available by both DRC and INTERSOS in Kabo and Moyenne Sido respectively

### **Output 3: The resilience and living conditions of 8,600 IDPs in Kabo and Moyenne Sido are improved through site management and site coordination**

Output 3 Indicators:

- 3.1 Number of sites where rehabilitation work is carried out by a CCCM actor 2 (Kabo & M. Sido): **Achieved: 2**
- 3.2 Number of sites on which community representation mechanisms are established (IDP Committees, Women/Youth Empowerment Groups): 2 (Kabo & M. Sido): **Achieved: 2**

### **Activity 3.1. Assessment of existing living conditions at IDP sites in Kabo & Moyenne Sido**

During the initial project phase, IOM commissioned a rapid assessment on collective shelter facilities in both Kabo and Moyenne Sido IDP sites, while identifying the needs and gaps in order to assure the full compliance with the Sphere Standards:

- IOM signed a service agreement with the local chapters of the CAR Red Cross Society in order to improve living conditions of IDPs while enhancing its local capacity in terms of IDP site management and IDP site coordination;
- IOM and the Red Cross Chapters assessed the **24 existing collective shelter facilities** in order to improve the IDP living conditions. The assessment concluded that these shelter facilities require rehabilitation on regular basis. In addition, and so as to extend the Site hosting capacity, it was recommended to distribute tarpaulins to individual families for shelter set up;

- IOM has also undertaken an evaluation of **45 emergency latrines and Showers** at both IDP sites in order to assess gaps while complying with Sphere applicable Standards, and following the expressed needs by women, children and men IDPs;
- **A rapid assessment of the IDP site management** was undertaken by AFPE that identified gaps and improvement areas. To this end, IOM appointed a Site coordination staff to closely monitor with the Red Cross the IDP site management, including the registration of IDPs and regular update of the IDP needs, the identification of unaccompanied and separated children and persons with special protection needs and gaps at site level.

**Activity 3.2. Undertaking of necessary repair works to improve living conditions of IDPs and minimize their exposure to health related risks.**

During the reporting period, the following activities were achieved by IOM closely with the Red Cross Society chapters:

- Rehabilitation of **45 WASH facilities** (that included **5** boreholes maintenance, hygiene and sanitation of the site, maintenance of emergency latrines and showers (daily-basis), as well as raising hygiene awareness through IDP committee members.
- During the reporting time, **24 collective sites** (18 in Moyenne Sido and 8 in Kabo) and **250 IDP family housing units** were constantly rehabilitated (69 in Kabo and 181 in Moyenne Sido respectively) after a devastating rainy season that damaged not only IDP shelters, but also host community members' houses. The rehabilitation works included provision of bricks, sands, water, roofing woods, iron sheet and nails as well as technical assistance through masons and carpenters.
- In addition, the maintenance of IDP site facilities (individual and collective shelters) and surrounding areas included the dredging of canals, drainage of rain water, weeding the site public streets and roads, etc.
- IOM continued the maintenance and dismantling of garbage, pit latrines and showers as soon as they are considered full and unusable. During the project period, **35 pit latrines and 10 garbage points** were rebuilt as soon as required.

**Activity 3.3 Facilitation of establishment of representative groups to improve IDP involvement in local decision making that concerns them**

In order to facilitate smooth coordination of activities at site level while fully involving the IDP community in local decision-making closely with local authorities, all parties recognized the need for the renewal of the IDP site committees in place in both Kabo and Moyenne Sido. In close collaboration with the Red Cross, IOM supported local authorities to drive the process of free and transparent election process so as to elect the IDP site Committee members. To achieve this goal, the following activities were implemented:

- **4 meetings** were held between local authorities and displaced persons at site level from February to March 2015 in order to identify the leaders as well as rebuilding the broken trust between IDPs and host community members and local authorities;
- In addition, IOM supported the Red Cross Chapters and local authorities to undertake actions of sensitization of the IDP populations in order to organize a fair, transparent and credible elections of IDP Site committee members;
- Furthermore, several sessions were organized to sensitize the IDPs on peaceful co-existence with hosting communities,
- Since March 2015, a **new representative committee of IDPs** is established that include women and youth members.
- IOM supported the women groups' structuration in both Kabo and Moyenne Sido totalling **587 individual members**.

**Activity 3.4 Promotion of inter-communal relations between IDPs and host communities through active engagement of local IDP Committees, Women & Youth Empowerment Groups in social communication, sensitization and cohesion activities**

This sub-component aimed to assess and contribute to enhance social cohesion between IDPs and host communities as well as local authorities. To this end, IOM implemented a series of capacity building activities related to social communication and sensitization to engage actively both IDP and host communities as well as local authorities in Kabo and Moyenne Sido. During the reporting period, the following activities were implemented:

**A. Rapid assessment and training on social cohesion:**

Upon request, IOM worked closely the Mayor of Kabo and Moyenne Sido and their respective team as well as the IDP and host community members to enhance the capacity of the social cohesion committee, closely with the Red Cross Chapters. To this end, IOM hired a national consultant on social cohesion that conducted a rapid assessment and training on social cohesion from 16-18 April

2015. The main goal was to bring together IDPs, host communities and local authorities to see their capacities strengthened to contribute to a constructive dialogue and inclusive local economic recovery process. The rapid assessment helped identifying the needs in capacity building of all actors in this field, including the needs of a training workshop that brought together **44 participants from both IDP and host community members**. The workshop training focused not only on social cohesion, but also on conflict management and conflict resolution in order to facilitate addressing the inclusive integration of IDPs and economic challenges after the Chad border closure. The participants proposed a workplan that included social cohesion events to be implemented during the project lifetime.

#### **B. Major social cohesion events planned and implemented:**

Following the action-plan designed by participants during the social cohesion workshop, the following activities were implemented.

- Closely with IOM, the Red Cross Society Chapters recruited and deployed a team of **9 social cohesion mobilisers** (four (4) in Kabo and five (5) in Moyenne Sido) to **assess ongoing conflicts and mediate between IDPs and host communities**;
- In July 2015, IOM supported the reopening of schools and assisted **40 Teachers and 3,313 students** through the payment of financial contribution of XAF30,000 per teacher to compensate the lack of parents' financial contribution from other vulnerable community members, in close coordination with the Red Cross Chapters;
- IOM supported the following **public, cultural and sportive events** to enhance social cohesion in each of both cities: .8<sup>th</sup> March 2015, IOM, IDP and host communities celebrated the International Women Day (up to 2,000 participants). 1<sup>st</sup> May 2015, IOM supported the communities to celebrate the International Labour Day (more than 2,000 participants). 6<sup>th</sup> June 2015, IOM supported the IDP and host community members to celebrate the Mothers' Day festivities to enhance social cohesion (more than 2,000 women and men, including youth group members participated in the event); 22<sup>nd</sup> June 2015, IOM supported school cultural events involving following activities: recitals, poems, sports, songs, etc. The event involved the participation of local authorities, 40 teachers and more than 3,000 primary school students; 13<sup>th</sup> August 2015, IOM supported local authorities, IDP and host communities to celebrate for the first time since 2008, the Day of the proclamation of the Independence of Central African Republic. Up to three thousand (3,000) community members massively attended the festivities under the insignia of social cohesion and peaceful co-existence.
- The above events funded by CERF and supported by IOM were **officialied by the Mayors and local Authorities**. The activities began with a flag ceremony and national anthem, followed by speeches by the local government officials, women and youth empowerment groups as well as IDPs and host community representatives. Traditional dancing groups followed, showcasing a diversity of talents among community associations, and IDP and other civil society organizations. The day's festivities were marked by a soccer tournament that brought together two best football teams of Kabo and Moyenne Sido, including the Women soccer players. IOM Team together with the Officials distributed awards to the winning teams; including awards to the best cultural dancing groups among them at least two were women's.
- IOM supported **two-day training workshop on emergency assistance and life-saving gestures** in IDP sites that involved 42 volunteers of the Red Cross Society in Kabo, including IDP site facilitators. (22 to 24 July 2015) The training aimed at enhancing the capacity of involved actors to handle any massive influx due to conflict and/or natural disaster.

#### **Output 4: 8,600 IDPs receive lifesaving assistance to enhance their living conditions in Kabo & Moyenne Sido**

Output 4 Indicators:

Indicator 4.1. Number of IDP households receiving targeted NFI assistance: **target: 1,000; Achieved:1,029**

#### **Output 4 Activities**

##### **Activity 4.1. Rapid needs assessment and prioritisation of beneficiaries**

- Following a rapid needs and vulnerability assessment among IDPs, conducted by IOM and the Red Cross Society Chapters, the following criteria were retained to prioritize the most vulnerable among IDPs: 1) a newly relocated or displaced person or a returnee from Chad; 2) being vulnerable family (child head of household, single mother, widow, people living with disability and/or chronic diseases, victims of gender-based violence, etc.); 3) not having benefited from previous NFIs distribution assistance and/or 4) having a large family with minor children.

<b>Activity 4.2. Procurement and transportation of 1,000 NFI sets according to specific needs of the target population</b> <ul style="list-style-type: none"> <li>- In the scope of the project funded by CERF <b>1,000 kits</b> were purchased and distributed to <b>1,029 vulnerable IDP</b> households. Each NFI Kit consist of two pots with lid, four Stainless steel deep dishes, five Cups, five Table spoons, one large Ladle, two sleeping Mats, two Blankets, one Plastic bucket with lid, one Open plastic bucket, one Water plastic can (Bouta), two laundry soap (300gr), 500 Gr of detergent soap, one plastic container (20 Litres), one tarpaulin (5m * 4m) and two Mosquito nets.</li> <li>- Between March and August, IOM monitored the 1,029 vulnerable IDP households among whom 58 per cent are women.</li> </ul>	
<b>Activity 4.3. Post-distribution monitoring of NFI utilisation</b> <p>From 20 to 30 July 2015 IOM undertook a <b>post-distribution monitoring survey</b> in both Kabo and Moyenne Sido IDP Sites aimed to monitor the use of the distributed items and identify the current needs and gaps. During the survey, a sample of 10 per cent of IDP Households was randomly selected on existing IDP lists of 1,175 IDP Households. For IOM, the degree of accuracy admitted is 0.1 (10 per cent accuracy) for this particular survey. The selection of the households was randomly done using a random number table (Internet application generating random numbers of <a href="http://stattrek.com/Tables/Random.aspx">http://stattrek.com/Tables/Random.aspx</a>). In order to prevent any incoherent answers, 48 households were added to the 117, making the total to <b>165 Households to be interviewed</b> in both Kabo and Moyenne Sido. During the Interviews, 6 among them were reported absent while 10 IDPs have quitted the Sites. Some of the main outcomes are as follow,:</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Not applicable	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p> <p>During the project lifespan, particular attention was given to the needs of women and other vulnerable groups as these are more affected by the consequences of displacement. The gender equality was mainstreamed in the project implementation as follows:</p> <ul style="list-style-type: none"> <li>- Site facilitators were trained in CCCM and protection concerns to look out for issues affecting all vulnerable populations on the sites in order to report experiences of SGBV and refer them to partners (MSF) providing support for such cases.</li> <li>- IOM's team applied the DTM tool, a regular and timely collection and analysis of sex- and age-disaggregated data at site level to confirm if the different needs of women, girls, boys and men were met in the humanitarian response.</li> <li>- IOM selected and assisted 413 vulnerable IDPs at Kabo and Moyenne Sido displacement sites. 69 per cent of these assisted vulnerable persons are women, among whom 38 per cent are widowed, 43 per cent are women and girls in difficult situation while 19 per cent are orphans. In addition, 31 per cent of these vulnerable individuals are men widowed while 3 per cent are elderly people.</li> <li>- 62 per cent of beneficiaries of NFIs and family housing units are women and 40 per cent have more than four dependants.</li> <li>- IOM built separate housing and bathing facilities for both women and children to reduce the gender-based violence risk.</li> </ul>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
The CERF funded project has gone through a cycle of evaluations by the following activities:	EVALUATION PENDING <input type="checkbox"/>

<ul style="list-style-type: none"> <li>- The clusters have continued to amend and adapt the inter-cluster questionnaire which was the basis for the work of the site facilitators trained by AFPE. The quality of the site facilitation was also monitored by AFPE as well as by the protection and CCCM clusters at Bangui level.</li> <li>- IOM supported the IDP Site facilitation monitoring mission by AFPE to assess the progress made so far and provide necessary adjustments to improve data collection and referral mechanism;</li> <li>- IOM also undertook a post-distribution monitoring survey in order to monitor the usability of the distributed items and assessed the current needs of IDPs and gaps at IDP sites.</li> <li>- The Post-distribution monitoring confirmed the continued needs of IDPs and returning refugees in NFIs and shelter assistance, the beneficiaries' perception on urgent needs (tarpaulin, sleeping mat and kitchen set), the challenges these IDPs are facing in food security and the needs to accompany their efforts towards a smooth and sustainable reintegration into host communities.</li> </ul>	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>
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TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	01.12.14 – 31.08.15
2. CERF project code:	14-RR-UDP-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Early Recovery		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support to Emergency Livelihoods Recovery in Ouham through Cash for Work Interventions		
7. Funding	a. Total project budget:	US\$ 1,034,872	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,034,872	▪ NGO partners and Red Cross/Crescent: <b>US\$ 555 508,</b>
	c. Amount received from CERF:	US\$ 599,949	▪ Government Partners: <b>US\$ 0</b>
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	7,808	5,656	Due to the late signing of the contract between UNDP and its implementing partner in early March. Delay was due to negotiations between the UNDP and implementing partner before signature of the agreement. Hence the implementation of the activities were delayed and started only in mid-March. Consequently, the timeframe of the project was adjusted in order to implement the activities during 3 months instead of 6 and to meet the planned objectives.
b. Male	7,501	7,496	
c. Total individuals (female + male):	<b>15,309</b>	<b>13,152</b>	
d. Of total, children <u>under</u> age 5	2,449	2,104	In each rotation, some beneficiaries were absents, mostly for health and security reasons preventing them for working. Due to the tight schedule, it is currently not possible to organize an additional rotation for these beneficiaries.
9. Original project objective from approved CERF proposal			
<p>General objective: Contribute to save life through emergency livelihood support to most vulnerable populations in Ouham Prefecture.</p> <p>Specific objective: Provide an emergency financial assistance to populations most affected by the crisis in Ouham prefecture through labor based work in order for them to survive during the crisis.</p>			
10. Original expected outcomes from approved CERF proposal			
<b>Outcome 1: Immediate income generating activities enable to provide safety nets to the most vulnerable through the rehabilitation of key infrastructures</b>			

- Number of emergency employment created. Target: 26, 250 worker/day (20 per cent of women, 25000 unskilled worker/day + 1250 skilled worker/day)
- Number of emergency employment created on the market. Target : 2,100 worker/day (70 per cent of women, 2000 unskilled worker/day + 100 skilled worker/day)
- Total amount of cash directly injected in the economy. Target: 72, 225 0000XAF.
- Proportion of young people under 30 years old employed. Target : 70 per cent - (20 per cent of women)
- Number of local actors trained to road maintenance and equipped. Target :4
- Proportion of household beneficiaries (20 per cent of women) using the cash received for non-food needs (education, IGA, health, etc.) Means of verification: Evaluation report, activity report, presence and payment report, post-distribution monitoring, final evaluation report, minutes of meeting, etc.

#### 11. Actual outcomes achieved with CERF funds

Between March 31<sup>st</sup> and June 2<sup>nd</sup>, the project “ Support to Emergency Livelihoods Recovery in Ouham through Cash for Work Interventions” achieved the following results:

- **2,192** persons worked directly on CfW activities and provided emergency incomes to **2,192 households and 13,152 individuals** (on average each household is composed of 6 persons)
- **2,113** unskilled persons participated on CfW activities, including 71 per cent youth (between 18 and 30 years old), IDPs, returnees, host families and local populations.
- **79** skilled persons worked as team leaders
- The overall work/day emergency employment created is **19, 960**, enabling the injection of **58, 839, 500 XAF** into the local economy.
- Distribution of kits and capacity building activities targeted 5 local stakeholders (local authorities, 5 Community-Based Organizations, 83 persons in total) in order to ensure the maintenance of the infrastructures.
- The overall public works (community dividends) achieved, can be summarized as follow:
  - 8.2 km of irrigation channels cleaned/dig out
  - 4 bridges rehabilitated
  - 17 small crossing infrastructures (footbridges, etc.) created
  - 9.4 km of road rehabilitated and cleaned
  - 1 Market (Boro market) has been rebuilt

**Activity: 1.1 Communities Mobilisation:** The project launch ceremony was held March 31, 2015 at the City of Bossangoa. At this meeting, the ACTED team presented the project to the local authorities (Mayor, Prefect, heads of districts, heads of associations Koli and Wali Gara.) and the various stages of its implementation. This meeting was necessary for the proper acceptance of the project by the local community. Thereafter, sensitization activities were organized in each target area to present the project to the heads of district and explain their role in its implementation, especially during the beneficiary selection phase.

**Activity 1.2 Identification and selection of beneficiaries:** In early April, ACTED and community leaders conducted the identification of beneficiaries, including verification and validation of the list. (The selection criteria were as follow: to be displaced due to the conflict; capacity to work, have at least one vulnerable dependent person within household, vulnerable economic status (income below 50 000 FCFA / person), negatively impacted by the crisis (looting, destruction of homes). A total of 2,100 beneficiaries were identified and validated before starting work. Most of the selected beneficiaries are from Bossangoa while some are from the surrounding villages. Each beneficiary received a personal identification sheet so that their identity can be verified for each day worked and every payment of salary. A database of beneficiaries was conducted.

**Activity 1.3: Works in High Intensity Hand Work in Bossangoa:** Each beneficiary received the appropriate work equipment/tools (e.g. boots, gloves, wheelbarrow, hoe, shovel) A total of four rotations of 10 working days were organized in Bossangoa: from April 13 to 24 with 552 beneficiaries - from April 27 to May 8 with 410 beneficiaries - from May 11 to 22 with 571 beneficiaries - 20 to May 30 with 463 beneficiaries In total, 1939 beneficiaries worked 10 days and each got paid 2500 FCFA the day and 57 team leaders paid 3500 FCFA the



day. Thus, 19 960 jobs were created days. Among them, we find 71 per cent of young people under 30 years, 30 per cent women and 9.5 per cent of highly vulnerable people (elderly). The payment was held in secure places so as not to endanger the beneficiaries. The following works were carried out: • 3.2Km from dug ditches; • 17 crossings constructed with reinforced concrete bridges 6, 6 and 5 wooden bridges; • A raft built; • rehabilitation of 9.4 Km of the Avenue Charles de Gaulle floor; • Rehabilitation of Yuri Dam and bridges; • Weeding of several streets (weeding along the street pipeline); • 5 km of ditches dug; • Rehabilitation of two bridges (pruning, channel cleaning and unclogging nozzles Bridge). A final survey was conducted among beneficiaries in June to measure the project's impact on their lives, usage of money distributed as well as their satisfaction with the project.

**Performance analysis according to quality criteria:** Number of day's jobs created. Target Value: 21 000 h / d (20,000 m / d + 1000 h unskilled / skilled j) Production: 95 per cent. A total of **19,390 days unskilled jobs** were created and **570 days skilled jobs** for a total of **19,960 days jobs** were created. Some recipients didn't show up on the day of the rotation either because they had found another source of more stable income or were sick. Unfortunately no repeat session could be organized.

**Activity: 1.4 Small rehabilitation markets:** Borro market work began on April 27, 2015. The ground was cleaned in activity 1.3 and three rotations were organized to build hangars and build market stalls, enabling merchants to resettle and sell their products in hygienic conditions. A total of **174 day labourers and 22 skilled workers** were recruited to complete this work. Rotations were composed of the following employees: - 1st rotation (April 27-May 8) with 50 unskilled workers, 9 workers, two delegates, 8 skilled workers - the second rotation (from 11 to 22 May) with 72 unskilled workers, 8 workers, two delegates, 7 skilled workers - 3rd rotation (from May 20 to 30) with 46 unskilled workers, 2 delegates and 7 skilled workers . Among the selected beneficiaries, 74 per cent of them were between 18 and 30 years.

**Performance Analysis:** Number of jobs created days in the markets. Target value: 2100 l/ d (2000 h / d l + 100 unskilled / skilled j). Result: 93 per cent. In total, **1740 days unskilled jobs** were created and **220 days skilled jobs**, for a total of **1960 hours / day**. Some selected beneficiaries didn't attend the first day of the rotation (sick, forgotten or have found stable employment between selection and rotation) and others have not worked during the entire rotation, which explains why the number of unskilled jobs days was not achieved (83 per cent). However, given the nature of the work, the ACTED team decided to call in a qualified workforce more important to ensure the successful completion of the work.

**Activity: 1.5 Strengthening technical and material capacities of local actors:** 5 infrastructure maintenance committees were established at the end of May 2015 to enable local stakeholders to ensure the maintenance of beaten earth roads rehabilitated. Each committee has received training between 1 and 2 June 2015 and received a road maintenance kit (wheelbarrow, helmet, gloves,) in order to maintain the infrastructures that were rehabilitated during the project. The training was attended by 83 people. The mayor of Bossangoa also received kits but received no training.

**Performance analysis:** Number of local actors trained and equipped to maintenance of road infrastructure. Result: 4

83 persons received training - which took place from 1 to 2 June 2015 - on roads maintenance techniques. Of these 83 people, some were selected to form five (5) management committees that were equipped with maintenance kits. Each committee is composed of a chief, his assistant and a secretary. Furthermore, the municipality also received kits, though without any specific training.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Achievement rates of planed activities are between 93 and 125 per cent.

- Activity 1 Community mobilization: 100 per cent
- Activity 2 Beneficiary selection: 100 percent
- Activity 3 Implementation of emergency community work: 95 percent
- Activity 4 Cleaning and small rehabilitation of markets (stock, table, etc.): 93 per cent
- Activity 5 Technical and material capacity building of local actors about road maintenance: 125 per cent.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES ☐ NO ☒

**If 'YES', what is the code (0, 1, 2a or 2b): 1**

As described in the project proposal document, Cash for Work activities aimed at targeting women by 20 per cent. This objective has been achieved since the percentage of women participating to the activities is 31 per cent.

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

EVALUATION CARRIED OUT ☒

Beneficiaries overall job satisfaction is high: Job rotation system approved by 97 per cent of respondents, amount received by 88 per cent. Incomes were used to buy food (71 per cent), health (48 per cent), education (50 per cent) and NFI (61 per cent). See details in the attached evaluation report.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

**TABLE 8: PROJECT RESULTS**

CERF project information							
1. Agency:		WFP		5. CERF grant period:	02.01.15 – 31.08.15		
2. CERF project code:		14-RR-WFP-094		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:		Common Logistics					
4. Project title:		Mobile Intervention Brigade for the road infrastructure rehabilitation in order to improve humanitarian access to populations in Ouaka, Kémo, Nana Gribizi, Ouham, Ouham Pende, Nana Mambere, Bangui.					
7. Funding	a. Total project budget:		US\$ 1,410,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 1,413,209			▪ NGO partners and Red Cross/Crescent:	US\$ 560,748
	c. Amount received from CERF:		US\$ 603,209			▪ Government Partners:	US\$ 0
Results							
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:			
a. Female		7,176	17,850	The number of road infrastructures rehabilitated greatly exceeded the initial target hence the number of beneficiaries more than doubled the targeted ones.			
b. Male		8,424	17,150				
c. Total individuals (female + male):		15,600	35,000				
d. Of total, children <u>under</u> age 5			N/A				
9. Original project objective from approved CERF proposal							
<p>General Objective: the humanitarian access to beneficiaries is improved for humanitarian organizations in Ouaka, Kémo, Nana Gribizi, Ouham, Ouham Pende, Nana Mambere, and Bangui.</p> <p>Specific Objective: Restore humanitarian access to beneficiaries through the deployment of a mobile intervention brigade to rehabilitate critical road infrastructures.</p>							
10. Original expected outcomes from approved CERF proposal							
<p>The project aims at achieving the following indicators :</p> <ul style="list-style-type: none"> <li>- 1 mobile intervention brigade is created and functional during the project.</li> <li>- 2 stocks are set up</li> <li>- 12 assessments and technical diagnosis are conducted</li> <li>- 12 crossing points are constructed or rehabilitated</li> <li>- The mobile intervention brigade is deployed within 30 days following an assessment or alert</li> <li>- 70 per cent of humanitarian actors benefit from the improvement of the access to beneficiaries</li> <li>- 12 mass awareness session are conducted around the rehabilitated infrastructures</li> </ul> <p>Means of verification: Evaluation reports, alerts issued, activities reports, logistics reports, Leasing contract for the stocks, inventory management tools, diagnostics report, deployment schedule, final impact evaluation, photos, contract with local radio.</p>							

11. Actual outcomes achieved with CERF funds	
<p>Overall, the project reached the proposed objective, namely to improve humanitarian access to beneficiaries by humanitarian organizations on the two axes of Grimari-Kouango (Ouaka region) and Bossemtélé – Bozoum – Paoua (Ouham Pendé region). The deployment of an Emergency Mobile Intervention Brigade to register alerts collected by the partners, to prioritize the critical points, and to conduct a technical diagnostic to assess the level of damage to the targeted infrastructure, allowed the rapid <b>rehabilitation of 35 critical road infrastructures</b> (31 semi-permanent bridges, 1 ferry and 3 crossing points), greatly exceeding the initial target. Throughout the project lifespan, the Emergency Mobile Intervention Brigade was operational with three units operating on the Grimari – Kouango, Bossemtélé – Bozoum and Bozoum – Paoua axes.</p> <p>On the Grimari – Kouango axe, particularly, the CERF-funded project allowed to overcome numerous logistics gaps and bottlenecks and to facilitate increased access to people in need affected by the ongoing fighting and insecurity.</p> <p>Before any rehabilitation, a technical evaluation has been conducted by the team of the Mobile Intervention Brigade to estimate the work to be undertaken (technical estimates, budget and duration of work). <b>Thirty-five of these evaluations</b> have been carried out, against the planned figure of 12.</p> <p>Lastly, <b>21 sensitization sessions</b> have been conducted for local populations and local authorities living near the rehabilitated structure, as well as carriers and NGOs using the target axis. These awareness campaigns have focused on the good gestures of care and maintenance of the rehabilitated infrastructures, as well as on good practice for the use of bridges (maximum tonnage, speed, etc.).</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The project planned for the pre-positioning of 2 stocks of materials in strategic locations in the country places, to be maintained throughout the duration of the project so to allow the Mobile Intervention Brigade to intervene within 30 days following a warning or assessment. However, this activity was not carried out, as the strategic axes to intervene on were validated by humanitarian partners at the start of the project. As such, the project did not answer to a set of received alerts or warnings but was instead focused on the three pre-defined axes.</p> <p>Given the security and time-related constraints, it was not possible to measure the number of humanitarian actors that have benefitted from the rehabilitation interventions undertaken. A considerable reduction in transit times on the Grimari- Kouango axis was however noted by all humanitarian actors who regularly use the route to reach their beneficiaries.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> The Gender Marker does not apply to this project (logistics project)</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
<p>The project has been evaluated by WFP engineering team through a field mission on the Grimari- Kouango and Paoua – Bozoum axis; additionally, ACTED team performed evaluations throughout the implementation phase of the project. WFP evaluated that the infrastructures rehabilitated by ACTED, even though with simple techniques and local materials, are solid and fit for purpose. Overall, it has been evaluated that the objective of the project, which was to improve humanitarian access, has been largely attained.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information				
1. Agency:		WFP	5. CERF grant period:	
2. CERF project code:		14-RR-WFP-095	01.12.14 – 31.08.15	
3. Cluster/Sector:		Food Aid	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
4. Project title:		Saving lives and protecting livelihoods in the Central African Republic		
7. Funding	a. Total project budget:		US\$ 127,638,500	
	b. Total funding received for the project:		US\$ 95,728,875	
	c. Amount received from CERF:		US\$ 1,100,408	
		d. CERF funds forwarded to implementing partners:		
		▪ NGO partners and Red Cross/Crescent:		US\$ 127,808
		▪ Government Partners:		US\$ 0
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		20,305	20,305	N/A
b. Male		20,145	20,145	
c. Total individuals		40,450	40,450	
d. Of total, children <u>under</u> age 5		6,715	6,715	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> <li>- Save and protect lives of IDPs by ensuring adequate access to food</li> <li>- Protect lives and prevent further disruptions of the livelihoods of severely-food insecure households by avoiding critical hunger</li> </ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> <li>- Percentage of planned beneficiaries received the GFD ration (80 per cent)</li> <li>- Percentage of planned households received the vouchers consistently over the programme period (80 per cent)</li> <li>- Percentage of planned households with women as recipients of the vouchers (90 per cent)</li> <li>- Percentage of planned voucher programme households with improvement in their coping mechanisms (reduced coping strategy index &lt; or = 13 per cent) and not resorting to displacement for economic reasons (80 per cent)</li> </ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> <li>- 40,450 beneficiaries (20,305 female and 20,145 male) received GFD ration, thus 100 per cent of the planned beneficiaries</li> <li>- 2,500 households received voucher, thus 100 per cent of the planned beneficiaries</li> <li>- 385 metric tons of foods were provided to the beneficiaries</li> </ul>				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				

N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
WFP and its partners conducted the Emergency Food Security Assessment (EFSA) in September 2015 and preliminary results shows that 50 per cent of household in CAR are food insecure.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information				
1. Agency:		WFP	5. CERF grant period:	
2. CERF project code:		14-RR-WFP-096	01.12.14 – 31.08.15	
3. Cluster/Sector:		Nutrition	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
4. Project title:		Saving lives and protecting livelihoods in the Central African Republic: blanket and targeted supplementary feeding		
7. Funding	a. Total project budget:		US\$ 4,742,947	
	b. Total funding received for the project:		US\$ 3,541,968	
	c. Amount received from CERF:		US\$ 749,930	
		d. CERF funds forwarded to implementing partners:		
		■ NGO partners and Red Cross/Crescent: US\$ 37,700 ■ Government Partners: US\$ 0		
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		19,592	18,460	The project planned to reach 16,098 (80 per cent of 20,122), however a total of 18,910 beneficiaries were reached (94 per cent of 20,122) due to the sensitization of the population and the increase number of partners in the concerned prefectures.
b. Male		530	450	
c. Total individuals (female + male):		20,122	18,910	
d. Of total, children <u>under</u> age 5			N/A	
9. Original project objective from approved CERF proposal				
To prevent infant and maternal morbidity and mortality by preventing malnutrition and improving the nutritional status of children and PLW.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> <li>- 80 percent of planned 20,122 beneficiaries reached</li> <li>- 80 percent of planned 539,509 metric tons distributed</li> <li>- 90 percent of planned 60 public health facilities covered</li> <li>- Performance indicators: recovery rate (&gt;75 per cent); mortality rate (&lt; 3 per cent); default rate (&lt; 15 per cent); non-response rate (&lt; 5 per cent)</li> <li>- Number of healthcare and partner staff trained on nutrition management of MAM</li> </ul>				
11. Actual outcomes achieved with CERF funds				
Prevention activities:				
<ul style="list-style-type: none"> <li>- 10,000 PLW were reached with nutritious food in the concerned prefectures</li> <li>- A total of 247.5 metric tons of super-cereal and fortified vegetable oil was provided to these PLW for a period of six months</li> </ul>				

<b>Treatment activities:</b> <ul style="list-style-type: none"> <li>- A total of 8,910 beneficiaries (7,920 PLW and 990 caregivers) were reached in Kemo, Nana Gribizi, Ouaka, Ouham and Ouham Pendé prefectures with treatment activities.</li> <li>- 292.826 metric tons of foods (super cereal = 243.837mt and vegetable oil = 26.359mt) were provided to the beneficiaries.</li> <li>- 54 health facilities covered in the 5 concerned prefectures with staff trained on nutrition management of MAM</li> <li>- Performance indicators obtained for PLW: recovery rate = 95 per cent; mortality rate = 0 per cent; default rate = 3.1 per cent and non-response rate = 1 per cent</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The project planned to reached 16,098 (80 per cent of 20,122), however a total of 18,910 beneficiaries were reached (94 per cent of 20,122) due to the sensitization of the population and the increase number of partners in the concerned prefectures.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
Evaluation of MAM activities are carried out monthly at each health facility and a summary of all the results analysed by WFP nutrition unit. The general performance indicators show a 95 per cent recovery rate, 0 per cent mortality rate, 3.1 per cent default rate and 1 per cent of non-response rate.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>



## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-CEF-186	EDUCATION	UNICEF	ECOLES CATHOLIQUES ASSOCIEES DE LA CENTAFRIQUE	Yes	NNGO	\$96,743	17-Feb-15	15-Feb-15	Prefinancement
14-RR-CEF-186	Education	UNICEF	PLAN INTERNATIONAL	Yes	INGO	\$99,092	3-Feb-15	11-Feb-15	
14-RR-CEF-186	Education	UNICEF	MENET		GOV	\$21,683	5-Apr-15	11-May-15	2 trainings have been funded: 1) training of community teachers (maitres parents) on basic pedagogy by decentralized education authorities (\$17,609) and 2) training on preparedness and response of education in emergency of decentralized education authorities (\$4,074).
14-RR-CEF-186	Water, Sanitation and Hygiene	UNICEF	AGENCE NATIONALE D'EAU ET ASSAINISSEMENT	Yes	GOV	\$95,476	11-Jun-15	11-Jun-15	\$95476 have been transferred to WaSH section WaSH for the WaSH in school component. Planned to be implemented by NGO, WaSH activitiest have been implemented by government partner to ensure perenisation according to WaSH section strategy.
14-RR-CEF-186	Education	UNICEF	Caritas Yaloke	Yes	NNGO	\$10,952	20-Jan-15	1-Jan-15	Completed project for enclave

									children
14-RR-CEF-186	Education	UNICEF	IDEAL	Yes	NNGO	\$35,082	12-Jan-15	1-Jan-15	Funds have supported continuing education in emergency activities for children in the hot spots of Kaga Bandoro and Dekoua
14-RR-CEF-186	Education	UNICEF	ACCM	Yes	NNGO	\$2,545	4-Feb-15	1-Mar-15	Funds have supported continuing education in emergency activities in PK 5.
14-RR-CEF-186	Education	UNICEF	ESF	Yes	NNGO	\$4,524	16-Mar-15	1-Mar-15	Funds have ensured continuing TLS activities for the children who have not been able to leave the site of Carmel.
14-RR-CEF-186	Education	UNICEF	BSF	Yes	NNGO	\$4,189	4-Feb-15	16-Mar-15	Funds have supported continuing TLS in emergency activities for children who remained in Castor site.
14-RR-CEF-186	Education	UNICEF	REMOD	Yes	NNGO	\$5,932	1-Apr-15	1-Mar-15	Funds have ensured continuing TLS activities for the children who have not been able to leave the site Mpoko Airport site.
14-RR-CEF-186	Education	UNICEF	Cordaid	Yes	INGO	\$370	14-Jan-15		COMMENT OCHA: missing information
14-RR-CEF-186	Education	UNICEF	Triangle	Yes	INGO	\$3,287	14-Jan-15		COMMENT OCHA: missing information
14-RR-CEF-187	Gender-Based Violence	UNICEF	IRC	No	INGO	\$183,220	5-Feb-15	5-Feb-15	
14-RR-CEF-188	Nutrition	UNICEF			GOV	\$75,936			
14-RR-CEF-188	Nutrition	UNICEF	Medecins d'Afrique	No	INGO	\$131,000	31-Dec-14	1-Mar-15	The delay in date of runing the implementation of the projetc was

			(MDA)						due to the change of IP initially agreed to implement the project (ACF).
14-RR-CEF-188	Nutrition	UNICEF	International Medical Corps (IMC)	No	INGO	\$152,000	31-Dec-14	5-Apr-15	The delay in running the implementation of the project due to the time of validation of the PCA by HQ of the implementing partner (IMC)
14-RR-CEF-189	Protection	UNICEF	AFEB	No	INGO	\$75,453	6-Feb-15	6-Feb-15	
14-RR-CEF-189	Protection	UNICEF	NDA	No	NNGO	\$54,050	18-Feb-15	18-Feb-15	
14-RR-CEF-189	Protection	UNICEF	DRC	No	INGO	\$11,048	19-Mar-15	19-Mar-15	
14-RR-CEF-189	Protection	UNICEF	COOPI	No	INGO	\$164,122	3-Apr-15	3-Apr-15	
14-RR-CEF-189	Protection	UNICEF	War Child	No	INGO	\$178,830	16-Apr-15	16-Apr-15	
14-RR-CEF-189	Protection	UNICEF	Save the Children	No	INGO	\$43,764	13-May-15	13-May-15	
14-RR-CEF-189	Protection	UNICEF	IRC	No	INGO	\$79,490	5-Feb-15	5-Feb-15	
14-RR-CEF-189	Protection	UNICEF	DTJ	No	INGO	\$14,300	9-Feb-15	9-Feb-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	VITALITE PLUS	No	NNGO	\$23,835	20-Jan-15	25-Jan-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ACTED	No	INGO	\$123,949	20-Feb-15	28-Feb-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$70,672	24-Feb-15	1-Mar-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ACTED	No	INGO	\$150,150	29-Apr-15	16-Mar-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation	UNICEF	ANEA	No	GOV	\$18,198	6-May-15	1-Feb-15	agency pre-financing

	and Hygiene								
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$23,112	6-May-15	10-Jun-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$3,266	19-May-15	5-Jun-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$56,330	2-Jun-15	15-Jun-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$36,479	5-Jun-15	15-Feb-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$17,921	5-Jun-15	15-Feb-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANEA	No	GOV	\$4,477	5-Jun-15	1-Feb-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	VITALITE PLUS	No	NNGO	\$15,649	8-Jun-15	15-Jun-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ICDI	No	INGO	\$253,209	11-Jun-15	25-Jun-15	
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	CRCA	No	RedC	\$7,875	11-Jun-15	10-Jan-15	2eme tranche de paiement
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	DRC	No	INGO	\$90,205	12-Jun-15	15-Feb-15	2eme tranche de paiement
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	VITALITE PLUS	No	NNGO	\$15,942	18-Jun-15	15-Jun-15	agency pre-financing
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	ANAE	No	GOV	\$33,873	20-Feb-15	1-Mar-15	
14-RR-CEF-190	Water, Sanitation	UNICEF	DRC	No	INGO	\$131,656	19-Mar-15	15-Feb-15	agency pre-financing

	and Hygiene								
14-RR-CEF-190	Water, Sanitation and Hygiene	UNICEF	OXFAM	No	INGO	\$165,447	20-Mar-15	11-Mar-15	agency pre-financing
14-RR-CEF-191	Health	UNICEF	Ministry of Health	No	GOV	\$6,719	30-Jan-15	1-Feb-15	
14-RR-CEF-191	Health	UNICEF	Ministry of Health	No	GOV	\$6,719	30-Jan-15	1-Feb-15	
14-RR-CEF-192	Shelter & NFI	UNICEF	IRC	Yes	INGO	\$103,195	9-Apr-15	1-Dec-14	
14-RR-CEF-192	Shelter & NFI	UNICEF	ACTED	Yes	INGO	\$36,438	21-May-15	1-Dec-14	
14-RR-FPA-056	Gender-Based Violence	UNFPA	IRC	No	INGO	\$53,300	12-May-15	8-Mar-15	
14-RR-FPA-056	Gender-Based Violence	UNFPA	IMC	Yes	INGO	\$90,010	7-May-15	1-Apr-15	
14-RR-FPA-056	Gender-Based Violence	UNFPA	DRC	No	INGO	\$80,320	10-Jul-15	4-May-15	
14-RR-FPA-057	Health	UNFPA	NGO	Yes	NNGO	\$45,200	30-Jan-15	1-Feb-15	
14-RR-HCR-058	Protection	UNHCR	DRC	Yes	INGO	\$484,000	17-Dec-14	1-Dec-14	First instalment Paid on 17/12/2014
14-RR-HCR-058	Protection	UNHCR	INTERSOS	Yes	INGO	\$283,000	20-Dec-15	1-Dec-14	First instalment Paid on 20/12/2015
14-RR-HCR-058	Protection	UNHCR	IEDA	Yes	INGO	\$464,207	27-Jan-15	1-Dec-14	First instalment Paid on 27/01/2015
14-RR-IOM-054	Camp Management	IOM	AFPE	Yes	NNGO	\$20,000	28-Feb-15	1-Feb-15	Agency pre-funding/First Intalment due after report approval
14-RR-IOM-054	Camp Management	IOM	CAR Red Cross Kabo	No	RedC	\$31,252	28-Feb-15	1-Feb-15	First intalment due after report subission and approval
14-RR-IOM-054	Camp Management	IOM	CAR Red Cross M. Sido	No	RedC	\$37,749	28-Feb-15	1-Feb-15	First intalment due after report subission and approval

14-RR-UDP-018	Early Recovery	UNDP	ACTED	No	INGO	\$555,508	27-Mar-15	4-Mar-15	
14-RR-WFP-094	Common Logistics	WFP	ACTED	Yes	INGO	\$560,748	21-May-15	1-Jan-15	Request for payment was sent in May 2015
14-RR-WFP-095	Food Assistance	WFP	CARITAS Bossangoa	Yes	NNGO	\$4,872	20-Jan-15	1-Jan-15	
14-RR-WFP-095	Food Assistance	WFP	INTERSOS	Yes	INGO	\$19,436	5-May-15	1-Jan-15	Request for payment was sent in April 2015
14-RR-WFP-095	Food Assistance	WFP	World Vision International	Yes	INGO	\$41,400	5-May-15	1-Jan-15	Request for payment was sent in April 2016
14-RR-WFP-095	Food Assistance	WFP	ACTED	Yes	INGO	\$62,100	6-Aug-15	21-Jul-15	
14-RR-WFP-096	Nutrition	WFP	IMC	Yes	INGO	\$37,700	6-Jun-15	1-Jan-15	All the distribution from January to May 2015 were paid in June due to the late arrival of monthly reports and especially the partners bank details.
14-RR-FAO-041	Agriculture	FAO	AFRDB		NNGO	\$42,610	12-May-15	15-May-15	Distribution of inputs (crops' seeds and agricultural tools) for main campaign
14-RR-FAO-041	Agriculture	FAO	AHA		NNGO	\$85,593	12-May-15	15-May-15	Distribution of inputs (crops' seeds and agricultural tools) for main campaign
14-RR-FAO-041	Agriculture	FAO	COHEB		INGO	\$160,770	12-May-15	15-May-15	Distribution of inputs (crops' seeds and agricultural tools) for main campaign
14-RR-FAO-041	Agriculture	FAO	DRC		INGO	\$0	13-May-15	15-May-15	Free cost Agreement for the Distribution of inputs (crops' seeds and agricultural tools) for main campaign

14-RR-FAO-041	Agriculture	FAO	SFSCJ		NNGO	\$6,000	15-May-15	18-May-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	VITALITE +		NNGO	\$19,855	13-May-15	16-May-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	AEPA		NNGO	\$10,231	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	CADAPI		NNGO	\$12,166	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	GDAP		NNGO	\$12,615	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	CARITAS BOSSANGOA		INGO	\$9,860	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	AMAP		NNGO	\$27,666	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign
14-RR-FAO-041	Agriculture	FAO	PNRM		NNGO	\$34,698	8-Dec-15	15-Dec-15	Distribution of inputs (vegetable's seed and gardening's materials) for gardening campaign

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>ANEA</b>	Agence Nationale de l'Eau et de l'Assainissement
<b>CFS</b>	Child Friendly Spaces
<b>CHF</b>	Common Humanitarian Fund
<b>CHW</b>	Community Health Workers
<b>CRI</b>	Core Relief Items
<b>DSRSG/RC/HC</b>	The Deputy Special Representative of the Secretary-General/Resident Coordinator/Humanitarian Coordinator
<b>DTM</b>	Displacement Tracking Matrix
<b>EMONC</b>	Emergency Obstetric and Newborn Care
<b>EWARS</b>	Early Warning and Response System
<b>FSCO</b>	Field Security Coordination Officer
<b>FOMAC</b>	Multinational Force of Central Africa
<b>FTS</b>	Financial Tracking System
<b>GBV</b>	Gender-based Violence
<b>GBVIMS</b>	Gender Based Violence Information Management System
<b>HCT</b>	Humanitarian Country Team
<b>HNO</b>	Humanitarian Needs Overview
<b>IASC</b>	Inter-Agency Standing Committee
<b>IDP</b>	Internally Displaced Person
<b>IEHK</b>	Interagency Emergency Health Kit
<b>L3</b>	Level 3 system-wide emergency
<b>LLIN</b>	Long Lasting Insecticide Nets
<b>LSA</b>	Local Security Assistant
<b>MISCA</b>	African-led International Support Mission to the Central African Republic
<b>MIRA</b>	Multi Cluster/Sector Initial Rapid Assessment
<b>MISP</b>	Minimal Initial Service Package
<b>NFI</b>	Non Food Items
<b>PPE</b>	Personal Protection Equipment
<b>RH</b>	Reproductive Health
<b>SMART survey</b>	Standardized Monitoring and Assessment of Relief and Transitions survey
<b>SOP</b>	Standard Operating Procedure
<b>SRP</b>	Strategic Response Plan
<b>UMSC</b>	Unaccompanied Minors and Separated Children