Central African Republic

Executive Summary

The installation of the new President in March 2016 reinstituted constitutional order in the Central African Republic after three years of civil and political crisis. Nevertheless, the situation in the Central African Republic remains extremely fragile. Entire regions remain beyond the effective control or authority of the Government, as armed groups and criminal activities prevent the return of the rule of law. Attacks and abuses against civilians, security issues related to the seasonal migration of livestock and the presence of competing armed groups, especially in the western and central parts of the country where there remains a strong presence of armed groups, continue to affect the local population.

The number of displaced people increased to 420,000 in November following clashes in the northwest and centre of the country, and an estimated 2.3 million people continue to be affected by the conflict. In addition, the cholera outbreak in August required a rapid mobilization and response from humanitarian actors. UNICEF’s operating environment in many parts of the Central African Republic remained highly complex in 2016, characterized by the lack of road infrastructure and numerous attacks against humanitarian personnel and assets.

UNICEF contributed instrumental cluster coordination and provided life-saving support through its programmes. The water, sanitation and hygiene (WASH) cluster provided safe drinking water to 846,554 affected people of which UNICEF served 486,000. In addition, 246,000 people accessed safe drinking water in the context of the UNICEF regular programme. Under the rapid response mechanism (RRM), an estimated 209,816 highly vulnerable people (75 per cent of the 280,000 targeted beneficiaries) were reached, with 78,524 of them benefitting from newly constructed latrines and 14,313 families receiving WASH kits through UNICEF direct actions.

A total of 23,956 children with severe acute malnutrition (SAM) were treated in 369 outpatient therapeutic facilities, leading to a recovery rate of 88 per cent. UNICEF Central African Republic also played an extremely effective role in limiting the negative effects of the cholera outbreak in Bangui and Ndjoukou.

Furthermore, UNICEF Central African Republic continued to implement its regular programming considering risks on the ground while using every opportunity to scale up the delivery of basic social services. More than 2 million children were reached with interventions in basic health (1.5 million vaccinated against measles and more than 722,000 vaccinated against polio), improved sanitation (reaching more than 148,000 people), education (reaching more than 389,000 children with access to quality education) and protection (reaching more than 3,982 children released from armed groups and 1,733 survivors of sexual violence that gained access to holistic support). UNICEF made an important contribution to reporting on human and child rights abuses by supporting the Government to draft and validate the second periodic report on the Convention on the Rights of the Child, covering the period between 2001 and 2016.
Overall efficiency gains and cost savings were achieved through introducing value-adding interventions and streamlining operational processes in line with Global Shared Services Centre implementation. In addition, a cost savings of approximately US$150,000 resulted from the continuation of the supply and logistics cost reduction strategy implemented since 2015. In partnership with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNICEF Central African Republic re-established the education management information system (EMIS), which facilitated the production of the annual statistics yearbook for the first time since the outbreak of the crisis.

Working with the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) has led to the achievement of important results. This collaboration led to the secure transportation of expanded programme on immunization equipment and the redeployment of more than 500 teachers to duty posts. Assistance was provided to 233 alleged victims of sexual exploitation and abuse (SEA) (21 boys, 149 girls and 63 women) perpetrated as significant progress was made toward improving warning systems, providing holistic assistance and raising the awareness of non-governmental organizations (NGOs) and local partners to denounce alleged perpetrators and share information about possible sexual exploitation and abuse cases with all stakeholders.

A partnership with four telecom companies to launch U-Report to register youth and engage them in dialogue related to peace and social cohesion was strengthened in 2016. UNICEF Central African Republic also collaborated with the United Nations Population Fund (UNFPA) and the Ministry of Youth and Sports Development on a project aimed at reducing the vulnerability of adolescents.

In 2016, critical services were constrained by funding shortfalls. In comparison to the US$100 million raised by the end of 2015, overall funding declined to US$88.8 million (with a slightly higher proportion of development funding). UNICEF registered a funding gap of just under US$25 million against the 2016 Humanitarian Action for Children requirement of US$55.7 million, resulting in a reduced capacity in humanitarian response, especially in the areas of health (including HIV/AIDS) and education-in-emergencies (EiE).

**Humanitarian Assistance**

UNICEF’s humanitarian assistance was based on the targets outlined in the Humanitarian Action for Children appeal, which focused on identifying the most vulnerable populations, assessing their needs and responding based on the Core Commitments for Children in Humanitarian Action.

Using the cluster approach, UNICEF continued to work closely with line ministries to strengthen government capacity for humanitarian response. Four field offices were fully operational (Bouar, Bossangoa, Bambari and Kaga-Bandoro), with 40 staff deployed to support and strengthen field operations. Mobile teams were also temporarily deployed to accelerate the provision of support and identify and address new challenges.

The rapid response mechanism was an important part of the UNICEF emergency response and allowed UNICEF Central African Republic to reach 209,816 highly vulnerable people (out of the 280,000 beneficiaries initially targeted). The RRM response focused on distributing non-food items (NFIs) and WASH services to 139,799 and 70,017 individuals, respectively, including playing an extremely effective role in limiting the negative effects of the cholera outbreak in
Bangui and Ndjoukou. The UNICEF Central African Republic WASH team was supported by the West and Central Africa Regional Cholera Platform to respond to the outbreak.

The mechanism worked with four implementing partners, covering nearly 75 per cent of the country’s territory. This enabled the establishment of early warning systems (humanitarian watch), with a total of 160 alerts received on humanitarian shocks mainly caused by armed conflict. Those alerts led to a total of 74 exploratory missions and 74 rapid multi-sectorial assessments. Thirty-six non-food items and 26 WASH relief operations were implemented as a result. A total of 29,810 non-food items kits were distributed, 88 emergency latrines and 55 showers were constructed, 56 water points were rehabilitated and 147 hygiene promotion sessions were given through local focus groups. The information gathered through the humanitarian watch and the evaluations shared with the Central African Republic humanitarian community allowed for sector responses in areas not covered by the rapid response mechanism.

Health and nutrition services were scaled up to reach vulnerable children living in enclaves and conflict-affected areas. As a result, more than 212,000 people in need accessed basic health services. A total of 23,956 children suffering from SAM were admitted to and received appropriate treatment in nutritional facilities. Vaccination campaigns against measles reached 33,162 children under 5 in sites for internally displaced persons (IDPs) and epidemic districts. The HIV unit worked with NGOs and the Ministry of Health (MoH) to conduct HIV awareness campaigns and testing in IDP camps in Bangui and Bambari. Out of 1,815 people tested, 35 were found to be HIV positive and are now receiving antiretroviral therapy (ART).

Emergency WASH interventions included water pumping, chlorination and trucking throughout the country, targeting 700,000 vulnerable people. More than 846,554 persons (internally displaced persons and host communities) benefited from improved access to safe water and more than 94,000 internally displaced persons now have access to improved sanitation services.

Child protection services were expanded in response to the humanitarian crisis. With UNICEF support, a total of 3,982 children, including 1,222 girls aged 7 to 17 were released from armed forces and groups in 2016. Out of the 140,000 children initially targeted, 56,229 children, including 24,062 girls, received psychosocial support. Moreover, 1,733 women and children were identified as survivors of sexual violence and received access to comprehensive support (psychological support, medical assistance and hygiene kits).

Providing education to affected children was a priority in the UNICEF Central African Republic humanitarian response. A total of 59,114 children received learning materials within the context of programming for education in emergencies. UNICEF Central African Republic set up safe temporary learning spaces (TLS) in IDP sites, providing access to relevant education opportunities to 40,258 children (67 per cent of the 2016 target of 60,000). Essential training in education in emergencies, child protection, psychosocial support and peacebuilding was given to more than 880 teachers. UNICEF, the education cluster and partners also provided services to children trapped in enclaves, including in the PK5 suburb of Bangui.

UNICEF Central African Republic led the nutrition, education and WASH clusters and coordinated the child protection sub-cluster in addition to being an active member of the Health Cluster facilitated by the World Health Organization (WHO). In these functions, UNICEF ensured effective humanitarian leadership and accountability. To provide durable solutions for internally displaced persons, UNICEF contributed to the finalization of the HIV Testing and
Counselling (HTC) guidance note on the provision of support to returnees, as well as the reintegration of internally displaced persons.

Unfortunately, funding gaps did not allow UNICEF Central African Republic to reach all initial targets, and the humanitarian situation in the Central African Republic remained dire, with 420,000 people internally displaced by the end of November and an estimated 2.3 million persons affected by the crisis. Humanitarian access has been a significant challenge due to the fragile security situation. Nonetheless, UNICEF Central African Republic has played a strong role during CivMil coordination meetings advocating for the rights of children and women to obtain adequate support.

Emerging Areas of Importance

Second decade of life. In 2016, UNICEF Central African Republic incorporated a focus on the second decade of life into ongoing programming. In the current emergency context, UNICEF Central African Republic implemented specific activities to reach adolescents aged 10 to 19 to strengthen their life skills and to obtain their opinion on programmes of which they are beneficiaries. These activities were carried out in a dozen sites (PK5, Don Bosco, Mpoko, the 8th Arrondissement in Bangui, Dekoa, Yaloke, Boda, Kouango, Bimbo, Sibut, Batangafo and Bambari). Activities included HIV awareness, prevention and testing, facilitating adolescent access to basic health services, preventing violence and providing feedback on UNICEF programmes.

In close collaboration with UNFPA and under the leadership of the Ministry of Youth, a study was carried out to better understand adolescent needs. One of the most striking of the preliminary results indicates the high exposure of youth to drugs in the Central African Republic. The drug Tramadol is the most widely used among adolescents (53.6 per cent), followed by *chanvre indien* (32 per cent) and cannabis (13.6 per cent). According to survey results, the main reasons for drug consumption among young people are: 1) to increase their physical strength (two in five); 2) curiosity (16 per cent); and 3) being forced by militias and armed groups to use drugs (14 per cent). In addition, preliminary findings indicate that young people felt that medical care is not targeted to their specific needs and that the education system has failed to prepare them to enter the labour market. As such, findings indicate that only 3 in 10 adolescents surveyed visited health facilities. Adolescents also reported that they found that their learning conditions are difficult or “primitive” (in their own words).

Climate change and children. UNICEF Central African Republic also incorporated climate change into its 2016 programming. Climate change is affecting water resources in the Central African Republic, as seen by the scarcity of water and the drying of ponds, wells and boreholes. Extreme climate changes have also resulted in flooding in some areas causing the pollution of wells and the overflow of latrines, which increased the risk of infectious diseases. UNICEF Central African Republic is focusing on the promotion of climate-resilient infrastructure and the protection of water resources to provide more sustainable WASH services. This includes the promotion of manual drilling and community involvement in the management and protection of water sources, which also reduces pollution.

Summary notes and acronyms

| ACRWC | African Charter on the Rights and Welfare of the Child |
| ANC  | antenatal care  |
ART antiretroviral therapy
C4D Communication for Development
CLTS Community-Led Total Sanitation
CMT Country Management Team
CPD Country Programme Document
CRC Convention on the Rights of the Child
DDR disarmament, demobilization and reintegration
DDRR disarmament, demobilization, reintegration and repatriation
EFP essential family practices
EiE education-in-emergencies
EMIS Education Management Information System
EU European Union
GAP Gender Action Plan
HACT Harmonized Approach to Cash Transfer
ICT information and communication technology
IDP internally displaced person
IRC International Rescue Committee
IYCF infant and young child feeding
MICS Multiple Indicator Cluster Survey
MINUSCA United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic
MoE Ministry of Education
MoH Ministry of Health
MoSA Ministry of Social Affairs and Reconciliation
MRM Monitoring and Reporting Mechanism
NFI non-food item
NGO non-governmental organization
ODF open defecation free
OIOS Office of Internal Oversight Services
PMTCT prevention of mother-to-child transmission of HIV
RBM results-based management
RCPCA National Recovery and Peacebuilding Plan
RRM Rapid Response Mechanism
SAM severe acute malnutrition
SDG Sustainable Development Goal
SEA sexual exploitation and abuse
SMART Standardized Monitoring and Assessment of Relief and Transitions
SMS short message service
SODECA Société de Distribution d'eau en Centrafrique
TLS temporary learning spaces
UNAIDS Joint United Nations Programme on HIV/AIDS
UNDP United Nations Development Programme
UNESCO United Nations Educational, Scientific and Cultural Organization
UNFPA United Nations Population Fund
UNPOL United Nations Police
UN Women United Nations Entity for Gender Equality and the Empowerment of Women
WASH water, sanitation and hygiene
WHO World Health Organization
**Capacity Development**

In 2016, UNICEF Central African Republic undertook capacity development in many programmatic areas at the central and decentralized levels. In the education sector, UNICEF Central African Republic provided institutional support to the Ministry of Education (MoE) to restore the EMIS to facilitate strategic planning and policy development. Computers, software and furniture were provided to the MoE, and staff were trained on data collection and analysis. The MoE received technical assistance to develop tools to assess the progress made on the Education Sector Transition Plan, and 81 education authorities (17 per cent women) and 400 teachers (53 per cent women) received psychosocial training.

In child protection, UNICEF Central African Republic accelerated its efforts to build the capacity of partners in psychosocial care for children affected by conflict and violence. UNICEF Central African Republic recruited a psychologist, organized monitoring and reporting mechanism (MRM) trainings and developed verification techniques for children associated with armed groups.

UNICEF Central African Republic also ensured that two staff were appointed for WASH coordination and information management at the General Directorate of Hydraulics and relocated the venue of cluster meetings to their office.

In addition, UNICEF Central African Republic integrated training modules on the human rights-based approach to programming and results-based management (RBM) to train 120 civil servants and the central administration of the social ministry and several civil society organizations on social budgeting.

UNICEF trained 25 MoH technicians on the installation of 137 solar refrigerators to strengthen the immunization cold chain. In addition, 181 health staff were trained on cold chain and vaccine management, 255 health workers were trained to provide ART services, and 200 members of community-based organizations were trained on HIV/AIDS. A UNICEF international expert supported 14 government technicians to acquire integrated community case management competency. Moreover, 1,149 health workers were trained on integrated community-based management of acute malnutrition, which improved performance on treatment indicators for severe acute malnutrition.

**Evidence Generation, Policy Dialogue and Advocacy**

In 2016, UNICEF Central African Republic used evidence generation, policy dialogue and advocacy in the education sector as a key strategy to inform decision-making and facilitate planning and policy development. With support from UNESCO, UNICEF Central African Republic re-established the EMIS to ensure up-to-date education data. This resulted in the publication of the first statistical yearbook since the current crisis began. In addition, in the education sector, three important studies were undertaken to inform stakeholders on the state of education: ‘The Impact of Conflict on the Education Sector’, ‘The State of Alternative Education’ and ‘The Conditions of Teachers’. These studies laid the foundation for important policy and planning decisions for conflict-sensitive education strategy, teachers’ qualifications and management and non-formal education.

In the child protection sector, a database was developed to record and track cases of children associated with armed groups and was regularly updated throughout the year. The database has served as an advocacy tool for resource mobilization and contributed to the inclusion of the
issue of children associated with armed groups in important policy discussions at a national level.

In the health sector, an evaluation of effective vaccine management was completed. In addition, the MoH, in collaboration with the National Paediatric Association, developed patient management tools and a national HIV/AIDS database for the National AIDS Commission. To promote social planning and in preparation for the Multiple Indicator Cluster Survey (MICS) 6, a package including questionnaires and a list of indicators was used as a basis for discussion with key actors to position evidence generation on child rights on the national agenda.

**Partnerships**

In 2016, UNICEF Central African Republic continued to engage leaders at a high level, including the President, the Prime Minister, ministers, United Nations officials and European Union (EU), World Bank and African Development Bank leadership to advocate and call for action in favour of children in the Central African Republic. The Country Programme was primarily implemented with NGOs, civil society organizations and through alliances on areas such as sexual exploitation and abuse, disarmament, demobilization and reintegration (DDR) and the raid response mechanism.

With the establishment of the advisory and strategic committees on disarmament, demobilization, reintegration and repatriation (DDRR)/security sector reform/national reconciliation, UNICEF Central African Republic developed a new partnership with the Office of the President, ensuring that child DDRR is placed high on the national agenda, with the inclusion of a specific output in the RCPCA.

UNICEF Central African Republic also collaborated with important partners to address key issues. UNICEF Central African Republic worked closely with MINUSCA to securely transport expanded programme on immunization equipment and teachers to duty posts with NGOs to ensure mediation with armed groups to facilitate access and with the University of Bangui for community health case management. Through a partnership with the paediatrician’s association, 42 healthcare workers were trained on HIV guidelines. Early infant diagnosis testing was provided to newborns through partnership with the Pasteur Institute. Given the shortage of government staff at the community level, UNICEF Central African Republic developed a partnership with NGOs to support the MoH to implement an integrated community case management strategy.

A partnership with four telecommunications companies (Telecel, Orange, MOOV and Azur Telecom) enabled the launch of U-Report. UNICEF Central African Republic also collaborated with UNFPA and the Ministry of Youth on a project aimed at reducing adolescent vulnerability to HIV/AIDS, sexually transmitted infections, pregnancy and drug use.

A platform involving religious leaders, churches and mosques enhanced interfaith dialogue and the promotion of peace, while also promoting good family practices. Collaboration with the national network of journalists and radio stations was instrumental in reaching out to populations for mass campaigns, in addition to door-to-door interventions undertaken by community volunteers.
External communication and public advocacy

In 2016, UNICEF Central African Republic increased its coverage by international media and continued to regularly appear in local media. The issue of children associated with armed groups generated continued global attention with major outlets reporting on UNICEF rehabilitation programmes, including a 26-minute documentary by Russia Today TV channel, reports by France 24, RFI and Dutch Media. Education in emergencies also attracted media attention as communications and education teams took AFP and AP video and print journalists, as well as the France 3 TV channel to visit TLS in Bangui.

The Back-to-School campaign generated global media attention, especially regarding the issue of schools that were occupied by armed groups. The Back-to-School campaign was also a major topic in local media and included a ‘Run to School’ event, which included the participation of children, teachers, parents, partners and MoE officials. Billboards were set up in major towns, and a press conference was held in Bangui prior to the official launch of the 2016/17 school year.

In August–September 2016, the cholera outbreak along the Oubangui River and in Bangui was a major topic for local media, with UNICEF WASH experts taking part in radio programmes. Radio France Internationale and France 24 also reported on cholera prevention social mobilization programmes led by UNICEF Central African Republic.

Social media was also used extensively in 2016. Information on programme activities resulted in more than 62,000 followers on Facebook (up from 34,000 at the start of 2016) and more than 5,000 followers on Twitter (up from 4,000 at the start of 2016). The external communications team followed the communications strategy developed during the peak of the crisis, revising the strategy and key messages in line with office priorities.

South-South Cooperation and Triangular Cooperation

UNICEF Central African Republic promoted and facilitated South-South cooperation with key partners in 2016. For example, a joint delegation from UNICEF Central African Republic and the MoE that included the UNICEF Country Representative and the Minister of Education participated in the Pan-African Symposium on Education, Resilience and Social Cohesion in Addis Ababa. The symposium allowed for the cross-fertilization of ideas and established the foundation for the development of peacebuilding initiatives.

Training was provided to 19 parent-teacher association members at the national level and for 467 parent-teacher association members at the local level on peacebuilding, conflict resolution, social cohesion, promotion of student participation through children’s government activities in target schools and implementation of a school-level violence reduction plan. In the Central African Republic, children’s government is a mechanism that facilitates students’ participation in promoting a culture of peace and tolerance within schools.

UNICEF Central African Republic liaised with UNICEF Chad to facilitate the attendance of Central African government staff at a development initiative to establish local entrepreneurship in manual drilling.

In child protection, UNICEF Central African Republic organized an international disarmament, demobilization and reintegration workshop, which was held from 18–20 October to establish a platform for developing national level initiatives aimed at accelerating the DDR process in the country. During the workshop, participants from the Democratic Republic of the Congo, the
International Conference of the Great Lakes Region, Côte d'Ivoire, Sierra Leone, MINUSCA and UNICEF shared their experiences on the implementation of DDR programming with the Government of the Central African Republic.

Identification and Promotion of Innovation

That periods of crisis and upheaval present opportunities for transformation, and innovation was a key strategy for UNICEF Central African Republic in 2016. The Office used innovative technology to reach people in the country’s interior where insecurity, a poor road network and heavy rains make access difficult.

To ensure up-to-date education information is available and to promote decentralized monitoring, UNICEF Central African Republic continued to use EduTrac, an innovative method to collect real-time school data via short message service (SMS) messages from school principals. EduTrac reduces the time required for data collection and helps to systematically store collected data on a web-based platform. Four surveys on key indicators (children and teacher presence in schools, student success rates, availability of WASH facilities and attacks against schools) were conducted during the 2015/16 school year.

A rapid intervention team composed of seven members of the Ministry of Social Affairs and Reconciliation (MoSA) was established to ensure the rapid deployment of child protection staff in areas requiring humanitarian child protection interventions.

UNICEF Central African Republic also continued to roll out an innovative project introducing a low-cost manual drilling technique to provide safe drinking water in communities. Training continued to be provided for national authorities and private providers on new techniques with drilling materials and pumps made exclusively from locally available materials. UNICEF Central African Republic continued to use U-Report, an SMS communications-based tool to empower young people to influence national dialogue by providing information on the rapid response mechanism and data collection on nutrition, maternal and child health interventions.

In addition, UNICEF Central African Republic scaled up health screening interventions using a rapid SMS communication system through local focal points in 12 health and nutrition structures.

Support to Integration and Cross-Sectoral Linkages

In 2016, UNICEF Central African Republic supported cross-sectoral linkages to support integrated programming for children. As part of the national Back-to-School campaign, a joint effort was made across several sectors to implement holistic programming, which included staff missions to support official opening day ceremonies throughout the country. A ministry-led steering committee made up of education stakeholders, including UNICEF education and communication for development (C4D) staff, teacher union representatives, NGOs and other education partners developed and disseminated key messages through various media to ensure that children returned to classrooms at the start of the academic year in September 2016. As part of education in emergencies programming, training for 883 teachers that was coordinated by the MoE with staff from the MoSA and the health sector included psychosocial support, child protection, good health and hygiene practices, cholera and HIV/AIDS prevention and awareness messages.

UNICEF Central African Republic also collaborated with local authorities and communities to
deliver a maximum package of health interventions including periodic intensified routine immunization activities and other campaigns in addition to routine activities. As nutrition cluster lead, UNICEF, in collaboration with health and nutrition partners, created a national network for vitamin A supplementation in preventive and curative services.

In addition, the child protection and C4D teams worked closely with other humanitarian partners to finalize a multifaceted communication plan. The plan revolved around themes of child marriage, child recruitment, birth registration, violence and sexual exploitation of children. UNICEF Central African Republic collaborated with the MoE and local NGOs to disseminate important HIV prevention messages, reaching 4,000 adolescents in schools. Through U-Report and youth talent initiatives, the participation and leadership of adolescents were further strengthened (22,300 U-Reporters were registered and more than 200,000 adolescents received messages).

**Service Delivery**

In the context of the ongoing crisis and to address the collapse of basic services (schools, health and water and sanitation facilities), UNICEF Central African Republic has become one of the largest providers of services and supplies in the country’s social sector.

To improve access to education and address the issue of damaged/destroyed infrastructure, UNICEF Central African Republic supported the construction of five schools, carried out heavy rehabilitation of three schools and successfully oversaw the light rehabilitation of 136 schools. Construction was completed in all 50 targeted schools with Japanese funding. UNICEF Central African Republic distributed a total of 779,544 textbooks and 12,428 teachers’ guides, which provided coverage for more than 50 per cent of teacher and child needs in the country.

UNICEF Central African Republic also contributed to implementing durable WASH infrastructure for affected populations living in camps for internally displaced persons and communities of return. Fifty-two new water points were constructed, and 401 water points were rehabilitated, reaching 246,000 people. UNICEF Central African Republic provided safe drinking water to more than 422,082 affected people; 78,524 people gained access to newly constructed latrines; and 14,313 families received WASH kits. UNICEF Central African Republic provided drinking water to 13,260 schoolchildren in 40 schools, and 33 health centres were equipped with boreholes for water provision, benefiting more than 17,500 patients. In addition, gender-segregated latrines and showers were constructed in 15 health centres for 7,995 patients. Support was also provided to Société de Distribution d’eau en Centrafrique (the Central African Water Distribution Company or SODECA) in the form of chemicals and water treatment products during the cholera outbreak.

New interventions such as integrated community case management of childhood illnesses for hard-to-reach areas were initiated. Already in the initial phase, more than 10,000 children in areas with difficult access were treated for pneumonia, malaria and diarrhoea or referred to health facilities. C4D supported these programmes to promote best practices.

**Human Rights-Based Approach to Cooperation**

In 2016, UNICEF Central African Republic continued to integrate a human rights-based approach to its programming. For example, the UNICEF Central African Republic education section worked closely with the child protection section to monitor and report on attacks against schools through the monitoring and response mechanism. A joint press release on the occupation of schools by armed forces was disseminated in September 2016 as part of the
Back-to-School campaign. Due to strong advocacy from the UNICEF Central African Republic education section, the MoE released a national circular for free school registration and enrolment for displaced children for the 2016/17 school year.

In child protection, the implementation of Security Resolution 1612 on the grave violations of child rights in the Central African Republic was one of the functional mechanisms that strengthened UNICEF’s cooperation with MINUSCA. Two high-level task force meetings were organized, and meetings for the planning, monitoring and evaluation of violations or incidents were held on a regular basis. Some 210 incidents were documented, and more than 3,982 children were released from armed groups. Regular communication on children affected by armed conflict with the Office of the Deputy Special Representative to the Secretary-General was maintained to share mandatory reports about the situation on the ground.

**Gender Equality**

In 2016, gender-based violence, including sexual exploitation and abuse, remained a priority issue for UNICEF Central African Republic. Due to the increased number of sensitization campaigns, reports of gender-based violence and SEA incidents doubled since 2015. A total of 9,046 victims of gender-based violence were supported by various partners. This figure included 1,377 rape victims; 245 victims of sexual assault; 1,314 victims of physical assault; 95 victims of forced marriage; 3,038 victims of psychological violence; and 2,977 victims who were prevented from accessing household resources.

With the support of UNICEF Central African Republic, the Government launched a national campaign to end child marriage. Coordination mechanisms and structures made up of United Nations agencies, international and national NGOs and government services were established.

In WASH, water point management committees supporting borehole rehabilitation and construction were composed in equal parts of men and women to facilitate participatory decision-making. UNICEF Central African Republic also supported the construction of gender-segregated latrines in schools and the establishment of school hygiene clubs with the equal participation of girls and boys.

In addition, UNICEF Central African Republic conducted a gender review of the current programme to align with the gender action plan (GAP). The review focused on two GAP priorities that were most relevant in the context of the Country Programme: girls’ secondary education and gender-based violence.

Finally, using harmonized tools from the updated national community-based management of acute malnutrition protocol, the new nutrition information management system allows partners to include gender issues in their reporting. The 2016 statistics report showed that girls affected by severe acute malnutrition represented 48 per cent of all children reached by the programmes. In addition, an important criterion in the process of selecting of community health workers for integrated community case management was to ensure a high representation of women. Women’s groups and leaders were targeted with advocacy to stimulate the recruitment of women into these groups. The proportion of women community health workers went from 15 per cent in the initial cohort to almost 40 per cent (6 women out of 15 members) in subsequent cohorts. This progress towards gender parity among community health workers has been key in the promotion of essential family practices such as exclusive breastfeeding.
Environmental Sustainability

Almost one third of the population in the Central African Republic does not have access to safe water, a situation exacerbated by increasing dry spells and intensifying droughts, as well as damage and destruction of existing supply facilities due to conflicts. In 2016, to support climate change adaptation and mitigation, UNICEF Central African Republic continued to support the National Agency for Rural Water and Sanitation to promote a manual drilling programme as a more sustainable alternative to mechanized drilling as well as to reach people living in remote areas that cannot be accessed by mechanical drilling machines. The approach provides multiple social, economic and environmental cost-benefits, meeting the urgent humanitarian needs of highly vulnerable communities, while building their adaptive capacity to the impacts of climate change and simultaneously reducing the environmental impacts and costs of emissions. Unlike mechanized drilling, manual drilling techniques do not tap into deep groundwater reserves, which are slow to recharge, but instead draw water from shallow aquifers that are replenished more regularly when rain falls.

UNICEF Central African Republic undertook technical studies for the construction of nine schools and the rehabilitation of six schools, including an evaluation of the environmental impact of the construction work. UNICEF Central African Republic hired three independent contractors to monitor the construction sites and provide quality assurance. The independent contractors reported on environmental issues in relation to the construction sites.

In addition, the ‘greening’ of UNICEF (i.e. measures taken to assess and reduce the environmental footprint of the country office itself) were initiated by UNICEF Central African Republic. Information was shared with all staff to print documents only when necessary and to use both sides of the paper; flyers were placed on each office door to remind staff to preserve electricity (through lights and air conditioners). In addition, a project was submitted to the greening committee at UNICEF Headquarters in New York that requested solar panels for UNICEF zonal offices.

Effective Leadership

The country management team (CMT) held 12 sessions and reviewed the performance indicators established in the Manager’s Dashboard, especially those related to fund implementation, timely preparation and submission of donor reports, grant expiry dates, timely certification of travels, and the Harmonized Approach to Cash Transfer (HACT) assurance plan. Systematic monitoring of these key performance indicators allowed UNICEF Central African Republic to achieve compliance with the organization’s rules and regulations and its respective policies.

The joint consultative committee met four times between January and November 2016. The meetings allowed office management and the local staff association board to address key staff issues such as a working climate, ethics and implementation and follow up on the audit recommendations.

The 2016 Annual Management Plan was finalized in March 2016 and outlined the key improvements in operations and management that formed the basis of the country management team. Progress was reviewed on a quarterly basis.

The last two audit recommendations (out of 26) were closed in 2016. The internal audit committee presented the status of closed audit recommendations to the CMT on a quarterly basis to sustain the actions taken.
The business continuity plan and information and communication technology (ICT) disaster recovery plan were updated and tested this year. Risk management was conducted and mitigation measures established and reviewed on a quarterly basis during CMT meetings.

To streamline HACT, staff were trained and quality assurance activities were undertaken as detailed in the section on financial resources management.

During the last quarter of 2016, UNICEF Central African Republic concentrated its efforts on preparing the new Country Programme Document (CPD) 2018–2021 and the new Country Programme Management Plan, adjusting to align with corporate guidance, rules and procedures. Staff and implementing partners were trained on results-based management, and the strategic moment of reflection was held in December 2016 with the significant participation of the West and Central Africa Regional Office.

**Financial Resources Management**

In 2016, UNICEF Central African Republic held monthly country management team meetings focused on contribution management, budget control and financial procedures, bank reconciliation, accounting and liquidation of direct cash transfers. As a result, in 2016, UNICEF Central African Republic received US$75,675,469, with funds utilization as follows by the end of the year: 99.80 per cent regular resources, 87.23 per cent other resources and 77.47 per cent other resources emergency. Some funds were received mid-December 2016. All open items are cleared in the bank reconciliations. Direct cash transfers continued to be within manageable levels: direct cash transfers greater than nine months were at 0.29 per cent as of 31 December 2016.

To strengthen national capacities in management and accountability as per the HACT Framework, UNICEF Central African Republic focused on improving the quality of HACT assurance activities. Micro-assessment was undertaken for 36 eligible international professionals, preliminary results were discussed and the final report is being completed; 24 out of 26 planned spot checks were completed; 32 out of 36 planned audits were undertaken and the final reports are yet to be completed. Out of 122 programme visits, 98 were completed.

The operations peer review strengthened office processes and internal controls. The recruitment of a quality assurance officer with an audit background will enhance coordination and improve the quality of internal controls and HACT assurance activities.

**Fundraising and Donor Relations**

In a challenging fundraising environment, UNICEF Central African Republic mobilized key resources for children. In 2016, UNICEF Central African Republic raised close to US$33 million of other resources emergency and more than US$46 million of other resources (including the three-year Global Partnership for Education (GPE) and EU funding). Development funding declined in 2016 (from US$50 million to US$44 million). A proactive resource mobilization strategy helped the country office mobilize 47 per cent of resources of the other resources ceiling in the country programme document. UNICEF Central African Republic also raised 56 per cent of the Humanitarian Action for Children appeal.

However, remaining funding shortages hampered the delivery of emergency aid and led to the reduction in coverage.
In support of its fundraising strategy, UNICEF Central African Republic positioned itself strategically as an organization with an extensive history in the country. Promoting UNICEF’s comparative advantage helped secure major pledges from donors such as Japan, which donated more than US$2 million to support scaling up health, protection and HIV services, and the Office of Foreign Disaster Assistance (OFDA), which supported RRM projects.

Throughout 2016, 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 Fund-raising and Partnerships Division and UNICEF National Committees resulted in more than US$3 million from the Spanish National Committee, the Dutch National Committee and the German National Committee for child protection, health and education. Contributions from UNICEF National Committees were followed up on through visits by the Spanish National Committee and the Dutch National Committee.

A majority of the donor reports were submitted on time thanks to an internal alert system, which gave ample time to programmes to provide inputs. Funding was optimally used, and UNICEF Central African Republic maintained systems including weekly monitoring reports, programme coordination meetings and country management team meetings to monitor the use of funds and avoid unnecessary extensions.

**Evaluation and research**

A programme evaluation was not included in the integrated monitoring and evaluation plan in 2016 as UNICEF Central African Republic focused its efforts on the implementation of the management response of last year’s evaluation. In this respect and as part of the office’s efforts to roll out the newly developed results-based management (RBM) modules at the global level, the evaluation module was presented and discussed. During the three RBM sessions held this year, 77 staff were trained on how to manage evaluations. These trainings covered, among other items, the quality control of an evaluation’s terms of reference and final report. The guidelines and checklists developed by the United Nations Evaluation Group/UNICEF were used to discuss existing terms of reference and evaluation reports. In addition, the training highlighted the importance of preparing a management response.

Although an evaluation was not planned in 2016, 12 out of 18 planned activities related to surveys, studies and internal programme planning milestones were conducted. UNICEF Central African Republic also contributed to the preparation of the evaluation of the UNICEF response to the crisis in the Central African Republic, which was conducted by a global team in 2015 and 2016 and which was rated “satisfactory”. UNICEF Central African Republic is currently liaising with the Humanitarian Country Team to prepare and validate the management response plan for the ‘Inter-Agency Humanitarian Evaluation of the Response to the Central African Republic’s Crisis 2013–2015’.

UNICEF Central African Republic also supported the establishment of the first-ever National Evaluation Society, which is comprised of civil society actors and independent evaluators. This network is close to finalizing its registration at the African Evaluation Association, which will allow it to be part of forthcoming activities and knowledge exchange opportunities.
Efficiency Gains and Cost Savings

In 2016, UNICEF Central African Republic continued to identify efficiency gains and cost savings as part of office priorities. In 2015 and 2016, significant cost savings resulted from the implementation of common services 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 the World Food Programme (WFP), 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$55,469 per year.

In addition, UNICEF Central African Republic continued with its cost savings strategies in the areas of logistics, construction and ICT, with the following clear and measurable objectives: sustain, where possible, the use of UNICEF trucks versus commercial trucks; partner for the use of free transportation services provided by an NGO through a memorandum of understanding; and improve the management of institutional contracts. These arrangements resulted in a cost savings of US$13,690 for the use of a free transportation service; US$30,000 for the use of a construction engineering firm; and US$24,000 as liquidated damages recovered in construction contracts.

UNICEF Central African Republic also improved the time spent on processing payments to address challenges related to delays in service delivery that could affect its reputation. By the end of 2016, payments were processed within an average of 21 days, compared with 25–31 days at the end of 2015.

The support provided for the use of solar refrigerators in the area of vaccine management was also continued in 2016 to increase efficiency gains and cost savings.

Supply Management

Overall, supply management improved with the closing 2015 audit recommendations. Good performance can be recorded in the processing and delivery of goods and services. With the updated supplier database that resulted from the market survey conducted in 2015, the reliance of UNICEF Central African Republic on off-shore procurements was reduced in the areas of NFIs, construction services, office furniture, etc., where long-term agreements were put in place.

Although the proportion of offshore orders is still significant, alternatives are being reviewed, mainly from Douala, for WASH products and for printing materials.

In logistics, it is important to underline the support provided by the UNICEF Supply Division and the Douala hub for freight forwarding. Though the congestion at Douala Port is almost cleared, the issues that UNICEF Central African Republic still face relate mainly to customs clearance and exemption processing time and procedures.

By the end of December, all in-country logistics activities were fully conducted by UNICEF Central African Republic, though it should be noted that a logistics capacity assessment resulting from the recommendations of the 2015 audit was conducted in 2016 to strengthen the capacity of the Government and other partners to enable them to fully assume their responsibilities. UNICEF Central African Republic started discussing and looked for alternatives to advocating with and involving some key ministries in warehousing operations to initiate the development of a sort of phase-out plan by next year.
In addition, the limited capacity of implementing partners in terms of their ability to absorb and distribute supplies in a timely manner was also a matter of concern, though few security issues were to be underlined.

Substantial improvements were also noticed in construction activities, where contract management is satisfactory. Pending construction as part of the Kekereke project was completed, new construction projects (construction of nine schools and 37 latrines, heavy rehabilitation of six schools and construction of more than 88 boreholes) and the commencing of light rehabilitations in more than 300 schools took place in 2016.

<table>
<thead>
<tr>
<th>The Central African Republic 2016 (data as of 4 January 2017)</th>
<th>Value of all supply input (excluding freight) (US$)</th>
<th>Procurement locally managed by country office (US$)</th>
<th>Procurement Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme supplies</td>
<td>10,296,710.25</td>
<td>3,972,410.05</td>
<td>Channelled via GAVI Alliance: N/A</td>
</tr>
<tr>
<td>Operational supplies</td>
<td>1,223,315.31</td>
<td>1,217,053.31</td>
<td>Channelled via regular procurement services: $4,658,269</td>
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<tr>
<td>Services</td>
<td>1,516,170.23</td>
<td>5,783,806.06</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td>4,267,635.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17,303,831.62</td>
<td>10,973,269.42</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Controlled programme supplies</td>
<td>3,314,822 (including 476,667 in prepositioned emergency supplies)</td>
<td>9,787,794</td>
</tr>
</tbody>
</table>

**Security for Staff and Premises**

As highlighted throughout the report, security remains one of the key challenges in the Central African Republic. In 2016, humanitarian workers, including from international NGOs, continued to be targeted, and the fragmentation of armed groups resulting in ongoing power struggles and fighting among armed groups for control.

Although UNICEF Central African Republic did not receive a security budget in 2016, efforts were made to enhance compliance with the Minimum Operating Security Standards of the main office and field offices. A thorough and systematic assessment of all international staff residences was conducted to verify Residential Security Measures (RSM)-compliance and where needed, directives for improvement were given.

Gaps and actions to be taken were discussed with senior management and during CMT meetings, which resulted in security improvements such as the installation of a closed-circuit...
television system at the main office and the main warehouse in Bangui, the installation of smoke detectors and metal doors, the provision of guard training, conducting fire drills, and increasing follow up on essential security training and travel procedures.

Given that the crisis has impacted the entire country, affecting almost all communities and individuals, and that an office is a microcosm of a society or a nation, UNICEF Central African Republic staff have not been spared the turbulent times of the year. This was the case, particularly regarding the unrest in September and October in Kaga-Bandoro, in November in Bria and since the beginning of December in Bambari. It is thus imperative to continue the improvement, reinforcement and implementation of all security measures and to invest in stress management and counselling.

**Human Resources**

In 2016, UNICEF Central African Republic submitted a programme budget review that was approved in June and established 24 positions (30 per cent international professional and 70 per cent national officer/general services staff) in line with the strategic enhancement of national capacity building and adaptations to the staffing structure in the context of the office’s evolving programmatic needs.

UNICEF Central African Republic conducted four Joint Consultative Committee meetings. All staff (100 per cent) completed the first section of the PER in the new system (ACHIEVE). Information on completion was shared, and orientations were given to staff and supervisors to complete the planning phase. Human resources held three sessions relating to the Global Shared Services Centre transition (My Case, case management software, and Talent Management Suite for recruiters), and the office’s UN Cares Committee held two sessions. UNICEF Central African Republic established a mandatory ethics course that was completed by 80 per cent of staff. Every effort was made by management to ensure that staff regularly took timely rest and recuperation. The special compensatory time-off measure for local staff in field offices continued in 2016.

The office recruited a stress counsellor jointly with WFP. Human capacity needs were reviewed regularly to ensure UNICEF Central African Republic’s effective response to the evolving emergency and ability to fill gaps due to turnover.

As of 29 December 2016, office staffing was 153 staff members, including 47 international professionals of 21 nationalities, 45 national officers and 61 general services staff. The ratio of men to women was 115:38 (76 per cent male; 24 per cent female), despite proactive efforts by the hiring managers to search for and assess female candidates. The difficulty of finding female drivers is one of the factors contributing to the maintenance of this disparity given the number of drivers on staff (26 male and one female).

The establishment of the United Nations Level 2 clinic contributed to a reduction in the number of medical evacuations of staff and dependents.

**Effective Use of Information and Communication Technology**

In 2016, UNICEF Central African Republic upgraded the ICT equipment used by staff. All old computers were replaced with new laptops to improve the mobility and performance of UNICEF staff. Also, the ‘bring your own device’ approach was promoted for email access, reinforcing staff telecommuting and facilitating remote work capacity. To contribute to reducing the ICT carbon footprint, UNICEF Central African Republic adopted the strategy of secure printing.
through personal identification number codes. The approach prevented unnecessary printing and reduced the use of paper, toner and energy for printing by about 30 per cent.

Within the Delivering as One framework, strategies were established jointly with other United Nations agencies, including agreements to share a very small aperture terminal, power and infrastructure in zonal offices to improve service availability and increase savings through cost sharing. The computing environment of all UNICEF offices was reinforced with robust power backups and standardized local area network connectivity.

To achieve effectiveness and efficiency, the use of Skype for Business, videoconferencing and teleconferencing was promoted to increase collaboration and reduce communications costs. The year 2016 also saw the introduction of the UNICEF Central African Republic Team Site, a Microsoft SharePoint portal for data and document sharing that will eventually replace the traditional file and print server public shared drives. Complying with the new United Nations telecommunications standards for very high frequency radios, ICT started providing staff with new digital handheld radios. By the end of 2016, one third of the radios had been replaced.

**Programme components from 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:**
During the crisis, the already weak health system was seriously affected. Administrative data indicated that 34 per cent of health facilities were partially or totally destroyed and 80 per cent of equipment was stolen. As a result, less than two thirds of health facilities were functional and run by unqualified health volunteers (a majority of the qualified health workers having left their duties for security reasons). The focus of the programme remained on providing humanitarian assistance in line with the Humanitarian Response Plan and supporting the rehabilitation of health services in line with the Government’s health transition plan. Regarding vitamin A supplementation, 97 per cent of 754,554 children aged 6–59 months and 84 per cent of 623,872 children aged 12–59 months received albendazole.

UNICEF supported a measles vaccination campaign with integrated vitamin A supplementation (vaccines, vitamin A, albendazole, injection safety equipment and operational costs). In partnership with WHO and the MoH, UNICEF supported the organization of various polio immunization campaigns and the switch of the national immunization programme from the bivalent oral polio vaccine to trivalent oral polio vaccine. To boost routine immunization coverage in low-performing districts, intensified vaccination activities were organized along with the implementation of the Reach Every District approach in select districts, as well as support for rehabilitating the cold chain system.

To increase access to basic health services, the programme supported the initiation of integrated community-based case management by establishing 28 community sites through the training of community health workers, provision of essential drugs and medical materials to the sites and health facilities for treatment of free-of-charge cases. During the second half of the
year, more than 10,000 out of 102,208 children targeted were treated at the community level in Bossangoa and Kaga-Bandoro, and approximately 500 others with medical complications were referred to health facilities for appropriate care. At the facility level, the provision of medical drug kits enabled health services to provide medical care to approximately 500,000 out of 872,000 targeted children under 5.

To ensure quality management of maternal care, the technical capacity of 345 health facilities out of a targeted 380 facilities (90.7 per cent) was reinforced through the training of health workers on refocused antenatal care (ANC), the use of a partogramme for the management of pregnancies, and the provision of essential drugs and medical equipment. Seventy-six per cent of 58,333 targeted pregnant women attended quality ANC services, and 58 per cent of 43,090 targeted women delivered with the assistance of trained personnel.

In response to the needs of populations affected by flooding, UNICEF provided 50,000 bed nets to more than 20,000 households in Bangui and surrounding areas. To assist the country to respond to the cholera epidemic, UNICEF provided essential drugs and other renewables to benefit 265 cholera cases, including 139 children under 15.

Child malnutrition remains a concern, with a stunting prevalence of more than 40 per cent, a SAM rate of 1.9 per cent (close to the emergency threshold) and a global acute malnutrition rate of 6.6 per cent. Through 369 out-patient therapeutic units, 22,791 children (77 per cent of the caseload) were treated with good performance indicators according to international Sphere Standards (e.g. an 87.55 per cent cure rate, a 2.14 per cent death rate and a 10.31 per cent defaulter rate).

In HIV/AIDS, UNICEF supported the counselling, testing and treatment of more than 69,000 (102 per cent) out of 67,589 targeted pregnant women and 1,903 infants (47 per cent) out of 4,060 targeted infants.

The main difficulties/constraints were: weak leadership on the part of the MoH; insufficient supervision at all levels; insecurity limiting accessibility in certain areas of implementation; lack of qualitative and quantitative skills of health personnel in the field; insufficient supply of inputs (drugs, vaccines, etc.); highly degraded road conditions; an inadequate information management system; and insufficient technical and managerial capacity of national and international NGO partners.

In 2017, UNICEF will continue to support the Government in two main areas: provision of care at the institutional and community levels in an equitable manner with appropriate strategies for both recovery and humanitarian emergencies.

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 (2012-2014) Effective and efficient programme management, supply, logistics and operational support to programme delivery)

Analytical statement of progress:
Under the leadership of the MoH, a team of 12 experts composed of the MoH and professors at the University of Bangui were tasked to develop community-based integrated management of childhood illnesses modules and train health workers on their use. Twenty trainers and 120 health staff were trained on refocused ANC. For the implementation of community-based integrated management of childhood illnesses, technical and financial support was provided to
the MoH to develop tools and methodology, and a group of 12 national experts were trained with the support of UNICEF international consultants. In addition, national health workers and NGOs working at the referral level received an orientation session on community and facility-based integrated community-based management of childhood illness, enabling them to ensure quality management of complicated cases referred by community health workers.

**OUTPUT 2**

By 2016, 60 per cent of targeted health facilities have the capacity to provide ANC+ and EmONc care (2012-2014). By 2016, at least 80 per cent of pregnant and lactating women and newborns benefit from ANC+ services through fixed and advanced strategies in 13 targeted prefectures.

**Analytical statement of progress:**

A total of 345 health facilities out of a targeted 380 facilities (90.7 per cent) now have improved capacity through the provision of essential drugs, medical equipment and training of 20 trainers and 120 health staff on refocused ANC and the use of a partogramme to monitor labour. As of the end of October, administrative data indicated that UNICEF’s contribution allowed 58,333 pregnant women (76 per cent of the target) to attend quality ANC services, and 24,790 women to deliver with the assistance of trained personnel.

In the districts of Kaga-Bandoro, Bambari, Bria, Alindao, Kembé and Ouango-Bangassou (covered by the zonal offices of Kaga-Bandoro and Bambari), 12,000 out of 21,982 targeted pregnant women received an insecticide-treated net at the first contact with ANC services for malaria prevention.

To achieve these results, UNICEF collaborated with decentralized government health entities and worked closely with NGOs (IRC, Médecins d’Afrique (MDA), INTERSOS, The MENTOR Initiative and CSSI), as well as United Nations agencies (WHO and UNFPA).

The main constraints experienced consisted of limited access due to insecurity (northeast and northwest regions) and the timeliness and completeness of data. Between January and July, less than 50 per cent of administrative reports were available.

For 2017, the programme will continue to support efforts to strengthen the capacity of health facilities and bolster the provision of needed supplies in collaboration with NGOs. A partnership will be established with the International Federation of Red Cross and Red Crescent Societies for the expansion of the use of mobile phones for routine data collection and transmission by health facilities.

**OUTPUT 3**

By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) is effective both at the community level and in health facilities in the targeted prefectures. (2012-2014). By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) and multi-micronutrient supplementation are effective both at community level and in health facilities in the 13 targeted prefectures.

**Analytical statement of progress:**

Within the framework of community-based integrated management of childhood illnesses, a group of 12 national experts were trained with the support of UNICEF international consultants to develop implementation tools and methodologies. National health workers and NGOs working at the referral level received an orientation session on community and facility-based IMCI,
enabling them to ensure quality management of complicated cases referred by community health workers.

Twenty-eight community sites were established through training of community health workers, provision of essential drugs and medical materials to the sites and health facilities for treatment of free-of-charge cases. As a result, between June and December, some 10,000 children were treated at the community level in Bossangoa and Kaga-Bandoro, and 500 children with medical complications were referred to health facilities. A short video was produced on this unique experience.

At the facility level, 42.6 per cent of the expected caseload of 500,000 children under 5 benefited from an integrated package of curative services thanks to UNICEF provision of medical drug kits to 345 health facilities, support to train 100 health professionals on i-CCM (in the prefectures of Kemo, Haut-Mbomou and Ouham) and financial contributions to mobile clinics for populations in IDP sites.

At the hospital level, in addition to the existing kangaroo mother care unit in the Bangui Paediatric Hospital, six additional kangaroo mother care units were set up in the districts of Bimbo, Béougou, Bossembele, Mbaiki, Boda and Berberati with the training of 18 health workers and the provision of medical kits. As of the end of September 2016, partial data from the Bangui Paediatric Hospital indicated that 1,047 newborns with low birth weight (34 per cent of all neonatal cases) were admitted and treated.

These achievements were largely due to partnerships with NGOs, namely IRC, ACF, Centre de Support en Santé Internationale and The MENTOR Initiative.

The way forward is to expand the Integrated Community Case Management (iCCM) to six prefectures and use mobile phone technology to collect and transmit data from community sites and health facilities.

**OUTPUT 4** 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 (2012-2014). By 2016, 100 per cent of Expanded Programme on Immunization centres are functional, offer the Expanded Programme on Immunization+ package and conduct active research to understand and reduce dropout rates.

**Analytical statement of progress:**
In 2016, the immunization programme was reinforced through the capacity development of health workers and the provision of equipment (cold chain and means of transport). More than 200 agents were trained on the 137 solar-powered refrigerators that were provided, 25 old refrigerators were repaired and immunization consumables and spare parts for cold chain equipment were provided to health centres. In addition, five vehicles and 13 motorbikes were provided for supervision and the distribution of supplies, while eight desktop computers were released to the MoH to facilitate data analysis and the production of reports.

To improve performance and boost routine immunization coverage in low-performing areas, UNICEF supported the implementation of the Reach Every District approach in three regions (health regions 4, 5 and 6) and intensified outreach activities in three other regions (health regions 1, 2 and 3). As a result, 66,043 children were vaccinated against measles, and 61,435 received the third dose of the pentavalent vaccine.
In the context of the polio eradication initiative, UNICEF supported the switch to bivalent oral polio vaccine and the introduction at scale of the injectable polio vaccine in 30 health districts. Two types of SIA were conducted:

- A national measles campaign integrating vitamin A supplementation and deworming, targeting children from 6 months to 10 years: 1,541,509 children vaccinated (85 per cent coverage), 623,872 children under 5 received vitamin A (97 per cent) and 275,024 (84 per cent) received deworming tablets.
- A national polio campaign targeting children under 5 reached 1,051,620 (102 per cent) in response to the wild poliovirus in the Lake Chad region. Four sub-national polio campaigns were organized in two regions bordering Chad (health regions 2 and 3), with coverage of more than 95 per cent for each round.

UNICEF has also supported the evaluation of vaccine management, the comprehensive inventory of the cold chain and transportation equipment.

These achievements have benefited from the commitment of the MoH and the partnership and contributions of WHO, MINUSCA, GAVI Alliance and NGOs.

The scaling up of mobile phone technology for the collection and transmission of immunization data will help improve the completeness of data and provide a real-time idea of progress.

**OUTPUT 5** By 2016, in all health prefectures, at least 80 per cent of SAM cases are detected, referred and treated according to the national protocols, undernutrition preventive activities are developed and nutritional surveillance and coordination systems are strengthened. (2012-2014) By 2016, in the 13 targeted health prefectures, 100 per cent of (Unité de NutritionThérapeutique Ambulatoire (UNTA) and Unité de NutritionThérapeutique( 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:**

At the country level, up to 77 per cent of targeted children aged 6–59 months with SAM were treated in 2016 (22,791 children) with a cure rate of 87.5 per cent, a death rate of 2.14 per cent and a 10.31 per cent defaulter rate. Ninety-three per cent of health staff were trained on integrated SAM management. Despite the prevailing insecurity and limited access to services, UNICEF Central African Republic increased the geographical coverage of nutrition services by 17.4 per cent (from 338 to 409 therapeutic units) with a mobile strategy that allows UNICEF to reach hard-to-reach SAM cases in insecure areas (17 mobile outpatient therapeutic units).

Capacity building efforts that aimed to provide each health facility with at least two trained staff on integrated management of acute malnutrition successfully trained 1,149 staff (representing at least 93 per cent of the 2016 target). This enabled the improvement of performance indicators for the treatment of SAM, which remained within international norms with a cure rate of greater than 75 per cent, a death rate of less than 5 per cent and a defaulter rate of less than 15 per cent.

The escalation of violence in 2016 jeopardized the organization of two rounds of vitamin A supplementation and deworming. Only one round of vitamin A supplementation was organized and reached 754,554 children aged 6–59 months (97 per cent), while 623,872 children aged 12–59 months (85 per cent) received deworming tablets.
The prevention of acute and chronic malnutrition (affecting 41 per cent of children under 5) through specific nutrition interventions (infant and young child feeding (IYCF) and other community-based promotion interventions) was scaled up with the validation of national IYCF guidelines. In 2016, 3,418 caregivers received IYCF counselling and attended a group education session on promoting good IYCF nutritional practices (20 per cent of households of children most affected by malnutrition) and 6 out of 12 baby-friendly hospitals, initiative were assessed for future re-dynamisation of BFHI and initiation of the community friendly initiative.

Although coverage of the community-based management of the acute malnutrition target increased by up to 77.1 per cent, the integration of this approach into the minimum health package remains very challenging in the majority of the prefectures where access is limited (the lowest has approximately 12 per cent of coverage). The provision of micronutrients for young children, vitamin A supplementation for mothers, therapeutic zinc for diarrhoea management, deworming drugs for children and iron/folic acid supplements for pregnant women remains limited.

In 2016, UNICEF Central African Republic continued to provide technical support to ongoing emergency response and preparedness activities for the national nutrition cluster/sector, contributed to at least six rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition surveys and supported the governmental transition plan to ensure coordination, data management and nutrition surveillance in remote and affected areas. Data collected through the rapid SMART nutrition surveys were used by UNICEF and NGO partners to develop or update emergency response plans.

OUTPUT 6 Response to outbreak and emergency health issues is provided timely based on the national and international standards (2012-2014) Provision of emergency health services for conflict affected populations.

Analytical statement of progress:
Through its four zonal offices, UNICEF provided important support to the Government and NGO partners to respond to the humanitarian crisis by providing technical and financial support and pre-positioning essential supplies. UNICEF provided 250 medical kits and financial support to the most-affected sub-prefectures (Kaga-Bandoro, Mbrès, Nana-Bakassa, Nanga-Boguila, Batangafo, Dékoa, Mala, Bambari, Grimari, Bakala, Kouango, Bria, Ngaoundaye, Bocaranga and Kouï) to respond to the needs of approximately 250,000 people.

UNICEF actively participated in the national coordination committee for emergency preparedness and response. The programme contribution and coordination with partners (WHO, MSF, Medecins d’Afrique, Pasteur Institute of Bangui) was of great support in the response to the cholera epidemic that occurred in August–October. UNICEF provided essential drugs and other renewables. The outbreak affected 265 people, including 139 children under 15, with 26 deaths.

At the same time, in collaboration with the National Red Crescent NGO, UNICEF distributed 11,050 bed nets to 5,662 households affected by flooding. In addition, 20,400 households in Bangui and surrounding areas received 50,000 bed nets.

The partnership with WHO, UNFPA, OCGA and NGOs contributed to conducting the needs assessment, identifying and filling gaps and strengthening the capacity of local actors. Activities to ensure better preparedness of implementing partners will be among the priorities in 2017.
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:
Following the national guidelines on Option B+, 250 health care workers were trained to provide ART and psychosocial services to pregnant women and infants with the financial support of UNICEF through a partnership with the Central African Republic Paediatric Society. Two hundred members of 18 community-based organizations were trained to enhance community-driven demand for the service. Overall, 156 out of 254 health centres providing ANC (61 per cent) and 19 out of 74 ART sites (26 per cent) provided prevention of mother-to-child transmission of HIV (PMTCT) and paediatric HIV services, reaching with 3,0161 women (64 per cent), 1,903 infants (47 per cent) and 2,501 children under 15 years (15 per cent) with ART services. In 2015, less of 50 per cent of the expected number of pregnant women accessed PMTCT centres and 12 per cent of young women were followed under ART.

A total of 1,214 infants born to HIV-positive mothers had blood samples tested for early infant diagnosis, and 6 per cent were found to be HIV positive.

UNICEF Central African Republic focused on the implementation and monitoring of 14 early recovery PMTCT district micro-plans developed in 2015 in all parts of the country (except Vakaga and Bamingui-Bangoran for security reasons).

UNICEF Central African Republic extended the agreement signed with the Pasteur Institute in 2015 to roll out early infant diagnosis in all HIV sites in the country. However, the transportation of early infant diagnosis samples from the field to the national level was a challenge in 2016.

Working with all partners, the National HIV/TB Strategic Plan was reviewed to consider emergency needs and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) new funding model guidelines for resource mobilization.

Despite significant efforts to increase PMTCT and paediatric care services, the uptake of services and data collection still has weaknesses, with less than 75 per cent of the health facilities reporting regularly. Though the Global Fund provides financial support to six MoH staff for data management and laboratory work, there is still weak data transmission from the regional to the national level, and data entry is limited. There is a gap in the effective implementation of the three components (medical, nutritional and psychosocial) for the overall HIV package particularly in paediatric HIV care due to insufficient qualified staff, lack of implementation of the task-shifting policy and lack of appropriate supervision. The integration of paediatric HIV care into PMTCT services has not yet been implemented.

The Global Fund is funding the bulk of the country’s needs in ART and HIV testing. The main partners for this programme were the MoH, the National AIDS Committee, the Central African Republic Paediatric Society and NGOs such as ANJFAS. Some cross-cutting aspects of the HIV programme were supported by the UNAIDS Joint Team partners.

In 2017, continued support will be provided to the MoH and other partners to effectively decentralize the management of the HIV programme at district and regional levels, improve the quality of service delivery for HIV patients, enhance the empowerment of HIV patients to ensure
their retention in the continuum of care, enhance the data collection and supply management system to ensure effective service delivery, and accelerate paediatric HIV care, especially early infant diagnosis. Cross-sectoral linkages to support integrated programming for children, women and adolescents will be supported with education, child protection, WASH and CD4.

The major linkage will be to strengthen the acquisition of life skills, including on comprehensive sexual education, early pregnancy prevention for adolescents, HIV patient capacity building for positive leaving, gender-based violence and social protection measures and menstruation hygiene. The behaviour change aspect and the use of new technologies for innovation to strengthen HIV response and adolescent leadership and participation will be supported with the C4D section. Adolescent key population will be addressed.

Finally, UNICEF and other United Nations agencies will support the MoH and the National AIDS Commission to strengthen the HIV response coordination mechanism.

**OUTPUT 1** By 2016, the necessary strategic and policy documents have been developed and the HIV/AIDS multisectoral response is coordinated, implemented, monitored and evaluated. (2012-2014) By 2016, the CNLS and key stakeholders in the fight against HIV and AIDS have developed the necessary strategic and policy documents and coordinate, monitor and evaluate the multisectoral response.

**Analytical statement of progress:**
With the support of a UNICEF national consultant, various strategic documents and management tools were developed, including the National AIDS Commission database, Option B+ guidelines, the HIV/AIDS Strategic Plan 2016–2017 and the HIV/AIDS Operational Plan.

UNICEF Central African Republic supported the revitalization of seven decentralized regional HIV bodies in Bambari, Berberati and Bouar, the supervision of 106 out of 156 (68 per cent) health centres in seven regions and seven coordination meetings in seven regions.

The paediatric HIV care situation analysis and the paediatric HIV Fast-Track plan for the Central African Republic are in progress with UNICEF financial and technical support.

To enhance data collection, in collaboration with UNAIDS, UNICEF Central African Republic provided technical and financial support to develop a new database for the National AIDS Committee, which includes the new UNAIDS guideline on the 90-90-90 strategy. In line with the global PMTCT priorities and the new WHO recommendations for the elimination of mother-to-child transmission of HIV, and in close collaboration with the MoH and WHO, UNICEF Central African Republic provided technical support to develop the Option B+ guideline in 2016. Technical support was provided to develop the HIV Strategic Plan 2016–2017 with a focus on four main areas: 1) the intensification of HIV and sexually transmitted infection prevention among youth and pregnant women to avoid new infections among children and adolescents; 2) the intensification of PMTCT; 3) prevention of blood transfusion; 4) the care of mothers, children and adolescents living with HIV and AIDS; and 5) the strengthening of HIV coordination and the monitoring and evaluation of key HIV results.

Concerning the decentralized coordination of the HIV national response, UNICEF supported the revitalization of the 04/16 prefectural technical team on the occasion of celebrating of World AIDS Day 2017.

In line with quality service improvement, UNICEF Central African Republic, with the partners of
the UNAIDS Joint Team and the Global Fund, supported the MoH to organize the supervision of health structures and regional HIV coordination meetings in seven regions. The National AIDS Council was supported to organize partner coordination meetings, revitalize decentralization bodies in seven regions to ensure decentralized HIV efforts and mobilization of partners and contribute to resource mobilization.

HIV patient management’s tools (patient files, mother-child cards) were developed through UNICEF with the financial support of the Central African Republic Paediatric Society.

In 2017, more emphasis and focus will be placed on capacity building of the decentralized HIV/AIDS committees at the prefectural level and coordination on and strengthening of the monitoring and evaluation of their activities. Partner meetings will also be strengthened to allow for better sharing of information and coordination of HIV activities across the country.

OUTPUT 2 By 2016, at least 60 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 12 targeted prefectures and Bangui. (2012-2014) 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:
A total of 156 health facilities offer PMTCT services, and 19 health facilities offer paediatric HIV care. UNICEF supported these facilities by providing supplies (drugs and lab tests) and training 250 health professionals. More efforts are needed to ensure the use of services by pregnant women, the provision of quality services, free access to care for children and adolescents, appropriate decentralization of paediatric HIV care outside the hospital, supplies for the family approach and at peripheral level, and the retention of women, children and adolescents in the continuum of care.

Despite ongoing insecurity in targeted districts, the reestablishment of PMTCT services and the scale up of paediatric/adolescent HIV care are underway, with an emphasis on community psychological support activities and patient empowerment. This has allowed for the establishment of 21 clubs sante (health clubs) in health facilities for HIV-positive pregnant and lactating women, led by expert women patients and four children’s support groups in Nana-Mambéré and Mambéré-Kadéï, which aim to increase the retention of HIV patients in the continuum of care. In addition, 36 health centres were reinforced with an additional health package, including psychosocial support and community activities in three health regions. Training of 44 peer educators and 44 teachers enabled the establishment of health clubs in 22 schools that provide weekly HIV awareness activities for school girls and boys. A total of 13,000 out-of-school adolescents and young people were counselled and tested for HIV.

Child-friendly HIV services were established in two locations, Bouar and Berberati, with HIV interventions at the community level and in schools. This included ensuring quality services, raising awareness and providing follow up for patients at the community level. These efforts were hampered by the ongoing insecurity and instability. Paediatric and adolescent HIV care have been neglected though there have been efforts to increase the number of paediatric HIV sites. As a lesson learned, the capacity building of HIV patients is a key way to ensure retention in the continuum of care.

In 2017, UNICEF Central African Republic will continue to support the scale up of PMTCT,
capacity reinforcement and resource mobilization, including supporting integrated PMTCT
services. In addition, the capacities of PMTCT sites will be strengthened in regards to the
treatment of paediatric HIV and the integration of reproductive health/PMTCT/paediatric
treatment of HIV/antiretroviral administration at all levels. Finally, access to screening, treatment
of HIV-positive pregnant women, exposed children, adolescents and partners of pregnant
women will be increased. At the community level, emphasis will be placed on reaching patients
who do not attend their scheduled meetings. UNICEF Central African Republic will align its
activities with the Fast Track Elimination of Mother-To-Child Transmission and Access to ART
for Children and Adolescents in the West And Central Africa Region strategy in line with the
2015 Dakar Call To Action. In addition, UNICEF Central African Republic will support activities
related to HIV prevention among adolescents, in particular for most-at-risk adolescents, as well
as access to testing, counselling and ART services, with emphasis on vulnerable adolescent
girls who are in and out of school.

OUTPUT 3 By 2016, 80 per cent of emergency-affected population has access to relevant HIV
and AIDS prevention, care and treatment services, e.g., post-rape care including post-exposure
prophylaxis, sexually transmitted infection treatment, PMTCT and ART and population including
children and young people previously on HIV-related care and treatment continue to receive
antiretrovirals for PMTCT. (2012-2014) By 2016, 100 per cent of PMTCT sites provide ART
(prophylaxis and treatment) for women, their partners and children who tested HIV+ in the 13
targeted prefectures and monitor those who drop out.

Analytical statement of progress:
Efforts to offer and improve HIV/PMTCT awareness, paediatric HIV and to offer services in
health structures and IDP sites are ongoing. UNICEF Central African Republic supported the
MoH and ANJFAS to organize mass campaigns and testing for displaced communities. As a
result, 2,000 internally displaced persons were tested in Bimbo and Bangui IDP camps through
ANJFAS.

UNICEF Central African Republic supported the ‘lost to follow-up’ activities through the people
living with HIV forum (local NGO RECAPEV) and ANJFAS. RECAPEV in Bangassou received
support to trace ‘lost to follow-up’ patients and develop income-generating activities.

However, the advanced strategy of using mobile clinics to reach non-accessible areas or areas
without health centre coverage needs to be strengthened, as does the integration of HIV into
cross-sectoral activities. Another challenge has been the lack of capacity of local organizations
to undertake community activities.

In 2017, UNICEF Central African Republic will support the capacity building of the UNICEF
zonal team in the implementation of advanced strategy activities (e.g. mobile clinic and
community testing). In addition, the participation of adolescents in IDP camps as partners on
their health but also as agents for change will be strengthened (for case finding, reductions in
‘lost to follow-up’ patients and community mobilization).

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:
In 2016, the WASH programme continued to provide drinking water to the most deprived
populations and emphasized this intervention in communities of return, schools and health
centres in collaboration with the Government, national and international NGOs and private enterprises.

As part of the UNICEF strategy of building institutions in fragile contexts, UNICEF provided enhanced support to the Government to ensure both humanitarian and non-humanitarian-related WASH sector coordination, knowledge management and monitoring. Fifty per cent of National Agency for Rural Water Supply and Sanitation offices were redeployed and strengthened at the provincial level.

The WASH programme contributed to implementing durable WASH infrastructure that benefited affected populations living in IDP camps and communities of return. Fifty-two new water points, including 32 manually drilled boreholes, were constructed, and 401 water points were rehabilitated, benefiting 246,000 people. Support was provided to SODECA in the form of chemicals and water treatment products during the cholera outbreak. A total of 17,000 kilograms of chlorine (calcium hypochlorite) and 80,000 kilograms of aluminium sulphate were provided to SODECA to ensure a sufficient quantity and quality of water in Bangui and prevent a rupture in stock. This contributed to controlling the outbreak in Bangui as areas that are served by the SODECA network did not face a shortage in good quality water (residual chlorine levels were at least 0.5 parts per million).

In terms of the emergency WASH response, UNICEF Central African Republic assisted the most-affected people and internally displaced persons at risk through the provision of safe drinking water to more than 486,000 affected people. In addition, 88,000 people have access to newly constructed latrines, and 14,313 families received WASH kits.

Regarding humanitarian coordination, UNICEF effectively led WASH Cluster coordination at both the national and field levels, with dedicated cluster coordination and information management capacities at the national level and cluster coordinators double hatting in the zonal offices. As a result, 846,554 people living in conflict and cholera-affected settings in Bangui and the countryside were provided with safe and potable water. UNICEF Central African Republic leadership also enabled the mobilization of US$7 million (19 per cent of the total amount requested in the sectoral 2016 Humanitarian Response Plan) for the sector from the Central African Republic Common Humanitarian Fund - a pooled funding mechanism.

In the framework of the implementation of the Community-Led Total Sanitation (CLTS) approach, 286 villages were triggered, and, of these, 240 villages (with a population of 148,082 people) were declared open defecation free (ODF) in Lobaye and Ombella-Mpoko provinces. The section’s institutional WASH component was focused on the provision of drinking water to 13,260 schoolchildren in 40 schools, and 33 health centres were equipped with functional boreholes for the provision of water to more than 17,500 patients. In addition, gender-separated latrines and showers composed of two cabins each were constructed in 15 health centres and made accessible to 7,995 patients.

In 2017, the WASH programme will continue to roll out interventions for deprived people in communities of return, as well as in schools and health centres. In the meantime, the programme will contribute to the preparation of the new CPD for 2018–2022. It is expected that areas around the country will be more secure and accessible moving forward.

**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:
Enhanced support was provided to the government to ensure WASH sector coordination, knowledge management and monitoring.

Regarding WASH sector policy and strategies, the Government has a clear vision for WASH-related strategies that are well positioned in the RCPCA that were presented at the Brussels Conference for the Central African Republic. The process of preparing this important document also facilitated an internal discussion between the Government and its NGO partners regarding the alignment of policies and strategies to the SDGs. UNICEF was part of this process and also provided technical support. A list of key indicators for the WASH sector will be validated in early 2017.

The Government was actively involved in Sanitation and Water for All initiatives, participated in the Addis Ababa meeting and submitted on time the status of the implementation of national engagement for the WASH sector. These efforts resulted in government engagement in the establishment of the National Coordination Platform, as well as the effective implementation of the Kigali Action Plan to Improve WASH in the Central African Republic.

Institutional WASH presence was strengthened through the deployment of National Agency for Rural Water Supply and Sanitation offices at the national and provincial levels. UNICEF continued to reinforce the coordination, implementation and monitoring capacity of the Agency in eight provinces. As part of the UNICEF strategy of building institutions in fragile contexts, these local offices are involved in WASH service provision and serve as bridges between local communities and the central administration. Support was also provided to the Government to ensure their responsibility and leadership in the transition from emergency to early recovery to the development process.

With UNICEF’s technical support and continuous advice, the Government is progressively taking the driving seat in the area of humanitarian coordination leadership, as a transition plan at both national and sub-national levels. In this regard, capacity-building activities through the end of 2017 were discussed, agreed upon, formalized and are currently being implemented. A clearly visible outcome of this process is the appointment by the General Directorate of Hydraulics of dedicated capacities (two staff members) for coordination and information management and the relocation of the venue for cluster meetings to their office. Furthermore, support for updating the national WASH database and monitoring and knowledge management mechanisms are being established.

OUTPUT 2 By 2016 drinking water points are available for at least 70 per cent of people in targeted areas of the programme (including 70 per cent of health facilities (FOSA) and 50 per cent of primary schools); and a community management and maintenance system for hand pumps is developed and functional.

Analytical statement of progress:
Some 246,000 people in targeted communities now have access to safe drinking water. This was made possible through the rehabilitation and construction of water points. In total, 52 new water points, including 32 manually drilled boreholes, were constructed, and 401 water points were rehabilitated. Both water point construction and rehabilitation included the establishment of water point management committees, as well as training and equipment. The installation of water point committees is essential, as this contributes to the maintenance and operation of water facilities and improves community ownership and social cohesion. Despite difficult access
to some areas due to poor security, the water provision programme was undertaken well. The capacity of implementing partners is improving due to the exchange of experiences between private sector companies and governmental institutions. UNICEF Central African Republic also supported government capacity for monitoring and performing quality control of water infrastructures and services provided both through UNICEF support and by other sector partners. The General Directorate of Hydraulics conducted 15 visits to eight sub-prefectures to monitor more than 450 water facilities/points including those newly constructed and rehabilitated in Bangui and the countryside.

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

**Analytical statement of progress:**
In 2016, one major activity related to the CLTS approach was to develop the capacities of local NGOs to scale up their activities. Thirty-four facilitators from six NGOs were trained, and a pool of 14 trainers was established. The WASH line minister approved the establishment of CLTS committees at the provincial level and is responsible for ensuring local coordination, ODF certification and post-ODF monitoring.

In total, out of 286 villages that were triggered, 240 villages (with a population of 148,082 people) were declared ODF in Lobaye and Ombella-Mpoko provinces.

Follow up on CLTS will continue and will include the promotion of good hygiene practices within households, as well as also community-based initiatives to ensure community ownership and sustainability of interventions.

The CLTS Implementation Strategy is under revision and will be validated by national stakeholders. In addition, the documentation of CLTS lessons learned and good practices will continue.

**OUTPUT 4** By 2016, at least 70 per cent of health facilities (FOSA) 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 2016, the institutional WASH component was focused on the provision of drinking water to 13,260 schoolchildren in 40 schools, and 33 health centres were equipped with functional boreholes to provide potable water to more than 17,500 patients. All water points were managed by established water point committee members, including in hygiene clubs, with committees responsible for the maintenance and operation of the infrastructure.

Gender-separated latrines and showers composed of two cabins each were constructed in 15 health centres and made accessible to 7,995 patients. New latrines are under construction in 19 schools and 10 health centres and were to be finalized before the end of December 2016.

Hygiene education was developed and conducted in targeted schools and health centres, including through capacity development for teachers on hygiene sensitization, the establishment of hygiene clubs in schools and the establishment of WASH committees in health centres.
**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 2016, the institutional WASH component was focused on the provision of drinking water to 13,260 schoolchildren in 40 schools, and 33 health centres were equipped with functional boreholes to provide potable water to more than 17,500 patients. All water points are managed by established water point committee members, including in hygiene clubs, with committees responsible for the maintenance and operation of the infrastructures.

Gender-separated latrines and showers composed of two cabins each were constructed in 15 health centres and made accessible to 7,995 patients. New latrines are under construction in 19 schools and 10 health centres and will be finalized before the end of December 2016.

Hygiene education was developed and conducted in targeted schools and health centres, including through 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.

**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 MoE, supported by UNICEF and its implementing partners, donors and other important stakeholders in the education sector, has made notable progress towards the objective set through this outcome, with the improvement of access, quality and governance in the education sector. Updated MoE statistics for 2015–2016 record a gross enrolment rate of 95 per cent, with an increase of 5 per cent in the number of primary students compared with 2012. This increase can be partly explained by the current context wherein many overaged students who may have missed out on educational opportunities enrol in primary school later.

However, this progress and the recovery of the education sector in general were constrained by sporadic spurts of violence in 2016, notably in the regions of Kaga-Bandoro and Bambari, despite the election of the President in March 2016. As a result, only 76 per cent of schools were functioning in 2016, though this still represents an improvement compared with 2014 when approximately 65 per cent of schools were closed.

In addition, measuring progress in terms of access to education has proven challenging due to a significant lack of recent data pertaining to the education sector, both in terms of supply and demand. As of December 2016, the most recent estimate for the number of primary school-aged children (approximately 750,000) in the Central African Republic was for 2011. Assessing quality also remains a challenge due to the lack of relevant data, which has been the case since 2011–2012. As such, retention rates are not available for 2016. To address this, UNICEF supported the reestablishment of the EMIS in 2015–2016; therefore, this information will be available in 2017.

Another constraint to progress towards this outcome is the relatively low proportion of the national budget allocated to education (9 per cent). Finally, poor infrastructure and road conditions further hamper access to education. As a result, some of the more isolated rural
areas of the Central African Republic have proven difficult to reach through UNICEF programming, notably in the north-eastern districts (Vakaga, Bamingui-Bangoran, and Nana-Gribizi).

Despite these constraints, UNICEF has contributed to improving access to quality education for children in the Central African Republic through EiE programming, institutional support to the MoE and activities planned as part of the flagship GPE and EU programmes. In 2016, UNICEF supported 10 national NGOs to implement EiE programming, as well as 13 NGOs under GPE and EU programming. Activities include teacher training, oversight and supervision of teachers, capacity building through the provision of financial and technical assistance, and the distribution of teaching and learning materials.

EiE programming has allowed for the provision of a safe and secure learning environment for 40,258 children (67 per cent of target), 49 per cent of whom are girls, in 223 TLS created in 41 IDP sites. The quality of education was improved through the distribution of learning materials for 59,114 children as part of this response. Through the GPE and EU programmes, UNICEF supported NGOs to distribute a total of 779,544 textbooks and 12,428 teachers' guides, covering approximately 50 per cent of teachers' and children's needs in the Central African Republic. UNICEF contributed to reinforcing service delivery, ensuring access to education and addressing the issue of damaged or destroyed infrastructure by supporting the construction of nine schools (of which five are completed and four are ongoing), carrying out heavy rehabilitation of three schools with three remaining for completion in early 2017, and carrying out light rehabilitation of 136 schools with 61 schools still underway. With funding from the Government of Japan, construction was completed in all the 50 targeted schools.

Finally, holistic and cross-sectorial programming and efficient partnerships in 2016 have significantly contributed to increased access to quality education for children in the Central African Republic. As part of a national initiative to support the 2016/17 school year, the UNICEF Central African Republic education team worked closely with other UNICEF sectors through staff missions to support the official opening of schools throughout the country. A ministry-led steering committee made up of education stakeholders, including UNICEF education and C4D staff, teacher union representatives, NGOs and other education partners, developed and disseminated key messages through various media to ensure that children returned to classrooms at the start of the academic year in September 2016. In coordination with the MoE, education, protection and health staff provided training for more than 883 teachers and education authorities that included psychosocial support, good health and hygiene practices, and cholera and HIV/AIDS prevention and awareness messages. The UNICEF Central African Republic education team also worked closely with the protection section to monitor and report on attacks against education through the MRM.

**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:**

Progress has been made towards realizing this output thanks to the efforts of the MoE with the support of UNICEF and partners. However, due to a significant lack of updated data, measuring this progress represents a significant challenge. In addition, security continued to constrain access to education in 2016, with the majority of prefectures in the Central African Republic assessed as ‘conflict-affected’. MoE statistics updated for the 2015/16 school year record a gross enrolment rate of 95 per cent with an increase of 5 per cent in the number of primary
students compared with 2012. Despite the redeployment of authorities at the local level, approximately 24 per cent of schools remain closed [2].

UNICEF Central African Republic continued to support the return of children to school where access was possible. Key actions undertaken by UNICEF to improve access to preschool and primary school include the construction and rehabilitation of schools and sanitation facilities and the provision of learning materials and equipment for these schools.

Under GPE and EU programmes, UNICEF Central African Republic supported 389,772 primary-school-aged children (48 per cent of enrolled children) to return to 900 schools (pre- and primary) in all conflict-affected prefectures through the distribution of learning materials and the rehabilitation of classrooms and sanitation facilities.

Through the implementation of the EU-funded programme, UNICEF successfully maintained 166,804 children in the 300 target schools located in four prefectures (Ombella-Mpoko, Kémo, Nana Gribizi and Bamingui-Bangoran) and in the capital Bangui. In addition, with EU funding, educational supply was improved through the rehabilitation of 46 primary and preschool classrooms with related facilities (37 latrine blocks, 37 water points and 37 handwashing facilities) and the provision of school furniture and office space.

Key results of the GPE programme include the distribution of school materials to 222,968 children in 600 schools in 12 prefectures (Ouaka, Ouham, Ouham-Pendé, Nana-Mambere, Mambere-Kadei, Mbomou, Haut Mbomou, Vakaga, Sangha-Mbaere, Basse-Kotto, Haute-Kotto and Lobaye), as well as the rehabilitation of 93 schools and the construction of five schools as of December 2016.

Support for the restoration of basic social services under the Kekereke programme continued in 2016 with the completion and handover of 12 additional schools with the integration of WASH facilities, including segregated latrines for girls and boys and handwashing facilities. Schools supported under this project have been furnished with locally constructed tables and benches for students and teachers.

[1] Net enrolment rate is not available.

OUTPUT 2 By 2012, 50 per cent of boys and girls of primary school age in situations of conflict have access to education.

Analytical statement of progress:
Sector coordination improved considerably in 2016 thanks in part to UNICEF support as cluster lead and sector coordinating agency for humanitarian and early recovery efforts. This has helped define interventions based on needs and government priorities, mobilize resources and create synergies among partners to improve the coverage and quality of education.

In 2016, it was estimated that approximately 400,000 children were affected by the ongoing crisis in the Central African Republic. In the 2016 Humanitarian Response Plan, based on government and partner capacity and available resources, the Education Cluster in collaboration with the MoE targeted 70,000 children in areas affected by the ongoing crisis to benefit from TLS and 350,000 to receive learning materials. Based on these targets and the
capacity of the Government and partners, UNICEF targeted 60,000 and 300,000 children, respectively. Under EiE programming, UNICEF Central African Republic, in collaboration with the MoE and implementing partners, supported 223 TLS for 40,258 children (49 per cent girls) and provided 59,114 children (49 per cent girls) with learning and play materials in areas affected by the ongoing crisis. In order to improve the overall quality of teaching and learning in the TLS, training for EiE teachers, which is carried out by MoE and UNICEF staff, included basic pedagogical content and psychosocial support.

UNICEF Central African Republic supported the Education Cluster to raise awareness on reporting attacks against education through the MRM. In 2016, a total of 17 cases were reported through this system. In addition, EduTrac provided a channel through which to report attacks on schools, including looting, occupation, destruction and violence.

With technical support from the West and Central Africa Regional Office, UNICEF Central African Republic provided psychosocial training for 81 education authorities (17 per cent women) and 400 teachers (53 per cent women) in response to the need expressed by school directors, teachers and education authorities to be better equipped to support children who have been exposed to or traumatized by violence and conflict. This training packet will be rolled out in all 10 teacher training centres throughout the country in 2016–2017. UNICEF continued to work closely with MoE officials and local partners to coordinate the EiE response. In this regard, UNICEF worked with the MoE to conduct needs assessments in conflict-affected areas such as Bria, support the humanitarian funding process by assisting partners in the elaboration of proposals, document cases of attacks against schools (17 cases), advocate against the occupation of schools and abolish enrolment fees.

**OUTPUT 3** By 2016, the Gender Parity Index in primary schools is 0.95 in the post-conflict prefectures.

**Analytical statement of progress:**
The latest data available from 2016 records a Gender Parity Index in primary schools of .80 at the national level.

To positively impact gender parity, the UNICEF Central African Republic education section mainstreamed gender desegregation into data collection to facilitate gender-sensitive programming that performs well against gender markers and indicators.

In addition, to better respond to girls’ education needs, the UNICEF education section strived to achieve gender parity in training for teachers, school directors, parent-teacher associations and local education authorities. Moreover, a module on ‘gender, peace and development’ has been included in the preservice and in-service teacher training.

The promotion of girls’ education was integrated into the Back-to-School campaign and, through community mobilization campaigns, carried out by local community leaders.

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

**Analytical statement of progress:**
UNICEF Central African Republic undertook several initiatives to ensure children remain in school and receive quality education. In 2016, UNICEF Central African Republic programming included the provision of textbooks, both pre- and in-service teacher training, improving the
capacity of local education authorities to carry out effective teacher supervision, supporting the provision of testing in an open and transparent environment and advocating for quality education as an entry point to promote peace and social cohesion.

In 2016, teaching and learning materials such as textbooks and school kits were distributed to 389,772 children and 6,214 teachers, increasing the average student to textbook ratio in the Central African Republic from 4:1 to 2:1 (statistics yearbook 2015–2016). In an effort to increase the number of qualified education personnel, 500 teachers participated in pre-service training using a contextualized pedagogical package including psychosocial and peace education modules. Furthermore, 1,518 community teachers (30 per cent of the estimated number of community teachers nationwide and 812 teachers with a diploma) received pedagogical support through in-service training.

As for learner assessment and certification, the MoE organized official examinations and admission tests (distribution of tests and collection of copies, pedagogical supervision and follow up, etc.) within the framework of teacher recruitment and the validation of students’ achievements, with UNICEF financial support.

The MoE monitoring and supervision capacities at the central and decentralized levels were strengthened through the provision of six off-road vehicles and 27 motorcycles. This equipment was delivered to the MoE in Bangui, the inspections d’académies and secteurs scolaires at the local level.

UNICEF also advocated to position quality education as a major contributor to peacebuilding and social cohesion in the Central African Republic. Thanks to this advocacy, foundations were laid for the development of peacebuilding initiatives, such as the training of 70 teacher trainers on peacebuilding; training for parent-teacher associations on culture of peace, conflict resolution and social cohesion; the establishment of child government activities to promote student participation in school governance; and the implementation of school-level violence reduction plans.

OUTPUT 1 By 2013, policies, strategies and budgets on equity, gender, early childhood and parent-teachers are prepared and adopted.

Analytical statement of progress:
More than 50 per cent of the teaching pool in the Central African Republic is made up of parent-teachers, which has a direct impact on the quality of education. These parent-teachers lack official teaching credentials and often only have a basic education. UNICEF has strived to harness the motivation and potential of the parent-teachers by supporting teacher training for 1,518 parent-teachers and the provision of nominal monthly stipends through the GPE and EU programmes.

In 2016, UNICEF also supported the MoE to provide pre- and in-service training to 1,312 teachers (500 teachers for pre-service training and 812 teachers for in-service training). This training included instruction in basic pedagogical skills to ensure quality training so that children have basic skills in reading, writing and math. In total, 2,830 teachers participated in teacher training in 2016, representing approximately 56 per cent of the entire teaching pool in the Central African Republic.

In parallel, as a way of contributing to a conducive learning environment and improved learning outcomes, UNICEF’s implementing partners under GPE and EU-funded programmes distributed
779,544 textbooks (French and math) and 12,428 teachers’ guides, providing coverage for more than 50 per cent of student and teacher needs in the country. UNICEF also provided basic teacher and student materials (school-in-a-box, recreation kits and locally purchased items) to 389,772 students and 6,214 teachers.

In addition, the UNICEF education section worked closely with the MoE to ensure that important teacher issues were raised as a main priority during the joint sector review, with a focus on teachers who were based in remote areas. To support advocacy, planning and policy development, UNICEF carried out a study on the ‘status of teachers’, which identified key strategies for improving the overall management and supervision of parent-teachers. The issue of teachers was included in the Central African Republic Recovery and Peacebuilding Plan (2017–2021) and will feed into the sector analysis that will be developed in 2017.

UNICEF also supported the provision of school materials to 4,415 classrooms and provided training for 467 members of parent-teacher associations on school governance to foster a better learning environment.

UNICEF Central African Republic will continue to support teacher trainings, school construction and the rehabilitation and distribution of school furniture to improve the learning environment in 2017.

**OUTPUT 2**

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

**Analytical statement of progress:**

In 2016, institutional support provided to the MoE focused on 1) the restoration of the EMIS; 2) sector plan implementation and review, coordination and strategic planning; and 3) school monitoring.

The restoration of the EMIS was mainly achieved through the strengthening of the MoE Statistics and Planning Unit. This support was operationalized through joint technical support from UNICEF and the UNESCO Institute for Statistics, which consisted of a diagnosis and the implementation of an action plan aimed at restoring the EMIS and building national capacity using the ‘learning by doing’ approach at all phases of the EMIS cycle. With regard to the implementation of the action plan, the key achievements included the update of the list of schools and the revision of the questionnaires for preschool, primary, secondary and vocational training, as well as the rehabilitation and equipment of the MoE computer laboratory, the training of MoE personnel on data collection and the validation and dissemination of the 2015–2016 *annuaire statistiques*.

One of the key contributions of UNICEF education programming to the implementation of the transition plan is the provision of human resources, equipment and means of communication to restore the core administrative functions of the MoE. Technical assistance was also provided to assess progress made on the three-year Education Transition Plan and to reflect on key education issues. This led to the formulation of recommendations focusing on reducing disparities, teacher qualification and management, and governance, particularly improving the Government’s commitment to financing the education sector.

In addition, to inform stakeholders on the state of education and guide programming in this sector, three studies were undertaken during the reporting period. They include: 1) the impact of conflict on the education sector; 2) the state of alternative education; and 3) the conditions of
teachers in the Central African Republic. Information from these studies laid the foundation for important policy and planning decisions in regards to the conflict-sensitive education strategy, teacher qualification and management, and non-formal education. As part of ongoing efforts to promote decentralized monitoring and better decision-making at the centralized and decentralized levels, UNICEF, in collaboration with the MoE, has been using EduTrac, an innovative method of collecting real-time school data via SMS from school principals. Four surveys on children and teacher’s presence, student success rates in school, availability of WASH facilities and schools receiving pedagogical support from local authorities were conducted for the 2015/16 school year. This system was also used by communities to provide alerts regarding attacks against schools.

In 2017, UNICEF, in collaboration with the MoE and AFD, will support the elaboration of the RESEN and other important studies to support sector analysis and planning.

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:

In 2016, over 140,000 children targeted, 84,026 vulnerable children (32,970 girls) received holistic assistance through several child protection structures to ensure alternative care to institutionalization. These results were achieved with a strong contribution from the emergency component of the programme. The re-establishment of the institutions and services in charge of child protection has been a challenge due to security-related issues and, as a result, system strengthening was hampered. The security situation was characterized by clashes between several factions of the armed groups throughout the year as well as confrontations between them and increasing intercommunal violence.

Since the operation of the National Coordination of Child Protection framework, several meetings were organized by the Child Protection Sub-Cluster and other thematic groups (child marriage, birth registration, justice) under the leadership of state services, with technical advice by UNICEF. This enabled the inclusion of child protection issues such as child DDR and child marriage within national priorities, positioning these issues well for support from the international community.

Joint efforts from the national civil societies (AFJC, ESF, FAHP, AFRBD etc.) and international organizations (WCUK, SCUK, IRC, Plan International, COOPI, etc.) to support government structures (the Special Police Unit for Children, children’s courts, civil registration services and social affairs) were key to achieving these results.

At the national and prefectural levels, UNICEF developed strategic partnerships with UNFPA, MINUSCA, the United Nations Development Programme (UNDP), United Nations Police (UNPOL) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) to efficiently achieve planned outputs (1,493 social workers and actors were trained in the area of justice, more than 24,984 children were registered and received birth certificates, etc.). Though we made progress as compared with 2015 and fulfilled the annual target, there is still room for improvement given the overall needs of the country.

Another progress made during the reporting period was in regards to the revision of policies and legislation as compared with 2015. The National Child Protection Policy is being revised under the leadership of the MoSA in close collaboration with other sectors (education, health, labour and social welfare, youth, etc.). The draft provides the vision and important strategies and an action plan that will allow the vision to be realized.
In addition, the Government has fulfilled its commitments under the Convention on the Rights of the Child and the ACRWC. After submitting the periodic report in 2011, as well as the supplementary information requested by the committee members, the Central African authorities will be able to present the report in January 2017 to the Committee on the Rights of the Child.

The experience of 2016 showed that the programme would benefit children and communities when a systemic approach is developed, regardless of whether there is an emergency context. The programme will reinforce upstream interventions, which will also enrich downstream actions in the field. Strategic partnerships should be enhanced to leverage resources for the child protection sector.

The lessons learned in 2016 will be incorporated into 2017 strategies by accelerating the finalization and implementation of thematic strategies associated with the Child Protection Policy. UNICEF will increase its readiness to strengthen the capacity of counterparts, including civil society and government offices, in the area of child protection. UNICEF will also support interventions such as the development and implementation of regular monitoring and evaluation.

**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 CRC.

**Analytical statement of progress:**
The Government of the Central African Republic fulfilled its commitments under the CRC and the ACRWC. The Central African Republic’s periodic report will be presented to the Committee on the Rights of the Child on 20 January 2017. The Optional Protocol on the involvement of children in armed conflict and the ACRWC were signed and transmitted to the respective bodies.

At the domestic level, the Child Protection Policy is under revision and will be finalized in early 2017. The Policy takes into account certain relevant issues, such as child marriage, children in armed conflict and violence against children including violence related to accusations of witchcraft.

UNICEF has worked with several national and international civil society partners, as well as United Nations agencies (MINUSCA, UNDP, UNFPA and UN Women) on advocacy efforts aimed at the achievement of these outcomes.

No progress was made with regard to the activation of the national coordination framework, which is supposed to be led by the Prime Minister according to the existing texts. This framework, which has existed for several years, has not been activated despite the establishment of a new government. Ongoing armed conflict in the country resulted in the Government shifting its priority towards emergency response rather than the development of policies and strategies.

However, to overcome these challenges, with UNICEF technical and financial support, several thematic coordination groups covering issues such as violence, child marriage and child DDRR have been established at the national level and in all four field offices to discuss strategies and maintain children’s issues on the political agenda.
The collaboration with UN Women, UNFPA, WHO, MINUSCA and the MoSA on the issue of child marriage contributed to the development of a workplan to guide support throughout 2016–2017, while a national strategy and communication plan to accelerate the elimination of harmful practices including violence and child marriage is finalized.

Following the leading role of sectors such as education and health, the MoSA, as the Secretary of the CNPE (Comité National de Protection de L'Enfant), intends to systematically organize reviews of the child protection sector with UNICEF support. This framework will provide greater clarity on interventions in this area, allowing the Government to take the lead on developing priorities, coordinating interventions before implementation and organizing follow up and the evaluation of ongoing programmes.

**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:**
Sixty-two children (12 per cent of the annual target), including six girls, were in conflict with the law in Bossangoa, Bangassou, Bangui, Bimbo, Begoua and Bouar. More than 97 per cent of the crimes committed by these children were minor offenses such as theft and accusations of witchcraft. The minimum number of children reached is due to challenges related to the impact of the conflict on judicial services: 1) state services have been looted, destroyed and lack personnel, and in areas where staff exists, armed groups do not support their effective service recovery; and 2) populations resort to traditional justice, which is highly influenced by armed groups.

Despite the gradual return of the administration service, access to jurisdictions for monitoring the situation of children has been extremely difficult. In areas such as Bambari, Kaga-Bandoro, Ndale and Birao, despite the presence of judicial authorities, the leaders of armed groups have complete control. Moreover, most of the appointed actors in juvenile justice do not take posts in the field for security reasons or stay outside of the country for other reasons (i.e. the judge for the children’s court in Bangui).

UNICEF will continue to participate in the Joint Project on Justice (MINUSCA, UNDP, UN Women and UNFPA) to train justice actors. In addition, in coordination with gender-based violence/SEA partners, several other participants of the criminal chain, including those of the Special Police Unit for Children were and will continue to be trained on psychosocial support.

The joint project provides an opportunity for improving access to justice for offenders, especially children. This project includes the training of judicial and social actors as well as the rehabilitation of infrastructure of the Special Police Unit for Children which is located on the premises of the Criminal Police Department.

The active and technical participation of UNICEF in the National Coordination Framework on Justice represents an opportunity to facilitate children’s access to the justice system in the Central African Republic with funding from other donors. This presence will be increased by both the technical and management team for advocacy.
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 and education.

Analytical statement of progress:
Out of 3,000 vulnerable children, 1,392 children, including 100 girls, were identified and assisted by civil society partners and government service providers. Assistance was provided to children in institutions, children placed in foster families and children living and working in the street.

Other vulnerable children who are not in conflict zones have been able to receive assistance despite the shortage of funds and the emergency context. Donors who are willing to fund ‘out-of-emergency interventions’ are rare. However, investing in non-emergency interventions can reduce the vulnerability of the families and communities as a whole and prevent from child protection issues during emergency situations.

The combination of the risks to which these children are exposed and the vulnerability criteria help to integrate vulnerable children as beneficiaries for a package of responses. The programme allows vulnerable children such as children living and working in the street and children associated with armed groups in the capital Bangui to be integrated into the SEA response package. This approach focuses on systemic and holistic interventions that address vulnerabilities instead of children’s categories.

With the involvement of a coalition of eight national NGOs (RFERC), as well as the international NGO Triangle, access for children living and working in the street, their families and child survivors of violence, including those accused of witchcraft, was facilitated.

By reducing vulnerability, parents will be empowered economically and will be capable of monitoring their own children through the introduction of safety nets, which complements the current package within the child protection programme. Vulnerability criteria will be developed through a large consultation with various stakeholders in a specific area. A cash transfer pilot project will then be developed in coordination with the social policy section within the current programme cycle.

OUTPUT 4 By 2014, officials of key ministries 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 2010 MICS, 39 per cent of children under 5 are not registered at birth. This situation was worsened by the humanitarian crisis, which was accompanied by the destruction of civil registration offices (192) throughout the country. The lack of civil registration support documents has also worsened the situation; few birth registrations have taken place since December 2013, except in districts in Bambari, Bangui, Begoua, Bimbo and Damara.

During the reporting period, only 14 per cent of the target population (178,000 children) were registered (a small increase (5 per cent) as compared with 2015).

With respect to the context, there were no major changes. The absence of civil registrars at the decentralized level and the destruction of infrastructure continued to impede the registration of children across the country.
Because of the above-mentioned constraints, the supervision and coordination of birth registration activities remains a challenge. UNICEF along with partners such as UNFPA and World Vision provide technical, material and financial support to the Government’s technical services.

With technical and financial support from UNICEF, new initiatives have been developed with the health sector to ensure the registration of children. Tangible results are expected for 2017, as initial steps involved capacity building and training of health workers in the maternal health sector.

For 2017 and beyond, there are several opportunities for birth registration. UNFPA will work jointly with UNICEF to undertake an evaluation to better understand the issues and obstacles for systematic birth registration. This will, eventually, enable the Central African Republic to reposition itself in the African Civil Registration and Vital Statistics Initiative supported by the African Union and the African Development Bank. UNICEF will strengthen its collaboration with UNDP to ensure the registration of late declarations in the area of Bangui.

With the hope that peace will gradually return, allowing for the acceleration of the deployment of civil servants, UNICEF will continue to support the Government to undertake a nationwide birth registration campaign, rebuild civil registration services in various districts and strengthen collaboration with the health system.

**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:**

On the operational side:

- Out of 4,500 children identified within the ranks of armed groups, 3,982 children, including 1,222 girls, were verified and supported by UNICEF partners who contributed to more than 99 per cent of the support provided to them. More precisely, 82 per cent of the children were affiliated with Anti-balaka groups and 18 per cent with ex-Seleka groups. A total of 2,256 children (60 per cent) benefited from a community reintegration programme.

- Out of 140,000 children targeted, 56,226 received psychosocial support in 65 child-friendly spaces. This was lower than the expected target for the following reasons: the decision of some NGOs such as Save the Children to stop their field operations in the Central African Republic, the improved security situation, the return of internally displaced persons to their communities and the increase in the number of schools that provide care to children. Through the implementation of activities in child-friendly spaces and talks with children and parents, 460 children were identified as separated and unaccompanied. Out of the 1,460 identified children, 317, including 78 girls, were reunited with their parents.

- A total of 9,046 survivors of gender-based violence (23 boys, 1,104 girls, 799 men and 7,120 women) were assisted by various partners. Among these survivors, 1,733 were survivors of sexual violence. In response, UNICEF and its partners provided holistic
assistance packages to survivors. The vast majority of these survivors participated in several investigations conducted by OIOS and investigators of troop-contributing countries.

Major achievements were realized at the strategic level. Child DDR was endorsed by the Government as a part of the National DDRR Programme. In addition, through high-level advocacy, UNICEF has been invited by the Head of the President's Office to take part in two strategic levels of coordination: one chaired by the Head of State and the other chaired by the Minister in charge of DDRR/security sector reform/national reconciliation to monitor the implementation of the National DDR Programme.

The partners that contributed to these achievements are both international NGOs and national NGOs such as IRC, Save the Children, Plan International, COOPI, War Child, NDA, Esperance, Enfants Sans Frontière, AFEB, AFRBD, AFJC, CRAED, and Béthanie.

Even though the release of children and the dialogue with armed groups has continued, an action plan with armed groups has not yet been signed. In coordination with the MINUSCA’s child protection section, dialogue with armed groups has been maintained in the context of constant clashes within the different factions of ex-Seleka and between ex-Seleka and Anti-balaka.

UNICEF has played a major role in identifying, communicating and responding to SEA cases involving children as alleged survivors. At the global, regional and national levels, UNICEF participated in the development of tools (interview protocol and information-sharing protocol) and participated in national policy framework meetings with MINUSCA (political and technical), UNFPA, UNHCR and OCHA. UNICEF Headquarters provided nearly US$2 million to support field operations.

The international conference on DDR, organized with technical and financial support from UNICEF and in collaboration with MINUSCA and the Office of the Head of State, contributed to maintaining contact with armed groups and reinforcing the vision on child DDR that has been implemented since 2014. Implementation of the national PNDDR with funds raised at the Brussels Conference on the Central African Republic will accelerate the implementation of activities, strengthen coordination and minimize the return of children to armed groups.

OUTPUT 1 By 2017, children associated with armed forces and armed groups, including self-defence groups, are released and receive multisectoral support for their rehabilitation and reintegration into their families and communities.

Analytical statement of progress:
In 2016, 3,982 children out of 4,500 associated with armed groups, including 1,222 girls, have been released from the ranks of armed groups through collaboration with Caritas, AFEB, War Child, IRC, Don Bosco, Plan International, under the coordination of the DDRR Working Group, the MoSA and MINUSCA. Children released from armed groups were assisted in 369 foster families.

Among the released children, 2,256 released from armed groups benefited from psychosocial support and underwent vocational training in Bangui, Bambari, Bossangoa, Bouar, Bocaranga, Kouango and Kaga-Bandoro.

Limited reintegration opportunities in communities and limited capacities for vocational training
in various prefectures made socio-economic reintegration of children challenging.

The results show clear disparities between armed groups. Most released children were from the Anti-balaka and self-defence groups. Most of these children were self-demobilized. UNICEF is the Government’s main partner in child DDR.

The clashes that have taken place between ex-Seleka factions over the last few months in Kaga-Bandoro, Bria, Kouï and Bambari do not favour the release of children and may have a negative impact on child recruitment.

Ninety-nine per cent of the child DDR results were obtained thanks to funding from donors such as the EU, Belgium, Denmark, France, Japan, the Netherlands, Spain and Switzerland.

With the validation of the National DDR Strategy and Plan, and in line with the donor roundtable in Brussels, UNICEF Central African Republic will advocate for more funding for community-based reintegration programmes for children and young people. These programmes will be implemented in collaboration with other sectors (education, labour and social affairs).

In addition to the children targeted by the reintegration programmes, approximately 4,000 girls and boys still need to be released from armed groups according to estimations made by the Child Protection Sub-Cluster in the Humanitarian Needs Overview. The Government made a new estimation (10,000–13,000) during the international workshop on child DDR in October 2016 in Bangui that should be verified by field assessment.

**OUTPUT 2** By 2017, a mechanism for monitoring and reporting on the six grave violations of children’s rights is in place and operational.

**Analytical statement of progress:**
A functional CTFMRM is in place at both national and sub-national levels. Three GHNs were submitted to the Office of the Special Representative to the Secretary-General for Children and Armed Conflict in New York. The fourth will be sent by 31 January 2017. Two strategic meetings and two Technical Task Force meetings were held to ensure proper monitoring. As co-leads, UNICEF and MINUSCA facilitated the meetings of the technical and strategic task forces on MRM, which were open to other actors such as COOPI, War Child and WHO.

Thirteen capacity-building sessions were conducted in Bossangoa, Bouar, Berberati, Bambari, Bria and Bangui that reached 403 partners, including 69 women. The partners are now able to collect, verify and alert members of the CTFMRM on serious violations of children’s rights. This capacity building led to the identification of 210 incidents: 29 murders and mutilations of children, 34 recruitments and use of children, 37 rapes and other incidents of sexual violence, 32 abductions, 22 attacks against schools, 12 attacks against hospitals and 44 denials of humanitarian aid.

The three major challenges were:

- The action plans have not been signed by the armed groups since the signature of the commitments made at the Bangui forum (May 2015). Despite this lack of action, several thousand children were released in the year 2016 thanks to the regular contacts that the two co-leads have maintained with these groups.

- Regular technical and strategic meetings did not take place. For UNICEF, the recruitment of the MRM specialist will help to fill this gap.
The mobilization of groups of donors around the theme of children associated with armed groups, called ‘Friends of Children and Armed Conflict’. Individual meetings will be organized to identify donors’ interests and their participation to mobilize more funds to support the release and reintegration of children associated with armed groups. In 2017, UNICEF will enhance its support to the CTFMRM to ensure the roll out of an annual working plan, including a high-level advocacy plan and regular joint missions on the ground.

OUTPUT 3 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:
A total of 9,046 gender-based violence survivors (23 boys, 1,104 girls, 799 men and 7,120 women) were supported by various partners. These gender-based violence statistics include 1,377 rape survivors (1 boy, 568 girls, 6 men and 802 women), 245 survivors of sexual assault (1 boy, 55 girls, 16 men and 173 women), 1,314 survivors of physical assault (20 boys, 75 girls, 103 men and 1,116 women), 95 survivors of forced marriage (47 girls and 48 women), 3,038 survivors of psychological violence, and 2,977 survivors of denial of resources.

In addition, more than 200 alleged survivors of SEA perpetrated by international military personnel, peacekeepers and aid workers have been recorded. These survivors also benefited from a holistic assistance package provided by UNICEF and partners. Through facilitation by UNICEF partners, the majority of these survivors were interviewed by OIOS and investigators of troop-contributing countries.

In this new collaboration with OIOS, CDT, troop-contributing countries and national judiciary authorities, many challenges were raised such as multiple interviews involving alleged survivors, relocation of survivors and families to avoid stigmatization, security concerns and coordination between the United Nations, MINUSCA and humanitarian actors.

The year 2016 was dominated by strong pressure and interest in SEA (the appointment of a undersecretary for sexual exploitation and abuse and the assignment of an OIOS team to Bangui to monitor the investigations). UNICEF actively participated in the development of essential tools to ensure better protection of the children before, during and after the alerts, as well as interviews and case management. The section now has resources (nearly US$2 million from UNICEF Headquarters and the West and Central Africa Regional Office) to support the provision of assistance to survivors and strengthen their capacities, including their staffing, during one year.

The availability of more data as compared with 2015 (more than 4,000 survivors) is a result of the improved follow up and training of partners (541 partner staff trained in 22 sessions), as well as the increased number of awareness-raising sessions (255 sessions) explaining to survivors the options that are available to them.

The awareness-raising sessions reached 49,106 participants, including 29,168 girls and women, representing 59 per cent of the participants. Under the leadership of the MoSA, UNICEF is increasingly playing a leading role when it comes to issues such as child marriage and violence against children.
In 2017, awareness raising will continue by enhancing the implementation of the communications plan to address resistance and promote the empowerment of communities. In addition, service providers will be well-equipped to assist alleged survivors.

**OUTPUT 4** Support the resilience of families, caregivers and communities to build a protective environment for children and women in post conflict situation.

**Analytical statement of progress:**
A total of 56,229 children, including 24,062 girls and 32,167 boys, were supported through recreational activities in child-friendly spaces and community centres: 38,276 children (22,095 boys and 16,181 girls) in Ouham and Ouham-Pende; 13,636 children (5,921 boys and 7,715 girls) in Bangui, Kemo and Ouaka; and 4,317 children (2,357 boys and 1,960 girls) in Ndele and Kaga-Bandoro.

The partners that contributed to achieving the above results are: CARITAS, the specialized service of the MoSA, AFEB, AFERBD, War Child, Plan International, IRC and Enfants sans Frontière.

**Community members, including teachers, were trained to fully participate in the programme implementation.**

Furthermore, it should be noted that, in terms of social protection, no systematic activities have been developed to strengthen the economic capacity of communities to cope with shocks and build resilience. There is currently an opportunity to work with the PSPE section to initiate pilot projects for social transfers. Once the modalities of these transfers are defined, they will help to reduce the vulnerability of households and strengthen their economic power to better protect their children.

Within the Child Protection Sub-Cluster, UNICEF remained the main actor providing technical and financial support to achieve this output.

**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:**
The Government’s political agenda, which until recently was dominated by crisis-related priorities, was accelerated with the finalization of the RCPCA in 2016. This important document and subsequent mechanism gave a unique opportunity to the country to have a longer-term vision. This instrument is an opportunity for the development community to align to the national priorities while providing technical support to the Government to translate the strategic orientations of this plan into coherent interventions at the operational level. The finalization of the RCPCA supported the organization of the roundtable of donors in Brussels. The need to get this document prior to this important high-level meeting was instrumental to accelerating the finalization process.

UNICEF supported this process within the broader framework of the United Nations system and at the technical level with the secretariat established for this purpose. The establishment of coordination mechanisms and the activation of the various pillars represent an opportunity for the country programme for 2017 but also for the programme being prepared for the period 2018–2021. This involves expanding the range of strategic and operational partnerships and taking the opportunity to work with an increased inter-sectoral focus.

45
In 2016, UNICEF and its main partners introduced a harmonized human rights-based approach to programming/RBM modules into the curricula of training schools for administrators. The process of social budgeting was launched by focusing on analysis of the existing budget and consensus among the main actors. The operational phase of this process will require an expanded dialogue with actors such as the World Bank and the media.

**OUTPUT 1** Partners at national and sub-national levels regularly develop, implement, and monitor plans that apply the principles of human rights-based approach, RBM, gender and the approach of the ‘Marginal Bottleneck Budgeting’

**Analytical statement of progress:**
The collection and preliminary analysis of more than 50 sectorial/global plans revealed some weaknesses with respect to compliance with the human rights-based approach to programming/RBM and gender sensitivity. On this basis, the programme interventions prioritized the development and testing of a sustainable strategy for technical capacity building in a human rights-based approach to programming, RBM and gender.

Thus, discussions with national training structures led to the integration of the modules on gender, human rights and RBM into the curricula of the national school of administration. It has been agreed with the heads of this school that this teaching will be systematically used with the pupils in the higher divisions each year beginning in 2016. This strategy will continue to coexist with the traditional one that aimed at providing support to the in-service staff at central and decentralized levels. UNICEF engaged in dialogue with the EU delegation in Bangui to ensure that the nine modules from the EU-UNICEF jointly developed Child Rights Toolkit be used as the standard content for these training sessions for the two groups of trainees. To ensure the effectiveness of the results of this strategy, UNICEF advocated with the Government to develop a more comprehensive capacity-building plan for central and decentralized civil servants. This important tool will serve as a basis for dialogue with other technical and financial partners to mobilize the necessary technical expertise and resources. Internally, in the office’s effort to roll out the RBM modules, 77 staff members were trained in 2016 with support from the Regional Office and local RBM champions.

In addition, UNICEF Central African Republic conducted its gender review aimed at analysing the focus of the current programme and drawing on this experience to align the rest of the current programme with the GAP and to feed into the process of developing the new 2017–2021 programming cycle. The review concluded at focusing on two GAP priorities that are most relevant in the context of the country programme (i.e. girls’ secondary education and GVB). The strategic notes were also enriched with the preliminary conclusions of the review, thus allowing the forthcoming CPD to fully adhere to the GAP.

**OUTPUT 2** The Ministry of Planning and Economy 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:**
After the long absence of a comprehensive national development framework, the Central African Republic got back on track with long-term prospects tradition. In 2016, the country developed the RCPCA for the period of 2017–2021. This document not only depicts the national
priorities but has also helped to fill the gaps for the development community regarding their efforts to align with the Paris Declaration on Aid Effectiveness. The programme provided technical and substantive support to the RCPCA Secretariat. The programme has ensured that issues specific to children in the current country context, as well as social protection, are taken in account. All of the three RCPCA pillars are directly linked to UNICEF’s areas of intervention. UNICEF and other bilateral and multilateral partners have also advocated for allowing room to address some cross-cutting issues. This dialogue resulted in the identification of a cross-cutting area aimed at reducing regional imbalances, promoting gender equality, strengthening transparency and accountability at all levels, developing national capacities (in government and civil society), promoting youth inclusion and ensuring environmental sustainability and the sustainable use of natural resources. This objective is fully in line with those of the programme component on social policy, planning and monitoring and evaluation. It will enable the agendas of equity, RBM and gender to be rolled out with allies within and outside of the United Nations.

Lessons learned throughout the RCPCA process underscored the importance of capacity development to build strong ownership of the country’s vision. The provision of technical support to decentralization efforts will also offer an opportunity to have a more inclusive approach at the local level. From this perspective, the programme plans to provide technical support to partners in social ministries to help them translate the objectives of the RCPCA into operational plans at their respective sectors. This approach should give prominence to wider consultation at the decentralized level.

Dialogue with the Government and civil society structures have been instrumental to launching the groundwork for social budgeting in the Central African Republic. In this first phase, the focus was on building a minimum consensus on the concepts and the overall approach in the context of the Central African Republic. The potential actors at all points in the chain were able to better understand the country’s current state of readiness to embark on a process of social budgeting. Given the problems identified and related mainly to the issues of budget traceability and the weak technical capacities for administration, changes have been envisaged and proposed to strengthen the role of civil society and the media in this process in parallel with the activities at the international level.

**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 levels, including in emergency zones.

**Analytical statement of progress:**
This component of the programme aims to give all sectors the opportunity to report on outcome-level indicators. This requires, in most cases, nationwide surveys. The programme therefore started the reflection of conducting the MICS since 2013–2014. Given the difficulties related to security in the field, this important operation was not carried out as planned in 2014. Early in 2016, UNICEF Central African Republic launched a dialogue with the Government to bring the MICS back to the agenda. Following the discussions, the Government agreed that the MICS should be carried out in 2017 at the latest. The Institute of Statistics will handle the technical coordination of the project. Unlike other years, given the state of the current sampling frame (out of date and affected by population displacement), stakeholders agreed that the results were representative only at the regional level and not at the prefecture level. The Central African Republic adopted almost all MICS modules and decided to introduce additional modules relevant to the country. These are related to children in mines, the water test for mercury, population displacement, and the so-called *enfants sorciers* (child sorcerers) was introduced in the modules on victimization etc.
With all partners, the dialogue that has begun should result in resource mobilization for the operation in the first quarter of 2017 for the data collection to be carried out in mid-April. In addition to the usual report, the programme will perform additional analyses using the N-Multiple Overlapping Deprivation Analysis methodology. To this end, national capacities were developed following the regional workshop organized by the Regional Office in September 2016. These analyses will serve as important UNICEF contributions regarding the child poverty issues that can be used as targeting criteria for different policies with a social protection component.

OUTPUT 1 By 2016, the capacity of ICASEES, the Ministry of Planning and Economy, 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:
To better target its interventions, the country programme drew lessons from previous experiences from the beginning of 2016. It was found that several structural problems undermine the regular production of desegregated data at the prefecture level, while this activity should feed the planning process at the local level. These include: 1) the overly broad spectrum of indicators covered and that some indicators are not relevant for monitoring the situation of children and women; 2) the dependence of this activity on UNICEF funding alone; 3) the weak technical capacities of the structures in charge of production at the regional level; 4) the poor institutional structure of this activity devolved to the Regional Directorates of Planning instead of the Institute of Statistics, given that these structures should use the data to produce regional plans; and 5) the non-operationalization of the National Statistical Strategy.

This diagnosis led to the refocusing of UNICEF support for the year 2016 in regards to a short list of indicators relevant to the monitoring of the situation of children. UNICEF advised the Government to open dialogue with other bilateral and multilateral partners with a specific comparative advantage and interest in other indicators to expand its potential for strategic and operational partnership on the issue. The World Bank has agreed to support the overall statistics system under a funding’s widow estimated at US$12 million for the period of 2017–2020. This exceptional level of funding would support the governance of national statistics, the implementation of a broader survey plan and the development of capacities (human and material). In the meantime, the limited indicators have been updated and a systematic review of the various dashboards produced since 2012 has led to a coherent database based exclusively on these indicators. UNICEF also supported the Ministry of Planning with advocacy efforts addressing issues related to the organization of its structures at a higher level. The approach resulted in the repositioning of the Institute of Statistics in the process, although this structure does not yet have regional dismemberments. The transitional solution suggested by the Ministry of Planning that is yet to be translated into action is to provide the regional delegations with qualified human resources in the field of statistical production. It is anticipated that these specific staff members will report directly to the Institute of Statistics. This important change will improve the quality and consistency of the data.

The database containing the short list of indicators is the starting point for the valuation of all previous work and its increasing use. More concretely, a strategic partnership has been developed with CSF to bring these data online with DI profile technology. A systematic update will be carried out on an annual basis. These envisaged shifts and adjustments will not only serve as a key element in boosting regional planning but will also create a competition among
regional structures to produce quality data on a regular basis on their respective geographical areas.

**OUTPUT 2** 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 structural problems of the steering committee that have already been identified have not been solved by the Government due to budgetary constraints and prioritization. With a view to the implementation of the RCPCA, which explicitly provides a coordination mechanism, UNICEF has initiated a dialogue with the Government to embed this committee into this broader process to benefit from the funding and technical support that will be mobilized. More specifically, it was agreed to position the committee in such a way that it could play its role in supporting the thematic working groups of the RCPCA. Pending this shift, the programme has been able to carry out its ordinary coordination activities using traditional instruments such as the mid-term and annual reviews. For greater efficiency and to give priority to internal dialogue, a sector strategy and zonal office reviews were supported to feed the overall process. As part of the preparation of the CPD 2017–2021, the programme supported a rapid snapshot of the situation in each sector. Due to the lack of a recent survey, this update was limited but served as an important input towards the identification of the priorities that the new Country Programme should emphasize. This preliminary work served as the basis for the development of the strategy notes that formed the core of the discussions of the strategic moment of reflection held earlier in December 2016 with participation of UNICEF Headquarters and the West and Central Africa Regional Office. Among other key messages, the strategic moment of reflection outlined the importance of better contextualizing the future programme by considering different contexts in the same country. This situation should itself call for different structured approaches that are sufficiently comprehensive and flexible to adapt to any change in context. The finalization of the strategic note is expected for the end of January 2017.

To support the dialogue between the demand and supply side of the evaluation function, a National Monitoring and Evaluation Network was established in 2016. This was the result of discussions among United Nations and bilateral and multilateral agencies in the Central African Republic. UNICEF was the first agency to call for the establishment of the Network, provide further technical assistance and share the experiences of other countries. The Network also benefited from UNICEF support to finalize its first workplan, which will serve to mobilize resources and technical expertise for the next two years.

**OUTPUT 3** To ensure effective humanitarian response monitoring, rapid assessments and information management for emergency preparedness and response.

**Analytical statement of progress:**
The ‘Inter-agency Humanitarian Evaluation of the Response to the Central African Republic’s Crisis 2013-2015’ conducted in 2015 outlined the absence of local and national disaster response capacity or well-prepared humanitarian response capacities. Based on this finding, among others, the programme focused on developing national capacities for preparedness and response to emergencies. Discussions with OCHA led to the definition of a timeframe for capacity building for approximatively 30 executives of the Ministry of Planning and other sectoral partner ministries. This training is supposed to enter into a cycle of sustainability beginning in 2017. This core group will be serving as an important step towards the preparation of a
government-led sectoral and global humanitarian response plan. As part of the monitoring of interventions in humanitarian situations, a national NGO was identified and a partnership was established to conduct third-party monitoring of the interventions. Some 30 partner organizations that implement projects supported with UNICEF funds were targeted. This coverage represents about 60 per cent of the funding that was active in the project portfolio. This less costly approach was intended to, over the medium term, provide the capacity to monitor humanitarian interventions to this structure and other national organizations. The first phase, which recorded an 80 per cent response rate as of 31 December 2016, produced a better understanding of the implementing institutions, generating understanding of how the project was identified at the ground level, how the monitoring and coordination mechanisms were set up thus far and what constraints implementing partners were facing on the field. The second phase, which is intended to give attention to the beneficiaries of the interventions and the managers at project implementation sites, began in December and is due to be completed in February 2017.

Although this partnership was concluded in May, data collection operations began in October. Several difficulties caused this delay: 1) delays of more than two months accumulated in the delivery of smartphones by the technical operator due to the unavailability of the specific equipment at the local level; 2) the failure to correctly anticipate the workload on staff; and 3) the strong involvement of the local NGO in other unpredictable activities such as the response to the cholera outbreak. The combination of all these difficulties led to the adoption of an interim strategy of collecting and processing paper data. This option has become a better alternative since it would have been necessary to resume the training on smartphones that had already been conducted in July on a sample of two that the operator had made available to the technical team. UNICEF Central African Republic is currently evaluating the options to strengthen the staffing dedicated to third-party monitoring either through a standby partner or an internal redistribution of roles and responsibilities. Based on the conclusions of the third-party monitoring, UNICEF Central African Republic intends to institutionalize this practice by including this dimension in project proposals submitted to donors for funding in a systematic manner.

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

**Analytical statement of progress:**
Under the guidance and orientation of the Ministry of Communications, government counterparts (in health and social affairs) and in close collaboration with civil society, UNICEF Central African Republic participated in the roll out of behaviour change interventions through the angle of essential family practices (EFP). A communication plan for child survival and development and a toolkit to reinforce community participation in planning, setup and monitoring of EFP activities were adopted at the community level.

C4D also supported the implementation of six vaccination campaigns. Some 2.7 million people were involved through the roll out of interpersonal communication interventions taking place on a national scale. This intervention supported the vaccination of 1,995,642 children aged 0–59 months.

Approximately 2.5 million people (including 179,788 people living in IDP camps) were exposed to messages on education, polio prevention, measles prevention, cholera prevention, hygiene, sanitation, non-violence and HIV through mass media and interpersonal communication activities.
A number of cross-sectoral activities took place in collaboration with the protection, child survival and development, education and WASH sections. Notably, a communication plan for protection was developed and shared with the Regional Office for feedback. Moreover, key strategic documents for the promotion of hygiene, handwashing, cholera and polio campaigns and a protection campaign were developed. While collaboration with sections could have been better, especially in regards to using more integrated approaches, the C4D section made a breakthrough in creating synergies that will support further programming and more effective results.

**OUTPUT 1** By 2013, 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:**
Under the leadership of the MoH, the MoSA and the MoE, nine communication plans were developed covering the eradication of polio; the fight against measles, monkey pox, cholera and Ebola Virus Disease; school promotion; the introduction of the injectable polio vaccine; the prevention of violence against children; and a strategic communication plan for child survival.

In addition to the plans, tools and communication materials were developed and disseminated across 13 prefectures. A total of 650 communication activists were trained by the MoSA Community Development Department. The MoSA took the lead in conducting 32,000 interpersonal communication activities in Bangui, Bimbo and Begoua and 10,000 such activities in Bossangoa, Kaga-Bandoro and Bouar. These activities involved 200,000 people who were exposed to messaging on the promotion of EFP.

**OUTPUT 2** 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:**
A network of 5,000 community mobilizers was activated to undertake social mobilization interventions responding to the polio epidemic, the cholera outbreak and the prevention of SEA. In addition, 10 community radio stations and 30 journalists were trained to air and publish interactive programmes. This contributed to the vaccination of 883,688 children for oral polio vaccine and measles (based on WHO monitoring data).

Communication interventions including the development of materials (picture boxes, posters and radio spots) supporting polio campaigns, child protection, promotion of hygiene and EFP, and HIV/AIDS prevention and treatment took place to support government counterparts.

**OUTCOME 11** By the end of 2016, the population will have access to information on the promotion of peace and social cohesion and will have the capacity to act to reduce the inter-communal tensions. 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 on HIV and AIDS.

**Analytical statement of progress:**
During the reporting period, the implementation of a joint programme on youth (UNICEF and UNFPA under the leadership of the Ministry of Youth) enabled adolescent and youth participation in reducing their vulnerability. More than 200,000 adolescents and young people (9
per cent of young people in the country) accessed accurate information on various issues affecting them: HIV, pregnancy, social cohesion and good citizenship. Close to 50,000 of them benefited from HIV counselling and testing and collected their results. Some 1,000 were enrolled in technical and vocational training to increase their employability. To improve adolescent and young people’s access to health services, 17 health facilities strengthened their operational capacities to provide youth-friendly services on issues pertaining to sexual and reproductive health.

Conflict-affected children (1,255 students in ETAPEs) and 2,540 children and adolescents in child-friendly spaces strengthened their knowledge on health, hygiene, sanitation and social cohesion at IDP sites in Bangui.

These results were achieved through a joint UNICEF-UNFPA programme aimed at reducing the vulnerability of adolescents and youth.

Six youth centres were either built or rehabilitated in Bria, Zemio, Batangafo, Bossangoa, Bouar and Kaga-Bandoro.

Innovation was at the centre of the results achieved, with more than 20,292 young people out of a target of 25,000 engaged as U-Reporters. Through this platform, several surveys were disseminated, not only on the perception and participation of young people, but also to reinforce the knowledge of young people on themes such as health, child protection, education and hygiene and government priorities for youth. Beyond promoting the participation of children, adolescents and youth, U-Report was also used to support the monitoring and implementation of activities.

More than 650 school principals were mobilized to collect key educational data through EduTrac, a mobile phone application.

Eight digital computer kiosks were installed in each of the eight youth centres in Bangui, allowing children, adolescents and young people to build computer skills. The vision behind this innovation is to contribute to access to information and communication technologies among young people in the Central African Republic.

**OUTPUT 1** Strategies for youth HIV among young people is developed, approved and disseminated at national and local levels.

**Analytical statement of progress:**
In 2016, through the UNICEF-UNFPA joint project to reduce the vulnerability of adolescents and young people, more than 200,000 adolescents and young people in the Central African Republic received specific information on HIV, peace and social cohesion, and close to 50,000 know their HIV status.

The process of developing this project considered the objectives of the National Strategic Framework on HIV/AIDS.

To achieve these results, an HIV communications campaign was developed in 10 localities in the country, including in Bangui (more than 7 per cent HIV prevalence), with mobile screening and training of health workers from 17 health facilities to ensure support.
The major difficulties have been insecurity in some areas, the breakdown of testing for screening, weakness or even lack of care.

The main lesson learned is that classic approaches to communication do not mobilize young people around HIV testing. It is necessary to rely on areas of interest to young people and to involve them in the prevention and treatment of HIV.

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 communications strategies for the prevention of HIV and to advocate for their rights.

Analytical statement of progress:
In 2016, UNICEF enabled 21 youth organizations, the Youth Directorate and the Adolescent Health Unit to plan and implement HIV prevention, screening and care. To do this, UNICEF Central African Republic mapped the structures that work on HIV, built their capacity and set up a steering committee that integrates all of the structures.

The main lessons learned were that the approach privileges the implementation of activities by different organizations. This does not favour a perennial action after the end of UNICEF support. It is necessary to have an approach that builds the capacity of the structure itself. After integrating HIV activities into their programmes.

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:
To achieve these results, an HIV communications campaign was developed in 10 localities in the Central African Republic, including in Bangui (more than 7 per cent HIV prevalence), with mobile screening and training of health workers from 17 health facilities to ensure support.

The major difficulties have been insecurity in some areas, the breakdown of testing for screening, weakness, or even lack of care.

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 2016, UNICEF supported the campaign to communicate the talents of teenagers for peace to use the artistic and sports genius of adolescents to promote peace, dialogue and social cohesion.

Sports competitions, musical and theatrical competitions, public radio broadcasts, dialogues, advocacy meetings and drawings were the actions that brought accurate information about peace and social cohesion to more than 200,000 adolescents and young people. These activities have also made it possible to hire 600 young talents for peace and social cohesion.
In conjunction with the promotion of peace, UNICEF strengthened the participation and commitment of young people through U-Report. More than 22,000 young people expressed themselves on this platform through the survey.

UNICEF also supported the development of a participatory national analysis on the needs and aspirations of adolescents and young people for peace. This study gave the major concerns of young people on peace and social cohesion.

OUTCOME 12 Emergency preparedness response - EWEA

Analytical statement of progress:
In 2016, UNICEF humanitarian assistance focused on identifying the most vulnerable populations, assessing their needs and providing a response based on the Core Commitments for Children.

UNICEF Central African Republic’s emergency response reached 209,816 highly vulnerable affected people (data as of 31 December 2016). Throughout the year, the RRM response focused on distributing NFI's and WASH services to 139,799 and 70,017 individuals, respectively. The RRM played an extremely effective role in limiting the negative effects of the cholera outbreak in Bangui and Ndjoukou.

The RRM worked with four implementing NGO partners and covered nearly 75 per cent of the country. This enabled the establishment of early warning systems (humanitarian watch), with a total of 160 alerts received on humanitarian shocks, mainly caused by armed conflict. Those alerts led to a total of 74 exploratory missions and 74 rapid multi-sectorial assessments. As a result, 36 NFI's and 26 WASH relief operations were implemented.

A total of 29,810 NFI kits were distributed, 88 emergency latrines and 55 showers were constructed, 56 water points were rehabilitated and 147 hygiene promotion sessions were given through focus groups.

The information gathered through humanitarian watch and evaluations have been shared with the Central African humanitarian community, allowing sector responses (clusters) in those areas not covered by the RRM.

Life-saving interventions and risk reduction for conflict-affected, displaced and enclaved people in the Central African Republic have been the major concerns. Using the cluster approach, UNICEF continued to work closely with line ministries to strengthen government capacity for humanitarian response: Four FOs were fully operational (Bouar, Bossangoa, Bambari and Kaga-Bandoro), with some 40 staff deployed to support and strengthen operations in the field offices. Complementing this, mobile teams were temporarily deployed to accelerate the response and identify and resolve constraints. Insecurity made access to vulnerable populations challenging. UNICEF Central African Republic strongly advocated with MINUSCA, international forces and various armed groups to protect children and women’s rights to access humanitarian assistance.

The RRM has strengthened coordination with the different clusters, being a permanent member of the Inter-Cluster Coordination Group, including key clusters (such as WASH, NFI, CCCM), OCHA and other critical stakeholders in its steering committee.
OUTPUT 1 RRM

Analytical statement of progress:
In 2016, through the RRM and partners, the UNICEF emergency section delivered 74 exploratory missions and 74 multi-sectorial assessments and carried out 36 NFI distributions, 26 WASH interventions, 147 hygiene session, 88 emergency latrines and 56 rehabilitations of water sources.

In total, the UNICEF emergency section delivered emergency response to 139,799 persons in NFI/shelters and WASH to 70,017 persons mainly in remote areas where no other actor is present.

The RRM, operational in the Central African Republic since 2013, continued to support the humanitarian community and responded to the various emergencies in the country. The RRM maintained its capacity for humanitarian monitoring, multisectoral assessment and rapid response to identify urgent needs following a shock of less than three months that resulted in humanitarian consequences. The RRM acted as a last resort only and always in close coordination with key clusters. It continued the rapid SMART approach that was developed with the Nutrition Cluster to obtain reliable data for rapid decision-making regarding emergency nutrition responses.

Working with its partners, ACF, ACTED and Solidarites International and the sub-office, UNICEF RRM has years of in-country experience operating effectively within respective zones with an established field presence in locations including Bocaranga, Bouar, Kabo, Bossangoa, Bangassou, Paoua, Kaga-Bandoro and Bambari as well as in Bangui. All this area are linked with humanitarian priority.

OUTPUT 2 Emergency preparedness and response

Analytical statement of progress:
The first activity was to realize an analysis of bottlenecks in ministry capacity. The MoSA capacity was oriented towards the management of the disaster cycle—prevention, mitigation, response and rehabilitation—at a time when the four phases of the cycle coexisted in the territory and in cities such as Bangui through training and workshops.

UNICEF Central African Republic developed and reinforced the existing strengths within the MoSA such as the presence of staff throughout the territory through the Regional Sub-Office Directorate, knowledge of the local environment, working with communities, local authorities and community leaders as well as skills and experience working in community development and protecting vulnerable groups. These capabilities made MoSA a potential player both for crisis management and for building resilience with local communities and authorities to ensure a good and qualitative response for children and women.

UNICEF was a strong actor in regards to ensuring that vulnerable children and women were prioritized in all national strategic documents and fora. As cluster lead, UNICEF played a crucial role in the inter-cluster activity has technical tool for the Humanitarian Country Team. Through this role, during the elaboration of strategic documents and funding processes (i.e. CERF, the
Humanitarian Response Plan, HF, RCPC...), UNICEF ensured that a part of these funds were allocated for children in need affected by the crisis.

**OUTCOME 13 Deputy Representative/coordination**

**Analytical statement of progress:**
To ensure the efficiency and effectiveness of its supported programmes, and under the leadership of the Ministry of Planning, UNICEF staff and programme implementing partners (the Government and NGOs) were equipped with clear guidance, skills, tools and resources. Throughout the year, programme management was based on results and a system that tracks resources and activities through budget monitoring and HACT assurance activities that were set up.

With regards to the specific risk environment in the Central African Republic, HACT planning and assurance remained a focus in this area, given that one of the priority key risk areas identified in the UNICEF Central African Republic’s enterprise risk management analysis as having potential for ongoing impact on programme results was fraud and misuse of cash transfers. Despite ongoing work through the current programme to enhance partner skills and capacity for more effective utilization of UNICEF funds and quality implementation of UNICEF-funded activities, as well as capacity building and strengthening of UNICEF’s internal assurance mechanisms, the focus on HACT, both internally and with partners, has remained a priority in 2016 and will continue into 2017 and beyond. UNICEF Central African Republic strengthened its internal mechanisms to coordinate oversight of issues emerging from HACT assurance activities across sectoral areas, including the continuation of HACT analysis through the internal HACT committee, to ensure synergies in this important, cross-cutting functional area.

Communication on the achieved results was consistently undertaken through new and traditional media, internally and on external media. A fund-raising strategy established for the programme cycle continued to be implemented, and the funds raised for 2016, though these started a declining curve, allowed UNICEF Central African Republic to mobilize funds with new donors, especially National Committees for UNICEF that visited the Central African Republic.

**OUTPUT 1 Advocacy/communication**

**Analytical statement of progress:**
The overall results achieved by the cooperation programme, either in the areas of early recovery, development and humanitarian response, are attributable to the fact that UNICEF staff and partners were continuously provided with guidance, tools and resources to effectively plan, monitor and evaluate programmes including in emergency situations. Seventy-seven UNICEF staff and implementing partners reinforced their planning and management skills through RBM trainings held in three sessions. UNICEF Central African Republic made sure that programme management was based on results, that is, a system that tracks resources and activities through budget monitoring and HACT assurance activities and that measures the output and outcome indicators. Standard operating procedures were developed to help staff and IP comply with organizational procedures, and this was monitored through governance bodies that were established at the beginning of the year and as part of the Annual Management Plan. The CMT meeting, the Operations Group and PCM had a standing point on their respective agendas to track progress based on performance indicators.
OUTPUT 2 Advocacy/communication

Analytical statement of progress:
In 2016, UNICEF Central African Republic not only increased international coverage, but also continued to appear in local media on a regular basis. The issue of children associated with armed groups generated continued global attention, with major outlets reporting on UNICEF rehabilitation programmes, including a 26-minute documentary by Russia Today TV channel, reports by France 24, RFI and Dutch Media. EiE also attracted a significant amount of media attention. The communications team took AFP video and print, AP video and print, as well as the France 3 French TV channel to visit the TLS in Bangui.

The Back-to-School campaign also led to global media attention, especially with the issues of schools still being occupied by armed groups. The campaign was also a major topic in local media, including the 'run to school' event with children and MoE officials, with billboards set up in major towns and a press conference.

In August and September, the cholera outbreak along the Oubangui River and in the capital city was a major topic for local media, with UNICEF WASH experts taking part in radio programmes and RFI and France 24 reporting on UNICEF-led social mobilization programmes.

Social media were also used extensively in 2016. UNICEF Central African Republic had more than 62,000 hits on Facebook (up from 34,000 at the start of the year) and more than 5,000 followers on Twitter (up from 4,000 at the start of the year). Regrettably, UNICEF Central African Republic had to deal with continuing allegations of sexual abuse by international forces. Several media requests led to responding to questions about UNICEF’s role in supporting the victims.

UNICEF Central African Republic also continued to engage with UNICEF National Committees in 2016, with two key results in the area of resource mobilization. Strong liaison with UNICEF’s Private Fund-raising and Partnerships Division and UNICEF National Committees resulted in more than US$3 million from the Spanish National Committee, the Dutch National Committee and the German National Committee for child protection, health and education. Contributions from National Committees were followed up with visits by the Spanish National Committee in April and the Dutch National Committee in August.
Evaluation and research

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<tr>
<th>Title</th>
<th>Type of report</th>
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<tr>
<td>Revue sectorielle de l'Education (Aide-Memoire)</td>
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<td>Switch polio video</td>
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<td>Community health workers program</td>
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<td>L’éducation alternative en République Centrafricaine, Etat des lieux et perspectives</td>
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<td>Etude sur la gestion efficace des vaccins</td>
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Other publication

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Lessons Learned

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Programme documents

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