



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Mrs. Claire Bourgeois

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No After Action Review was done with the Humanitarian Country Team (HCT) or Inter Cluster. Consolidated Report was shared with HCT and Inter Cluster members. HCT members include United Nations (UN), International Non Governmental Organisations (INGO), International Committee of Red Cross (ICRC)and Medecin Sans Frontières (MSF), Donors.

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

YES NO

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.

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

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$195,136,527		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,133,080
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	9,741,327
	OTHER (bilateral/multilateral)	86,430,197
	TOTAL	103,304,604

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 01-May-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-061	Protection / Human Rights / Rule of Law	362,730
UNICEF	13-CEF-062	Health	1,599,929
UNICEF	13-CEF-063	Water and sanitation	250,344
FAO	13-FAO-021	Agriculture	806,215
UNFPA	13-FPA-021	Health	279,792
UNHCR	13-HCR-036	Protection / Human Rights / Rule of Law	375,014
UNDP	13-UDP-010	Water and sanitation	167,562
WFP	13-WFP-026	Food	680,510
WFP	13-WFP-027	Coordination and Support Services-Telecom and Data	735,983
WFP	13-WFP-028	Coordination and Support Services-Logistics	1,000,001
WHO	13-WHO-028	Health	875,000
TOTAL			7,133,080

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,003,873
Funds forwarded to NGOs for implementation	2,103,207
Funds forwarded to government partners	26,000
TOTAL	7,133,080

HUMANITARIAN NEEDS

The Central African Republic (CAR) was shaken by armed conflict and political crisis since 10 December 2012. A coalition of rebel groups called SELEKA ("Alliance" in the national language Sango) captured several key cities across the country, leading to a major humanitarian crisis in the country and political paralysis in the country. On 24 March 2013, the SELEKA coalition entered the capital city of Bangui and seized power. The self-proclaimed President, Michel Djotodia, dissolved the transitional Government, Parliament, and Constitution, but confirmed the appointment of the Prime Minister nominated after the Libreville's agreements in January 2013, Nicolas Tiangaye in his post. A new Unity Government was formed and a National Transition Council (CNT) was set up for a transitional period of 18 months to organise presidential and legislative elections.

In their progression towards Bangui and in all seized cities, including the capital, the rebels looted and destroyed humanitarian facilities, government and telecommunications infrastructures and private properties. United Nations (UN) and Non Governmental Organisation (NGO) offices and houses were not spared. Hospitals were emptied of medicines and qualified staff fled, leaving minimal services to meet the needs. Civilians had no access to basic services (health, education, food, etc.) and were subjected to killings, lootings, physical violence, unlawful arrests, gender based violence (GBV) including rape, forced recruitment of children into armed groups, and restrictions of movements. Forces loyal to the ousted President Bozize also committed serious human rights violations during the conflict. The protection of civilians has remained to be a major concern in CAR, in particular in Bangui and all conflict affected areas. This situation caused internal displacement of tens of thousands of civilians and tens of thousands more have sought refuge in the neighbouring countries, particularly in the Democratic Republic of Congo (DRC), Chad, Cameroon, and the Republic of Congo (RoC).

The crisis in CAR is still ongoing. More than 4,500,000 people reside in CAR and are affected by the current crisis. The humanitarian situation after March 2013, already fragile, was hard hit by:

Massive internal displacement and flight to neighbouring countries. An estimated number of 173,000 Internal Displaced Persons (IDPs) identified in the assessed areas fled into the forest or to their fields; at least 6,700 registered refugees in Chad and roughly 36,000 refugees in the DRC; over 1,000 in Cameroon and 400 in the RoC.

- Increased human rights abuses and violence against the civilian population, including GBV and sexual violence, and non-judicial executions; there were verified reports of child rights abuses by all parties to the conflict. These included new recruitment and re-recruitment of children by armed forces and groups, GBV and denial of humanitarian access to children and women.
- Destruction of and weakening peoples' livelihoods, many of whom rely on subsistence level agriculture. Notably, the loss and looting of agricultural inputs, seeds, livestock (large and small ruminants) material and equipment destined for agricultural production. Due to security reasons, people couldn't reach their fields and so the agricultural seasons were compromised
- Interruption or destruction of basic social services such as potable water, food, and primary health care, with a noticeable negative impact on the affected populations. The total disruption of health care services in Bangui affected all 800,000 residents. Almost all children (over 2 million) were without access to health, nutrition and education.
- Destruction of humanitarian and administrative offices and stores including the looting of goods, Non Food Items (NFIs), and food stocks designated for humanitarian response, crippling means to deliver assistance.
- The crisis exacerbated the risks for continued food insecurity, malnutrition and health risks such as measles and meningitis outbreaks. Most of the affected areas are remote or difficult to access especially once the rainy season begins in April/May.

Due to the deterioration in humanitarian situation after 24 March 2013, the HCT decided to request CERF rapid response funding. This CERF allocation enabled humanitarian partners to respond to the increasing needs caused by this escalating crisis. It helped to respond quickly to the most urgent needs pending the arrival of other funds which were late in reaching organisations (CAP funded at a 52.9 per cent in 2013).

II. FOCUS AREAS AND PRIORITIZATION

The Rapid Response Mechanism (RRM) and cluster assessments in January and February led to the revision of the CAP 2013 projects identifying an additional \$42 million needed for the interior of the country. Emphasis was then placed on health, nutrition, food security, WASH and protection. Since 24 March, following the Seleka coup d'état, additional RRM assessments were completed in Bangui, showing an alarming rate of deterioration in key critical sectors, namely in health, Water, Sanitation and Hygiene (WASH), education, nutrition, protection and agriculture. Further RRM assessments were conducted in the northwest, in the northeast and southeast of the country.

The main findings:

- **Health** – 27 percent of the questionnaires received responded that there were no health facilities available and 12 percent registered that there was no health personnel available. 32 percent reported that there were no health drugs available and 22

percent risk of pandemics. 39 percent of the questionnaires reported interruption of the health services previously provided and 32 percent reported an increased level of patients accessing the health services.

- **WASH** – 80 percent of the received questionnaires reported problems with garbage; 74 percent reported difficulties in accessing water; and 49 percent registered scarcity in the availability of drinking water in the households.
- **Education** – 54 percent of questionnaires received from the districts in Bangui reported that no schools were affected; 12 percent only partially or lightly affected; 44 percent of the received questionnaires reported that children were not at school and 24 percent reported that the schools were used for sheltering people.
- **Nutrition** - 83 percent of the questionnaires reported that the food sources had changed due to the conflict; 83 percent also reported a bad status of the food stock; and 41 percent reported a negative impact on food in the market (i.e, increased price, less food available, etc.)
- **Protection** – 25 percent of questionnaires showed an increase in cases of gender based violence and 25 reported documented cases of child separation.
- **Agriculture** – 51 percent of the questionnaires reported that there were heavy crop losses; 37 percent reported a negative impact on livestock; 39 percent on agricultural products stocked and 61 percent on the availability of seeds.

The CERF funding was prioritized to target the most vulnerable people in Birao, Tiringoulou (Vakaga Prefecture), Bria (Haute Kotto); Ndélé, Bamingui (Bamingui Bangoran); Bambari, Grimari (Ouaka); Kaga Bandoro, Mbres, Dekoua (Nana Gribizi); Bangui, Bimbo, Begoua, Damara (Ombella Mpoko), Sibut (Kemo), Alindao, Mobaye (Basse Kotto); Bangassou, Rafai (Mbomou), Obo (Haut Mbomou); Kabo, Batangafo (Ouham), Nola (Sangha Mbaere); Carnot (Mambère Kadei) as well as the most vulnerable populations in Bangui. The most critical needs identified were in the health, nutrition, WASH, and protection and food security clusters, based on the findings above. Logistics remained a critical issue as the United Nation Humanitarian Air Service (UNHAS) is the only common humanitarian air service provider, where most of the beneficiary locations are only accessible by air transport. The emergency telecom infrastructure and equipment from UN agencies and INGOs were looted in Ndélé, Kaga Bandoro, Bambari and Bria during the crisis. There was an urgent need to re-establish internet connectivity and telecommunication in the field for a coordinated humanitarian response and for the safety and security of staff.

III. CERF PROCESS

In CAR in 2013, the Deputy Special Representative of Secretary General/Resident Coordinator/Humanitarian Coordinator (DSRSG / RC/HC,) with an active HCT and clusters, made up the coordination structure of the response. The HCT activated the RRM, introduced in CAR in late 2012, as a primary tool to conduct rapid evaluations of the situation linking to an immediate response while clusters gear up for cluster level evaluations and medium term response. Decentralized coordination mechanisms were in place before the crisis in Paoua, Ndélé, Kaga Bandoro and Zemio. However, these were strongly affected as most of the actors were relocated to Bangui or Yaoundé. Other tools available for the HC are the Common Humanitarian Pooled Fund (CHF) that can serve as a quick source of funding for emergency response as well as the United Nations Country Team/Inter Agency Standing Committee (UNCT/IASC) contingency planning process which was conducted in March 2013. A Programme Criticality Exercise was conducted in April 2013 to reflect the changing operational environment.

With the new crisis at the end of March, and increased needs arising as a result of the displacement and violence, the HCT agreed to request CERF funding to cover new needs. Based on the RRM results, the clusters prepared this CERF submission identifying most critical needs in the Health, Nutrition, WASH, Protection and Food security clusters. In WASH, the assessment results conducted by both

UNICEF and NGOs in Bangui city were shared with all cluster members. The prioritization of the proposed interventions was agreed upon by the clusters during various humanitarian coordination and Senior Management Team (SMT) meetings conducted both in Yaoundé and Bangui. The CERF process was supported by the OCHA Deputy Head of Office, the OCHA Head of Office and the CHF Manager.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 4,65 million				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection / Human Rights / Rule of Law	106,098	89,512	195,610
	Health*	1,433,721	1,377,496	2,811,217
	Water and sanitation	539,495	539,495	1,078,990
	Agriculture	20,000	17,000	37,000
	Food	9,794	8,014	17,808
	Coordination and Support Services- Telecom and Data	n/a	n/a	n/a
	Coordination and Support Services- Logistics	n/a	n/a	n/a

* Beneficiaries under the health sector correspond to the WHO project as this had the largest coverage among the three health projects. As such double counting of beneficiaries is avoided.

BENEFICIARY ESTIMATION

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	585,000	2,109,108
Male	557,000	2,031,517
Total individuals (Female and male)	1,142,000	4,140,625
Of total, children <u>under</u> age 5	400,000	768,492

CERF RESULTS

The CERF rapid response funding enabled humanitarian actors to provide vital assistance to more than 4 million people, including almost 770 000 children under five affected by the escalation of the political and security crisis in CAR.

Support to the humanitarian actors was provided through the funding of UNHAS, which enabled a gradual scale up to meet the demands of the humanitarian community.

Key achievements of this CERF allocation in 2013 include:

Agriculture

- 1,171 ha cultivated
- 271,4 tonnes of maize and 789,3 tonnes of peanut produced

Food

- 17,808 people affected by conflicts assisted with food provision

Health

- A measles immunization campaign covering almost 600,000 children
- 3,500 cartons of therapeutic spread, representing 26 per cent of national needs distributed
- More than 1,500 surgical interventions were performed in Bangui

Water, Hygiene and sanitation

- Five health facilities in the suburbs of Bangui have had water supply pipe system reinstalled
- Eight hygiene, sanitation and solid waste management campaigns were conducted

Protection

- A total of 196 children (158 boys and 38 girls) were released from armed groups from Lord Resistent Army (LRA) and Séléka. Of those all except nine were reunified with their families
- 7,300 girls and boys received psychosocial services through recreational activities in child friendly spaces in Kaga Bandoro and surrounding
- 2,068 protection incidents were collected, analysed and disseminated and cases consequently referred and treated

Coordination and Support Services-Telecom and Data

- Technical equipment for 7 common bases was procured and made available in Bangui to operationalize emergency telecommunication services.

Coordination and Support Services-Logistics

- 2,350 humanitarian workers and 68 tonnes of food and Non Food items were transported by common humanitarian air services

CERF's ADDED VALUE

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

YES PARTIALLY NO

The availability of CERF funds led to a swift implementation. The main constraint was security.

CERF-funded project ensured fast delivery of assistance in responding to the urgent requirements as described under the "Humanitarian needs" and "Focus area and prioritization" sections above. The funds allowed deployment quickly of assistance to vulnerable communities in the country mainly in health, wash, food, protection, agriculture, as well as telecoms and logistics by enabling the quick availability of telecom centers and planes for transport of humanitarian actors and light cargo.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

The humanitarian context in CAR was of high level concern. The CERF funds helped to target the very critical needs to be funded and allowed to really save lives of thousands of women, men and children in need. Among others he measles vaccination campaign was the most important example of a time critical response. It greatly reduced the loss of lives of affected people.

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

YES PARTIALLY NO

As CAR was one of the most important humanitarian crises in the world, several donors have contributed to the humanitarian response. The CERF allocation has contributed to jumpstarting the mobilisation of resources because some projects funded

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

through CERF received additional fund from other donors and the CAR CHF has co-funded the United Nations Development Program (UNDP) (waste disposal) and World Food Programm (WFP) (telecommunication) for an amount of \$281,372.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Coordination was strengthened but resources for coordination were limited due to the ceiling of the number of staff for security reasons. The ETC funding has unfortunately not led to increased coordination in the field but will contribute to it in the near future. Nevertheless, the CERF funding did contribute to the strengthening of coordination among the humanitarian community. In fact, the prioritization of needs, identification of activities, implementing agencies was done in a consensual manner. Despite the issue of insecurity, activities were implemented through a well-coordinated mechanism.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

N/A

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
as Exchanges on CERF results has been undertaken but not enough due to quick changing humanitarian environment in CAR.	The shorter reporting cycle should solve this issue. Joint monitoring mission/task forces can be implemented to discuss CERF achievements and future strategies	HC/OCHA/CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Component of the program for children associated with armed forces and groups require a strong involvement of administrative and political authorities rather than military efforts alone as implementation partner.	Joint monitoring field missions reinforce the involvement of the authorities in the implementation of the project activities	OCHA, UNICEF and Implementing partner
Due to a lack of presence and capacity of governmental entities, distribution and monitoring of supplies in health facilities are hampered.	Reinforce field presence for an improved distribution and user monitoring system for the supplies, while improving monitoring and evaluation capacities.	UNICEF and partners
Bangui has never been in the normal CAP process before December 2012 because it was presumably considered as a less-affected city. The impact of the March 2013 crisis on indiscriminate solid waste disposal in Bangui was a clear wake up call for the WASH Cluster to have included the city as part of its contingency plans outside the normal targeted rural provinces.	<p>With a full-blown humanitarian crisis throughout the country, and Bangui in particular, the WASH Cluster should make solid contingency plans for the city in its CAP 2014.</p> <p>The WASH Cluster should also seriously look into how the city councils can be reinforced and supported through technical, financial and management training on solid waste management during emergencies. UNICEF is currently supporting Société de Distribution d'Eau en République Centrafricaine (SODECA), Direction Générale de l'Hydraulique (DGH) and Agence Nationale de l'Eau et de l'Assainissement (ANEA) in responding to WASH in emergencies across the country.</p>	<p>WASH Cluster Coordination, OCHA and the Humanitarian and Development Partners Team HDPT</p> <p>WASH Cluster Coordination, OCHA, HDPT and City Councils</p>
The choice by ACTED to work with local NGOs such as Rebatisseurs de la Muraille des Oeuvres de Dieu (REMOD), Vitalite Plus and IDEALE, and the local associations in the city councils proved to be a cost-effective method to reach the most difficult city suburbs which had serious security problems. This process also built the capacity of local organisations to respond to emergencies.	The WASH project continued in the same framework between UNDP and ACTED in other suburbs. The project also included early recovery and provided local employment to associations. The WASH Cluster will continue to benefit from the UNDP/ACTED project. The socio-economic impact on beneficiaries will be better known once this project is completed and evaluated.	UNDP/ACTED, WASH Cluster
Strong involvement of communities in humanitarian activities	Reinforce the "Community participation" in all projects funded through CERF, CHF and other sources	HC/OCHA/Cluster/donors
As shown by the situation that was experienced in Bossangoa, where in late 2013 needs abruptly increased due to the waves of attacks that affected the area, it was not possible to establish temporary warehouses.	There is the need to consider establishing temporary warehouses which would allow WFP to preposition food stocks for an eventual rapid response and bring food closer to the beneficiaries.	WFP

VI. PROJECT RESULT

TABLE 8: PROJECT RESULTS					
CERF project information					
1. Agency:	UNICEF	5. CERF grant period:	15 Apr. 2013 –14 Oct. 2013		
2. CERF project code:	13-CEF-061	6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency child protection response for conflict affected children and women in the Central African Republic				
7. Funding	a. Total project budget:	US\$ 3,738,000	d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:	US\$ 1,257,260	▪ NGO partners and Red Cross/Crescent: US\$ 304,587		
	c. Amount received from CERF:	US\$ 362,730	▪ Government Partners: US\$ 0		
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>		
a. Female	300	3,354	The community-based approach to child protection as adopted by Save the Children helped to reach out to more children in need of psychosocial services in Nana Gribizi than planned.		
b. Male	400	4,202			
c. Total individuals (female + male):	700	7,556			
d. Of total, children <u>under</u> age 5	0	0			
9. Original project objective from approved CERF proposal					
<ul style="list-style-type: none"> The mechanism for monitoring and reporting on the six grave violations of children's rights continues to be operational to facilitate immediate response. 500 children associated with armed forces and armed groups due to the latest crisis, including self-defence groups, are released and receive a multi-sectorial support for their rehabilitation and reintegration into their families and communities. At least 100 children separated from their families due to the most recent conflict receive psychosocial support, family tracing and reunification or alternate family-based care. At least 100 survivors of GBV benefit from holistic assistance (with a focus on medical and psychosocial with CERF funding) and protection against all forms of violence, exploitation and abuse, according to the standard operating procedures. 					
10. Original expected outcomes from approved CERF proposal					
Indicator	Disaggregation	Source	CERF Target	Overall UNICEF Target	Cluster Target
CHILD PROTECTION					
Number of child friendly		Report from	5	15	N/A

spaces/structures supported		implementing partner			
Number of girls and boys who participate to the psychosocial activities support in the in child-friendly spaces		Report from implementing partner	600	2000	N/A
# and % of separated children in emergencies reunified with families	sex, age group	Report from implementing partner	100	100	350
# of children associated with armed groups released and reintegrated.	sex, age group	MRM reporting	500	1000	1500
Number and % of GBV survivors assisted with medical and psychosocial care	sex, age group	Report from implementing partner	100	1000	1200

11. Actual outcomes achieved with CERF funds

- 3 child friendly spaces have been supported
- 7,300 children, including 55 per cent of boys and 45 per cent of girls, received access to psychosocial services through recreational activities organised in Child Friendly Spaces in Kaga-Bandoro and in surrounding villages
- 60 unaccompanied and separated children including 31 girls and 29 boys. Of all children, 46 were reunified with their families.
- 196 children (158 boys and 38 girls) were freed from armed groups, from the LRA and Séléka. Of these, all except nine were reunified with their families. The remaining nine children are staying with host families until reunification with their own families can take place.
- 82 cases of children required special psychological support, and they had access to individualised attention as they presented signs of trauma and stress as a result of the conflict, according to local social workers that organise recreational games and other group activities for children. No GBV survivors reported.

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

N/A

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

YES NO

If 'NO' (or if GM score is 1 or 0): The needs of girls and boys are taken into account in the project when vulnerable children are identified, including those associated with armed forces and groups. The provision of kits to children during interim care took into consideration the different needs of girls and boys. Also, the protection teams' social workers recruited for the implementation of this project consisted of both men and women.

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

YES NO

The internal review of UNICEF's psycho social and DDR activities is underway. The formal evaluation will be in June 2014 to inform the mid-term review process on child protection issues.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	UNICEF	5. CERF grant period:	05 Apr. 2013 – 31 Dec. 2013	
2. CERF project code:	13-CEF-062	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Emergency health and nutrition response for conflict affected children and women in the Central African Republic			
7. Funding	a. Total project budget:	US\$ 11,500,00	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 3,000,000		▪ NGO partners and Red Cross/Crescent: US\$ 510,097
	c. Amount received from CERF:	US\$ 1,599,929		▪ Government Partners: US\$ 0
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	188,445 (including 30,000 pregnant women)	303,824 (including 17,455 pregnant women)	Over the three phases of a UNICEF overall integrated measles campaign a total of 595,734 (90 per cent) children where reached with measles vaccine, 597,013 (91 per cent) with vitamin A supplements, 520,999 (89 per cent) with single dose deworming tablets and 671,902 (92 per cent) with Oral Polio Vaccine. Within these results, the CERF funds contributed to the Bangui campaign implementation where 122,869 (99 per cent) children between 6 and 59 months were immunized against measles, received vitamin A supplementation (97 per cent), polio vaccine (105 per cent) and dewormed (102 per cent). Within the framework of the Integrated Management of Childhood Illnesses (IMCI), the CERF funds also contributed to the management of 5,831 cases of acute respiratory infection, 192,045 cases of malaria and 6,339 cases of diarrhoea were reported to have been managed at the facilities. In addition, for HIV/AIDS, the CERF funds contributed to reach about 6,000 adolescent girls and boys who accessed prevention, treatment, and HIV care; and more than 10,000 people living with HIV/AIDS accessed ARV and PTMC services. 30,897 children under-five were screened for malnutrition among them 13,854 severely malnourished children	
b. Male	181,055	291,910		
c. Total individuals (female + male):	369,500	595,734		
d. Of total, children <u>under age 5</u>	289,500	340,938		
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> To reduce child and maternal mortality in Bangui and other accessible areas most affected by the latest crisis by provision of essential drugs and medical supplies, including measles vaccinations for children between 9 months and 5 years. To reduce mortality related to severe acute malnutrition among 3,500 girls and boys. 				
10. Original expected outcomes from approved CERF proposal				

Indicator	Disaggregation	Source	CERF target	UNICEF Target	Cluster Target
HEALTH					
Number and per cent of children 6 - 59 months vaccinated for measles	Geographic	Routine Project Monitoring through NGOs	236,000	713,000	713,000
Number and percent of children 1-5 years receiving de-worming medication	Geographic	Routine Project Monitoring through NGOs	8,500	713,000	713,000
Number and per cent of health facilities in the affected areas with sufficient basic drugs (ACT, ARV, Antibiotics, PEP, Vaccine, VitA, SP, IFA)	Geographic	Routine Project Monitoring through NGOs	33 (4 hospitals and 16 HCs in Bangui and 8 health facilities in targeted areas)	40	25 (this was the target prior to the latest crisis, being revised upwards)
NUTRITION					
Number and per cent of ready-to-use therapeutic food (RUTF) cartons distributed	Geographic	Supply and logistics reports	3,500	13,500	13,500
Number and per cent of UNT with qualified health personnel	Geographic	Routine Project Monitoring through NGOs	6	22	22
Number and per cent of UNT with sufficient therapeutic food supply	Geographic	Routine Project Monitoring through NGOs	6	22	22
Number and per cent of children 6 - 59 months receiving Vitamin A in the last 6 months	Geographic	Routine Project Monitoring through NGOs	0	713,000	713,000

11. Actual outcomes achieved with CERF funds

Indicator	Disaggregation	Source	Health Cluster target	Target achieved ²	Comments
HEALTH					
Number and per cent of children 6 - 59 months vaccinated for measles	Geographic	Measles campaign report	713,000	595,734 (90 per cent)	Three phases of countrywide measles immunisation

² The CERF funds were utilised within an integrated campaign. The results achieved have fulfilled the planned output

					campaign
Number and per cent of children 1-5 years receiving de-worming medication	Geographic	Integrated measles Campaign report	713,000	520,999 (89 per cent)	Integrated to the measles vaccination campaign
Number and per cent of health facilities in the affected areas with sufficient basic drugs (ACT, ARV, Antibiotics, PEP, Vaccine, VitA, SP, IFA)	Geographic	Routine Project Monitoring through NGOs	25 (this was the target prior to the latest crisis, being revised upwards)	35 health facilities in Nana Gribizi ; Four (4) referral hospitals in Bangui the capital and 18 health facilities in other prefectures were supplied with essential drugs	
NUTRITION	Disaggregation	Source	CERF target	Target achieved	Comments
Number and per cent of ready-to-use therapeutic food (RUTF) cartons distributed	Geographic	Supply/ logistics Field monitoring reports	3,500	3,500 cartons of therapeutic spread, 450 cartons of therapeutic diet and other relating drugs and nutrients distributed	Representing 26 per cent of the Cluster/national needs
Number and per cent of UNT with qualified health personnel	Geographic	Routine Project Monitoring through NGOs	6	6	29 per cent of functioning UNT
Number and per cent of UNT with sufficient therapeutic food supply	Geographic	Routine Project Monitoring through NGOs	6	6	29 per cent of functioning UNT
Number and per cent of children 6 - 59 months receiving Vitamin A in the last 6 months	Geographic	Campaign report	713,000	597,013 (91 per cent)	Integrated to the measles vaccination campaign

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

National targets have been taken into account for the specific activities such as the integrated measles vaccination campaign, deworming and vitamin A supplementation, screening and management of severe acute malnutrition.

The no-cost extension allowed to expand the campaign in the three remaining regions, Mbomou, Haute-Kotto Bamingui-Bangoran, which was not covered before for logistical and security 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 or 2b): 2a The 408,393 beneficiaries of this project included girls and boys as well as pregnant and lactating women. All the interventions such as vaccination or free care are equitably offered for girls and boys</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Ongoing monitoring is essential to ensure the effectiveness of interventions. Regular field monitoring visits and coordination activities through the health cluster meetings have been organised to take stock on progress, identify issues to be addressed and adjust activities. Indicators were monitored monthly through the Humanitarian Performance Mechanism system (HPM) to show advances during the project and impact of the various activities. Particular emphasis was given to joint evaluation missions with government counterparts at national and decentralised levels. Joint supervision activities with central- and prefecture-level actors were implemented in several prefectures.</p> <p>Due to the prevailing security situation in the country, health structures were closed and staffs were not onsite, which created difficulties in the implementation of the project. Supplementary emergency medical kits, anti-malaria kits, as well as midwifery kits were ordered as additional supplies. These supplies allowed opening additional health facilities. Furthermore, support to health facilities allowed the local population to access free health services.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	UNICEF	5. CERF grant period:	15 Apr. 2013–14 Oct. 2013	
2. CERF project code:	13-CEF-063	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Response to emergency WASH needs of internally displaced persons, and vulnerable population including school children, and children affected by severe and moderate malnutrition, and pregnant women) in conflict affected areas of the Central African Republic			
7. Funding	a. Total project budget:	US\$1,093,993	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 314,574	▪ NGO partners and Red Cross/Crescent: US\$ 181,219	
	c. Amount received from CERF:	US\$ 250,344	▪ Government Partners: US\$ 0	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	389,495	389,495	n/a	
b. Male	389,495	389,495		
c. Total individuals (female + male):	778,990	778,990		
d. Of total, children <u>under</u> age 5	134,765	134,765		
9. Original project objective from approved CERF proposal				
Populations in Bangui live in a healthy environment and have access to health facilities with secure provision of clean water.				
10. Original expected outcomes from approved CERF proposal				
Indicator	Disaggregation	Source	UNICEF Target	Cluster Target ³
# of health facilities provided with emergency water supply system	Geographic	Report from implementing partner	5	5
# of kits provided to the actors involved in solid waste collection		Report from implementing partner	12 (1 for any of the 9 councils and 3 for micro enterprises)	12
# of hygiene, sanitation and solid waste management campaign conducted		Report from implementing	8 (1 per arrondissement)	8

³Note: the waste management targets are new for the cluster as this is a new urgent need for the cluster to address.

		partner		
# of radio campaigns conducted		Broadcasting list from the radio	1 per radio	1
# of partners trained on solid waste management		List of presence	3	3
# of training sessions organized to reinforce councils capacity in solid wastes management		List of presence	8	8
# of tons of solid waste collected and dumped		Logbook from the dumping station	320	320
11. Actual outcomes achieved with CERF funds				
<p>(1) The health facilities of Lakounga, Boy Rabe, Ouango, Combattants and Castros have their water supply pipe system re-installed with 1,000 litre reservoirs for stockage.</p> <p>(2) Nine city councils and three micro-enterprises were provided with solid waste collection tools accordingly,</p> <p>(3) Eight hygiene, sanitation and solid waste management campaigns were conducted as planned.</p> <p>(4) Two radio stations, Ndeke Luka and National Radio Station, were used on a daily basis throughout the project period to diffuse messages related to the introduction of the solid waste management project and its objectives, and clear messages on hygiene, sanitation and solid waste management.</p> <p>(5) Three local partners (NGO): Vitalite Plus, REMOD and IDEALE were trained on solid waste management,</p> <p>(6) Training sessions for councils could not be organized because of security issues.</p> <p>(7) About 770 tonnes were collected and safely disposed of during the project period</p>				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
n/a				
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a				
14. M&E: Has this project been evaluated?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project was not officially evaluated at the end of the period but ACTED and UNICEF conducted routine monitoring and evaluation missions to ensure spot problem solving. Key lessons learned are as described in Table 7. The success story and the importance of the project is that UNDP continued with ACTED in implementing the same project with CERF/CHF funds in other city councils of Bangui.				

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	20 May 2013 – 19 November 2013
2. CERF project code:	13-FAO-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Appui à l'autonomisation des femmes en matière de sécurité alimentaire à travers les foyers féminins		
7. Funding	a. Total project budget:	US\$ 1,658,500	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 806,215	▪ NGO partners and Red Cross/Crescent: US\$ 80,800
	c. Amount received from CERF:	US\$ 806,215	▪ Government Partners: US\$ 26,000
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	35,100	20,000	Durant la mise en œuvre du projet, des matériels acquis pour distribution ont été pillés (cf indications dans le tableau ci-dessous). Par ailleurs, les intrants de semences maraîchères et petits matériels n'ont pu être acquis faute de disponibilité d'intrants de qualité au niveau national. Une somme de environ USD 90 000 reste non dépensée sur la ligne « Supplies ».
b. Male	23,400	17,000	
c. Total individuals (female + male):	58,500	37,000	
d. Of total, children <u>under</u> age 5	35,100	27,200	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Améliorer la sécurité alimentaire et nutritionnelle des populations sinistrées suite à la présente crise soldée par un coup d'Etat le 24 Mars 2013. Appuyer les femmes et les jeunes filles qui ont subi des exactions multiple durant la crise de décembre 2012 à nos jours, à retrouver leur dignité et construire leur résilience à travers l'activité économique. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Tableau 1 quantités totales d'intrants à distribuer (indicatif) 			
Spécifications	Quantité	unité	
Arachide	84000	kg	
Maïs	56000	kg	
Tomates	23	kg	
épinard	23	kg	
oignon	23	kg	
Okra	23	kg	
Houes	15800	pièces	

Machettes	10200	pièces
Râteau	4600	pièces
Pèle	4600	pièces
Arrosoir	4600	pièces
machine de transformation	150	Unité opérative

• Tableau 2 Nombre de ménages bénéficiaires d'intrant agricoles

	ménages	Hommes	Femmes	enfants	Total personnes
Vivriers	5 600	5 000	5 400	16 800	27 200
Maraîcher	4 600	4 600	4300	13 800	22 700
Transformation	1 500	15000	15000	45 000	75 000
Total	11 700	24 600	24 700	75 600	124 900

• Tableau 3 Estimation de la production attendue

Production	maïs	arachide	maraichage	total kg
surface (ha)	0,25	0,2	0,1	
rendement (kg par ha)	1000	800	3000	
ménages vivriers (kg)	250	160		410
ménages maraicher (kg)			300	300

• Tableau 4

Résultats attendus :	Indicateurs	Sources de vérification	Hypothèses
1. Les femmes participent aux rencontres et échanges faites par tous les acteurs humanitaires;	1) 50 espaces féminins mis en place.	Rapport des partenaires d'appui technique ;	La situation sécuritaire du pays est favorable à la mise en œuvre des activités du projet.
2. Les femmes des zones d'intervention du projet ont la facilité de transformer leurs produits ;	2) 150 unités de transformation mises en place	Rapports d'activité et photo ;	Les petites unités de transformation sont disponibles;
3. Les femmes des zones d'intervention du projet produisent des vivriers et des légumes pour assurer leur auto alimentation;	3) 5 000 femmes ciblées ont accès aux intrants agricoles et les utilisent pour générer des revenus.	Rapports d'activité et photo	Les femmes s'approprient des activités du projet
4. Les partenaires et les autres institutions nationales de proximité	4) Au moins 50% de femmes touchées	Rapport terminal	La situation sécuritaire du pays est favorable à la

interviennent efficacement en matière d'appui conseil	acquièrent des capacités mesurables de résilience aux conflits.	du Projet	mise en œuvre des activités du projet
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11. Actual outcomes achieved with CERF funds

- Tableau 1: quantités totales d'intrants à distribuer

Spécifications		Prévues	Livrées	%	Observations
Semences vivrières	Arachide	84,000**/ 56,000	36,500	65,18	** 28 000 kg d'arachide ont été remplacé par le riz
	Maïs	56,000	56,000	100	
	Riz	28,000	21,370	76,32	La différence entre prévu/distribué a été pillé à Ngoumbélé
	Total	140,000	113,870	81,33	
Petits outillages	Houes	15,800	11,550	73,1	La différence entre prévu/distribué a été pillé à Ngoumbélé
	Machettes	10,200	8,800	86,27	
	Râteaux	4,600	0	0	les foyers féminins sont en construction
	Pelles	4,600	0	0	
	Arrosoirs	4,600	0	0	
	machines de transformation	150	60	40	

- Tableau 3: Situation des récoltes et rendements

Production	maïs	arachide	total kg
surface (ha)	518	1,253	1,771
rendement (kg par ha)	524	630	1,154

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

Les semences maraîchères prévues n'ont pu être acquises faute de disponibilités d'intrants de qualité au niveau national.

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

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

14. M&E: Has this project been evaluated? YES NO

Un système de suivi et évaluation sera mise en place pour les futurs projets.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	20 May 2013 –19 Nov. 2013
2. CERF project code:	13-FPA-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening Emergency Obstetrical and Neonatal Care and response to HIV transmission and Sexual Violence in Conflict affected area in CAR		
7. Funding	a. Total project budget:	US\$ 1,190,375	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ \$ 1,064,589	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 279,792	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	616,551	551,737	Intense people movements due to insecurity prevented to reach the totality of the target population.
b. Male	782,861	524,517	
c. Total individuals (female + male):	1,399,412	1,076,254	
d. Of total, children <u>under</u> age 5	264,892	201,318	
9. Original project objective from approved CERF proposal			
Support the provision of quality essential/ emergency obstetric care and the medico-psychological care to victims of sexual violence.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Four maternity centres rehabilitated (as above mentioned)to provide quality services Increased number of women with pregnancy complication who received timely obstetrical care; At least 50 rape survivors received appropriate medical care; 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Three maternity centres rehabilitated (2 in Bangui, 1 in Bambari). 59,400 assisted deliveries, Ombella M'Poko (Bangui, Bimbo, Begoua) , Bamingui-Bangoran (Ndele, Bamingui), Ouaka (Bambari, Kouango, Grimari, Ippy), Vakage (Birao, Gordil, Ouanda-Djalle, Tiringoulou, Amdafock, Boromata, Aiffa, Sikikede, Delembe , Ndiffa and Mele). 1028 deliveries assisted by professionals and 154 C-section in 40 maternities. 133 rape survivors received appropriate medical care. <p>Other outcomes:</p>			

<ul style="list-style-type: none"> • 123 health care providers from the 29 supported health facilities trained in emergency obstetric and neonatal care. • 40 maternities received support in reproductive health kits, essential generic drugs and medical equipment donated by UNFPA. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 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 children</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project was regularly monitored through monthly reports from assisted health facilities. Two quarterly joint missions were also carried out for the following:</p> <ul style="list-style-type: none"> • Monitoring the use of Reproductive Health kits; • Training emergency MISP staff; • Rapid delivery of safe blood transfusion kits and HIV test; • Monitoring psychosocial support for survivors of SGBV. <p>The missions found that:</p> <ul style="list-style-type: none"> • Advanced strategies, through mobile clinics set up by IMC and Save the Children have helped provide assistance to pregnant women in remote areas and facilitate the evacuation of obstetric complications in specialized centers for proper care; • The mission allowed to instantly unlock certain situations limiting the access of women of childbearing age to certain family planning services. • .Experience with free antenatal consultation in health centers supported by IMC has increased the number of safe births. 	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	17 May 2013 – 16 Nov. 2013
2. CERF project code:	13-HCR-036	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protection monitoring and assistance to IDPs in Central African Republic (CAR)		
7. Funding	a. Total project budget:	US\$ 20,498,440	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 13,163,431	▪ NGO partners and Red Cross/Crescent: US\$ 278,080
	c. Amount received from CERF:	US\$ 375,014	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	129,250	102,744	The project reached 80 per cent of planned beneficiaries because of the climate of instability which prevailed in the country for the whole period of implementation of this project reducing access to beneficiaries, and at the same time increasing costs. For this reason, the total budget of the project was spent during the implementation period.
b. Male	105,750	85,310	
c. Total individuals (female + male):	235,000	188,054	
d. Of total, children <u>under age 5</u>	82,250	24,931	
9. Original project objective from approved CERF proposal			
<p>The strategic objectives of the project remain those of the response plan of the CAR Protection Cluster in relation to protection issues and identified needs:</p> <ul style="list-style-type: none"> Strengthen the presence of protection actors in the zones where civilian populations are most affected by the conflict and armed violence. Reduce protection risks for people affected by the conflict and insecurity. Identify, analyze and refer the needs of populations affected by the conflict and armed violence. Build/reinforce the capacity within the affected communities for an effective community protection system. <p>Through an effectively coordinated programme between UNHCR and its implementing partners, the following specific objectives will be achieved:</p> <ul style="list-style-type: none"> Collect, analyze and share data on protection incidents occurring in Bangui, Kabo, Batangafo and Ouandago, and on the axis Damara-Bambari; Strengthen community-based protection mechanisms through the presence of monitors in Bangui, Kabo, Batangafo and Ouandago, and on the axis Damara-Bambari; Monitor protection threats in the most affected zones targeted by the project; Through protection monitors and partners on the ground, serve as focal point to identify victims of protection incidents such as gender based violence (GBV) and other serious human rights violations for direct/immediate response and/or referral to UNHCR, UNICEF, UNFPA and other specialized actors; Develop narrative and analytical reports on protection incidents on a weekly and monthly basis; Establish a protection data management system; Increase the advocacy on the protection of civilian population affected by the crisis and armed violence, displacement of population, and, human rights violations. 			

10. Original expected outcomes from approved CERF proposal
<ul style="list-style-type: none"> • Protection by presence is strengthened in all areas covered by the project; • Community-based protection is strengthened through the establishment of community protection committees trained on threat-response; • Civilian population affected by the conflict and armed violence, IDPs and returnees live in a stable protection environment; • Protection needs, including psychosocial and legal needs, and other assistance needs are identified, addressed and/or referred for appropriate response; • Strengthened Protection Cluster capacity at the national level and at the provincial level (namely through the revitalization of a sub-cluster in Kaga Bandoro covering the areas of Kabo, Batangafo and Ouandago); • Contribution to the implementation of the Protection Cluster response plan and strategy; • Targeted advocacy initiatives by the Protection Cluster are enabled; • 40 priority groups (10 groups in each prefecture) covered by the protection monitoring; • 120 protection monitoring missions (30 missions per prefecture) conducted and recorded; • 864 protection incidents recorded (144 per month in the four prefectures); • 518 cases referred and treated (60% of reported protection incidents) • 96 narrative weekly reports produced • 24 monthly analytical reports produced • 24 monthly statistical reports produced • 8 analytical and statistical quarterly reports produced • 1 final report <p>Note: These figures are estimated and may vary from one location to another on the basis of protection incidents occurred during the duration of implementation of the project and accessibility (security) to the zones covered.</p>
11. Actual outcomes achieved with CERF funds
<ul style="list-style-type: none"> • 24 protection monitoring agents were recruited, equipped and deployed. These contributed significantly to the strengthening of the protection by presence in all areas covered by this project. • 43 committees, comprising of 146 individuals were established and trained and contributed to the strengthening of community-based protection in the targeted zones. • The project contributed to the emergence of a peaceful environment of good cohabitation between populations. Some 188,000 people, comprising IDPs, local populations and IDPs were reached by the project's community-based protection activities. Gaps in protection interventions, primarily with regard to psychological and assistance were actively identified and properly referred to the protection cluster members and other concerned stakeholders. • The activities undertaken through this project, namely protection by presence, recording/analysis of protection incidents, protection missions, and the production of narrative weekly/monthly reports contributed significantly to the implementation of the Protection cluster strategy at national and field levels. • Protection Cluster advocacy efforts targeting authorities and the public to improve attitudes towards IDPs were greatly facilitated through the implementation of this project. • For instance, 5 irregularly arrested people who were under the threat of torture were freed by way of this project's interventions (1 in the site of Gbazara, 4 in Kabo). • 40 priority groups were covered by protection monitoring; • 68 protection monitoring missions were conducted and recorded; • 2,068 protection incidents were collected, analysed and disseminated, • 2,068 cases referred and treated (100 per cent of identified protection incidents), • 96 narrative weekly reports were produced • 24 monthly analytical reports were produced • 24 monthly statistical reports were produced • 8 analytical and statistical quarterly reports were produced • 1 final report was elaborated and submitted.
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:
<p>In spite of the escalation of an already chronic and protracted instability in the CAR in 2013, the project's implementation went as planned, with only one interruption due to a critical security incident involving our implementing partner and the project's staff. There has not been any significant discrepancy between planned and actual outcomes.</p>

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The evaluation of this project was scheduled to take place in December 2013, one month after the liquidation of the project's commitments and finalization of eventual pending activities. Unfortunately, the simultaneous attacks on Bangui (December 5, 2013) and several other cities (including areas where the project was implemented) in the CAR by the Anti-Balaka and Ex-Seleka elements, creating a crisis of immense proportions within the country, made it impossible to go ahead. However, during the implementation of the planned activities, regular project monitoring missions were conducted by UNHCR in the areas targeted by the project.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	21 Jun. 2013 –20 Dec. 2013
2. CERF project code:	13-UDP-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Time critical waste management in the districts of Bangui, Damara and Sibut		
7. Funding	a. Total project budget:	US\$ 729,670	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 729,670	▪ NGO partners and Red Cross/Crescent: US\$ 152,100
	c. Amount received from CERF:	US\$ 167,562	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	150 000	85 000	<p>The population of the 8 districts of Bangui and neighbouring cities Begoua and Bimbo, around 850,000 people, including at least 450,000 women, were direct beneficiaries of the overall programme of which the CERF funding represents 20 per cent. The total direct beneficiaries of the CERF funding is therefore 170,000.</p> <p>It was expected to create 18 000 day jobs of high intensity labour, of which 40 per cent for women. At the end of the project, 24,500 jobs were created, but the target of 40 per cent of women could not be reached because of the highly physical arduous type of work.</p> <p>Knowledge, attitudes and practices of hygiene and sanitation have been well understood by the people. This result is significant thanks to the combined efforts and additional funding obtained from the CHF and equity UNDP. The results achieved have exceeded estimates.</p>
b. Male	150 000	85 000	
c. Total individuals (female + male):	300 000	170 000	
d. Of total, children <u>under</u> age 5	15 000	8 500	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Undertake time critical and lifesaving waste management, reducing immediate health hazards • Provide a safer environment, for humanitarian assistance activities to take place, allowing access and free movement of life saving goods and services. • Reconstitute a level of human dignity and providing an income to cover for most immediate lifesaving needs, including food and medication. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Targeted districts provide safer living conditions. • Incomes generated in targeted districts provide access to lifesaving items. • Stability of target communities increased. 			

11. Actual outcomes achieved with CERF funds	
<p>Through the CERF funding, the communities in the targeted districts of Bangui were given employment opportunities in the face of difficult market conditions which were at the same time increasing the quality of life for the communities through reducing open sources of waste and dangerous hygienic conditions. Through the cash for work initiative, the targeted communities were also able to turn their attention on a community based exercise for the benefit of everyone and turn their focus away from the inter-communal violence that has affected Bangui since December 2012. Through the intervention a total of 15,000 m3 of waste is buried, 18.2 km gutters were cleaned even though only 10km was planned, 1,145 m of gutters were created and 24,050 jobs created with only 18,000 jobs planned.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The overall planned outcomes of the programme were reached. The increase in work done and jobs created points towards the success of the initiative and the willingness of the communities to engage and participate in income generation activities for the benefit of the broader community.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>UNDP conducted periodic monitoring activities with their partners on this project. Key observations include:</p> <ul style="list-style-type: none"> • The project has had a positive impact on the knowledge, attitudes and practices in terms of hygiene and sanitation. A few shortcomings need to be addressed on the hand washing and on the waste disposal areas. The population should be encouraged to continue the initiated changes on sanitation. • The cleaning of 18 kilometres of drainage has allowed for a better evacuation of the rains and helps reducing the number of floods according to local authorities. • The rehabilitation of the access to the Mpoko waste disposal site, the triage and burning of waste as well as the awareness campaigns on good hygiene practices have contributed to a change in attitudes and an increase in good hygiene and sanitation practices. 	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	17 May 2013 –16 Nov. 2013
2. CERF project code:	13-WFP-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Assistance to the Conflict Affected Population In the Central African Republic (CAR)		
7. Funding	a. Total project budget:	US\$ 16,228,059	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 11,926,776	▪ NGO partners and Red Cross/Crescent: US\$ 22,314
	c. Amount received from CERF:	US\$ 680,510	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,684	9,794	A village in the targeted area had not been included in the plan as it was completely empty at the time of the evaluation and census mission, as the whole population had taken refuge in the bush because of the insecurity. This village was included for the second distribution and received a 30 days ration instead of a 60 days ration.
b. Male	7,271	8,014	
c. Total individuals (female + male):	16,955	17,808	
d. Of total, children <u>under</u> age 5	3,389	4,353	
9. Original project objective from approved CERF proposal			
Through lean season distributions, provide food assistance to conflict-affected people following the recent internal conflict between Government forces and the Séléka Coalition that occurred in the North East and Centre of the Central African Republic.			
10. Original expected outcomes from approved CERF proposal			
80 percent of targeted populations (16,955) have received food assistance.			
11. Actual outcomes achieved with CERF funds			
105 percent (17,808) of targeted population (16,955) have received food assistance.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a			
14. M&E: Has this project been evaluated?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
The food distributions contributed to the increase of food availability and to the price stabilisation in the area during the lean season. The food distributions also mitigated the severe impact of the difficult access to food caused by the insecurity, on the food security of the population, which had been assessed as extremely severe by the joint assessment carried out by UNHCR, Mercy Corps, TGH and IMC.			

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	11 Jun. 2013 -10 Feb. 2014
2. CERF project code:	13-WFP-027	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services- Telecom and Data		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Telecommunications services provision to the humanitarian community in Central African Republic		
7. Funding	a. Total project budget:	US\$ 2,121,303	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 735,983	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 735,983	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	n/a	n/a	The ETC is a service provider to the Humanitarian Community (UN and NGO) in emergencies and as such has no direct beneficiaries.
b. Male	n/a	n/a	
c. Total individuals (female + male):	n/a	n/a	
d. Of total, children <u>under age 5</u>	n/a	n/a	
9. Original project objective from approved CERF proposal			
The main objective of this project is to provide emergency telecommunications services to the humanitarian community in the target areas in order to allow relief workers to operate and provide immediate lifesaving assistance to populations affected by the crisis.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • NGO staffs in three of the four mentioned locations are provided with security telecommunications. • UN and NGO staff given access to internet connectivity thus enabling them to provide lifesaving support to the population in need. 			
11. Actual outcomes achieved with CERF funds			
The necessary technical equipment for the 4 locations targeted by the project was purchased and due to the security situation and limited access to the recommended areas could not be deployed, however, ETC has deployed in four other locations such as Bouar, Bosangoa, Paoua and Bangui. The team conducted preliminary assessments of the proposed locations and ensured coordination amongst cluster partners. An ETC Concept of Operations (CONOPS) was completed and shared with partners. A frequency and common call sign plan was developed with UNDSS and, to date, a total of around 150 hand-held and vehicle radios for UN agencies and NGO partners were programmed.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The security situation remains the key challenge for ETC deployment of services. Transportation and logistics are also challenging			

the deployment. Therefore, the CERF funds were mainly utilised to procure and deploy IT services in Bouar, Bosongoa, Paoua and Bangui.

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

YES NO

The Gender Marker code is N/A.

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

YES NO

The WFP emergency telecommunications project is on-going up to the end of 2014. The needs of the project are constantly being evaluated and updated. Relevant documents about the project and operational updates are posted on: <http://ictemergency.wfp.org/web/ictopr/emergencies2013/central-african-republic>.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	17 May 2013-16 Nov. 2013
2. CERF project code:	13-WFP-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services-Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Humanitarian air services in CAR		
7. Funding	a. Total project budget:	US\$ 7,962,662	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 15,250,181	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,000,001	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	n/a	n/a	A significant increase was reached in the number of “planned beneficiaries” (humanitarian actors) due to a significant scale-up in operations to support the humanitarian crisis in CAR. While 800 passengers were expected, 1,567 have been transported. Consequently, the number of booking requests received by UNHAS increased with a corresponding increase in the number of passengers transported.
b. Male	n/a	n/a	
c. Total individuals (female + male):	800	1,567	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
During the current humanitarian crisis many humanitarian organisations operating in CAR are scaling up their activities, which are mostly located in the remote areas. The CERF funding will enable UNHAS to address the increased humanitarian needs in air travel and to provide timely assistance to the affected population.			
10. Original expected outcomes from approved CERF proposal			
The operation will be monitored in line with the following key performance indicators:			
<ul style="list-style-type: none"> • Aircraft occupancy rate (target 70 percent); • Number of passengers transported against planned (target: 400 passengers per month); • Food or non-food items transported against requested or planned quantities (target: 3mt per month); • 100 percent utilization of contracted hours; • The number of United Nations agencies and other humanitarian organizations utilizing the service (target 25); • Number of locations served (target: 20 locations); and • 100 percent response to medical and security evacuations. 			
11. Actual outcomes achieved with CERF funds			
Overall, the CERF grant enabled UNHAS to facilitate the movement of humanitarian actors to implement, supervise and monitor			

projects in support of populations affected by the conflict in CAR. In particular, the following outcomes were achieved:

- Aircraft occupancy rate: 70 per cent;
- Number of passengers transported against planned: 783 passengers per month;
- Food or non-food items transported against requested or planned quantities: 22.6 mt per month);
- 100 per cent utilization of contracted hours (an extra 9 per cent was flown as additional hours);
- The number of United Nations agencies and other humanitarian organizations utilizing the service: 67;
- Number of locations served: 15 regular destinations and 12 ad-hoc destinations served on demand;
- 100 per cent response to medical and security evacuations. A total of 50 evacuations were executed out of 50 demands received.

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

Targets were significantly exceeded in all key performance indicators than planned. This was due to a dramatic scale-up in humanitarian operations to support the crisis in CAR, which brought an attendant surge capacity in the country and, consequently, a high demand for UNHAS operations. In particular, passenger figures almost doubled and cargo requests had an exponential increase, as surface transport had become impracticable for UN agencies, NGOs and their implementing partners. Ironically, aircraft seat occupancy rates were achieved as planned owing to the fact that this indicator is a function of the average number of seats used in every flight. A total of 2,091 hours were flown as against 1,920 hours contracted.

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

YES NO

As a common service in support of humanitarian efforts (Coordination and Support Services), the project is demand-driven towards humanitarian organizations (UN agencies, NGOs and donor agencies) and prioritization of requests in its implementation is not made based on gender. The Gender Marker code is N/A.

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

YES NO

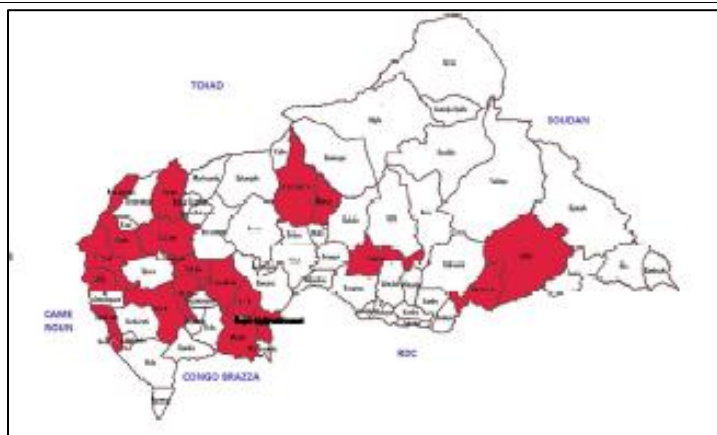
In addition to WFP HQ's Continuous Monitoring Approach concept through field operators' safety assurance evaluation of contracted operators and quality assurance missions, in which reports are internal, a field evaluation was carried out by ECHO (report attached). Key findings include:

- Satisfactory operational levels of safety and security of UNHAS;
- Appropriate qualifications of UNHAS staff;
- Continuous involvement of stakeholders notably, OCHA, in administrative decision-making;
- The need to ensure improved controls against abuse;
- More improvement in UNHAS communication to humanitarian actors;
- Other operational factors such as runway rehabilitation and fuel availability in remote locations should be considered;
- Staffing levels should be done commensurate to the size of the operation.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	15 Apr. 2013 –14 Oct. 2013
2. CERF project code:	13-WHO-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening a prompt initial response to health consequences of armed conflict with support to the promotion of integrated management of childhood illness and mass campaign against new measles outbreak in conflict affected health districts of CAR		
7. Funding	a. Total project budget:	US\$ 2,472,933	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,498,627	▪ NGO partners and Red Cross/Crescent: US\$ 498,110
	c. Amount received from CERF:	US\$ 875,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,238,904	1,433,721	Security constraints and spread of measles outbreaks are the main reasons of discrepancy between planned and reached beneficiaries. Given the scope of the spread of measles outbreaks (see below map) more efforts were oriented to control of measles in term of funding.
b. Male	2,151,104	1,377,496	
c. Total individuals (female + male):	4,390,008	2,811,217	
d. Of total, children <u>under</u> age 5	878,002	562,243	
9. Original project objective from approved CERF proposal			
Contribute to reduce morbidity and mortality related to health consequences of humanitarian crisis, disasters including seasonal outbreak of epidemic prone diseases such measles in Central African Republic.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 80% of health needs are identified in 28 Hospitals and 336 health centres within 22 conflict affected health district including cholera affected zones in southern CAR and within health district at risk of meningitis in northern CAR. Utilization of health service is improved at 0.5 consultations per person per year (standard 1/per/year). At least 80% of deliveries are assisted by qualified and motivated health personnel. 100% of communicable disease outbreaks detected and diagnosed in a timely manner. Guidelines on management of communicable disease (measles) and standards produced and adapted to different levels. 44 health district directorate personnel trained on the use of the International Strategy of Disaster Reduction (ISDR) guidelines of communicable disease management. 100 % of disease control mechanism for 22 health districts are strengthened in 7 health provinces/sub clusters for adequate collection, analyse and dissemination of accurate health information on epidemic prone disease and disasters. 			
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> Original expected outcomes 	<ul style="list-style-type: none"> Actual outcomes achieved with CERF Fund 	
<ul style="list-style-type: none"> 80 per cent of health needs are identified in 28 Hospitals and 336 health centres within 22 conflict affected health district including. Cholera affected zones in southern CAR and within health district at risk of meningitis in northern CAR. 	<ul style="list-style-type: none"> 117 health facilities (15 hospitals and 102 health centres) have been assessed jointly by WHO and MoH in June 2013 showed the health needs and a drastic reduction of access to health care with: Shortages of medical supplies in 68 per cent of health facilities due to insecurity the supply chains remains negatively affected Looting of health facilities by armed groups 42 per cent of health units had been vandalized or looted and lacked essential medicines Expanded program of immunization were not functional in 80 per cent of health facilities. Health workers fled due to the insecurity context and leaving most of health facilities non-functional 	
<ul style="list-style-type: none"> Utilization of health service is improved at 0.5 consultations per person per year (standard 1/per/year). 	<ul style="list-style-type: none"> Not assessed 	
<ul style="list-style-type: none"> At least 80 per cent of deliveries are assisted by qualified and motivated health personnel. 	<ul style="list-style-type: none"> Not assessed 	
<ul style="list-style-type: none"> 100 per cent of communicable disease outbreaks detected and diagnosed in a timely manner. 	<ul style="list-style-type: none"> All the measles outbreak were detected in timely manner 	
<ul style="list-style-type: none"> Guidelines on management of communicable disease (measles) and standards produced and adapted to different levels. 	<ul style="list-style-type: none"> Guidelines on management of communicable diseases were adapted and produced for collecting epidemiological data in the sites of internal displaced persons (cases definition and form for collecting data) 	
<ul style="list-style-type: none"> 44 health district directorate personnel trained on the use of the International Strategy of Disaster Reduction ISDR) guidelines of communicable disease management. 	<ul style="list-style-type: none"> 22 health district directorate personnel were trained on epidemiological surveillance in Bouar from 5 health Prefecture (District): Ouham, Ouham Pende, Nana Mamberé, Mamberé Kadei and Sangha Mambere. 	
<ul style="list-style-type: none"> 100 per cent of disease control mechanism for 22 health districts are strengthened in 7 health provinces/sub clusters for adequate collection, analyse and dissemination of accurate health information on epidemic prone disease and disasters. 	<ul style="list-style-type: none"> Epidemiological data are collected on regular basis. The information on epidemic prone disease is shared through the epidemiological bulletin and health cluster meeting. Mass vaccination campaigns were conducted as response which enabled the control of measles epidemics. 	
<p>WHO: Targeted population for mass immunization against: 2 023 000 persons</p> <ul style="list-style-type: none"> Through the CERF funds, WHO has contributed to strengthen epidemiological surveillance by the early warning system which enabled to detect outbreaks of measles in 15 health districts out of 33 over 2013 		



Map of health districts with Measles outbreak in red color over 2013

- Mass vaccination against measles has been organized in collaboration of MoH and health partners in 6 health prefectures (Ombella Poko Lobaye Sanga Mbeheré, Mambere Kadeyi Nana Mambere and Ouham Pende) from 3rd to 5th October 2013.
- **In total, 285,775 children** (6 - 59 months) were vaccinated against measles out of 314,685 targeted children (91 per cent coverage)

Emergency NGO - activities targeted population 234 000 children 0 – 14 years aged

- The “Complexe Pédiatrique” hospital in Bangui has been fully operational, with no shortage of medical supplies and adequate staffing.
- 565 surgical patients admitted;
- 1.404 Outpatients department consultations and follow-up;
- 1,546 surgical treatments, including post-operative cases and major dressings in anaesthesia.
- 100 per cent of admitted patients received free qualified surgical assistance, including drugs provision.
- 49 per cent of the patients were under five, while 38 per cent were girls.
- Equal services were given to patients, regardless of their sex, religion, ethnic group

Merlin - targeted population: 378 363 persons in Basse-Kotto and Haut Mbomou Health prefectures

- With the financial support from WHO/CERF, Merlin supported health facilities (Selim, Agoumar, Rafai, Guerekindo, Dembia) in **Haut-Mbomou** (Obo Hospital) in **Basse-Kotto**
- Minor rehabilitation of essential health services (waste management structures, maternity and operating theatre of Obo Hospital) has been made. Obo is the prefectural referral hospital in Haut-Mbomou (See below pictures)



- Restarting of expanded program of immunization (EPI) by providing fridges, petrol, and support the transport of vaccines from Bangui to Rafai and the distribution in to the 3 sub prefecture EPI centers (Dembia, Selim and Rafai).
- A total of 15533 new cases were received at health facilities in which about 38% were children under five.
- Early warning system in Basse Koto: 12 health care providers including 3 women staffs have been trained on Health Information Systems reporting and weekly epidemiological data collection forms.
- Early detection of measles outbreaks in Obo (Basse Kotto) and Mbomou (Haut Mbomou) have been followed by mass vaccination against measles conducted where 5,894 children 6 -59 months (97%) and 18,937 children 6 -59 months(100.3%) have been respectively vaccinated

IMC (International medical Corps)- targeted population: 175 854 persons

Support for referral system for emergencies (paediatric, obstetric and surgical) in **Haute Kotto** and **Vakaga** health prefectures.

- 522 patients referred in Haute Kotto (Bornou and Bria Hospital),
- 274 patients referred in Vakaga (Tiringoulou and Sikikede health facilities)
- The Paediatric Emergencies cares were the top of the cases referred to hospitals and representing 53 per cent while the same figure was 57 per cent showing that these children were appealed to die if there were not a such and great referral system in place in this region by IMC. Continuing such intervention as showed may greatly save life

Early detection of measles outbreaks in Bria (Haute Kotto) and Vakaga but mass vaccination response has been delayed due to the security constrains in these regions.

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

The difference between planned results and the current outcomes is explained by the spread of the epidemic of measles in several health districts which required during the implementation of the project, more urgent response compared to other planned activities. Given the scope of the spread of measles outbreaks more efforts were oriented to control of measles in term of funding.

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

YES NO

If 'NO' (or if GM score is 1 or 0): The score should be at least 1.

Health delivery is based on equity principle. The equal services were given to patients, regardless of their sex, religion, ethnic group with taking into account of vulnerable groups like children under 5 and pregnant women.

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

YES NO

No, security issues have been the main constraints for planning of evaluation of the project on the ground.

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 Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
13-CEF-061	Child Protection	UNICEF	Save the Children	INGO	\$269 626	28-Jun-13	26-Jun-13	
13-CEF-061	Child Protection	UNICEF	Cooperazione Internazionale	INGO	\$34 961	31-Dec-13	1-Jun-13	
13-CEF-062	Health	UNICEF	Save the Children	INGO	\$233,864	1-July-13	1-Jul-13	To provide integrated package of free care in Nana-Gribizi and OUAKA prefectures
13-CEF-062	Health	UNICEF	CARITAS Kaga Bandoro	NNGO	\$240 953	4-Oct-13	4-Oct-13	To provide integrated package of free care in Nana-Gribizi prefecture
13-CEF-062	Health	UNICEF	Action Contre la Faim	INGO	\$17 860	25-Jun-13	25-Jun-13	Support Nutrition project in Bangui and Ombela Mpoko
13-CEF-062	Health	UNICEF	COHEB	INGO	\$17 420	26-Sep-13	26-Sep-13	Support Nutrition project in Mbomou et Basse Kotto prefectures
13-CEF-063	Water, Sanitation and Hygiene	UNICEF	ACTED	INGO	\$181 219	21-May-13	16-Apr-13	The project was already started before the funds were made available to UNICEF based on the fact that CERF had already concluded that the project would be funded Activities continued by ACTED as planned, and the final payment was in form of cash reimbursement on what ACTED had already invested in the project
13-FAO-021	Food Assistance	FAO	CARITAS CAR	NNGO	\$13 200	30-May-13	30-May-13	
13-FAO-021	Food Assistance	FAO	ACDA	GOV	\$26 000	30-May-13	30-May-13	
13-FAO-021	Food Assistance	FAO	Vitalité Plus	NNGO	\$21 600	30-May-13	30-May-13	
13-FAO-021	Food Assistance	FAO	Unacref	NNGO	\$34 000	30-May-13	30-May-13	
13-FAO-021	Food Assistance	FAO	GAD	NNGO	\$2 000	21-Aug-13	21-Aug-13	
13-FAO-021	Food Assistance	FAO	AFRBD	NNGO	\$2 000	21-Aug-13	21-Aug-13	
13-FAO-021	Food Assistance	FAO	AIEC-MS	NNGO	\$2 000	21-Aug-13	21-Aug-13	
13-HCR-036	Protection	UNHCR	MERCY CORPS	INGO	\$214 582	15-Jun-13	25 June13	
13-HCR-036	Protection	UNHCR	DANISH REFUGEE COUNCIL	INGO	\$63 498	30-Sep-13	1-Oct-13	

13-UDP-010	Water, Sanitation and Hygiene	UNDP	ACTED	INGO	\$156,000	26-Sep-13	14-Jun-13	
13-WFP-026	Food Assistance	WFP	IMC	INGO	\$22 314	16-Jun-13	19-Jun-13	
13-WHO-028	Health	WHO	EMMERGENCY	INGO	\$202 855	12-Sep-13	15-Apr-13	Project started with CHF and completed by CERF funds
13-WHO-028	Health	WHO	MERLIN	INGO	\$139 452	13-Sep-13	1-Jul-13	Agency pre-financing
13-WHO-028	Health	WHO	IMC	INGO	\$115 803	19-Nov-13	1-Jun-13	Agency pre-financing

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACDA	Agence Centrafricaine de Développement Agricole
AFRBD	Association des Femmes Rurales de Batangafo pour le Développement
AIEC-MS	(National NGO)
ANEA	Agence Nationale de l'Eau et de l'Assainissement en Milieu rural
CAP	Consolidated Appeal Process
COHEB	Community Humanitarian Emergency Board (National NGO)
DGH	Direction Générale de l'Hydraulique
DRC	Democratic Republic of Congo
DSRSG / RC/HC	Deputy Special representative of Secretary General/Resident Coordinator/Humanitarian Coordinator
EPI	Expanded Program of Immunization
ETC	Emergency TeleCommunications
GAD	(National NGO)
GBV	Gender-Based Violence
GOV	Governmental
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HDPT	Humanitarian and Development Partners Team
ICRC	International Committee of Red Cross
IDP	Internal Displaced Persons
IMC	International Medical Corps
INGO	International Non-Governmental Organisation
ISDR	International Strategy of Disaster Reduction
LIFA	Ligue Islamique d'Afrique (National NGO)
LRA	Lord Resistant Army
MoH	Ministry of Health
MSF	Medecin Sans Frontières
NNGO	National Non-Governmental Organisation
NFI	Non Food Items
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
REMOD	Rebâtisseurs de la Muraille des Oeuvres de Dieu
RoC	Republic of Congo
RRM	Rapid Response Mechanism
SGBV	Sexual and Gender-Based Violence
SMT	Senior Management Team
SODECA	Société de Distribution d'Eaux en Centrafrique
UN	United Nations
Unacref	Union Nationale de Centres Ruraux d'Education
UNCT/IASC	United Nations Country Team/Inter Agency Standing Committee
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Populations
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Program