

The Central African Republic

Executive summary

Major events and trends in 2015 highlighted that the situation in the Central African Republic remains extremely fragile. The year started with very promising steps towards peace and reconciliation with the local consultations for the Bangui National Forum and the National Children's Forum. These initiatives have led to major achievements, such as the National Reconciliation Pact, the Disarmament, Demobilization and Reintegration (DDR) agreement, and the agreement to release children from armed groups. The electoral process that followed also included major achievements for the year, including an unprecedented number of registered voters (nearly 2 million), the organization of the referendum on the new constitution and presidential and parliamentary elections. However, the sudden peak in violence in the last week of September 2015, which lasted until the end of the year and resulted in the further degradation of the humanitarian and security situation (77 people killed, 400 injured and approximately 50,000 new internally displaced persons (IDPs)), indicated that despite the progress registered, the crisis remains highly protracted.

The high level of insecurity has exacerbated the already dismal situation of women and children. Two years after the peak of the crisis in December 2013, the Central African Republic still has 447,000 internally displaced persons in-country and 452,000 refugees living outside of the country. An estimated 2.7 million people remain in need of assistance. In the meantime, the under-five child mortality rate stands at 139 per 1,000 live births, the eighth highest in the world, and the maternal mortality rate, which stands at 890 per 100,000 live births, is the third highest in the world. Some 41 per cent of children under 5 years suffer from chronic malnutrition. Armed groups have recruited an estimated 6,000 to 10,000 children since the beginning of the crisis. Nearly one third of the population lacks access to safe water and adequate sanitation. One third of school-age children are not currently attending classes. The increased attacks on humanitarian actors and increased constraints to accessing vulnerable people represent very worrying trends.

Despite the widespread insecurity and increasingly challenging operating conditions, in 2015, the United Nations Children's Fund (UNICEF) Central African Republic Country Office and its partners used every single opportunity to scale up the delivery of basic social services. More than 2 million children have been reached with interventions in basic health (more than 1 million vaccinated against polio and 139,766 against measles), water and sanitation (361,230 reached with safe water and 211,000 reached with improved sanitation), education (more than 260,750 reached with learning materials), nutrition (23,489 children treated for severe acute malnutrition (SAM)) and protection (150,000 children benefited from psychosocial support and 2,662 children were released from armed groups).

One of the most successful achievements of 2015 was the signing with 10 armed groups of an agreement to release children from their ranks and refrain from further recruitment. A timeline is already set for the continuation of this process, which could result in reaching 6,700 children by mid-2016.

The year 2015 also included partnership with religious groups which allowed for increased country programme engagement in peace, reconciliation and social cohesion and also helped to enhance the visibility of children's vulnerability. This was evident during the landmark visit of Pope Francis to the Central African Republic, which helped to move the peace and reconciliation agenda forward.

UNICEF Central African Republic also fostered innovation in 2015. An unconventional partnership with four telecommunication companies was developed to launch U-Report (already 14,500 young people are registered and engaged in dialogue related to peace and social cohesion through U-Report), as well as the education management tool, EduTrac, showing that crisis can also be an opportunity to initiate innovation.

In terms of management, UNICEF Central African Republic went through a large-scale process of management change, which made the staffing structure more sustainable given the funding gaps and the high cost of operations in the country. The process also helped to reverse the proportion of international professionals versus national professionals (from 70:30 to 48:52), contributing to national capacity building and better leveraging of local knowledge of the cultural context in order to strengthen peace and reconciliation programming. Another important exercise was the audit conducted during the first quarter of 2015 that resulted in 22 recommendations (very significant progress as compared with the previous audit, which had 58 recommendations). By the end of 2015, 21 out of the 22 action points were already closed, with only one recommendation pending.

In 2015, despite the difficult resource mobilization environment and the downgrade of the corporate emergency level from Level 3 to Level 2, the UNICEF Central African Republic funding situation was better than predicted, with a total of US\$108 million raised (with a higher proportion of development funding), as compared with US\$92 million raised by the end of 2014.

Humanitarian assistance

In 2015, UNICEF Central African Republic's humanitarian assistance focused on identifying the most vulnerable populations, assessing their needs and providing a response based on the Core Commitments for Children in Humanitarian Action and the Humanitarian Action for Children appeal. In 2015, following a downsizing of field office staff, four field offices were operational (Bouar, Bossangoa, Bambari and Kaga-Bandoro), with some 40 staff deployed. Complementing this, mobile teams were also temporarily deployed to accelerate the response, identify and resolve constraints, and protect by presence. Insecurity made access to vulnerable populations challenging. UNICEF Central African Republic advocated with the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA), international forces and various armed groups to ensure humanitarian access for children and women.

The sudden peak in violence at the end of September 2015 resulted in 77 people killed, more than 400 injured and as many as 50,000 displaced. More than 12 international non-governmental organizations (NGOs) were attacked, their warehouses were looted and they were forced to relocate 40-45 per cent of their international staff. Due to insecurity during the last three months of the year, access to vulnerable populations in camps and host communities was very much constrained. The surge in the number of internally displaced persons in the last quarter of 2015 required that the emergency response be enhanced in the areas of nutrition, water, sanitation, health and education, mainly in Bangui.

The Rapid Response Mechanism (RRM) was an important part of the UNICEF Central African Republic emergency response, reaching 230,136 highly vulnerable affected people. The RRM focused on distributing non-food items and WASH services to 161,484 and 68,652 individuals, respectively. This is double the number of people reached in 2014, when the RRM reached 103,000 persons. The RRM worked with five implementing NGO partners, covering nearly 75 per cent of the country. This enabled the establishment of early warning systems, with a total of 193 alerts received on humanitarian shocks, mainly caused by conflict. Those alerts led to a total of 93 exploratory missions, 93 rapid multi-sectorial assessments, 47 non-food items and 32 water, sanitation and hygiene (WASH) relief operations. A total of 29,545 non-food item kits were distributed, 265 emergency latrines and showers were constructed, 43 water points were rehabilitated and 127 hygiene promotion sessions reached 230,136 people.

In 2015, health and nutrition services were scaled up to reach children in displacement sites and vulnerable children living in enclaves and conflict-affected parts of the country. As a result, more than 850,000 people in need of assistance were able to access basic health services and medicines. A total of 23,489 children suffering from SAM were admitted to nutritional facilities and treated with therapeutic food; the recovery rate from SAM has been 87 per cent. Vaccination campaigns during measles outbreaks reached 139,766 children under 5 years in IDP sites and epidemic districts. A total of 1,825 children born to HIV-positive mothers received appropriate treatment, and 2,743 HIV-positive pregnant women received antiretroviral (ARV) drugs to prevent mother-to-child transmission (PMTCT).

Emergency WASH interventions included water pumping, chlorination and trucking throughout the country. More than 360,000 people, which included internally displaced persons and host communities, benefited from improved access to safe water, and more than 211,000 internally displaced persons now have access to improved sanitation services.

Child protection services were expanded in response to the humanitarian crisis. With the support of UNICEF Central African Republic, a total of 2,662 children aged 7-17 (613 girls and 2,049 boys) were released from armed forces and groups in 2015. More than 157,000 children (83,043 girls and 74,296 boys) received psychosocial support, and 2,697 women and children identified as survivors of sexual violence, with the opening of listening centres nationwide, and received access to comprehensive support (psychological support, medical assistance and hygiene kits).

In 2015, humanitarian assistance was provided to 69,378 children through education-in-emergencies programming. Some 328 temporary learning spaces (TLS) were created in 41 sites to provide a safe and protective learning environment for children and teachers in areas affected by ongoing crisis. In addition, the education section successfully provided learning materials to 260,750 children throughout the country, including in TLS. The upsurge in violence in September resulted in an increase in the displaced population (approximately 15,000 additional displaced children) and required a greater emphasis on education-in-emergencies programming as the return to schools was disrupted due to the heightened insecurity and required an increased response in all areas of humanitarian assistance (WASH, RRM, Child Survival and Development (CSD) and Child Protection).

As cluster lead agency for WASH, nutrition, education and child protection, UNICEF Central African Republic managed challenges requiring intense contingency planning and pre-positioning, especially ahead of the election period. This has been critical in ensuring a timely and children-focused response to the displacement of some 460,000 people throughout the country.

Mid-term review of the Strategic Plan

The current programme cycle, which began in 2012, was marked by unprecedented crisis, with more than 5,000 people killed, 20 per cent of the country's population displaced and a huge fracture in the social fabric, leading to the declaration of a Level 3 emergency in December 2013. To adjust to the drastically changed context and in line with the Central African Republic Transitional Government's Emergency Programme for Sustainable Recovery, UNICEF Central African Republic developed a Humanitarian Action for Children appeal aligned with the 2014 Strategic Response Plan and the Integrated Strategic Framework. This programmatic shift has enabled UNICEF Central African Republic to effectively respond to large-scale humanitarian and early recovery needs.

In December 2014, two years after the implementation of the humanitarian response, a strategic moment of reflection was held to assess and draw lessons from UNICEF interventions and engage the Country Programme from 2015 to work closely with the Transitional Government, the United Nations and other development partners for a more effective early recovery and humanitarian response. This is due to the fact that the country is still characterized by the double burden of having huge humanitarian gaps and the need to engage in early recovery processes given that the crisis originates from decades during which good governance, equity and access to basic social services were all lacking. This is why mainstreaming humanitarian action, as currently stated in the Strategic Plan, is extremely relevant to the context of the Central African Republic. In addition, given the impact of the crisis on the social sectors, it is important that new dimensions such as work related to peacebuilding, social cohesion, capacity building and reconciliation be considered in the mid-term review of the Strategic Plan. In the context of the Central African Republic, with limited state authority and presence, building resilience and coping mechanisms at the community level is critical.

In addition, based on the recent experience of UNICEF Central African Republic, it is important to highlight life cycle-based programming in the mid-term review of the Strategic Plan in order to better address the needs related to early childhood and adolescent development and participation. Particularly in terms of rights and needs, it is important that the mid-term review of the Strategic Plan pay attention to the operationalization of and resource allocation for work related to these two development phases. Strengthened work in early childhood development, including parenting education, can contribute significantly to reducing under-five mortality and morbidity rates – which, in the Central African Republic, are among the highest in the world – and better preparing children for quality primary education. During the management change and CPMP preparation that took place in 2015, UNICEF Central African Republic engaged in a profound discussion on the need to improve interventions related to adolescent development. Given the demographic structure of the country, which is characterized by a large proportion of adolescents and young people, increased attention is needed for this age group, not only in terms of classical interventions such as HIV and reproductive health, but also in terms of engaging young people on issues related to peace, social cohesion and promoting life skills such as good citizenship.

The issue of transitioning from acute emergency to recovery and longer-term development must also be redefined and reinforced given that the nature of the crisis is rooted in very deep underlying causes that cannot be addressed except through humanitarian interventions grounded in saving lives and reducing immediate vulnerability.

Summary notes and acronyms

ACTED	Agency for Technical Cooperation and Development
AIDS	acquired immune deficiency syndrome
ARV	antiretroviral
C4D	Communication for Development
CLTS	Community-Led Total Sanitation
CMAM	community-based management of acute malnutrition
CMT	Country Management Team
CSD	Child Survival and Development
DDR	Disarmament, Demobilization and Reintegration
EFP	Essential Family Practices
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GPE	Global Partnership for Education
HIV	human immunodeficiency virus
ICASES	Central African Institute of Statistics, Economic and Social Studies
iCCM	integrated community case management
ICT	information and communication technology
IDP	internally displaced person
KMC	Kangaroo Mother Care
LRA	Lord's Resistance Army
MICS	Multiple Indicator Cluster Survey
MINUSCA	Multidimensional Integrated Stabilization Mission in the Central African Republic
MoE	Ministry of Education
MoH	Ministry of Health
MORSS	Minimum Operating Residential Security Standards
MOSS	Minimum Operating Security Standards
NGO	non-governmental organization
NYHQ	UNICEF Headquarters in New York
OCHA	Office for the Coordination of Humanitarian Affairs
PMTCT	prevention of mother-to-child transmission
RRM	Rapid Response Mechanism
SAM	severe acute malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMS	short message service
TLS	temporary learning spaces
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department for Safety and Security
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VISION	Virtual Integrated System of Information
WASH	water, sanitation and hygiene
WCARO	West and Central Africa Regional Office
WFP	World Food Programme
WHO	World Health Organization

Capacity development

As part of the 2014 strategic moment of reflection recommendation, capacity development served as one of the major areas for intervention for UNICEF Central African Republic in 2015. Capacity development was initiated and undertaken in many programmatic areas and covered both state and non-state entities at both central and decentralized levels.

For example, in 2015, the WASH programme implemented a project introducing a low cost manual drilling technique to provide safe drinking water in communities. This involved a capacity-based approach to water management with the establishment of local committees to manage the process, including training children formerly associated with armed forces or groups in manual drilling techniques.

In the health sector, capacity building was provided through the training of civil servants and community workers to better equip them with skills in emergency preparedness, emergency response and PMTCT. Similarly, community workers received training to ensure minimum community-based and essential nutrition activities.

The same approach was taken in the education system in terms of building Ministry of Education (MoE) capacity in education in emergencies, including psychosocial support, health and hygiene, Ebola awareness and HIV/AIDS awareness and prevention. In addition, in order to enhance financial management, mitigate and manage risk and ensure the efficient use of funds, UNICEF Central African Republic carried out harmonized approach to cash transfer trainings for government and non-government partners' staff.

The child protection programme also invested in capacity building, mainly by providing guidance on monitoring of protection issues in emergencies, providing psychosocial support to children affected by conflict and victims of violence and managing the release and reintegration of child soldiers.

Programmes such as Communication for Development (C4D) focused on building capacity to improve family practices with regards to child survival and increase the demand for available services, as well as on issues related to peace and social cohesion.

Evidence generation, policy dialogue and advocacy

Expanding on the nutritional Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey performed in 2014, UNICEF Central African Republic continued to generate evidence to inform and support advocacy and policy. For example, the nutritional survey conducted in IDP sites and enclaves that showed the high vulnerability of the most-affected populations was used for advocacy with donors and partners. The lessons-learned exercise conducted in Yaloke, an ethnic minority enclave, helped to strengthen advocacy around the protection of minorities and freedom of movement for internally displaced persons. Similarly, the office continued to use emergency data collection mechanisms such as the cluster information and management system.

The release and reintegration of children formerly associated with armed forces and groups also served as an opportunity to generate information and data regarding children associated with armed groups. The alert and rapid assessment tool within the RRM was also instrumental in providing rapid information, assessing the vulnerabilities of populations affected by a shock and increasing the timeliness of response.

UNICEF Central African Republic used the humanitarian performance monitoring framework for children to track programme results. Updated monthly, humanitarian performance monitoring was an important knowledge management tool used to finance programmes aimed at improving the well-being of children. Data and evidence were instrumental in supporting advocacy and policy dialogue work with the Government, donors and the humanitarian community. The National Children's Forum, the Bangui National Forum and Pope Francis' visit were all opportunities to advocate on issues related to the vulnerability of children in the Central African Republic.

Evidence and data were also used to inform the UNICEF Central African Republic advocacy work in existing networks such as the United Nations Country Team and protection networks, as well as in regular interactions with the Government, donors and other stakeholders. In addition, data was used during the electoral campaign to increase awareness among the political leadership on child deprivation, child rights and current gaps in basic social services.

Partnerships

In 2015, the scale and complexity of the crisis in the Central African Republic continued to require major initiatives in terms of partnerships at different levels. On the traditional level, UNICEF Central African Republic engaged with high-level government officials, senior United Nations officials, the World Bank and the African Development Bank to advocate and call for action in regards to children in the Central African Republic.

The year 2015 included partnership with religious groups, which allowed UNICEF Central African Republic to increase engagement in the areas of peace, reconciliation and social cohesion. This also helped to enhance the visibility of children's vulnerability, as evidenced during the landmark visit of Pope Francis, which helped to move the peace and reconciliation agenda forward.

On the innovation front, UNICEF Central African Republic developed a partnership with four telecommunication companies that led to the use of their platform for children's participation, protection and development and opened the door to public-private partnership. Other partnership-related activities involved strengthened collaboration within the United Nations, which allowed for the development of joint projects with certain agencies, the sharing of logistical facilities and the improved security brought about by the presence of MINUSCA.

UNICEF Central African Republic also strengthened partnerships with the donor community, which led to increased funding for humanitarian and development needs. UNICEF Central African Republic also increased partnerships with national and international NGOs in 2015, as evidenced in sectors such as education, which experienced a 14 per cent increase in budget allocation over 2014.

The year 2015 also witnessed the strengthening of traditional partnerships with the Government, primarily with the Ministry of Defence, the Ministry of Health, the Ministry of Education and the Ministry of Family and Social Affairs and the Offices of the President and Prime Minister, which led to major achievements such as the agreement to release children associated with armed groups, the launch of the National Children's Forum and the nationwide Back-to-School and immunization campaigns.

External communication and public advocacy

In 2015, UNICEF Central African Republic not only increased international coverage, but also developed a breakthrough engagement with the local media. The issue of children associated with armed groups was a major focus for global media in 2015. The May 2015 agreement to release children, which was signed by 10 armed groups, attracted significant global attention, and the first massive releases (in Bambari in May and Batangafo in August) generated press clips worldwide (on television, radio and in print). The reintegration process was also widely covered internationally.

Child protection was also at the heart of the peace campaign launched at the end of November 2015, days before the Pope's visit to the country and before the beginning of the election process. The campaign included a song (written by children) that was played locally but also shared via social media, in a billboard campaign and in a press release that highlighted the impact of the crisis on children.

Education was also a major media topic in 2015, with the launch of a programme funded by the European Union. This was followed by the Back-to-School campaign that included a press conference, a 'Run to School' event with children and the official Back-to-School events. Unfortunately, a few days after the official start of the 2015/2016 school year, violence erupted in Bangui and disrupted the start of classes and media attention for education.

Social media was also used extensively. UNICEF Central African Republic had more than 34,000 likes on Facebook (compared with 25,000 at the beginning of 2015) and 4,255 followers on Twitter (up from 3,000 Twitter followers at the beginning of 2015).

South-South cooperation and triangular cooperation

In 2015, key counterparts benefited from development experience in other countries on improving the situation of children. For example, the WASH programme initiated the transfer of low-cost, high-impact technology (manual drilling) to the Central African Republic from South-East Asia. UNICEF Central African Republic and Laotian experts provided training for national authorities and private providers on new techniques and also demonstrated how drilling materials and pumps could be made exclusively from locally available materials. From March to September 2015, the Laotian experts provided training on drilling techniques and hand pump construction to adolescents, young men and young women, some of whom were recently released from armed groups. In total, 31 people were trained on manual drilling, and more than 30 new water points were constructed.

Also in 2015, the UNICEF Central African Republic nutrition programme and the nutrition cluster collaborated with UNICEF Cameroon and UNICEF Chad on developing a monthly exchange of rapid assessment and nutrition figures related to Central African refugees in Cameroon and people living on the border between the two countries. A proposal and concept note on nutrition is being harmonized to flag specific challenges affecting all three countries.

A joint delegation from UNICEF Central African Republic and MoE counterparts participated in a multi-country workshop in Dakar focused on addressing education needs for children who are refugees in countries neighbouring the Central African Republic. The workshop allowed for cross-fertilization of ideas and initiatives and the development of an exchange visit schedule.

Given the high turnover and conflicting priorities, as well as prevailing insecurity, the study tour planned in collaboration with UNICEF Rwanda (for officials from the Ministry of Economic Planning and International Cooperation to learn about Rwanda's experience establishing donor aid coordination mechanisms) was postponed to 2016. South-South cooperation will be further strengthened and sustainability will be ensured, as the study tour will target incoming officials that will be appointed by the new government.

Identification and promotion of innovation

Technology is key to reaching people in the interior of the Central African Republic, where insecurity, a poor road network and heavy rains make access difficult. Using times of crisis and upheaval as opportunities for transformation and innovation became a key strategy for UNICEF Central African Republic in 2015. Despite the depth of the crisis and other challenges, in 2015, UNICEF Central African Republic launched major initiatives on the innovation front. This was triggered by a visit from the UNICEF Headquarters Innovation Unit and included new technology as well as environmental sustainability initiatives.

UNICEF Central African Republic developed a partnership with four telecommunication companies to launch U-Report, a short message service (SMS) communications-based tool to empower young people to influence the national dialogue around reconciliation. Launched in June 2015, there were already 14,500 young people registered and engaged in dialogue related to peace and social cohesion by the end of December 2015, with 90 per cent of these young people aged 10 to 24 (41 per cent girls).

In 2015, implementation of EduTrac began under the Global Partnership for Education (GPE) accelerated funding programme to establish an innovative method to collect real-time school data via SMS messages from school principals. EduTrac reduces the time required for data collection across the country and helps to systematically store collected data on a web-based platform. This important innovation will allow for better decision making on centralized and decentralized levels and will improve overall education programme management.

UNICEF Central African Republic also led an innovative project introducing a low-cost manual drilling technique to provide safe drinking water in communities. Manual drilling has a positive impact on the climate through the reduction of fuel consumption, deforestation and damage to water aquifers.

UNICEF Central African Republic also supported efforts to use solar refrigerators to store vaccines in the country, an innovation that meets children's basic needs and rights while mitigating environmental damage.

Support to integration and cross-sectoral linkages

In 2015, programme synergies and collaboration were strengthened through a variety of cross-sectoral interventions. In support of the national Back-to-School campaign, the UNICEF Central African Republic education team worked closely across sectors to develop and implement a holistic programme. A government-led steering committee consisting of MoE officials, UNICEF education staff, C4D staff and other education partners, developed and disseminated key messages through various mediums (radio, community mobilization, 'fun run', billboards, posters, banners and SMS messaging) to encourage the return to school.

In addition, the UNICEF Central African Republic education section provided important cross-

sectorial programming as part of education-in-emergencies programming. Education, protection and health staff provided training for nearly 1,000 teachers and education authorities that incorporated important psychosocial, health, hygiene, Ebola awareness and HIV/AIDS prevention awareness messages.

The community reintegration of more than 2,600 children formerly associated with armed groups was also carried out through synergetic interventions such as medical screening and care, provision of catch-up classes and the dissemination of information on HIV/AIDS prevention, in close coordination with the education, WASH, health and HIV programmes.

In other sectors, C4D contributed to the achievement of results through evidence-based communications campaigns. Partnerships with the media and community networks encouraged parents to vaccinate their children and protect themselves against HIV.

Synergies were also demonstrated in regards to cholera and Ebola preparedness activities, which included health, WASH, C4D and emergency components.

Service delivery

In the context of the collapse of basic services (schools, health and water and sanitation facilities) and within its framework of humanitarian and recovery responses, UNICEF Central African Republic has become one of the largest providers of supplies and services in the social sector in the Central African Republic. A large part of the UNICEF Central African Republic humanitarian response is based on the provision of services such as water supply, non-food items, etc., aimed at saving lives and reducing vulnerability. In 2015, UNICEF Central African Republic purchased nearly US\$24 million worth of supplies.

To name a few examples: in 2015, UNICEF Central African Republic purchased more than 1 million doses of the polio vaccine, more than 2 million doses of the measles vaccine and 300,000 doses of the tetanus vaccine. As a result, more than 1 million children were vaccinated against polio. Similarly, as the only supplier of ready-to-use therapeutic food in the country, UNICEF Central African Republic procured more than 18,000 cartons (254 metric tons) of ready-to-use therapeutic food in 2015 as well as almost 600,000 mosquito nets.

To promote access to education and address the issue of damaged or destroyed infrastructure, the light rehabilitation of 241 schools for more than 113,000 children was completed under GPE accelerated funding. UNICEF worked with the World Food Programme (WFP) to launch food-assisted education in the most food insecure areas. With funding from the Government of Japan, the construction of 36 out of 50 target schools (72 per cent) was completed. UNICEF Central African Republic procured 600,000 textbooks under the GPE programme, and 420,000 textbooks will be provided with European Union funding, together covering 50 per cent of children's needs.

UNICEF Central African Republic also provided safe water to 361,230 people, including 3,334 schoolchildren, through the construction of 68 new boreholes and the rehabilitation of 251 wells. In addition, 31 primary schools and five health centres were equipped with gender-segregated latrines and provided with hygiene kits.

Human rights-based approach to cooperation

Given the prominent protection dimension of the crisis, the human rights-based approach was mainstreamed across all programme interventions undertaken by UNICEF Central African Republic in 2015.

As co-chair of the Monitoring and Reporting Mechanism Task Force, along with the MINUSCA, UNICEF Central African Republic played a pivotal role in monitoring and reporting on the six grave violations against child rights. New partnerships and expanded geographical coverage increased the monitoring network in 2015. UNICEF Central African Republic verified 3,011 individual cases of grave violations (recruitment, rape, abduction, maiming and killing of children) and 160 cases of attacks against schools, health facilities and humanitarians, representing almost double the number of cases reported in 2014 (78). In 2015, 2,662 children, including 613 girls, were released from armed groups. Some 268 children, including 108 girls, are awaiting reunification in foster families and transit centres; 1,290 children were reunited with their families.

Education and protection teams worked closely with the MoE to issue a press release on 25 December 2015 to condemn attacks on schools and advocate for child rights to be guaranteed and schools to be protected during upcoming voting periods. UNICEF Central African Republic also worked closely with MINUSCA to ensure child rights through the protection of schools. This resulted in a strong directive on the protection of schools and universities against military use that was sent to the commanders of armed forces and police.

UNICEF Central African Republic also trained 240 government partners on human rights-based approaches to programming, gender mainstreaming and humanitarian principles.

UNICEF Central African Republic continued to advocate within existing networks such as the Senior Management Protection Group, the protection cluster and the Protection of Civilians Working Group on issues related to children's and women's rights. The protection of minorities, including populations still living in enclaves, was also prominent in advocacy efforts and related programme interventions. UNICEF Central African Republic took the lead in raising awareness on the right to reunification for separated children in enclaves such as Yaloke (Ombella-M'Poko district), as well as on the issue of freedom of movement and the rights of displaced persons, in line with international standards and norms such as the Kampala Convention.

Gender mainstreaming and equality

In 2015, gender inequity and gender-based violence, including sexual exploitation and abuse, remained widespread in the Central African Republic. During the crisis, armed groups used sexual violence against children and women to terrorize communities and break family ties. In 2015, 60,208 cases of gender-based violence, including 29,801 cases of sexual violence, were documented by the gender-based violence sub-cluster. Sexual violence represents almost 25 per cent of all recorded cases among children. More than 20 gender-based violence crisis centres were functioning throughout the country in 2015. UNICEF Central African Republic provided holistic support to 4,850 survivors.

In 2015, UNICEF Central African Republic provided gender-sensitive holistic care to children released from armed groups, given that many girls released from armed groups need tailored interim care as many have experienced physical/sexual abuse. In addition, data collection was conducted in a gender-conscious manner, with gender-disaggregated data on, for example, children with malnutrition, gender parity in service committees and access to education.

Based on lessons learned and on the large number of sexual exploitation and abuse cases documented in the country, UNICEF Central African Republic strengthened its mechanism for monitoring, alerting and responding to gender-based violence. The standard operating procedure that UNICEF adopted at the global level was also implemented as part of the Country Programme. UNICEF Central African Republic also carried out a number of internal initiatives related to protection against gender-based violence through missions from UNICEF Headquarters and information sessions targeting all staff on the prevention of sexual exploitation and abuse. The total expenditure for gender-based violence for 2015 amounted to approximately US\$1 million, including the salaries of one international and one national staff. UNICEF Central African Republic also strengthened its partnership with other United Nations entities such as the United Nations Population Fund (UNFPA) and MINUSCA within the context of the launch of the Monitoring, Analysis and Reporting Arrangements.

Aside from violence and sexual exploitation and violence, gender equality in the Central African Republic has a long way to go. In 2016, UNICEF Central African Republic will place more emphasis on addressing disparities within the education and health systems, participating in decision-making processes, and reviewing and auditing existing and upcoming programmes using a gender lens.

Environmental sustainability

Almost one third of the population of the Central African Republic does not have access to safe water, a situation that is exacerbated by increasing dry spells and intensifying droughts, as well as damage and destruction to existing supply facilities due to the ongoing conflict. In 2015, to support climate change adaptation and mitigation, UNICEF Central African Republic led a project introducing a low-cost manual drilling technique to provide safe drinking water in communities. Manual drilling has a positive impact on the climate through the reduction of fuel consumption, deforestation and damage to water aquifers. Finally, manual drilling reduces waste: the tools for manual drilling are made from recycled material collected from garbage, which is an environmentally sustainable approach. The use of recycled material also preserves resources that would be used through mechanized drilling.

UNICEF Central African Republic also supported efforts to use solar refrigerators to store vaccines in the country, a sustainable energy solution for emergency contexts to meet children's basic needs and rights while mitigating emissions. Solar refrigerators are an excellent option for remote facilities without access to reliable electricity or fuel supplies. To this end, UNICEF Central African Republic supported the Ministry of Health (MoH) to develop its Expanded Programme on Immunization (EPI) strategic plan to include the replacement of kerosene-reliant refrigerators by solar refrigerators as a key strategy for maintaining a sustainable cold chain for vaccines at the country level by 2017.

UNICEF Central African Republic also engaged two independent agencies to carry out physical inspections of nine school sites for the construction and rehabilitation of six schools. The inspections included indicators on environmental sustainability. Based on this survey, the bid process will be launched in early 2016, and the environmental indicators will be monitored throughout the construction process.

Effective leadership

Based on the country's critical level of vulnerability and the need to increase efficiency and effectiveness, in 2015, UNICEF Central African Republic developed 11 priorities. In addition,

UNICEF Central African Republic completed two major undertakings to strengthen the resource management system.

Office priorities were regularly monitored and adjusted through the Country Management Team (CMT) meetings, programme coordination meetings and Emergency Task Force meetings. The priorities were also reviewed and adjusted during the mid-year and annual reviews. By December 2015, almost all 11 priorities were either achieved or on track. Other UNICEF Central African Republic governing bodies such as the Joint Consultative Committee and other statutory committees met regularly. All-staff meetings were organized on a monthly basis – and were connected with sub-offices by phone for the first time – to provide regular updates on security, country context analysis, management priorities, key performance indicators and staff welfare and well-being. The Business Continuity Plan and office risk profile were also regularly updated in relation to the country security context.

The two major undertakings completed by UNICEF Central African Republic to strengthen leadership and governance were the changes made to the management process and the audit. The changes made to the management process were carried out on a participatory basis. Sessions were organized to share the vision behind the process with all staff and involved the Staff Association and staff members at different levels. This resulted in a more sustainable staffing structure given the funding gap and the high cost of operations in the Central African Republic.

The audit, the second major undertaking, was conducted during the first quarter of 2015 and resulted in 22 recommendations (as compared with 58 recommendations from the previous audit). By the end of 2015, 21 out of the 22 action points had been closed, with only one remaining recommendation to address. In 2016, follow up on the audit, including actions already closed, will remain an office priority to strengthen governance, sustain gains in efficiency and avoid setbacks.

Financial resources management

Indicators related to financial resources management were reviewed at each programme coordination and CMT meeting, weaknesses were highlighted and appropriate actions were taken. Monitoring focused on accountability, adherence to procedures and improved performance indicators. Tables outlining resources received, implementation rates per programme and outstanding direct cash transfers were shared at each CMT meeting. Support was provided to programme assistants and budget owners to improve performance and reduce the number of outstanding direct cash transfer liquidations. Overall, key performance indicators were on track.

The implementation rate is as follows: regular resources - 97.49 per cent; other resources - 75.03 per cent; other resources emergency - 79.97 per cent; and support budget - 99.03 per cent. Nearly 100 per cent of funds were spent before grant expiry dates. A harmonized approach to cash transfer training workshop for UNICEF Central African Republic staff and counterparts was rolled out in 2015.

During the 2015 audit, cash-on-hand accounts were identified as an area of high risk. In response, several measures were implemented to minimize cash-on-hand account-related risks. One measure was to outsource the transfer of cash, and the other was to set control points in order to minimize internal management of the risk. UNICEF Central African Republic launched a request for proposals to all mobile companies, money transfer companies and banks in order to

determine which potential provider already has such services and which provider is planning to have them in the near future. As far as the management of internal risk is concerned, UNICEF Central African Republic approved a measure to establish a work flow, minimizing the risk of conflicting roles in Virtual Integrated System of Information (VISION) transactions within the sub-office, reversing the balance of cash on hand in the official bank account and setting a CMT indicator on the number of unannounced spot checks on cash-on-hand account balances. Although the recommendation has already been closed, in 2016, the operations section will report to the CMT on these newly established procedures on a quarterly basis for monitoring and risk mitigation purposes.

Fundraising and donor relations

In a very competitive fundraising environment, UNICEF Central African Republic was able to mobilize key resources for children in the country. In 2015, UNICEF Central African Republic raised more than US\$42 million of other resources emergency and more than US\$52 million of other resources (including the three-year GPE and European Union funding). Development funding more than doubled in 2015 (from US\$21 million to US\$52 million), translating into increased development programming. A proactive resource mobilization strategy helped UNICEF Central African Republic to mobilize 64 per cent of resources of the other resources ceiling in the Country Programme Document. UNICEF Central African Republic also raised 53 per cent of the Humanitarian Action for Children appeal. However, remaining funding shortages, particularly in health and HIV (65 per cent funding gap), education (59 per cent funding gap) and WASH (52 per cent funding gap), hampered the delivery of emergency aid.

In support of its fundraising strategy, UNICEF Central African Republic positioned itself strategically as an organization with a long history in the country. Promoting UNICEF's comparative advantage helped secure major pledges from donors such as Japan, which donated more than US\$4.5 million to support the scaling up of health, protection and HIV services, and the United States Agency for International Development (USAID) Office of Foreign Disaster Assistance, which supported protection and RRM projects.

Throughout 2015, the communications team ensured that timely and high-quality visibility and advocacy materials were produced, including human-interest stories and project proposals. Strong liaison with the UNICEF Private Fundraising and Partnerships Division and UNICEF National Committees resulted in funds from the Spanish Committee for UNICEF and a pledge from the Dutch Committee for UNICEF. In December, UNICEF Central African Republic received a pledge for US\$2.2 million from the German Committee for Education and Health. All donor reports were submitted on time thanks to an internal system of alerts that provided ample time for programmes to provide inputs. Funding was optimally used, and UNICEF Central African Republic maintained systems, including weekly monitoring reports, programme coordination meetings and CMT meetings to monitor the use of funds and avoid unnecessary extensions.

Evaluation

In 2015, with the help of the West and Central Africa Regional Office (WCARO) and UNICEF Headquarters in New York (NYHQ), UNICEF Central African Republic undertook a major evaluation of UNICEF's response to the crisis. This was an extensive endeavour and involved a large consultative process, from the preparation of the terms of reference to inception and finalization. A reference group formed by colleagues from WCARO, NYHQ and UNICEF Central African Republic ensured quality oversight and guidance for the exercise. The main objectives

were to assess the UNICEF response at a strategic level by providing well-founded recommendations; provide an impartial assessment of the UNICEF Central African Republic response, programme strategies and components, including the oversight function towards partners; and explain lessons learned, strengths and areas for improvement in the UNICEF Central African Republic response to enable knowledge managers to better understand effectiveness and the main factors involved in the crisis.

Although the finalization process is still ongoing, the overall findings indicate that the UNICEF Central African Republic response and programme strategy were relevant, appropriate and coherent and that coverage of needs was generally good. The evaluation also found that coverage was limited in relation to needs in 2013, however. Another issue raised was that although dimensions of the UNICEF response strategy were connected to longer-term development goals, these were not well articulated in a national development framework in 2013–2014.

Due to insecurity and limited capacity, a number of activities that were planned for the 2015 Integrated Monitoring, Evaluation and Research Plan (such as situation analyses and Multiple Indicator Cluster Surveys) were not conducted and will be rolled over to 2016.

Efficiency gains and cost savings

In 2015, UNICEF Central African Republic identified efficiency gains and cost savings as part of the office's priorities. Significant cost savings resulted from the implementation of common services, including through sharing premises with other United Nations agencies. Memoranda of understanding established for the use of common premises in Bossangoa and Kaga-Bandoro were renewed or extended to United Nations agencies such as WFP, the World Health Organization (WHO), UNFPA, the Office for the Coordination of Humanitarian Affairs (OCHA) and the Food and Agriculture Organization (FAO), leading to an average cost savings of US\$55,000 per year.

In addition, UNICEF Central African Republic developed strategies for cost savings in the areas of logistics, construction and information and communication technology (ICT), with clear and measurable objectives, including to increase the use of UNICEF trucks versus commercial trucks, reduce the number of existing warehouses, improve the management of institutional contracts and readjust office Internet connection services with a more affordable option. These arrangements resulted in cost savings of more than US\$290,000 in 2015 (US\$81,000 from the use of UNICEF trucks, US\$40,000 in storage locations, US\$40,000 as liquidated damages in construction contracts and US\$129,000 in Internet access in zone offices).

The efficiency of supply deliveries improved with the use of UNICEF trucks (three 15-metric-ton trucks). UNICEF Central African Republic also improved the time spent on processing payments to address challenges related to delays in service delivery that could affect the office's reputation. By the end of 2015, payments were processed within an average of 25 days, as compared with 40 days at the beginning of the year.

The use of solar power in zone offices and the support provided for the use of solar refrigerators referred to in the innovation segment of this report will be continued in 2016 with the aim of increasing efficiency gains and cost savings.

Supply management

Supply management improved in 2015. Activities initiated in 2014 were expanded to shorten processing and delivery time of goods and services through the increased use of regional procurement and local providers. A market survey was conducted in 2015, reducing UNICEF Central African Republic reliance on offshore procurements and enabling the office to significantly increase the volume of supplies procured and distributed despite challenges in security and customs clearance.

The proportion of offshore orders remains significant. It is important to note the valuable support provided by the UNICEF Supply Division and the Douala hub, given recurring issues in freight forwarding in 2015.

UNICEF Central African Republic still faces long-standing fees for containers due to congestion at the Port of Douala and in the corridor, as well as slow customs processes in Bangui. These factors negatively impacted distributions, along with the weak capacities of implementing partners and the abovementioned security issues.

Supply and logistics were highlighted as areas of concern in the 2015 audit report. In close cooperation with WCARO and the UNICEF Supply Division in Copenhagen, nearly all recommendations were closed (more than 90 per cent).

Construction activities were also a key area of interest for UNICEF Central African Republic (US\$13 million for existing and new projects planned over the next three years), and substantial achievements were noted despite numerous challenges, including the completion of the construction of several schools, the rehabilitation of an operating theatre and the construction of a sorting centre in a paediatric hospital in Bangui.

UNICEF Central African Republic 2015	Value of all supply input (excluding freight) in US\$	Procurement locally managed by UNICEF Central African Republic in US\$	Procurement services in US\$
Programme supplies	11,635,882	3,914,217	Channelled via GAVI Alliance: 1,428,894
Operational supplies	1,123,906	1,092,642	Regular procurement services: 189,689
Services	2,086,949	2,086,949	
Construction	218,815	218,815	
Total	15,065,553	7,312,623	

Security for staff and premises

As noted throughout the report, security remains a key issue in the Central African Republic. The year 2015 saw an increase in the direct targeting of humanitarian workers and international

NGOs and increased fragmentation of armed groups and communities. In addition, security was highlighted as one of the key areas for observation in the 2015 audit. In response, UNICEF Central African Republic ensured total compliance with the Minimum Operating Security Standards (MOSS) and the Minimum Operating Residential Security Standards (MORSS). A thorough and systematic assessment was conducted in all six sub-offices as well as the main office in Bangui, the guest house and warehouses, based on the United Nations Department for Safety and Security (UNDSS) security risk assessment and MOSS. The Bangui residences of international staff members were also assessed to determine MORSS compliance.

Results were discussed with senior management, and reports were completed with gap analysis, descriptions of actions to be taken to fill gaps and lists of security improvement items to be installed. The US\$65,000 allocated budget for security was fully spent on the most immediate needs, such as fire alarm systems, fire extinguishers, additional lighting on all premises and provision of post-exposure prophylaxis and first aid kits in all vehicles. An increased number of staff members (25 per cent of all international staff members) moved to the guest house in Bangui, facilitating compliance with MORSS.

It is imperative that security continues to be reinforced, including MOSS and MORSS compliance, stress management and counselling.

Human resources

In 2015, UNICEF Central African Republic underwent a large-scale change management process to make the staffing structure more sustainable given the funding gap and the high cost of operations in the country. The process also helped to reverse the proportion of international professionals versus national professionals (from 70:30 to 48:52), contributing to national capacity building and better leveraging of local knowledge of the cultural context to strengthen peace and reconciliation programming. UNICEF Central Africa Republic was able to decrease 16 per cent in the number of staff whilst maintaining capacity in humanitarian response and development programming because streamlining allowed greater funding for programme delivery.

UNICEF Central African Republic conducted two induction workshops and a mini- Programme Planning Process attended by 30 staff members. The global gender-based violence counsellor provided training on sexual abuse and harassment. The office UN Cares Committee organized staff welfare day activities, raised HIV/AIDS awareness and organized voluntary testing and online HIV training. Training was also provided on the Transformative Agenda and the new humanitarian architecture. The special compensatory time-off measure for local staff working in field offices, which was approved in 2014, continued in 2015. The regional stress counsellor visited the office after the peak in violence in September and also provided remote support. Due to conflicting priorities, the enterprise risk management training could not take place.

Human capacity needs were reviewed to ensure an effective response to the evolving emergency situation. Staffing gaps and the staff structure were assessed and adjustments were submitted to the two programme budget reviews: 37 posts in April and five posts in October. UNICEF Central African Republic rapidly implemented the two, approved programme budget reviews, and 46 posts were recruited. At the time of the strategic moment of reflection, there were 202 staff positions. By December 2015, the office had a team of 180 staff (30 per cent female) to respond to the ongoing crisis, including 57 international staff members of 22 different nationalities and 123 local staff.

Effective use of information and communication technology

In 2015, office bandwidth was increased to 5 megabytes/2 megabytes, facilitating good connectivity for staff. This upgrade improved systems access and eliminated the bottlenecks and congestion that the office had experienced during the end-of-year closure activities. Voice over Internet Protocol infrastructure was optimized, allowing better interaction and collaboration with zone offices through teleconferences. This is a prelude to videoconference deployment, which is scheduled for next year.

The Business Continuity Plan and information technology disaster and recovery arrangements significantly improved in 2015 to adequately respond to the emergency context. All senior staff and head-of-section residences were connected to the office local area network via radio links to allow secure and reliable connection to UNICEF resources and to the internet 24 hours per day, seven days per week.

Complying with office priorities to pursue efficiency and savings in operational costs, the ICT unit conducted a cost analysis of zone offices' backup connectivity and emergency telecommunications costs. This resulted in the identification of savings scenarios in conjunction with the use of Thuraya devices. The new adopted tariff plan provided 75 per cent savings. A printing management project in the early implementation stage aims to reduce the office's environmental footprint and toner/paper consumption with the use of PIN codes for managed printing.

An ICT knowledge assessment survey was conducted, and the results were used to improve staff member productivity. Following the audit recommendations, the office increased the number of SAP licenses to allow more staff to gain access to VISION for better programme monitoring and management. The office benefited from the participation of an information technology assistant in an emergency telecommunications training held in Copenhagen.

UNICEF Central African Republic remains a key contributor to the Inter-Agency Working Group through the emergency telecommunications cluster, supporting the United Nations community in two locations: Bossangoa and Kaga-Bandoro. The Kaga-Bandoro office reinstallation is fully complete, and all agencies have received systems access.

Programme components from the Results Assessment Module

ANALYSIS BY OUTCOME AND OUTPUT RESULTS

OUTCOME 1 By 2016, at least 60 per cent of girls and boys under 5 and pregnant/lactating women use high-impact gender-responsive integrated services (curative, preventive and promotional) in the country for an accelerated reduction of infant and under-five mortality and maternal mortality.

Analytical statement of progress:

The progress towards this outcome continued to be affected by the ongoing crisis. In 2015, the CSD programme implemented the Humanitarian Response Plan, which was focused on the Core Commitments for Children, and strengthened the health services rehabilitation process in line with the government transition plan. The main objective of the Humanitarian Response Plan was to reduce deaths among children under 5 years by providing an integrated package. The already weak health system has been seriously affected: most doctors progressively resumed duty outside of the capital but health facilities across the country still lack essential supplies and medicines. A Health Resource Availability Mapping System assessment implemented in August

2015 showed that only 77 per cent of health facilities were functioning and 23 per cent were partially or fully destroyed during the crisis. This explains the deterioration of some indicators.

The risk of disease outbreaks, particularly cholera, measles, polio, yellow fever and Ebola/Marburg, increased significantly in 2015 due to population displacement and reports of Ebola, poliomyelitis and cholera outbreaks in neighbouring countries.

Malnutrition is a public health concern. The stunting prevalence level of 40.8 per cent remains close to the 2012 level (39.9 per cent), and the SAM rate remains near the emergency threshold at 1.9 per cent. The global acute malnutrition rate is 6.6 per cent. The situation remains fragile in enclaves and IDP sites. According to the nutritional survey conducted in 2015, acute malnutrition is approaching an alarming threshold in the enclave of Boda at 9.2 per cent, more than four times higher than the benchmark of 2.2 per cent.

UNICEF Central African Republic continued to assist the Government and partners to resume health services and provide free basic health care by supplying essential drugs, conducting regular analysis of the situation, organizing periodic intensified routine immunization and integrated measles and polio campaigns countrywide, including in IDP sites and enclaves, as well as rehabilitating selected health facilities. Life-saving interventions were undertaken despite insecurity in certain areas and the multiple difficulties encountered. The CSD programme provided tablets of artemisinin-based combination therapy to cover 860,000 cases of malaria, including 370,000 among children under 5 years. More than 987,000 people benefited from free health care in health facilities in CSD-targeted areas, including vulnerable populations living in the enclaves and in IDP sites. In addition, 23,489 children were treated for SAM, 569,328 children aged 6-59 months received vitamin A supplementation and 188,149 children were dewormed. However, chronic malnutrition should be addressed more strategically as a multi-sector issue. The CSD programme also continued to implement the health system strengthening, maternal and child health, and emergency preparedness and response components of the 2014–2016 transition plan for the health sector, which was adopted in September 2014.

OUTPUT 1 By 2016, key policies and strategies necessary for responding to emergency and scale up of high impact integrated interventions are coordinated, strengthened and implemented in functioning health district/prefecture

Analytical statement of progress:

The Kangaroo Mother Care (KMC) method, implemented since 2012 in seven Africa Committee on Sustainable Development prefectures, was interrupted due to the crisis, and only the paediatric hospital in Bangui continued implementation following three months of interruption. Since the beginning of 2015, preparation has been ongoing to extend this strategy in the referral hospitals of the Lobaye and the Ombella-M'Poko health prefectures. In regards to the implementation of emergency obstetric and neonatal care services, 77 out of 256 targeted health facilities (30 per cent) in seven health prefectures/districts have the capacity to implement adequate antenatal care. Out of these 77 health facilities, 20.3 per cent have the capacity to implement basic emergency obstetric and neonatal care services, and 16.5 per cent have the capacity to implement comprehensive emergency obstetric and neonatal care services. Some 30 delivery health kits were provided to health facilities to cover approximately 30,000 assisted deliveries, and 70 gynaecologic delivery tables and 70 hospital examination tables were provided to 50 health facilities. To improve the hospitalization conditions of patients, the Berbérati Regional University Hospital and the paediatric hospital in Bangui were rehabilitated and important equipment was provided using funding from the German and Italian National

Committees. This demonstrated that strong collaboration between UNICEF Central African Republic and National Committees to establish life-saving interventions in a fragile context can contribute significantly to reversing child mortality trends.

In 2016, more emphasis will be placed on scaling up the implementation of the KMC method and basic emergency obstetric and neonatal care services.

OUTPUT 2 By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) is effective both at community level and in health facilities in the targeted prefectures.

Analytical statement of progress:

The effective implementation of the community component of the integrated management of childhood illness, integrated community case management (iCCM), which was initially programmed for the second half of 2015, will be implemented in 2016 with support from the European Union/MoH project. An iCCM strategic plan was developed and validated. In order to contribute to the humanitarian response to the present crisis, based on the results of the Humanitarian Needs Overview assessments of 2015, the programme provided artemisinin-based combination therapy to cover 860,000 cases of malaria, including 370,000 children under 5 years. In addition, 530,000 long-lasting insecticidal nets were provided to pregnant women and children under 5 years during routine preventive activities (antenatal care and immunization). In order to improve the prevention and treatment of malaria cases, 272 health service providers and 565 community health workers had their capacities reinforced.

Micronutrient supplementations are not yet routinely available at community and facility levels. However, during the mass immunization campaign, 569,328 children aged 6-59 months received vitamin A supplementation, and 188,149 children were dewormed.

UNICEF Central African Republic continues to provide critical technical support to scale up the management of common illnesses in the most affected prefectures, including Bangui and other health prefectures, through the provision of essential drugs and medical equipment, training and supportive supervision of implementing partners and health promotion.

The ongoing crisis has worsened the already fragile health status of children under 5 years in the Central African Republic by limiting their access to basic preventive and curative care. The implementation of full integrated management of childhood illnesses is not yet effective in the country's targeted health facilities. With funding from the European Union, the programme will scale up the implementation of integrated management of childhood illness and iCCM interventions in six health prefectures, beginning in 2016.

OUTPUT 3 By 2016 at least 60 per cent of health facilities are rehabilitated and provide routine and supplementary immunization activities including micronutrient supplementation and deworming to improve vaccination coverage and respond to outbreaks

Analytical statement of progress:

In 2015, UNICEF Central African Republic contributed to efforts to restore the weak routine immunization system. Immunization was conducted in IDP camps and remote areas. UNICEF Central African Republic has continued to support the reinforcement of the immunization system through the rehabilitation of 312 health facilities, the purchase of vaccines and injection devices (280,000 doses of Bacille Calmette-Guérin vaccine, 1.169 million doses of oral poliomyelitis vaccine, 2,371,700 doses of measles vaccine and 300,000 doses of tetanus vaccine) and their distribution at the district level. UNICEF Central African Republic completed the purchase and

distribution of fuel across the country to support the cold chain. In addition, the process of shifting the cold chain to solar energy, which began in 2014, is progressing with the installation of solar refrigerators in 53 health facilities. Fourteen trainers are in charge of setting up and maintaining the solar energy refrigerators. The immunization system was reinforced through the provision of supplementary cold chain at the central, regional and district levels. In order to improve access to immunization services for hard-to-reach children, Reach Every District workshops were held at the district level. A survey based on the identification of factors of inequity associated with the utilization of immunization coverage of children was carried out in two health prefectures (Ouaka and Nana Gribizi). This permitted identification of bottlenecks and adequate solutions to address issues of equality in children's access to immunization services.

This support enabled the vaccination of 52,358 children (42 per cent) with Penta 3 vaccines and 55,367 children (44 per cent) with the measles vaccine through routine EPI. Eight local polio immunization campaigns were carried out in 2015. A total of 1,494,784 children aged 0-10 years were vaccinated. Reactive campaigns in response to measles outbreaks in some health districts and IDPs sites allowed for the vaccination of 139,766 children aged 6-59 months (out of the 250,000 planned). In addition, 569,328 children aged 6-59 months received vitamin A supplementation.

UNICEF Central African Republic continued to pay incentives to health workers, first aid workers and community mobilizers in targeted areas.

In 2016, the plan is to: 1) organize nationwide supplementary immunization activities against measles, polio and meningitis; 2) implement the switch from oral poliomyelitis to inactivated poliovirus vaccine; 3) organize the evaluation and efficient management of vaccines; 4) strengthen the integration of EPI activities into the minimum package of activities at the health centre level; 5) continue to implement the Reach Every District/Child strategy; and 6) strengthen the capabilities of health managers and service providers in the management of EPI activities.

OUTPUT 4 By 2016, in the 13 targeted health prefectures, 100 per cent of United Nations Regular Programme for Technical Assistance (UNTA) and UNT detect and treat cases of SAM according to the national protocols, activities for prevention of malnutrition are developed and a nutritional surveillance system is established.

Analytical statement of progress:

The 2014 SMART survey showed the persistent poor nutrition status of children in the Central African Republic. The prevalence of stunting at 40.8 per cent remains close to the 2012 level (39.9 per cent), and the SAM rate remains near the emergency threshold at 1.9 per cent, while the rate of global acute malnutrition is 6.6 per cent. The underweight rate of 20 per cent is below the critical level of 30 per cent. The situation remains fragile in enclaves and IDP sites where, according to the nutritional survey conducted in 2015, acute malnutrition is approaching an alarming threshold in the enclave of Boda at 9.2 per cent, more than four times higher than the benchmark of 2.2 per cent. At the end of October 2015, 23,489 children had been admitted for SAM treatment, including children from IDP sites and enclaves. All of the 304 UNTA and 40 UNT provided community-based management of acute malnutrition (CMAM) care.

SAM cases with complications represent 14.6 per cent of all cases in in-patient therapeutic units and 85.4 per cent of all cases in outpatient therapeutic programmes. Although geographical access and attendance to integrated CMAM facilities has increased, with 40 in-patient therapeutic programmes in 2015 (compared with 34 in December 2014) and 304 outpatient

therapeutic units in 2015 (compared with 210 in December 2014), available data still points to areas with low coverage (less than 50 per cent), especially prefectures that are chronically affected by insecurity, including Vakaga and those facing a lack of integrated response such as Sangha-Mbaéré, Mbomou and Haute-Kotto. The performance indicators for SAM treatment are within the international norms, with an 86.7 per cent cure rate, 2.07 per cent death rate and 11.2 per cent default rate.

Besides the CMAM scaling up process, with the acceleration and completion of training for 152 CMAM trainers, a timeline with a roadmap for scaling up CMAM was developed with regional and peripheral health authorities. A total of 244 community health workers were trained and equipped to be able to ensure a minimum of community-based activities, including community mobilization, screening and referral of cases, including malnutrition cases, for primary health care. Rapid assessment and nutrition surveillance were maintained and conducted in the most remote and vulnerable parts of country (enclaves and isolated areas). Micronutrient supplementation, including vitamin A, folic acid and the deworming package, was integrated into Periodic Intensified Routine Immunization and immunization campaigns: 569,328 children aged 6-59 months received vitamin A and 188,149 children were dewormed. An updated national guideline for infant and young child feeding practices was developed in order to define the interventions to be conducted and serve as an entry point for preventive nutrition activities. As many as 18,380 cartons of ready-to-use therapeutic food and 2,622 cartons of therapeutic milk were distributed to beneficiaries. Although the coverage of the CMAM target increased by up to 76 per cent, the integration of CMAM into the minimum health package remains very challenging in the majority of prefectures.

In 2016, efforts will be made to integrate and scale up SAM treatment in health facilities. Activities for the prevention of chronic malnutrition will be intensified nationwide and the capacities of health managers and service providers will be reinforced in the management of essential drugs and other nutritional commodities.

OUTPUT 5 Response to outbreak and emergency health issues is provided in a timely manner, based on the national and international standards

Analytical statement of progress:

The security situation in the Central African Republic experienced an improvement between January and August 2015. However, in September 2015, the security situation experienced a sharp deterioration with attacks on humanitarian personnel and the looting of equipment and drugs from humanitarian warehouses. This situation seriously impacted the already fragile health and nutrition status of the Central African population, particularly children under 5 years and women, including people still living in enclaves, IDP sites and minority groups. Technical and financial support from the humanitarian community to the very weak health care system has continued since the beginning of 2015. UNICEF Central African Republic continued support to the MoH, and, in 2015, this support enabled 987,044 people, including vulnerable populations living in enclaves and IDP sites, to access free health care in some targeted areas.

In 2015, UNICEF Central African Republic supplied essential drugs and equipment in response to the IDP crisis in the Batangafo hospital; the crisis in the Kouango sub-prefecture; internally displaced persons in the Yaloke Peuhl enclave and the host population; the outbreak of acute aqueous diarrhoea in Alindao in collaboration with Save the Children International; the reactive campaigns against the suspected/confirmed measles outbreaks in Bangassou, Bria, Birao, etc.; the enclave population of Boda through the NGO Africa Humanitarian Action ;and the internally

displaced persons in Bangui and Dekoa in September and October 2015 during the armed conflict.

Although these results may seem encouraging given the situation in the Central African Republic, they also mask the serious lack of qualified staff and insufficient technical equipment and medical supplies, which are aggravated by the limited resources allocated to the management of the humanitarian situation and the insufficient deployment of implementing partners (NGOs) in the countryside.

UNICEF Central African Republic participated actively in the preparedness for and response to a potential Ebola/Marburg and cholera outbreak through the procurement and supply of individual protective equipment, essential drugs and other interventions, including the training of 51 Ebola/Marburg prevention and treatment team members and the training of 61 members of the crisis management committees in two health regions of the country. UNICEF technical support was also provided during the Central African Republic cholera risk situation analysis and the revision of the health cluster cholera contingency plan.

OUTCOME 2 By 2016, 70 per cent of girls and boys, young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge, testing and treatment of HIV and AIDS.

Analytical statement of progress:

In partnership with other United Nations agencies and partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF Central African Republic supported the MoH, the National AIDS Council and Country Coordination Mechanism bodies to review the National HIV/TB Strategic Plan, which was developed to guide implementation through 2016, taking into account emergency needs and the GFATM new funding model processes and orientations for resource mobilization. In line with the GFATM new funding model, UNICEF Central African Republic provided technical and financial assistance to the Country Coordination Mechanism, the National AIDS Council and the MoH to support the elaboration of a concept note and other required technical programme documents.

In early 2014, UNICEF Central African Republic supported the MoH to carry out a rapid needs assessment on HIV. Based on the assessment findings, UNICEF Central African Republic rolled out HIV micro-plans in all supported districts to revitalize and scale up integrated PMTCT and paediatric care services.

In 2015, UNICEF Central African Republic focused on implementing and monitoring all micro-plans in 11 health districts, whilst at the same time ensuring the effective re-establishment of PMTCT services that existed before the crisis and the implementation of interventions in health districts: Mbaïki, Mambéré-Kadéï, Nana-Mambéré, Sangha-Mbaéré, Ouham, Ouham-Pende, Ouaka, Kémo, Nana-Gribizi, Bangassou and Haut-Mbomou. At the end of 2015, a total of 140 health centres were providing PMTCT services, including 19 offering paediatric care services. These numbers have increased from 81 and 3, respectively, since the end of 2014. Despite significant effort to increase the offering of PMTCT and paediatric care services, the uptake of the services and data collection still needs to be expanded; fewer than 50 per cent of the health facilities report regularly. As of December 2015, the following results were achieved in 11 supported prefectures including Bangui: 1) the MoH, the National AIDS Council and Country Coordinating Mechanism CCM were supported to review the required technical documents and integrate emerging needs; 2) following the 2014 assessment on HIV needs and services, UNICEF Central African Republic supported the MoH to revitalize and scale up PMTCT and

paediatric care services after the crisis. This allowed UNICEF Central African Republic to develop 11 district/prefectures plans aimed at increasing access to quality PMTCT services for the 11 supported health districts/prefectures; 3) the MoH was supported to re-establish remaining PMTCT sites and integrate PMTCT services into 40 new health centres in targeted districts; 4) 52,706 women of the 63,304 targeted received HIV counselling and testing, and all of the women collected their results. A total of 1,246 pregnant women received ARVs for PMTCT in targeted prefectures; 5) in 2015, UNICEF Central African Republic signed an agreement with Institut Pasteur to roll out early infant diagnosis. Sample collection has been carried out in accessible targeted districts, and 867 infants born to HIV-positive mothers have been tested. Of these, 6.7 per cent were HIV positive; 6) 1,278 eligible infants were put on ARV treatment, and 907 infants received co-trimoxazole; 7) some 16,645 adolescents were educated about HIV and AIDS, counselled on HIV and AIDS and tested in IDP camps; 8) 215 health workers were trained to support the implementation of PMTCT and paediatric care services; 9) UNICEF Central African Republic provided technical and financial assistance to the National AIDS Council to train 354 members of 18 community-based organizations to support community mobilization on HIV in health centre catchment areas; 10) 16,645 out of 25,000 targeted youth (67 per cent) were counselled and tested, and 570 infants born to HIV-positive mothers received ARVs; and 11) 215 health and social workers and 354 community workers were trained to offer PMTCT and paediatric care in 114 health centres and to support social mobilization to enhance community-driven demand for the services.

In 2016, continued support will be provided to the MoH and other partners to improve the functionality of 140 PMTCT and 19 paediatric care sites. This support will also permit the health prefectures of Haute-Kotto, Bamingui-Bangoran and Basse-Kotto to develop and implement their recovery PMTCT and paediatric care plans.

OUTPUT 1 By 2016, the National Committee for the Fight Against AIDS and key stakeholders in the fight against HIV and AIDS have developed the necessary strategic and policy documents and coordinate, monitor and evaluate the multi-sectoral response.

Analytical statement of progress:

The National HIV/AIDS Strategic Plan (2012–2016) that guides UNICEF-supported interventions was developed in 2012 with three main components: 1) the intensification of HIV prevention among youth, pregnant women and children to avoid the new infection of children; 2) the care of people living with HIV and AIDS; and 3) the strengthening of HIV coordination, as well as the monitoring and evaluation of key HIV results. Due to increasing emergency needs, this document was reviewed. In 2015, focus was on HIV prevention among the affected population, increasing access to PMTCT services by supporting the integration of HIV interventions in health centres and the provision of drugs and other commodities. The increased support also included follow up on patients at the community level. Efforts to offer and improve HIV/PMTCT awareness and offer these services in health centres and Internally Displaced Person's Camps is ongoing. UNICEF Central African Republic supported the Government, while closely collaborating with partners, to improve PMTCT service delivery in IDP camps and assist with the re-establishment of services. In accordance with global PMTCT priorities, WHO launched new recommendations for the elimination of mother-to-child transmission of HIV. UNICEF Central African Republic worked closely with the MoH, WHO and French Cooperation to launch the pilot implementation of the Option B+ protocol for PMTCT in 14 sites in Bangui.

In terms of supporting coordination, UNICEF Central African Republic supported the reinforcement and re-establishment of HIV coordination among decentralized bodies. The National AIDS Council was supported to organize partner coordination meetings, reset

decentralization bodies to ensure decentralized HIV efforts and partner mobilization, and contribute to resource mobilization.

In 2016, HIV/AIDS committees will be decentralized at the prefectural level, and coordination, monitoring and evaluation of their activities will be strengthened.

OUTPUT 2 By 2016, at least 80 per cent class A and B health facilities have adequate capacity for the prevention, diagnosis and treatment of children, youth and pregnant women and their partners infected/affected by HIV and AIDS in the 13 targeted prefectures.

Analytical statement of progress:

Although efforts to re-establish and consolidate the implementation of PMTCT services are underway, these efforts have been weakened in some UNICEF Central African Republic-targeted prefectures/districts due to insecurity and tension between armed groups and communities. UNICEF Central African Republic has supported the MoH to conduct a rapid assessment and support the re-establishment and scale up of PMTCT services. This includes the provision of drugs and other supplies, training and supervision for service delivery. As a result, UNICEF Central African Republic supported 140 health facilities to implement PMTCT services in 2015, compared with 81 health centres offering PMTCT services at the end of 2014. Despite the increase, more efforts are needed to ensure the use of the services by pregnant women and the quality of services. Some 215 Health workers in 114 category A and B health centres were trained to manage HIV screening, counselling and treatment protocols.

Regarding implementing efficient regimens for PMTCT, the country has adopted the Option B+ protocol, meaning life-long treatment, which will increase the need for ARV drugs. WHO and UNICEF Central African Republic provided guidance to ensure the smooth transition from Option A to Option B+ and supported implementation in 14 supported health centres in Bangui. Furthermore, the crisis has negatively impacted the national HIV programme and poor governance continues to hinder the response. UNICEF Central African Republic will continue to support the scale up of PMTCT, reinforce capacities and support resource mobilization, including for integrated PMTCT services.

In 2016, the capacities of PMTCT sites will be reinforced in the treatment of paediatric HIV and the integration of reproductive health/PMTCT/paediatric treatment of HIV/ARV administration will be strengthened at all levels.

OUTPUT 3 By 2016, 100 per cent of PMTCT sites provide ARV (prophylaxis and treatment) for women, their partners and children who tested HIV positive in the 13 targeted prefectures and monitor those who drop out.

Analytical statement of progress:

In 2015, and in close collaboration with other partners, UNICEF Central African Republic supported the MoH and NGOs to integrate HIV-related interventions into maternal and child health services in order to accelerate PMTCT. UNICEF Central African Republic is working in close collaboration with NGOs and community-based organizations to support HIV interventions, including by ensuring quality services, raising awareness and following up on patients at the community level. These efforts were hampered by ongoing insecurity and instability challenges. Community-based activities in poor communities need to be strengthened to enhance driven demand for HIV services. During the crisis, HIV patients who were on ARV treatment dropped out and fewer than 50 per cent of health facilities were able to continue tracking the patients on HIV prophylaxis and treatment. UNICEF Central African Republic

worked in close collaboration with PMTCT support service providers to enable follow up on HIV-positive mothers and their children. As a result, during the reporting period, 357 HIV-positive women and 600 infants were identified and reinserted into the programme.

In 2016, support will be provided to the MoH and other partners to disseminate and implement the Option B+ protocol in the management of HIV-positive pregnant women. Through implementing partners, the population will be informed of the availability of services. Access to screening, treatment of HIV-positive pregnant women and exposed children, adolescents and partners of pregnant women will be increased. At the community level, emphasis will be on reaching patients who do not attend their regular appointments.

OUTCOME 3 By 2016, in the provinces of the country showing poorest access and coverage of WASH services, at least 50 per cent of the population accesses potable water and basic sanitation and implements good hygiene practices.

Analytical statement of progress:

Access to safe drinking water and sanitation remains a challenge in the Central African Republic, where, according to the Multiple Indicator Cluster Survey (MICS) 2010, only 64 per cent of the population used improved water sources, and only 22 per cent used improved sanitation. Achievement towards this outcome was constrained by the volatile security situation.

In terms of major achievements in 2015, UNICEF Central African Republic managed to implement appropriate interventions to respond to emergency situations. The aim was to implement durable infrastructures benefiting the affected population that will later be used by the indigenous population when the situation becomes stable. In this regard, 70 new water points were constructed and more than 250 were rehabilitated. Support to Sodeca, the national water agency, was maintained, which facilitated the provision of water to more than 412,000 people in Bangui. As part of its exit strategy, UNICEF Central African Republic successfully advocated for the African Development Bank to take over support to Sodeca through network repairs and the provision of chlorine for water treatment. In terms of emergency water supply, more than 211,000 people were reached through activities such as water trucking.

Regarding sanitation, using funding from Japan and the Netherlands, latrines were successfully constructed in 32 schools and 36 health centres, benefiting up to 10,800 school children and 19,200 patients. Although the result exceeded the 2015 target of 20 schools and 20 health centres, much remains to be done given the tremendous needs (774 schools and 231 health centres). Community-Led Total Sanitation (CLTS) activities were launched during the last quarter of 2015, and, despite insecurity, 166 were triggered, and 15 villages were declared open defecation free with local partner NGOs. More open defecation-free villages are expected to be declared in the coming months.

Regarding cholera, effective preparedness strategies were put into place at the beginning of 2015 and remain operational. The strategies are in line with the regional 'sword and shield' (offensive and defensive) strategy. This included pre-positioning key supplies, training WASH actors on cholera response, developing standby agreements with partners and building national and cross-border surveillance.

Based on 2015 achievements, in 2016, the WASH programme will continue to provide drinking water to the vulnerable people and will also emphasize this intervention in schools and health centres to cover the gaps. Target areas are expected to be more secure and accessible.

OUTPUT 1 By 2016, the Central African Republic has regulatory norms and standards and action plans for the effective implementation of drinking water supply and sanitation at individual and community levels.

Analytical statement of progress:

The existing Government policy in the WASH sector emphasizes the following four points: 1) low cost, sustainable drinking water supply in poor rural areas; 2) the implementation of CLTS in rural areas throughout the country; 3) community involvement in all WASH-related programmes; and 4) sector liberalization for increased public-private partnerships. With UNICEF Central African Republic technical support and financial assistance, the national policies and strategies on sanitation and hygiene were developed and validated in 2012. The norms and standards for water and sanitation facilities defined in 2013 were revised as was the National Policy and Strategies on Sanitation with the integration of cross-sectoral issues, such as gender, equity and HIV. Official endorsement of the norms and standards was carried out during the first quarter 2015 and was carried out for the National Policy and Strategies on Sanitation in September 2015. Next steps include the development and implementation of a national action plan for drinking water, basic sanitation and hygiene promotion. A workshop was held to define the main actions to be implemented within the framework of AfricaSan and in alignment with the eThekwini declaration and commitments, which were presented to international partners. Government Staff from the Central African Republic, including the Ministry of Mines, Energy and Hydraulics, attended the fourth AfricaSan meeting in May 2015 thanks to UNICEF Central African Republic support. The aim of the workshop was to evaluate the eThekwini declaration and the commitments of each country.

Using funds provided by the Netherlands, a sustainability compact was developed and signed by both involved ministries and UNICEF Central African Republic. The compact defines the sustainability framework of WASH interventions in the country. Next steps include the development and implementation of annual sustainability checks. Other donors are also expected to join the compact, which will be used as the global framework for WASH intervention in the Central African Republic.

OUTPUT 2 By 2016, 13 health prefectures have the necessary capacity to implement the high impact package of services.

Analytical statement of progress:

UNICEF Central African Republic and partners carried out both the rehabilitation and construction of water points in 2015. A total of 70 new water points were constructed, and 250 water points were rehabilitated, benefiting 160,000 people in targeted communities. Both water point construction and rehabilitation included Water Point Management Committee training and equipment. UNICEF Central African Republic and the National Water and Sanitation Authority also launched manual drilling activities in Bangui and Zemio. The aim of this programme is to develop a network of local entrepreneurs capable of conducting manual drilling operations. Manual drilling uses lighter equipment than rig drilling. Practical training was conducted through South-South collaboration and involved a group of trainers from Laos, a country where manual drilling techniques have been used for decades. During the pilot phase of the manual drilling programme, 31 people were trained, including teenagers demobilized from armed groups, who are now able to offer their new skills to their communities through the cheaper drilling options, especially drilling that they can maintain and repair themselves without the need to import expensive spare parts. This will likely facilitate their reintegration into society. The process is ongoing and will continue in 2016, targeting an additional 50 persons who will be trained on manual drilling and water point maintenance procedures.

OUTPUT 3 By 2016, at least 60 per cent of targeted villages get open defecation-free status and communities adopt good hygiene practices, particularly handwashing with soap.

Analytical statement of progress:

The CLTS approach is relatively new in the Central African Republic and was endorsed by the Government in 2012. Following workshops organized in 2012, the main focus for 2013 was the development of a national CLTS strategy and the progressive rollout of CLTS throughout the country to improve sanitation coverage. The crisis greatly limited access to project sites. At the same time, the fragile humanitarian situation called for emergency sanitation interventions rather than CLTS. In 2015, emergency latrines were successfully constructed in IDP sites, and returnee families were assisted to build latrines. The programme has returned to the initial CLTS strategy as the situation has stabilized. Training was conducted for partners during the first half of 2015, and an agreement was developed with four national NGOs that are active in the targeted areas. In 2015, 166 villages were triggered in Lobaye and Ombella-M'Poko, and 15 villages were declared open defecation free.

In 2016, the certification of open defecation-free villages will continue with the extension of the triggering process to an additional 150 villages.

OUTPUT 4 By 2016, at least 70 per cent of public health units and 50 per cent of primary schools in areas targeted by the programme have adequate sanitation facilities and students, teachers and health staff are implementing good hygiene practices.

Analytical statement of progress:

In 2015, six schools were equipped with water points, and 32 schools were equipped with latrines, benefiting 12,889 schoolchildren (49 per cent girls). A total of 36 health facilities were equipped with latrines, benefiting 19,200 patients. Hygiene education was developed and conducted in targeted schools and health centres. This included capacity development for teachers in terms of hygiene sensitization, the establishment of hygiene clubs in schools and the establishment of WASH committees in health centres. Agreements are ongoing with NGOs, as are contracts with private companies, for the construction of latrines in 30 targeted schools and 20 health centres. These will be finalized in 2016.

OUTPUT 5 Households living in areas affected by conflict and emergencies (including internally displaced persons) have access to at least 5-15 litres per person per day of safe drinking water, basic sanitation and adopt good hygiene practices.

Analytical statement of progress:

In 2015, UNICEF Central African Republic successfully mobilized resources to implement the RRM to improve the effectiveness of the emergency response. Critical supplies were pre-positioned in Bangui and the zonal offices. Partnership agreements were signed with NGOs to implement emergency response. In 2015, UNICEF Central African Republic provided safe drinking water to more than 360,000 affected people (without taking into account the population of 300,000 in Bangui that benefited from the UNICEF Central African Republic provision of chemical products for urban water treatment). Some 230,136 highly vulnerable people were reached through focus groups and inter-personal messages promoting hygiene practices. These beneficiaries were also provided with household water treatments to reduce water contamination, water storage materials (jerry cans) and soap. More than 211,000 persons accessed basic sanitation services through partnership with NGOs and the National Water and Sanitation Authority. Regarding outbreak control, UNICEF Central African Republic and partners developed response plans and pre-positioned supplies for prevention purposes, but no cholera

cases were reported in 2015. UNICEF Central African Republic and partners planned to support the Government to establish a national structure for humanitarian crisis prevention and management. This has not happened so far due to government instability. Nevertheless, UNICEF Central African Republic recently recruited a consultant to assess the capacity of the Ministry of Social Affairs, National Solidarity and Gender. Next steps include the development of an action plan to address identified gaps.

The contingency and humanitarian response plan has been developed and implemented annually within the WASH cluster led by UNICEF Central African Republic. This was done under the Central African Republic Humanitarian Response Plan coordinated by OCHA. Ordinary WASH cluster meetings are organized monthly.

Emergency kits for partner use were pre-positioned in four UNICEF Central African Republic zonal offices (Bambari, Bossangoa, Bouar and Kaga Bandoro) and in Bangui. Stocks were regularly replenished.

OUTCOME 4 By 2016, 80 per cent of school-aged children, especially girls and the most vulnerable, benefit from access to basic education.

Analytical statement of progress:

The ongoing crisis in the Central African Republic has dramatically affected the provision of and access to basic social services and had a significant impact on the education sector. In 2015, 69,378 children in 328 TLS participated in education-in-emergencies programming in areas affected by the ongoing crisis.

In 2015, 488 teachers received training on the basic provision of education-in-emergencies services, including child protection, psychosocial support and peacebuilding, to ensure access to quality educational programming.

Significant progress was made in supporting the restoration of basic education services under the GPE. More than 113,000 children were registered in the 247 schools supported in 2015. Under this programme, which aimed to ensure safe and quality education, UNICEF Central African Republic supported five implementing partners (Save the Children International, Norwegian Refugee Council, the Catholic Organization for Relief and Development Aid, Finn Church Aid and Enfants Sans Frontières) to carry out programme activities related to improved access to quality basic education.

As part of the GPE programme, 241 schools were rehabilitated (light rehabilitation, which includes the repair or replacement of doors, windows, painting, roof repair, etc.). The programme also provided valuable institutional support to the MoE through the provision of critical training for 69 provincial education authorities and the provision of basic office supplies, telephones and monthly credit, which facilitated monitoring and evaluation of teachers and helped to link field-based education authorities with regional inspectors. In 2016, UNICEF Central African Republic will continue to provide valuable support to decentralize information sharing, data collection and decision making through innovations such as EduTrac and ongoing training.

UNICEF Central African Republic also worked in close collaboration with WFP to support food-assisted education in GPE schools in the most food insecure areas. The programme will be progressively rolled out in 2016 to increase the number of schools receiving this important support.

UNICEF Central African Republic worked closely with the Local Education Group (MoE, European Union, French Development Agency, the Embassy of France and WFP) to ensure key priorities that were outlined in the National Education Transition Plan were addressed in education programmes. These priorities include restoring basic education to a pre-crisis level; increasing and improving the pool of qualified teachers and the provision of support to community teachers through community-based grants; strengthening the MoE, including reinforcing capacity by supporting studies and implementing surveys and data collection to develop long-term strategies.

Collaborative planning with the MoE and partners, contract negotiations and finalizing of Programme Cooperation Agreements for the GPE and European Union programmes laid a solid foundation for the implementation of activities and the realization of these priorities in 2016.

OUTPUT 1 By 2016, the net enrolment rate is increased from 66 per cent to 80 per cent in seven post-conflict prefectures.

Analytical statement of progress:

To date, all 16 prefectures in the Central African Republic are assessed as being 'conflict-affected'. The datasets that are currently available (valid for the school year 2011–2012) are insufficient for indicating the current net enrolment rate for any of the 16 prefectures. Although the MoE has reported that some administrative staff have returned to their posts, the lack of security, inadequate funding and insufficient human resource capacity continues to hamper the collection of comprehensive data on the key indicators that reflect the overall state of education in the the Central African Republic. However, significant progress has been made towards the reopening of schools. An assessment carried out by the education cluster in April 2015 found that 83 per cent of the schools assessed were functioning (meaning a school director, some teachers and students were present at the time of the survey), compared with only 35 per cent in February 2014 (based on the Education Status Survey carried out by the education cluster in February 2014).

UNICEF Central African Republic continued to support the return of children to school where access was possible. Under the GPE programme, UNICEF Central African Republic supported 113,472 primary-school-aged children to return to 247 schools in seven conflict-affected prefectures (Kémo, Mbomou, Nana-Gribizi, Ombella-M'Poko, Ouham, Ouham Pende and Ouaka) and Bangui. In addition, the programme supported 260,750 children in 537 pre-school, primary and secondary schools through the distribution of learning materials and the rehabilitation of classrooms and sanitation facilities.

Key results under the GPE accelerated funding programme in 2015 were as follows: 1) 241 schools were lightly rehabilitated as of June 2015; 2) 18 heads of school districts and 51 heads of education sectors were trained in teacher supervision and data collection techniques to assist them to improve teacher supervision in GPE-supported schools; 3) 1,538 teachers participated in the GPE programme, including 597 qualified teachers, 580 community teachers and 361 trainee teachers (pending recruitment as civil servants); 4) 45 heads of school sectors received office supplies, cellular phones and phone credit to facilitate regular and ongoing monitoring and supervision; and 5) 260,750 children received school materials (school bags and sachets) in 247 GPE schools and 290 non-GPE-supported schools in seven prefectures (Ouaka, Ouham, Ouham-Pende, Nana-Gribizi, Ombella-M'Poko, Mbomou and Kémo).

Support for the restoration of basic social services under the Kekereke programme continued in 2015 with the completion and handover of 38 (76 per cent) of the 50 schools to be constructed. With the remaining 12 schools nearing completion, those that have been completed have integrated WASH facilities, including segregated latrines for girls and boys and handwashing facilities. Drilling of new boreholes for each school is under development. This will provide clean drinking water for students and teachers at each school and will be completed by June 2016. Schools supported under this project were furnished with locally constructed tables and benches for students and teachers.

OUTPUT 2 50 per cent of boys and girls of primary school-age in situations of conflict have access to education.

Analytical statement of progress:

Under education-in-emergencies programming, UNICEF Central African Republic collaborated with the MoE and implementing partners to support 328 temporary learning spaces in areas affected by the ongoing crisis (Bangui, Bimbo, Begoua, Boda, Bossangoa, Yaloke, Grimari, Bambari, Kaga-Bandoro and Dekoa). The education-in-emergencies programme was implemented over three phases in order to adapt to the fluctuating security situation throughout the country. Programme content in TLS also evolved to improve content with an overall aim of meeting the demand for quality education. An improved curriculum was developed and validated by the MoE with support from the education cluster and UNICEF Central African Republic. This improved content allowed children to be integrated into the public school system when public schools are open and functional.

Key results of the education-in-emergencies programme in 2015 included: 1) 69,378 children had access to basic education in 328 TLS in priority areas where displacement of people remains high; 2) 488 community teachers participated in trainings conducted by the MoE, including trainings in psychosocial support, health and hygiene, including Ebola awareness and prevention, and child protection; and 3) 72 MoE officials at decentralized levels were trained on capacity building in implementation and monitoring of emergency education activities. In addition, early childhood development was prioritized for education programming, and the following activities were carried out: 1) 500 early childhood development kits were pre-positioned; 2) UNICEF Central African Republic technical support for the implementation of Plan International's funding resulted in the finalization of an illustrated curricula, the assessment of the early childhood development context (in Bangui and two other prefectures) and the provision of pedagogic materials to 15 early childhood development centres in Bangui; 3) a guide on parental education was developed and validated by the MoE; and 4) 182 teachers participated in a two-week early childhood development training implemented by the MoE and Ministry of Family and Social Affairs supported by funding from UNICEF Central African Republic.

UNICEF Central African Republic also supported early childhood development through the provision of more than 200 early childhood development kits, as well as technical and financial support to Plan International to carry out an important assessment of pre-school conditions for children aged 3-5 years.

In 2016, UNICEF Central African Republic will support the rollout of the early childhood development training that was completed at the end of 2015. The programme will also continue to work closely with the MoE and the Ministry of Family and Social Affairs to strengthen collaboration, fundraising and improve the overall management and implementation of pre-school education. With European Union funding, approximately 30 pre-school establishments will receive support for teacher training, materials distribution and school furniture.

OUTPUT 3 By 2016, the gender parity index in primary schools is 0.95 in the post-conflict prefectures.

Analytical statement of progress:

The promotion of girls' education was integrated into the Back-to-School campaign and through community mobilization campaigns carried out by local community leaders. In 2015, a campaign was carried out in eight prefectures throughout the Central African Republic, focusing on the situation of girls' education in the country; the role of communities in improving the school environment and establishing girl-friendly schools to ensure that children complete the primary cycle; and the importance of children's right to education, social cohesion and life skills.

In 2016, UNICEF Central African Republic will continue to fundraise for important resources to strengthen the implementation of activities focusing on increasing girls' participation in education. Activities such as supporting girls' clubs, working with mothers' clubs and community mobilization will be explored for inclusion to strengthen gender parity.

OUTCOME 5 By 2016, 50 per cent of enrolled girls and boys successfully complete quality primary education.

Analytical statement of progress:

Getting children back to school, in areas where security permits, remains a critical priority for the programme. There has not been a complete school year since the crisis disrupted access to education beginning in 2012. Supporting the return of children to school and advocating for the opening of schools in areas where security permitted was a key activity in 2015. As noted, a survey conducted by the education cluster in April 2015 indicated that 83 per cent of the schools surveyed were functioning, representing a marked increase over 2014.

In 2015, UNICEF Central African Republic fully supported the MoE and partners in a mass Back-to-School campaign, culminating in the official countrywide launch of schools on 21 September 2015. Successful activities included community mobilization, mass distribution of information, education and communication materials, a 'fun run' to school, radio and SMS messaging, school clean up, support for teacher deployment, etc. Five days after the official launch, renewed violence in Bangui and other hotspots interrupted the return of both teachers and students to schools in many areas. Nevertheless, according to an education survey conducted in November, 83 per cent of schools surveyed were functioning.

UNICEF Central African Republic implemented programming to ensure that children receive a quality primary education in 2016, including by providing teacher training, both pre- and in-service training, improving the capacity of local education authorities to carry out effective teacher supervision and supporting the provision of testing in an open and transparent environment.

OUTPUT 1 Policies, strategies and budgets on equity, gender, early childhood and parent-teachers associations are prepared and adopted.

Analytical statement of progress:

UNICEF Central African Republic supported the following achievements in 2015: 1) the Government set up a multi-sectorial technical committee comprised of actors from the health, nutrition, WASH, protection and education sectors to ensure the integration of early childhood development programming with other sectors; 2) UNICEF Central African Republic, the MoE

and the Ministry of Family and Social Affairs supported the development of a parental education guide; and 3) as the 'Chef de File', UNICEF Central African Republic worked closely with the MoE to revise and update the Partner Framework of the Local Education Group, which is critical to supporting the Group to oversee education programming and develop education policies and strategies.

In 2016, the programme will continue to work to improve collaboration with the MoE to develop education policies and strategies and carry out the education sector review. Important studies will also be launched, including on out-of-school children and community teachers. An ongoing study on the impact of conflict and crisis on the education system in the Central African Republic is being finalized.

OUTPUT 2 By 2016, 50 per cent of schools in post-conflict prefectures apply the child-friendly school standards.

Analytical statement of progress:

Due to ongoing insecurity, which shifted programme priorities, this output was not addressed in 2015. In 2016, where security permits, UNICEF Central African Republic and the MoE will roll out this important component, which will ensure that schools provide quality education and promote a welcoming child-centred environment.

OUTPUT 3 90 per cent of parent-teachers associations in the seven post-conflict prefectures are able to provide a minimum standard of quality education.

Analytical statement of progress:

Under education-in-emergencies programming, cumulatively since the start of the crisis, some 1,300 teachers were trained on psychosocial support and the basic principles of education in emergencies.

A total of 165 community teachers, among 622 teachers working in the 247 schools targeted by the GPE, received two types of professional incentives that contributed to improving motivation and competency levels. First, improved and regular supervision was provided by the heads of school districts and heads of school sectors. This ongoing and regular support includes feedback on classroom management, advice on best teaching practices and important information on how to provide appropriate psychosocial care and support to students affected by the crisis. Second, under the GPE programme, community teachers received a nominal monetary compensation (US\$50 per month) for the provision of catch-up courses. These activities resulted in demonstrated improvements in motivation and commitment in classroom instruction under challenging circumstances.

OUTPUT 4 By 2016, MoE personnel at the central and decentralized levels have strengthened the information and management system for education.

Analytical statement of progress:

The GPE and MoE directorates (General Directorate for Statistics and the Monitoring and Evaluation Unit) drafted an information management plan that takes into account the existing monitoring and evaluation mechanism and educational data collection system. The plan will be fully operational with the upcoming GPE programme intended to support the MoE's three-year transition plan.

All eight offices of the regional inspectors and all 10 of the regional training centres received

office supplies and stationary under the GPE programme.

UNICEF Central African Republic is actively assisting the MoE with the implementation of an innovative data collection system, EduTrac. Using SMS technology to collect information on the attendance of teachers and students in the classroom and exam results, EduTrac reinforces the MoE's capacity and complements the existing system by enabling rapid data collection that can serve as the basis for important decision making. Forty education authorities received training on EduTrac. This was made possible with the partnerships developed with telecommunications companies operating in the Central African Republic, which provided access to their platforms.

As previously noted, the technical capabilities of 18 heads of districts and 51 heads of sectors were strengthened in monitoring and educational support for teachers.

OUTCOME 6 The most vulnerable and marginalized children in emergency and non-emergency regions are better protected from violence, exploitation, abuse and neglect.

Analytical statement of progress:

The escalation of the conflict in 2015 led to the recruitment and use of children by ex-Seleka and anti-Balaka armed groups. In late 2015, Bangui and neighbouring areas registered community-related conflict that led to child recruitment by community armed groups.

UNICEF Central African Republic and partners adopted a community-based approach, including the use of family-based care systems, and worked with national organizations operating in areas controlled by armed groups. Gender-based violence was widespread, mainly in conflict-affected areas.

The response to gender-based violence included the provision of psychological support and referral of survivors to medical services. However, legal protection services were limited due to the fact that police and judiciary services were not operational in various prefectures of the Central African Republic.

Despite this constraint and in a very difficult security context, the number of gender-based violence listening centres was increased from 3 in 2013 to 20 in 2015, in order to reach out to more survivors and ensure better follow up on cases.

Another effect of the conflict is the exposure of children to violence and atrocities, which calls for scaling up of psychosocial support beyond the child-friendly spaces approach.. The deployment of government services, when effective, would help to develop systemic intervention to improve access to remote areas where children are associated with armed groups. Protection needs increased in 2015 with the regular clashes between armed groups and the improvement of access to remote areas. These needs will be managed with more resources (material, financial and human).

OUTPUT 1 By 2016, the National Council for Child Protection and the five sub-committees are operational, and prepare and submit key legislation, policies and strategies for the implementation of the Convention on the Rights of the Child.

Analytical statement of progress:

In 2015, focus and resources were geared towards improving prevention and responses in child protection and gender-based violence sectors in emergency settings, as the period was marked by instability in the Central African Republic. As a consequence, policy development and

dissemination and the revision of laws were not seen as priorities by the transitional national authorities and the donor community.

As a result, child protection and gender-based violence sub-clusters held weekly coordination meetings to guide and support the work of humanitarian agencies. Government leadership in coordinating child protection humanitarian response was improving in late 2015.

Despite the situation of instability, some efforts have been directed towards the development of guidance documents aimed at compliance with international norms and standards, such as guidelines for childcare by foster families and reintegration of children affected by armed groups.

Child protection services and representatives from the Ministry of Family and Social Affairs did, however, actively participate in child protection and gender-based violence sub-cluster meetings but with no operation capacities to intervene as quickly as possible.

Besides this challenging and volatile situation, government authorities are gradually extending government operational services in the areas of Bossangoa and Bambari. The deployment of Ministry of Family and Social Affairs staff in the field will be a great opportunity to enhance child protection interventions, government leadership and contributions to the restoration of the rule of law.

Justice reform has been launched through national reforms aimed at improving the justice system. In 2015, a special court of justice was set up to sentence all cases of grave violations of human rights in order to fight against impunity and strengthen the rule of law.

OUTPUT 2 By 2016 the juvenile justice system, including police, social workers and judges, is capable of ensuring the implementation of the Law 02/011 of 25 July 2002; and 500 children in contact with the law (victims and perpetrators) receive monitoring and appropriate support in the three courts of appeal.

Analytical statement of progress:

In 2015, a few rule of law institutions, including police services and children's courts, resumed their services in Bangui, Begoua and Bimbo. The most functional child protection police unit (brigade) is the one in Bangui, which has one director and 10 inspectors involved in criminal investigations for cases involving children. Their services were destroyed and equipment looted during the conflict. In June 2014, UNICEF Central African Republic provided this brigade with a vehicle and office equipment to enhance its operational capacity and enable its personnel to process cases related to juveniles. It is worth noting that the political and military crisis in the country hampered progress towards establishing a juvenile justice system involving justice and social services.

Training on justice for children took place in Bangui in December 2015, and 15 child protection actors, police officers and judges enhanced their capacities to prevent and deal with child protection issues according to national and international standards.

OUTPUT 3 By 2016, orphans and vulnerable children (children affected and infected by AIDS, separated children, children in contact with the law, children affected by conflict, etc.) are reunited with their families or an appropriate alternate and have access to a package of services including medical, psychosocial, education.

Analytical statement of progress:

During the humanitarian crisis, children and youth living in the streets were reportedly recruited into and exploited by self-defence groups. UNICEF Central African Republic advocated for the prevention of such practices. This situation was made worse in Bangui with the registered community conflict that took place on 26 September and in October 2015. UNICEF Central African Republic is developing a project with an international NGO, Triangle Generation Humanitaire, to provide mobile medical and counselling services to street children and encourage them to return to school and reintegrate with their families. Some 400 children have been supported since the third quarter of 2015.

Aside from the humanitarian response, UNICEF Central African Republic needs to strengthen approaches to working with other vulnerable children by building a pragmatic system involving decentralized service providers.

OUTPUT 4 Officials of key ministries and civil services concerning the registration of births develop and validate a national birth registration policy and begin implementation.

Analytical statement of progress:

According to the MICS 2010, 49 per cent of children under 5 years are not registered at birth in the Central African Republic. This situation is worsened by the humanitarian crisis that was accompanied by destruction of civil registration offices (192 throughout the country). Few new births have been registered in the country since December 2013, except in Bambari, Bangui, Begoua, Bimbo and Damara districts.

During the reporting period, only 8 per cent of the target population (178,000 children) were registered, well below the expected results.

With the destruction of registries and individual birth certificates during the looting and burning of offices and houses, an unknown number of children lost their birth certificates and, along with this, the means to prove their identity, despite having been registered at birth.

Following the decree abolishing fees for birth registration for children born during the period 2012–2014, UNICEF Central African Republic supported a birth registration campaign to strengthen the capacities of communities to claim their rights. Despite this effort, not all of the children reached have received their birth certificates. With the hope that there will soon be a gradual return to peace, the challenge will be to undertake a nationwide birth registration campaign and to rebuild civil registration services in various districts.

OUTCOME 7 The capacity of institutional and non-institutional protection actors is enhanced at the national and regional levels to enable them to provide gender-sensitive medical, psychosocial, legal and livelihoods support and life-skills training to vulnerable and sexually abused women and girls.

Analytical statement of progress:

To ensure adherence with established Country Programme Document indicators, the outputs of the above outcome were articulated to include the release and reintegration of children previously associated with armed forces and groups, as well as the Monitoring and Reporting Mechanism on grave violations against child rights in conflict situations. As a result, during the reporting period, the capacities of 348 institutional and non-institutional protection actors were enhanced at the national and regional levels to provide gender-sensitive essential services, including recovery and reintegration, to children affected by the conflict and gender-based

violence. In addition, 332,452 persons received information on child protection issues and the prevention of child recruitment and other grave violations against children during sensitization campaigns. Despite these important achievements, the programme faced severe logistical and security constraints due to the rapid deterioration of the humanitarian situation in late 2015. Indeed, efforts to release children associated with armed groups were hindered by the unwillingness of armed groups previously engaged in action plans to do this. Furthermore, the formation of new alliances and armed groups has continuously altered the humanitarian landscape, requiring dialogue with different military actors without a clear chain of command. In the area of justice for children, capacity building efforts were hindered by a lack of police, justice and gendarmerie services throughout the country.

There are opportunities that need more UNICEF Central African Republic involvement to ensure children's issues are prioritized. These include security sector reform, the pre-DDR with MINUSCA and the reform and strengthening of state authorities with the support of the European Union, MINUSCA and the United Nations Development Programme (UNDP).

OUTPUT 1 Children associated with armed forces and armed groups, including self-defence groups, are released and receive a multi-sectoral support for their rehabilitation and reintegration into their families and communities.

Analytical statement of progress:

Since January 2015, 2,662 children, including 613 girls and 2,049 boys, have been released from armed groups through collaboration between UNICEF Central African Republic and the following partners: Caritas International, Women's Evangelical Association of Bossangoa, War Child, Save the Children, NDA, Don Bosco, under the coordination of Ministries of Defence and Family and Social Affairs, and the High Commission for DDR and MINUSCA. A total of 1,615 verified children were self-demobilized and identified in the community, and the remaining children were directly released from armed groups after identification by their unit commanders. Children released from armed groups were mainly supported in 343 foster families and in four orientation transit centres. Among these children, 928, including 108 girls, were reunified with their families and communities.

A total of 2,070 children released from armed groups benefited from psychosocial support and underwent vocational training in Bangui, Bambari, Bossangoa and Kaga-Bandoro. Limited reintegration opportunities in the communities and instability in schools for more than one year in many prefectures made socio-economic reintegration challenging for children returning to their communities. Although MINUSCA is developing a pre-DDR small-scale programme, there is no national DDR program for adults yet and long-term funding remains challenging.

In addition, 139,766 children, including 75,474 girls, benefited from health care and educational and psychosocial support through partners.

Based on field work carried out in 2014–2015, more than 5,000 children were released from armed groups.

OUTPUT 2 Survivors of gender-based violence benefit from holistic assistance (medical, psychosocial, socio-economic and legal) and protection against all forms of violence, exploitation and abuse, according to the standard operating procedures.

Analytical statement of progress:

Progress has been made towards strengthening synergies and referral systems to better protect and care for survivors of gender-based violence by adopting standard operating procedures on gender-based violence in 2015.

UNICEF Central African Republic scaled up its interventions to prevent and respond to gender-based violence in the first half of 2014. As a result, the number of listening centres increased from three in 2014 to 20 in 2015.

Since January 2015, 4,837 gender-based violence survivors have received holistic assistance, including medical, psychosocial, protection and legal assistance. Some 5,000 dignity kits were distributed to survivors.

Awareness raising sessions were conducted and reached 72,696 persons, including 26,632 women, 19,430 men, 14,017 girls and 12,617 boys. However, access to services is often limited to short-term psychological assistance and the provision of post-exposure prophylaxis kits to survivors of sexual violence. There is a need to improve the availability of medical and HIV testing services and the provision of vocational and livelihood opportunities for survivors. Systematic follow up and documentation also remains weak and needs to be strengthened.

The country context remains volatile and characterized by recurrent conflicts. Therefore, new armed attacks in various parts of the country have created insecurity, which has limited the ability of gender-based violence survivors to seek the medical and psychological assistance they need. Pervasive socio-cultural beliefs, which range from taboos, denial and stigma related to gender-based violence to a certain fatalism/resignation that gender-based violence is an inevitable part of the female condition, prevent those who experience gender-based violence from seeking support.

OUTPUT 3 Support the resilience of families, caregivers and communities to build a protective environment for children and women in post-conflict situations.

Analytical statement of progress:

Repeated Lord's Resistance Army (LRA) attacks in the country's southeast prefectures have destroyed peoples' assets and livelihoods. In 2015, UNICEF Central African Republic worked with international NGOs, the Agency for Technical Cooperation and Development (ACTED) and Mercy Corps to enhance the ability of people to remain resilient despite the humanitarian crisis. The main progress made in this area has been the development of a holistic approach, including promoting education, strengthening community-based actors' capacities to protect their children and supporting the most vulnerable households with income-generating activities. The reporting period was characterized by a new wave of LRA attacks, in particular in the prefectures of Haute-Kotto and Nana-Gribizi. In total, 14 attacks against civilians were reported in 2015: two in the first quarter, 10 in the second and two in the third. The Bria-Yangali and Bria-Bangama axis and the area of Morobanda in Nana-Gribizi were the most affected by LRA attacks during the reporting period, as combatants were reportedly in search of food items. The local population lives under permanent fear of the LRA and cannot go more than five kilometres from the main roads of their villages, which limits their livelihood opportunities.

Using their own training kits, ACTED trained 210 agricultural workers (150 farmers and 60 breeders) and 50 other individuals on income-generating activities (carpentry, sewing, soap making, producing palm oil, peanut processing, forging, bicycle repair and freight).

As a result of this support, 80 per cent of beneficiaries have sown the seeds distributed by

ACTED. Furthermore, beneficiaries received 250 non-food kits that consist of two mosquito nets, six boxes of soap (200-gram pieces), two 14-litre buckets, two mats, and one blanket due to lack of blankets.

OUTCOME 8 By 2016, partners have capacity to analyse, design, implement, monitor and evaluate child, women and vulnerable groups focused policies and budgets.

Analytical statement of progress:

In 2015, the PRSP remained on standby in favour of the Government's Emergency and Recovery Programme. The opportunities to support the Government in the development of new sectoral policies were limited in 2015. The programme has made the strategic decision to wait until the new authorities come on board to engage in political dialogue and deploy the advocacy agenda.

Meanwhile, national partners continued to be trained in programming approaches to equip them for upcoming challenges in terms of policy design and implementation.

OUTPUT 1 Partners at national and sub-national levels regularly develop, implement and monitor plans that apply the principles of human rights-based approach to programming, results-based management, gender and the approach of the marginal bottleneck budgeting.

Analytical statement of progress:

In its effort to maintain a reasonable level of development activities despite the ongoing crisis, UNICEF Central African Republic continued with its capacity building agenda. By December 2015, the programme had supported a nationwide training for government officials at the sub-national level in human rights-based approaches to programming and results-based management. Nearly 300 staff members were trained and have the capacity to provide substantial inputs with respect to local planning and programme implementation. The capacity of UNICEF Central African Republic staff and government regional planning staff was further supplemented through a training workshop on third-party monitoring tools.

Marginal budgeting for bottlenecks tools were incorporated globally into what became known as 'One Health' as a result of a joint initiative between WHO and UNICEF and other key players in the global health agenda. In 2016, the programme will support training on this brand new tool to support UNICEF Central African Republic's efforts to roll out its Monitoring Results for Equity System-based investment case aiming at generating evidence to support resource mobilization to address equity issues.

OUTPUT 2 National capacity to strengthen analysis of situation of children, women and vulnerable groups

Analytical statement of progress:

Activities under this output were frozen in 2015 due to the strategic shift to emergency response.

OUTPUT 3 The Ministry of Economic Planning and International Cooperation and key stakeholders design a policy and develop and implement a social protection programme for most vulnerable groups and design and analyse budgets focusing on children, women and most vulnerable groups

Analytical statement of progress:

Activities under this output were frozen in 2015 due to the strategic shift to emergency response.

OUTCOME 9 By 2016, the social information system develops regularly disaggregated data on the situation of children, women and vulnerable groups at national and regional level, including in emergency zones.

Analytical statement of progress:

In addition to its traditional support to the social sector ministries in their efforts to produce timely and comprehensive data for their respective areas, the main component of this outcome was the MICS-5, which is overdue as compared with other countries in the region. The preparation activities for the MICS-5 were suspended in 2014 and further reaffirmed in 2015 due to security issues in the field that would compromise the integrity of the survey. This delay is preventing the country from being able to report against progress towards the Millennium Development Goals, much of which is captured by the MICS. There were not accurate concurrent data from other partners and government institutions to fill this gap.

As an alternative, the programme supported the production and dissemination of a regional dashboard comprised of socio-economic disaggregated data for the period 2001–2013 for 10 out of 14 total regions. In response to the humanitarian situation and in coordination with other programme sections and clusters, the programme produced a monthly situation report, an update of the humanitarian performance monitoring dashboard generated from the field results trackers, and bi-monthly emergency management team briefing notes.

It is now clear that the Country Programme will be extended to 2017, beyond its original end date of 2016. Given the need to update the situation of children in the process of preparing the Country Programme, in 2016, UNICEF Central African Republic will discuss with WCARO the feasibility and opportunity of conducting the MICS if the security situation remains unchanged. Alternatively, UNICEF Central African Republic could explore the opportunity of conducting an urban MICS limited to the Bangui area and its immediate neighbourhood.

OUTPUT 1 The Ministry of Economic Planning and International Cooperation has developed and approved a national monitoring and evaluation policy and an action plan for its implementation.

Analytical statement of progress:

Activities under this output were frozen in 2015 due to the strategic shift to emergency response.

OUTPUT 2 By 2016, the capacity of Central African Institute of Statistics, Economic and Social Studies (ICASSES), the Ministry of Economic Planning and International Cooperation and other key stakeholders is strengthened to conduct regular surveys, develop dashboards, socio-economic profiles of the prefectures and publish regular statistical yearbooks and disaggregated data on the situation of children and women at national and regional levels and all key data is disaggregated and available in the Central African Republic DevInfo.

Analytical statement of progress:

The development of the socio-economic dashboard (TBS) is a routine activity of the National Statistical Institute. Progress has been delayed due to insufficient domestic resources. UNICEF Central African Republic has provided substantial support to ICASSES to produce 10 regional

TBS out of the total of 14. The regional approach aims to support the Government's decentralization policy based on a development cluster strategy grounded on the demographic, economic and security characteristics of the different regions. The production of these TBS are reliable sources of disaggregated data that will help state and humanitarian actors plan their specific interventions at the sub-national level. Despite the displacement of populations due to insecurity, these data remain references for comparisons at a given point in time.

Under the leadership of ICASES, a partnership with UNFPA led to the importation of data from the IMIS database (REDATAM technology) to RCAInfo developed under DevInfo. The communication between the two systems is a unique opportunity to provide micro socio-economic data at the municipal level. In terms of the implementation of the Monitoring Results for Equity System, UNICEF Central African Republic could take advantage of this significant step.

OUTPUT 3 Each year from 2012–2016, planning, monitoring and evaluation of UNICEF programming in the Central African Republic is conducted and approved with the Government of the Central African Republic and key stakeholders.

Analytical statement of progress:

The National Steering Committee of the Country Programme of Cooperation, for which the terms of reference and membership were revisited in 2014 and an action plan subsequently developed, was not functional in 2015 as expected due to: 1) the lack of financial incentives from their respective services; and 2) the limitation in their capacities (including logistics) to carry out monitoring and supervision activities on the ground. These weaknesses in the functioning of the Steering Committee led to the cancellation of prefectural coordination meetings that were considered key to coordinating the programme from the bottom.

Under the leadership of the Minister of Economic Planning and International Cooperation, the programme conducted the mid-year review and annual review as planned. Both outlined the importance of refocusing the programme activities on proven high-impact interventions given the volatile context of the Central African Republic. As a result, in 2016, priority should be given to strengthening national capacities, including government and civil society organization partners, to monitor the performance of humanitarian interventions.

OUTPUT 4 To ensure effective humanitarian response monitoring, rapid assessments and information management for emergency preparedness and response.

Analytical statement of progress:

The programme continued to support office-wide efforts to report against the performance of humanitarian interventions. In this regard, technical support was instrumental in developing the Humanitarian Performance Monitoring Framework, in close coordination with WCARO and UNICEF Headquarters, and in updating the situation report with inputs from the sub-office driven results trackers and snapshots. The programme provided technical support to the development of technical tools while contributing to the development and update of the Humanitarian Response Plan, as well as other documents such as the review of the Humanitarian Action for Children and the Strategic Response Plan.

It is now clear that the quality control and timeliness of reported indicators are key challenges to address. To this end, in 2016, a training will be conducted in the first quarter with all clusters to gain a common understanding of the metadata behind each core indicator.

OUTCOME 10 By 2016, families and communities, including vulnerable and disadvantaged groups, sustain positive behaviours and essential family practices.

Analytical statement of progress:

In 2015, 1,591 listening committees were put into place to support family practices and social cohesion in five cities (Bangui, Boda, Bouar, Sibut, Kaga-Bandoro). UNICEF Central African Republic supported 12 regional campaigns against polio through communication activities and produced and disseminated communication materials (flyers, banners, t-shirts, radio spots) in French and Sango.

OUTPUT 1 Communication strategies for essential family practices are developed, approved and disseminated nationally and adapted and disseminated in the 13 targeted prefectures.

Analytical statement of progress:

In 2015, a communication strategic plan for child survival and development was developed under the leadership of the MoH. Seven communication plans were developed to cover programmes such as polio eradication, measles outbreaks, cholera and Ebola prevention, introduction of inactivated poliovirus vaccine, the Back-to-School campaign and the GPE.

OUTPUT 2 Increased knowledge of Essential Family Practices nationally have accurate knowledge of at least five key family practices and 60 per cent can state the importance of access to routine health services in the 13 targeted prefectures.

Analytical statement of progress:

In 2015, UNICEF Central African Republic supported the capacity building of various actors, including 148 focal points of key departments (health, social affairs and women, communication, dialog and reconciliation, etc.), 6,671 mobilizers at the community level, of which 2,520 were community and religious leaders, and 5,613 members of listening committees to lead communication activities at the community and household level on topics such as key family practices, strengthening EPI, polio eradication, fighting measles and social cohesion. Some 63 members of community radio stations were trained to deliver messages in the above-mentioned topics. In May 2015, 38 f NGOs staff were trained as master trainers in CLTS.

OUTPUT 3 Increased knowledge of EFP nationally have accurate knowledge of at least five key family practices and 60 per cent can state the importance of access to routine health services in the 13 targeted prefectures.

Analytical statement of progress:

In 2014, the EFP knowledge attitude and practice study was validated. However, no qualitative studies were conducted in 2015. A qualitative study on social standards is planned for 2016.

OUTCOME 11 By the end of 2016 HIV/AIDS and young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge of HIV and AIDS.

Analytical statement of progress:

In 2015, based on the National Contingency Plan on HIV, UNICEF Central African Republic, in close collaboration with its implementing partners, such as the DLIST (Bouar), ANJEFAS (Bangui) and NDA (Bambari), provided support HIV-positive pregnant women and HIV testing of girls and boys in displacement sites. This partnership has enabled 14,000 young people to know their HIV status. The interventions integrated the promotion of peace through sport for hope.

More than 50,000 young people were reached in Bouar, Bangui and Bambari.

In terms of the participation of adolescents, five youth centres were built and/or rehabilitated in Bouar, Bossangoa, Bria, Zemio and Kaga-Bandoro.

Regarding U-Report, activities were launched in June 2015. Some 13,152 young people are registered on the platform, including 8,541 men and 4,611 women. A total of 12,227 U-Reporters are adolescents and young people aged 10-24 (90 per cent). More than 25 surveys and messages were broadcasted and covered a variety of issues or events affecting children, adolescents and young people in various ways, including peace, social cohesion, HIV/AIDS, education, poliomyelitis eradication, early marriage and the visit of Pope Francis to the Central African Republic.

In partnership with the National Committee for the Fight Against AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNFPA, UNICEF Central African Republic conducted a behavioural study of sex workers. The study is awaiting government validation.

OUTPUT 1 Strategies for youth living with HIV is developed, approved and disseminated at national and local levels.

Analytical statement of progress:

UNICEF Central African Republic supported the National Committee for the Fight Against AIDS in developing the emergency plan on HIV and AIDS. Partners have conducted their activities based on this document.

OUTPUT 2 Capacity building on HIV at local level, including government officials and civil society (community leaders, youth groups, associations of people living with HIV, the media) have the ability to plan and implement communication strategies for the prevention of HIV and to advocate for their rights.

Analytical statement of progress:

UNICEF Central African Republic strengthened the capabilities of the following partners:

- 30 leaders (imams, priests, pastors, district chiefs)
- 40 peer educators from 12 support groups that make up the ANJEFAS associations, which are for people living with HIV
- 80 peer educators of the National Youth Council. This structure is a network of all youth associations
- 160 peer educators from two associations, CDV Bouar and NDA Bambari, which combat HIV and AIDS
- All associations on HIV prevention, provision of care for HIV and AIDS and the promotion of peace

OUTPUT 3 By 2016, 70 per cent of adolescents and young people most at risk (street children, female sex workers, men who have sex with men) have comprehensive knowledge on HIV prevention.

Analytical statement of progress:

In the context of strengthening HIV knowledge, UNICEF Central African Republic formed partnerships with ANGEFAS (Bangui) Trace Center Volunteer (Bouar), the Association of Agro

Pastoral Development (Bambari) and the Directorate General of Youth and Service. As part of these partnerships, 160 peer educators (80 girls and 80 boys) were trained to conduct outreach activities. These activities give accurate information about HIV to more than 50,000 adolescents and youth. This enabled 18,916 young people to know their serological status.

OUTPUT 4 The targeted populations, including children, adolescents and youth have access to reliable and peaceful information in view of commitment to the dialogue process.

Analytical Statement of Progress:

In terms of the participation of adolescents, five youth centres were built and/or rehabilitated (Bouar, Bossangoa, Bria, Zemio and Kaga-Bandoro) and initiated use of the U-Report platform.