



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

**RESIDENT/HUMANITARIAN COORDINATOR**

**Moustapha Soumare**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

All organizations who received project funding through the CERF participated in the AAR which took place on 18 February 2014, which also focused on continuing projects and needs for the refugees, which included United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP), United Nations Children's Fund (UNICEF), World Health Organization (WHO) and United Nations Population Fund (UNFPA).

- 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

Throughout the project cycle – from initial discussions, to implementation, and report preparation – a working group on responding to the Central African Republic (CAR) Refugee crisis, led by UNHCR, was operational. It was this coordination body which led the harmonization of interventions that also presented the proposal to the Humanitarian Country Team (HCT) for endorsement by the Humanitarian Coordinator (HC). However, this final report has not been shared with the HCT for discussion, even though progress was discussed during the project timeframe. No specific discussions on the report at the HCT.

- 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, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

Not as of this time, due to time constraints. However, a special HCT will be convened to discuss the overall impact of CERF funds in the DRC – including the response to CAR refugees. <sup>1</sup> In particular, there is concern over the numbers of those targeted and addressed, and the HC- with support from OCHA – is looking at secondary sources to verify actual targets achieved.

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<sup>1</sup> This is a suggestion from OCHA to have a review on a regular basis (every 6 months) of the value added of CERF funds, and with reference to specific recent interventions funded by the CERF

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 40,402,534		
Breakdown of total response funding received by source	Source	Amount
	CERF	8,057,273
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	13,000,000
	<b>TOTAL</b>	<b>21,057,273</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03-May-13			
Agency	Project code	Cluster/Sector	Amount
UNHCR	13-HCR-039	Multi-sector	5,360,068
WFP	13-WFP-030	Food	1,293,324
UNICEF	13-CEF-069	Multi-sector	649,412
WHO	13-WHO-032	Health	503,721
UNFPA	13-FPA-024	Health	250,748
<b>TOTAL</b>			<b>8,057,273</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	\$3,845,882
Funds forwarded to NGOs for implementation	\$3,621,397
Funds forwarded to government partners	\$589,994
<b>TOTAL</b>	<b>8,057,273</b>

### HUMANITARIAN NEEDS

Serious human rights violations and a grave and rapidly deteriorating humanitarian situation were prevailing in the Central African Republic (CAR) with the rise of the “Séléka” coalition of armed groups, who overran the capital city of Bangui on 24 March 2013, and thus forced President François Bozize to flee. This was the latest wave of fighting since December 2012 when the rebel coalition launched a series of attacks, taking control of major towns.

As result, in April 2013, 35,540 persons took refuge in the Congolese provinces of Equateur and Province Orientale, via 26 entry points along the border of some 1,200 kilometres. The humanitarian community welcomed the decision of the Government in the Democratic Republic of Congo (GoDRC) to recognize these refugees on a *prima facie* basis. Given the remoteness and insecurity in

the refugee-hosting areas; the GoDRC recommended that all protection and assistance activities to those refugees be provided in camps settings. GoDRC allocated four sites to host refugee camps: three in the Province of Equateur (Mole, Inke, Boyabu) and one in the Province Orientale (Mboti).

The majority of refugees arriving in the Democratic Republic of Congo (DRC) from CAR were fishermen and subsistence farmers from areas bordering on the DRC. UNHCR's pre-registration report of 22 April 2013 shows that 60 per cent of this population were children under 18 years old and 54 per cent were women.

Based on the needs and gaps analysis in locations/villages hosting refugees conducted through joint missions with local authorities, UNICEF, WFP, National Refugee Commission (CNR), Medecine d'Afrique (MDA) and UNHCR, the priority needs were, in addition to protection needs: shelter and non-food items (NFI), sanitation, access to regular food and potable water, emergency education, health and nutrition. Protection incidents reported were related to physical harassment by soldiers, sexual violence and child exploitation. The local population was also affected by this situation. They had to share their meagre resources with the new comers and host them in overcrowded houses. Through discussions at the HCT, the needs of the refugees were defined as a priority, and while longer-term funding was sought, the HCT approved the decision to request funds from the CERF to jump start the response.

## II. FOCUS AREAS AND PRIORITIZATION

Many refugees were initially in multiple and remote locations along the DRC-CAR border (some 1,200 kilometres), making protection and assistance difficult. They were hosted by families in their homes (often by relatives in DRC), in public administrative buildings, and in collective areas. Others, unable to find shelter, remained without shelter upon arrival.

Following the decision from the GoDRC recommending that all protection and assistance interventions be implemented in camps settings, four camps were established in the Province of Equateur (3) and in the Province Orientale (1).

Between June and October 2013, UNHCR and partners embarked on a complex operation, working simultaneously on: (1) developing camps; (2) relocating refugees from the border to camps; and (3) providing protection and assistance to refugees while in host communities and after relocation to camps. This included pre-registration and access to basic and essential services such as food, health, water and sanitation, shelters, etc.

This CERF grant covered protection and assistance activities for 36,000 refugees from May to November 2013. In addition, it provided health care for the **potential** needs of up to 110,000 people comprising not only refugees (only those outside camps) but also host families – since health care cannot be effectively provided unless those potentially affected are all covered. The prioritized emergency activities from interagency assessments included: general registration; protection monitoring; logistics; construction of common and family emergency shelters; construction of emergency schools and distribution of education materials; construction of emergency health facilities; provision of primary health care services (including reproductive health, prevention and response to HIV and AIDS and therapeutic feeding services); access to secondary health care services through referrals to existing hospitals; procurement, transportation and distribution of food and non-food items; assistance to persons with specific needs; access to sanitation and water services (including water tracking and borehole construction, water treatment). Below are the key priorities by sector:

**Child protection:** Identification and assistance to separated and at-risk children was a key priority as more than 350 unaccompanied children (UAM) were identified the first week of April alone.

**Shelter and Non Food Items (NFIs):** Refugees, fearing for their safety, fled from CAR to the DRC with little or no resources or documents. Many lacked proper shelter and basic household items such as sleeping mats, buckets, blankets, kitchen sets, soap and other essential items.

**Food assistance:** Refugees lacked essential food and livelihood opportunities. As mentioned, host communities were sharing already meager resources with refugees. Food security assessments carried out by WFP and partners showed that 14 per cent of the local population was food insecure prior to the recent refugee influx.

**Logistics:** Infrastructure including roads was in disrepair or lacking in many parts of the two provinces and this is an obstacle to humanitarians seeking to deliver assistance particularly in the remote border areas where refugees are currently located. There are no roads in many rural areas, and the existing roads and bridges are in poor conditions.

**Health/nutrition and HIV/AIDS:** An inter-agency mission conducted in February 2013 reported an alarming situation with 45 per cent of Global Acute Malnutrition (GAM) prevalence, 8.9 per cent of Severe Acute Malnutrition (SAM). The nutritional situation in the country of origin of CAR was also alarming prior to the flight. The epidemiological profile was dominated by malaria, ARI, diarrhoea

and intestinal parasites. Malaria was the leading cause of death among children under 5. Under 5 mortality rates in the refugee hosting areas were high (168/1000 in Equateur and 179/1000 in Province Orientale: MICS 2001). Measles cases were reported all over the country: in January 2013, WHO DRC reported 720 cases of measles, 19 death ( lethality rate 2.64 per cent) in the Province of Equateur and 3,225 cases, 71 death (lethality rate: 2.20 per cent).

In the neighbouring CAR, measles coverage was as low as 49.8 per cent. Less than 8 per cent of children were fully vaccinated.

**Water and sanitation:** access to clean water and sanitation, including soaps, remained a major challenge for refugees as well as the local population.

**Emergency education:** Around 60 per cent of the refugee population were children whose age ranged between 5 to 17 years. Provision of emergency education was a priority as well.

### III. CERF PROCESS

Response to incoming refugees from CAR was anticipated in the 2013 Humanitarian Action Plan (HAP), though the planned numbers for 2013 was for the 3,338 CAR refugees who were in DRC at the time of planning (September, 2012). The overall planning figures for multisectoral response to refugees for 2013 were for 140,000 refugees, over 120,000 of who were from Rwanda and Angola. As such, the HAP 2013 was not able to take into consideration the situation as it unfolded in mid-2013, with the arrival of large numbers of refugees from CAR. It was for this reason, and due to the lack of contingency funds that the HCT prioritized the response to the new influx in May 2013 and the decision to request emergency funds from the CERF. At the HCT, it was agreed that the response would be multisectoral, and following this, a working group was formed of the relevant agencies, chaired by UNHCR, with each agency separately developing proposals based on comprehensive need assessments (CAN) which had previously been carried out. During the proposal development stage, the working group ensured the complementarity of response between the agencies, to ensure that all priority issues identified through the needs assessments were met.

As the cost of this CAN showed needs of \$40 million for the target population, the agencies jointly prioritized further to focus on life-saving interventions to fit in with the request for a CERF grant, ensuring that the funding could be used to jump start the response, while other sources of funding were being sought jointly and by individual agencies. UNHCR agreed to facilitate transport from the capital to the field of all relief items purchased by other agencies within CERF fund-project, while UNICEF and WFP agreed to provide stocks available in the region/country for nutrition programmes in order to ensure that the budgets would be sufficient to need the priority needs.

UNHCR's implementing partners were engaged on the basis of their previous experience in the region and in their respective sectors.

Gender was taken into account in the participatory assessments, at the planning stage as well as during implementation. For instance, girl enrolment in schools was highly promoted and 50 per cent participation of women in all refugee community based management/association committees (food distribution, water, health, education) was recommended. Men participation in SGBV and reproductive health committees were also promoted.

#### IV. CERF RESULTS AND ADDED VALUE

An estimated total of 36,000 refugees were affected by the crisis, and this is the figure used for direct beneficiaries as most of the aid targeted them. However, more people were affected other than refugees, in particular families hosting them – an estimated 100,000 people being in this category across four health zones. Health care in particular, also covered these people – as a response for only refugees could not be appropriate. This should clarify that there is therefore no discrepancy between the figures cited for direct beneficiaries reached, and those covered by the health cluster.

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

Total number of individuals affected by the crisis: 36,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Multisector	18,720	17,280	36,000
	Health	18,720	17,280	36,000
	Food	11,571	12,082	23,653

NB: In addition to these direct beneficiaries among refugees, the health cluster provided health care for the *potential* needs of up to 110,000 people in the area – since such care would not be effective unless it covered the area’s broader population – covering refugees outside camps as well as host families.

#### **BENEFICIARY ESTIMATION**

The beneficiaries of this project were initially counted through a “*first level*” pre-registration exercise based on family size in coordination with the “Commission Nationale pour les Réfugiés” (CNR), UNHCR’s governmental partner.

During the relocation from borders to camps, a “*second level*” registration exercise based on individual registration took place. Refugees were statistically recorded into age and gender categories (male, female, ages 0-4, 5-11, 12-17, 18-59, 60 plus). From that point on, new CAR refugees to the Provinces of Equateur and Orientale have been recorded on arrival and allotted documentation to avoid double-counting.

In the North Ubangui region of Equateur Province, UNHCR put in place 2 mobile teams that circuited villages along the CAR-DRC border (the Bosobolo and Zinga axis, 72 km away from Gbadolite and Gbobabu axis, 15 km away from Zinga) in order to register newly arrived refugees and to collect information on the intention of refugees who were ready to be transferred to camps.

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

	Planned	Estimated Reached
Female	18,720	18,720
Male	17,280	17,280
Total individuals (Female and male)	36,000	36,000
Of total, children under age 5	7,200	7,200

NB: In addition to these direct beneficiaries among refugees, the health cluster provided health care for the *potential* needs of up to 110,000 people in the area – since such care would not be effective unless it covered the area’s broader population – covering refugees outside camps as well as host families.

## **CERF RESULTS**

The key results achieved from the CERF grant are as follows:

### **Food**

In August 2013, a post-distribution monitoring exercise led by WFP showed that 67 per cent of the refugees had an acceptable food consumption score at the mid-stage of the CERF-funded project thanks to the initial food distributions in Gbadolite and Zongo. However, in spite of food assistance, 33 per cent of the refugees were still food insecure (4 per cent poor and 29 per cent borderline) as compared to 12 per cent (1 per cent poor and 11 per cent borderline) among the host communities. The results showed that refugees were very much in need of food assistance, even though many of them were already engaged in some livelihood activities, namely in agricultural and fishing activities. Therefore, a follow up survey was conducted in October 2013 and that showed a grave deterioration of the food security status among refugees, but also among host communities; the percentage of refugees with poor and borderline food insecurity has increased quite dramatically since June from 33 per cent to 62 per cent (18 per cent poor and 34 per cent borderline) while the increase for host communities was just marginal with a 3 percent increase. WFP aimed at providing full rations to refugees in spite of pipeline breaks and logistical challenges, through CERF and contributions from other donors.

### **Multi-sector (Protection and Community services):**

To ensure the timely reception of refugees, regular joint missions between UNHCR and the CNR are conducted in the principal entry zones for refugees, at which 1 UNHCR and 1 CNR staff were permanently posted. In order to ensure the protection of refugees and their peaceful reception from host communities, a training session on the protection of refugees, community services, and SGBV-prevention was organized for UNHCR's implementing partners, and 4 training sessions on international protection were organized for local authorities. Also, 5 transit centres and 1 reception centre were erected in the camps, all of them manned with security guards.

There was a total of 27 protection monitoring missions and no cases of *refoulement* were registered.

Four SGBV-prevention training sessions for the *Police Nationale Congolaise* (PNC), local authorities, and civil society organization were organized in all camps. 11 survivors of SGBV received medical, legal, and psychosocial assistance. Standard Operating Procedures for referrals of OPs SGBV cases were established throughout both provinces. Best Interest Determination (BID) process for child protection was established and operational. 311 unaccompanied children were registered and either reunited with parents, or offered basic assistance.

**Multi-sector (Non-food Items)** A total of 4,701 households, or 23,505 people in Equateur received firewood. Six solar panels were installed in strategic points, while 20,994 people received NFI kits (comprised of soap, mosquito nets, jerrycans, mats, etc.). In Orientale Province, 356 refugees received NFI kits and 166 families, or 830 people, received tents in distributions centres.

The CAR Refugees, UNHCR, its partners, and other agencies' staff were transported to and from the camps in adequate conditions. The vehicle fleet and distribution supplies were received on time.

### **Multi-sector (WASH):**

As planned, 31 water sources including 16 boreholes, 6 wells and 9 tap stands, were constructed to give sufficient access to potable water. Water committees were established to manage them in each of the camps. A total of 1,219 latrines, 1,436 showers, and 42 refuse pits were constructed. Furthermore, 5,442 women received personal hygiene kits, and 21,599 persons benefitted from soap distribution. In order to sensitize the population to the proper use of latrines, 15 information sessions were organized and 1 trained hygiene and sanitation promoter was assigned to each latrine bloc.

In total, 32 training sessions were organized to train 98 people on water management, water chlorination hygiene promotion. As a result, no unacceptable rate of diarrhoea was reported throughout the camp.

### **Multi-sector (Education):**

To give access to children aged 6-11 years, 4 educational facilities were constructed, 3 school directors, and 38 schoolteachers (from the camps) were recruited and trained. A total of 426 schoolteacher were trained to instruct the CAR curriculum while students received school kits in the Province of l' Equateur. In Orientale Province, 1 school was constructed from UNICEF funds, and the CERF funding assured that 110 primary school students received school kits and 12 teachers were trained to instruct the CAR curriculum.

## Health

All refugees in the 4 camps have access to camp-based primary health care services and secondary health care services at district hospitals with which UNHCR has signed agreements. A total of 325 persons were referred to secondary health care. At the end of the period case mortality rates (CMR) is at 0.4 per cent, under-5 malnutrition rates U5MR at 1.1 per cent.

Measles vaccination campaigns targeting children and youth aged 06 month to 15 years were organized during relocations. Malaria prevention was carried out on a regular basis through the distribution of insecticide treated netting with at least 3 bed nets per household.

910 cases of acute malnutrition in the refugee's population and 151 in the local population were managed at camp levels through community based management of malnutrition while those with medical complications were referred to district hospitals. RUF (ready to use therapeutic food) was provided by WFP and UNICEF.

Reproductive health services were made available at camp level with referral system to hospitals and UNFPA provided emergency reproductive health Kits. 1,230 pregnant women received hygiene and infant kits

The project put in place a strategy to ensure continuation of ART. At least 89 persons have been identified and referred to district hospital for continued treatment.

Overall, this CERF-funded intervention represented the beginning of a vast operation as increasing instability in the CAR has created an influx of more than 60,000 refugees to the DRC at the end of this CERF implementation.

## CERF ADDED VALUE

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

YES  PARTIALLY  NO

Multi-sectoral assistance was provided to the CAR refugee population within a relatively short period of time. For WFP, CERF funds allowed immediate response to the food needs; allowing WFP to purchase food commodities locally and regionally, which filled commodity breaks and reduced the lead time associated with purchasing from international markets and helped to ensure the cost-efficiency of purchases. For education, in some areas, children were able to return to school within 11 days of the start of the crisis, as teachers were hired immediately. In terms of health, the CERF grant ensured that the excess mortality rate remained under the emergency threshold during the project period, which otherwise would have seen a higher rate.

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

YES  PARTIALLY  NO

Particularly in terms of health and food interventions, the CERF grant allowed for agencies and partners to respond in a timely manner to the crisis, with immediate response possible. Cases of malnutrition were treated quickly, thus reducing the need for further more costly interventions, and immediate identification and placement of midwives ensured a much lower maternal and neonate mortality rates.

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

YES  PARTIALLY  NO

The CERF funds reinforced the ability of UNHCR to respond to the CAR refugee emergency in concert with other agencies, and subsequently UNHCR developed a comprehensive multi-sectorial operation and launched a supplementary budget appeal. However, during the project cycle, the number of refugees in need continued to increase and there are still major funding gaps that have not yet been met by other funding sources.

On resources mobilized outside of CERF funds, WFP mobilized 500,000 Euros from the Government of France and USD \$1.5 million through its immediate response emergency operation. Only recently (February 2014) WFP secured an allocation of

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



500,000 euros to assist the refugees in Equateur. Due to the scarcity of resources, WFP prioritized the needs of the refugees and was compelled to de-prioritize other activities (i.e. school feeding, FFW) in order to be able to respond to this crisis.

Following the receipt of the CERF funds, additional emergency resources were mobilized by UNICEF DRC with the Embassy of Sweden in Kinshasa to benefit the refugees from CAR. At the grassroots level, local people provided local materials for the rehabilitation of schools in the villages.

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

YES  PARTIALLY  NO

The joint CERF-funded assistance between UNHCR and other UN agencies necessitated regular coordination meetings between the agencies and their implementing partners to ensure completion and follow-up of planned activities, which helped to enhance humanitarian coordination.

CERF enhanced coordination amongst the humanitarian community because joint assessment missions were undertaken at the beginning of the intervention and beneficiaries were targeted and identified on the basis of needs assessments jointly conducted by UNHCR, OCHA, UNICEF and WFP. The Government also played a large role in the screening of malnutrition cases, a role which it will continue to take on. WFP collaborated with NGOs and UNHCR through tripartite agreements for general food distribution and nutrition. WFP provided technical support to the NGO partner that was responsible for the nutrition interventions and used experienced UNHCR partners already operating in Equateur and elsewhere.

**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

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Community participation in the development of a plan for the improvement of schools created ownership among communities.	Communities should be included and encouraged to participate throughout the process, including the planning, design and implementation, as ownership is key to the success and sustainability	UNICEF
Timely availability of therapeutic supplies and ready to go logistics to dispatch required supplies is key to effective nutrition emergency response particularly in the context of DRC.	Due consideration should be given to logistical aspects when planning a nutrition emergency response, especially because RUTF, essential for the management of SAM, is heavy and bulky. Budgeting should include realistic estimate to allow shipment of therapeutic foods using commercial companies when needed.	UNICEF
To improve inter-agency collaboration in nutrition and other emergency responses, responsibilities of each agency must be clarified from the beginning in a joint document signed by all parties.	A Memorandum of Understanding (or any other type of joint cooperation agreement) should be signed between UN Agencies to clarify responsibilities of each agency in the implementation.	All UN Agencies involved including UNICEF
WFP faced immense logistical challenges including the lack of transporters, extremely poor road conditions, low water levels on the Bangui River and boarder closure issues between the Central African Republic and DRC	<p>To mitigate some of these logistical issues, but also according to feasibility considerations and beneficiaries' preferences, WFP is exploring the option of using cash and vouchers as a response mechanism, subject to the availability of funding and feasibility considerations, including markets, security, partners, financial service providers, among others.</p> <p>Secondly, should the requisite resources be made available in a timely manner, WFP will work on prepositioning necessary food before the rainy season to ensure an adequate supply for the refugees.</p>	WFP

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	UNICEF	5. CERF grant period:	1 May 2013 – 31 Oct. 2013
2. CERF project code:	13-CEF-069	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector (Nutrition and Education)		<input checked="" type="checkbox"/> Concluded
4. Project title:	Education and Nutrition Assistance to CAR refugees in the DRC		
7. Funding	a. Total project budget:	US\$ 837,728	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 837,728	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 649,412	▪ Government Partners: US\$ 265,280
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,210	6,102	To date 2,125 children of the 3,100 children targeted by the nutrition component, or 68.5 per cent of expected caseload, received treatment for SAM. This is due to logistic constraints which led to late start of treatment of cases. Currently supplies are still available with UNHCR and case management is still ongoing (implementation with local organisation ADS and PRONANUT). The planned number of 3,100 children should be fully reached with the remaining stock of nutrition supplies in 2014 within UNICEF's overall nutrition programme.
b. Male	4,830	9,484	
c. Total individuals (female + male):	10,040	15,586	
d. Of total, children <u>under</u> age 5	3,180	4,847	
9. Original project objective from approved CERF proposal			
<p>6,480 refugee primary school children in the camps and in the hosting communities have access to quality education and recreational activities</p> <p>Contribute to reduce mortality rate due to acute malnutrition to less than 2/10,000 per day and morbidity rate to less than 10 per cent among affected populations.</p> <p>Provide access to post-exposure prophylaxis for 380 women</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>3100 children under five receive adequate treatment against severe acute malnutrition.</li> </ul> <p>Education:</p> <ul style="list-style-type: none"> <li>Educational kits distributed (twice).</li> <li>Recreational kits distributed.</li> <li>120 teachers (females and males) are trained.</li> <li>40 local schools (36 in Equateur and 4 in Province Orientale), enrolling the refugee children, benefit of the school vouchers for rehabilitations/equipment.</li> </ul> <p>SGBV:</p>			

380 survivors of sexual violence receive medical, assistance, including PEP kits when reaching health centres within 72 hours.

11. Actual outcomes achieved with CERF funds

**Education:**

- Distribution of 150 recreational kits and 325 educational kits in the camps and in the hosting communities, as well as additional kits provided by UNICEF pending the arrival of kits purchased with the CERF funds.
- 408 teachers trained in pedagogical methodologies.
- Distribution of school vouchers to 40 local schools with refugee children.

**Nutrition**

- Nutrition supplies purchased and transported to Kinshasa/UNHCR for dispatch and use by UNHCR and partners. To avoid causing implementation delays, UNICEF allocated nutrition supplies available from other projects to this project, and delivered supplies to UNHCR in Kinshasa by June 2013.
- Technical support and supervision provided to ensure quality of nutritional interventions in Equateur.
- 2,125 children aged 6 – 59 months living in refugee camps and in the host communities received treatment against severe acute malnutrition (implementation by NGO Medecins d'Afrique and UNHCR).

**SGBV:**

- Provision of 25 PEP kits (tri-therapy) for medical care of survivors

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

While the largest discrepancy remains the change in situation due to the persisting crisis situation and resulting large influx of refugees, the fact that most refugees are fishermen and farmers and are therefore not settled in the refugee camps, required for adjustments to be made to gather the children. The children were placed in schools closest to their respective areas, scattered in the vast area of the North Ubangi District. Given this context, 40 refugee enrolling schools were selected for the project in order to reach and benefit children outside as well as within the refugee camps, and school vouchers were distributed in these project schools.

To date 68.5 per cent of expected caseload received treatment for SAM. This is due to logistic constraints, such as delays in transporting nutrition supplies from Kinshasa to implementation sites in Equateur. The delays have been caused mainly by the limited cargo capacity available at UNHCR to transport many items including bulky and very heavy Ready to Use Therapeutic Food (RUTF), which led to late start of the programme. In many instance, the shipment was delayed or shipped in piece meal. Currently although implementation by NGO Medecins d'Afrique (MDA) is closed, supplies are still available and case management continues with implementing partners.. Overall it is expected that target of 3,100 children will be reached during the first quarter 2014.

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)

If 'NO' (or if GM score is 1 or 0): For DRC, a HAP exists but no CAP and no Flash Appeal. However, this nutrition and education emergency response provided free access to treatment for severe acute malnutrition with equal access opportunities for both boys and girls.

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

YES  NO

Evaluation of the education and nutrition response was not budgeted with CERF funds.

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	19 Jun. 2013 – 18 Dec. 2013
2. CERF project code:	13-FPA-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Réduction de la surmortalité et de la surmorbidité liée à la santé de la reproduction chez réfugiés centrafricains et les populations d'accueil dans la province de l'Équateur et la province Orientale		
7. Funding	a. Total project budget:	US\$ 1,225,852	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ NGO partners and Red Cross/Crescent (ASNU: UNFPA &amp; PAM): US\$ 0</li> <li>▪ Government Partners: US\$ 20,220</li> </ul>
	b. Total funding received for the project:	US\$ 250,748	
	c. Amount received from CERF:	US\$ 250,748	
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	17,493	17,493	
b. Male	16,807	16,807	
c. Total individuals (female + male):	34,300	34,300	
d. Of total, children <u>under age 5</u>	1,700	1,700	
9. Original project objective from approved CERF proposal			
<p>Objectif général</p> <p>D'ici 6 mois, contribuer à réduire la surmortalité et la surmortalité maternelles et néonatales par chez les réfugiés centrafricains et les populations hôtes dans les provinces de l'Equateur et Orientale par la mise œuvre des interventions salvatrices de vie dans en santé de la reproduction.</p> <p>Objectifs spécifiques</p> <ul style="list-style-type: none"> <li>• Renforcer le plateau technique de 8 formations sanitaires de 4 ZS d'accueil (Zongo/Worobe, Gbadolite en Equateur et Bondo/Buta et Ango en Province Orientale) pour assurer une prise en charge appropriée des urgences obstétricales et néonatales chez les réfugiés RCA les populations hôtes d'ici fin décembre 2013.</li> <li>• Appuyer l'offre de services de santé de la reproduction d'urgence à 2000 femmes enceintes parmi les réfugiées et population d'accueil.</li> <li>• Réduire la transmission des IST/VIH incluant la prise en charge syndromique des IST chez les réfugiés RCA ainsi que les populations d'accueil, particulièrement les jeunes et les adolescents dans les 4 ZS ciblées du projet d'ici fin décembre 2013.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>Réalisations escomptées liées à Objectif spécifique N° 1 :</p> <ul style="list-style-type: none"> <li>• 4 maternités de référence et 4 de base sont équipées en matériels et équipements médicaux de base.</li> <li>• 8 formations sanitaires des aires de santé ciblées sont approvisionnées en médicaments, contraceptifs, consommables médicaux, préservatifs et kits SR d'urgence pour la prise en charge des urgences obstétricales et néonatales.</li> <li>• 80 prestataires des structures sanitaires dont 24 femmes sont formés en DMU et urgences obstétricales et néonatales</li> <li>• Une mission de supervision et suivi du projet est réalisée mensuellement dans chaque zone de santé.</li> </ul>			

Réalisations escomptées liées à l'objectif spécifique N° 2:

- Au moins 1440 femmes enceintes ont bénéficié de l'offre des soins prénataux de qualité.
- Au moins 1440 nouveau-nés ont bénéficié des soins néonataux de base.
- Au moins 288 nouveau-nés ont bénéficié des soins néonataux d'urgence de qualité.
- 10. Au moins 216 complications des grossesses ont bénéficié d'une prise en charge correcte.
- Au moins 75 cas de césariennes sont réalisés
- 80 relais communautaires sont briefés sur les gestes qui sauvent la femme enceinte, les signes de danger chez la femme enceinte
- 1440 kits d'accouchement propres distribués auprès des femmes visiblement enceintes
- 7 560 kits de dignité distribués auprès des femmes et hommes en âge de procréer parmi les réfugiés RCA et populations hôtes.
- Au moins 7 560 personnes sensibilisées sur les urgences obstétricales et néonatales ainsi que les signes de danger pendant la grossesse et le travail

Réalisations escomptées liées à l'objectif spécifique N° 3 :

- Les kits de prise en de cas des IST/VIH sont disponibles dans les zones du projet
- Le matériel et équipements pour les précautions standards contre le VIH sont disponibles dans les formations sanitaires.
- Les kits pour la sécurité transfusionnelle sont disponibles dans les formations sanitaires.
- Les protocoles et standards de prise en charge des IST/VIH sont disponibles
- Au moins 1 210 104 condoms masculins et 419 832 féminins sont distribués dans les 4 ZS
- 80 prestataires dont 24 femmes sont recyclés en prise en charge syndromique d'IST.
- Au moins 14 760 nouveaux cas d'IST sont correctement pris en charge
- 80 relais et agents de distribution communautaires (en raison de 20/ZS) dont 40 femmes sont formés sur les signes de danger pendant la grossesse et l'accouchement, la distribution à base communautaire des préservatifs, des kits de dignité et des kits d'accouchement individuels dans les 4 ZS ciblées du projet.

11. Actual outcomes achieved with CERF funds

**11.1 Synthèse des résultats obtenus par rapport aux résultats attendus**

<p>Réalisations escomptées liées à Objectif spécifique N° 1 :</p> <ul style="list-style-type: none"> <li>• 4 maternités de référence et 4 de base sont équipées en matériels et équipements médicaux de base.</li> <li>• 8 formations sanitaires des aires de santé ciblées sont approvisionnées en médicaments, contraceptifs, consommables médicaux, préservatifs et kits SR d'urgence pour la prise en charge des urgences obstétricales et néonatales.</li> <li>• 80 prestataires des structures sanitaires dont 24 femmes sont formés en DMU et urgences obstétricales et néonatales</li> <li>• Une mission de supervision et suivi du projet est réalisée mensuellement dans chaque zone de santé.</li> </ul>	<p>9 structures dont 4 maternités de référence équipées 9 formations sanitaires ciblées approvisionnées</p>
<p>Réalisations escomptées liées à l'objectif spécifique N° 2:</p> <ul style="list-style-type: none"> <li>• Au moins 1,440 femmes enceintes ont bénéficié de l'offre des soins prénataux de qualité.</li> <li>• Au moins 1440 nouveau-nés ont bénéficié des soins néonataux de base.</li> <li>• Au moins 288 nouveau-nés ont bénéficié des soins néonataux d'urgence de qualité.</li> <li>• 10. Au moins 216 complications des grossesses ont</li> </ul>	<ul style="list-style-type: none"> <li>- 2,562 cesar réalisées</li> <li>- 1,622 accouchements assistés réalisés</li> <li>- 1,546 nouveau-nés pris en charge.</li> <li>- 82 césariennes pratiquées.</li> </ul> <p>322 complications obstétricales correctement pec. 4 Sages –femmes mises en place (une sage-femme dans chaque camp des réfugiés)</p>

<p>bénéficié d'une prise en charge correcte.</p> <ul style="list-style-type: none"> <li>• Au moins 75 cas de césariennes sont réalisés</li> <li>• 80 relais communautaires sont briefés sur les gestes qui sauvent la femme enceinte, les signes de danger chez la femme enceinte</li> <li>• 1440 kits d'accouchement propres distribués auprès des femmes visiblement enceintes</li> <li>• 7 560 kits de dignité distribués auprès des femmes et hommes en âge de procréer parmi les réfugiés RCA et populations hôtes.</li> <li>• Au moins 7 560 personnes sensibilisées sur les urgences obstétricales et néonatales ainsi que les signes de danger pendant la grossesse et le travail</li> </ul>	
<p>Réalisations escomptées liées à l'objectif spécifique N° 3 :</p> <ul style="list-style-type: none"> <li>• Les kits de prise en de cas des IST/VIH sont disponibles dans les zones du projet</li> <li>• Le matériel et équipements pour les précautions standards contre le VIH sont disponibles dans les formations sanitaires.</li> <li>• Les kits pour la sécurité transfusionnelle sont disponibles dans les formations sanitaires.</li> <li>• Les protocoles et standards de prise en charge des IST/VIH sont disponibles</li> <li>• Au moins 1 210 104 condoms masculins et 419 832 féminins sont distribués dans les 4 ZS</li> <li>• 80 prestataires dont 24 femmes sont recyclés en prise en charge syndromique d'IST.</li> <li>• Au moins 14 760 nouveaux cas d'IST sont correctement pris en charge</li> </ul> <p>80 relais et agents de distribution communautaires (en raison de 20/ZS) dont 40 femmes sont formés sur les signes de danger pendant la grossesse et l'accouchement, la distribution à base communautaire des préservatifs, des kits de dignité et des kits d'accouchement individuels dans les 4 ZS ciblées du projet.</p>	<p>4 structures de référence approvisionnées 2,413 nouveaux cas d'IST traités gratuitement. 4 structures de référence ciblées disposent des kits de sécurité transfusionnelle.</p>

**11.2 Les indicateurs des résultats par rapport aux indicateurs prévus en regard de chaque activité réalisée:**

Indicateurs ciblés du projet	Prévu	Réalisé
Nombre des structures sanitaires ciblées équipées.	8	9
Nombre des formations sanitaires approvisionnées en kits SR d'urgence.	8	9
Nombre des femmes enceintes ayant bénéficié de l'offre des CPN.	2,000	2,562
Nombre des femmes enceintes ayant bénéficié d'un accouchement assisté	1,440	1,622
Nombre des nouveau-nés ayant bénéficié des soins néonataux de base.	1,440	1,546
Nombre des complications des grossesses ayant bénéficié d'une prise en charge correcte.	216	322
Nombre des cas de césariennes réalisés.	75	82
Nombre de structures disposant des kits de sécurité transfusionnelle.	4	5
Nombre des nouveaux cas d'IST correctement pris en charge selon l'approche syndromique	2,050	2,413

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

<b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Dans un contexte d'urgence et avec des moyens financiers limités, il n'a pas été possible de réduire encore les fonds destinés aux activités de sauvetage pour l'évaluation complète d'un seul projet. L'évaluation pourrait être effectuée dans l'examen global des projets de santé financés par le CERF. Cependant, le projet a été régulièrement contrôlé: un total de 4 visites de Monitorisateurs ont été réalisées conjointement entre le FNUAP et le programme national pour la santé et la reproduction. Les conclusions étaient que le projet ne contribue aux activités de sauvetage entre les deux réfugiés et les populations d'accueil. Le renforcement des capacités techniques et institutionnelles sera alloué pour une amélioration à long terme dans le traitement et les soins dans les quatre zones de santé ciblées. Résultats de la surveillance ont été régulièrement discutés et partagé au niveau de la coordination avec les autres projets qui répondent à la crise des réfugiés.</p>	



**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WHO	5. CERF grant period:	19 Jun. 2013 – 18 Dec. 2013
2. CERF project code:	13-WHO-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Improve and increase access to primary and secondary health services for newly arrived refugees from CAR and for the local host population outside of camps in the provinces of Equateur and Orientale of DRC.		
7. Funding	a. Total project budget:	US\$ 1,640,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 503 720	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 159,630
	c. Amount received from CERF:	US\$ 503 720	▪ <i>Government Partners:</i> 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. <i>Female</i>	57,616	43,035	Only 73 % of those targeted were reached, due to physical access restraints and transport of supplies. In addition, though the numbers reached were lower than planned, this was due to 12 health structures (eight health centres and four referral hospitals) having to be reach rather than the planned 8. So while more health centres were served, the overall numbers reached were lowered as services were stretched
b. <i>Male</i>	53,184	39,659	
c. <i>Total individuals (female + male):</i>	110,800	81,152	
d. <i>Of total, children under age 5</i>	18,836	24,333	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>The main objective of the proposal is to ensure free of charge access to basic health care for refugees living outside of camps, host population and vulnerable persons in 8 affected health areas (“Aire de Santé”) by providing a minimum package of primary health services (PMA) and a minimum package of complementary secondary services (PMAS) to approximately 110,800 persons (women and men, boys and girls) consisting of new arrivals from CAR living outside of camps and host communities. in 8 health areas (2 health centre per health area) of 4 health zones in the affected provinces of Equateur and Orientale for a period of 6 months from May to October 2013.</li> <li>Ensure services for vaccine preventable diseases and integrated management of childhood illnesses.</li> <li>Contribute to the reduction of vulnerability of refugee and host populations to the health impacts related displacement and epidemics through epidemic contingency planning for prevention, early detection and response to outbreaks of diarrheal and other epidemic prone diseases for 20 per cent of the target population.</li> <li>Strengthen disease prevention through community based activities such as early case detection and referral and community based surveillance</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>At least 2 needs assessments allowing to further adjust and reorient the program or to respond to the health needs of new arrivals and new refugee influx, are carried out in the course of the project period.</li> <li>2 health centres per affected health zone in the 4 targeted Health Zones are supplied with essential drugs, including ACT, and with primary level medical equipment;</li> </ul>			

- 110,800 people (men, women, boys and girls) of which approximately 10 800 refugees from CAR living outside camps in Equateur and Oriental provinces in DRC and 100 000 host population in these provinces in 4 administrative health zones have equitable access to quality primary health care over a period of 6 months.
- Excess mortality remains under the emergency threshold.
- 35,003 children between 6 months of age and 15 years of age have received measles vaccinations and/or treatment.
- 30 medical and health staff (men and women) in 4 health zones have improved knowledge on the application of the minimum health service package and 8 health staff (men and women) have knowledge on the complementary services package in emergency situations, integrated management of childhood illnesses and emergency obstetric and neonatal care, including emergency reproductive health on the management of SGBV;
- 80 selected community health workers (relais communautaires), men and women, young men and young women, within the 4 health zones hosting refugees from CAR went through a refresh training on key health practices for disease prevention (“pratiques familiales clés”)
- At least 16 000 consultations and treatments are carried out during the project period (6 months);
- 4 referral hospitals (HGR) at district level are supplied with medicines and equipment according to norms and standards of the complementary service package;
- The medical referral of patients to higher level care is reinforced in approximately 1 health aires per health zone, if necessary through cash payment for referral.
- At least 80 per cent of the supported health centres/health aires are supervised through direct field visits on a monthly basis.
- Blood safety and emergency transfusion services at primary and secondary levels are ensured for 4 health centers and 4 HGRs for cases of severe anemia due to illness and emergency obstetric care is ensured.

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

**Results 1 planned: = i)** 30 medical and health staff (men and women) in 4 health zones have improved knowledge on the application of the minimum health service package and 8 health staff (men and women) have knowledge on the complementary services package in emergency situations, integrated management of childhood illnesses and emergency obstetric and neonatal care, including emergency reproductive health on the management of SGBV;

ii) 80 selected community health workers (relais communautaires), men and women, young men and young women, within the 4 health zones hosting refugees from CAR went through a refresh training on key health practices for disease prevention (“pratiques familiales clés”)

#### **Results 1 achieved**

- 33 health care professionals (men: 20 ; women: 13) were trained in treating childhood illnesses and SGBV
- 94 *Relais communautaires* trained on key family practices.

**Results 2 Planned = i)** 2 health centres per affected health zone in the 4 targeted Health Zones are supplied with essential drugs, including ACT, and with primary level medical equipment; ii) 4 referral hospitals (HGR) at district level are supplied with medicines and equipment according to norms and standards of the complementary service package; (8 health centers + 4 referral hospitals = 12 health structures)

#### **Results 2 achieved:**

- 12 health structures were provided with essential medical kits, basic medical equipment and tools for managing data
- The kits were left at the structures to cover a period of at least two months from the end of the project

**Results 3 Planned =** 110,800 people (men, women, boys and girls) of which approximately 10 800 refugees from CAR living outside camps in Equateur and Oriental provinces in DRC and 100 000 host population in these provinces in 4 administrative health zones have equitable access to quality primary health care over a period of 6 months.

#### **Results 3 achieved:**

- 81,152 people, of which 8,923 refugees and 72,229 from the host community were able to access 12 health structures

- 8,923 refugees (women : 3,409 ; men : 3,035 Girls: 1302; Boys: 1177) received treatment in the health structures. Whether 73% of beneficiaries reached.

**Others Results planned** = i) 35,003 children between 6 months of age and 15 years of age have received measles vaccinations and/or treatment.; ii) The medical referral of patients to higher level care is reinforced in approximately 1 health aires per health zone, if necessary through cash payment for referral; iii) At least 80 per cent of the supported health centres/health aires are supervised through direct field visits on a monthly basis. iv) Blood safety and emergency transfusion services at primary and secondary levels are ensured for 4 health centers and 4 HGRs for cases of severe anemia due to illness and emergency obstetric care is ensured

**Other Results achieved:**

- 52,703 children from 6 months to 15 years were vaccinated against measles
- 575 children received routine vaccinations
- The referral of patients to higher level care, emergencies transfusions and supervisions activities were performed during the project.

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

During the project, it became necessary to work with 12 health structures, rather than the original 8, thus stretching the capacity of providers and community volunteers.

The vaccination campaign against measles which was organized for children from 6 months to 14 years in both provinces during the CERF project was of great importance in preventing measles epidemics in refugees and host population

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): If 'NO' (or if GM score is 1 or 0): Targeting of beneficiaries took into account the specific needs of men, women, girls and boys, and of those trained in treating childhood malnutrition, 13 were women and 2 were men, ensuring that there was access to all households identified.

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

YES  NO




If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL

On a weekly basis, the ADRA team on the ground, regularly monitored the project, as well as by ECSZ with the support of WHO in Ango. Monitoring missions were conducted with members of the management teams of each health zone, and reports were submitted to the central level to assess the impact of activities and operational coordination. Summary of mid-term monitoring of all projects are annexed.

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	UNHCR	5. CERF grant period:	1 Jun. 2013 – 30 Nov. 2013	
2. CERF project code:	13-HCR-039	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Protection and Multisectorial Assistance to CAR refugees in the DRC			
7. Funding	a. Total project budget:	US\$ 28,681,715	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 14,329,405	▪ NGO partners and Red Cross/Crescent: US\$3,428,987	
	c. Amount received from CERF:	US\$5,360,068	▪ Government Partners: US\$304,494	
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	18,720	18,720		
b. Male	17,280	17,280		
c. Total individuals (female + male):	36,000	36,000		
d. Of total, children under age 5	7,200	7,200		
9. Original project objective from approved CERF proposal				
To provide protection and multi-sector assistance to 36,000 refugees from the Central African Republic in the Equateur and Orientale Provinces of the DRC				
10. Original expected outcomes from approved CERF proposal		11. Actual outcomes achieved with CERF funds		
<p><b><u>Access to territory improved and risk of refoulement reduced</u></b> Reduction number of refoulement cases Refugees are welcome by host community</p> <p><b><u>Reception conditions improved</u></b> Physical protection of refugees strengthened Refugees are protected against storm and diseases</p> <p><b><u>Quality of registration and profiling improved</u></b> Refugees living in camps are known /have documents</p> <p><b><u>Protection of children strengthened</u></b> Best Interest Determination (BID) process initiated for Unaccompanied and Single Children (UASC) identified,</p>		<p><b><u>Access to territory improved and risk of refoulement reduced</u></b> No cases of refoulement were registered; There were a total of 27 protection monitoring missions de monitoring of refugee entry points; There was peaceful coexistence between refugees and host;</p> <p><b><u>Reception conditions improved</u></b> Physical protection of refugees was ensured in camps and host communities; Refugees are protected against storm and diseases; 5 transit centres and 1 reception centre were erected in the camps, all of them handled with security guards.</p> <p><b><u>Quality of registration and profiling improved</u></b> Refugees living in camps are known and have identification documents; individual bio-data breakdown following age, gender and diversity approach, persons with specific needed are known.</p> <p><b><u>Protection of children strengthened</u></b> BID initiated for all UASC: 23</p>		

<p>registered</p> <p><b><u>Risk of SGBV is reduced and quality of response improved</u></b>  Risk of SGBV reduced; 100 per cent refugees received SGBV information on prevention measures  100 per cent of households receive support for domestic energy  Adequate response provided to identified cases</p> <p><b><u>Shelter and infrastructure established, improved and maintained</u></b>  Risk of exposure to rain reduced  Refugees protected against storm and diseases</p> <p><b><u>Population has sufficient access to energy</u></b>  Refugee have access to sufficient energy and environment is protected</p> <p><b><u>Health status of the population improved</u></b>  Reduction of mortality rate  Reduction of risk of communicable diseases, including measles  Reduction of cases of malaria</p> <p><b><u>Population has insufficient basic and domestic items</u></b>  Reduction of number with needs for NFIs</p> <p><b><u>Population has optimal access to reproductive health and HIV services</u></b>  Reduction of new born with VIH  PLWA eligible to ARTs received ART therapy  Refugees in needs accessed to comprehensive reproductive health services  Refugees have access to comprehensive reproductive health services</p> <p><b><u>Supply of potable water increased or maintained</u></b>  # of successful boreholes drilled: 30 boreholes  # of water committees established/ functional: 1 comity/forage</p> <p><b><u>Population lives in satisfactory conditions of sanitation and hygiene</u></b>  # of latrines constructed : one for 20 persons  # of refuse pits constructed: one for 500 persons  # of women and girls 11-49 year old received sanitary kits  # of refugees receive 250g soap/month/person</p>	<p><b><u>Risk of SGBV is reduced and quality of response improved</u></b>  Risk of SGBV was reduced through SGBV-prevention training to local authorities  100 per cent refugees received SGBV information on prevention measures within 72 hours</p> <p><b><u>Shelter and infrastructure established, improved and maintained</u></b>  Risk of exposure to rain against storm and diseases reduced by providing refugees with adequate shelter. In total 2,871 shelter were constructed for vulnerable; while there was 14 collective shelters built.</p> <p><b><u>Population has sufficient access to energy</u></b>  4,701 households, or 23,505 refugees accessed environment respect-linked energy</p> <p><b><u>Health status of the population improved</u></b>  Refugee's access to o Primary Health Care services in the 4 camps is assured. UNHCR has signed agreement with district hospitals to ensure secondary level of care.  Mortality rate overall (CMR) and the infant mortality rate (IMR) are below the emergency threshold (respectively between 0.1 and 0.3/1000/month (CMR) and 0.3 and 0.9/1000/month).  Measles vaccine coverage is over 90 per cent in all the camps, while the prevalence of global acute Malnutrition is maintained around 3.4 per cent.</p> <p><b><u>Population has insufficient basic and domestic items</u></b>  21,350 people received NFI kits</p> <p><b><u>Population has optimal access to reproductive health and HIV services</u></b>  A HIV and AIDS prevention and response program has been implemented following the IASC guidelines. This program has allowed inter alia continuation of the ARV treatment of some 89 people among refugees from CAR.</p> <p>Reproductive Health Programme with a EMOC component has been implemented as well. UNFPA support is ongoing. Through this program, this operation has not registered maternal deaths and more than 90 per cent of deliveries were conducted by qualified personnel.</p> <p><b><u>Supply of potable water increased or maintained</u></b>  31 water points were drilled and 1 water committee per forage established.</p> <p><b><u>Population lives in satisfactory conditions of sanitation and hygiene</u></b>  1,219 latrines, giving a ratio of 18 persons / latrine;  1,436 showers were also installed.  42 pits, giving a ratio of 1refuse pits / 514 persons;  5,442 women and girls 11-49 year old received sanitary kits while 21,599 refugees received 250g soap/month/person:</p>
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<p><b><u>Needs of identified PSN are covered</u></b> Needs of older are covered</p> <p><b><u>Population has optimal access to education</u></b> Children of 6 -11 years have access to primary school (in RCA curricula)</p> <p><b><u>Logistics and supply optimized to serve operationalneeds</u></b> Refugees are transported in adequate conditions UNHCR, partners and other agencies' staff transported All supplies received in time</p> <p><b><u>Community mobilization strengthened and expanded</u></b> Needs/problems of refugees known Participation of refugees improved Needs of women/girls taken into account</p>	<p><b><u>Needs of identified PSN are covered</u></b> 291 with special needs (older people Needs) benefited from special support in terms of NFI, Accommodation, clothing, food, etc.</p> <p><b><u>Population has optimal access to education</u></b> Children of 6 -11 years had access to primary school and school supply kits: 4,480</p> <p><b><u>Logistics and supply optimized to serve operational needs</u></b> In addition to meeting needs of multisectoral assistance to CAR refugees, UNHCR provided transport from relief item purchased by UNICEF (nutrition), WFP(nutrition) , UNFPA (rep. Health) from Kinshasa to the field.</p> <p><b><u>Community mobilization strengthened and expanded</u></b> 13 sectoral committees, including a women's committee were established in the camps.</p>
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <p>UNHCR sub-granted a higher amount to NGO implementing partners than in the proposal as the amount for MDA was erroneously omitted at application stage. This resulted in a cumulative shift of slightly higher than 15 per cent in total project direct costs without a formal reprogramming. Despite this movement, UNHCR was able to reach the planned beneficiary target by implementing CERF funds as part of a broader response.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?      YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b> Gender equality was mainstreamed throughout all sectors.</p>	
<p>14. M&amp;E: Has this project been evaluated?      YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>Monitoring of the project was done at field level and capital level. While at field level monitoring was done through routine field project implementation follow and coordination meeting with all partners; at capital level, participating agencies used to meet at least every two weeks.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">   annual_cd_ndorokabo yabu_20131231.pdf </div> <div style="text-align: center;">   annual_cd_mole_201 31231.pdf </div> <div style="text-align: center;">   annual_cd_inke_2013 1231 (1).pdf </div> </div> <p>See also <a href="http://twine.unhcr.org/app/app.php#app=Explore&amp;loc=111000000000000">http://twine.unhcr.org/app/app.php#app=Explore&amp;loc=111000000000000</a></p>	

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	19 Jun. 2013 – 18 Dec. 2013
2. CERF project code:	13-WFP-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	General Food Assistance to CAR refugees in the DRC		
7. Funding	a. Total project budget:	US\$ 6,565,635	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,293,324	▪ NGO partners and Red Cross/Crescent: US\$32,780
	c. Amount received from CERF:	US\$ 1,293,324	▪ 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	5,427	11,571	
b. Male	4,623	12,082	
c. Total individuals (female + male):	10,050	23,653	
d. Of total, children <u>under</u> age 5	2,010	5,077	
9. Original project objective from approved CERF proposal			
Provide and maintain an acceptable food consumption for 10 050 CAR refugees in Gbadolite and Zongo (Equateur Province).			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Maintain adequate levels of food consumption among the refugees.</li> <li>• Food of sufficient quantity and quality distributed to targeted women, men, girls and boys under secure conditions</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• In August, 67 per cent of the assisted refugees had an acceptable food consumption score, a trend that was unfortunately reversed in October 2013 due to several factors related to seasonality, the change in livelihood strategies and the need to sell some of the food to cover other basic needs.</li> <li>• In total 23,653 people were reached with emergency food assistance, and included: 615 tonnes purchased of rice</li> <li>• 217 tonnes pulses</li> <li>• 24 tonnes oil</li> <li>• 18 tonnes salt</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

WFP bought less food commodities because the refugees did not like the locally produced maize meal and preferred rice. However, the rice was more expensive which meant WFP could not procure the 1000mt that it had originally planned to buy. For 23,653 people, they received six months of full rations in Gbadolite and Zongo.

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): N/A

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

Following targeting and needs assessments exercises, WFP targets women, especially female headed households because they are more vulnerable to food insecurity. The assessments indicate that households headed by females are more food insecure as opposed to those headed by males (69 per cent against 58 per cent) and because they are recognized as being responsible for the wellbeing of children and family members.

WFP provides sensitization trainings to community providers on the WFP Gender Policy and the Sexual Exploitation and Abuse Policy.

To measure the outcomes of the interventions on gender, monitoring and evaluation tools included gender-related questions for post distribution monitoring.

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

YES  NO

A Joint Assessment Mission in March 2014 will provide some elements related to the efficiency and effectiveness of food assistance to date. In 2013, WFP conducted 2 post-distribution monitoring exercises, the results of which are available if requested.



## 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-WHO-032	Food Security	WHO	ADRA	LNGO	159,630	12/06/2013	12/06/2013	
13-FPA-024	Health	UNFPA	Government	Government	20,220	30/06/2013	30/06/2013	
13-WFP-030	Food Security	WFP	ADDSE	LNGO	32,780	17/09/2013	17/09/2013	
13-HCR-039	Multisector (Protection and Community Services)	UNHCR	INTERSOS	INGO	84,979	12/6/2013	12/6/2013	
13-HCR-039	Multisector (Protection, Registration)	UNHCR	CNR	GOV	304,494	8/6/2013	12/6/2013	
13-HCR-039	Multisector (Protection monitoring)	UNHCR	IEDA Relief	LNGO	143,697	25/6/2013	12/6/2013	
13-HCR-039	Multisector (Community Service, Education)	UNHCR	ADSSE	LNGO	43,500	4/7/2013	4/7/2013	
13-HCR-039	Multisector (Logistics, abris & autres infrastructures)	UNHCR	AIRD	LNGO	2,352,800	8/7/2013	30/6/2013	
13-HCR-039	Multisector (WASH, Health & Nutrition)	UNHCR	MDA	INGO	804,011	5/5/2013	12/5/2013	
13-CEF-069	Multi-sector (Education)	Unicef	EPSP Equateur 5	Government	265,280	20/08/2013	16/09/2013	Due to the progressive nature of the conflict, an evaluation of project schools was necessary. The evaluation was conducted by a joint team of the EPSP, local partners, and a representative of the District Chief prior to starting the activities. A key element in the selection of project schools was the presence of enrolled refugee children.

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
AIDES	Action et Intervention pour le Developpement et l'encadrement social.
BID	Best Interest Determination
CAR	Central African Republic
CNR	Commission nationale pour les réfugiés
EPSP	Enseignement Primaire, Secondaire et Professionnel
GoDRC	Government in the Democratic Republic of Congo
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IMAM	Integrated Management of Acute Malnutrition
ITP (UNTI)	Intensive Therapeutic Programme (Unite nutritionnelle therapeutique intensive)
IYCF	Infant Young Child Feeding
OTP (UNTA)	Outpatient Therapeutic Programme (Unite nutritionnelle therapeutique ambulatoire)
PNC	Police nationale congolaise
PSN	Persons with Specific Needs
SGBV	Sexual and gender-based violence
SOPs	Standard Operating Procedures
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
WHO	World Health Organization