Executive summary
In the Central African Republic, the violence against civilian populations observed in 2017 has reached a level unprecedented since the height of the crisis in 2014. While the election of a new President in March 2016 had raised expectations and hopes for a gradual return to stability and normalcy, for the first time in two years, insecurity and violent conflicts have uprooted more than one in five families from their homes. The proportion of people in need of humanitarian assistance is among the highest in the world. Nearly half of all Central Africans – including 2.2 million children – depend on aid to survive. Population movements have taken place in remote and inaccessible areas – many of which are without road access due to a lack of bridges, which have been intentionally destroyed by armed groups. Access is also hampered by poor road conditions, especially during the rainy season. At the same time, fragmentation and extreme violence by some armed groups make it difficult to engage and negotiate humanitarian access, making assessment and response missions increasingly difficult to carry out.

Due to a re-emergence of violence in May 2017, which resulted in a sharp increase in humanitarian needs, the humanitarian community was forced to revise the Humanitarian Response Plan (HRP) in mid-2017. To align with this revised HRP, UNICEF Central African Republic also revised the Humanitarian Action for Children (HAC) appeal and increased the overall budget from US$46.3 million to US$53.6 million.

Despite a highly complex operating environment in many parts of the country, UNICEF Central African Republic provided life-saving assistance through its humanitarian response programmes and contributed instrumental cluster coordination. UNICEF Central African Republic provided safe water to 291,982 people out of a total of 1,026,253 who were reached by the water, sanitation and hygiene (WASH) cluster. In addition, 129,500 people accessed safe drinking water in the context of the UNICEF Central African Republic regular programme.

Through the Rapid Response Mechanism (RRM), an estimated 196,965 highly vulnerable people were reached, with 145,413 of them benefiting from non-food items and 82,732 individuals gaining access to WASH facilities. UNICEF Central African Republic increased the geographic coverage of nutrition services by 18.2 per cent (with an additional 409 therapeutic units) through both mobile and fixed strategies, allowing for the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas. A total of 23,954 children with severe acute malnutrition (SAM) were treated in outpatient therapeutic facilities, leading to a recovery rate of 89.7 per cent.

UNICEF Central African Republic and its partners seized every opportunity to scale up the delivery of basic social services. More than 3 million people were reached with interventions in basic health; 3,219,000 people aged from 1–29 years were vaccinated against meningitis; and improved sanitation reached 190,000 people. In education, more than 437,600 children received access to improved education. In the area of child protection, more than 2,969 children were released from armed groups and 948 survivors of sexual violence received holistic support. Moreover, preliminary Ministry of Education (MOE) statistics for 2016–2017 recorded a 26 per cent increase in primary school students compared to 2016. UNICEF Central African Republic
provided the Government with technical support to finalize the National Child Protection Policy and the National Strategy to End Child Marriage. Both policies accelerated and enhanced the national commitment to the protection of children in the Central African Republic.

In a context of decreasing funding, UNICEF Central African Republic identified cost savings and increased its efficiency: approximately US$119,000 in savings were achieved by sharing premises with other United Nations agencies and approximately US$15,500 was saved through the use of new communication tools such as Skype for Business, WhatsApp and Voice over Internet Protocol.

In 2017, funding shortfalls hampered the delivery of critical services and affected the funding of key positions that had to be funded with Regular Resources instead of Other Resources as planned in the Country Programme Document (CPD). UNICEF Central African Republic mobilized 27 per cent of resources of the Other Resources ceiling in the CPD. In comparison to the US$88.8 million raised by the end of 2016, overall funding declined to US$73.4 million in 2017. UNICEF Central African Republic registered a funding gap of US$29 million against the 2017 HAC requirement of US$53.6 million, resulting in a reduced capacity for humanitarian response, especially in the areas of health (including HIV/AIDS) and education in emergencies (EiE).

**Equity in practice**

UNICEF Central African Republic conducted a study on bottlenecks in equitable access to education in 2013. The conclusions of this study did not lead to actions due to the eruption of the civil crisis. However, in response to the humanitarian situation, UNICEF Central African Republic worked with its partners to open temporary learning spaces (TLS) for displaced children. UNICEF Central African Republic also continues to train community teachers (‘maîtres-parents’) on basic pedagogical skills and to provide them with stipends to address the gap in qualified teachers. Without this category of teachers, children from the poorest rural communities would be excluded from education, given the shortage of qualified teachers and the difficulty of posting them in remote areas. Several catch-up sessions for school exams were organized with the support of UNICEF Central African Republic to ensure that children from conflict-affected areas could continue their education.

In addition, UNICEF Central African Republic supported the National AIDS Commission to conduct a paediatric and adolescent HIV situation analysis to identify bottlenecks to access to antiretroviral therapy (ART). This led to the development of the National Acceleration Plan for Paediatric HIV Treatment and Care (2017–2020).

**Humanitarian assistance**

UNICEF Central African Republic delivered humanitarian assistance against the targets outlined in the HAC, which focused on identifying and assessing the needs of the most vulnerable populations and providing a response based on the UNICEF Core Commitments for Children in Humanitarian Action. Unfortunately, funding gaps did not allow UNICEF Central African Republic to reach all targets as the humanitarian situation in the country significantly deteriorated. In 2017, the number of internally displaced people increased by nearly 49 per cent compared with 2016, with 601,642 internally displaced persons at the end of October and an estimated 2.4 million persons affected by the crisis. Humanitarian access has been a significant challenge due to the volatile security situation and the targeting of humanitarians and peacekeepers in 2017. Using the cluster approach, UNICEF Central African Republic continued to work closely with line ministries to strengthen government capacity in humanitarian response. Four field offices were fully operational (Bouar, Bossangoa, Bambari and Kaga-Bandoro) with
40 staff deployed to support and strengthen field operations.

The RRM was an important part of the UNICEF Central African Republic emergency response; it reached 228,145 highly vulnerable people. The RRM included three implementing partners and covered nearly 75 per cent of the country’s territory with an early warning system (humanitarian watch). In 2017, a total of 128 humanitarian shock alerts were received and they were nearly all caused by armed conflict. The alerts led to a total of 38 exploratory missions and 58 rapid multisectoral assessments. As a result, 39 non-food item distributions took place for 28,006 households. The 30 WASH relief operations included 117 group hygiene promotion sessions, construction of eight emergency latrines and the rehabilitation of 49 water sources. The information gathered through the humanitarian watch, as well as the assessments shared with the humanitarian community, allowed for sector responses in sectors not covered by the RRM.

Health and nutrition services were scaled-up to reach vulnerable children living in enclaves and conflict-affected areas. As a result, over 152,000 children under 5 living in internally displaced persons sites and enclaves had access to basic health services. Approximately 24,000 children suffering from SAM were admitted to nutritional facilities where they received appropriate treatment. Vaccination campaigns against measles reached 28,155 children under 5 in sites for internally displaced persons and epidemic districts (Bouca and Mbaïki). The HIV unit worked with non-governmental organizations (NGOs) and the Ministry of Health (MOH) to conduct HIV awareness campaigns and testing in camps for internally displaced persons in Bangui, Obo and Bambari. Out of 50,244 people sensitized, 2,525 were tested and 44 of them were found to be HIV positive.

Child protection services were expanded in response to the humanitarian crisis. With UNICEF Central African Republic support, a total of 2,969 children, including 834 girls, were released from armed forces and groups in 2017. In addition, 128,785 children, including 60,199 girls, received psychosocial support. Moreover, 948 women and children were identified as survivors of sexual violence and were provided with comprehensive support (psychological support, medical assistance and hygiene kits).

Providing education to affected children was a priority for the UNICEF Central African Republic humanitarian response. To provide safe and protective learning environments for children and teachers in areas affected by ongoing crisis, UNICEF Central African Republic ensured that EiE programming and learning materials were provided to 56,673 children (49 per cent of girls) in 315 TLS created in 38 sites (in Ouham, Ombella-M’Poko, Nana-Grébizi, Ouaka, Haute-Kotto, Basse-Kotto and Haut-Mbomou prefectures and Bangui, the capital city).

Escalating violence, which commenced in May and continued throughout the year in many areas, increased the need for EiE programming in many areas, notably Nana-Grébizi, Mbomou, Ouham and Ouham-Pendé. UNICEF Central African Republic, the education cluster and partners also provided education services to children trapped in enclaves. The UNICEF Central African Republic led 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 Central African Republic ensured effective humanitarian leadership and accountability.

**Emerging areas of importance**

UNICEF Central African Republic strengthened the participation and engagement of young people and adolescents through U-Report, a short message service (SMS) communications-
based tool to empower young people and adolescents. More than 6,818 adolescents (10–19 years of age) expressed themselves on this platform through 33 surveys.

The major concerns of Central African young people were reflected in *The State of the World’s Children*. An intersectoral steering committee was set up by the MOH and initiated preparatory activities for the launch of the ALL IN initiative that is planned in early 2018. The committee completed the analysis of the national and programmatic context for adolescents, the multi-sectoral participatory review and the validation of priorities. These priorities include strengthening life skills on HIV and reproductive health for adolescents at risk; integration of HIV and sexual education in school curricula; promotion of HIV counselling, testing and care for all adolescents; revision of the law to promote adolescent HIV testing without parental consent; prevention of violence against adolescents and promotion of adequate, adolescent-friendly health services.

**Summary notes and acronyms**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AFD</td>
<td>French Development Agency</td>
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<tr>
<td>ANC</td>
<td>antenatal care</td>
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<td>ART</td>
<td>antiretroviral therapy</td>
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<td>ASC</td>
<td>community health worker</td>
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<td>C4D</td>
<td>communication for development</td>
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<td>CLTS</td>
<td>community-led total sanitation</td>
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<td>CMT</td>
<td>country management team</td>
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<td>CNLS</td>
<td>Comité National de Lutte contre le Sida (National AIDS Committee)</td>
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<td>CPD</td>
<td>Country Programme Document</td>
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<td>CPNC</td>
<td>Child Protection National Council</td>
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<td>DDR</td>
<td>disarmament, demobilization and reintegration</td>
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<td>DGH</td>
<td>General Directorate of Hydraulics</td>
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<td>EIE</td>
<td>Education in Emergencies</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>EPI</td>
<td>Expanded Programme on Immunization</td>
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<td>EVA</td>
<td>Enfant VIH Afrique</td>
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<td>FAO</td>
<td>Food and Agricultural Organization of the United Nations</td>
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<td>FOSA</td>
<td>health facilities/centers formations sanitaire</td>
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<td>GAP</td>
<td>Gender Action Plan</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HAC</td>
<td>Humanitarian Action for Children (UNICEF report)</td>
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<td>HACT</td>
<td>harmonized approach to cash transfers</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>ICASEES</td>
<td>Central African Institute of Statistics, Economic and Social Studies (Institut Centrafricain des Statistiques des Etudes Economiques et Sociales)</td>
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<tr>
<td>iCCM</td>
<td>integrated community case management</td>
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<tr>
<td>ICT</td>
<td>information and communication technology</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>MBB</td>
<td>Marginal Bottleneck Budgeting</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<td>MINUSCA</td>
<td>United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic</td>
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<tr>
<td>MOE</td>
<td>ministries of education: Ministry of Primary, Secondary and Vocational Education and Literacy (Ministère de l'Enseignement Primaire, Secondaire, Technique et de l'Alphabétisation) and Ministry of Higher Education (Ministère de l'Enseignement Supérieur)</td>
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UNICEF Central African Republic supported capacity development in many programme areas at the central and decentralized levels. In the education sector, UNICEF Central African Republic continued to provide institutional support to MOE on data collection and analysis as part of the Education Management Information System (EMIS). MOE, with support from UNICEF Central African Republic, developed and validated a procedure manual for data collection and analysis. As a response to an expressed need from school directors, teachers and education authorities on how to support children traumatized by the crisis, 766 teachers (48 per cent of them women) were trained on psychosocial support.

In the framework of the implementation of the United Nations Security Council resolution 1612 on grave violations of child rights and in order to develop verification techniques for children associated with armed groups, UNICEF Central African Republic organized training sessions on the Monitoring and Reporting Mechanism. To reinforce child protection systems, the Ministry of Social Affairs with UNICEF Central African Republic support, provided training to 36 civil servants on sexual exploitation and abuse, birth registration, the prevention of early marriage and the prevention of conscription of children in armed forces in four prefectures.

In the WASH sector, as a means to ensure the provision of high quality and affordable manually drilled boreholes, UNICEF Central African Republic supported training for 75 people, including 55 adolescents demobilized from armed groups.
Local capacity-building activities were organized on programme impact evaluation and the country-led monitoring and evaluation system for line ministries and the Central Africa Monitoring and Evaluation Network (RECASE). Those activities will promote monitoring and evaluation to support decision-making and facilitate policymaking on a national level.

**Evidence generation, policy dialogue and advocacy**

UNICEF Central African Republic produced the final version of a study on the gap in qualified teachers in the country. The integration of community teachers into the formal system was highlighted and used for advocacy on this important issue. UNICEF Central African Republic continued to support the EMIS with the provision of technical, financial and material support to MOE for the collection and analysis of information. Under a Memorandum of Understanding with the United Nations Educational, Scientific and Cultural Organization (UNESCO), eight support missions were carried out to refine questionnaires, input and analyse data and feedback for the publication of the *‘annuaire statistique’*. Additionally, the UNICEF Central African Republic and UNESCO teams supported MOE to develop and validate a procedural manual for the collection of data. These are significant achievements which allow decision-making, planning and policy development based on up-to-date information and statistics.

**Partnerships**

A partnership with the International Fund for Agriculture Development that funded UNICEF Central African Republic’s WASH programmes helped to provide 32,500 people with access to safe water. Through a partnership with the National Paediatric Society and Enfant VIH Afrique (EVA), more than 200 health workers were trained on HIV guidelines.

The education team worked closely with the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) and MOE to organize the transport of teachers and to enable over 5,000 children to take the end-of-year exams in areas heavily affected by the violence. Results indicate approximately 73 per cent of children passed the exams. This partnership also contributed to a broader goal aiming at reducing tensions and building cohesion and peace in an area where violence erupted unexpectedly.

Sensitization activities on child protection issues were conducted jointly with MINUSCA. Collaboration with radio stations was instrumental in reaching out to populations. The sensitization campaign involved more than 200 service providers, local authorities and members of humanitarian organizations, including local and international NGOs and United Nations agencies.

UNICEF Central African Republic strengthened inter-agency cooperation to better coordinate the response and prevent sexual exploitation and abuse. UNICEF Central African Republic closely worked with MINUSCA, the Office of Internal Oversight Services and the Conduct and Discipline Team as well as with the newly appointed victim’s rights advocate at the national level. Thanks to improved communication, UNICEF Central African Republic was able to better assist alleged sexual exploitation and abuse survivors and ensure investigation sessions that protected their rights and privacy.

Collaboration with United Nations agencies, including the Food and Agricultural Organization of the United Nations (FAO), the World Food Programme (WFP) and WHO, as well as with the Government, facilitated the Central African Republic’s adhesion to the Scaling Up Nutrition movement, the establishment of a technical multi-sector platform, the development and validation of the national policy for food security and nutrition and the launching of the Central African parliamentary network against malnutrition.
External communication and public advocacy

The year started with reasonable hope that the humanitarian situation in the Central African Republic would improve and ended with the exact opposite, as the situation deteriorated dramatically. Global media interest in the crisis, which was very low during the first semester, increased after June, with a focus on conflict-related and humanitarian issues. UNICEF Central African Republic was positively quoted in reference to the humanitarian situation in The New York Times, France 24, the British Broadcasting Corporation and Deutsche Welle, among other media.

Several media trips (including the British Broadcasting Corporation, Deutsche Welle) were organized to field offices and programmes outside of Bangui, with a focus on EiE and child protection (particularly in regard to displaced children and children released from armed groups). UNICEF Central African Republic published four global press releases and participated in two press briefings in Geneva, Switzerland, and one in Johannesburg, South Africa, highlighting the resurgence of violence and the growing incidence of violence against children. This helped keep the situation of children on the radar for the public and the donor community.

A child’s ‘takeover’ of the Parliament for World’s Children’s Day was organized, which generated major national media attention as well as a story on Radio France Internationale. Social media accounts were extensively used throughout 2017. The UNICEF Central African Republic Facebook page gained close to 72,000 followers (compared with 62,000 in 2016) and Twitter earned nearly 6,200 followers (compared with 5,000 in 2016).

UNICEF Central African Republic, in collaboration with the Comité National de Lutte contre le Sida (National AIDS Committee or CNLS), supported the organization of advocacy and resource mobilization meetings focused on paediatric HIV with Central African parliamentarians.

The National Acceleration Plan for Paediatric HIV Treatment and Care (2017–2020), which includes a communication and fundraising plan, was launched in Bangui by the First Lady of the Central African Republic and the Minister of Health at a high-level event with representatives from embassies, donors, NGOs and parliamentarians.

South-South cooperation and triangular cooperation

UNICEF Central African Republic promoted and facilitated South-South cooperation with key partners in 2017. For example, a joint delegation from UNICEF Central African Republic and MOE participated in an EiE training in Dakar, Senegal, focusing on the adoption of regional minimum standards for EiE programming, the use of innovative approaches and strengthening the role of education and armed forces authorities in the protection of education from attacks in West and Central Africa.

A regional forum on peace for adolescents and young people was held in Bangui, bringing together participants, including officials, adolescents and young people from Burkina Faso, Burundi, Cameroon, the Central African Republic, the Democratic Republic of the Congo and Gabon. The forum underlined the role of adolescents and youth in peace building at the sub-regional level.

A joint delegation comprised of staff from UNICEF Central African Republic, civil society organizations, EVA and MOH participated in a regional paediatric HIV workshop in Bassam, Côte d’Ivoire, which focused on the ‘three free strategy’ (‘start free, stay free, AIDS free’) to enhance paediatric HIV care. The participation of four national HIV managers in the
International Conference on AIDS in Africa in Abidjan, Côte d’Ivoire, gave Central African officials the opportunity to learn about innovations such as a differentiated ART delivery approach implemented in Kenya and a retention model for HIV care implemented in Guinea. From this conference, the Central African Republic delegation learned lessons about how to better strengthen partnerships among government, civil society and development actors.

**Identification and promotion of innovation**

Innovative approaches, including the use of technology, are key to reaching people in remote areas in the country. UNICEF Central African Republic used a drone to document poliomyelitis immunization among pygmy communities. The video served as an advocacy tool and was presented in several countries and shared on social media to raise awareness about the vulnerabilities of this community.

UNICEF Central African Republic, with the West and Central Africa Regional Office (WCARO), launched the AKVO programme to accelerate WASH monitoring at national and regional levels, with a focus on capacity building with improved, open source and easy-to-scale-up tools for data collection and WASH monitoring. The programme aimed at promoting data-driven decision-making to better manage water points and sanitation facilities at the prefecture level.

To ensure up-to-date education information, five surveys on six education indicators and one survey on the results of end-of-year exams were conducted with EduTrac, an innovative method to collect real-time school data via SMS from school principals. To foster community engagement and cross check information, members of parents’ associations were also registered on the platform. EduTrac reduced the time required for data collection across the country and helped to systematically store collected data on a web-based platform. This innovation promotes better decision making at central and decentralized levels and will feed into the EMIS.

UNICEF Central African Republic strengthened the participation and engagement of young people through U-Report, an SMS-based tool to empower young people. The number of U-reporters aged from 10–35 years increased from 15,000 in 2016 to 24,331 in 2017.

In line with the fast-track strategy (95-95-95), UNICEF Central African Republic supported CNLS and MOH to implement family testing and index case finding. This led to the HIV testing of 9,347 children and adolescents, compared with 3,226 children tested in 2016 through the routine programme.

**Support to integration and cross-sectoral linkages**

In 2017, programme synergies and collaboration were strengthened through a variety of cross-sectoral interventions. As part of a national back-to-school campaign, an MOE-led steering committee made up of education stakeholders, including associated line ministries, UNICEF staff, teacher union representatives and NGOs, developed and disseminated key messages to ensure that children returned to classrooms at the start of the academic year in September 2017. In coordination with MOE and MOH, education, protection and health staff provided training for approximately 580 teachers and education authorities that included psychosocial, health, hygiene, cholera and HIV/AIDS prevention awareness messages.

A community-led total sanitation (CLTS) approach served as an entry point to implement a pilot ‘healthy and peaceful village’ project in Salanga, a village in Ombella-M’Poko prefecture with a population of 2,000 inhabitants. The strategy was built on an inclusive, participatory and integrated approach that includes WASH, protection, education, social cohesion and health
interventions. The project put the community at the heart of decision-making and promoted an inclusive approach. The initiative aimed at empowering villagers to promote children’s and women’s rights and to strengthen social cohesion and community conflict management.

Service delivery
In the context of the ongoing crisis and to address the collapse of social infrastructure (schools, health and WASH facilities), UNICEF Central African Republic continued to be an important provider of resources and supplies for the functioning of basic social services.

UNICEF Central African Republic contributed to implementing durable WASH infrastructure for affected populations living in camps for internally displaced persons and in host communities. Results include the construction of 112 new water points and the rehabilitation of 136 water points reaching 124,000 people in camps and host communities. UNICEF Central African Republic provided safe drinking water to more than 279,000 affected people; 189,000 people gained access to newly constructed latrines; and 11,000 families received WASH kits. Support was also provided to the Central African Water Distribution Company (Société de Distribution d'eau en Centrafrique) in the form of chemicals and water treatment products for three months in Bangui.

Regarding immunization, 194 health facilities were equipped with solar refrigerators. UNICEF Central African Republic supported a combination of approaches that increased routine immunization coverage (42 per cent): the Reach Every District approach in 10 low-performance districts and periodic intensification of routine immunization in eight health districts of Bangui. The national meningitis campaign reached 3,219,000 people aged from 1–29 (88 per cent coverage) and four rounds of polio campaigns were held, with a 98 per cent coverage for each round of vaccination.

For the first time since the crisis started in 2013, UNICEF Central African Republic supported the two rounds of vitamin A supplementation campaigns reaching more than 730,000 children aged 6–59 months. Regarding HIV, 3,234 pregnant women living with HIV had access to ART; 1,457 infants received antiretroviral medications through prevention of mother-to-child transmission (PMTCT) services and 3,383 children under 15 started antiretroviral medications.

To help improve teaching and learning, a total of 270,473 textbooks and 3,151 teachers’ guides were provided to teachers and students.

Human rights-based approach to cooperation
The new Country Programme 2018–2021, which was approved by the Executive Board in September 2017, used a human rights-based programming approach. This approach combined with the 10 determinants framework for equity programmes helped to outline the causes of the major deprivations experienced by children in the Central African Republic at various levels of the causal chain. Subsequent work conducted in 2017, and particularly the finalization of the strategy notes, used the results of this process to identify the key stakeholders and particularly the duty bearers. The formulation of results in each sector took this approach into account in order to guide subsequent interventions. To sustain this programming, the systematic integration of this approach is part of the training modules as agreed with the line ministries.

Regarding the Convention on the Rights of the Child, the recommendations of the monitoring body formulated after the presentation of the Central African Republic report in 2016 were disseminated to the Government and national civil society organizations by the national team members who attended the Committee on the Rights of the Child meeting. These
recommendations have been translated into a sectoral matrix to map the accountability of each stakeholder. The programme is currently advocating to reactivate the National Committee for Monitoring Children’s Rights (Commission Nationale de Suivi de la Convention des Droits de l’Enfant). This cross-sectoral entity, comprised of major ministries and NGOs, existed before the 2013 crisis and has been frozen since. Among other challenges, the lack of funding and the institutional instability resulting in a high turnover of actors involved in the CNSDE were the major ones. The national dialogue on reactivating the National Committee for Monitoring Children’s Rights will take these factors into account along with efforts to mobilize resources to support the committee.

**Gender equality**
The gender programmatic review started in 2016 and was finalized in 2017. The gender programmatic review identified priorities: girls’ education and sexual violence and gender-based violence; sexual exploitation and abuse; and violence against children. These priorities are guiding the 2018–2019 work planning process.

In response to an identified capacity gap in its staffing structure, UNICEF Central African Republic established a gender specialist position (Professional Level 3), which will be effective as of January 2018. This position also seeks to comply with the corporate guidelines on gender balance and programmatic goals. In 2017, UNICEF Central African Republic’s efforts to implement the Gender Action Plan were carried out by the monitoring and evaluation specialist who acted as the gender focal point. A ‘gender tip of the week’ system was set up to raise awareness on the following subjects: gender equality and equity; gender mainstreaming; gender-based violence and violence against women and girls; and the gender equality continuum tool. The resources used for the gender tips of the week are sourced from UNICEF’s GenderProGender Focal Points Pilot Cohort in which UNICEF Central African Republic is participating.

**Environmental sustainability**
Almost one third of Central Africans do not have access to safe water, a situation which is exacerbated by the increasing number of dry spells and intensifying droughts, as well as the damage and destruction of existing supply facilities due to ongoing conflict. In 2017, UNICEF Central African Republic continued to support the National Agency for Rural Water and Sanitation (Agence Nationale de l’Eau et de l’Assainissement) 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 capacity to adapt 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. They also provide training and job opportunities for young people in the communities.

**Effective leadership**
UNICEF Central African Republic’s priorities were adopted during the all-staff retreat, and statutory committees hold regularly scheduled meetings and deliberate as necessary. There were 10 country management team (CMT) and two ad hoc meetings on the country programme management plan. Discussions focused on programmatic and operational issues, the development of the CPD, the corresponding country programme management plan and its submission to the regional programme budget review. The staff association played a key role in
discussions on human and financial resources to ensure a transparent process. The outcome was shared with all staff members.

Following global directives to simplify procedures, the role of the statutory committees was reviewed and streamlined. The table of authority was updated to clarify internal controls and segregation of duties. UNICEF Central African Republic recruited a specialist of internal controls and two harmonized approach to cash transfers (HAICT) specialists to strengthen internal systems and controls. Twenty standard operating procedures guiding operations and business processes were updated.

UNICEF Central African Republic developed an accountability framework for HACT, including individual staff responsibilities and audits were completed for 15 implementing partners as planned. UNICEF took the lead on contracting an external agency to conduct micro-assessments jointly with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA).

UNICEF Central African Republic led the United Nations Operation Management Team, including the development of the business operation strategy for the United Nations Country Team. The latter was finalized at the end of the year and identified seven areas (travels, telephone, roster for consultants, HACT, transit, vehicle and office maintenance), in which processes and costs would be streamlined starting in 2018.

### Financial resources management

In 2017, UNICEF Central African Republic continued to ensure due diligence on financial management and internal controls through the monthly country management team, bi-weekly programme meetings and weekly operations meetings. The team continued monthly expenditure monitoring with guidance to address bottlenecks during implementation with the aim of improving financial management, budget control, accounting and liquidation of direct cash transfers.

UNICEF Central African Republic continued to effectively use its bank optimization and cash forecasting tools and performed well in meeting its closing bank balance targets. UNICEF Central African Republic monitored its direct cash transfers through financial spot checks and field monitoring activities undertaken by staff in Bangui and the four zone offices. Through the timely submission and ongoing monitoring of direct cash transfer liquidation documentation, transfers outstanding for more than six months were well within agreed-upon benchmarks. The internal audit planned for 2017 was postponed to 2018, but UNICEF Central African Republic organized audit self-assessment and recommendations were implemented as a priority in 2017. The country management team regularly monitored the implementation of the HACT quality assurance plan. By conducting financial audits for 15 implementing partners who met the established threshold amounts, UNICEF Central African Republic reduced the number of minimum required financial spot checks during the year. A special audit was carried out for one implementing partner, and 79 programmatic visits and 59 spot checks were completed in 2017.

### Fundraising and donor relations

In a challenging fundraising environment, UNICEF Central African Republic raised more than US$25 million of Other Resources Emergency and more than US$38 million of Other Resources. UNICEF Central African Republic mobilized 27 per cent of resources of the Other Resources ceiling in the CPD. In line with the revised HRP, UNICEF Central African Republic
revised its 2017 HAC appeal to US$53.6 million, which was ultimately 46 per cent funded. Funding shortages remained, particularly in education (79 per cent funding gap), health and HIV (77 per cent funding gap) and WASH (70 per cent funding gap), which impacted the delivery of humanitarian assistance and reduced overall coverage.

UNICEF Central African Republic secured pledges from donors such as the Government of Japan, which provided more than US$1.8 million and the Government of the Netherlands, which donated nearly US$2 million, to support the scale up of health, protection and water and sanitation services. In addition, the Government of Sweden, the European Union’s European Civil Protection and Humanitarian Aid Operations and the Office of Foreign Disaster Assistance provided financial resources for RRM projects. The UNICEF-led education cluster leveraged US$1.1 million from the Humanitarian Fund and US$6 million from the Education Cannot Wait fund for education in emergencies.

Visibility and advocacy materials were produced, including human interest stories and project proposals. Strong collaboration with the UNICEF Private Fundraising and Partnerships Division and UNICEF National Committees resulted in the mobilization of nearly US$5 million from the Spanish National Committee, the Dutch National Committee, the German National Committee and the United States Fund for UNICEF for child protection, health and education. The Spanish Committee organized a trip to the Central African Republic and visited child protection, education and nutrition programmes.

Donor reports were monitored by the CMT and submitted on time thanks to an internal alert system. Funding was optimally used, and UNICEF Central African Republic monitored the use of funds closely and was able to limit requests for extensions to two that were granted in a timely manner.

**Evaluation and research**

No evaluation activity was included in the integrated monitoring, evaluation and research plan in 2017 as UNICEF Central African Republic focused its efforts on the new CPD. Accordingly, UNICEF Central African Republic provided RECASE with financial support for their participation in international conferences and training workshops to increase their readiness to take part in future evaluation processes. RECASE is now an active member of two major international networks: the African Evaluation Association and the Francophone Evaluation Network.

**Efficiency gains and cost savings**

In 2017, significant cost savings resulted from the implementation of common services through sharing premises with other United Nations agencies. The memoranda of understanding established for common premises in Bossangoa and Kaga-Bandoro were renewed or extended to United Nations agencies such as FAO, WFP, WHO, UNFPA and the Office for the Coordination of Humanitarian Affairs (OCHA), leading to an average cost savings of US$118,943.68 in 2017 (US$23,786 in cost savings per agency). UNFPA left Kaga-Bandoro and Bossangoa in September 2017 and the International Organization for Migration (IOM) left Bossangoa in June 2017 and was replaced by UNDP the same month.

In addition, the use of new communication tools such as Skype for Business, WhatsApp and Voice over Internet Protocol significantly reduced postpaid communications in 2017. The total savings was estimated at US$15,423.89 per year.
The delivery and warehouse management services in remote areas were outsourced to implementing partners through a programme cooperation agreement (PCA) in the framework of the RRM.

In 2017, office bandwidth was increased, facilitating better Internet connectivity. This upgrade improved access to the Virtual Integrated System of Information and Microsoft Office 365 and eliminated the bottlenecks and congestion that UNICEF Central African Republic had experienced during Virtual Integrated System of Information transactions and other related online activities.

With the transition of financial functions to the Global Shared Services Centre, and in order to reduce the time spent on processing payments to implementing partners and avoid delays in programme implementation, UNICEF Central African Republic’s finance unit dedicated three staff members to manage payment processing (direct invoices, purchase orders and direct cash transfers) through MyCase. This promoted efficiency and effectiveness through clear roles, responsibilities and accountabilities.

**Supply management**

Supply management improved in 2017. Good performance was recorded in the processing and delivery of goods and services.

The proportion of offshore orders is still significant and represented 54.9 per cent of the total value of procurement, excluding procurement services. The local procurement value was US$4.8 million. Alternative options were found through the regional market, mainly from Cameroon but also from other WCARO countries. Some trial regional procurement processes were successful in Cameroon and Côte d'Ivoire.

It is important to underline the support provided by the regional hub for port operations in Douala. The transit time from Douala to Bangui was reduced from 21 days to 10 days.

A derogation for direct delivery of sensitive and urgent supplies (vaccines, medicines and all other emergency supplies) before clearance was granted by customs authorities. Thanks to the derogation, there were no demurrage fees during the second semester.

Good rotation of stock was recorded. An inventory monitoring system was set up and key performance indicators were shared weekly with all the sections and field offices.

UNICEF Central African Republic oversaw the construction of 30 classrooms and 72 latrines and the heavy rehabilitation of 40 classrooms. In addition, a local procurement authorization for the heavy rehabilitation of 18 schools was approved by the Supply Division with the procurement process to be finalized in early 2018.

A logistics specialist worked full time in 2017 to strengthen government capacities related to the Expanded Programme on Immunization (EPI), which resulted in no shortfalls in vaccines or vaccine equipment in 2017. A long-term agreement was established with an electrical company in Cameroon for the central cold chain maintenance in Bangui.

**Security for staff and premises**

As noted throughout the report, insecurity remains a key issue in the Central African Republic. The year 2017 saw an increase in the direct targeting of humanitarian workers and international NGOs by armed actors affiliated with armed groups. Due to increased violence in 2017,
humanitarian workers had to withdraw from some areas, leaving vulnerable populations without access to humanitarian assistance. There were increasing attacks against United Nations vehicles and property, which at times put the lives of United Nations staff at risk.

Despite a limited allocation of the security budget to very specific posts, asset security and the security of office premises were improved. Closed-circuit television monitoring systems were installed in offices and warehouses in Bangui and Bossangoa. A new warehouse management system was developed and resulted in almost no loss of assets. Staff security was enhanced with a safe room in the Bangui office and the field office in Bambari. The creation of a safe room in the field office in Bossangoa was planned and will be executed when funding becomes available.

Personal staff security was improved with the distribution of fire extinguishers, first aid kits and 10 personal protective equipment kits. Emergency communication was improved with an 80 per cent transition from analogue to digital portable Very High Frequency radios. Staff security awareness was enhanced with improved security briefings and the dissemination and implementation of security-related standard operating procedures. UNICEF Central African Republic staff members were strongly encouraged to participate in the Safe and Secure Approaches in Field Environments trainings organized by the United Nations Department of Safety and Security and the United Nations Mine Action Service. This effort will continue in 2018, including for staff based in field offices.

**Human resources**

The new office structure established 24 positions and aimed at improving stability in an evolving emergency situation and filling gaps due to the turnover of long-term temporary staff. In addition, to strengthen the structure, programme assistant positions were transferred from Bangui to the field offices.

In April, a five-day induction session was held for newly recruited staff. All staff completed the planning section of the PER in the ACHIEVE performance management system.

Regarding mental and physical health, UNICEF Central African Republic continued to deal with both poor and deteriorating medical facilities and a stressful environment due to the resurgence of insecurity in the country.

The six-week rest and relaxation cycle for implementing partners and SECTO for national staff based in zonal offices are helpful in addressing these issues, while they need to be managed sensibly to preserve the balance between a healthy and cohesive team and the need to deliver quality results. The presence of a staff counsellor is also an important resource in this respect. This temporary appointment position is expected to become part of United Nations common services, though this arrangement is still to be confirmed by the United Nations Country Team.

Special one-time residential security enhancements grants were given to 38 national staff members to improve the security of their homes.

UNICEF Central African Republic made conscious efforts to improve the gender and geographic balance of the work force, which is currently dominated by men and staff members from the programme country.

The rotation of implementing partners who had been in the UNICEF Central African Republic office beyond the tour of duty with new recruitments was also handled pro-actively. Where
possible, such rotations were seized as opportunities to improve the diversity of UNICEF Central African Republic, with the support of UNICEF WCARO and UNICEF Headquarters in New York (emergencies and surge recruitment section).

**Effective use of information and communication technology**

In 2017, UNICEF Central African Republic ensured that UNICEF information and communication technology (ICT) guidelines and rules were consistently applied. ICT and telecommunications equipment were purchased under long-term agreements with suppliers at the global level according to UNICEF standards.

In order to reduce operational costs, computer equipment was renewed, UNICEF Central African Republic’s office bandwidth was increased, and a new audio conference system was deployed in the main office in Bangui and in the four field offices. Beyond reducing travel-related costs, the audio conference system allowed staff from field offices to participate in statutory and thematic meetings.

A local service provider was contracted to install a mixed system combining two energy sources (fuel and solar energy) to decrease fuel consumption and UNICEF Central African Republic’s environmental footprint in the Bossangoa field office. The mixed system provided the field office with continuous ICT services and generated substantial medium-term savings by reducing the cost of generators (fuel and maintenance).

**Programme components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

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

**Analytical statement of progress**

During 2017, UNICEF Central African Republic supported the provision of humanitarian assistance in line with the HRP and the rehabilitation of health services. For the first time in the past three years, the country was able to organize two rounds of vitamin A supplementation and deworming of children under 5. During the first round, 93 per cent of the 754,554 targeted children aged 6–59 months were supplemented with vitamin A and 623,872 children aged 12–59 months (85 per cent) received deworming tablets. In the second round, 733,770 (90 per cent) received vitamin A and 653,813 (89 per cent) received deworming tablets.

To scale up the implementation of integrated community case management (iCCM) of childhood illnesses, 46 new iCCM sites were opened, bringing their total number from 28 in 2016 to 74 in 2017. In the iCCM sites of two sub-prefectures, 10,405 children (5,182 boys and 5,223 girls) were treated and some 1,000 severe cases were referred to health facilities. To increase access to essential health care, the capacities of 56 per cent of the 380 health structures targeted in 10 health districts were strengthened through the training of 150 health workers and the provision of medical equipment and drugs for free-of-charge care to population in need or most vulnerable, as well as the building of a surgery theatre in the regional hospital of Berbérati. This support allowed 67 per cent of the 149,243 targeted women who were pregnant to attend quality antenatal care (ANC) services and 44.4 per cent of the 112,000 targeted women who were pregnant to deliver in facilities with the assistance of trained personnel.
UNICEF Central African Republic has supported the rehabilitation of the cold chain system through the equipment of 194 new health facilities with solar refrigerators, bringing to 49 per cent the proportion of facilities with functional cold chain. In the context of the response to the Lake Chad basin polio outbreak, four rounds of immunization campaigns were organized with coverage of over 98 per cent in each round. UNICEF Central African Republic supported a national meningitis campaign that reached 3,219,000 people aged 1–29 years (88 per cent). Since 2017, the Central African Republic has introduced the vaccine against meningitis meningococcal (MenAfriVac) into its routine immunization programme.

In the area of nutrition, UNICEF Central African Republic supported 409 therapeutic units, and 23,954 children under 5 suffering from SAM (78.5 per cent of the caseload) were treated with good performance indicators according to Sphere international standards (89.66 per cent were cured, 2.07 per cent died and 8.27 per cent defaulted).

To achieve these results, UNICEF Central African Republic worked with other United Nations agencies, including WHO, WFP, UNFPA, OCHA, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), as well as with national and international NGOs.

The main constraints and difficulties faced were:
- Insecurity and highly degraded road conditions limiting accessibility in certain areas for the implementation of activities;
- Limited leadership of MOH institutions, resulting in insufficient supervision at all levels and a weak information system;
- Limited qualitative and quantitative adequacy of the health personnel in the field.

**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**
Of the 320,000 children under 5 living in the sites and enclaves of displaced persons, 152,351 (47.6 per cent) had access to essential health services in the eight prefectures affected by armed conflicts (Ouham-Pendé, Ouham, Nana-Grébizi, Ouaka, Haute-Kotto, Basse-Kotto, Mbomou and Haut-Mbomou).

During 2017:
- UNICEF Central African Republic contributed to the development of strategic humanitarian response documents (HRP and Health Cluster Operational Plan in 2017) and supported the implementation of responses (prepositioning of medical kits, logistical support and supervision of decentralized services of MOH) from the four UNICEF Central African Republic zone offices (Bambari, Kaga-Bandoro, Bossangoa and Bouar), and finally participated in all the coordination meetings of the interventions in the health sector (health clusters at central and regional levels).
- UNICEF Central African Republic contributed to the health assessment of and responses to populations affected by armed conflict in collaboration with WHO and UNFPA and in partnership with NGOs. WHO supported the early warning surveillance
system, providing information on vulnerability and medical care to affected people and outbreaks. UNFPA supported the medical management of gender-based violence.

- Through data collection to update the situation analysis; UNICEF Central African Republic also provided technical support and funded the organization of three workshops for the development and validation of the National Strategic Plan Against Malaria.
- UNICEF Central African Republic contributed to the development of the emergency plan that is currently being validated. The WHO-UNICEF-MOH joint initiative for the reduction of maternal, newborn, child and adolescent mortality was launched in June 2017 by the Spouse of the President of the Central African Republic and the WHO regional director for Africa.
- UNICEF Central African Republic contributed to the development and validation by MOH of a national package of key family practices to be promoted in iCCM sites by predominantly female community associations.

**OUTPUT 2** By 2016 60 per cent of targeted health facilities have the capacity to provide ANC+ and emergency obstetric and neonatal 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**
The capacities of 56 per cent of the 380 health facilities targeted in the Central African Republic were strengthened through the training of 150 health workers on refocused ANC, the use of a partograph to monitor labour, the provision of medical equipment and essential drugs and the building of a surgery theatre in the regional hospital of Berbérati. As a result, 67 per cent of 149,243 women who were pregnant attended at least one antenatal consultation and 44.4 per cent (112,017) delivered in facilities. Ninety-six per cent of those women who had their first antenatal visit and 82 per cent of children under 1 year of age who received their third dose of pentavalent vaccine benefited from an insecticide-treated net for malaria prevention.

In two prefectures (Lobaye and Ombella-M’Poko) and Bangui Paediatric Hospital, 109 newborns with cases of low birth weight benefited from kangaroo mother care, with a case fatality rate of 2.7 per cent, compared with 8.5 per cent in 2015. This was achieved through the training of health workers on the kangaroo mother care method and the provision of materials and medical consumables.

To achieve these results, UNICEF Central African Republic collaborated with decentralized government health structures and established partnerships with NGOs (Mentor Initiative and CSSI) as well as with United Nations agencies (WHO, UNFPA).

The main constraint faced during in 2017 was the deterioration of the security situation across the Central African Republic, both in already existing hotspots in the western part of the country and in new areas in the central and southeastern regions.

For 2018, UNICEF Central African Republic will continue its support to strengthen the capacity of health facilities and provide needed supplies. Adolescent health will be introduced in three regions. UNICEF Central African Republic will also support health services to promote key family practices and innovative approaches, such as m-Health, to increase the demand for health services, mainly by pregnant women.
OUTPUT 3  By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) is effective both at community level and in health facilities in the targeted prefectures.(2012-2014) By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) and multiple micronutrient supplementation are effective both at community level and in health facilities in the 13 targeted prefectures.

Analytical statement of progress
At the health facility level, 52 per cent of the 196,300 cases of illness in children under 5 were treated by health workers whose competencies had been reinforced and their facilities provided with essential drugs.

Through the iCCM of childhood illnesses in 28 community sites established in 2016 in the sub-prefectures of Bossangoa and Kaga-Bandoro, 10,405 sick children (5,182 boys and 5,223 girls) were treated; some 1,000 cases (severe illnesses, severe or moderate malnutrition) that cannot be treated at the community level were referred to health facilities.

Within the framework of iCCM, PCAs were signed with five NGOs to partner with six health prefectures to expand the community-based treatment of childhood illnesses. To ensure that extension, UNICEF Central African Republic supported capacity development through the training of six trainers followed by the training of 46 community health workers (ASC) and 19 nurses from the referral health centres. As result, 46 new iCCM sites were opened, bringing the number of iCCM sites to 74 out of the 190 planned for the project.

The main constraint in the implementation of iCCM was the delay in scaling up the intervention in the six targeted health prefectures as it was difficult to find experienced partners willing to work in the targeted areas. As a result, UNICEF Central African Republic is providing extensive technical support to NGOs implementing iCCM, which include three national NGOs.

Priorities in 2018 include building private-sector capacity for iCCM to support rapid extension, adjusting tools and approaches with field experience, elaborating the new iCCM strategic plan for 2018–2022 and contributing to the development of a national community health policy or strategy.

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 EPI centres are functional, offer the EPI + package and conduct active research to understand and reduce dropout rates.

Analytical statement of progress
During 2017, 194 new health facilities were equipped with solar refrigerators, bringing to the proportion of the 765 functioning facilities with rehabilitated cold chain systems to 49 per cent. Other cold chain equipment was maintained through the provision of 75,000 litres of kerosene and spare parts and the maintenance of five central cold rooms.

As of the end of October, the national routine immunization coverage was 42 per cent for the third dose of pentavalent vaccine. To boost the coverage, UNICEF Central African Republic supported two key activities that are ongoing: 1) implementation of the Reach Every District approach in 10 low-performance districts, targeting 91,700 children aged 0–11 months; and 2)
periodic intensification of routine immunization in eight health districts in Bangui, targeting 29,200 children aged 0–11 months.

With regard to the response to the Lake Chad basin polio outbreak, four rounds of immunization campaigns were organized with coverage of over 98 per cent in each round. A national meningitis campaign was organized to immunize 3,219,000 people aged from 1–29 years (88 per cent). Following the campaign, the Central African Republic introduced MenAfriVac into its routine immunization programme.

Technical support was provided for the development of the comprehensive multiyear plan 2018–2022 for immunization, the external review of the programme, the review of data collection tools, the preparation of the submissions to the GAVI Alliance, support for the cold chain equipment optimization platform and the follow-up measles campaign.

Focusing on resource mobilization, significant efforts were deployed, which helped to mobilize about US$7.5 million through different donors such as the Government of Canada for vitamin A supplementation; GAVI Alliance for health system strengthening; for technical assistance (PEF/TCA), for measles campaign; the Government of Saudi Arabia for measles elimination; and the Government of Japan and the Bill & Melinda Gates Foundation for polio outbreak response.

All of these achievements were made possible thanks to collaboration with partners, including the establishment of an immunization taskforce including the key directorates of MOH (immunization, planning and community health), WHO, UNICEF and NGOs. The programme also benefited from the contribution of MINUSCA and the United Nations Humanitarian Air Service for logistical support and transport of supplies to remote and insecure areas.

In 2018 and 2019, the focus will be on urban vaccination strategies, the implementation of phase three of the polio emergency response, the implementation of the cold chain equipment optimization platform project and the implementation of the GAVI Alliance Health System Strengthening 2 project.

**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 UNTA and UNT detect and treat cases of SAM according to the national protocols, activities for prevention of malnutrition are developed and a nutritional surveillance system is established.

**Analytical statement of progress**

In 2017, 78.5 per cent of targeted children under 5 suffering from SAM were treated (23,954 children) compared with 77 per cent in 2016, with good performances against global standards: a cured rate of 89.66 per cent (against the standard of greater than 75 per cent), a death rate of 2.07 per cent (against the standard of less than 5 per cent) and a defaulter rate of 8.27 per cent (against the standard of less than 15 per cent). UNICEF Central African Republic increased the geographic coverage of nutrition services by 18.2 per cent (with an additional 409 therapeutic units) through mobile and fixed strategies that enabled the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas. Nutrition supplies, including 21,400 cartons of ready-to-use therapeutic food and 1,394 cartons of therapeutic milk, were distributed to health facilities. No stock outs were registered in 2017.
With UNICEF support, the Central African Republic succeeded in organizing two rounds of vitamin A supplementation and deworming for children under 5 for the first time in the past three years. In the first round, 754,554 children aged 6–59 months (93 per cent) were supplemented with vitamin A and 623,872 children aged 12–59 months (85 per cent) received deworming tablets. In the second round, 733,770 (90 per cent) received vitamin A and 653,813 (89 per cent) were dewormed.

UNICEF Central African Republic enhanced community capacity on infant and young child feeding practices and psychosocial counselling: 972 community health workers were trained and equipped (96 per cent) to ensure community-based screening, diagnosis and referral of SAM cases from the community to health or nutrition facilities for adequate treatment. At least 852 women (with 20 per cent of them under 18 years) benefited from technical and emotional support to promote breastfeeding through personalized counselling to stimulate breast milk production and provide appropriate alternatives for babies who cannot be breastfed in emergency environments in Bria, Bambari, Kaga-Bandoro and areas surrounding Bangui.

UNICEF Central African Republic continued to provide support to preparedness activities and emergency nutrition response under nutrition cluster coordination. At least 10 rapid Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, 21 rapid nutrition assessments and a multi-sector evaluation have been conducted. This allowed UNICEF Central African Republic to update the nutrition status of at least 60 per cent of children living in conflict-affected and remote areas. In 2017, a high proportion of children affected by SAM was observed, particularly in conflict-affected areas; the prevalence of SAM was higher (greater than 2 per cent) in 39 out of 78 sub-prefectures.

UNICEF Central African Republic reinforced improvements in access issues and successful networking collaboration. Through the RRM, the UNICEF nutrition team developed a partnership with main implementing partners capable of accessing hard-to-reach vulnerable populations for an appropriate and immediate nutrition response.

Strong collaboration among United Nations agencies (UNICEF, FAO, WFP and WHO) and with the Government facilitated reaching key results on the adhesion of the Central African Republic to the Scaling Up Nutrition movement, the establishment of a technical multi-sector platform, the development and validation of national policy for food security and nutrition and the launching of the Central African Republic inter-parliamentary network against malnutrition.

OUTPUT 6 Response to outbreaks 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
Of the 320,000 children under 5 living in the sites and enclaves of internally displaced persons, 152,351 (47.6 per cent) had access to essential health services in the eight prefectures affected by armed conflicts (Ouham-Pendé, Ouham, Nana-Grébizi, Ouaka, Haute-Kotto, Basse-Kotto, Mbomou and Haut-Mbomou).

During 2017:
and supported the implementation of responses (prepositioning of medical kits, logistical support and supervision of decentralized services of MOH) from the four UNICEF Central African Republic zone offices (Bambari, Kaga-Bandoro, Bossangoa and Bouar), and finally participated in all the coordination meetings of the interventions in the health sector (health clusters at central and regional levels).

- UNICEF Central African Republic contributed to the health assessment of and responses to populations affected by armed conflict in collaboration with WHO and UNFPA and in partnership with NGOs. WHO supported the early warning surveillance system, providing information on vulnerability and medical care to affected people and outbreaks. UNFPA supported the medical management of gender-based violence.

- Through data collection to update the situation analysis; UNICEF Central African Republic also provided technical support and funded the organization of three workshops for the development and validation of the National Strategic Plan Against Malaria.

- UNICEF Central African Republic contributed to the development of the emergency plan that is currently being validated. The WHO-UNICEF-MOH joint initiative for the reduction of maternal, newborn, child and adolescent mortality was launched in June 2017 by the Spouse of the President of the Central African Republic and the WHO regional director for Africa.

- UNICEF Central African Republic contributed to the development and validation by MOH of a national package of key family practices to be promoted in iCCM sites by predominantly female community associations.

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
Some 3,234 women who were pregnant or lactating and living with HIV (66 per cent of the planned 4,906), 1,457 infants (36 per cent of the planned 4,060) and 3,383 children under 15 years of age received ART through PMTCT and paediatric HIV services. In early infant diagnosis, 37 out of 863 infants (4 per cent) born to HIV-positive mothers tested positive.

Following the Dakar Call to Action, the Central African Republic national HIV programme started to scale-up the implementation of PMTCT and paediatric HIV services. UNICEF Central African Republic, in partnership with MOH and the Central African Republic Paediatric Society, supported the training of 249 health workers on PMTCT, paediatric care and psychosocial services for women who are pregnant, infants and children, as well as 59 community health workers on enhancing community-driven demand for services. This resulted in 189 (75 per cent of the target) ANC centres and 56 health facilities (60 per cent) providing PMTCT and paediatric HIV care, respectively.

In partnership with Bangui Pasteur Institute, UNICEF Central African Republic reinforced the MOH capacity to carry out early infant diagnosis through the training and support of MOH staff, the donation of a Geny-Expert machine to the central laboratory and the establishment of a network to facilitate the transfer of samples to established testing centres.
In the context of HIV family and index case finding carried out with MOH and CNLS, 825 children and adolescents were tested in the health regions 1, 2, 3, 7 and 9, yielding 534 positives cases. Community health workers held 70 sensitization sessions for family testing.

In collaboration with MOH, capacity for the integration of paediatric HIV care and PMTCT into ANC was developed through the training of 180 staff members, which led to the inclusion of PMTCT in 33 ANC clinics and the introduction of paediatric HIV care in 13 other clinics.

In interventions targeting youth, in collaboration with MOE and an NGO, UNICEF Central African Republic supported the training of 42 teachers and 42 student peer educators who performed two major categories of activities: 1) four awareness campaigns were organized that led to the testing of 3,542 students, yielding seven positive results; and 2) over a period of six months, 925 students were educated through weekly flash information on HIV prevention provided in their classroom before lectures. For HIV-positive children and adolescents, three support groups were created in Bouar, Berbérati and Bossangoa in collaboration with MOH. The 11 meetings held benefited 206 adolescents and children. These meetings helped to improve treatment compliance and coordinate parent’s children use of services for cost savings.

Awareness campaigns were conducted in humanitarian zones (Bambari and Obo), 1,278 internally displaced people were tested, with 44 positives cases, and 18 of those lost to follow up were put on care.

The major constraints were the limited ownership from MOH, lack of qualified staff at the decentralized level and insufficient community involvement.

In 2018, UNICEF and other United Nations agencies will support MOH in strengthening 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
UNICEF Central African Republic provided technical support to CNLS and MOH to carry out or revise major policy documents. They included:

- a paediatric HIV situation analysis (final report endorsed by MOH).
- the National Acceleration Plan for Children and Adolescent HIV Treatment and Care 2017–2020, which was launched by the First Lady of the Central African Republic.
- the revision of the national antiretroviral guideline to integrate the new WHO guideline on testing and treatment and the differential model of care;
- the task-shifting policy;
- the disaggregated HIV data collection tools to align with UNAIDS recommendations;
- the UNAIDS HIV catch-up plan;
- a training plan for six districts as part of operationalization of the UNAIDS catch-up plan.

Within the United Nations Joint Team for HIV, UNICEF Central African Republic backstopped the CNLS in planning and holding an advocacy meeting targeting parliamentarians to mobilize
resources for the scale-up of paediatric and adolescent HIV care. A commitment was obtained that an existing HIV budget line that was never provided will now be funded to that effect.

HIV activities are shared among three entities, including two directorates in MOH and the national HIV coordination programme (CN/CNLS) linked to the presidency. There is some overlap in their responsibilities, which impairs collaboration. UNICEF Central African Republic was able to bridge the gap and facilitate some joint activities.

UNICEF Central African Republic and partners provided technical and financial support (US$87,201) to the country coordination mechanism body in the development of the 2018–2020 submission to the Global Fund to Fight AIDS Tuberculosis and Malaria using the new funding model.

The main challenge faced during the reporting period was the management of the information system to generate quality data and evidence for strategic programming.

In 2018, more emphasis and focus will be placed on building the capacity of the decentralized HIV/AIDS committees at the prefectural level, improving coordination and strengthening monitoring and evaluation.

**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**
Between 2016 and 2017, the number of health facilities receiving drugs and laboratory tests from UNICEF Central African Republic rose from 156 to 189 for those offering PMTCT and from 41 to 64 for those offering paediatric ART. These increases represent 75 per cent and 68 per cent of the targets, respectively.

Additional 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, the decentralization of HIV care to the paramedical sector and the community, the implementation of differential approaches to care, the availability of supplies for the family approach at peripheral levels and, finally, the retention of women, children and adolescents in the continuum of care.

To improve the quality of HIV services provided by MOH, UNICEF Central African Republic supported the training of 308 healthcare workers, including 85 medical doctors, 164 paramedical personnel and 59 community health workers.

Furthermore, UNICEF Central African Republic supported a pilot project on mentorship in task-shifting in collaboration with MOH and EVA, which built paramedical capacity to provide paediatric HIV care, a task that had previously been exclusive to medical doctors.

The effort to involve community members in psychosocial activities and testing was enhanced under the leadership of CNLS. The network of people living with HIV and PMTCT women groups were involved in the sensitization for family testing and the use of peer positive mothers
for tracing and awareness at community level. These results were achieved in close collaboration with the joint United Nations team, WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, MOH, CNLS and NGOs.

As a lesson learned, the capacity-building of HIV patients and coaching of health workers at the decentralized level are the best ways to implement the task-shifting in a context of weak staff capacity and ensure retention in care.

The major constraints faced were linked to:
- limited leadership of MOH, CNLS, and the country coordination mechanism resulting in poor coordination, weak information systems and insufficient supervision at all levels;
- resistance from medical doctors for task-shifting in regard to paediatric HIV decentralization;
- insecurity and highly degraded road conditions limiting accessibility in certain areas for the implementation of activities;
- quantitative and qualitative inadequacy of health personnel in the field.

In 2018, UNICEF Central African Republic will advocate for the adoption of routine family testing and index case finding to identify children in need of ART, task-shifting and the differential model of care for ART implementation, coaching at the district level for staff capacity-building and the vulgarization of the paediatric scale-up plan. In addition, the participation of adolescents not only as partners on their health but also as agents for change will be strengthened (i.e. for case finding, loss to follow up, peer educator and community mobilization).

**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, prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment (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**
UNICEF Central African Republic supported CNLS to organize mass campaigns and testing in displaced communities in Bambari and Obo. As a result, 2,355 internally displaced persons were tested out of 50,075 sensitized, with 44 HIV-positive cases.

With the support of UNICEF Central African Republic, in all targeted emergency areas, 662 pregnant and lactating women benefited from ART through PMTCT services and 802 HIV-positive children were put on ART.

However, the outreach strategy through mobile clinics for non-accessible areas or areas not covered by a health centre needs to be strengthened. The ongoing insecurity and population displacement impaired efforts to reach communities and address population needs.

In 2018, UNICEF Central African Republic will support the capacity-building of the decentralized MOH team through UNICEF zonal teams in the implementation of outreach strategy activities (such as mobile clinics and community testing).
UNICEF Central African Republic, in collaboration with the joint United Nations HIV team, will advocate for the national counterpart to join the humanitarian clusters to inform ministries on ongoing activities and bring national policies to bear on actions and intervention. Furthermore, the HIV component should be strengthened and fully integrated into the humanitarian response.

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 2017, UNICEF Central African Republic’s WASH programme covered both emergency response interventions within the framework of the WASH cluster and development projects within the framework of the National Recovery and Peace-building Plan (Relevement et Consolidation de la Paix en Centre Afrique or RCPCA). This resulted in improved access to safe drinking water for 291,982 people affected by the conflict and access to basic sanitation services (latrines, showers and solid waste management) for 189,588 additional affected people.

Approximately 129,500 people living in areas of relative stability acquired access to drinking water through the construction of 49 mechanized boreholes and 63 manual drilling boreholes and the rehabilitation of 136 boreholes. Two thousand students in five targeted schools gained access to drinking water through the construction of five water points, and four boreholes were constructed in four health centres that receive about 600 patients per day. Furthermore, 17,000 students and 600 patients gained access to basic sanitation through the construction of 21 cabins of latrines and the rehabilitation of 57 cabins of latrines in 26 schools and 12 cabins of latrines in four health centres.

Regarding access to sanitation at the community level, 207 villages with 150,833 persons were triggered for the CLTS programme. Among these, 21,000 people living in 87 open defecation free (ODF) villages ended open defecation by building their latrines and effectively using them. In addition, the implementation of the healthy and peaceful village pilot project has highlighted the results of an integrated multisectoral approach to improve local development through activities with high impact and will generate evidence for scaling up in other prefectures.

WASH facility users were organized in management committees to foster community participation, ownership and social cohesion. UNICEF Central African Republic participated in the RCPCA meetings, especially for the pillar 2 component and contributed to the WASH sector report. This resulted in WASH being prioritized in the national agenda. Humanitarian response activities were focused on WASH activities, including the construction of new water points, rehabilitation and management of water points, well jetting and water trucking for displaced populations and host communities. These activities were successfully conducted through the partnership developed with national and international NGOs, governmental institutions and private enterprises.

UNICEF Central African Republic facilitated the WASH cluster coordination role by financially and technically supporting the positions of cluster coordinator and information management officer at the national level and appointing focal points for the coordination of sub-clusters in Bambéri, Bossangoa, Bouar and Kaga-Bandoro zonal offices. In addition, the national cluster coordinator was seconded by a formal co-facilitator recruited to support the quality assurance
component of the response. The role of the Central African Republic’s General Directorate of Hydraulics (DGH) as a co-lead was further strengthened in a perspective of progressive leadership transitioning and ownership.

Despite the efforts to provide WASH assistance to affected people, the 2017 HAC appeal was only 40 per cent funded and, as a result, only 47 per cent of the water supply target and 54 per cent of the sanitation target were reached. The section will continue to advocate for resource mobilization both for UNICEF and the WASH cluster to assist more people.

In 2018, humanitarian assistance will continue and will remain a major part of WASH sector interventions.

**OUTPUT 1** By 2016, 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**

In 2017, WASH was well positioned on the national agenda through the contribution of UNICEF Central African Republic to the implementation and result monitoring of the RCPCA programme document. UNICEF Central African Republic supported advocacy at the national level and discussions with the main WASH sector actors (the African Development Bank, the European Union, the Government of Japan and the World Bank), which led to the creation of a national sector coordination platform. The platform is co-chaired by the ministers in charge of water and health. UNICEF Central African Republic is facilitating the donor platform to ensure coherent interventions, resource mobilization and funds allocation and to avoid duplication. The national CLTS committee has started to meet at the central level under the leadership of DGH.

UNICEF Central African Republic continued building the capacity of governmental structures to improve WASH sector coordination and monitoring of WASH activities. UNICEF Central African Republic launched a pilot project with the AKVO tool for data collection using smartphones to monitor water point functionality and water quality testing. This will lead to data-driven decision making that will improve the management of WASH assets such as water points and sanitation facilities at the subnational level. In order to cover other prefectures and ensure national ownership, staff from DGH, the National Agency for Rural Water and Sanitation and the University of Bangui were trained on how to use the software and the technical deployment of the tool in the field.

The WASH programme contributed to the disarmament, demobilization, reintegration and repatriation initiative and local job market strengthening by training 75 people selected locally, including demobilized children from armed groups, on manual drilling activities. Those people actively engaged in the process will participate in small private enterprise for income generation activities. UNICEF Central African Republic also supported the Government to align the national WASH policy and strategy documents with the Sustainable Development Goals (SDGs). In addition, the draft document of the revision of national WASH indicators related SDG 6 was developed and will be finalized in 2018. UNICEF Central African Republic supported government officials to attend the high-level meeting of the Sanitation and Water for All initiative, notably to prepare the country report and assess the cost of the SDGs for the Central African Republic, which will be presented at the meeting.
WASH community action plans will be integrated into local development plans already developed by the ministry in charge of planning. This action will be conducted next year.

In collaboration with the University of Bangui, the sustainability check of WASH service provision was conducted based on the results of a project conducted by the Netherlands’ Directorate-General for International Cooperation. The report is still being finalized and recommendations will guide WASH interventions in the coming year. UNICEF Central African Republic will also continue manual drilling in support of the disarmament, demobilization, reintegration and repatriation initiative through job creation for young people and local market strengthening.

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
Through community water point construction, 129,500 people gained access to drinking water via 112 new water points (49 mechanized boreholes and 63 manual drilling) and the rehabilitation of 136 boreholes. The mechanized boreholes were built by private companies with solid experience working with communities and the manual drilling activities were led by the National Agency for Rural Water and Sanitation. The work was supervised by DGH and the control bureaus recruited by UNICEF Central African Republic.

Due to success in implementing manual drilling, the WASH programme reached people in areas that mechanized borehole drilling machines cannot access. The manual drilling approach had a positive impact on programme implementation. For instance, during and after the cholera outbreak (end of 2016, beginning 2017) a team could be deployed to construct manually drilled wells in remote areas along the Ubangi River that are difficult to access with heavy machinery and were affected by the epidemic. This has contributed to the provision of safe drinking water and helped to protect against future outbreaks. Youth, including some demobilized people from armed groups, were recruited locally and trained during the implementation of the boreholes. This reinforces ownership among communities and contributes to ensuring the sustainability of the water infrastructure.

In addition, 2,000 students in five schools gained access to safe drinking water through the construction of a borehole, four wells were equipped with hand pumps and four health centres receiving 600 patients per day were endowed with four boreholes. To ensure adequate management and regular maintenance and community ownership, 160 water point management committees were set up or reactivated. Construction of new water points was conducted mainly in prefectures that are relatively stable and safe in terms of security. The rehabilitation of water points targeted both emergency and non-emergency areas.

In terms of partnership, 50 per cent of the mechanized boreholes and 30 per cent of the rehabilitations were conducted with the International Fund for Agriculture Development, which signed an agreement with UNICEF Central African Republic to fund the water component to complement its farming activities.
OUTPUT 3 By 2016, at least 60 per cent of targeted villages get open defecation free status (ODF) and communities adopt good hygiene practices, particularly handwashing with soap.

Analytical statement of progress
In 2017, 42 per cent of targeted villages were declared ODF. Two hundred and seven villages with a combined population of 150,833 people were triggered for CLTS in Mambéré-Kadéï and Sangha-Mbaéré. This was accomplished through PCAs signed with four new partners (national NGOs). The total population living in ODF villages is 21,000, including 6,500 men, 6,900 women, 4,000 girls aged 0–5 and 3,600 boys aged 0–5. This represents 4,090 households with latrines. The percentage of ODF villages is low because the process is ongoing through 2018 and training and implementation activities will continue through the end of the year.

During the CLTS process, sanitation committees were trained to sensitize communities on good hygiene practices, including handwashing with clean water and soap and household water treatment. In addition, the presence of a handwashing device with soap or ashes next to the latrines is part of the ODF certification criteria. CLTS activities were developed through PCAs signed with four new partners (national NGOs) and capacity development of their staff to support community-driven initiatives and monitoring of activities.

In addition, UNICEF Central African Republic developed the ‘healthy and peaceful village’ pilot project, which integrates education, protection and health interventions, with CLTS as the entry point. The project promotes a participatory and inclusive community approach. It places the members of the community at the heart of the decision-making process. It encourages people to define their needs and objectives and to act collectively to satisfy and realize them. In addition to WASH interventions, the project also involves birth registration; uses an inclusive approach (includes women and people with disabilities); promotes the rights of women, children and the most vulnerable; and strengthens social cohesion and community conflict management. More than 62,000 people were reached with hygiene promotion activities and sensitization on community water management and handwashing with soap during the celebrations of World Water Day and Global Handwashing Day.

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
Access to basic sanitation was improved for the users of infrastructures in 26 schools and in four health centres. This benefited 17,000 students and 600 patients (per day) through the construction of 21 cabins of latrines and the rehabilitation of 57 cabins of latrines in the schools and four blocks of three latrines each in the health centres. Management and maintenance of sanitation infrastructure in schools is the responsibility of the parents/students associations and school hygiene clubs. A management committee plays this role in the health centres. WASH facilities management capacities were strengthened by training 43 school hygiene club members and management committee members in four health centres. In addition, 174 school teachers were trained to sensitize children on good hygiene practices and WASH-related disease issues.

In term of constraints, the lack of sufficient funds prevented UNICEF Central African Republic from achieving its targets. Moreover, the construction of latrines in schools and health centres by private companies took more time than expected. This was due to the lack of interest local
enterprises have in such activities in terms of cost and mobilization of capacities to work in remote areas, for example. In the future, it will be necessary to strengthen coordination with the education and health sections for better synergy and also for more effective fundraising.

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

**Analytical statement of progress:**
In 2017, 291,982 affected people gained access to safe water, and an additional 189,588 affected people gained access to safe maintained sanitation facilities. This was achieved mainly through water point rehabilitation, water trucking, pumping from boreholes, water chlorination, construction, maintenance and management of latrines and showers as well as solid waste collection and final disposal. During the year, UNICEF Central African Republic successfully experimented well jetting in Kaga-Bandoro; the boreholes were first equipped with motorized pump and later on were equipped with hand pumps in order to compass with local practices of users.

Moreover, the beneficiaries mentioned above were also sensitized on good hygiene practices through public awareness campaigns and during home visits. In addition, 11,000 people benefited from the distribution of WASH kits composed of jerrycans, soap and water purification tablets. Hygiene promotion and specially handwashing with soap was systematically conducted alongside water supply and sanitation activities.

The WASH section continued to ensure the timely management of the contingency plan and the pre-positioning of WASH supplies to facilitate faster response and build resilience capacities in Bangui and in the four UNICEF Central African Republic zonal offices (Bambari, Bouar, Kaga-Bandoro and Bossangoa).

One of the most important challenges was limited humanitarian access due to insecurity, which prompted NGOs to flee hotspots. Partnerships were established with local partners such as CARITAS in Bambari and Bangassou and Echelle in Kaga-Bandoro to fill the gap. In some cases, UNICEF Central African Republic even carried out direct implementation, including the deployment of DGH and National Agency for Rural Water and Sanitation staff members.

All sub-clusters and the national cluster organized regular monthly or bi-monthly cluster meetings and the flow of information was systematized to facilitate a bottom-up approach to address identified gaps towards a coordinated, child-centred response. The specific needs of children and protection-related issues in regard to WASH activities were identified, corrective measures were undertaken and reflected in the HRP 2018 indicators.

To foster intersectoral synergies and responses, strategic decision-making tools and processes documents were developed by WASH cluster partners including technical working groups on WASH in schools (with the UNICEF-led education cluster) and WASH-CCCM-protection. A strategic operational framework with agreed-upon standards for the WASH sector was elaborated in mid-2017 with support from the global WASH cluster and made available for the cluster members. The WASH cluster mobilized US$4,307,000, including US$1.02 million for UNICEF Central African Republic through CHF and Central Emergency Response Fund allocations.
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
As a result of the commitment and diligent efforts put forth by MOE with important support from UNICEF Central African Republic and its implementing partners, donors and key education stakeholders, significant progress towards the objective set through this outcome was achieved, improving access, quality and governance in the education sector. Preliminary MOE statistics for 2016–2017 record a 26 per cent increase in primary school students compared with 2016. This increase can be partly explained by the current context, in which many over-aged 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 throughout 2017, notably in Mbomou, Nana-Grébizi, Ouham and Ouham-Pendé. As a result, over 20 per cent of schools remained closed three months after the official opening of the academic year, which was similar to the end of the 2016–2017 school year, when MOE estimated that only 80 per cent of schools were functioning. Nevertheless, this is an overall improvement compared with 2014, when approximately 65 per cent of schools were closed.

Measuring progress in terms of access to education is challenging due to a significant lack of recent data in relation to the education sector, both in terms of supply and demand. As of December 2017, the most recent estimate of the number of primary-school-aged children in the Central African Republic (approximately 750,000) dated from 2011.

Assessing quality also remains a challenge due to a lack of relevant data. To address this, the UNICEF Central African Republic continued to support the EMIS to provide up-to-date information. According to the Statistics Yearbook 2015–2016 (Annuaire Statistiques 2015–2016), the retention rate for primary school was 48 per cent and only 40 per cent for girls. To better assess learning outcomes, UNICEF Central African Republic is also supporting MOE to be included in a cluster PASEC that will be conducted in 2019.

The Central African Republic remains a fragile state in which the current conflict continues to impact national budget allocations. In this context, a relatively low proportion of the national budget was allocated to the education sector (an estimated 16 per cent of the national budget). Though this was a 7 per cent increase over 2016, lack of funding continues to hinder progress towards this goal. In addition, poor infrastructure and road conditions further hamper access to education. As a result, some of the most isolated rural areas of the Central African Republic have proven difficult to reach through UNICEF Central African Republic programming, notably in the northeastern districts of the country (Vakaga, Bamingui-Bangoran and Haute-Kotto).

Despite these ongoing challenges, UNICEF Central African Republic has provided significant contributions to improving access to quality education for children in the Central African Republic as part of ongoing partnerships with MOE, donors and implementing partners through important activities such as distribution of teaching and learning materials, reinforcing capacity for the oversight and supervision of teachers, construction and rehabilitation of schools, social mobilization, EiE programming, and the provision of institutional support to MOE. In 2017, UNICEF Central African Republic supported nine implementing partners under the Global Partnership for Education (GPE) and European Union programming and 10 implementing...
partners in EiE programming.

EiE programming has allowed for the provision of a safe, secure and quality learning environment, including the provision of teaching and learning materials for 56,673 children (76 per cent of the target and 49 per cent girls) in 315 TLS created in 38 internally displaced persons sites. The teaching and learning environment was improved through the provision of the remaining textbooks provided with GPE and European Union financing in 2017; a total of 270,473 textbooks and 3,151 teachers’ guides were distributed in 2017, ensuring that in total since 2015, over 50 per cent of teachers’ and children’s needs in the country have been met.

UNICEF Central African Republic contributed to reinforcing service delivery, ensuring access to education and addressing the issue of damaged or destroyed infrastructure by supporting the completion of the construction of nine schools, carrying out heavy rehabilitation of nine schools (with heavy rehabilitation of 24 schools to be completed in 2018) and light rehabilitation of 141 schools, with eight schools still underway.

MOE took the lead in the provision of EIE training for approximately 579 teachers (40 per cent women), with support from MOH and UNICEF Central African Republic education, protection and health staff, which included psychosocial support training, 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 and MINUSCA to monitor and report attacks against education through the Monitoring and Reporting Mechanism.

Finally, holistic, cross-sectoral programming and efficient partnerships in 2017 have significantly contributed to increased access to quality education for children in the Central African Republic. A ministry-led steering committee made up of education stakeholders, including UNICEF Central African Republic 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 2017.

**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**

MOE made progress towards realizing this output with the support of UNICEF Central African Republic and partners. Preliminary MOE statistics for the school year 2016–2017 record a 26 per cent increase in primary school students compared with the statistics from 2015–2016. Nevertheless, insecurity continued to constrain access to education in 2017, with an escalation of violence in May 2017 resulting in the majority of prefectures in the Central African Republic being assessed as conflict-affected. To date, approximately 20 per cent of schools remain closed.

UNICEF Central African Republic continued to support the return of children to school where access was possible. Key actions undertaken by UNICEF Central African Republic to improve access to preschool and primary school included the construction and rehabilitation of schools and sanitation facilities and the provision of learning materials and equipment for these schools.
In 2017, under the GPE and European Union programmes, UNICEF Central African Republic supported 380,931 primary-school-aged children (37 per cent of all primary school children enrolled and 109 per cent of the target) to return to approximately 830 schools through the distribution of learning materials and the rehabilitation of classrooms and sanitation facilities.

Through the implementation of the European Union-funded programme, UNICEF Central African Republic successfully maintained 171,971 children in the 300 target schools located in four prefectures (Ombella-M’Poko, Kémo, Nana-Grébizi and Bamingui-Bangoran) and in the capital Bangui. In addition, with European Union funding, educational facilities were improved through the rehabilitation of 102 primary and preschool structures with WASH-related facilities.

Key results of the GPE programme include providing support to 208,960 children in over 525 schools in 10 prefectures (Ouaka, Ouham, Ouham-Pendé, Nana-Mambéré, Mambéré-Kadéï, Mbomou, Haut-Mbomou, Sangha-Mbaéré, Basse-Kotto, and Lobaye), as well as finishing the rehabilitation (heavy and light) of 110 schools and completing the construction of all nine schools targeted. In 2018, MOE will continue to provide teacher training with UNICEF Central African Republic support under an extended GPE programme.

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**

Significant milestones were realized through sector coordination in 2017, thanks in part to UNICEF Central African Republic support as cluster lead and its important role in overseeing coordination priorities for humanitarian and early recovery efforts. This 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 2017, it was estimated that approximately 500,000 children were affected by the ongoing crisis in the Central African Republic. In the 2017 HRP, based on government and partner capacity and available resources, the education cluster in collaboration with MOE targeted 94,400 children in areas affected by the ongoing crisis to benefit from TLS and 351,000 children to receive learning materials. Based on these targets and the capacity of the Government and partners, UNICEF Central African Republic targeted 75,000 and 85,000 children, respectively. Under EiE programming, UNICEF Central African Republic, in collaboration with MOE and implementing partners, supported 315 TLS for 56,673 children (49 per cent girls) including the provision of 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 579 EiE teachers (40 per cent women) was carried out by MOE and UNICEF staff.

UNICEF Central African Republic supported the education cluster to raise awareness on reporting attacks against education through the Monitoring and Reporting Mechanism. In 2017, over 61 cases were reported through this system. UNICEF Central African Republic alerts key stakeholders, including the Government, to facilitate a rapid response to these attacks. In addition, EduTrac provides a channel through which to report attacks on schools, including looting, occupation, destruction and violence.
UNICEF Central African Republic provided psychosocial training for 766 teachers (48 per cent women) and carried out advocacy so that this training packet will be integrated into the national teacher training modules in 2018.

UNICEF Central African Republic continues to work closely with MOE officials and local partners to coordinate the EiE response. MOE appointed a focal point for the education cluster and established an 'emergency cell' responsible for the oversight and coordination of EiE programming. UNICEF Central African Republic education section staff participated in joint assessment missions in several hotspots (Batangafo, Bria and Bangassou) to support the humanitarian response in these crisis-affected areas.

The UNICEF-led education cluster mobilized US$7 million to support EiE programming. This significant funding from Education Cannot Wait and Humanitarian Funds will ensure that over 72,000 children in crisis-affected areas have access to quality education.

**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 (2015–2016) records a gender parity index in primary schools at 0.80 at the national level.

MOE mainstreamed gender disaggregation in data collection to ensure gender-sensitive planning and programming that performs well against gender markers and indicators with support from the UNICEF Central African Republic education section.

In addition, in an effort to better respond to girls’ educational needs, MOE strived to achieve gender parity in training for teachers, school directors, parent-teacher associations and local education authorities. The promotion of girls’ education was integrated into activities under the back-to-school campaign.

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

**Analytical statement of progress**
In order to improve teaching and learning, MOE oversaw several initiatives to ensure that children remain in school and receive quality education. UNICEF Central African Republic provided technical and financial support for the provision of textbooks and teaching and learning materials, pre- and in-service teacher training, improving the capacity of local education authorities to carry out effective teacher supervision, the provision of testing in an open and transparent environment and advocating for schools and quality education as an entry point to promote peace and social cohesion in the Central African Republic.

In 2017, teaching and learning materials such as textbooks and school kits have been distributed to 135,237 children and 3,151 teachers, decreasing the average student-textbook ratio in 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 and 500 teachers completed the 'in-school' training as part of the three-year
training package. Additionally, 1,601 community teachers (25 percent of all community teachers nationwide and 812 teachers with a diploma) received pedagogical support through in-service training.

To assess learning outcomes, UNICEF Central African Republic supported MOE in the organization of official examinations and admission tests (distribution of tests and collection of copies, pedagogical supervision and follow-up and so on) within the framework of teacher recruitment and the validation of students’ achievements.

In addition, UNICEF Central African Republic, in collaboration with MINISCUA, supported MOE to organize exams in areas where, due to violence, end-of-year exams were not possible in June 2017. In total, over 5,000 children were able to take exams in October or November 2017, with a 73 per cent pass rate. Moreover, in close collaboration with MINUSCA, UNICEF Central African Republic supported the deployment of teachers in marginalized areas such as Vakaga in the northeastern part of the country.

UNICEF Central African Republic also advocated to position quality education as a major contributor to peace-building and social cohesion. In support of this initiative, student government club activities continued to promote student participation in school governance and the implementation of school-level violence reduction plans.

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

**Analytical statement of progress**
Due to ongoing insecurity, which shifted programme priorities, this output was not addressed in 2015 but it is hoped that in 2016 where security permits, UNICEF Central African Republic in collaboration with MOE will roll out this important component that assures schools provide quality education and promote a welcoming child-centred environment.

**OUTPUT 3** By 2014, 90 per cent of parent-teachers in the seven post conflict prefectures are able to provide a minimum standard of quality education.

**Analytical statement of progress**
Approximately 56 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, often with only a basic primary education, lack official teaching credentials. UNICEF Central African Republic continued to harness parent-teacher motivation and potential by supporting teacher training for 1,601 parent-teachers and the provision of small monthly stipends through the GPE and European Union programmes.

In 2017, UNICEF Central African Republic also supported MOE to provide pre- and in-service training to 1,812 teachers (1,000 teachers for pre-service training and 812 teachers for in-service training). This training included instruction in basic pedagogical skills to ensure quality teaching so that children have basic skills in reading, writing and mathematics. In total, approximately one in three teachers (3,413) in the Central African Republic participated in UNICEF-supported training.
In addition, in order to ensure a conducive learning environment and improved learning outcomes, UNICEF Central African Republic’s implementing partners under the GPE and European Union-funded programmes distributed 270,473 textbooks (French and mathematics) and 3,151 teachers’ guides in 2017. Since distribution began in 2015, over 50 per cent of student and teacher needs in the country have been met. UNICEF Central African Republic also provided basic teacher and student materials (school in a box, recreation kits, and locally purchased items) to 107,580 students and 1,182 teachers in 2017.

To support advocacy, planning and policy development, UNICEF Central African Republic finalized a study on the status of teachers, which identified key strategies to improve the overall management and supervision of teachers, including parent-teachers. Additionally, in recognition of the significant need for teachers, the World Bank is developing an education programme to support teachers, including parent-teachers and school directors, to improve quality in the classroom.

UNICEF Central African Republic also supported the provision of training for 892 members of parent-teacher associations on school governance in order to foster a better learning environment. UNICEF Central African Republic will continue to support teacher trainings, school rehabilitation and the distribution of school furniture in order to improve the learning environment in 2018.

**OUTPUT 4 Ministère de l’Education (MEN) et autres autorités de l’éducation au niveau central et déconcentré soutenus et renforcés**

**Analytical statement of progress**

In 2017, institutional support provided to MOE focused on: 1) the strengthening the EMIS; 2) sector plan implementation, review, coordination and strategic planning; and 3) school monitoring.

UNICEF Central African Republic provided technical assistance for the evaluation of the transition plan for 2015–2017. Based on this evaluation, UNICEF Central African Republic supported MOE in the development of a transition plan for 2018–2019, which outlines important priorities and activities focusing on reducing disparities, enhancing teacher qualification and facilitating management and governance, particularly to improve the Government’s commitment to financing the education sector. This transition plan provides the foundation for the development of a national education sector plan 2020–2029.

UNICEF Central African Republic continued to support the EMIS through ongoing capacity-building of the MOE statistics and planning unit. This support was operationalized through joint technical support from UNICEF Central African Republic and the UNESCO Institute for Statistics. Key achievements included the validation of a procedures manual on data collection, revision of the questionnaires for pre-school, primary, secondary and vocational training, support for operational costs and equipment, training of MOE personnel on data collection and the validation and production of the *Statistics Yearbook 2016–2017*.

To inform stakeholders on the state of education and steer programming in this sector, a study on the status of teachers was finalized that provides important information to guide policy and advocacy.
As part of ongoing efforts to promote decentralized monitoring and better decision-making at the centralized and decentralized levels, UNICEF Central African Republic, in collaboration with MOE, continued to employ EduTrac, an innovative method to collect real-time school data via SMS messages from school principals. Six surveys on children’s and teachers’ attendance, student success rates in school, the availability of WASH facilities and schools receiving pedagogical support from local authorities were conducted for the 2015–2017 school years. Communities also used this system to provide alerts on attacks against schools.

UNICEF Central African Republic, in collaboration with MOE and AFD, supported the elaboration of the RESEN. A solid first draft was provided in December 2017 and a final version will be completed in early 2018. This comprehensive document, which outlines the state of education in the Central African Republic, is essential to ensure future education financing.

UNICEF Central African Republic advocated for the inclusion of the Central African Republic in a cluster PASEC in 2019. This will provide critical qualitative evaluation of learning outcomes for primary-school-aged children and form the basis to ensure quality in education.

**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 2017, 159,077 children (84 per cent of the target), including 74,958 girls, received appropriate assistance from UNICEF Central African Republic and its implementing partners. These results were mainly achieved through the emergency component of the programme.


At the national level, the Government validated the revised Child Protection National Policy and the National Strategy to End Child Marriage. The programme reinforced upstream interventions through the revitalization of two coordination frameworks (civil registration and juvenile justice) alongside the child protection sub-cluster. As a result, downstream actions were enriched in the field.

Progress was achieved despite the ongoing crisis forcing the Government to prioritize emergency response. The re-establishment of the institutions and services in charge of child protection has been a challenge and, as a result, system strengthening was hampered.

With technical and financial support from UNICEF, implementing partners were trained on the child protection system, advocacy and holistic assistance for vulnerable children.

UNICEF Central African Republic worked with several national and international civil society partners, as well as United Nations agencies, including MINUSCA, UNDP, UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), on advocacy efforts aimed at building a protective environment for children in the Central African Republic.
UNICEF Central African Republic received funding support from UNICEF National Committees, the European Union and the governments of Andorra, Belgium, France, Japan and Spain.

Despite weak community involvement, national civil societies encouraged community-based initiatives such as ‘volunteer mothers’ in Kémo where insecurity is still volatile. Those initiatives aimed at helping communities to protect their children from recruitment by armed groups and child marriage.

Data collection on child protection issues in the humanitarian context was improved with the system put in place by the child protection sub-cluster led by UNICEF. Though progress was made, there is still room for improvement given the weak involvement of national actors.

UNICEF Central African Republic leveraged other implementing partners’ resources to better assist children in the field. For example, the collaboration between UNICEF Central African Republic and the NGO Plan International in Kaga-Bandoro helped to support more than 100 children recently released from armed groups.

National sectoral strategies and policies, as well as the Central African Republic’s alignment with two international legal instruments (the African Charter on the Rights and Welfare of the Child and the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict), laid the foundation to:

- accelerate the adoption of the child protection code to domesticate the international prescriptions;
- strengthen the capacity of counterparts, including the Government, to improve service provision to the most vulnerable children;
- strengthen the capacity of counterparts to collect and centralize data, based on experiences learned through the child protection sub-cluster.

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

**Analytical statement of progress**

After the presentation of the second periodic report in January 2017, the Government started to implement the recommendations made by the Committee on the Rights of the Child in Geneva, Switzerland. The national commitment on children’s rights was accelerated by the validation of the revised Child Protection National Policy in August 2017 and the National Strategy to End Child Marriage in the Central African Republic in November 2017.

Ongoing armed conflict that forced the Government to prioritize emergency response hampered the effective functioning of the Child Protection National Council (CPNC) and its five committees.

Under the leadership of the Ministry of Social Affairs, the Ministry for the Promotion of Women, Family and Child Protection, and the secretariat of the CPNC, two ad-hoc committees were set up with the technical, financial and advocacy support of UNICEF Central African Republic. This helped the country to meet international and national requirements, including the development of the periodic report presented in January 2017. These efforts also led to the revision and
validation of the child Protection National Policy and the National Strategy to End Child Marriage in the Central African Republic.

Despite the above-mentioned achievement, the sector suffered from the inactivity of the CPNC, which is supposed to be the national framework in charge of the effective and efficient implementation of the child protection programme in the Central African Republic. High-level advocacy will be undertaken to facilitate the resumption of the activities of the CPNC and its five committees in the coming years.

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
The capacities of state and non-state actors were strengthened during this period. A coordination framework involving state actors (justice, health, education, minors’ police and the Ministry of Social Affairs) as well as United Nations agencies was set up by the president of the children’s court in Bangui. The framework was functional even though the participation of some members was irregular.

A training on the reference system and investigation procedures was provided at the school for administration and magistrates by MINUSCA and UNDP. On the operational level, the training was provided through the joint rapid response and punishment for sexual violence against women and children unit. As part of the operationalization of the Special Criminal Court, MINUSCA’s human rights division and justice section and an international organization (REDRESS) provided a workshop on the protection of victims and witnesses. UNICEF Central African Republic provided primarily technical support in child justice as well as expertise and training modules on the protection of children in conflict with the law and other vulnerable children.

As the child protection code is not yet adopted, the operationalization of children’s jurisdictions was not facilitated at the national level. However, as a result of UNICEF Central African Republic’s and partners’ efforts, 156 children (42 per cent of children accused of witchcraft), including 140 girls, were placed in alternative care. In addition, 55 children in contact with the law, including nine girls, were provided with medical references, psychosocial support and food, and were relocated when necessary and received follow-up.

For the coming year, the focus will be on the adoption of the child protection code and its implementing measures. An operational and pragmatic action plan for the short and medium terms will be developed to address the recommendations made by the Committee on the Rights of the Child as well as the obligations that the Central African Republic must uphold. Otherwise, it is foreseen that the programme implementation of justice for children will remain quite challenging.

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

In 2017, 416 children (200 children living on the streets including 65 girls, 211 children in conflict with the law including 149 girls and five children under 5 living with their mothers in detention) received follow-up and benefited from an assistance package.

Within the humanitarian response, 538 children (65 per cent of unaccompanied and separated children), including 200 girls, were reunified with their families and communities. In addition, 128,785 conflict-affected children (including 60,199 girls) participated in psychosocial activities.

Several training sessions were organized by the child protection sub-cluster and by some of its members on child protection thematic areas.

According to Central African customs, children who have lost their biological parents are taken care of by extended families. For instance, even before the crisis, one out of six children who were not living with their biological parents were cared for by caregivers. Once parents pass away or abandon their children, other family members, such as uncles, aunts or grandparents, take care of the children. This practice helps to keep children in a family environment that can reduce the risk of violence, exploitation, abandonment and family separation.

Next year, all categories of vulnerable children will be supported under the prevention and response plan for child victims of violence through the service package and adapted multisectoral strategies.

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

Based on ministerial decisions and in the absence of a national policy on civil registration, a coordination committee on civil registration (with the European Union, AFD, the World Bank, representatives of the ministries of planning, health and justice, the Association of Mayors of the Central African Republic, national civil societies and United Nations agencies) was set up in 2017. This committee developed a work plan in 2017 and projected it until 2021 to define a policy and improve the civil registration rate.

As a result of routine activities, 25,426 children including 12,606 girls (30 per cent of the 83,460 estimated newborns) had their civil status registered within the due date (one month after the birth).

These results were achieved as a result of a UNICEF Central African Republic strategy aimed at extending the child protection-in-emergencies service package and a new collaboration between birth registration and the health sector.

Several obstacles hamper timely birth registration: the lack of functional birth registration services (facilities and human resources); the short timeframe to declare a child’s birth (one month) and the cost of registration. To address those constraints, efforts should be made on the following action points taken by the Government: 1) deployment of officers in the civil registration offices in secured locations; 2) extension of the timeframe to declare a child’s birth; and 3) reduction of registration cost.
In the coming country programme, UNICEF Central African Republic will increase its support to increase birth registration with the collaboration of the education and health sectors.

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
Efforts were made to reinforce the Government’s capacity in the legal and governance aspects of responding to the humanitarian crisis. Emergency interventions continued to release children from armed groups, provide care for child victims of violence, abuse and exploitation as well as other vulnerable children affected by armed conflict through foster families, transit orientation centres and child-friendly spaces.

The capacities of government partners and national civil societies were reinforced through trainings and financial and technical support to ensure the release of children from armed groups and the reintegration into their communities. Members of armed groups benefited from trainings and awareness-raising sessions on children’s rights and their obligation to release children. As one of the main results, a command was issued by two armed groups to release all children associated with them and stop new recruitment.

At the end of 2017, 2,969 children (85 per cent of the target), including 834 girls, were released and assisted by child protection actors. Out of them, 2,189 children (898 girls) benefited from a socio-economic reintegration programme. Since 2014, 11,459 children (114 per cent of the target), including 3,315 girls, have been released. However, 37 per cent of the released children are still waiting for the socio-economic reintegration programme due to lack of funding.

Regarding gender-based violence and sexual exploitation and abuse, technical or operational support was provided to national and international partners to strengthen their capacity on victim assistance. In addition, coordination between various actors was improved. Tools such as the information-sharing protocol and its annexes were being finalized. The effective implementation of the tools developed in 2017 will remain a key area of focus in the coming years.

In 2017, a total of 939 gender-based violence and sexual exploitation and abuse survivors, including 282 survivors of sexual exploitation and abuse allegedly committed by international forces including MINUSCA forces and other humanitarian actors, received holistic assistance. Out of 282 sexual exploitation and abuse survivors, nine cases involving eight children (five girls and three boys) allegedly committed by international forces were newly reported during 2017.

These results were achieved through the collaborative efforts of United Nations agencies, technical services of the Government, the presidential office and national and international civil societies. The joint advocacy made by UNICEF-MINUSCA child protection led to the signatures of directives to release the children by two armed groups. As a result, more than 600 children were released in Nana-Grébizi, Ouaka and Vakaga prefectures.

Ongoing conflicts between armed groups hampered the reintegration of child victims of abuse and exploitation. In 2017, 115 children newly recruited were released (compared with 74 in
and 47 attacks on and occupations of schools and hospitals were recorded. MINUSCA and UNICEF Central African Republic jointly advocated for several armed groups to respect the agreements signed for the release children at the Bangui Forum in May 2015.

UNICEF Central African Republic used innovative and ad-hoc approaches, such as leveraging other implementing partners’ resources – for example, Plan International, which obtained other funding to assist children in Kaga-Bandoro prefecture. Furthermore, with the support of UNICEF WCARO and UNICEF Headquarters in New York, resource mobilization efforts were through the submission of proposals.

A girl formerly associated with an armed group participated in the World Children’s Day on 20 November 2017 in New York. In addition, communication activities were undertaken by the chief of the child protection section at the side event organized by UNICEF and the Government of Belgium before the launching of the 2016 United Nations Secretary General’s report on children involved in armed conflict.

These efforts will continue in 2018 and 2019 to improve the child protection response in the humanitarian crisis. In the HAC and HRP, the newly set targets will be: 3,500 children associated with armed groups to be released and supported; 1,000 unaccompanied and separated children to be reunified with their families and communities; 1,000 survivors of sexual violence to be holistically assisted; and 100,000 children to be received by child-friendly spaces.

Furthermore, the appointment of the victim’s rights advocate of sexual exploitation and abuse at both global and national levels and the revitalization of the Protection from Sexual Exploitation and Abuse Humanitarian Task Force will contribute to improving coordination between humanitarian actors and MINUSCA.

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

**Analytical statement of progress**

Out of 3,500 children, 2,969 children (834 girls) were released from armed groups and reunified with their families and communities in the prefectures of Ouaka, Nana-Grébizi, Haut-Mbomou, Lobaye, Ombella-M’Poko, Bangui, Ouham, Ouham-Pendé and Kémo. Among them, 2,189 children (898 girls) benefited from reintegration programmes; 80 children (34 girls) were reintegrated into school; 2,022 children (835 girls) were reached with trades activities; and 87 children were reached through other community reintegration activities.

As a result of the advocacy activities with armed groups conducted by UNICEF and MINUSCA, of the children released, 840 children were separated directly from armed groups, while 2,129 were identified and verified in the community with the support of community members or their former commanders.

As a leading child protection actor, UNICEF continued raising issues around children associated with armed forces and armed groups within the various coordination frameworks set up by the head of state to keep them on the agenda of both the Government and donors in 2016. The lack of financial resources had a negative impact on these activities.
The decreased funding limited the zones covered by the programme and had a negative impact on the socio-economic reintegration of the released children; 37 per cent of children who have been released from armed groups since 2014 are still waiting for a socio-economic reintegration programme. To mitigate the constraints, community structures were mobilized to protect children. Community-based initiatives such as the 'volunteer mothers' were introduced to protect and socially integrate children, especially girls. In addition, operational partner Plan International was requested to cover the gap in Kémo prefecture.

Efforts will continue to be made to improve the child protection response in humanitarian crises. In 2018 and 2019 efforts will aim at releasing and supporting 3,500 children associated with armed forces and armed groups targeted in accordance with the HAC and HRP.

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

**Analytical statement of progress**

In 2017, a total of 939 gender-based violence and sexual exploitation and abuse survivors, including 282 survivors of sexual exploitation and abuse allegedly committed by international forces including MINUSCA forces and other humanitarian actors, received holistic assistance. Out of 282 sexual exploitation and abuse cases allegedly committed by international forces, nine cases were reported in 2017, while others were reported during 2014–2016.

A total of 666 gender-based violence and sexual exploitation and abuse cases were recorded and taken care of in 2017: nine sexual exploitation and abuse cases involving international forces (five girls and three boys); 326 of rape (114 girls and one boy); 31 cases of sexual assault (20 girls); nine cases of child marriage; 201 cases of physical violence (98 girls); 68 cases of psychological violence (eight girls) and 22 cases of denial of resources (no children involved).

These results were achieved thanks to collaboration with United Nations agencies, technical services of the Government and national and international civil societies. In 2017, UNICEF Central African Republic’s partners registered 666 cases of sexual violence compared to 1,700 in 2016. The decreased number does not mean that sexual violence decreased. It is due to the decreased resources of UNICEF Central African Republic’s partners and service providers and, consequently, decreases in geographical coverage. In fact, the research published by Human Rights Watch in 2017 shows an increase in sexual violence and a decrease in partner resources to ensure quality response.

Regarding sexual exploitation and abuse, although resources remain limited, efforts were made to develop coordination tools (information sharing protocols and their annexes, revision of the action plan and finalization of the sexual exploitation and abuse victim assistance protocol), which will continue in 2018 and 2019.

**OUTPUT 3** 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**
Children affected by conflict, including children associated with armed forces and armed groups, were supported in family settings by 444 transitional foster families. Out of these families, 184 were newly trained in 2017 (260 other foster families were already trained and registered in the database). Children’s placement in trained foster families was based on the guidelines issued by the Ministry of Social Affairs.

Within communities, 120 mobile and fixed child-friendly spaces have been established for better protection and improved environments for children and their parents.

A total of 128,785 conflict-affected children (258 per cent of the target), including 60,199 girls, participated in psychosocial activities. Furthermore, 834 unaccompanied and separated children (167 per cent of the target), including 327 girls, were identified and documented. Out of those identified and documented children, 538 (65 per cent of the target), including 200 girls, were reunified with their families and communities.

Important components, such as parent education, remain weak. Initiatives such as ‘volunteer mothers’ in Kémo prefecture helped to fill the gap. Parents’ involvement will be more systematically addressed to promote sensitive approaches to child protection, including the practice of non-violent discipline.

**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**

Finalized at the end of 2016, the RCPCA 2017–2021, in which the Government set out its priorities, was in its first year of implementation in 2017. Implementation began by setting up the governing bodies and by developing the operational tools that were intended to support smooth implementation.

UNICEF Central African Republic participated in the major activities around pillar 1, ‘support peace, security, and reconciliation’ and pillar 2, ‘renew the social contract between the state and the population’. While pillar 1 is closer to UNICEF Central African Republic’s child protection interventions, pillar 2 covers relevant social services for UNICEF interventions (health, education, child protection services and WASH). UNICEF Central African Republic’s support included, among other efforts, periodic reporting on major achievements and the annual review of the RCPCA. In the course of the preparation of the CPD 2018–2021, the RCPCA was used as the major national priorities document. UNICEF Central African Republic and its national counterpart used this document to ensure the alignment of the CPD with national priorities. As a result, the CPD results fall under pillar 2 of the RCPCA. The same alignment exercise was conducted with other United Nations sister agencies in the course of the finalization of the United Nations Development Assistance Framework Plus 2018–2021.

The Central African Republic has shown some gaps that hindered the implementation of the activities. The major gaps are, among others, 1) the fulfilment of aid conditionality that would have triggered the timely disbursement of funds; and 2) the low absorption capacity.

With support from UNICEF Central African Republic, UNDP and the World Bank, the RCPCA monitoring framework is being finalized. The final product will be developed under the online tool DFA.MONITORING as agreed by the main stakeholders. This will increase the accountability of the Government and its major partners on reporting and will contribute to
building transparency. The mid-term evaluation of the RCPCA in 2019 will thus benefit from a strong monitoring system accessible to everyone from anywhere. UNICEF Central African Republic and other partners will play a prominent role in developing the capacities of national counterparts.

OUTPUT 1 Partners at national and subnational levels regularly develop, implement and monitor plans that apply the principles of HRBA, results-based management (RBM), gender and the approach of the Marginal Bottleneck Budgeting (MBB).

Analytical statement of progress
As part of the preparation of the results framework of the RCPCA, capacity-building efforts for RBM continued in 2017. The capacities gained are an asset to support sector-level efforts to bring sectoral documents in line with the principles of results-based programming and human rights-based approaches to programming. These capacity-building efforts were jointly led by the World Bank, the United Nations Resident Coordinator’s Office, UNDP and UNICEF.

However, an in-depth analysis of institutional capacity building for RBM recommended a paradigm shift. Thus, a strategic partnership between the Ministry of Planning and Economy, RECASE and the Ministry of the Civil Service and the modernization of the administration was agreed upon and is being acting on. This partnership aims to build capacity for RBM and human rights-based approaches to programming more systematically and to increase the effective use of the skills gained. This will be guaranteed through a performance contract with all participating structures starting in 2018. This contract will clearly outline the accountabilities framework.

In addition, and as part of the implementation of the recommendations of the gender programmatic review conducted in 2016–2017, the priorities identified have been integrated into the CPD and translated into the 2018–2019 work plans. A specific plan that integrates all gender interventions will be finalized and will be systematically monitored by the CMT from January 2018.

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
The RCPCA has integrated social protection into pillar 2 by assigning it at least four result areas: 1) improving the political and institutional framework for social protection; 2) the expansion of the social protection framework; 3) targeting vulnerable and specific groups; and 4) developing administrative capacity to provide and deliver social protection services. These four areas constitute the backbone of the agenda around social protection and an opportunity for pooling the efforts of the Government and its partners in this field.

Under the leadership of the Government, UNICEF Central African Republic, the World Bank and the International Labour Organization (ILO) have jointly defined a roadmap to enable the Government to have a national social protection policy by 2019. In this respect, these three partners have supported the Government in reflections on the finalization of the institutional framework for social protection in the Central African Republic as well as the strengthening of the institutional capacities of the national structures potentially involved in the process at the national and subnational levels. However, the Government's technical reorganization, which led
to cabinets being reshuffled in September, did not allow the validation of the institutional framework of the social protection policy.

In addition to the activities aimed at revamping the updated national social protection policy, during which questions on the institutional framework, the road map and the methodology were raised, UNICEF Central African Republic supported national capacity building on the theoretical foundations of the social protection provision as applied to humanitarian and post-crisis situations. The application of the methodology and the impact of possible options to reduce vulnerabilities were also covered. These efforts have enabled the national counterpart to have solid technical capacities to integrate these dimensions for scenario analysis for the Central African context. Partners are now equipped to deal with different social protection measures. These measures span preventive measures intended to avoid deprivation and promotion measures, which contribute to a smooth consumption but also improve the potential income of a household, to transformation measures with a focus on social equity.

**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**
The preparatory work for the Multiple Indicator Cluster Survey (MICS) 6 that started in 2016 was completed in 2017. The questionnaires have been pretested. Thus, the questionnaires were finalized with the support from UNICEF Headquarters in New York and UNICEF WCARO. The governance bodies of the survey, such as the steering committee and the technical committee, were established. The mapping exercises began in the city of Bangui and will gradually spread out to other parts of the country. Security constraints and funding gaps did not allow field operations to be conducted in 2017. An updated calendar of the activities shows that data collection will be possible in early April 2018.

At the national level, UNICEF Central African Republic has sensitized technical and financial partners to support the MICS 6, particularly targeting UNDP, WFP, UNFPA, WHO and the French Development Agency. This informal step aimed at preparing resource mobilization to fill the funding gap.

To ensure long-term capacity building, a strategic partnership with the University of Bangui was established for the introduction of two MICS modules, ‘children under 5’ and ‘women,’ in the curricula of the sociology and anthropology department. This partnership will cover the entire period of the programme cycle from 2018–2021 and will be attended by 200 students.

**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 CAR DevInfo.

**Analytical statement of progress**
Routine and continuous socio-economic data collection remains a challenge for the Central African Institute of Statistics, Economic and Social Studies (Institut Centrafricain des Statistiques des Etudes Economiques et Sociales or ICASEES) and line ministries. This led to a
change in the capacity-building strategy.

Based on recent experiences, isolated action cannot sustainably address the capacity gap. UNICEF Central African Republic has therefore been part of the overall capacity-building plan of ICASEES, mainly driven by the World Bank. From this perspective, UNICEF Central African Republic and other agencies plan to provide a coherent and comprehensive offer of services to ICASEES to enable it to play its full role. There is currently an enabling context that could foster these initiatives:

1) ongoing discussions on the effective organization of MICS in 2018 with technical and financial support from UNICEF Central African Republic and other partners. In 2017, UNICEF Central African Republic supported the adaptation and the finalization of MICS questionnaires and the start of the mapping of the households;
2) the second generation of municipality survey by the World Bank; and
3) the General Population Census plan no later than 2020 with technical and financial support from UNFPA and other partners.

Specifically, UNICEF Central African Republic supported ICASEES with a strategic partnership framework with all planning and statistics departments in the line ministries. This covers services at the central and decentralized levels. Through this partnership framework, a performance contract will be able to engage these ministries to systematically produce statistics in their respective sectors. ICASEES will conduct sectoral analysis with this data to strengthen decision-making at global and sectoral levels.

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 preparation of the 2018–2021 cooperation programme was one of the major activities in 2017. During the period, the strategy notes were finalized with strong involvement from the Government. Based on the contents of these notes, the CPD was finalized and submitted for approval by the Executive Board on 13 September 2017.

During this programming process, an effort was made to build consensus between the Government, the board member states represented in the Central African Republic and other partners in the United Nations system. Thus, several validation steps contributed to ensure ownership and stakeholder accountability. High-level meetings were held with government ministers to discuss the content of the programme. The recommendations were used in the finalization of the document. Thus, the Country Programme has been fully aligned with national priorities as described in the RCPCA as well as in the United Nations Development Assistance Framework Plus.

Statutory reviews were held. In addition, the annual review of 2017 (the last of the cycle) was particularly useful to examine the overall 2012–2017 results. An analysis of constraints that prevailed throughout the Country Programme period 2012–2017 was conducted in a participatory manner. The areas in which the constraints were analysed were: 1) programmatic constraints; 2) implementation of interventions; 3) coordination monitoring and evaluation; 4) decentralization and collaboration with deconcentrated and decentralized structures in the field; 5) management of disbursements and justification of the funding received; 6) issues of technical and operational capacity building of partner structures at central and local levels; 7)
sustainability of the achievements of the interventions; 8) links with sectoral policies; 9) ownership and leadership of the Government; and 10) integration of interventions focused on gender and adolescents. An action plan to overcome the constraints has been made and should be monitored periodically and particularly during the half-yearly and annual reviews during the 2018–2021 cycle.

As the period covered by the programme cycle is only four years, it was decided in consultation with the Government to move to biennial planning, which has the advantage of mobilizing and optimizing the time spent on implementation.

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

**Analytical statement of progress**

The monitoring of the performance of interventions in humanitarian situations has been a constant concern since 2014. During the initial phase in 2016, through a partnership exercise concluded with the Central African Red Cross, the monitoring strategy by third parties quickly showed its limits: 1) the lack of staff dedicated exclusively to this activity due to the insufficiency of staff in the monitoring and evaluation section within UNICEF Central African Republic; and 2) the strong involvement of the National Committee of the Red Cross as an implementing partner in other activities such as the vaccination campaign and cholera response.

Based on the lessons learned from this first phase, the programme initiated discussions with the Government which resulted in a partnership agreement with the Permanent Secretariat for NGOs (SPONG). The choice of SPONG was partly guided by the effective presence of the regional directorates of the Ministry of Planning in the field. This is seen as an asset to guarantee the continuity of service beyond the funding of third-party monitoring.

The partnership with SPONG covers a portfolio of projects led by some 30 national and international NGOs, representing approximately 30 per cent of the total budget spent on PCAs in 2017. SPONG is conducting monitoring activities in humanitarian situations that have been implemented in the southwestern and western parts of the country and specifically in city of Bangui and the prefectures of Kémo, Lobaye, Ombella-M’Poko, Sangha-Mbaéré, Mambéré-Kadéï and Nana-Mambéré. In other parts of the country, another partner is expected to conduct similar monitoring activities from March 2018. Currently, SPONG has started the training of trainers as well as preparatory steps to enter the field.

Prior to the conclusion of this strategic partnership, the Ministry of Planning's services benefited from capacity-building activities in emergency preparedness and response management. This initiative aimed to equip them with the capacity to coordinate body of government’s action as it is assigned to them by ministerial responsibilities.

In order to ensure the sustainability of this monitoring approach, it has been agreed with the Government to make a progressive skills transfer to local bodies and community-based organizations. This approach is in line with the conclusions of the Inter-Agency Humanitarian Evaluation of the response to the Central African Republic’s crisis 2013–2015 conducted in 2015, which outlined the “absence of local and national capacities on disaster responses or well-prepared humanitarian response in the country and region.” To translate this recommendation into practice, an additional statement will be included in all PCAs and
programme documents to make transfer of capacities to local organizations a fundamental engagement.

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

Analytical statement of progress
Key strategic documents focusing on immunization, protection and other essential family practices were either developed or adapted. More specifically, communication plans for measles and cholera were adjusted, while plans for supplementary immunization activities were developed. It is noteworthy that five local communication plans on poliomyelitis were crafted with the support of UNICEF WCARO, following recommendations of the outbreak response assessment mission. The local plans particularly reinforce communication and social mobilization at district levels on polio, but also contribute to reinforcing routine EPI.

In the meantime, a situation analysis of EPI was conducted during the first quarter of the year. Quantitative and qualitative data were collected and analysed to inform the development of a communication plan for EPI. The plan is currently in the form of a draft and is being reviewed through a series of workshops involving all EPI stakeholders, including a civil society organization platform supported by the GAVI Alliance.

The capacities of 18,000 mobilizers, 6,792 criers, 20,480 community leaders and 26 focal points were strengthened as part of the preparation for the roll out of the national immunization days and local immunization days.

Immunizations of special populations were documented through a video documentary filmed with the assistance of a drone, which was the first time UNICEF Central African Republic used this technology. This was done in collaboration with external communication.

Security and access still jeopardized the implementation of interventions, though remediation measures such as dialogue with armed groups and involvement of community leaders and other influencers in planning interventions contributed to slightly mitigating these constraints.

In 2017, a pool of international and national consultants was recruited to facilitate the attainment of key results: an international C4D-polio consultant, two consultants working on EPI, a stop team and five local consultants deployed in UNICEF Central African Republic sub-offices. UNICEF Central African Republic also provided supplies materializing through printed and audio resources. A total of 15,140 posters were developed and produced for the campaigns ‘The Heroes of Vaccination’ (8,482) and ‘I have the right to go to school’ (2,000). In addition, 50 billboards were used for these campaigns. More than 108 radio products (spots, sketches and round tables) were developed and aired through a network of community radio stations across the country. With the support of WCARO, civil servants of MOH were trained to develop local communication action plans.

Critical partnerships reinforcing communication and social mobilization around the themes of protection, education and immunization (mostly poliomyelitis) were established with community radio stations (Ndeke Luka, Ndjoku, Kuli Dounga) and the civil society organization, the Scouts and Mentor Initiative. These partnerships significantly contributed to better information dissemination, as well as to sensitizing and mobilizing communities through door-to-door activities in urban and rural areas, including corridor of transhumance. A partnership was
established with Catholic Relief Services to engage communities to prevent Ebola in the southeast of the country. However, the lessening of the Ebola threat and the fact that the NGO pulled out of the area due to insecurity halted the implementation of this programme.

Collaboration between OCHA and UNICEF Central African Republic was established to develop a proposal aiming at informing the humanitarian response through views, feedback and perceptions of affected communities. The proposal, called ‘Inter-agency collective service for community engagement and accountability’, will optimize the use of U-report and the hotline 4040.

Overall, a shift is required to position C4D in regard to peace-building and social cohesion. This pillar can serve as an entry point for any other thematic area. There are tremendous needs in the area of emergencies. Thus, partnerships with civil society organizations call for greater scale-up in order to reach critical mass. Recommendations of Outbreak Response Assessment 1 and 2 will continue to be scrupulously followed up on in order to better address bottlenecks of C4D-polio for the rounds scheduled in 2018.

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
As a follow-up on the recommendations of the outbreak response assessment mission, five communication plans focusing on the most at-risk health prefectures have been developed. These plans are the first of their kind for poliomyelitis in the Central African Republic. While strategic documents for supplementary immunization activities were developed, the plans for measles and cholera were revised and updated.

A deep analysis was undertaken to inform the development of an overall communication strategy for EPI. Thus, a draft communication strategy was crafted in close consultation with EPI, with MOH’s directorate of community health and with a platform gathering community-based organizations supported by GAVI Alliance.

While discussion took place with the Office of the Prime Minister to foresee the revitalization and adaptation of a national C4D policy, UNICEF Central African Republic was not able to make a breakthrough due to time constraints, but agreed upon a series of workshops to analyse existing documents and evaluate the scope of work, including the need for technical support.

UNICEF Central African Republic provided technical assistance, two international consultants to conduct the assessment of EPI communication and to draft the plan. UNICEF Central African Republic also supported civil servants from MOH to collect and analyse data and organize the review and validation of the final document.

Collaboration with WHO has been constant on immunization and most particularly on poliomyelitis. UNICEF Central African Republic and WHO have conjointly alerted MOH on issues pertaining to good governance in order to improve the quality of implementation of C4D-related interventions.

The renewed territorial division of administrative prefectures into health districts implies a revision of communication strategies according to the dynamics of the new entities.
OUTPUT 2 Increased knowledge of essential family practices nationally have accurate knowledge of at least five key family practices and 60 per cent can state the importance of access to routine health services in the 13 targeted prefectures.

Analytical statement of progress
In 2017, with the support of UNICEF Central African Republic, the National Youth Council in partnership with MOH, the Centre for Information and Guidance of Young People on AIDS and STIs and the Centre for Information, Education and Listening carried out a communication campaign on HIV, AIDS and reproductive health. The campaign reached more than 100,000 adolescents and young people. This activity helped 4,000 adolescents and young people (2,986 girls) be tested for HIV.

Thanks to the partnership with UNFPA, screening tests were available in health facilities. In 2018, the lead will be given to CNLS, which will set up an inter-sectoral steering committee to accelerate the ALL-IN process in the country.

OUTCOME 11 By 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.(2012-2014) 6.2: HIV/AIDS and young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge of HIV and AIDS.

Analytical statement of progress
In 2017, a participatory national analysis of the needs and aspirations of adolescents in health, education, peace, employment and vocational training, connectivity, sports and recreation was completed. The results will orient programming and related policies.

To facilitate adolescents’ access to life skills competencies, UNICEF Central African Republic contributed to the following results:

- A campaign to prevent cholera and promote hygiene and sanitation reached 44,500 students.
- During a 16-day campaign on violence against women and girls, a survey of 2,342 adolescents and young people was conducted to better understand their perception of violence. In addition, 300 students and 9,541 high school students received accurate information on types of violence against girls and women through a conference debate and public radio games.
- In TLS and child-friendly spaces, more than 2,000 adolescents and young people received accurate information on HIV, prevention of unwanted pregnancies and STIs.
- To facilitate access to health services adapted to adolescent needs, 45 health workers and 50 peer educators were trained to provide youth-friendly services.
- The national campaign ‘Youth and Youth Talent for Peace and Health’ reached more than 200,000 adolescents and young people to promote peace-building, social cohesion and civic engagement. Through it, 17,044 girls and 20,200 boys participated in the following disciplines: sports, traditional and modern music, theatre, slam, drawings, dance and poetry.
- A sub-regional forum gathering adolescents from all the prefectures in the Central African Republic and five countries (Burkina Faso, Burundi, Cameroon, the Democratic Republic of the Congo and Gabon) was held in Bangui to facilitate exchanges on peace-
building. Discussions focused on the role of youth and adolescents in peace-building at the sub-regional level. This forum was opened by the President of the Republic and the president of the Pan African Youth Union.

In 2017, UNICEF Central African Republic strengthened the participation and commitment of young people through U-Report, an SMS communications-based tool to empower young people. The number of U-reporters aged from 10–35 increased from 15,000 in 2016 to 24,331 in 2017. Through this platform, major concerns of Central African young people on connectivity were collected by UNICEF and reported in *The State of the World's Children* report.

In addition, thanks to the platform, the concerns and perceptions of 2,131 adolescents and young people were shared during the fifth joint African Union and European Union Summit held in Abidjan, Côte d'Ivoire, in November 2017. In preparation for the summit, 33 surveys were conducted with adolescents and young people on specific themes. The results were shared with the community through the media.

This year, following an awareness campaign, 311 school directors (13 per cent of school directors nationwide) were registered on the EduTrac platform and continuously collected school statistics such as children’s enrolment.

In 2017, the application ‘urgence alert’ was launched to facilitate incidents reports more quickly and to provide a quick response.

As part of a public-private partnership with mobile telephony operators, over 24,000 adolescents and young people were able to express themselves through the U-report platform.

Those results were achieved thanks to strategic partnerships with the Ministry of Youth Promotion, UNFPA and more than a dozen youth associations. UNICEF Central African Republic will continue to strengthen interventions aiming at reducing the vulnerability of adolescents and youth and mitigating risks such as enlistment in armed groups, early marriage and pregnancy.

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

**Analytical statement of progress**

In 2017, specific activities were implemented to reach adolescents to strengthen their life skills:

- A campaign to prevent cholera and promote hygiene and sanitation reached 44,500 students.
- A survey of 2,342 adolescents and young people was conducted to better understand their perception of violence in the framework of a 16-day campaign on violence against women and girls. In addition, 300 students and 9,541 high school students received accurate information on types of violence against girls and women through a conference-debate and radio games;
- In TLS and child-friendly spaces, more than 2,000 adolescents and young people received accurate information on HIV, prevention of unwanted pregnancies and STIs.

**OUTPUT 2** 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 total, 37,244 adolescents (17,044 girls) participated in the following activities aiming at promoting peace-building, social cohesion and civic engagement:

- Sport: 14,210 adolescents including 6,920 girls;
- Sketch: 6,112 adolescents including 2920 girls;
- Slam: 215 adolescents including 18 girls;
- Modern music: 9,212 young people including 3,710 girls;
- Traditional music: 6,218 adolescents including 2,916 girls;
- Poetry: 1,217 adolescents and young people including 543 girls;
- Drawing: 62 adolescents including 17 girls.

Adolescents are eager to pursue activities that encourage peace and social cohesion. The National Youth Council set up a steering committee the membership of which includes representatives of 10 youth associations.

UNFPA, the Ministry of Youth Promotion, MOH and the Ministry of Culture provided technical support in coaching youth associations for the success of the Youth Talent for Peace campaign. In 2018, efforts will be made to promote young talents and encourage them to become peace ambassadors.

OUTCOME 12 Emergency Preparedness Response-EWEA

Analytical statement of progress
In 2017, UNICEF Central African Republic’s humanitarian assistance continued to focus on identifying the most vulnerable populations, assessing their needs and providing a response based on UNICEF’s Core Commitments for Children in Humanitarian Action. Life-saving interventions and risk reduction for conflict-affected, displaced and enclaved people in the Central African Republic continued to be the major concerns.

Using the cluster approach, and leading the child protection sub-cluster and the WASH, nutrition and education clusters, UNICEF Central African Republic collaborated closely with humanitarian actors to strengthen humanitarian responses in hotspots and chronic emergency areas. The clusters also continued their work to improve key ministries’ capacities for humanitarian response. UNICEF Central African Republic has an important presence in the field and particularly in those areas of the country most severely impacted by crisis, and its four field offices continued to support and strengthen their operations.

Complementing UNICEF Central African Republic’s field presence, mobile teams were also temporarily deployed to accelerate the response and identify and resolve constraints. Insecurity made access to vulnerable populations challenging.

UNICEF Central African Republic’s emergency response reached 228,145 highly vulnerable affected people. The RRM focused on distributing non-food items (NFI) and WASH services, reaching 145,413 and 82,732 people affected by the humanitarian situations, respectively.

The RRM has strengthened coordination with the different clusters as permanent members of the Inter-Cluster Coordination and key clusters (WASH, NFI, CCCM). It also closely worked with OCHA and other critical stakeholders on its steering committee.
UNICEF Central African Republic continued to actively participate in the major humanitarian forums, such as the Humanitarian Country Team, Inter-Cluster Coordination, the Protection of Civilians Working Group and the Monitoring and Reporting Mechanism Task Force advocating for children’s rights.

Moreover, UNICEF Central African Republic continued to strongly advocate MINUSCA, international forces and various armed groups for the right of children to access humanitarian assistance.

**OUTPUT 1 Rapid Response Mechanism (RRM)**

**Analytical statement of progress**

In 2017, the emergency section, through the RRM and its partners ACF, ACTED and Solidarité Internationale, delivered 37 exploratory missions and 58 multisectoral assessments after 128 humanitarian alerts in 15 of the 16 prefectures of the Central African Republic.

The rapid SMART methodology is included in the evaluation strategy whenever the multisectoral assessments show a high number of SAM cases. The SMART methodology enabled the collection of information on malnutrition and was used to make decisions on quick interventions outside the RRM and to advocate for additional funds.

All of the exploratory missions, multisectoral assessments and rapid SMART reports have been shared in due course with the humanitarian community. These reports have enabled the clusters to undertake interventions in sectors not covered by the RRM response.

During this period, UNICEF Central African Republic’s emergency section delivered assistance to 228,145 beneficiaries: 145,413 individuals received NFI items, and 82,732 individuals gained access to water and sanitation facilities through 39 NFI distributions and 30 WASH relief operations, including 117 group hygiene promotion sessions, construction of 10 emergency latrines and the rehabilitation of 58 water sources.

The RRM also continued to support the community while fine-tuning its operational strategies. During its biannual strategic committee meeting held with partners (including OCHA, cluster leaders, donors and implementing NGOs) in November 2017, it was noted that despite access and security issues that increased during the year, there was positive progress made compared with 2016. For example, significant results were achieved in terms of the promptness of response: 62 per cent of interventions occurred within 30 days or less after the shock, as opposed to only 35 per cent in 2016. The RRM also kept its capacity for humanitarian monitoring and rapid response to urgent needs identified following a shock.

UNICEF Central African Republic conducted a feasibility study on alternative approaches to NFI assistance. This concluded that all modalities – namely NFI fairs using vouchers or cash and NFI fairs coupled with distributions of locally purchased items – were feasible under specific conditions such as the availability of the service or product, local acceptability of the approach and compliance with the RRM timeline.

This study highlighted the importance of a case-by-case approach, taking into account security and protection issues in different regions.
OUTPUT 2 Emergency Preparedness and Response

Analytical statement of progress
UNICEF Central African Republic’s emergency team and clusters played a crucial role in inter-agency activities, including developing funding processes and creating response and preparedness strategies. As a result, UNICEF Central African Republic received allocations from the OCHA Humanitarian Fund and the Central Emergency Response Fund in WASH, education, nutrition and child protection.

With this funding, UNICEF Central African Republic was able to provide assistance to people affected by conflict: over 152,000 children under 5 living in internally displaced persons sites and enclaves had access to basic health services, and approximately 24,000 children suffering from SAM were admitted to and received appropriate treatment in nutritional facilities.

UNICEF cluster coordinators and UNICEF Central African Republic’s emergency staff contributed to the development of a preparedness plan for a cholera outbreak in the Central African Republic with a focus on humanitarian hotspots such as Bangassou. The risk of spreading the disease was high due to constant population movement between the Central African Republic and the Democratic Republic of the Congo. The preparedness plan included radio messages and support to the Government, especially MOH.

Clusters under UNICEF coordination also worked in defining response and preparedness sectoral strategies and activities.

For instance, the WASH cluster produced a mapping of emergency and RRM stocks and co-led an inter-agency needs assessment with OCHA in Batangafo in December 2017. The mission evaluated whether international NGOs could resume activities in the area following evacuation in September 2017.

The child protection area of responsibility helped to establish a referral mechanism to ensure that children affected by the crisis receive appropriate and adequate services in Bangui, Bossangoa and Kaga-Bandoro. The area of responsibility also produced a monthly update on humanitarian response achievements in the Central African Republic. By December 2017, 160,147 children (56 per cent girls) had access to community psychosocial activities in child-friendly spaces.

In education, cluster members’ activities and MOE provided emergency education to more than 56,673 children (46 per cent girls) in 315 TLS and trained 1,345 teachers, 45 per cent of them women. The cluster and its partners strived to keep a safe learning environment for children where a total of 61 attacks were reported through the Monitoring and Reporting Mechanism.

The nutrition cluster collaborated with the RRM to define a methodology for adapting the SMART methodology to the RRM for reliable data to inform rapid decision-making regarding nutrition in emergencies.

OUTCOME 13 Deputy representative/coordination

Analytical statement of progress
Eleven programme management team meetings were held to ensure effective coordination and cross-programme sharing and learning, collective solutions to challenges and achievement of results.

The development of the new Country Programme 2018–2021 that had started in 2016, as well as the corresponding Country Programme Management Plan and Programme Budget Review submission, were at the heart of the discussions in 2017.

Programme results have been reviewed in technical level meetings and progress, constraints, lessons learned and priorities were discussed with partners during the reviews and reported at the annual review meeting.

Besides the internal processes, UNICEF Central African Republic actively participated in UNCT-level coordination including the Programme Management Team and monitoring and evaluation group and contributed to the development of consolidated annual work plans for 2018–2019 as well as to the 2017 interim strategic framework reporting. UNICEF Central African Republic was instrumental to the United Nations Development Assistance Framework Plus development process, including the RCPCA review process and several other meetings.

UNICEF Central African Republic took the lead of the United Nations Operation Management Team, and it is leading the development of the business operation strategy for the UNCT that should save both costs and human resources. It is also part of the HACT inter-agency task team.

UNICEF Central African Republic maintained regular and active participation in humanitarian response activities at national and subnational levels. As the lead of four emergency sectors (the education, WASH and nutrition clusters and the child protection sub-cluster), UNICEF Central African Republic staff actively contributed to and provided facilitation to national and subnational emergency-related exercises, such as humanitarian needs overview and humanitarian response planning. UNICEF Central African Republic led the programme criticality assessment and also actively participated in the resilience common diagnosis and prioritization exercise to sharpen the United Nations’ contribution to the implementation of the RCPCA 2017–2021.

UNICEF Central African Republic contributed to the development of the United Nations Joint Programme on Adolescents and Youth, which resulted in the project document being approved and the first-year annual work plan commenced during the last quarter of 2017. A local development programme was also finalized in 2017 to support RCPCA implementation.

Communication of the achieved results was consistently undertaken through new and traditional media, internally and on external media. UNICEF Central African Republic mobilized funds with new donors, especially National Committee for UNICEF which visited the Central African Republic.

**OUTPUT 1 Advocacy / communication**

**Analytical statement of progress**
The 2017 annual work plans were signed in April by UNICEF Central African Republic and respective government counterparts and implemented. Despite the delay, the delivery of humanitarian assistance was provided according to the HAC appeal.
UNICEF Central African Republic has set up a system that tracks resources and activities through budget monitoring and HACT assurance activities. As per the quality assurance plan, audits were completed for 15 eligible implementing partners, and jointly with UNDP and UNFPA, UNICEF Central African Republic took the lead in signing a contract to conduct micro-assessments. To ensure compliance of staff and implementing partners, on top of the assurance plan, UNICEF Central African Republic has developed an accountability framework for HACT, which translates into individual staff responsibilities.

In the Central African Republic environment, field programme visits are proven to be of the utmost importance because they provide opportunities to support implementing partners and identify potential red flags in terms of management and programme implementation at an early stage. Programme monitoring was one focus in 2017 for staff from the zonal offices and Bangui.

Over the course of 2017, 69 PCAs were reviewed and 68 per cent were commended on first sitting, mostly within the 45-day threshold between formal submission of documents and signature by both UNICEF Central African Republic and implementing partners. This low performance is being addressed through adequate preparatory work before the partnership review committee. A major shortfall in programme implementation is related to the field monitoring of the programme due to insecurity that affected most of the Central African Republic. In places experiencing tension and high levels of insecurity, which prevent the UNICEF Central African Republic teams from undertaking field monitoring, a third-party monitoring approach is meant to supplement UNICEF staff efforts in this area when it will be fully functioning after the ongoing pilot phase.

During 2017, UNICEF Central African Republic continued to contribute to advancing United Nations work in the Central African Republic, while supporting the child agenda in the country, and participating in various working groups.

**OUTPUT 2 Advocacy / communication**

**Analytical statement of progress**
In 2017, UNICEF Central African Republic was able to generate extensive international media coverage and appear in local media on a regular basis. The issue of children associated with armed groups continues to generate global attention, but from May 2017 most of the media attention had to do with the renewed violence and humanitarian access issues. Three global press releases and three press briefings (two to the press corps in Geneva, Switzerland, and one to the press corps in Johannesburg, South Africa) generated overall coverage (major global newswires, *The New York Times*, media in Spain, Italy and so on). EiE and protection also generated attention: the communications team took the British Broadcasting Corporation and Deutsche Welle to visits outside of Bangui. The back-to-school campaign led to local media attention and World’s Children Day attracted both good coverage in national media and a story on Radio France Internationale.

Social media was also used extensively throughout 2016. UNICEF Central African Republic had 72,000 hits on Facebook (62,000 at the start of the year) and over 6,100 on Twitter (up from 5,000 Twitter followers at the start of the year). Regrettably, during the first quarter, UNICEF Central African Republic had to deal with continuing allegations of sexual abuse by international
forces. Several media requests led to responses to questions about UNICEF Central African Republic’s role in supporting the victims.

Strong liaison with the UNICEF Private Fundraising and Partnerships Division and UNICEF National Committees resulted in nearly US$5 million raised from the Dutch National Committee, the German National Committee, the Spanish National Committee and the United States Fund for UNICEF for child protection, health and education. Contributions were followed up on through a visit by the Spanish National Committee.

**Document centre**

**Other publications**

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