

ANNUAL REPORT ON THE USE OF CERF GRANTS CENTRAL AFRICAN REPUBLIC

Country	Central African Republic
Resident/Humanitarian Coordinator	Bo Schack
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 149,882,707		
	Total amount received for the humanitarian response:	US\$ 66,650,797		
	Total amount of CERF funding received from the Rapid Response window:	US\$ 3,102,465		
	Total amount of CERF funding received from the Underfunded window:	US\$ 2,997,013		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 4,100,891	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 1,908,588	
		c. Funds for Government implementation:	US\$	
d. TOTAL:		US\$ 6,009,478		
Beneficiaries	Total number of individuals affected by the crisis:	1,500,000 individuals		
	Total number of individuals reached with CERF funding:	830,194 total individuals		
		73,342 children under five		
		536,991 females		
Geographical areas of implementation:		North, northeast, northwest, southeast and south		

II. Analysis

The Central African Republic (CAR) faced numerous humanitarian challenges during 2010. Conflict and heightened levels of insecurity led to increased displacement. The displaced population not only lost their livelihoods and assets, but also faced serious food insecurity and malnutrition due to looting of food stocks. Many of the displaced were living in inaccessible areas without access to primary health care, safe water and other basic necessities.

The number of Internally Displaced Persons (IDPs) rose from 168,000 to 192,000 during 2010, as a result of violence in the north and attacks by Lord's Resistance Army (LRA) rebels in the east. During late 2009 and early 2010 an additional 18,500 refugees arrived from the Democratic Republic of the Congo (DRC) to the south. Humanitarian access worsened in parts of the east due to new government restrictions (eventually lifted) and ongoing insecurity. Access remained difficult in large parts of the east and was expected to worsen as a result of the withdrawal of the UN Mission in CAR and Chad (MINURCAT) from the Vakaga region in late 2010.

Additionally, attacks by rebel groups such as the Patriotic Convention for Justice and Peace (CPJP) have caused displacement in the northeast of the country. LRA attacks have increased and expanded from the southeast to areas in the northwest of the country. Humanitarian access has become more difficult in the east and constraints are expected to continue in 2011.

CERF allocations represented four per cent of total requirements and 10 per cent of humanitarian funding received in 2010¹. CERF funding complemented the Common Humanitarian Fund (CHF) and Peace Building Fund (PBF) to ensure the continuity of priority health, protection and education programmes in conflict-affected areas.

The Underfunded Emergencies window

CERF funding was used to strengthen the humanitarian response in CAR by addressing the life-saving needs of vulnerable people in conflict-affected areas in particular. CERF funding enabled agencies to address the life-saving needs of vulnerable people by filling funding gaps in priority sectors such as protection, health and education in the north and southeast.

The CERF allowed humanitarian actors to provide reproductive health services to adolescent and young boys and girls in the Haut Mbomou prefecture (in the southeast) and Ouham Pende (in the northwest). Psychological and medical support was provided to 9,800 war-affected children in the northwest.

Thirteen protection committees in Ouham Pende prefecture (in the northwest) were established and trained to benefit more than 8,000 people. Additionally, 23 child protection committees were established to strengthen the identification and referral of vulnerable children. As a result, 180 children associated with armed groups were reintegrated back into their communities and supported with economic activities.

CERF made it possible for humanitarian actors to work with the Ministry of Health (MoH) to investigate disease outbreaks, and respond to diseases such as yellow fever and meningitis. The capacities of 14 health centres and 75 health staff were strengthened to ensure the management of emergency obstetrical and neonatal emergencies.

In the education sector, 89 schools in Haut Mbomou and Ouham Pende were supported, providing 26,940 children with access to education facilities in a secure environment.

Two additional projects funded during the CERF's 2009 underfunded emergencies allocation were also completed in 2010, providing 36,840 people with access to safe drinking water and 8,653 people with emergency food.

The Rapid Response window

As violence escalated in the DRC in November 2010, the CERF allowed life-saving assistance to be provided to 17,500 refugees who had fled to Mounougoumba in Lobaye prefecture. The refugees were

¹ FTS as of 10 March 2011

supported with health care and education facilities, water and sanitation services (WASH), shelters and essential non-food items. CERF funds were used to prepare a new site for refugees with shelter, medical facilities, latrines, and safe water. The refugees were also provided with seeds and agricultural tools for farming.

CERF allocation process

The CERF Rapid Response window enabled three UN agencies to develop a joint proposal for the first time in CAR. This approach ensured a cross-sectoral approach, using integrated programming to maximise the impact of the CERF, and will also be used during future CERF allocations.

During the CERF allocation process, the clusters were consulted in a transparent manner. They first identified priority life-saving needs from the underfunded projects contained in the Consolidated Appeals Process (CAP) for CAR. All humanitarian organisations were engaged in the process through the cluster approach, and projects identified included those involving NGOs as key implementing partners. The Humanitarian Country Team supported and endorsed the process.

The CERF allocation process involved:

- Analysis of funding status of existing CAP projects by sector and life-saving eligibility;
- Allocation by cluster according to funding required for eligible projects of a high or immediate CAP priority;
- The Humanitarian Coordinator (supported by OCHA) worked with the cluster leads and co-leads to identify three priority sectors and determine an allocation for each;
- UN cluster leads and NGO co-leads agreed on the initial allocation to reflect needs and priorities;
- Each cluster receiving funds met to allocate their allocation to specific projects;
- Cluster leads and the Humanitarian Coordinator (supported by OCHA) vetted the projects to ensure life-saving eligibility and priority.

The Humanitarian Coordinator and cluster leads/co-leads decided to prioritise the health, protection and education clusters. Particular attention was given to regions where IDPs and refugees were located, with special consideration given to severely underfunded projects. Education was prioritised because no other funds were available and projects could not be implemented without the CERF's support.

III. Results

Sector/ Cluster	CERF project number and title	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Protection	10-CHR-003 Reinforce capacities in Human Rights Protection	146,494	229,700	Over 27,000 individuals: Women: 15,000 Children under five: 1,500	Overall outcome: ▪ OGDH strengthened human rights monitoring, reporting and protection ▪ AFJC strengthened and increase access to psychosocial, medical and legal services for survivors of sexual and gender-based violence	<ul style="list-style-type: none"> ▪ Implementation of project delayed after a hold-up in the transfer of funds from OHCHR HQ to the country office. ▪ The Mercy corps/AJFC counselling center is fully operational and provides regular psychosocial, medical and legal services to survivors in Bangassou ▪ 214 SGV survivors from the whole region accessed the counselling center in Bangassou; where assisted through the survivor process: had access to legal, psychosocial and medical assistance; and were helped with the community reinsertion process ▪ The staff at the center has been able to work on a total 375 cases (including cases that were opened during the grant implementation). These cases are about to be closed because survivors are now in good mental and physical health, feel more secure, and have achieved successful social and/or economic reintegration in the community ▪ 60 SGBV survivors were trained and supported to conduct IGA and to start village savings and loan associations in order to build their financial independence and ability to support their families. ▪ 4120 community members have been sensitized on women rights, survivor services, and the importance of seeking support in the case of violations 	CERF funds are essential to human rights monitoring and SGBV victim support	▪ N/A	▪ N/A

Health	<p>10-FPA-035</p> <p>Strengthening the response against STIs, HIV and AIDS and preventing sexual violence by uniformed services among adolescents in conflict affected zones</p> <p>CAF-10/H/27747/1171</p>	252,082	374,500	<p>101,621persons</p> <p>Children: 14,766</p> <p>Women: 44,296</p> <p>Men: 42,559</p>	<ul style="list-style-type: none"> ▪ Health facilities provided with HIV test kits, essential drugs and post exposure prophylaxis kits ▪ All trained health staff provide HIV testing, STI/HIV&AIDS, rape case management and counselling services ▪ IEC/BCC tools and modules available for community based responses to HIV and sexual violence ▪ Male and female condom are available and used for STI/HIV&AIDS prevention among youth and adolescents ▪ 100 per cent of trained peer educators conduct BCC and condom distribution 	<ul style="list-style-type: none"> ▪ 7 health professionals were trained and are providing STI/HIV/GBV services ▪ 4 laboratory technicians were trained on HIV testing ▪ 60 trained peer educators are sensitizing communities on STI/HIV/GBV issues and are promoting available services with culturally based community education materials ▪ Essential drugs and consumables are procured to manage STI/HIV/GBV cases, as well PEP kit for the management of rape ▪ HIV test kits are provided for voluntary counselling and confidential testing 	<p>This project is still being implemented. Tangible results will be available on June 2011 and will be part of the 2011 CERF report.</p> <p>CERF funds allocation allows allow case management, voluntary, confidential and counselling testing for HIV, management of opportunistic infections</p>	<ul style="list-style-type: none"> ▪ This includes field visits with involvement of the Ministry of Health through the District Medical Office 	<ul style="list-style-type: none"> ▪ Special attention is paid to adolescents and young girls and boys. ▪ In addition to case management, communities are more aware of STI/HIV/GBV issues and condoms are freely distributed.
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Health	<p>10-WHO-060²</p> <p>Strengthening the integrated disease surveillance system for better support to the International Health Regulation and the National Information System in CAR</p> <p>CAF-10/H/28888/R</p>	661,849	882,750	<p>Total: 4,390,008</p> <p>Children under five: 878,002</p> <p>and</p> <p>Women: 2,238,904</p>	<ul style="list-style-type: none"> ▪ 80 per cent of disease outbreaks are detected and diagnosed in a timely manner. ▪ Guidelines and standards produced and adapted to different levels. ▪ 30 staff trained for the use of the guidelines and questionnaires. ▪ Field assessment and supervision conducted within seven health prefectures. ▪ Accurate information are collected and analyzed in seven health prefectures and 672 health facilities. ▪ Health service availability mapping available and disseminated to health partners epidemics. 	<ul style="list-style-type: none"> ▪ 23 HF radio equipment sets available for better data collection, analysis and outbreak early detection and response ▪ Outbreaks situation investigated jointly with the MoH (two yellow fever outbreak in health prefecture of Lobaye), ▪ Two situations of spreading of meningitis cases in Nana Mambere prefecture and two cases of eruptive fever in Lobaye. Appropriate response provided and a stockpile of meningitis essential drugs and laboratory reagents were pre located at district level during the dry season ▪ Mapping of available health service to be postponed. The health sub- clusters to regularly inform about available health services in the field through monthly mapping. ▪ The decentralization of health sub-clusters meetings and production and regular dissemination of health services mapping have covered the need of a national health service availability mapping document which had to be produced/ updated and disseminated ▪ The MoH did not show availability of adequate counterpart staff to conduct the health service availability mapping during the CERF short reporting period for the project 	<p>To fund this specific project, CERF enabled WHO, during a critical period of the year, to reinforce the national outbreak early detection system and helped to adequately address two major outbreaks</p> <p>The project helped also for to the deployment, at district level, of the emergency response stock for the management of meningitis cases during the dry season, potential outbreak period</p>	<ul style="list-style-type: none"> ▪ The decentralized monthly health cluster meetings, supervised by humanitarian INGOs under WHO coordination, and held at health province level, have been used to ensure the monitoring and evaluation of the project. ▪ Additionally, WHO has conducted a field missions in northeast and southeast of CAR to evaluate the state of IDSR (Integrated disease surveillance and response) and the use of IT equipment provided by WHO 	<ul style="list-style-type: none"> ▪ Women, men as well as boys and girls have equally benefited from this project as it aimed to control and respond to epidemic outbreaks affecting the population
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² Full report expected in CAR 2012. Project is continuing through until June 2011

	<p>10-WHO-59</p> <p>Strengthening emergency obstetric and neonatal care in conflict affected zones</p> <p>CAF-10/H/27604/R</p>	403,574	1,152,283	<p>266,946 individuals</p> <p>Children under five: 46,181</p> <p>Women: 136,143</p> <p>Men: 130,803</p>	<ul style="list-style-type: none"> ▪ Percentage of health staff trained on emergency maternal and neonatal care including prevention of obstetrical haemorrhages and safe transfusion per district ▪ Percentage of post partum haemorrhages treated at health centres ▪ Utilization rate > 0.5 new consultation/person/year ▪ Assisted delivery >65 per cent in the supported facilities ▪ Measles Immunization coverage >85 per cent for <1 year ▪ Percentage of targeted health facilities rehabilitated with functional waste management systems 	<ul style="list-style-type: none"> ▪ 95 per cent of targeted health staff have been trained in emergency obstetric care ▪ 52 per cent of health staff trained on emergency maternal and neonatal care including prevention of obstetrical haemorrhages and safe transfusion per district (Second session will take place in July) ▪ 45 per cent of post partum haemorrhages treated at health centres ▪ Utilization rate = 0.47 new consultation/person/year - 2 out of 7 (29 per cent) of targeted health centres with waste management system functional ▪ No activities undertaken yet to improve community involvement. ▪ Long delay in getting money transferred from WHO to Merlin to be partially responsible of low coverage of planned activities ▪ Assisted delivery > 53 per cent in the supported facilities 		<ul style="list-style-type: none"> ▪ The health prefecture team supported by WHO had organized field visits together with Merlin team in order to monitor progress of the project. ▪ Health sub-cluster monthly meetings organize in health region 3 to be briefed on the project implementation and constraints by Merlin the operational partners. 	<ul style="list-style-type: none"> ▪ The project has focused mainly on pregnant women and new born as the most vulnerable
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<p style="text-align: center;">Multi sector assistance to refugees</p>	<p style="text-align: center;">10-FPA-020</p> <p style="text-align: center;">Emergency Response and Assistance to DRC Refugees in the Central African Republic</p> <p style="text-align: center;">CAF-10/MS/32348</p>	<p style="text-align: center;">211,860</p>	<p style="text-align: center;">211,860</p>	<p style="text-align: center;">18,500 persons</p> <p style="text-align: center;">Children: 10,915</p> <p style="text-align: center;">Women: 4,255</p> <p style="text-align: center;">Men: 3,330 men</p>	<ul style="list-style-type: none"> ▪ Capacities of health staff are strengthened to provide quality emergency obstetric and neonatal care services ▪ Capacities of Community health Workers (CHW) strengthened and pregnant women with complications are identified and referred very earlier for appropriate emergency obstetric care ▪ Health facilities provided with essential drugs and medical supplies for comprehensive emergency obstetric and neonatal care ▪ Women at reproductive health have access to dignity kits for personal hygiene 	<ul style="list-style-type: none"> ▪ 14 midwives and nurses were trained and are providing Emergency Obstetric and Neonatal Care among pregnant women and newborn babies ▪ 114 trained community health workers (including TBAs) are involved in community based identified and referral of obstetrical emergencies. ▪ 115 trained nurses and community health workers are involved in GBV prevention and 14 response nurses trained to provide STI/HIV/AIDS prevention and case management ▪ Batalimo health centre and Mongomba referral hospital were provided with essential drugs and medical consumables, including RH life saving kits. At least 445 pregnant women received clean delivery kits (396 refugees and 49 nationals) ▪ 1,100 women and adolescents girls were provided with dignity kits following basic specific need assessment. 	<p style="text-align: center;">CERF allocation allowed to respond to the needs of refugees, particularly women and adolescent girls with specific needs and to strengthen health facilities to handle emergency obstetric and neonatal cases</p>	<ul style="list-style-type: none"> ▪ This includes field visits together with the Ministry of Health through the District Medical Office 	<ul style="list-style-type: none"> ▪ Special attention was paid to specific needs of women and adolescent girls. In addition to the general service provision, dignity kits were distributed to them.
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Protection	<p>10-CEF-050-C</p> <p>Strengthening the response against sexual violence on child adolescents and women in conflict affected zones</p> <p>CAF 10/P HR RL/29015</p>	264,208	294,250	<p>7 800 individuals</p> <p>Female : 4 600</p> <p>Male: 3 200</p>	<ul style="list-style-type: none"> ▪ Children in 13 communities in Ouham Pendé enjoy enhanced protection from GBV ▪ Coordination between service providers is strengthened through the identification of agreed referral pathways and the development and implementation of referral mechanisms for all GBV incidents ▪ All children and women who self-report cases of sexual and gender-based violence in selected project areas receive appropriate medical, psychosocial and, when possible, legal support in accordance with their wishes. ▪ Women and girls identified as vulnerable or subjected to sexual and gender-based violence are accessing appropriate skills training and livelihoods support. 	<ul style="list-style-type: none"> ▪ Children in Ouham Pende enjoy enhanced protection through prevention activities conducted by 13 protection committees trained in the referral system ▪ 47 women, and 27 children victims of physical and sexual violence receive medical and psychological support representing 100 per cent of self-reported cases ▪ 100 per cent: All women and children who have self reported up to now received assistance according to their needs ▪ Nine training workshops were organised in the two sub- prefectures involving local actors (police, gendarmerie, religious leaders, chef de village/quartier, health staff, volunteers). Some 203 people were trained and focal points for each category were identified. Three meetings in Bocaranga were held to discuss the first draft for Standards Operating Procedures for GBV ▪ 1530 adolescent girls who are at-risk or survivors of sexual and gender based violence received life skills sessions and psychosocial support activities ▪ Coordination between service providers was strengthened through the identification of agreed³ ▪ Referral pathways and the development and implementation of referral mechanisms for all GBV were established. 	<p>CERF funding ensured the continuance of the underfunded GBV programme</p>	<ul style="list-style-type: none"> ▪ Monitoring is carried out by UNICEF field offices and reported at a centralised level in Bangui 	<ul style="list-style-type: none"> ▪ Children and women victims of GBV were considered vulnerable persons
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³ Report on expected outcome regarding strengthened coordination.

Protection	<p>10-CEF-050-B</p> <p>Prevention, Protection and Community-Based Reintegration of Children Associated with Armed Groups and Other Vulnerable Conflict-Affected Children and Women</p> <p>CAF-10/P-HR-RL/29010</p>	297,828	2,482,400	<p>Children: 15,000</p> <p>Male : 9,750</p> <p>Female: 5,250</p>	<ul style="list-style-type: none"> ▪ At least 500 children formerly associated with armed groups are successfully reintegrated back into their communities ▪ Coping capacities of approximately 15,000 war affected children and youth identified as at risk is strengthened. They have access to and are engaged in appropriate psychosocial, life skills and economic activities. ▪ Local communities have increased awareness on child protection issues and are able to monitor and prevent human rights violations against children and women; they are mobilised around their local child protection networks 	<ul style="list-style-type: none"> ▪ 180 children associated with armed group were identified and reintegrated back into their communities ▪ 9,800 children war affected identified at risk received psychosocial support and 400 benefited from economic activities ▪ 23 child protection committees were established and trained in identification and referral of vulnerable children 	<p>CERF funding ensured the continuance of the GBV programme before receiving PBF</p>	<ul style="list-style-type: none"> ▪ Monitoring was carried out by UNICEF field offices and reported at a centralised level in Bangui 	<ul style="list-style-type: none"> ▪ The project focussed specifically on girls affected or associated with armed groups
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Education	<p>10-CEF-050-A</p> <p>Reinforcement of the education system in the areas affected by conflict - Haut Mbomou, Haute Kotto et Ouham</p> <p>CAF-10/E/2855/124 ; (CAF-10/E/2810 CAF-10/E/27271 CAF – 10/E/28339</p>	700,000	1,200,000	<p>26,940 beneficiaries</p> <p>Girls older than five: 8,647</p> <p>Boys older than five: 18,193</p> <p>Children under five: 100</p>	<ul style="list-style-type: none"> ▪ Access to education guaranteed for 75 per cent of the vulnerable and displaced. ▪ Improve trainings for children and teachers to provide proper education. ▪ An effective management system in place in the schools 	<ul style="list-style-type: none"> ▪ 8,119 schools are operational and 26,940 and 33,543 displaced and otherwise affected children among which 12,150 girls had access to quality education in secured environment in the prefectures of Ouham, Haute Kotto and Haut Mbomou ▪ 11 temporary learning spaces were established, supported with learning and teaching materials and teachers ▪ 440 teachers (250 in Ouham, 129 in Haut Mbomou 9 in Haute Kotto and 21 in Vakaga) were trained and equipped with pedagogic materials. ▪ 348 members of PTA associations were trained in community participation in school management but have not yet initiated income-generating activities in order to support the parents' teachers. 	<p>CERF funding allows emergency education activities to begin immediately, providing an opportunity to protect children and to engage them in activities that remove them from the traumatic scenario of conflict and displacement</p>	<ul style="list-style-type: none"> ▪ UNICEF, in collaboration with the ministry of education and implementing partners will monitor the progress of the projects. Joint field trips will be organized and recommendations will be shared with all the stakeholders to work together towards achieving the goals of the projects 	<ul style="list-style-type: none"> ▪ Though particular attention is on the enrolment of girls in school, parents are encouraged to enrol boys and girls. Women are encouraged to join parent-teacher organisations
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Multi sector Assistance to Refugees	<p>10-CEF-026</p> <p>Emergency Response and Assistance to DRC Refugees in the Central African Republic</p> <p>CAF-10/MS/32348/R</p>	777,890	777,890	<p>18,500 Congolese Refugees</p> <p>Children: 10,915</p> <p>Women: 4,255</p> <p>Men: 3,330</p>	<ul style="list-style-type: none"> ▪ Construction of three boreholes and two water kiosks and 1,000 family latrines at the new site to improve access to safe water and maintain minimal sanitary conditions and sensitization to improve good hygiene practices ▪ Support existing water supply systems ▪ Ensure access to basic education through teacher training, provision of school supplies, setting up and strengthening of Parent Teacher Associations (PTAs) ▪ Provide support for therapeutic products, medicines, logistical support and technical assistance to run the therapeutic nutrition programmes technical assistance for supervision for nutrition, education, water, hygiene and sanitation ▪ Promote optimal breastfeeding practices and assuring breastfeeding friendly spaces 	<ul style="list-style-type: none"> ▪ The refugees in Mougoumba/Batalimo (18,500) and additional 17,000 indirect hosting population had access to potable water, improved sanitation and hygiene through: <ul style="list-style-type: none"> ○ Daily pumping, treating and distribution of 65 cubic metres of potable water by the French Red Cross Society, and later eight pumps and six wells that were repaired. ▪ With construction of five new boreholes by ICDI with CERF Funds and an additional four boreholes from ICDI's own funds. This ensured access to potable water by refugees at 15L/person/day 14 Water Points. Sanitation Committees were set up, trained and equipped for daily water point sanitation and regular maintenance of the facilities. ▪ Refugees had access to 350 latrines and 350 bathing shelters that were constructed by the French Red Cross Society. ▪ Twenty four (24) pit latrines were constructed with concrete slabs ▪ The FRCS conducted 24 hygiene promotion sessions (four per site) and reached more than 92 per cent of the targeted population. ▪ During a random survey conducted by the FRCS, more than 80 per cent knew about the hygiene after training. More than 50 per cent were washing hands with soaps and storing drinking water in closed containers. 	<p>With reduced levels of funding for emergency WASH activities (from 73 per cent of needs in 2009 to 50 per cent in 2010), CERF funding came at a crucial time when there were no funds to support Congolese refugees, IDPs and other vulnerable populations in Mougoumba-Batalimo,</p>	<ul style="list-style-type: none"> ▪ UNICEF engaged the services of an emergency consultant exclusively to manage, monitor and evaluate the outcomes of this project. ▪ The emergency consultant was also assisted by the WASH Cluster Coordinator and other WASH Managers within the UNICEF programme. Partners with field presence also involved in the monitoring 	<ul style="list-style-type: none"> ▪ Special attention was paid to the hygiene needs of girls and young women to ensure full participation in school activities. ▪ Separate latrines were built for boys and girls. ▪ Access to potable water, sanitation and hygiene facilities is all inclusive (non-gender specific)
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				<p>3,675 school children</p> <p>73 teachers</p>	<ul style="list-style-type: none"> ▪ 3,675 refugee children in Mougoumba camp enrol in school 	<ul style="list-style-type: none"> ▪ Six schools were built and equipped ▪ 110 school-in-a-box kits and 7,015 textbooks were distributed to students and teachers ▪ This support has improved learning and teaching environments and educational performance 	<p>CERF support allowed sustainability of the primary school education/enrolment cycle in Mougoumba</p>	<ul style="list-style-type: none"> ▪ Agency joint missions were organized with recommendations to improve implementation 	<ul style="list-style-type: none"> ▪ Boys and girls have benefited from the project equally
					<ul style="list-style-type: none"> ▪ Provide support for therapeutic products, medicines, logistical support and technical assistance to run the therapeutic nutrition programmes, technical assistance for supervision for nutrition, education, water, hygiene and sanitation ▪ Promote optimal breastfeeding practices and assuring breastfeeding friendly spaces. 	<ul style="list-style-type: none"> ▪ With the construction of temporary health facilities (hangars) in Embouchure, Zinga, Sabourou, Koumba 1 and Batalim, 7,798 patients received health services (7,286 refugees and 512 host population). 46 per cent (3,583) were under five children 	<p>With the absence of funding for emergency nutrition activities among cluster members in 2010, the CERF funds came at a crucial moment to support Congolese refugees, IDPs and other vulnerable populations in Mougoumba-Batalimo,</p>	<ul style="list-style-type: none"> ▪ A UNICEF nutrition consultant managed, monitored and evaluate the outcomes of this project. Merlin (NGO) had field based health and nutrition personnel in the project areas for daily health and nutrition activities. Through a UNICEF-NGO partnership agreement, the NGO also provided its final project report 	<ul style="list-style-type: none"> ▪ Due to a high female population in the refugees' sites, special attention was paid to the health and nutrition needs of girls and young women, to ensure full participation in health and nutrition education activities. ▪ Access to nutrition and health facilities was inclusive regardless of gender

Protection	10-HCR-035 ⁴					<ul style="list-style-type: none"> ▪ One IDP profiling of the affected areas is carried out and the results are shared with relevant stakeholders ▪ One legal clinic is fully operational and facilitates the process of the social cohesion. ▪ Four para legal officers are trained in psychosocial support. ▪ 24 focal points/facilitators are trained in mediation skills, communication, and human rights. ▪ Ten community-based committees for the promotion of human rights are created. ▪ Two women associations/women support groups are supported by DRC to become active role models in conflict mediation. ▪ One referral system is developed to support survivors of GBV ▪ Access to legal assistance is improved for 60 per cent of population. ▪ Decreased protection incidents targeting IDPs. 	<ul style="list-style-type: none"> ▪ The Joint IDPs service (JIPS) was contacted to provide technical support for the exercise. Two consultants in Bangui carried out a learning needs assessment and better understand the overall context of the Bamingui Bangoran as well as the main actors who will be contributing to the exercise. ▪ The legal clinic of Ndele was fully operational with four para-legal officers in place (two men and two women) and with the direct supervision of one female lawyer. ▪ This training is yet to be finalised and it will be prioritised in the next reporting period⁵. ▪ The 24 focal points who have been chosen within each quartier of Ndele had been previously been trained in human rights and protection. The training in community-based mediation techniques will be carried out in the next trimester. ▪ A reference system has been developed with MFS -S which is currently working in the Ndele hospital. ▪ Two (cases of violence against women (one domestic violence and the other specifically linked to a family conflict,, two cases on the lack of responsibilities and another one linked to harassment against a minor have been reported to the legal clinic by local authorities in Ndele (the Mayor and the Police). 	<p>The CERF funding has ensured the commencement of important work leading to peace building and community reconciliation in one of the most ethnic driven conflict zones in RCA.</p> <p>Furthermore, the CERF funding has allowed DRC to pioneer an IDPs profiling exercise with the support of the Joint IDP Profiling Service (JIPS).</p> <p>The CERF funds will complement the current DRC programme activities with a strong protection component.</p>	<ul style="list-style-type: none"> ▪ The CERF project is supervised by the DRC head of base in close collaboration with the AFJC and local authorities as well as other agencies working in Ndele. ▪ Weekly staff meetings are held in order to assess project's progress against indicators. ▪ As part of the legal clinic activities, a monthly collection of protection cases which have been either referred by or to the clinic are kept and shared. 	<ul style="list-style-type: none"> ▪ A gender balance approach has been attempted to ensure a broad and more pertinent reach of participants. Nevertheless, due to the sensitivity of the surroundings and the rural context, the gender balance was reached whenever possible, but for certain target groups, circumstances dictated the gender of participants. Conversely, the team composition for the legal clinic is 50 per cent women (2) and 50 per cent men (2) with a female AFJC lawyer. The community agent is a man.
	Legal clinics and Human rights training	270,978	580,475	Total individuals 20,366 Male: 12,219 Female: 8,147						

10-HCR-035⁴

Legal clinics and Human rights training

CAF-10/P-HR-RL/28246/R/5181

270,978

580,475

Total individuals 20,366

Male: 12,219

Female: 8,147

⁴ To be reported in the next reporting cycle.

Multi-sector Assistance to Refugees	<p>10-HCR-017⁵</p> <p>Emergency response and assistance to DRC refugees in the Central African Republic</p> <p>CAF-10/MS/32348/R</p>	2,112,715	7,344,978	<p>18,500 individuals</p> <p>Children: 10,915</p> <p>Women: 4,255</p> <p>Men: 3,330 men</p>	<ul style="list-style-type: none"> ▪ All new arrivals are profiled and received basic domestic items ▪ Sufficient land granted by the government for refugees settlement and crop production ▪ Significant level of refugee community participation in the implementation of the project ▪ Existing basic social services facilities, such as water supply system, sanitation, health care and education facilities are improved ▪ All fishermen, farmers, traders and professionals have resumed their usual livelihoods⁶ 	<ul style="list-style-type: none"> ▪ 17,500 (100 per cent) refugees registered in a timely manner and profiled and received basic domestic items such as plastic sheeting, plastic rolls, tents, blankets, kitchen sets, buckets, jerry cans, mosquito nets, sleeping mats, clothes, soap, hygienic kits⁶ ▪ 125 ha of land granted by the government for the settlement of refugees and for crop production which correspond to UNHCR standard⁶ ▪ A community-based approach used to build 545 shelters in Batalimo ▪ 8,000 refugees transferred to the newly constructed site in Batalimo ▪ Eight school facilities constructed in Lobaye ▪ 700 wooden benches provided to cover the needs for primary and secondary schools in Lobaye ▪ 285 latrines and 229 bathing areas constructed in Mongoumba to ensure minimal sanitary conditions ▪ 50 per cent of professional have resumed their usual livelihoods 	<p>The contribution received from the CERF helped the UNHCR to organize the emergency response to the DRC Congolese, to provide basic needs and to improve their living conditions in term of primary health care services, shelters, sanitation, basic domestic items and hygienic kits. The funding also allows developing the new site of Batalimo where 8,000 persons were transferred to live in a safe location.</p>	<ul style="list-style-type: none"> ▪ UNHCR has set up a presence in the field to coordinate all humanitarian interventions. Regular coordination meetings were held to share information, achievements, constraints, challenges and to propose the way forward to meet the gaps. 	<ul style="list-style-type: none"> ▪ UNHCR used a gender-based approach focussing on women, girls and boys to implement the activities of this project. ▪ The refugee committee established is representative of all sections of the camp population.
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⁵ Further clarification from agency still needed

WASH	09-CEF-041-G								
	Provision of emergency basic WASH services to vulnerable people across the conflict-affected north and in the southeast. CAF-09/WS/27945/1 24	419,999	489,525	Total: 41,540 Children: 20,770 Women: 10,340 Men: 10,430	Sub-project 1: <ul style="list-style-type: none"> ▪ 4,700 people (refugees and internally displaced persons) receive basic hygiene kits and basic hygiene information ▪ 4,700 people (refugees and internally displaced persons) have access to safe drinking water and basic sanitation facilities ▪ 50 boreholes are rehabilitated and/or pumps repaired. ▪ 41,540 people have access to safe drinking water in Haut-Mbomou prefecture ▪ 41,540 people have access to safe drinking water in the targeted prefectures 	<ul style="list-style-type: none"> ▪ 4,700 people (11,700 refugees and internally displaced persons) received basic hygiene kits and basic hygiene through field distribution ▪ 11,700 refugees and IDPs have access to safe drinking water and basic ▪ 4,700 people (refugees and internally displaced persons) have access to safe drinking water and basic sanitation facilities; work for permanent access to safe drinking water is on-going ▪ 65 boreholes were fixed and/or pumps are repaired. ▪ 67,500 people have access to safe drinking water in Haut-Mbomou prefecture. Total has been slightly exceeded ▪ 4,600 students have been reached. Schools and latrines sites have been identified, materials ordered and safe latrines and hand-washing facilities were built for 4,600 students 	CERF funding allowed for the rapid installation of new actors in a completely forgotten and remote area (southeast of the country) affected by the Lord's Resistance Army exactions	<ul style="list-style-type: none"> ▪ Monitoring is carried out by UNICEF field offices and reported at a centralised level in Bangui 	<ul style="list-style-type: none"> ▪ Children and women are considered vulnerable persons

				<p><u>Sub-project 2:</u></p> <p>14,500 (50 per cent male and 50 per cent female) including 4,500 internally displaced persons (IDPs) and 4,500 conflict affected people</p>	<ul style="list-style-type: none"> ▪ 4,500 people affected by the conflict have access to safe drinking water (15L/day/person) ▪ 4,500 people affected by the conflict are trained in basic hygiene practices ▪ The Ndélé Hospital water system provides enough water to carry out medical care for 10,000 people ▪ The Ndélé Hospital patients have access to safe drinking water and basic sanitation facilities for 10,000 people 	<ul style="list-style-type: none"> ▪ Construction of the first three planned wells of six in the Ndele-Ngarba axis began in 2009, but work was interrupted because of security. As a result, work has not yet started and additional repairs have been carried out in the Ndele Hospital (showers, washing area, additional water points, and to increase the water tower capacity) ▪ 4,500 people affected by the conflict have been trained in basic hygiene practices ▪ The water system for Ndélé Hospital has been repaired and allows for the delivery of medical care to 10,000 people ▪ The Ndélé Hospital has access to safe drinking water and basic sanitation facilities for 10,000 people through the reconnection of the hospital to public water distribution system and latrines. 	<p>CERF funding ensured the maintenance/re-enforcement of NGO presence in a conflict affected area (Northern zone)</p>	<ul style="list-style-type: none"> ▪ Monitoring is carried out by the INGO Solidarités and reported to UNICEF 	<ul style="list-style-type: none"> ▪ 50 per cent of beneficiaries are women
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				<p>Sub-project 3:</p> <p>School students on Kotangombe and Ouandago Routes:</p> <p>Total: 3,029</p> <p>Female: 1,179</p> <p>Male: 1,850 male</p> <p>26,994 persons in Ouandago and Kotangombe Axes</p> <p>400 newly displaced households</p>	<ul style="list-style-type: none"> ▪ 6,000 people have access to improved water sources ▪ 2,000 households store their water in clean, covered containers ▪ 30,000 people have improved knowledge of good hygiene practices ▪ 4,600 students have access to safe latrine and hand-washing facilities ▪ 75 per cent of students and teachers are capable of stating at least three important times to wash hands 	<ul style="list-style-type: none"> ▪ 15 existing water points were repaired and 15 traditional wells were protected to allow safe access to drinking water for 6,000 people ▪ 2,000 vulnerable households have been identified. Material has been identified, ordered and distributed ▪ Training has been provided to teachers and hygiene sessions at schools for 30,000 people. A participatory hygiene and sanitation transformation refresher training was given to 54 Community Hygiene Promoters as a first step. Community Hygiene Promotion sessions began in February for 30,000 people and were completed in November ▪ Schools and latrines sites have been identified, materials ordered and safe latrines and hand-washing facilities were built for 4,600 students ▪ Training has been provided to teachers and hygiene sessions at schools were completed and target of 75 per cent was reached. 	<p>CERF funding allowed to maintain/reinforce NGOs presence in a conflict affected area.(Northern zone)</p>	<ul style="list-style-type: none"> ▪ Monitoring is carried out by INGO The International Rescue Committee and reported to UNICEF 	<ul style="list-style-type: none"> ▪ Children and women are considered vulnerable persons
Food Security	<p>09-WFP-051</p> <p>Emergency Food Assistance to the Displaced People - IDPs/Refugees in Haut Mbomou</p> <p>CAF-09/A/25735/R</p>	107,033	131,591	<p>8.163 vulnerable people in the Haut Mbomou</p> <p>2,263 refugees from DRC</p> <p>5.900 IDPs (3,000 women)</p>	<ul style="list-style-type: none"> ▪ Right food rations (correct quality and quantity) timely received by the intended beneficiaries. ▪ Prevention of increase in acute malnutrition among the affected population ▪ Prevention of increase in mortality among the affected population due to food insecurity and malnutrition 	<ul style="list-style-type: none"> ▪ Full food rations (adequate quality and quantity) provided to targeted beneficiaries as planned ▪ Post distribution monitoring indicates that targeted population were able to consume two meals per day 	<p>CERF funds enabled WFP to respond immediately to foods needs of more than 8,000 vulnerable people.</p>	<ul style="list-style-type: none"> ▪ UNHCR and its partners identified the number of refugees. Weekly meetings were held to discuss progress of the project. 	<ul style="list-style-type: none"> ▪ Priority was given to women during the distribution

Health	<p>09-FPA-024</p> <p>Strengthening emergency obstetric and neonatal care in conflict-affected zones (Ouham and Ouham Pende Districts)</p> <p>CAF-09/H/20573/R/1 171</p> <p><i>Funds received in 2009</i></p>	155,261	189,390	219,789 women of reproductive age including 8,792 pregnant women	<ul style="list-style-type: none"> ▪ Capacities of health staff are strengthened, they are provided with quality emergency obstetric and neonatal care ▪ Health facilities have equipment, essential drugs, medical supplies for comprehensive emergency obstetric and neonatal care ▪ Capacity and community health workers are strengthened and pregnant women with complications are identified and referred very earlier for appropriate emergency obstetric care 	<ul style="list-style-type: none"> ▪ 30 health service providers trained on emergency obstetric and neonatal care in Bossangoa, Bouca, Batanganfo and Djogombe. ▪ 36 community health workers trained and enabled to identify danger signs and refer pregnant women for early emergency obstetric care service provision. They also sensitized and encouraged pregnant women to use available early identification and management of obstetric complications in the health facilities. ▪ 254 community and religious leaders were sensitized to support obstetric complications leading to maternal and neonatal morbidity and mortality. They were fully engaged to support the community-based sensitization and identification of danger signs for early referral. ▪ Bossangoa referral hospital, Bouca and Batanganfo health centres were provided with essential drugs, medical equipment and other supplies to reduce the indoor maternal and neonatal mortality rate. Other medical tools were also provided to support antenatal, delivery and postnatal care services. ▪ A new ambulance was procured and made available to strengthen the referral system in the zone. 	<p>This project enables pregnant women timely seeking health care to avoiding maternal mortality due to weak and inappropriate decision-making.</p> <p>Additionally, the project will enable communities and health workers to identify and timely refer pregnant women with danger signs or having complications for an early and appropriate EMOC service provision in health facilities.</p>	<ul style="list-style-type: none"> ▪ UNFPA/MoH joint mission assessed Bossangoa referral hospital, Bouca and Batanganfo health centres and identified needs in terms of essential drugs, medical equipment and supplies, capacity building and referral system. ▪ Monitoring carried by the Ministry of Health through the Division of Family Health and Population (DSFP) under the supervision of UNFPA 	<ul style="list-style-type: none"> ▪ All beneficiaries were women with particular attention to pregnant women
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Nutrition	<p>09-CEF-041-C</p> <p>Prevention of child deaths due to alarming malnutrition situation in the Southwest region of CAR</p> <p>CAF-09/H/25725/R</p> <p><i>Funds received in 2009</i></p>	300,000	350,000	<p>6,600 severe acute malnourished children</p> <p>31,950 pregnant women</p>	<ul style="list-style-type: none"> ▪ Provision of logistical and operational support to implementing partners ▪ Treatment of all severely acute malnourished children admitted in therapeutic feeding units or outpatients therapeutic programmes ▪ Training of health workers in management of malnutrition and supply anthropometric tools to clinics and service delivery points 	<ul style="list-style-type: none"> ▪ Logistic and operational support were provided to implementing partners (ACF, MSF-F, MSF-E/B and Ministry of Health) for the distribution of nutrition supplies and the follow up in four therapeutic nutrition units and 25 outpatients therapeutic nutrition units in Mambere Kadei, Sangha Mbaere and Lobaye. ▪ 5,274 new severely acute malnourished children were treated in four inpatient and 25 outpatient therapeutic treatment units in Mambere Kadei, Sangha Mbaere and Lobaye, with a 75 per cent recovery rate. ▪ Health and nutrition education was provided to more than 32,000 pregnant women and caregivers on exclusive breast feeding, appropriate complementary feeding, prevention of malaria, treatment of diarrhoea and hand washing. 	<p>CERF funding allowed for the quick and effective management of severe acute malnutrition in under five children in the southeast where malnutrition rates soared because of cut backs in the mining sector after changes in government policy and decreased demand due to the global financial crisis</p>	<ul style="list-style-type: none"> ▪ Monitoring is carried out by INGO (ACF, MSF-F, MSF-E/B) and reported to UNICEF 	<ul style="list-style-type: none"> ▪ Children and women were considered vulnerable persons and priority of treatment was given to girls.
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Nutrition	<p>09-CEF-041-B</p> <p>Emergency Nutrition for child survival</p> <p>CAR CAF-09/H/20412/R/124</p> <p><i>Funds received in 2009</i></p>	248,026	2,045,150	<p>Women: 162,479</p> <p>Severely acute malnourished children: 1,300 per month for 6 months (Total 7 200)</p>	<ul style="list-style-type: none"> ▪ Provision of logistical support to implementing partners for the distribution of supplies and follow up in four therapeutic nutrition units and 24 outpatient therapeutic nutrition units ▪ Treatment of severely acute malnourished children admitted in therapeutic feeding units or outpatient therapeutic programmes with a recovery rate above 80 per cent ▪ Provide health and nutrition education to the beneficiaries 	<ul style="list-style-type: none"> ▪ Logistic support was provided to three implementing partners (ACF, Merlin, IMC) to distribute nutrition supplies and follow up in five therapeutic nutrition units and 21 outpatient therapeutic nutrition units. Key technical partners were supported for rapid response and implementation in affected areas ▪ 7,707 new severely acute malnourished children were treated in five inpatient and 21 outpatient therapeutic treatment units in Ouham, Vakaga, Nana Gribizi and Bangui. Medical care including micronutrients supplementation, immunisation, de-worming, diarrhoea and malaria prevention and treatment was provided to the 7,707 new severely acute malnourished under five children. ▪ Health and nutrition education was provided to 162,479 women and caregivers. Local health and nutrition weeks were conducted for the population and especially for mothers with malnourished children 	<p>CERF funding allowed for the maintenance and reinforcement of NGO presence in conflict affected areas (Vakaga and Nana Gribizi) and improvement of the treatment of severe acute malnutrition</p>	<ul style="list-style-type: none"> ▪ Monitoring was carried out by INGOs (ACF, Merlin, IMC) and reported to UNICEF 	<ul style="list-style-type: none"> ▪ Children and women were considered vulnerable persons and therefore prioritised
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Nutrition	<p>09-CEF-041-A</p> <p>Reduction of child deaths due to alarming malnutrition situation in the South West Region of CAR by end of 2009.</p> <p>CAF 09/H/25752/R</p> <p><i>Funds received in 2009</i></p>	130,002	210,000	<p>Severe malnourished children: 6,600</p> <p>Moderate malnourished children: 191,506</p>	<ul style="list-style-type: none"> ▪ Contributing to the reduction of infant mortality rate in Mambere Kadei by keeping rates of acute malnutrition below critical values and ensuring medical treatment of malnourished children 	<ul style="list-style-type: none"> ▪ Provision of 50 emergency health kits ▪ Provision of 50 essential drug kits ▪ Provision of nutrition supplies and drugs for the systematic treatment of severe acute malnutrition ▪ 6,600 severely acute malnourished children treated ▪ Three inpatient and four outpatient therapeutic treatment centres created and provided with health and nutrition supplies 	<p>CERF funding allowed for the quick and effective management of severely acute malnutrition in children under five in a zone where malnutrition rates soared because of cut backs in the mining sector because of changes in government policy and decreased demand due to the global financial crisis.</p>	<ul style="list-style-type: none"> ▪ Monitoring was carried out by INGOs (ACF, MSF-F, MSF-E/B) and reported to UNICEF 	<ul style="list-style-type: none"> ▪ 50 per cent of the malnourished children treated were girls.
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Health	<p>09-CEF-041-H</p> <p>Strengthening Emergency obstetric and neonatal care in conflict affected zones</p> <p>CAF-09/H/20573/R/124</p> <p><i>Funds received in 2009</i></p>	68,050	756,288	<p>23,042 persons</p> <p>Children under five: 3,986</p> <p>Pregnant women: 922</p>	<ul style="list-style-type: none"> ▪ Maternal mortality rate among births attended in health facilities is <20 per cent ▪ Neonatal mortality rate among births attended in health facilities is < 2 per cent ▪ Per cent of pregnant women attending ANC services received a session on IEC ▪ Per cent of children under five years seen in consultation and having a nutritional screening 	<ul style="list-style-type: none"> ▪ In order to make a good follow-up of ANC for pregnant women, the conceptualisation and editing of monitoring tools have been carried out and are completed ▪ No survey has been done to assess neonatal and maternal mortality. A MICS 4 has been done in 2010 but the results are not yet published. ▪ In 2009, IVA (intensive vaccination activities or campaigns were done and CERF funding contributed to the achieved results in EPI in Nana Gribizi with the following benefits from missed children: <ul style="list-style-type: none"> ○ BCG: 10 per cent, VPO3; 30 per cent ○ Pentavalent : 53 per cent, ○ VAR: 130 per cent ○ VAT 2+ 13 per cent of missed pregnant women vaccinated. ▪ In 2010, routine vaccination coverage in 2010: <ul style="list-style-type: none"> ○ BCG=87 per cent, VPO3=67 per cent ○ Pentavalent 3=67 per cent ○ VAR=75 per cent ○ VAT2+=101 per cent, The latest coverage concerns pregnant women who received the second dose of TT vaccine. 	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the needs were identified. But the total amount received was just sufficient to start the work with some process indicators both for ANC for pregnant women and neonatal care for newborns.</p>	<ul style="list-style-type: none"> ▪ WHO, UNICEF and MoH supervised the intensive vaccination activities in 2009 and routine vaccination in 2010 ▪ Monthly coordinating meetings were carried out to assess the progress of the project activities at the national level. 	<ul style="list-style-type: none"> ▪ Both girls and boys were beneficiaries of the project and pregnant women were also targeted as was stated in the proposal.
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Protection	<p>09-HCR-030</p> <p>Profiling of IDPs in Bamingui-Bangoran, Northern Region of CAR</p> <p>CAF-09/P-HR-RL/20622/120</p> <p><i>Funds received in 2009</i></p>	209,963	448,462	<p>36,000 people</p> <p>Women and girls: 16,000</p> <p>Children: 7,200</p> <p>Men: 12,800</p>	<ul style="list-style-type: none"> ▪ Effective protection monitoring and a monthly provision of reliable information and analysis of the numbers, location and condition of IDPs ▪ Decrease in protection incidents and improved security situation for the IDPs in the zone ▪ Increased awareness of protection mechanisms, human rights, advocacy methods, and the situation of IDPs among all relevant stakeholders ▪ Increased international attention to the human rights crisis in CAR ▪ Strengthened physical, legal and material security of the IDPs through the facilitation of multi-sector and efficient humanitarian assistance. 	<ul style="list-style-type: none"> ▪ The assessment of the Axe BELE – BILAKARE and the axe BOCARANGA - MANN-BANG was shared with the protection cluster and sub cluster in July 2010 (236 IDPs and 68,304 returnees). The first report was drafted on five axes in the Prefecture of Ouham and Ouham Pendé, which are mainly areas of returns. ▪ Ouham: <ul style="list-style-type: none"> ○ AXE Batangafo - Kambakota dU ○ AXE KAMBAKOTA – BOWARA ○ Kambakota ○ AXE KAMBAKOTA – BONGATA DU ▪ Ouham Pende: <ul style="list-style-type: none"> ○ Axe Goura- Bèle 1 et Kpalandaye (commune de Male) ○ Axe Bocaranga-Mann ▪ During the reporting period, no dispersed persons were registered but information was collected on IDPs needs gaps in form of reports. ▪ Five reports have been produced by ECHELLE ▪ No progress in advocacy activities as per the reporting period. The implementation period was focusing on trying to master the collection tools and to carry out a throughout analysis by the partners. 	<p>TCERF funding has ensured the kick start of important work in terms of capacity building for a local NGO, ECHELLE, on techniques for conducting a social economic assessment and an introduction to the IDPs profiling</p> <p>The IDPs profiling has supported the design as well as the development of the DRC protection programme in the Ouham Pendé and other Prefectures like the Bamingui Bangoran.</p>	<ul style="list-style-type: none"> ▪ The CERF project was supervised throughout by the DRC emergency coordinator and the protection coordinator in close partnership with local authorities as well as other agencies working in the operational area. ▪ Weekly staff meetings have been held in order to assess project's progress against indicators. 	<ul style="list-style-type: none"> ▪ A gender balance approach has been attempted to ensure a broad and more pertinent reach of participants. Nevertheless, due to the sensitivity of the surroundings and the rural context, the gender balance was reached whenever possible, but for certain target groups, circumstances dictated the gender of participants.
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Health	<p>09-FPA-024</p> <p>Strengthening emergency obstetric and neonatal care in conflict-affected zones (Ouham and Ouham Pende Districts)</p> <p>CAF-09/H/20573/R/1 171</p> <p><i>Funds received in 2009</i></p>	155,261	189,390	219,789 women of reproductive age, including 8792 pregnant women	<ul style="list-style-type: none"> ▪ Contribute to reducing maternal and neonatal mortality by reinforcing the health system and using effective methods to reduce obstetrical haemorrhage 	<ul style="list-style-type: none"> ▪ 30 health service providers trained in emergency obstetric and neonatal care in Bossangoa, Bouca, Batangafo and Djogombe. ▪ 36 community health workers trained and enabled to identify danger signs and refer pregnant women for early emergency obstetric care service provision. They also sensitize and encourage pregnant women to use available for early identification and management of obstetric complications in the health facilities. ▪ 254 community and religious leaders were sensitized to support obstetric complications leading to maternal and neonatal morbidity and mortality. ▪ They were fully engaged to support the community based sensitization and identification of danger signs for early referral. ▪ Bossangoa referral hospital, Bouca and Batangafo health centres were provided with essential drugs, medical equipment and other supplies. ▪ A new ambulance was procured and made available to strengthen the referral system in the zone. 	The CERF funds enabled to reduce the indoor maternal and neonatal mortality rate. Other medical tools were also provided to support antenatal, delivery and postnatal care services.	<ul style="list-style-type: none"> ▪ Monitoring was done by UNFPA/MoH joint mission to assess Bossangoa referral hospital, Bouca and Batangafo health centres and identified needs in terms of essential drugs, medical equipment and supplies, capacity building and referral system. ▪ Monitoring was carried by the Ministry of Health through the Division of Family Health and Population (DSFP) under the supervision of UNFPA 	<ul style="list-style-type: none"> ▪ All beneficiaries are women with particular attention to pregnant women
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Health	<p>09-WHO-057 CAF-09/H/20581/R</p> <p>Decentralise prevention and preparation activities for a prompt response to disaster and crises</p> <p><i>Funds received in 2009</i></p>	554,450	554,050	<p>2,840,574 indirect beneficiaries</p> <p>Children: 568,114</p> <p>Women: 1,448,692</p> <p>Men: 1,391,881</p> <p>Other groups: 15 humanitarian organizations working in health sectors</p>	<ul style="list-style-type: none"> ▪ 80 per cent of targeted health facilities are strengthened to respond to basic health needs of IDPs, outbreak of epidemic prone disease and others disaster ▪ 100 per cent of targeted health prefecture management team are trained in health in response to public health crisis ▪ Essential drugs and emergency medical and surgical kits available for crucial health services ▪ Public health incidents are tracked and disseminated to health organization through a weekly health cluster bulletin 	<ul style="list-style-type: none"> ▪ Prompt needs assessment during the crisis in eastern CAR and close monitoring of the ongoing project done with WHO logistic support provided earlier in 2010 to NGOs (Merlin, CAM and IMC) with rented vehicles 4x4 for 3 months. ▪ Emergency trauma kits deployed in northern CAR to support IMC to support war wounded people and manage emergency health basic care for displaced people. 	<p>CERF funds enabled the Health Cluster to decentralize prevention and preparation activities in CAR health prefectures affected by humanitarian crisis which will increase the local capacity for a prompt response to disaster and crisis</p>	<ul style="list-style-type: none"> ▪ Monitoring was carried out by International NGOs (CAM, MERLIN , IMC) and the MoH health prefectures under the coordination of WHO 	
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partners

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Merlin	Health	10-FPA-020	92,473	13 August 2010
CAM	Health	10-FPA-035	75,259	11 November 2010
IR	Protection GBV	10-CEF-050-C	220,000	15 September 2010
IMC	Protection	10-CEF-050-B	200,000	15 August 2010
DRC	Education	10 CEF-050-A	85,700	8 December 2010
Triangle	Education	10 CEF-050-A	96,629	19 November 2010
IRC	WASH	09-CEF-041-G	141,042	22 June 2010
Merlin	Health	10-WHO-60	230,651	
ACTED	WASH	09-CEF-041-G	50,282	23 June 2010
Solidarités	WASH	09-CEF-041-G	132,243	2 December 2010
Jupedec	Education	10 CEF-050-A	72,406	11 November 2010
Croix Rouge Francaise	Multi sector assistance to refugees	10-CEF-026	277,772	27 July 2010 and 9 September 2010
ICDI	Multi sector assistance to refugees	10-CEF-026	129,600	8 September 2010 and 27 October 2010
JRS	Multi sector assistance to refugees	10-CEF-026	85,789	19 September 2010
Merlin	Multi sector assistance to refugees	10-CEF-026	18,741	22 September 2010

Annex 2: Acronyms and Abbreviations

ACTED	Agence Coopération Technique et Développement
CRF	Croix Rouge Française
DRC	Danish Refugee Council
GBV	Gender Based Violence
ICDI	Integrated Community Development International
IDP	Internally Displaced Person
IMC	International medical Corps
IRC	International Rescue Committee
JRS	Jesuit Refugees Services
JUPEDEC	Jeunesse Unie pour la Protection de l'Environnement et le Développement Communautaire
MERLIN	Medical Relief International
NGO/INGO	Non Governmental Organization/International Non-Governmental Organization
PBF	Peace Building funds
TGH	Triangle Generation Humanitaire
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene