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Central African Republic



Update on the context and situation of children

Central African Republic (CAR) is one of the poorest countries in the world with a per capita GDP of only USD510[1]. CAR ranks 188 out of 189 countries on the human development index[2]. The country has been plagued by a series of armed conflicts for the past eight years and despite the signing of a peace agreement in February between the government and 14 armed groups, attacks against the population continued in 2019. One in four of the country's 4.7 million people were displaced[3]; OCHA registered 2.6 million people in need of humanitarian assistance, including 1,200,000 children[4].

SDG 1. No Poverty: The Oxford Poverty and Human Development Initiative (OPHI)[5] established CAR's poverty incidence rate at 79.4 per cent in 2019 with an estimated 54.7 per cent of the population in severe poverty. Basic services are nonexistent in many areas and the proportion of people with access to electricity is one of the lowest in the world (3.7%)[6].

SDG 2. Zero Hunger: CAR's 'extremely alarming' level of hunger was noted in the 2019 Global Hunger Index (GHI)[7]. An assessment in 2018[8] found that the country is facing severe acute malnutrition (SAM) and worrying levels of global chronic malnutrition in children under-5. Ten of 16 prefectures have SAM rates greater than or equal to WHO's emergency threshold and 14 have chronic malnutrition rates above the critical threshold (30%). In 2019, nearly 110,000 children under-5 needed urgent nutritional care and more than 350,000 children suffered from chronic malnutrition.

SDG3. Good Health and Well-Being: HDI indicates that life expectancy in CAR in 2018 was 50.6 for males/55 for females. New-born and maternal mortality rates in Central African Republic remain among the highest in the world – 24/000 new-born babies die within 28 days and 882 women out of 100,000 live births die from pregnancy-related complications. In 2019, CAR experienced a resurgence of vaccine derived polio virus type2 and outbreaks of measles, monkey pox and meningitis.

SDG4. Quality Education: Educational attainment is low[9]. Conflict destroyed schools and driven qualified teachers away – 24 per cent of communes lack primary schools and about 40 per cent of children have had to miss school in the past 6 months. While insecurity is reported by 30 per cent to be the reason for missing school, 38 per cent indicated that poverty was the main reason for non-enrolment[10]. Fifteen per cent of the country's schools are closed, and half a million children will be out of school in 2020, while 69 per cent of primary school teachers are community teachers[11].

SDG 5. Gender Equality: CAR was ranked 159 out of 162 countries on the 2018 Gender Inequality Index (GII)[12]. Globally CAR is the second country where a woman is most likely to die during pregnancy[13]. Adolescents' birth rate is 129.1/000 births and 68 per cent of 20 to 24-year-old women were married before the age of 18[14]. ACPF notes[15] a 20 -point gap between boys and girls completing grade six schooling HDI[16] calculated in 2018 that girls could expect 6.2 years of schooling in CAR, compared with 8.9 for boys. Only 13.4 per cent of adult women have reached a secondary level of education compared to 31.1 per cent of men.

SDG 6. Clean Water and Sanitation: A 2018 household survey[17] found that half the sample had access to drinking water but only 1 in 10 had an improved toilet. In 2019, 1.9 million people needed humanitarian WASH assistance[18] due to the deterioration of the security situation. Flooding in Bangui and villages along the river Oubangui displaced almost 30,000 people, destroyed homes and latrines and contaminated water points.

SDG 10. Reduced Inequalities: Oxfam[19] in 2018 ranked CAR 97 of 152 countries on their efforts to close the gap between rich and poor. OPHI[20] data indicates a distinct urban/rural bias with 91.5 per cent of the rural population poor and 69 per cent severely poor, compared with 59.8 per cent and 31.8 per cent in urban areas.

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- [1] <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>
- [2] *Human Development Report 2019 Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century* UNDP (2019) New York available at <http://hdr.undp.org/sites/default/files/hdr2019.pdf>
- [3] WFP Central African Republic Country Brief January 2019 at <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000104480.pdf>
- [4] UNICEF Central African Republic Humanitarian Assistance November 2019 henceforth UNICEF SitRep
- [5] See Oxfam GB/Development Finance International *Global MPI Country Briefing 2019: Central African Republic (Sub-Saharan Africa)* OPHI available at https://ophi.org.uk/wp-content/uploads/CB_CAF_2019_2.pdf
- [6] *Rapport National Volontaire* op cit
- [7] See K. von Grebmer, J. et al *2019 Global Hunger Index: The Challenge of Hunger and Climate Change* Welthungerhilfe and Concern Worldwide (2019) Dublin and Bonn available at <https://www.globalhungerindex.org/results.html> and *2018 Global Hunger Index: Forced Migration and Hunger* ibid (2018) Bonn & Dublin available at <https://www.acted.org/en/global-hunger-index-2018/>
- [8] Government of the Central African Republic *Rapport Finale. Enquête Nationale sur la Situation Nutritionnelle et la Mortalité en République Centrafricaine* Ministère de l'économie, du Plan et de la Coopération/ Ministère de la Santé et de la Population (2018) Bangui
- [9] See *Central African Republic 2016 National Commune Monography Survey* World Bank/ICASEE op cit
- [10] World Bank/ICASEE op cit
- [11] Education Information Management System (2018-2019)
- [12] See Gender Inequality Index CAR available at <http://www.hdr.undp.org/en/countries/profiles/CAF>
- [13] Max Roser and Hannah Ritchie (2020) "Maternal Mortality" available at <https://ourworldindata.org/maternal-mortality>
- [14] See <https://data.unicef.org/country/caf/#>
- [15] Data from World Bank *The Changing Wealth of nations 2018: Building a Sustainable future*. Washington The World Bank. (2018)
- [16] *Human Development Report 2019 Inequalities in Human Development in the 21st Century Briefing note for countries on the 2019 Human Development Report Central African Republic* UNDP (2019) op cit
- [17] *Rapport Finale. Enquête Nationale sur la Situation Nutritionnelle et la Mortalité en République Centrafricaine* Ministère de l'économie, du Plan et de la Coopération/ Ministère de la Santé et de la Population (2018) Bangui
- [18] CAR 2019 Humanitarian Response Plan (HRP)
- [19] Lawson M. Martin M. *Commitment to Reduce Inequality Index 2018* Oxfam at <https://www.oxfam.org/en/research/commitment-reducing-inequality-index-2018>
- [20] See *Global MPI Country Briefing 2019: Central African Republic (Sub-Saharan Africa)* OPHI op cit

Major contributions and drivers of results

2.1 Annual Programme's priorities

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2.1.1 Every child survives and thrives

In 2019, UNICEF supported the Ministry of Health (MOH) to improve the national immunization programme. The geographic coverage of routine vaccination increased from 53 per cent in 2018 to 56 per cent in 2019 and effective coverage of children vaccinated with Penta3 increased from 69 per cent to 81 per cent. The number of districts with at least 80 per cent of children aged 0-11 months vaccinated with Penta 3 increased from 37 per cent [13/35 Health Districts] in 2018 to 49 per cent [17/35 HDs]; measles coverage increased from 68 per cent to 74 per cent. There were responses to measles outbreaks in Paoua, Vakaga and Kaga-Bandoro as well as 6 Polio Supplementary Immunization Activities (SIAs) - two in response to the Lake Chad Basin Outbreak and four in response to the cVDPV2 outbreak^[1]. Altogether 1,001,508 children under 5 were vaccinated against polio. To improve the vaccination service UNICEF, with GAVI funding, (i) supported a Reach Every District (RED) strategy, vaccination of special populations e.g. IDPs or nomadic populations, and a targeted vaccination campaign in Bangui; (ii) strengthened the cold chain and logistics management by providing computer kits, vehicles, and solar refrigerators; (iii) purchased vaccines and other inputs; (iv) contributed to the development of a plan to strengthen data management and implementation of a multi-year Stock Management Tool SMT for management of vaccines; and (v) supported recruitment of 13 staff by MOH to fill the human resources gap at central and regional level. The CO reinforced its HR capacity to implement the polio response by recruiting additional staff and consultants for vaccine management and C4D.

UNICEF supported elaboration of the 2019 Multisectoral Annual Plan of Nutrition. In 2019, 30,065 children suffering from Severe Acute Malnutrition were admitted to OTP service points and Stabilization Centres, amounting to 98.3 per cent of the HAC target and 70 per cent of the estimated national SAM caseload. The quality of the SAM treatment programmes is above SPHERE minimum standards and the SAM cure rate is 93.04 per cent, the death rate 1.21 per cent and the defaulter rate is 4.35 per cent. UNICEF piloted a community-based programme offering an integrated package of nutrition interventions in Sangha Mbaere prefecture. A robust system for nutrition surveillance and early warning was designed and implemented in all health districts based on 70 sentinel sites, routine monthly monitoring through Smartphone, and agreed indicators. It enabled rapid nutrition responses in 10 districts. Preliminary results of a Nutrition SMART survey, supported by UNICEF, indicate that the national SAM average is 1.3 per cent and global acute malnutrition (GAM) prevalence is 5.8 per cent. Eight districts have stunting rates above 40 per cent.

CAR CO supported MOH to implement its strategic plan to reduce maternal and neonatal mortality. 107 Health Facilities (HF) were strengthened and refocused on Ante Natal Care (ANC) and Basic Emergency Obstetric Care (BEMOC), and 23 Mother Kangaroo Care (MKC) Units were operationalised. Integration of Prevention of Mother-to-Child Transmission care (PMTCT) in Maternal Neonatal Child Health (MNCH) services rose to 82 per cent with 40 new sites. 80 Health Care Workers were coached on the integrated package of MNCH/PMTCT/ANC; HIV test kits were provided; and as a result, 88 per cent of women who attended ANC were screened for HIV with 1,966 positive cases put on ART. In total, 3,092 HIV+ pregnant women were enrolled in PMCTC services. The CO supported MOH to strengthen paediatric/adolescent HIV care - 71 per cent of adult ART centres have integrated paediatric HIV care. When the ART shortage jeopardized the PMTCT services scale up and paediatric treatment of HIV at district level, UNICEF provided support through Paediatric ARV emergency order in collaboration with supply unit in Copenhagen. Psychosocial activities to support positive living for children/adolescents was enhanced. Together with *Enfant VIH Afrique* (EVA), the CO supported the MOH to develop coaching guidelines for Health workers; a Family Index case testing guideline; the CAR HIV prevention plan; the revision of ART guidelines to integrate WHO recommendations on Dolutegravir and the elaboration of five district HIV plans.

2.1.2 Every child learns

Because of the closure of schools and loss of qualified teachers in conflict-affected zones, UNICEF continued its support to community teachers to ensure continuity of basic teaching, working on the double front of education in emergencies and development. One key achievement was leading the Joint Education Sectoral Review (JESR) in September. World Bank, Global Partnership for Education (GPE), EU, UN agencies and INGOs reflected on the implementation of the current transitional plan and the strategic orientations of the Education Sectoral Plan 2020 - 2029 (ESP), based on the results of the Early Grade Reading Assessment (EGRA).

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UNICEF and World Bank supported the Ministry of Primary and Secondary Education (MEPS) to participate in the 2020 PASEC assessment thus enabling the country to have reliable education indicators. The data generated will strengthen the Education Sectoral Plan 2020-2029 with baselines on learning outcomes. UNICEF is involved with World Bank in the elaboration of an ESP that provides a long-term strategic framework for education and helps to mobilize funds for development of the sector, access to equitable quality inclusive education and better governance. UNICEF and UNESCO also supported MEPS to produce a statistical yearbook.

The number of children attending school increased from 817,767 in school year 2016 – 2017 to 1,168,377 in 2018 – 2019. During the last three years, the number of girls in school increased from 443,791 in 2016/2017 to 512,567 in 2018/2019. Interventions in education in emergencies (EIE) reached 93,603 children (44% of them girls) in the eight most conflict-affected prefectures. Two strategies were adopted that enabled successful reach to 78 per cent of targeted children - access to Temporary Learning Spaces (TLS) in the IDP sites; and integration directly into schools in zones affected by population movements. 48,000 returnee and IDP children were integrated into 60 schools, bringing the number of children reached by UNICEF support to 72,671 (43% girls). Despite support to TLS to bring the student/teacher ratio down, displacement due to recurrent attacks kept the ratio to 120:1. Capacity building efforts focused in providing teachers and community teachers with pedagogy skills, psycho social support, safety, protection gender and peace building.

In terms of pre-primary education, UNICEF supported pre-service training for 500 teachers in 2019, and improved the procurement and distribution of standardized kits. A hundred teachers were trained in pre-primary education and recruited as community teachers in 50 schools. Another important milestone was the launch of the radio for children's education (RCE) along with MEPS and Radio Ndeke Luka after a year-long process for the development and production of lessons. The RCE targets hard-to-reach children in remote areas, displaced and returnee children and those with limited learning time. Seventy lessons were produced and are ready to be aired.

2.1.3 Every child is protected from violence and exploitation

Despite the investments made in strengthening child protections systems and mechanisms at all levels, the scarcity of child protection staff and services at local level continued to constrain child protection efforts. UNICEF provided financial and technical support to MPFWCP in finalizing a comprehensive child protection code in line with the Convention on the Rights of the Child and other international instruments. The draft law was submitted to the Parliament for review.

UNICEF responded to IDP children's psychosocial needs in camps and host communities by supporting child friendly spaces and community-based interventions. A total of 105,962 children (43,182 girls) benefited from UNICEF supported mental health and psychosocial activities UNICEF built the capacity of health, psychosocial and legal actors to prevent and respond to GBV in IDP and host communities. 1,341 child survivors of sexual and other GBV (including 268 boys) received post-incident support and follow-up.

Case management systems have been progressively strengthened at all levels and community-based child protection networks and NGO social workers have been trained as first responders. A Case Management Task Force of six child protection national and international NGOs and INGOs has been established; case management tools have been developed, contextualized and are being tested. 9,350 children (including 2,433 girls) at risk or victims of violence were identified and supported (75% of the planned target).

UNICEF supported the government in the development and adoption of the national guidelines on protection and care of separated children in foster families. Over 107 foster families were identified and trained. 1,523 children who were separated by conflict or displacement were reunified with their families or placed in foster homes.

The Special Representative of the Secretary General for Children and Armed Conflict (SRSG-CAAC) visited the CAR in April

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and launched the "ACT to Protect Children Affected by Conflict". She also advocated with the Government for the development of a National Prevention Plan to prevent grave violations against children. Monitoring and reporting mechanisms for the six grave violations of children's rights were maintained and strengthened. UNICEF trained more than 75 members of the MRM working groups to collect and report incidents of grave child rights violations in an ethical manner. Joint advocacy with MINUSCA led to commitments by two armed groups to end child recruitment. 1,197 children (250 girls) associated with armed groups were registered as exiting from armed groups and enrolled in UNICEF's lead reintegration programmes.

2.1.4 Every child lives in a safe and clean environment

During 2019, the WASH Programme continued to cover both emergency response and recovery interventions. In the development sector, UNICEF CAR and its partners provided 107,566 people with safe drinking water through construction of 41 mechanized, and 16 manual drilling, boreholes and the rehabilitation of another 167. In addition, 15 schools and 13 health facilities gained access to safe drinking water through the construction of functional and well-maintained boreholes. This allowed about 7,800 patients and 6,400 school children to access safe water. To ensure adequate management, regular maintenance and community ownership, 160 water point management committees (WPMC) were set up or reactivated.

The WASH response addressed emergency needs following outbreaks of measles, yellow fever, Hepatitis E and population displacement due to armed conflict and floods. UNICEF CAR, NGO and government counterparts and private sector partners provided access to safe drinking water to 254,916 people affected by humanitarian emergencies in 2019 and 31,606 people gained access to basic sanitation. A total of 1,629 women affected by emergency were sensitized on menstrual hygiene management and received dignity kits. Also, as part of the humanitarian response, NGOs and INGOs sensitized 138,286 people on good hygiene practices through public awareness campaigns, theatrical performances, focus groups and home visits.

The programmatic approach of sectoral convergence towards the achievement of KRCs is reinforced by joint projects (WASH-Education, WASH-CSD). There has also been a strengthening of links with the zone offices, particularly on activity planning. Flexible financial programming has made it possible to implement interventions favourable to combined emergency and development funding in Paoua and Kaga Bandoro. Separate latrines were constructed for 7,672 school children (boys and girls); management of latrines in schools is under the responsibility of the School children Parents Association, teachers and school hygiene clubs' members of latrines in schools is under the responsibility of the School children Parents Association, teachers and school hygiene clubs' members composed equally of men and women.

2.1.5 Every child has an equitable chance in life

Despite the delays in finalizing the Multiple Indicator Cluster Survey (MICS), UNICEF office and its national partners completed data collection in 452 of 550 clusters, which amounts to an 82 per cent coverage rate. National stakeholders are awaiting the results to update their sectoral indicators. Completion of the education sector plan could lead to budget support of more than USD50M, and the HIV strategic plan will serve as the basis for the country's application to the global fund. UNICEF, the World Bank and ILO are collaborating to support development of a national social protection policy with three strands - (i) promotion of universal social protection; (ii) social protection and the resilience of vulnerable groups; and (iii) consolidation of the contributory system. The first strand comprises the cash transfer/family allowance programme, the national school canteen programme and mutual health insurance. The second concerns pilot projects to strengthen the capacity and resilience of vulnerable groups and the introduction of institutional and legal reforms to ensure greater equity and justice. To support the regional compact on KRC, UNICEF CAR developed budget briefs for the health, education, child protection and WASH sectors, which show that despite efforts, national budgets in these sectors are insufficient to reverse negative trends in the indicators.

2.2 Annual Operations Priorities

2.2.1 Human Resources (HR)

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In 2019, staff wellbeing remained a key priority. The policy on flexible working arrangements was introduced and all staff were encouraged to use the available modalities to improve their work/life balance. Gender and geographic diversity were monitored in line with the country office's strategy, and it was noted that the ratio of International Professionals from donor countries moved from 28 per cent to 31 per cent while the gender gap was reduced only by one per cent.

2.2.2 Financial Management

The finance unit ensured proper management of Bank and Cash and quality compliance with UNICEF financial policy and procedures in payments processing. During 2019, Bank and Cash Accounts were reconciled and uploaded in VISION within the set deadline and the office had no outstanding open items on bank reconciliation for more than a month. All payments were processed in full compliance with UNICEF financial rules and regulations and as a result, the number of returned and rejected submissions by GSSC was minimised.

2.2.3 Supply

The CO supply plan reached USD36.9M. Offshore procurement accounted for 60 per cent of total acquisition value. Local and regional procurement for goods and services amounted to USD15.9M. The total procurement value for 2019 amounted to USD 37.8M. Forty LTAs are currently available with local and regional suppliers, of which 60 per cent were issued or extended during 2019.

2.3 Other Cross-cutting issues

2.3.1 Humanitarian Response

Based on its 2019 Humanitarian Action for Children (HAC) appeal for CAR, UNICEF delivered humanitarian assistance targeting the most vulnerable crisis-affected children and their families, in line with its Core Commitments for Children in Emergencies (CCCs). UNICEF and partners conducted emergency and follow up humanitarian responses to all the main localized crises in 2019.

In its 7th year the Rapid Response Mechanism (RRM), led by UNICEF, remained an essential part of the country's humanitarian response. The RRM and its partners - ACF, ACTED and Solidarités International - covered about 75 per cent of the country with a humanitarian surveillance system, which in 2019 recorded 91 confirmed alerts. The alerts, 50 per cent of which concerned violence-related displacement and 35 per cent return movements, led to a total of 26 exploratory missions and 47 multi-sectoral assessments. As a result, 46 non-food item (NFI) interventions took place reaching 275,940 vulnerable people including an estimated 175,300 children (89,800 boys and 85,500 girls) with essential household items, to replace crisis-related loss and destruction. This included 8,938 people who were assisted through voucher-based tradeshows as an alternative to direct distributions (3%), and 23,145 who received high-energy biscuits as emergency food rations (8%). The 30 WASH relief operations, mostly conducted alongside NFI interventions, benefitted 113,616 people and included (i) an estimated 61,300 children (31,600 boys and 29,700 girls) and (ii) rehabilitation of 97 water points; construction of 185 emergency latrines; and 192 group hygiene promotion sessions. Information gathered through the humanitarian surveillance system enabled responses in sectors outside RRM. In 2019, UNICEF continued to lead the Nutrition, Education and WASH clusters and the Child Protection sub-cluster.

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Building on its 2018 efforts, UNICEF further developed the RRM as an entry point to facilitate and enable complementary UNICEF responses. To achieve increased multisectoral impact, UNICEF relied on its field offices in Bouar, Bossangoa, Kaga Bandoro and Bambari, which have been contributing more efficiently to the organization's results for children thanks to improvements in the management framework, and on reinforced contingency stocks of essential relief items. The robust funding raising achievement against the 2019 HAC target (70%), hides the continued challenge in attracting health, education and WASH emergency funding.

2.3.2 Protection from Sexual Exploitation and Abuse (PSEA)

The CO's PSEA Action Plan is part of the AMP and monitoring its implementation continues to be a priority of the office. Being a recipient of the PSEA seven per cent (7%) set aside funds has increased UNICEF and partners' capacity to respond to the needs of SEA victims. All UNICEF personnel have taken the online mandatory PSEA training. UNICEF's contribution was critical to strengthening NGO partners' capacity to prevent and respond to SEA. MPFWCP was supported to conduct awareness raising sessions on GBV/PSEA prevention and response in IDP sites, covering reporting mechanisms, services for GBV/SEA survivor and the UN code of conduct. A total of 26,675 persons (including 15,414 women and girls) were reached. At community level, UNICEF supported strengthening of community-based complaints mechanisms aimed at providing alerts on SEA cases. Victim's assistance, monitoring and follow-up were provided through NGO partners in collaboration with the GBV sub-cluster. Victim assistance includes psychosocial support, referral to a hospital for medical check/treatment as well as prenatal care, material support with dignity kits and food, socio-economic reintegration to formal schools, vocational training as well as income generating activities. In 2019, a total of 22 cases of sexual abuse and exploitation involving children were reported to UNICEF and assisted.

[1] Circulating vaccine-derived PolioVirus type 2

Lessons Learned and Innovations

3.1 Programme implementation

UNICEF further developed the use of the RRM as an entry point to facilitate and enable complementary UNICEF responses for increased speed and multisectoral impact. This was done with the intention of both: 1) having a more comprehensive first response; 2) ensuring a more sustainable response to meeting needs when the initial RRM response is over. Following the attacks on villages in Paoua area (Northwest) in May which resulted in 49 deaths and the displacement of 12,000 people, UNICEF staff from the emergency and child protection sections deployed within days alongside RRM partners. Together, they ensured emergency assistance in the NFI, child protection, health and education sectors for over 11,400 children and their family members. In Birao in September, RRM partners deployed within three days for a life-saving WASH and NFI intervention. UNICEF staff joined them soon after to start complementary child protection and education interventions, while designing and contracting a follow up WASH project. In order to strengthen its capacity to quickly respond in a quality manner UNICEF:

1. established a 'Child Protection Rapid Response team' comprised of UNICEF, NGO partners and Ministry of the Promotion of Women and Family and Protection of Children staff. The team has been able to quickly deploy to respond to emergencies when there is a lack of capacity on the ground. A first successful response was provided to the Birao's emergency.
2. supported quick response health/nutrition mobile clinics to provide immediate health and nutrition support during crisis. This was deployed successfully after flooding in hard to reach parts of the Southeast.

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As both models have proven to be effective, UNICEF at present is taking stock of success and challenges and looking into continuing and bolstering these and other similar approaches in 2020.

Regular meetings between stakeholders, under the leadership of the Minister of Health and Population, have made it possible to remove bottlenecks and to improve results in immunization and HIV. Community-based screening of HIV with the involvement of people living with HIV (PLHIV) has led to improved testing rates for children and adolescents. The establishment of community care sites and capacity building of Community Health Workers (CHW) contributed to early detection of the main killer diseases of children and treating simple cases and improved referral of complicated cases to the Health Centers. Integration of IYCF promotion with treatment of acute malnutrition cases has proved an efficient strategy to scale up preventive actions and break the vicious cycle of malnutrition.

UNICEF provides direct support for service delivery for vulnerable children in CAR now but there is a recognition that upstream work at national level is required to strengthen government capacity to deliver services in a more sustainable manner. UNICEF's child protection programme adopted this approach in CAR, but progress has been mixed. A major step forward was achieved in 2019 with the conceptualisation and piloting of a national case management framework for child protection. However, efforts will need to be sustained over several years before systemic change can be achieved.

More flexibility is also needed in the design of reintegration of children released from armed groups in CAR. Many armed groups and militias have strong community roots so in some situations, children associated with them remain with their families. Some children associated with these groups and militias may be attending schools during the day and undertake military chores in the evening. In such a context, it is becoming more apparent that reintegration programmes must move away from traditional strategies focused on support to individual children to much broader reintegration programmes that would target all vulnerable children in the affected communities. These approaches would engage families and communities and identify sustainable interventions to address drivers of recruitment and use.

3.2 Operational Support

Given the limited capacity of the domestic local market both in terms of volume and quality, an assessment of the regional market was carried out in 2018, leading to a strong focus on developing regional LTAs. In 2019, the office increased its regional procurement portfolio mainly from the Cameroon market. LTAs have been raised in collaboration with Cameroon CO to procure WASH and Education supplies. Positive feedback was received on the quality of goods (bucket, jerrycans, printing materials) and savings of about 50 per cent, and reduced delivery time of about 60 days.

The collaboration with the logistics partner AIRD did not unfortunately materialize in 2019, due mainly to management issues on their side. Discussions with the new team have been launched and the partnership will be fully implemented in early 2020, leading to (i) substantial savings in costs for fuel and programme supplies; and (ii) better maintenance and repair services for our fleet, closer to the zonal offices. Another emerging opportunity is the inter-agency warehousing project under UNICEF's lead, which, if given adequate land by the government, could lead to savings of up to USD 720,000 over 5 years. In 2019, 11 digital senders and copy machines were replaced with five (5) Canon multi-function equipment, leading to higher performance and a significant reduction in costs due to lower volume of toners, paper and maintenance needed. The use of a solar energy system in the Bossangoa office led to a saving in fuel consumption of about USD 17,000 for the year. A similar project should be implemented for the Bambari office in 2020.

3.3 Management oversight

In 2019, management focused on obtaining results towards: 1) improving working conditions and encouraging work-life

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balance and living conditions, particularly in the zonal offices (through targeted investments responding to staff's expressed needs); 2) operationalizing the field offices' accountability framework, thereby delegating responsibilities at the field level and empowering the relevant staff; 3) holding regular discussions and joint reflections on ethics; 4) developing and strengthening existing SOPs to ensure maximum efficiency and effectiveness; 5) aligning with audit's recommendations and improving HACT compliance; 6) strengthening inter-sectoral cooperation and overall cooperation within the team. This led to a more cohesive, better motivated team.