



**CENTRAL  
EMERGENCY  
RESPONSE FUND**



**A SOUND HUMANITARIAN INVESTMENT**

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT 2012  
ON THE USE OF CERF FUNDS  
CENTRAL AFRICAN REPUBLIC**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Kaarina IMMONEN**

## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012<sup>1</sup>

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
<b>Breakdown of total response funding received by source</b>	CERF	7,991,212
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	5,879,393
	OTHER (Bilateral/Multilateral)	84,292,058
	<b>TOTAL</b>	<b>98,162,663</b>
<b>Breakdown of CERF funds received by window and emergency</b>	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	5,997,499
	<i>Second Round</i>	0
	<b>Rapid Response</b>	
	Protracted Conflict	1,993,713

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.  
 YES  NO
- The report was not discussed in the Humanitarian Country Team due to the late submission of reports by agencies. However, progress on CERF funded projects are regularly shared and discussed within clusters. The reporting process and documentation were shared with all stakeholders in late November 2012.
- b. 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, cluster/sector coordinators and members and relevant government counterparts)?  
 YES  NO

<sup>1</sup> Does not include late 2011 allocation.

## PART 2: CERF EMERGENCY RESPONSE – PROTRACTED CONFLICT (RAPID RESPONSE)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		<b>2,815,663</b>
Breakdown of total response funding received by source	<b>Source</b>	<b>Amount</b>
	CERF	1,993,713
	COMMON HUMANITARIAN FUND	150,000
	OTHER (Bilateral/Multilateral)	671,950
	<b>TOTAL</b>	<b>2,815,663</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 21 June 2012			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
UNFPA	12-FPA-031	Health	120,075
UNICEF	12-CEF-075	Health-Nutrition	48,180
UNICEF	12-CEF-082	Health-Nutrition	479,972
WFP	12-WFP-047	Food	1,241,264
WHO	12-WHO-046	Health	104,222
Sub-total CERF Allocation			1,993,713
<b>TOTAL</b>			<b>1,993,713</b>

Table 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	1,537,863
Funds forwarded to NGOs for implementation	455,850
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>1,993,713</b>

In May 2012, a rapid assessment by non-governmental organisations (NGOs) in north-eastern CAR revealed that over 45,000 people faced a major food crisis and needed immediate assistance in the towns of Tiringoulou, Sikikédé, Gordil Ndiffa and Mélé in the western region of Vakaga prefecture. The global acute malnutrition (GAM) rate increased to over 21 per cent exceeding the emergency threshold in Vakaga, while severe acute malnutrition (SAM) reached 7 per cent, or three times above the emergency threshold based on the nutritional screening of 1,332 children under five in Sikikede. In addition, six cases of measles, and one death, were confirmed.

In response to the food and malnutrition crisis in the Vakaga Province, humanitarian partners submitted a multi-sectoral project proposal for funding through the CERF Rapid Response window to provide food assistance to 11,000 people, health and nutrition assistance to 32,421 people including 6,027 children under five. The international community was urged to provide more funds for

humanitarian assistance to reach more people affected. Although this region remains difficult to access during the rainy season (May-October), more people could have been assisted with additional funds from donors.

## II. FOCUS AREA AND PRIORITIZATION

Based on these evaluations that revealed critical needs in nutrition and food security sectors, the CERF rapid response window was activated to provide lifesaving assistance in Vakaga prefecture. Health, Nutrition and Food security were identified as priority sectors for this response. The logistic support to the operation was supported by UNHAS. The rapid response assistance was delivered in Gordil, Tiringoulou, Mele, Boromata, Ndiffa and Sikikédé in the Vakaga prefecture.

## III. CERF PROCESS

The following process was applied:

- Following the assessment carried out in May by NGOs in the Vakaga region revealing serious humanitarian needs to be immediately addressed in Food security, health and nutrition sectors, the HCT met to discuss the prevailing situation and set a specific coordination group under the lead of OCHA to prepare a response plan.
- A specific coordination group formed by three cluster lead agencies, NGOs co-leads, and partners presents in the areas and donors such as ECHO was created. Based on discussion and consultation within the group, the targeted beneficiaries and the priority activities (lifesaving) were defined. Furthermore, children under five and their mother were identified as the most vulnerable group. Gender. This coordination group, led by OCHA prepared the response plan which was submitted to the HCT for review and approval.
- The HCT reviewed the response plan and approved it.
- The coordination group met to discuss the timeline for the completion and the submission of proposals to CERF.

## IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 45,000</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	16,535	15,886	32,421
	Health-Nutrition	NA	NA	4,631
	Food	5,609	5,391	11,000

The number of individuals affected by the crisis was estimated at 45,000. Direct beneficiaries reached through CERF funding are cumulative numbers provided by recipient agencies and their implementing partners based on data collected during and after the operation.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	16,535	16,535
Male	15,896	15,896
Total individuals (Female and male)	32,421	32,421
Of total, children <u>under 5</u>	6,027	6,027

The CERF allocation enabled humanitarian actors to provide vital assistance to 32,421 people including 6,027 children under five, affected by the food and nutrition crisis in Vakaga prefecture. This includes rapid food assistance to 11,000 people and health and nutrition care for 6,027 children under five. CERF also funded UNHAS to provide logistic support for Vakaga operation by reaching most of the targeted beneficiaries. This attributed to the success of the operation in reducing hunger in a very vulnerable and isolated community during a very critical period in the rainy season when they were cut off from the rest of the country.

Key 2012 achievements reached on the basis of the CERF allocation include:

- 96 per cent of 4,822 targeted children from 6-59 months have received measles vaccination;
- One Therapeutic Nutrition Unit (TNU) created in Sikikede for the treatment SAM with medical complication;
- Six mobile TNUs for the treatment of SAM and MAM established to cover patients from Gordil, Mele, Ndiffa and Boromata; As a results, 387 children were treated of whom 250 suffered from MAM and 132 from SAM.
- 100 per cent of vaccination coverage for children between 0-11 months;
- Food aid distributed to 11,000 people in Vakaga prefecture through air drop;
- The TNUs treated 387 children or 250 MAM cases and 132 SAM cases (without medical complications) and 5 SAM cases with medical complications;
- 100 per cent of the children that were screened and found malnourished were treated (137 SAM cases and 250 MAM cases).
- 33 health workers were trained in malnutrition treatment and 75 from the 11 supported health facilities were trained in emergency obstetric and neonatal care;
- 1,378 assisted deliveries were provided in 11 health centres and all newborns (1,378) received neonatal care;
- 5,000 individual delivery kits, 20 clean delivery birth attendant kits, 5 sexually transmitted infection kits, 10 clinical delivery assistant reusable and drug kits, 5 miscarriage management kits, 5 surgical genital suture kits, 2 delivery beds and 2 gynecological examination tables were distributed to 11 targeted health facilities covering 32,421 people (among them 6,808 women of childbearing age, 1,378 pregnant women).

#### **Added Value**

CERF enabled the humanitarian community in CAR to provide assistance to people in urgent need in highly remote areas during the rainy seasons (Vakaga operation) and enabled organizations to maintain their presence in area where access is difficult. In addition, the CERF process strengthened the joint and the multi-sector approach in the response. Finally, due to the CERF funds, humanitarian organizations were able to mobilize additional funds from other donors like ECHO and OFDA.

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

YES  PARTIALLY  NO

Availability of CERF funds enabled the HCT to rapidly respond to the crisis. This enabled health and nutrition organizations to quickly deploy emergency health kits, nutrition complements and drugs to respond to the most urgent need of the targeted population.

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

YES  PARTIALLY  NO

With the CERF funds, the critical needs in food, health and nutrition were timely responded to.

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

YES  PARTIALLY  NO

With the funding commitment from CERF, OFDA and ECHO supported humanitarian organizations engaged in the response. Moreover, CHF allocated funds to complement CERF funding in Vakaga

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

YES  PARTIALLY  NO

The multi-sector approach during the response strengthened the inter-cluster coordination as well as coordination amongst donors.

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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)

## V. LESSONS LEARNED

<b>TABLE 6 - OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Level of detailed information in proposals requested by CERF for a new crisis is often not yet available at that time due to access constraint or insecurity. This may delay the delivery of the response on the ground.	CERF to consider the reality in the field (Challenges, constraints, means) during the approval process and especially when requesting additional detailed information prior to the approval.	CERF
Interaction with CERF team through teleconference was useful to quickly address many issues and to move forward with the approval process.	Continue to keep this as standard in the process.	CERF

<b>TABLE 7 - OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Joint approach has been a successful and wise strategy for efficiency, cost effectiveness and resource mobilisation. However, collaboration between agencies in CAR during the implementation, monitoring and reporting phases are sometime very difficult.	Submission or reporting on CERF joint project has to be coordinated by cluster leads under the guidance of the HC.	HC
Due to the high staff turnover in CAR, some agencies' staff responsible for the CERF are not familiar with CERF procedures and rules. As a result, proposals and reports are often delayed.	Agencies to keep their CERF focal point trained on CERF (training available every year).  Head of Agencies to ensure that proposal are compliant with CERF guidelines and submitted on time.  OCHA to brief UN and NGO staff of the CERF process, procedures and rules.	Agencies  HC  OCHA
Too much administrative work at agency level before transferring funds to implementing partners delayed the implementation of activities.	Agencies to improve their disbursement processes.	Agencies
Consultation with clusters on the prioritization increase transparency and strengthen the coordination amongst partners.	Keep clusters involved in the process.	HC

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNFPA	5. CERF Grant Period:	05/06/2012 – 05/12/2012
2. CERF Project Code:	12-FPA-031	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Rapid Response to the measles epidemic, malnutrition, and food insecurity crisis and the reproductive health emergencies for the affected population in Ouandja, Vakaga, in the northeast of CAR.		
7. Funding	a. Total project budget:	US\$ 640,550	
	b. Total funding received for the project:	US\$ 472,184	
	c. Amount received from CERF:	US\$ 120,075	
<b>Results</b>			
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	16,535	15,909	All targeted populations were not reached because of dense people movements due to security conditions.
b. Pregnant women	1,891	1,378	
c. Male	15,886	13,645	
d. Total individuals (female + male):	32,421	29,554	
e. Of total, children <u>under 5</u>	6,027	5,585	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Reduce morbidity and mortality related to (Curbing) epidemic measles Sikikédé.</li> <li>Improve the health status of vulnerable populations affected by the measles outbreak and medical-Obstetric emergencies in municipalities Ouandja Vakaga Prefecture (32,421 people)</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>1,891 assisted deliveries;</li> <li>195 women with obstetric emergency receive adequate care;</li> <li>146 reproductive health kits, equipment and other medical supplies provided to strengthen 11 health facilities;</li> <li>75 health personnel trained to provide emergency obstetric care;</li> <li>Referral system strengthened for early management of obstetric emergency cases;</li> <li>Provide support for early disease detection and response and monitoring of EPI, IMCI, EMOC.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>1,378 new-borns received neonatal care (VAKAGA: Birao, Gordi, Ouanda-Djalle, Tiringoulou, Amdafock, Boromata, Aiffa, Sikikede, Delembe, Ndiffa and Mele);</li> <li>207 women with complicated pregnancies treated (106%), of whom 68 caesarean sections;</li> <li>75 health personnel from the 11 supported health facilities (VAKAGA: Birao, Gordi, Ouanda-Djalle, Tiringoulou, Amdafock, Boromata, Aiffa, Sikikede, Delembe, Ndiffa and Mele) trained in Emergency obstetric and neonatal care. Which give 100% for targeted personnel and 100% of Health facility;</li> </ul>			

- 5,000 individual delivery kits, 20 clean delivery birth attendant kits, 5 sexually transmitted infection kits, 10 clinical delivery assistant reusable & drug kits, 5 miscarriage management kits, 5 surgical genital suture kits, 2 delivery beds and 2 gynaecological examination tables distributed to targeted 11 health facilities covering 32,421 people (among them 6,808 women of childbearing age, 1,378 pregnant women: VAKAGA: Birao, Gordi, Ouanda-Djalle, Tiringoulou, Amdafock, Boromata, Aiffa, Sikikede, Delembe , Ndiffa and Mele).

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

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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, 2b): 1**

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

The project focused mainly on women of childbearing age, pregnant women and new born as the most vulnerable. Women and adolescent girls received adequate reproductive health care.

14. M&E: Has this project been evaluated?

YES  NO

The project was evaluated through monthly reports from assisted health facilities. Two quarterly joint missions were also carried out for the purpose of monitoring/evaluation.



**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	<b>WFP</b>	5. CERF Grant Period:	01/07/2012 - 01/01/2013
2. CERF Project Code:	12-WFP-047	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Food Assistance to the vulnerable population in the west of the Vakaga prefecture.		
7. Funding	a. Total project budget:	US\$ 6,663,097	
	b. Total funding received for the project:	US\$ 11,333,167	
	c. Amount received from CERF:	US\$ 1,241,264	
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	5,509	5,609	
b. Male	5,391	5,391	
c. Total individuals (female + male):	11,000	11,000	
d. Of total, children <u>under 5</u>	2,621	2,621	
9. Original project objective from approved CERF proposal			
Enable vulnerable farmers in the Vakaga prefecture to have food during the cropping period. It directly contributes to stem the recent sharp increase in child malnutrition rates recorded in the area. The programme also ensures that the farmers are fully engaged in agricultural activities during the planting season.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• A total of 11,000 vulnerable people receive full rations monthly for a period of 60 days;</li> <li>• 336.6 mt of food is distributed of which 29.7 mt is transported by helicopter;</li> <li>• At least two meals a day are ensured for beneficiary households;</li> <li>• 11,000 persons are assisted of which 2,621 children are under 5 years.</li> </ul>			
11. Actual outcomes achieved with CERF funds Please report against the expected results mentioned above			
<ul style="list-style-type: none"> <li>• The distribution was well organized and after the air drop, the NGO, 'Triangle' and the WFP Food Monitor organized the food distribution to the local community which went very smooth;</li> <li>• A cereal ration of 30.5 Kg and 1.5 litres of oil was distributed to each family to last for 2 months;</li> <li>• A total of 5,000 beneficiaries were assisted in Sikikede which covered 42% of the 11,000 targeted beneficiaries in Vakaga;</li> <li>• The operation provided a total of 345 mt of food to local communities, with each air drop delivering around 13 mt of food in an AN12 plane. Delivered food commodities include: cereals, pulses, dates, vegetable oil and iodized salt.</li> <li>• The activities sponsored by CERF reached most of the targeted beneficiaries and such assistance made a huge positive contribution to reduce hunger in a very vulnerable and isolated community.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

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>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0): WFP introduced a clause that addressed gender equality in relation to food distributions in all contracts signed between the cooperating partners. WFP ensured that women's group would be given priority in FFT, FFW and FFA activities and guided so that committee decisions would be taken together with female members.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Post distribution monitoring took place showing a food consumption score of more than 24 for 80 % of the beneficiaries.	

**TABLE 8: PROJECT RESULTS**

Information Projet CERF			
1. Agence:	OMS	5. Période de mise en oeuvre du projet CERF:	05/06/201 – 05/12/2012
2. Code du projet CERF:	12-WHO-046	6. Statut du projet CERF	<input type="checkbox"/> En cours
3. Groupe sectoriel/Secteur:	HEALTH		<input checked="" type="checkbox"/> Achevé
4. Titre du projet:	Réponse immédiate pour la prise en charge de l'épidémie de Rougeole, la malnutrition sévère, la crise alimentaire et les urgences medico-obstétricales affectant la population de Oundja dans la Vakaga au nord-est de la RCA.		
7. Funding	a. Budget Total du Projet		US\$ 1,000,450
	b. Montant total du financement reçu pour le projet		US\$ 759,730
	c. Montant reçu du CERF		US\$ 104,222
Resultats Obtenus			
8. Nombre total de personnes ayant <u>bénéficié directement</u> du financement du CERF, planifié et atteint (veuillez soumettre une repartition par genre et ans).			
Nombre de Bénéficiaires Directs		Planifié	Atteint
<i>En cas de différences significative entre le nombre planifié et atteint, merci de fournir une explication:</i>			
a. Femmes		16,535	16,535
b. Hommes		15,886	15,886
c. Nombre total de personnes (femmes + hommes):		32,421	32,421
d. Y compris, enfants de moins de 5 ans		6,027	6,027
9. Objectif initial du projet CERF selon la proposition approuvée			
<ul style="list-style-type: none"> <li>• Réduire la morbidité et la mortalité liées à (Juguler) l'épidémie de rougeole à Sikikede;</li> <li>• Améliorer l'état nutritionnel des enfants malnutris à travers les centres de réhabilitation nutritionnels;</li> <li>• Améliorer l'état de santé des populations vulnérables affectées par l'épidémie de rougeole, la malnutrition et les urgences médico-obstétricales dans la commune de l'Ouandja, Préfecture de la Vakaga (32.421 personnes).</li> </ul>			
10. Résultats initiaux attendus selon la proposition CERF approuvée			
<ul style="list-style-type: none"> <li>• 95 pour cent (5,708) de couverture vaccinale anti rougeoleuse assurée chez les enfants âgés de 6 mois à 59 mois avec apport en Vitamine A;</li> <li>• 90 pour cent des enfants sont admis et correctement suivi dans le programme. CMAM (= 340 enfants atteints de MAS et 820 enfants souffrant de MAM);</li> <li>• Le taux d'utilisation des services ambulatoires est en hausse d'un contact /pers/an = 16,600 patients ont bénéficié d'au moins une consultation pour la période du projet;</li> <li>• 100 pour cent (1,116) enfants de moins de un an sont admis dans les activités du PEV de routine;</li> <li>• 100 pour cent (33) des agents de santé et des bénévoles communautaires sont formés sur la prise en charge de la malnutrition et la vaccination;</li> <li>• 100 pour cent (195) de grossesse à risque sont prises en charge par du personnel qualifié.</li> </ul>			
11. Résultats obtenus à l'aide du financement CERF			
<ul style="list-style-type: none"> <li>• Accès aux services des soins amélioré y compris dans le programme CMAM avec un taux d'utilisation de services d'un contact/personne;</li> <li>• Couverture vaccinale améliorée de plus de 50 pour cent pour tous les antigènes du PEV de routine;</li> <li>• Enfants souffrant de malnutrition systématiquement pris en charge par du personnel qualifié;</li> <li>• 75 pour cent (25) agents de santé formés sur la prise en charge des urgences, nutritionnels et la vaccination.</li> </ul>			

12. En cas de difference significative entre les résultats attendus et atteints, merci d'en expliquer les raisons:	
Non disponible	
13. Les activités financées par le CERF font-elles partie d'un projet CAP muni d'un code IASC marqueur de genre?	OUI <input checked="" type="checkbox"/> NON <input type="checkbox"/>
<b>Si 'Oui', quel est le code (0,1,2a,2b): 1</b> <b>Si 'Non' (ou si le code est 1 ou 0):</b>	
14. Suivi et Evaluation: Ce projet a-t-il été évalué ?	OUI <input type="checkbox"/> NON <input checked="" type="checkbox"/>
Projet non évalué pour des raisons de sécurité et de contraintes logistiques liées à l'accès	

**TABLE 8: PROJECT RESULTS**

Information Projet CERF			
1. Agence:	UNICEF	5. Période de mise en œuvre du projet CERF:	10 Juin - 10 Décembre 2012
2. Code du projet CERF:	12-CEF-082	6. Statut du projet CERF	<input type="checkbox"/> En cours
3. Groupe sectoriel/Secteur:	Nutrition		<input checked="" type="checkbox"/> Achevé
4. Titre du projet:	Réponse d'urgence en Nutrition au nord-est de la République Centrafricaine (RCA)		
7. Funding	a. Budget Total du Projet		US\$ 1,100,786
	b. Montant total du financement reçu pour le projet		US\$ 1,627,560
	c. Montant reçu du CERF		US\$ 479,972
Resultats Obtenus			
8. Nombre total de personnes ayant <u>bénéficié directement</u> du financement du CERF, planifié et atteint (veuillez soumettre une répartition par genre et ans).			
Nombre de Bénéficiaires Directs		Planifié	Atteint
a. Femmes et filles		-	-
b. Hommes et garçons		-	-
c. Nombre total de personnes (femmes + hommes):		-	-
d. dont enfants de moins de 5 ans		6,027	4,631
e. dont femmes enceintes		-	-
En cas de différences significatives entre le nombre planifié et atteint. merci de fournir une explication:			
Sur les 6,027 enfants de moins de 5 ans, 4,822 enfants de 6-59 mois ont été ciblés pour la vaccination contre la rougeole et 4,631 ont été vaccinés lors de cette campagne, soit 96 pour cent de couverture. Le dépistage de la malnutrition aigüe dans la communauté a permis de toucher 3,527 enfants dont 60 enfants répondaient aux critères de étaient dépistés MAS et 88 enfants de MAM.			
9. Objectif initial du projet CERF selon la proposition approuvée			
Améliorer l'état nutritionnel des enfants malnutris à travers les centres de réhabilitations nutritionnels			
10. Résultats initiaux attendus selon la proposition CERF approuvée			
<p>L'objectif principal est d'améliorer l'état nutritionnel des enfants malnutris à travers les centres de réhabilitations nutritionnels. L'implication de la communauté dans la prise en charge de la malnutrition aiguë se fera par la mise en place du réseau communautaire des agents de santé communautaires. Ceux-ci assureront le dépistage actif des cas de malnutrition dans leurs aires d'activités. Ces enfants seront admis au sein du programme nutritionnel établi dans les trois formations sanitaires. Les cas de malnutrition aiguë sévère seront pris en charge dans l'unité nutritionnelle thérapeutique supervisée par le médecin qui sera déployé à Sikikédé. La prise en charge ambulatoire sera réalisée à travers les 10 unités de communautaires de prise en charge supervisées par deux assistants nutritionnistes et deux infirmiers et approvisionnés régulièrement en intrants nutritionnels.</p> <p>Les réalisations escomptées et indicateurs approuvés du projet sont:</p> <ul style="list-style-type: none"> <li>- 90 pour cent des enfants sont admis et correctement suivi dans le programme. CMAM (= 340 enfants atteints de MAS et 820 enfants souffrant de MAM)</li> <li>- 100 pour cent (33) des agents de santé et des bénévoles communautaires sont formés sur la prise en charge de la malnutrition et la vaccination.</li> </ul>			
11. Résultats obtenus à l'aide du financement CERF			
<p>Réalisations escomptées et indicateurs UNICEF:</p> <p>Une campagne de vaccination de masse contre la rougeole chez les enfants de 6-59 mois a eu lieu du 8-9 juin 2012 dans la zone du projet. Cette campagne a permis de vacciner 4,631 enfants contre la rougeole, soit 96 pour cent de couverture.</p> <p>Au niveau communautaire, 27 agents de santé communautaire ont été formés sur le dépistage de la malnutrition et ces agents ont dépistés 3,527 enfants, dont 60 cas de MAS et 88 cas de MAM.</p>			

Sur le plan de prise en charge de la malnutrition aigüe, six agents de santé ont été formés. Une Unité Nutritionnelle Thérapeutique pour la prise en charge des cas de MAS avec complication médicale a été créée à Sikikédé, six Unités Nutritionnelle Thérapeutique Ambulatoire et cinq Unités de Supplémentation Nutritionnelle pour la prise en charge des cas de MAS sans complication médicale et les MAM ont également été mises en place, dont une dans chaque grand village. Ces unités ont permis de traiter 387 enfants dont 250 cas de MAM, 132 cas de MAS sans complication médicale et cinq cas de MAS avec complication médicale.

12. En cas de différence significative entre les résultats attendus et atteints, merci d'en expliquer les raisons:

Non disponible

13. Les activités financées par le CERF font-elles partie d'un projet CAP muni d'un code IASC marqueur de genre?

OUI  NON

**Si 'Oui', quel est le code (0, 1, 2a, 2b): 2a**

14. Suivi et Evaluation: Ce projet a-t-il été évalué ?

OUI  NON

1. Une évaluation multisectorielle et inter-agence a été organisée dans les zones d'intervention du projet en Septembre 2012. Les principaux problèmes relevés par cette évaluation concernent:
2. La sécurité alimentaire qui était très précaire et la nécessité d'explorer la malnutrition chronique. Le programme de prise en charge est fonctionnel mais il est nécessaire de renforcer les capacités des prestataires. Il est recommandé de poursuivre les activités de dépistage actif et de prise en charge.
3. Les structures de santé ont été détruites et le financement ne permet pas de les remettre en état. La prise en charge des cas de MAS avec complication se font sous des tentes ou abris temporaires.

**TABLE 8: PROJECT RESULTS**

Information Projet CERF			
1. Agence:	UNICEF-WHO-UNFPA	5. Période de mise en oeuvre du projet CERF:	5 Juin - 5 Décembre 2012
2. Code du projet CERF:	12-CEF-075	6. Statut du projet CERF	<input type="checkbox"/> En cours
3. Groupe sectoriel/Secteur:	Santé		<input checked="" type="checkbox"/> Achevé
4. Titre du projet:	Réponse immédiate pour la prise en charge de l'épidémie de Rougeole, la malnutrition sévère, la crise alimentaire et les urgences medico-obstétricales affectant la population de Oundja dans la Vakaga au nord-est de la République Centrafricaine (RCA).		
7. Funding	a. Budget Total du Projet	US\$ 1,540,800	
	b. Montant total du financement reçu pour le projet	US\$ 709,719	
	c. Montant reçu du CERF	US\$ 48,180	
Resultats Obtenus			
8. Nombre total de personnes ayant <u>bénéficié directement</u> du financement du CERF, planifié et atteint (veuillez soumettre une repartition par genre et ans).			
<i>Nombre de Bénéficiaires Directs</i>		<i>Planifié</i>	<i>Atteint</i>
<i>En cas de differences significative entre le nombre planifié et atteint. merci de fournir une explication:</i>			
a. Femmes et filles		16,535	-
b. Hommes et garçons		15,886	-
c. Nombre total de personnes (femmes + hommes):		32,421	-
d. dont enfants de moins de 5 ans		6,027	4,631
e. dont femmes enceintes		1,891	-
Sur les 6,027 enfants de moins de 5 ans, 4,822 enfants de 6-59 mois ont été ciblée pour la vaccination contre la rougeole et 4,631 ont été vaccinés lors de cette campagne, soit 96 pour cent de couverture. Le dépistage de la malnutrition aigüe dans la communauté a permis de toucher 3,527 enfants dont 60 enfants répondaient aux critères de étaient dépistés MAS et 88 enfants de MAM.			
9. Objectif initial du projet CERF selon la proposition approuvée			
Le projet est axé sur deux objectifs: <ul style="list-style-type: none"> <li>• Contenir rapidement l'extension de la rougeole dans la région: Organiser une campagne de vaccination contre la rougeole avec distribution de la vitamine A aux 5,200 enfants de 6 à 59 mois;</li> <li>• Renforcer les services de santé prioritaires des trois formations sanitaires: le traitement du paludisme, de la diarrhée, des infections respiratoires aiguës, des complications de la rougeole, de la malnutrition aigüe et des grossesses sera parmi les activités prioritaires à mettre en œuvre.</li> </ul> <p>La contribution CERF vise à apporter une aide alimentaire d'urgence pour pallier au manque de disponibilité en nourriture et atténuer les conséquences de la crise alimentaire et éviter le risque de mortalité.</p>			
10. Résultats initiaux attendus selon la proposition CERF approuvée			
<ul style="list-style-type: none"> <li>• Réduire la morbidité et la mortalité liées à (Juguler) l'épidémie de rougeole à Sikikédé;</li> <li>• Améliorer l'état de santé des populations vulnérables affectées par l'épidémie de rougeole et les urgences médico-obstétricales dans la commune de l'Ouandja, Préfecture de la Vakaga (32,421 personnes).</li> </ul>			
11. Résultats obtenus à l'aide du financement CERF			
Réalizations escomptées et indicateurs UNICEF-WHO-UNFPA :			
<b>Indicateurs et cibles prévus</b>		<b>Résultats obtenus</b>	
95 pour cent (5,708) de couverture vaccinale anti rougeoleuse assurée chez les enfants âgés de 6 mois à 59 mois avec apport en Vitamine A.		4,822 enfants de 6-59 mois ont été ciblée pour la vaccination contre la rougeole et 4,631 ont été vaccinés lors de cette campagne, soit 96 pour cent de couverture.	
Le taux d'utilisation des services ambulatoires est en hausse		Le taux d'utilisation des services est de 1.6 en moyenne dans	

d'un contact/pers/an = 16,600 patients ont bénéficié d'au moins une consultation pour la période du projet.	les zones d'intervention du projet soit environ 22,700 patients couverts.
100 pour cent (1,116) enfants de moins de un an sont vaccinés en urgence.	100 pour cent de couverture vaccinale atteint pour les enfants de 0-11 mois.
100 pour cent (33) des agents de santé et des bénévoles communautaires sont formés sur la prise en charge de la malnutrition et la vaccination.	33 agents de santé ont été formés dont six personnels de santé des Formations Sanitaires et 27 agents de santé communautaires.
100 pour cent (195) de grossesse à risque sont prises en charge par du personnel qualifié ainsi que les soins aux nouveaux nés.	100 pour cent de grossesses (196) à risque ont été pris en charge par du personnel qualifié et soins aux nouveau-nés ont été administrés à 267 nouveau-nés.
12. En cas de différence significative entre les résultats attendus et atteints, merci d'en expliquer les raisons:	
Non disponible	
13. Les activités financées par le CERF font-elles partie d'un projet CAP muni d'un code IASC marqueur de genre?	OUI <input checked="" type="checkbox"/> NON <input type="checkbox"/>
<b>Si 'Oui', quel est le code : 1</b>	
14. Suivi et Evaluation: Ce projet a-t-il été évalué?	OUI <input checked="" type="checkbox"/> NON <input type="checkbox"/>
Une évaluation multisectorielle et inter-agences a été organisée dans les zones d'intervention du projet en Septembre 2012. Les principaux problèmes relevés par cette évaluation concerne principalement la sécurité alimentaire qui était très précaire et de la santé ou les structures ont été détruites et le financement ne permet pas de les remettre en état. La prise en charge des cas de MAS avec complication se font sous des tentes ou abris temporaires ainsi que les consultations prénatales, les accouchements et césariennes.	



## PART 2: CERF EMERGENCY RESPONSE – PROTRACTED CONFLICT (UNDERFUNDED ROUND I 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<b>Total amount required for the humanitarian response:</b>		<b>134,457,734</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	5,997,499
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	5,729,393
	OTHER (Bilateral/Multilateral)	65,207,247
	<b>TOTAL</b>	<b>76,934,139</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
<b>Allocation 1 – Date of Official Submission: 17 February 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	12-FAO-006	Agriculture	699,163
UNFPA	12-FPA-003	Health	352,109
UNHCR	12-HCR-007	Multi-sector assistance to refugees	599,992
UNICEF	12-CEF-007-A	Multi-sector (protection, WASH, Education)	850,000
UNICEF	12-CEF-007-B	Health	612,444
WFP	12-WFP-009	Coordination and Support Services UNHAS	850,001
WFP	12-WFP-010	Food	1,098,390
WHO	12-WHO-008	Health	935,400
Sub-total CERF Allocation			5,997,499
<b>TOTAL</b>			<b>5,997,499</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	4,422,564
Funds forwarded to NGOs for implementation	1,571,155
Funds forwarded to government partners	3,780
<b>TOTAL</b>	<b>5,997,499</b>

In 2012, CAR was faced with countrywide chronic vulnerability that varied in intensity by region and was exacerbated by minimal access to basic social services, presence of destabilizing armed actors and prone to localized natural disasters. The chronic crisis as result of several years of conflict had substantial humanitarian consequences in all the sectors that increased the populations' vulnerability. Till November 2012, an estimated 98,892 people in the country were displaced, 51,679 of whom were internally displaced people (IDPs) and 47,213 returnees (IDPs and refugees). An estimated 664,520 people were in need, including those

living in a humanitarian emergency or a fragile situation and needing humanitarian aid and monitoring. Moreover, there were 18,859 refugees (mainly Congolese from DRC and Sudanese) in the country. The initial requirement of the CAP 2012 was estimated at \$134,457,737 for 1,900,000 people and revised at mid-year to \$124,011,764.

In December 2012, the context further deteriorated following an assault launched by the coalition 'Seleka' in the north of the country. Seleka is now controlling many major towns in the central, northern and eastern CAR. This situation worsened the humanitarian situation and furthermore weakened the vulnerability of poor communities. It is estimated that 1,5 million people are living in areas under the control of the Seleka coalition. There is continued apprehension about the protection of civilians in affected areas and widespread looting and violence. The security situation in the country, especially in the parts of the country ruled by the coalition is unpredictable despite the ceasefire agreement signed between the Seleka coalition and the Central African Government in Libreville, Gabon on 11 January 2013.

Humanitarian access is being hindered in regions under the control of Seleka and remains a huge challenge. In addition, the access in these regions is mostly impeded by other factors including, criminal activities and logistical constraints. Since January, rapid assessments have been carried out through the Rapid Response Mechanism (RRM), and followed by comprehensive sectors' need assessments, which revealed urgent needs in protection and food security requiring immediate attention.

## **II. FOCUS AREAS AND PRIORITIZATION**

From September 11 to February 2012, several assessments were organized on the victims of conflicts in Kabo (North), Bria, Sikikéde (North east) and Obo (South east). In January 2012, the joint military operation conducted by the Central African Armed Forces (FACA) and the Chadian National Army (ANT) against the "Front Populaire pour le Rassemblement" FPR in Kabo, Kaga Bandoro, Ouandago and Gondava, resulted in a population displacement in Kabo estimated at 9,000 people. This military operation also resulted in major material and agricultural losses denying households their livelihoods and ability to meet their basic needs. A joint assessment mission carried out in Bria (December 2011 and January 2012) revealed that 14,868 people (IDPs and host communities) were in need of emergency shelter and basic social services (Health, Wash, and Education) and food and that there were serious concerns about protection. Moreover, it was reported that 5,361 Congolese in the south east were in urgent need of assistance in protection and multi-sector. The security situation in CAR continued to be critical, with the prevailing access constraints in large parts of the country. In addition to this, poor infrastructure, the vast distances and banditry along the roads made the overland transport of humanitarian personnel and relief cargo highly risky. There are currently no safe and reliable commercial air carriers in CAR.

As the security situation in CAR continued to be critical in 2012, with access constraints in the large part of humanitarian areas throughout the country as noted above, the Humanitarian Country Team classified the humanitarian air service UNHAS as an immediate priority. CERF was requested to fill the air transport gap and to provide the humanitarian community (11 UN agencies and 36 NGOs) with safe and reliable air transportation.

Based on these assessments and evaluations, the Humanitarian Country Team developed and implemented a prioritization strategy for the Under Funded Emergencies (UFE) allocation to ensure effective lifesaving assistance to affected population. The strategy targeted the priority needs in key areas of humanitarian operations and also considered complementarity with other funding sources such as ECHO and CHF. The CERF funded projects were implemented in Kabo (Ouham), Birao, (Vakaga), Bria (Haute Kotto), Zemio, Mboki, Obo (Haut Mbomou), Ndele (Bamingui Bangoran) and Mobaye (Basse kotto)

## **III. CERF PROCESS**

The following process was applied for the UFE:

- Under the guidance of the Humanitarian Coordinator and on his behalf, an information and guideline document was shared with humanitarian actors, including heads of agencies, clusters coordinators, HDPT members.
- Preliminary consultations were conducted with donors present in CAR (ECHO and the French Cooperation) on their funding scope for 2012 in order to avoid duplication.
- Consultation with clusters and within the Humanitarian Country Team (HCT) were arranged to agree on the prioritization of the CERF allocation
- Consultations were organized by cluster leads within the clusters to identify lifesaving projects.
- UN agencies consulted with each other and also with potential implementing partners to explore possibilities of joint programmes, cross sectorial responses and to discuss operational modalities with NGOs.

- First draft of projects was reviewed by OCHA and feedback was given to the UN agencies and relevant partners. This review was based on the compliance with the lifesaving criteria and the CERF guidelines. This review included funding received by clusters through other funding mechanism as Common Humanitarian Funding (CHF), Peace Building Fund (PBF), as well as ECHO.
- The HC, supported by OCHA, vetted the revised proposals to ensure compliance with CERF requirements, selected 6 out of 8 submitted proposals and decided on the final amount allocated per project.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis: 1,900,000</b>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Agriculture	5,998	5,762	11,760
	Coordination and Support Services UNHAS	n/a	n/a	n/a
	Food	9,054	9,644	18,698
	Health	187,043	492,221	679,264
	Multi-sector	13,728	12,931	26,659
	Multi sector assistance to refugees	18,787	10,917	29,704

The number of individuals affected by the crisis was estimated at 1, 9 million as indicated in the CAP 2012. Direct beneficiaries reached through CERF funding are cumulative numbers provided by recipient agencies and their implementing partners based on data collected in the field during monitoring missions. In order to avoid double counting, the following aspects were considered:

- For joint projects, only the higher number of reached beneficiaries were considered for the entire funding;
- For projects implemented in the same areas with the same beneficiaries, numbers were only counted once.

Due to access constraints in certain areas where the CERF funded projects are implemented, especially in the Vakaga region, most of the beneficiary information is compiled from implementing partners established in the region or health centres.

<b>TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING</b>		
	<b>Planned</b>	<b>Estimated Reached</b>
<b>Female</b>	216,577	215,823
<b>Male</b>	519,740	520,558
<b>Total individuals (Female and male)</b>	736,317	736,381
<b>Of total, children under 5</b>	455,555	446,619

#### Results

The CERF funding enabled humanitarian actors to provide a vital assistance to affected people in the northern and south-eastern regions by filling gaps in the identified priority sectors (Health, protection, food security and nutrition). A total number of 736,381 vulnerable people of which 446,619 children under five have been assisted with humanitarian assistance.

With CERF funding, UNHAS played a critical role in responding to the CAR humanitarian issues by providing access to areas that are otherwise inaccessible due to insecurity and bad road conditions. UNHAS made possible the safe movement of aid workers and

timely supply of relief items, ensuring that the needs of beneficiaries are met through different humanitarian interventions countrywide.

### Key achievements

- 2,444 women with complicated pregnancies were treated. Of these, 807 were caesarean sections;
- 16,296 assisted deliveries in four health prefectures and all new-borns (16,296) have received neonatal care;
- 120 health personnel from the 38 supported health facilities were trained in emergency obstetric and neonatal care;
- 9,750 individual delivery kits, 40 clean delivery birth attendant kits, 25 clinical delivery assistant reusable and drug kits, 15 miscarriage management kits, 30 caesarean sections instruments, 19 delivery beds were distributed to 38 health facilities covering 679, 264 people (among them 142,646 women of childbearing age and 27,171 pregnant women);
- Regular drugs provision and training sessions was provided through NGO partners and allowed adequate management of 100 per cent of paediatric and obstetric emergencies, including seasonal meningitis cases;
- 100 per cent of health centres were supported by two NGOs in the Vakaga and haut Mbomou prefectures have been strengthened in regards to paediatric and obstetric emergencies;
- Paediatrics units in the districts hospitals of Bria and Mobaye were renovated with operating rooms enabling provision of high quality care to 100 per cent of referred patients;
- UNHAS planned to transport a monthly average of 500 passengers per month. Due to increase in demands, UNHAS transported a monthly average of 545 passengers;
- Food assistance for 2,5 months was provided to 18,698 refugees and IDPs. This at least covers two meals per day per household;
- 197 victims of SGBV received psycho-social assistance and judicial support in the Kabo and Batangafo;
- Dignity kits were distributed to 54 victim of SGBV;
- Protection training was provided to 105 people including 30 women to ensure support to victims in Kabo, Batangafo and Ouandaogo;
- Ten newly built and equipped ETAs received 9,545 children;
- Sanitization strengthened through training of teachers and parent-committee association;
- Sufficient potable water provided to IDPs in Kabo;
- Access to latrine increased through construction or renovation of latrines. (Access rate = 99%);
- 4,195 cases of malaria (223 in Vakaga and 3,972 in Bamingui-Bangoran) have been treated;
- 1,197 cases of pneumonia (971 in Bamingui-Bangoran and 226 in Vakaga) have been treated;
- 847 cases of diarrhoea (177 or 100% in Vakaga and 670 or 81% in Bamingui-Bangoran) have been treated;
- 2,352 kits (13,172 kg of seeds and 2,752 tools) distributed to 2,352 households;
- Three health facilities were provided with essential drugs, medical equipment and consumables;
- 13,850 persons (3,556 refugees and 10,294 IDPs surrounding refugee camp in Zemio) have had access to primary health care services;
- 250 latrines were also constructed. To support this activity, campaign sensitizations on sanitation and hygiene were conducted throughout the camp with the participation of Community Health Workers (CHW).

### Added value

The CERF funding allowed HCT to timely allocate funds and to rapidly fill critical gaps through life saving activities and CERF enabled organization to maintain their presence in areas where access is difficult. The CERF process strengthened the joint and the multi sector approach in the response. Finally, the CERF allocation allowed humanitarian organization to mobilize funds from other donors like ECHO, OFDA, Japan and Spain.

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

YES  PARTIALLY  NO

Availability of CERF funds enabled the HCT to better identify priorities and to rapidly respond. This enabled health and nutrition organizations to quickly deploy emergency health kits, drugs, seeds, agricultural tools and food to respond to the most urgent need of the targeted population.

#### b) Did CERF funds help respond to time critical needs<sup>3</sup>?

YES  PARTIALLY  NO

With the CERF allocation, the HCT developed a prioritization strategy to focus on critical needs. This enabled agencies to

<sup>3</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)

better target beneficiaries and to provide timely assistance to them. Therefore, critical needs in food, protection, health facilities and safe drinking water of refugee population, IDPs and host communities in Southeast and Northeast were met.

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

YES  PARTIALLY  NO

Other funds such as ECHO, CHF were mobilized to finance complementary activities in the same areas.

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

YES  PARTIALLY  NO

Progress of CERF activities was shared within the clusters which enabled organizations to consider these activities in their planning which increased complementarity and avoided duplication. Joint projects and multi sector approach reinforced coordination and consultation amongst agencies and within clusters. Consultations with other funding initiatives as ECHO, the Peace Building Fund, CHF and French cooperation in line with the prioritization strategy has reinforced information sharing and consultation amongst humanitarian donors in country.

**V. LESSONS LEARNED**

<b>TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT</b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Interaction with the CERF team through teleconference was useful to quickly address many issues and to move forward with the approval process.	Continue to keep this as standard in the process	CERF

<b>TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS</b>		
<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
Joint approach has been a successful and wise strategy for efficiency, cost effectiveness and resource mobilisation. However, collaboration between agencies in CAR during the implementation, monitoring and reporting phases are sometimes very difficult.	Submission or reporting on CERF joint projects has to be coordinated by cluster leads under the guidance of the HC.	HC
Due to the high staff turnover in CAR, some agencies' staff responsible for the CERF are not familiar with CERF procedures and rules. As a result, proposals and reports are often delayed	Agencies to keep their CERF focal point trained on CERF. (training available every year)  Head of Agencies to ensure that proposal comply with CERF guidelines and are submitted on time.  OCHA to brief UN and NGO staff of the CERF process, procedures and rules.	HC  Agencies/OCHA
Monitoring of achievements on the ground by the country team remains weak and needs to be	Conduct monitoring on a regular basis to follow up on the implementation of the project activities and to ensure the quality	HC/Agencies

strengthened to ensure the quality of services provided to beneficiaries.	of services provided to beneficiaries.	
There is too much administrative work at agency level before transferring funds to implementing partners. This delayed the implementation of activities.	Agencies to improve their disbursement processes.	Agencies
Consultation with clusters on the prioritization increased transparency and strengthened the coordination amongst partners.	Keep clusters involved in the process.	HC

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
Information Projet CERF			
1. Agence:	UNICEF	5. Période de mise en œuvre du projet CERF:	27 Mars 2012 - 31 Décembre 2012
2. Code du projet CERF:	12-CEF-007-A	6. Statut du projet CERF	<input type="checkbox"/> En cours
3. Groupe sectoriel/Secteur:	Multi-secteur : Protection, Éducation, Eau, Hygiène et Assainissement (EHA)		<input checked="" type="checkbox"/> Achevé
4. Titre du projet:	Améliorer les conditions de vie et la résilience des populations affectées par les conflits dans la sous-préfecture de Kabo à travers une réponse multisectorielle.		
7. Funding	a. Budget Total du Projet	US\$ 3 459 725	
	b. Montant total du financement reçu pour le projet	US\$ 4 887 961	
	c. Montant reçu du CERF	US\$ 850 000	
Resultats Obtenus			
8. Nombre total de personnes ayant <u>bénéficié directement</u> du financement du CERF, planifié et atteint (veuillez soumettre une répartition par genre et ans).			
<i>Nombre de Bénéficiaires Directs</i>	<i>Planifié</i>	<i>Atteint</i>	<i>En cas de différences significative entre le nombre planifié et atteint, merci de fournir une explication:</i>
a. Femmes	10,324 dont 5,100 Protection 2,443 Education 2,781 EHA	11,382 dont 4,270 Protection 4,859 Education 2,253 EHA	La différence pour les bénéficiaires EHA vient du fait que le nombre de déplacés réellement reçus a été inférieur au nombre planifié.  Pour la Protection la différence s'explique parce qu'un focus particulier a été mis sur les femmes pour les sensibiliser sur l'assistance disponible et un plus grand nombre d'acteurs formés dans le cadre de la prise incluant un système de référence.  Dans l'éducation, la condensation des populations déplacées a donné l'occasion au projet d'atteindre un plus grand nombre de bénéficiaires que prévu. Seulement la moitié des enfants de trois à cinq ans ont été atteints à cause de l'insécurité liée aux conflits permanents dans la zone. La plupart des structures sont embryonnaires car certains Espaces communautaire d'éveil (ECE) n'ont pas de toiture bien faite. La participation communautaire qui reste très faible et ne permet pas une bonne appropriation et le mauvais état des routes a mis un retard dans la mise en place des ECE.  Sur les trois secteurs, un total de 94 pour cent des bénéficiaires ciblés ont été atteints.
b. Hommes	10,459 dont 4,900 Protection 2,573 Education 2,986 EHA	11,110 dont 1,963 Protection 6,728 Education 2,419 EHA	
c. Nombre total de personnes (femmes + hommes):	27,654 dont 11,730 Protection 7,176 Education 8,748 EHA	26,209 dont 6,233 Protection 12,899 Education 7,087 EHA	
d. Y compris, enfants de moins de 5 ans	6,871 dont 1,730 Protection 2,160 Education 2,981 EHA	3,717 dont 1,302 Education et Protection 2,415 EHA	
9. Objectif initial du projet CERF selon la proposition approuvée			
Améliorer les conditions de vie et la résilience des populations affectées par les conflits dans la Sous-Préfecture de Kabo			
10. Résultats initiaux attendus selon la proposition CERF approuvée			
Objectifs spécifiques :			
1. Pour le volet Protection: Contribuer à prévenir et assurer une réponse multisectorielle d'urgence pour 400 victimes de violences basées sur le genre intégrant des mesures spéciales pour les filles et les garçons.			
2. Pour le volet Éducation: Assurer l'accès scolaire à 5,012 enfants, 2,443 filles 2,443 et 2,569 garçons de 3 à 16 ans des déplacés internes et retournés dans la sous-préfecture de Kabo. Cet objectif s'inscrit dans le cadre de l'éducation en urgence qui vise le			

3. sauvetage des enfants vulnérables d'âge scolaire, particulièrement les filles de tout abus, détournement et enrôlement. Pour le volet EHA: contribuer à la réduction des risques de propagation des maladies hydriques sur les sites de personnes déplacés de Kabo en donnant à la population déplacée des sites de Kabo l'accès à une eau en quantité et en qualité satisfaisante et à des infrastructures d'assainissement adaptées.

#### 11. Résultats obtenus à l'aide du financement CERF

##### Volet Protection:

Indicateurs et cibles prévus	Résultats obtenus
400 victimes de VBG dont 200 victimes de violences sexuelles reçoivent une assistance multisectorielle	197 victimes de VBG (79,2 pour cent de sexe féminin et 13.7 pour cent de mineurs) dont 16 victimes de violences sexuelles (100 pour cent de sexe féminin et 43,75 pour cent de mineurs) ont été accueillies au Centre d'Ecoute et ont bénéficié d'une prise en charge multisectorielle.
100 pour cent des victimes de violences sexuelles reçoivent des soins médicaux	100 pour cent des victimes de violences sexuelles ont reçues des soins médicaux grâce à un système de référence avec l'hôpital et Médecins Sans Frontières (MSF).
100 pour cent des victimes de VBG reçoivent un appui psychosocial	100 pour cent des victimes de VBG ont bénéficié d'un appui psychosocial.
50 pour cent des victimes de VBG reçoivent 1 kit de dignité (1 serviette, 1 brosse à dent, 1 tube de dentifrice, 500g de savon, 1 paire de babouche, 1 tee-shirt, 1 pagne de 6 yard, tissu coton blanc, 250 ml lait corporel ou vaseline, 1 peigne plastique, 1 sac en toile avec fermeture éclair)	54 victimes de VBG dont 27,4 pour cent du total des victimes enregistrées ont reçu les kits de dignité.
100 pour cent des acteurs identifiés dans l'assistance multisectorielle aux victimes de violences basées sur le genre signent et appliquent les Procédures Opérationnelles Standards sur les VBG incluant les mesures spéciales à l'attention des filles et des garçons	100 pour cent des acteurs identifiés dans l'assistance multisectorielle ont reçues une formation et dans le cadre de la référence 29 dossiers ont été orientés vers la gendarmerie, 9 vers la police, 4 vers le tribunal de grande instance de Batangafo et 16 vers le partenaire MSF-Espagne pour une assistance psychosociale et médicale. Cependant des procédures opérationnelles standards n'ont pu être formellement élaborées.
1 centre d'écoute est opérationnel à Kabo	Un centre d'écoute opérationnel à Kabo depuis janvier 2012 a été renforcé et le personnel du centre d'écoute a suivi deux formations sur la prise en charge psychosociale des victimes de VBG.
25 acteurs sont formés aux mesures spéciales de prise en charge des victimes mineures	Un total de 105 personnes dont 30 femmes ont été formées sur les VBG dont les comités de protection, les para-juristes, les animateurs de l'Espace récréatif des Enfants, du Centre de Promotion de la Femme et des sites de déplacées de Kabo. Plus spécifiquement 53 personnes (25 points focaux de la clinique juridique et 28 membres de 4 autres comités de protection dans le triangle Kabo-Batangafo-Ouandago) sont formés sur les mesures spéciales de prise en charge des victimes, particulièrement des mineurs, et sur le référencement vers la clinique juridique.
5 comités de protection sont opérationnels	7 comités de protection sont opérationnels a Kabo et 14 sur les axes, soit au total 21 comités de protection opérationnels.
25 séances d'informations et 1 campagne de sensibilisation sont réalisées dans la communauté pour prévenir les VBG et faciliter la réintégration des victimes	24 séances d'information et 1 campagne de sensibilisation ont été organisées notamment sur les thèmes suivants : la cohésion sociale, les droits de l'homme, les droits de la femme, les droits de l'enfant, les violences domestiques, l'abandon de famille et l'excision.

##### Volet Éducation :

Indicateurs et cibles prévus	Résultats obtenus
10 ECE sont mis en place et sont fonctionnels	10 ECE fonctionnent, dispensent des activités et accueillent 1,302 enfants de 3-5 ans dont 671 filles.
20 Espaces Temporaires d'Apprentissage (ETA) pour le	10 ETA sont entièrement construits et équipés en tables bancs



fondamental 1 sont mis en place et sont fonctionnels	et tableaux noirs et ont accueilli 9,545 élèves.
40 maitres parents sont formés à la gestion de la classe	91 maitres parents ont été formés en vue de l'organisation des cours de rattrapage.
40 éducatrices des ECE sont formées à l'éducation d'éveil	18 éducateurs ont été recrutés et formés, 2 éducateurs membres du staff DRC ont participé à la formation et encadrent les enfants des ECE.
40 Directeurs d'ETA et 40 membres d'Associations de Parents d'Elèves (APE) sont formés à la gestion et maintenance des espaces d'apprentissage et d'éducation	25 directeurs d'écoles et 181 membres des APE ont été formés à la gestion du patrimoine scolaire, à la scolarisation des filles et à la discipline positive.
Une campagne de sensibilisation en faveur de l'éducation des filles est organisée	La sensibilisation en faveur de l'éducation des filles a été assurée par les agents-éducation de DRC tout au long du programme et une partie de la formation sur ce thème a été donnée à 181 membres APE.
Les pairs éducateurs sont capables de transmettre des messages sur des sujets transversaux (VBG, le VIH / SIDA et EHA).	60 pairs éducateurs dont 30 filles ont été formés sur des thématiques liées à la protection des droits de l'enfant, VBG et EHA dans les écoles.

Volet EHA:

Indicateurs et cibles prévus	Résultats obtenus
<p>Les déplacés du site de Kabo ont accès à une eau de qualité et en quantité suffisante :</p> <ul style="list-style-type: none"> <li>100 pour cent des ouvrages construits/réhabilités fournissent une eau d'une qualité répondant aux normes OMS (&lt;5 Unités Néphélobométrique de Turbidité et &lt;10 Coliformes Fécaux/100ml).</li> <li>Le taux de couverture concernant l'approvisionnement en eau potable augmente de 42 pour cent et passe de 18 à 60 pour cent sur la durée du projet.</li> </ul>	<p>Les déplacés du site de Kabo ont accès à une eau de qualité et en quantité suffisante:</p> <ul style="list-style-type: none"> <li>100 pour cent des ouvrages construits/réhabilités fournissent une eau d'une qualité répondant aux normes OMS (&lt;5 Unités Néphélobométrique de Turbidité et 0 Coliformes Fécaux/100ml).</li> <li>Le taux de couverture concernant l'approvisionnement en eau potable a augmenté de 62 pour cent (de 18 pour cent à 80 pour cent) sur la durée du projet.</li> </ul>
<p>Les déplacés du site de Kabo ont accès à des infrastructures d'assainissement de base adéquates :</p> <ul style="list-style-type: none"> <li>Le taux d'accès aux latrines d'urgence de la population ciblée est de minimum 70 pour cent (pour un maximum de 50 personnes par poste), alors qu'il est pratiquement nul actuellement.</li> <li>Le taux d'accès aux douches d'urgence de la population ciblée est de minimum 70 pour cent (pour un maximum de 50 personnes par poste), alors qu'il est pratiquement nul actuellement.</li> </ul>	<p>Les déplacés du site de Kabo ont accès à des infrastructures d'assainissement de base adéquates :</p> <ul style="list-style-type: none"> <li>Le taux d'accès aux latrines d'urgence de la population ciblée est de minimum 99 pour cent (pour un maximum de 50 personnes par poste), alors qu'il était pratiquement nul en début de projet.</li> <li>Le taux d'accès aux douches d'urgence de la population ciblée est de minimum 112 pour cent (pour un maximum de 50 personnes par poste), alors qu'il était pratiquement nul en début de projet.</li> </ul>
<p>Les déplacés du site de Kabo améliorent leurs connaissances en hygiène et utilisent correctement les installations mises à leur disposition :</p> <ul style="list-style-type: none"> <li>Au moins 50 pour cent de la population interrogée a atteint un indice comportemental de niveau 3 (combinaison de bonnes pratiques liées à la gestion de l'eau, le lavage des mains et l'utilisation des latrines) en fin de programme, information obtenue via les enquêtes de fréquentations qui vont être réalisées en fin de programme.</li> </ul>	<p>Les déplacés du site de Kabo améliorent leurs connaissances en hygiène et utilisent correctement les installations mises à leur disposition :</p> <ul style="list-style-type: none"> <li>11 pour cent de la population interrogée a atteint un indice comportemental de niveau trois (combinaison de bonnes pratiques liées à la gestion de l'eau, le lavage des mains et l'utilisation des latrines) en fin de programme selon l'information obtenue via les enquêtes de fréquentations réalisées en fin de programme.</li> </ul>

12. En cas de différence significative entre les résultats attendus et atteints, merci d'en expliquer les raisons:

La différence entre les résultats attendus et atteints pour les connaissances en hygiène des déplacés du site de Kabo est liée au fait que les enquêtes ont été effectuées juste après la finalisation des latrines, au moment où les populations n'avaient pas encore été suffisamment sensibilisées à leur utilisation. Cette situation s'est sûrement améliorée car les sensibilisations ont continué au-delà de la fin du projet.

Dans les activités d'éducation, 10 espaces temporaires d'apprentissage ont été construits et équipés au lieu de 20, à cause de l'insécurité liée aux conflits permanents dans la zone. Cependant, la condensation des populations déplacées a donné l'occasion au projet d'atteindre un plus grand nombre d'acteurs que prévu; nous avons fait le choix de former l'ensemble des maitres-parents et directeurs impliqués dans la mise en œuvre des cours de rattrapage scolaire, afin d'en maximiser l'impact donc 91 maitres-parents ont été formés au lieu de 40 ainsi que 181 membres d'APE au lieu de 40. Egalement dans le souci de renforcer l'impact des sensibilisations

et formations, nous avons décidé d'élargir le nombre de pairs éducateurs formés à 60 au lieu de 30. La campagne de sensibilisation sur la scolarisation des filles aurait pu toucher davantage de bénéficiaires si les conditions sécuritaires et de déplacements en saison des pluies dans la zone de mise en œuvre avaient été plus favorables.

Dans le cadre de la protection et plus particulièrement la prise en charge des victimes de VBG, 197 victimes de VBG dont 16 victimes de violences sexuelles ont été prises en charge au lieu de 400 victimes de VBG dont 200 victimes de violences sexuelles. Cette différence entre les résultats attendus et obtenus met en évidence une barrière culturelle et sociale plus importante que prévue. Il s'agit déjà pour les victimes de s'identifier comme étant victimes et de dépasser les tabous notamment sexuels et la peur de la stigmatisation et de l'exclusion de la communauté pour demander assistance. Ce résultat a eu un impact également sur la distribution des kits de dignité et 54 victimes de VBG ont reçu un kit de dignité soit 27,4% au lieu de 50%. L'activité de distribution a été adaptée à la réalité de prise en charge des victimes de VBG afin de ne pas créer un précédent dans la distribution de kits dans une communauté à faibles revenus.

Par ailleurs, bien que le système de référence ait été renforcé, les Procédures Opérationnelles Standards n'ont pas été validés au niveau national.

13. Les activités financées par le CERF font-elles partie d'un projet CAP muni d'un code IASC marqueur de genre?

OUI  NON

**Si 'Oui', quel est le code (0, 1, 2a, 2b):** 2b, 2a, 1

CAF-12/P-HR-RL/44234/124 : 2b

CAF-12/E/44373/124 : 2a

CAF-12/WS/43858/124 : 1

**14. Suivi et Evaluation: Ce projet a-t-il été évalué ?**

OUI  NON

Pour le component Protection, une évaluation de DRC a été réalisée dans le cadre du Gender-Based Violence Information Management System (GBVIMS) et un appui technique a été fourni à DRC notamment avec la formation du personnel de DRC sur le GBVIMS.

Pour le component EHA il n'y a pas eu une évaluation mais l'équipe UNICEF EHA s'est rendue deux fois sur les sites d'intervention pour le suivi des activités. Les recommandations soulevées lors des visites ont été discutées et prises en compte. Le partenaire a soumis en fin de projet un rapport final correspondant aux résultats escomptés.

Une évaluation intermédiaire du volet éducation de ce projet CERF a été réalisée du 15 au 20 octobre 2012 sous la forme d'une mission conjointe UNICEF-DRC-Ministère de l'Education (avec la présence des chefs secteurs scolaires de Kabo et Batangafo). Le rapport de cette évaluation intermédiaire se trouve en annexe.

De cette mission, les points forts suivants ont été dégagés:

1. La présence du DRC à Batangafo qui a donné des appuis multiformes pour la mise en œuvre de ces activités.
2. L'appui de DRC aux secteurs scolaires en carburant pour la supervision.
3. La présence de Programme Alimentaire Mondial pour les vivres dans la région.
4. La réussite de certaines activités des activités génératrices de revenu sur certains sites en vue de la prise en charge des maitres-parents.
5. L'organisation de la formation des membres des APE sur la gestion des biens scolaires et la scolarisation des filles et la formation des maitres-parents en vue d'organiser des cours de rattrapage et préparer la rentrée scolaire.

Les points faibles sont les suivants :

1. La faible participation communautaire.
2. L'insécurité grandissante dans la zone et la suspension des missions sur l'Axe Ouandago-Batangafo ne nous a pas permis de visiter l'ETA dans cette localité.
3. Le faible niveau des animateurs/ animatrices des ECE, car à ce jour une seule formation leur a été organisée.
4. Le retard dans la mise en place des ETA et ECE, du au mauvais état des routes et à la faible participation communautaire (période des travaux champêtres).
5. Le mauvais état des routes.
6. La mauvaise période du projet pour rassembler les agrégats.
7. La faible prise en charge des maitres-parents.

**TABLE 8: PROJECT RESULTS**

<b>CERF Project Information</b>			
1. Agency:	<b>UNFPA</b>	5. CERF Grant Period:	10/04/2012-31/12/2012
2. CERF Project Code:	12-FPA-003	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Promoting integrated management of childhood illness (IMCI), emergency obstetric care (EMOC) and meningitis cases control in conflict affected health prefectures of northern and southern region of the Central African Republic		
7. Funding	a. Total project budget:		US\$ 640,550
	b. Total funding received for the project:		US\$ 472,184
	c. Amount received from CERF:		US\$ 352,109
<b>Results</b>			
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 (UNFPA)</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	187,043	204,084	The project initially expected to cover 240 cases of complicated pregnancies, but after the project implementation, 2,444 cases complicated pregnancies were covered because this objective was far below the expected number of obstetrical complications, given the targeted populations of the large areas covered by the project. The referral system strengthened in the project also facilitated the use of maternity rooms by majority of referred cases
b. Male	492,221	203,324	
c. Total individuals (female + male):	679,264	407,408	
d. Of total, children <u>under 5</u>	437,940	376,815	This project is a joint project with UNICEF and WHO and the planned beneficiaries are meant for the 3 agencies. UNDP project focused reproductive health targeting mainly women. More beneficiaries within other groups have been reached by WHO and UNICEF.
<b>9. Original project objective from approved CERF proposal</b>			
Improve the management of obstetric and neonatal emergencies by ensuring safe pregnancy in conflict affected health prefectures.			
<b>10. Original expected outcomes from approved CERF proposal:</b>			
<ul style="list-style-type: none"> <li>• 240 women with complicated pregnancies are transferred and receive adequate obstetric emergency care.</li> <li>• 324 reproductive health kits, equipment and other medical supplies are provided to strengthen 38 health facilities.</li> <li>• 125 health personnel are trained in emergency obstetric care.</li> <li>• Referral system is strengthened for early management.</li> </ul>			
<b>11. Actual outcomes achieved with CERF funds</b>			
<ul style="list-style-type: none"> <li>• 16,296 assisted deliveries.</li> <li>• 16,296 new-borns received neonatal care.</li> <li>• 2,444 women with complicated pregnancies treated, of whom 807 caesarean sections.</li> <li>• 120 health personnel from the 38 supported health facilities trained in Emergency obstetric and neonatal care. 9,750</li> </ul>			

individual delivery kits, 40 clean delivery birth attendant kits, 25 clinical delivery assistant reusable and drug kits, 15 miscarriage management kits, 30 caesarean sections instruments, 19 delivery beds distributed to targeted 38 health facilities covering 679, 264 people (among them 142, 646 women of childbearing age, 27,171 pregnant women).

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

The project initially expected to cover 240 cases of complicated pregnancies, but 2,444 cases were covered as the objective was far below the expected number of obstetrical complications. The referral system strengthened during the project also facilitated the use of maternity rooms by majority of referred cases.

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, 2b): 1**

**If 'NO' (or if GM score is 1 or 0):** The project has focused mainly on women of childbearing age, pregnant women and new born as the most vulnerable. Women and adolescent girls received adequate reproductive health care.

14. M&E: Has this project been evaluated?

YES  NO

The project was evaluated through monthly reports from assisted health facilities. Two quarterly joint missions were also carried out for the purpose of monitoring/evaluation.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	15/03/2012 - 31/12/2012
2. CERF Project Code:	12-WFP-010	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Assistance to Conflict-Affected Populations in the Central African Republic (PRRO 200315)		
7. Funding	a. Total project budget:		US\$ 6,663,097
	b. Total funding received for the project:		US\$ 11,333,167
	c. Amount received from CERF:		US\$ 1,098,390
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	8,405	9,054	There was no significant discrepancy between planned and reached. WFP was able to reach slightly more (1,341 beneficiaries) than planned.
b. Male	8,952	9,643	
c. Total individuals (female + male):	17,357	18698	
d. Of total, children <u>under 5</u>	2,534	2,610	
9. Original project objective from approved CERF proposal			
<p>The objectives of the activities funded by this grant are to 1) provide emergency food assistance to 12,157 IDPs in the Kabo area for 2.5 months; and 2) provide emergency food assistance to 5,200 Congolese refugees in the southwest for 2.5 months.</p> <p>WFP distributed food only to the beneficiaries (IDPs and refugees) who are located in the IDP camps and refugee camps. Other groups such as host communities were not assisted.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Improving access to food for 12,157 IDPs affected by the conflict in the targeted areas;</li> <li>Improving access to food than 5,200 refugees;</li> <li>Food is delivered on time and in sufficient quantity to vulnerable populations;</li> <li>Approximately 5,200 refugees and 12,157 IDPs receive food assistance for 2.5 months (75 days);</li> <li>At least two meals are eaten per day per household.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Improved access to food for 12,157 IDPs affected by the conflict in the targeted areas;</li> <li>Improved access to food for 5,200 refugees;</li> <li>A total of 18,698 refugees and IDPs receive food assistance for 2.5 months (75 days);</li> <li>At least two meals are covered per day per household;</li> <li>Food is delivered on time and in sufficient quantity to vulnerable populations;</li> <li>758 mt of food distributed.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

There was no significant discrepancy between planned and reached outcomes. WFP was able to reach slightly more than planned beneficiaries.

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, 2b): 1

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

WFP introduced a clause that addressed gender equality in relation to food distributions in all contracts signed between the cooperating partners. WFP ensured that women's group would be given priority in access to food through registration cards, and priority for agricultural activities and guided so that committee decisions would be taken together with female members.

14. M&E: Has this project been evaluated?

YES  NO

Post distribution monitoring took place showing a food consumption score of more than 24 for 80 per cent of the beneficiaries.

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	17/2 03/05/2012 -31/12/2012
2. CERF Project Code:	12-WHO-008	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of emergency integrated management of childhood illness (IMCI), emergency obstetric care (EMOC) and meningitis cases control in conflict affected health prefectures of northern and southern regions of the Central African Republic		
7. Funding	a. Total project budget:		US\$ 1,152,283
	b. Total funding received for the project:		US\$ 935,400
	c. Amount received from CERF:		US\$ 935,400
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	187,043	187,043	
b. Male	492,221	492,221	
c. Total individuals (female + male):	679,264	679,264	
d. Of total, children <u>under 5</u>	437,940	437,940	
9. Original project objective from approved CERF proposal			
Improve emergency paediatric, obstetric and neonatal emergency care by ensuring safe pregnancy care as well as prevention and early detection and prompt management of meningitis cases during current meningitis season (and epidemic prone childhood illness) in health facilities of the Haute Kotto, Bamingui-Bangoran, Vakaga (North east CAR), Basse Kotto, Mbomou, and Haut-Mbomou (South east CAR) prefectures.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>80% of health centres referring pediatric and obstetric emergencies and 60% of health staff in targeted health prefectures are improved to ensure quality management of emergency obstetric and neonatal care to reduce avoidable deaths;</li> <li>100% of epidemic prone childhood illnesses, including water borne diseases, are promptly detected and addressed in a timely manner;</li> <li>100% of pediatric and obstetric emergencies, including meningitis cases, are adequately managed due to availability of drugs and trained personnel in northern health prefectures during current meningitis season;</li> <li>90% of referred pediatric and obstetric cases receive high quality care in rehabilitated pediatric units, maternity wards and surgical theatres in the health prefectures of region N* 5 &amp; 6;</li> <li>100% of children detected with severe acute malnutrition are treated.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>100% of health facilities in 3 district hospitals of Haute Kotto, Ouaka and Bamingui Bangoran, as well as 4 health centres of Bornou, Dangbato, Issa Massengue and Konnegbe) supported by WHO in partnership with IMC and (3 district hospitals of Basse Kotto, Mbomou and Haut Mbomou as well as health centres of Rafai; Mboki and Obo supported by WHO in partnership with ,Merlin) refer pediatric and obstetric emergencies and have strengthened health personnel (89</li> </ul>			

<p>health personals trained by IMC lin) skills to improve the management of emergency obstetric and neonatal care;</p> <ul style="list-style-type: none"> <li>• 100% of preventable childhood diseases; such as rougeole, diphtheria, coqueluche, tetanus, pneumonia have been tracked for prompt detection and timely response to related epidemics and outbreak of disease with potential epidemic</li> <li>• Regular drugs provision and training sessions (topics included ISDR, EPI, Drug management and IMCI strategy) provided through NGO partners (IMC and Merlin) allowed adequate management of 100% of pediatric and obstetric emergencies, including seasonal meningitis cases;</li> <li>• Renovated pediatrics units of districts hospitals of Bria and Mobaye with a well-equipped maternity wards with operating rooms enabled provision of high quality care to 100% (136) of referred patients with support of our NGOs partners;</li> <li>• 100% of detected severe malnutrition symptoms among 135 admitted sick children and benefiting the IMCI strategy in 5 district hospitals of Haute Kotto, Ouaka (Bambari), basse Kotto (Mobaye) and Mbomou (Bangassou) received adequate treatment in health facilities supported by NGO partners.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
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>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>Gender equity has been streamered by implementing the IMCI strategy taking into account boys' and girls' needs. It has been more women oriented due to the SONU strategy aiming to support pregnant women for maternal mortality.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project was not evaluated by WHO because of insecurity and access constraints but NGOs ensured the regular monitoring.	



**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	27 March 2012 - 31 December 2012
2. CERF Project Code:	12-CEF-007-B	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Promoting integrated management of childhood illness (IMCI), emergency obstetric care (EMOC) in armed conflict affected health prefectures of northern and southern region of the Central African Republic		
7. Funding	a. Total project budget:	US\$ 6,744,083	
	b. Total funding received for the project:	US\$ 3,952,533	
	c. Amount received from CERF:	US\$ 612,444	
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 (for UNICEF, UNFPA and WHO)</i>	<i>Reached (UNICEF)</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female (pregnant women)	187,043	7,623	Targets included 5,609 pregnant women in Vakaga and 2,014 in Bamingui-Bangoran
b. Male	492,221	51,390	
c. Total individuals (female + male):	679,264	59,013	
d. Of total, children <u>under 5</u>	437,940	11,331	
9. Original project objective from approved CERF proposal			
<p>Improve emergency paediatric, obstetric and neonatal emergency care by ensuring safe pregnancy care as well as prevention and early detection and prompt management of meningitis cases during current meningitis season (and epidemic-prone childhood illness) in health facilities of the Haute Kotto, Bamingui-Bangoran, Vakaga (north-east CAR), Basse Kotto, Mbomou, and Haut-Mbomou (south-east CAR) prefectures.</p> <p>Improve prevention and management of childhood illness, including severe malnutrition, by implementing the IMCI strategy both at health facility and community levels.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>80% of health centres referring paediatric and obstetric emergencies and 60% of health staff in targeted health prefectures are improved to ensure quality management of emergency obstetric and neonatal care to reduce avoidable deaths (UNFPA, WHO);</li> <li>100% of epidemic-prone childhood illnesses, including water-borne diseases, are promptly detected and addressed in a timely manner (UNICEF);</li> <li>100% of paediatric and obstetric emergencies, including meningitis cases, are adequately managed due to availability of drugs and trained personnel in northern health prefectures during current meningitis season;</li> <li>90% of referred paediatric and obstetric cases receive high quality care in rehabilitated paediatric units, maternity wards and surgical theatres in the health prefectures of region N* 5 &amp; 6;</li> </ul>			

<ul style="list-style-type: none"> <li>100% of children detected with severe acute malnutrition are treated (UNICEF).</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<p>In relation to the outcomes UNICEF was responsible for achieving:</p> <p>To reduce childhood illnesses, neonatal and maternal deaths and severe acute malnutrition, UNICEF worked in Bamingui-Bangoran with AMI-PU, in Vakaga with IMC, in Basse-Kotto with COHEB and in Haut-Mbomou with CSSI, and provided the following:</p> <ul style="list-style-type: none"> <li>In response to an epidemic of measles and polio, an immunisation campaign was organized and routine vaccines were used to respond quickly to the epidemic. UNICEF purchased other vaccines, consumables and cold chain supplies to replace the routine vaccines used;</li> <li>Two kits of essential drugs were purchased with CERF funds for Vakaga and two further kits using complementary funds for Haut-Mbomou;</li> <li>4,000 boxes of therapeutic spread were purchased for the treatment of malnutrition.</li> </ul> <p>Immunization coverage has remained low across the country but in this project UNICEF focused primarily on IMCI and a measles campaign in Vakaga which reached 4,631 children aged 6-59 months and achieved 96 per cent coverage.</p> <p>Activities to strengthen routine immunization in the areas of intervention started at the end of the year as cold chain was not operational at all sites. CERF funds were also used to support all immunization targets in the beneficiary areas.</p> <p>To improve prevention and management of childhood illness, including severe malnutrition by implementing the IMCI strategy both at health facility and community levels, UNICEF trained 60 health and 127 community health workers on IMCI and community management of acute malnutrition.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The emergency intervention in Vakaga meant that UNICEF's plans to start with a nutritional programme, to be extended to other programmes including IMCI and immunization in Basse-Kotto, has not yet started. This situation decreased the number of original planned beneficiaries reached in Basse-Kotto.</p> <p>A part of the programme to be implemented in Basse Kotto prefecture did not started at the end of 2012 and planned to be done in 2013. An NCE request from UNICEF was rejected by CERF Secretariat and thus the remaining fund balance will be refunded to CERF secretariat.</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"/>
<p>If 'NO' (or if GM score is 1 or 0):</p> <p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A multi-sectorial and inter-agency evaluation has been conducted in the areas of intervention in Vakaga in September 2012 but not in other prefectures. The main problems revealed in this assessment are:</p> <ol style="list-style-type: none"> <li>The worsening food security crisis means that chronic malnutrition should be further explored.</li> <li>The poor state of health infrastructures with many health facilities destroyed and lack of funding to rehabilitate them.</li> </ol>	

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:	FAO		5. CERF Grant Period:	03/04/2012 – 31/12/2012
2. CERF Project Code:	12-FAO-006		6. Status of CERF Grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Sécurité Alimentaire			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Appui à la Sécurité Alimentaire et à la Diversification des moyens d'existence dans les préfectures de Bamingui Bangoran, Vakaga et Haute Kotto			
7. Funding	a. Total project budget:		US\$ 971 850	
	b. Total funding received for the project:		US\$ 699 163	
	c. Amount received from CERF:		US\$ 699 163	
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	5,441	4,798	622 ménages soit 1244 personnes sont identifiés en plus pour le volet maraîcher dont les intrants vont être distribués dans peu de temps dès la situation sécuritaire rétablie.	
b. Male	4,860	4,610		
c. Total individuals (female + male):	10,301	9,408		
d. Of total, children <u>under 5</u>	4,567	2,352	Les intrants ont été achetés et étaient disponible mais n'ont pu être distribué pour 622 ménages du fait du retard au niveau du procurement et compte tenu de la situation sécuritaire en début Décembre. Un NCE a été demandé par la FAO mais refusé par le CERF. De ce fait les intrants achetés ont été distribué. Le reliquat de fonds sera reversé au CERF.	
9. Original project objective from approved CERF proposal				
<p><u>Objectif General:</u> Améliorer la sécurité alimentaire des populations vulnérables victimes des conflits armés en RCA.</p> <p><u>Objectif Spécifique:</u></p> <ul style="list-style-type: none"> <li>Doter de manière urgente des populations vulnérables touchées par les conflits armés en RCA (Biraou et Bria). 14,868 personnes soit 2,974 ménages avec les intrants agricoles de base (semences vivrières et maraîchères et outillages) pour assurer la mise en œuvre de la campagne agricole 2012.</li> </ul>				
10. Original expected outcomes from approved CERF proposal				
Le projet envisageait de distribuer 2,974 kits d'intrants agricoles à 2,974 ménages composés de 14,868 personnes pour réaliser une superficie globale de 803 ha dont 743 ha des cultures vivrières et 59 ha de cultures maraîchères.				
11. Actual outcomes achieved with CERF funds				
Grâce au financement CERF, 2,352 kits d'intrants agricoles ont été distribués à 2,352 ménages soit un total de 11,760 personnes. Il s'agit de 23,172 kg de semences vivrières et 2,752 pièces d'outillages agricoles distribués. Ceci leur a permis d'ensemencer 1,028 ha de culture. 7,998 pièces de petits outillages agricoles et 58 kg de semences maraîchères sont en attente de l'amélioration des conditions de sécurité et d'accès pour leur distribution dans les zones du projet.				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				

Les 622 ménages non encore touchés attendent leur tour de distribution dès la situation sécuritaire devenue calme.

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, 2b): 1

If 'NO' (or if GM score is 1 or 0): Les critères d'éligibilité sont basées sur les femmes chefs de ménages, les veuves et autres personnes vulnérables.

14. M&E: Has this project been evaluated?

YES  NO

Les agents ACDA mis sur le projet ont la charge du suivi évaluation des activités menées par les ONG. C'est grâce aux rapports de suivi que nous avons les données de réalisations et d'impact du projet. Les suivis sont mensuels assortis de rapport.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	19/03/2012 – 31/12/2012
2. CERF Project Code:	12-HCR-007	6. Status of CERF Grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Multi-sector assistance to refugees		
4. Project Title:	Multi-sector assistance to Refugees and Internally Displaced Persons in Northern and South Eastern Central African Republic		
7. Funding	a. Total project budget:		US\$ 27,740,778
	b. Total funding received for the project:		US\$ 8,544,062
	c. Amount received from CERF:		US\$ 599,992
<b>Results</b>			
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	7,337	18,787	These discrepancies are based on estimates following the deterioration of the security situation in December 2012, which has caused new displacements of civilian population.
b. Male	6,772	10,917	
c. Total individuals (female + male):	14,109	29,704	
d. Of total, children <u>under 5</u>	3,104	5,941	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Strengthen the primary health care services for refugee population and IDPs including host community in Zémio, Mboki and Obo;</li> <li>Improve sanitation and hygiene throughout refugee camps in Zémio;</li> <li>Provide support to IDPs in Kabo with emergency shelters according to standards in order to mitigate the protection risk caused by promiscuity in addition to protection monitoring activities ongoing.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<b>Haut Mbomou</b>			
<ul style="list-style-type: none"> <li>Health facilities provided with essential drugs and medical supplies for clinical management of patients;</li> <li>Preventive and community-based health care services provided;</li> <li>Referral mechanisms established;</li> <li>Access to communicable disease programme provided;</li> <li>Sanitation and hygiene conditions of population improved;</li> <li>Nutritional well-being improved.</li> </ul>			
<b>Kabo</b>			
<ul style="list-style-type: none"> <li>Land allocation for shelter supported;</li> <li>Emergency shelter provided;</li> <li>Construction and maintenance tool kits provided;</li> <li>Population received basic domestic items;</li> <li>Camp population live in adequate dwellings and satisfactory conditions of sanitation and hygiene.</li> </ul>			

<b>11. Actual outcomes achieved with CERF funds</b>	
<ul style="list-style-type: none"> <li>• 3 health facilities were provided with essential drugs, medical equipment and consumables. However, in December 2012, after the consolidation of the tree camps into one in Zemio, all care services were available at 1 health centre in Zemio camp;</li> <li>• 13,850 persons (3,556 refugees and 10,294 IDPs surrounding refugee camp in Zemio) have had access to primary health care services;</li> <li>• A referral system to facilitate secondary and tertiary medical care was established and has permitted to assist a total of 117 persons including refugees living in Zemio, Obo and Mboki and also local population living in the vicinity of the camps;</li> <li>• 250 latrines were constructed. To support this activity, campaign sensitizations on sanitation and hygiene were conducted throughout the camp with the participation of Community Health Workers (CHW);</li> <li>• 12 immunization campaigns were carried out and ACT as first line treatment of malaria was operational in the 3 health centres;</li> <li>• Local authorities allocated land for shelter construction on 2 IDP sites in Kabo and 2 sites in Farazala and Nana-outa;</li> <li>• With reference to the proposal submitted to CERF, it was indicated that 1,731 households would benefit of shelter support. The mobilized CERF funds targeted only 500 households whereas 1,231 IDPs households in Nana Gribizi and Ouham Prefectures were supported through additional Japanese Funds;</li> <li>• 250 latrines facilities were also constructed;</li> <li>• To support shelter construction, UNHCR distributed 500 construction and maintenance toolkits provided to communities (the toolkits comprised hammers, hoes, shovels, pick axes and wheel-barrows). On the other hand, CSSI who was responsible for building boreholes in Zemio refugee camp encountered constraints to transfer construction materials from Bangui to Zemio. Large quantities of materials have been procured but have been blocked in Bangui due to the presence of armed militia groups hindering road access to Haut-Mbomou. The transfer by road of this construction material to Zemio is now being planned again and CSSI expects to achieve the construction of 2 boreholes, which are also part of the CERF Funding to assist Congolese refugees newly settled in Zemio Camp, by the end of March 2013.</li> </ul>	
<b>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</b>	
Implementation of the project was affected by the deterioration of the security situation in December 2012 , which resulted in restrictions in humanitarian access and new displacements of civilian population, including IDPs who have been assisted though the project earlier on in the year (e.g. IDPs living on the sites in Kabo, who have fled (including to neighboring Chad) following the start of the armed conflict between the Seleka and the Government in December 2012).	
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, 2b): <b>2a and 1</b>	
If 'NO' (or if GM score is 1 or 0): Women, girls and children are considered as groups of risks. When designing WATSAN, Health, distribution and other assistance interventions, UNHCR is taking into consideration age and gender parameters to avoid any discrimination during assistance delivery. UNHCR organized consultations with communities, emphasizing the importance of women's involvement and requesting that women be actively involved throughout the project life, from assessment, designing, planning and implementation to ensure that their needs and concerns are taken into account.	

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WFP-047	Food Security	WFP	Triangle	INGO	36,400	15/08/2012	16/08/2012	
12-CEF-082	Nutrition	UNICEF	IMC-UK	INGO	308,021	16/11/2012	01/06/2012	Initial budget of US\$402,250 but reduced with the cost of the drugs purchased by UNICEF
12-CEF-007-A	Multi-sector (WASH component)	UNICEF	Solidarités	INGO	227,164	20/04/2012	15/04/2012	Initial budget of US\$240,000 but reduced with the procurement done by UNICEF
12-CEF-007-A	Multi-sector (Education component)	UNICEF	DRC	INGO	201,002	14/08/2012	01/05/2012	Initial budget of US\$211,000 but reduced with the cost of the monitoring carried out by UNICEF
12-CEF-007-A	Multi-sector (Protection component)	UNICEF	DRC	INGO	192,557	03/08/2012	01/05/2012	Initial budget of US\$199,100 but reduced with the cost of dignity kits purchased through UNICEF
12-FPA-003	Health	UNFPA	IMC (International Medical Corps)	INGO	28,400	10/10/2012	30/03/12	Retard de transfert des fonds du au processus de signature de LoU
12-FPA-003	Health	UNFPA	Merlin	INGO	28,428	14/01/2013	21/11/2012	Le décaissement des fonds CERF a été réalisé en 2013 du aux raisons évoquées et un no cost extension a été demandé au CERF en décembre 2012.
12-WFP-010	Food Security	WFP	DRC	INGO	5,600	15/03/2012	15/08/2012	
12-WFP-010	Food Security	WFP	CROIX ROUGE CENTRA AFRICAINE	RED	12,000	01/02/2013	25/10/2012	
12-WFP-010	Food Security	WFP	COOPI	INGO	97,200	22/05/2012	20/04/2012	
12-WHO-008	Health	WHO	INTERNATIONAL		137,127	09/11/2012	01/06/12	Late disbursement due to internal

			MEDICAL CORPS	INGO				administrative constraints
		WHO	MERLIN	INGO	125,300	09/11/2012	01/06/12	Late disbursement due to internal administrative constraints
12-CEF-007-B	Health	UNICEF	PU-AMI	INGO	201,070	17/05/2012	1/06/2012	
		UNICEF	CSSI	INGO	15,301	18/06/2012	01/03/2012	
12-HCR-007	Multisector assistance to refugees,	UNHCR	CSSI	INGO	250,315	11/04/2012	08/05/2012	
12-FAO-006	Food security	FAO	CRS	INGO	18,641	11/05/2012	01/05/2012	
		FAO	COOPI	INGO	12,000	31/10/2012	01/10/2012	
		FAO	NDA	INGO	19,050	23/05/2012	01/05/2012	
		FAO	ACDA	Gouvernement	3,780	18/08/2012	01/06/2012	



## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CAAFAG	Children Associated with Armed Forces and Armed Groups
CAR	Central African Republic
CHW	Community Health Workers
CIRC	Comité international de la Croix-Rouge
DRC	Danish Refugee Council
EPI	Expanded Programme on Immunization
FNAPEC	Fédération National des Associations des Parents d'Elèves de Centrafrique
FPR	Front Patriotique pour le Redressement
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IASC	Inter-Agency Standard Committee
IDPs	Internally Displaced Persons
IEC	Effective Information, Education and Communication
IGA	Income Generating Activities
IMC	International Medical Corps
IMCI	Integrated Management of Child Illness
IRC	International Rescue Committee
LRA	Lord's Resistance Army
MoH	Ministry of Health
OCHA	Office for the Coordination of Humanitarian Affairs
OTC	Orientation and Transit Centre
Penta 3	3 doses of Pentavalent
PT	Parent - Teachers
PTA	Parents and Teachers Association
PU-AMI	Premiere Urgence - Agence Medical International
SFC/TFC	Supplementary Feeding Centre and Therapeutic Feeding Centre
SGBV	Sexual and Gender-Based Violence
SOP	Standard Operating Procedures
SAM	Severe Acute Malnutrition
TGH	Triangle Generation Humanitaire
TNU	Therapeutic Nutrition Unit
TRaC	Tracking Results Continuously
TT2	2 doses of Tetanus Toxoid
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme