Executive Summary

More than 2 million children in the Central African Republic (CAR) have borne the brunt of the violence that engulfed most of the country in 2014. One year on, more than 850,000 people – nearly a fifth of the country’s population – remain displaced inside CAR and in neighbouring countries. The conflict is complex, with an increasing and splintering number of armed groups, distrust between ethnic and religious groups and a proliferation of small arms. More than 36,000 minorities remain at high risk of violence, even massacre, in nine principal enclaves across the western and central regions of the country. Even in places with improved security, returnees have to work to re-roof burned/damaged houses and the resumption of primary health services and the reopening of schools remains limited as health workers and teachers have not returned, or live in fear of new attacks.

Despite widespread insecurity and difficult operating conditions, UNICEF CAR and partners reached nearly 1.4 million people with access to basic health services in 2014. Important achievements included:

- Over 100,000 people assisted with a minimum package of emergency assistance through the Rapid Response Mechanism (RRM).
- In addition, 25,000 children reached with treatment for severe acute malnutrition (SAM), 88 per cent of the annual target compared to 57 per cent of the target in 2013. A Standardized Monitoring and Assessment of Relief and Transitions (SMART) nutrition survey was completed in Bangui and in all 16 prefectures, under extremely difficult circumstances. Results show that the stunting rate had increased to over 41 per cent in seven of the 17 prefectures compared to 34 per cent in 2012.
- A polio vaccination campaign reached more than 1.14 million children (70 per cent of the annual target) in the western part of the country, following the confirmation of two cases of polio among CAR refugee children in Cameroon.
- No cholera cases were reported in CAR in 2014, thanks to concerted efforts by water, sanitation and hygiene (WASH), emergency, Communication for Development (C4D) and health colleagues to scale up cholera preparedness activities. Stock out of water treatment chemicals (which would have led to a shortage of safe water in urban areas) was averted twice in 2014, thanks to support from the Douala Hub.
- UNICEF strengthened its monitoring of grave violations against children. Under the Monitoring and Reporting Mechanism (MRM) Task Force, UNICEF verified 2,806 individual cases of grave violations and 78 attacks against schools, hospitals and humanitarians. UNICEF was the leading voice speaking out forcefully against violence against children in 2014, both locally and through international media.

Major shortfalls were caused by a lack of funding and on-going insecurity:

- In 2014, the funding shortfall stood at close to US$ 35.4 million of the US$ 81 million 2014 appeal.
- The shortage of funds, combined with insecurity, including disruptions in access and movement, looting and attacks against aid workers, hampered the delivery of emergency
aid to the children most in need. Two out of five children in urgent need of UNICEF support were without vital aid.

UNICEF forged a number of collaborative partnerships, notably with donors and the Government:

- With funding from the World Bank, UNICEF CAR signed an agreement with the Government to support the implementation of emergency health/HIV/nutrition activities, including for malaria, to reduce under-five mortality.
- With funding from GAVI Alliance, UNICEF contributed to improving routine immunisation coverage to at least 80 per cent.
- With funding from the Global Partnership for Education (GPE), and in close collaboration with key education stakeholders such as the European Union (EU), Agence Française de Développement (AFD), the French Embassy, and the World Food Programme (WFP), UNICEF supported the Ministry of Education (MoE) to develop and validate a three-year Education Sector Transition Plan. UNICEF successfully attracted US$ 29.3 million from the EU for the restoration of basic health and education services and secured new GPE funding of US$ 15.5 million for education for the next three years.

Towards the end of 2014, UNICEF CAR prepared to change its focus and enter a rebuilding phase in CAR in the continuing context of funding shortfalls. The hope is that scaling up the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) in 2015 will increase security and enable a more progressive transition from the largely humanitarian-focussed programme delivery. A Strategic Moment of Reflection was held in December to take stock of the results achieved and articulate a vision for programme results in 2015. UNICEF CAR has prepared the foundations for a change in the management process with the view to presenting a Programme Budget Review submission in April 2015.

**Humanitarian Assistance**

IN 2014, UNICEF humanitarian assistance focused on identifying the most vulnerable populations, assessing their needs and providing a response based on the Core Commitments for Children (CCCs). In 2014, 55 staff were deployed to six strategic locations for effective humanitarian response (Bouar, Bossangoa, Kaga Bandoro, Bambari, Ndele and Zemio). Complementing this, mobile teams were also temporarily deployed to accelerate response, identify and resolve constraints, and protect by presence. Insecurity made access to vulnerable populations challenging. UNICEF CAR advocated with MINUSCA, international forces and various armed groups to ensure the rights of children and women to humanitarian access.

The RRM was an important part of the UNICEF CAR emergency response, distributing essential household items and WASH services to more than 103,000 people. As provider of last resort, the RRM responded within 15 days to alerts of displacements in places where there was virtually no humanitarian presence. Under the RRM, more than 1 million litres of water were distributed to 7,333 households through water trucking to displacement sites, and 8,534 households were provided with sustainable access to safe water through the rehabilitation of boreholes.

Other emergency WASH interventions included water pumping, chlorination and trucking in Bossangoa (west), Bambari (centre) and Grimari (centre), benefiting over 40,000 internally displaced persons (IDPs) and host communities. UNICEF CAR provided 220,800 people with access to latrines in displacement camps in Bangui (south), Bossangoa, Bambari and Grimari, and 308,300 people received jerry cans, soap and other essentials. Hygiene awareness-raising
activities reached about 310,000 people, and about 1 million people heard hygiene radio campaigns.

Child protection services were expanded in response to the humanitarian crisis. More than 2,800 children aged 7-17 (including 646 girls) were released from armed groups in 2014, compared to 196 children in 2013. With the opening of listening centres nationwide, 2,287 survivors of gender-based violence (GBV) accessed psychological support, medical assistance and hygiene kits. Finally, 558 separated and unaccompanied children were reunified with their families.

Providing education to displaced and conflict-affected children was a priority for UNICEF in 2014. In February, the education cluster recorded that only 35 per cent of schools were open in CAR, a figure that grew to 65 per cent in June, according to the MoE. UNICEF CAR set up safe temporary learning spaces (TLS) for nearly 36,500 children in areas where it was too dangerous to return to school. Essential training in education in emergencies (EiE), child protection, psychosocial support, and peace building was given to more than 600 teachers. UNICEF, the education cluster and partners also provided services to children trapped in enclaves, including in the PK-5 suburb of Bangui and Boda (west).

Health and nutrition services were scaled-up to reach children in displacement sites and vulnerable children living in enclaves and conflict-affected parts of the country. Overall, nearly 1.4 million people accessed basic health services in 2014. More than 1.14 million children under 14 living in the western parts of CAR were immunised against polio in 2014 (95 per cent coverage), while 238,038 children under 5 were vaccinated against measles in displacement camps and enclaves. Nearly 67,000 displaced families received two mosquito nets each, representing 88 per cent of the 39 targeted IDP sites in Bangui and Begoua. In addition, the universal coverage objective of one net for every two people was achieved in Bangui through the distribution of more than 550,000 mosquito nets to 1 million people. UNICEF CAR treated 24,657 severely malnourished children in 2014 (80 per cent of the foreseen burden for 2014) through mobile clinics in displacement sites and rehabilitated in-patient and out-patient services in the interior of the country.

UNICEF CAR led the nutrition, education and WASH clusters and coordinated the child protection sub-cluster in 2014, and was an active member of the health cluster facilitated by the World Health Organization (WHO). In these functions, UNICEF ensured effective humanitarian leadership and accountability. UNICEF was also involved in the coordination of activities to find durable solutions to support the voluntary return of IDPs, particularly from the Bangui M’poko airport to their neighbourhoods of origin.

UNICEF actively participated in and advocated for preparedness and response measures to potential Ebola Virus Disease (EVD) and cholera outbreaks, including the supply of individual protective equipment, essential drugs and tarps to construct 23 Ebola surveillance sites. Other interventions included training health and WASH actors, prepositioning WASH supplies, broadcasting messages, and training teachers in Ebola prevention and awareness raising.

**Equity Case Study**

Equity is at the core of the crisis in CAR, with the long-term marginalisation of some regions and communities being one of the root causes of the current conflict. Therefore, equity work at all levels is paramount to the restoration of stability in the country. This case study describes how UNICEF CAR worked to promote equity through its provision of immunisation services in 2014.
Equity analysis pre-crisis

Even before the latest crisis began in late 2012, medical needs were already enormous in CAR, even in stable areas of the country. Programme bottlenecks included:

- Lack of qualified staff, poorly distributed between regions and between urban and rural areas, as well as weak reporting and data quality;
- Lack of well-equipped public health facilities outside of the capital;
- Insufficient cold chain equipment and quality essential medicines in health facilities, leading to frequent stock-outs;
- Limited funding from the Government;
- Low capacity of beneficiaries to pay health-related user fees;
- Infrequent supervision, micro-planning and outreach sessions; and
- Irregular communication and social mobilisation.

An equity analysis based on data from the Multiple Indicator Cluster Survey (MICS) Round 4 (2010) showed the main inequity drivers for low immunisation and vitamin A coverage among CAR’s children were socio-economic status, geographic location (region and urban vs. rural) and mother’s education. The delivery mode was also important: interventions delivered through mass campaigns (vitamin A, polio, measles) appeared to be significantly more equitable than those delivered through the routine system.

Crisis exacerbates vulnerability

During the crisis in CAR, previous vulnerability was exacerbated, affecting displaced people (especially unaccompanied children) and host families, whether in cities or in the bush. People could not access services because of insecurity, geographic or financial reasons, with economic decline having increased vulnerability among large sections of the population. There were also children who missed out on their routine vaccines during the crisis and became too old for the targeted age cohort.

By early 2014, health facilities had been attacked, and motorcycles, vehicles and cold chain materials looted, resulting in stock-outs of vaccines and consumables. The majority of health staff abandoned their posts due to insecurity, with 80 per cent of the country’s health workers estimated to be displaced. The bottlenecks already hampering service delivery worsened and the already weak health system collapsed.

Identifying the most vulnerable

The location of the most vulnerable people fluctuated due to the dynamic nature of the conflict. The most densely populated Health Regions 1, 2 and 3 (west) were identified as the areas with the highest numbers of unimmunised children. Most of the Muslim ‘enclaves’ were also located in these areas. Health Region 4 (centre) also experienced regular clashes, violence and impeded access. Bangui (Health Region 7), which hosted the highest number of displaced people, was also an epicentre of vulnerability despite the presence of more health personnel and services. Finally, Health Regions 5 and 6 (east), less populated, more distant and even less accessible, were identified as home to some of the hardest-to-reach people.

The 2014 Expanded Programme on Immunization (EPI) action plan, based on the Reaching Every Child (REC) approach for equity, concentrated interventions in two prefectures (Nana
Gribizi and Ouaka, Health Region 4, north and west) as a proof of concept before scaling up to the whole country. But with the intensification of violence, REC implementation was delayed. EPI interventions instead focused on those prefectures that hosted the highest numbers of unimmunised children.

Immunizing the most marginalised

Two main strategies were chosen to reach the most vulnerable children during the crisis:

1. Service delivery in health facilities in affected areas were restored free of charge for users. Health facilities were supported to be able to ensure routine and supplementary vaccination.
2. Equitable services were brought closest to those who needed them most. Free vaccination was performed in IDP camps and in areas with no functional health centre. Periodic Intensified Routine Immunization (PIRI) activities were organised, as a way of ensuring equitable access to immunization services.

In line with these strategies, activities undertaken to reach the most vulnerable children included:
- Phased general campaigns for polio and measles
- Specific campaigns in IDP camps and enclaves
- Support to mobile clinics where there was an absence of services
- PIRI activities with extended age targets up to two years

To back up programme activities, UNICEF also ensured:
- Cold chain inventory, with subsequent procurement and installation of various equipment including refrigerators, and the rehabilitation of the central warehouse
- Traditional vaccine supply (Bacillus Calmette-Guerin (BCG), polio, tetanus and measles)
- Distribution of kerosene for the countrywide cold chain
- Payment of salaries and incentives to health workers, first aid workers and community mobilisers in selected health facilities
- Deployment of teams in sub-offices, with roles that include supervision of activities

Lessons learned

Lessons from the CAR EPI experience underline the importance of:
- Developing partnerships with influential community-based non-governmental organizations (NGOs) to ensure presence in hard-to-reach areas
- Undertaking negotiations with armed groups when possible
- Adopting flexibility in programming and gradual implementation in different parts of the country as security allows
- Seizing opportunities to integrate interventions at each contact with children
- Seizing opportunities to restore routine services, link emergency and programme activities and extend age-range
- Exploring community-based activities aimed at building capacity for self-support and reliance.
Outcomes

Despite an overwhelmingly challenging environment, these activities ensured that significant numbers of vulnerable children were vaccinated, thus protecting them from preventable diseases.

- Overall measles coverage was increased from 29 per cent in January to 64 per cent in November 2014.
- Routine antigens coverage increased by around 25 per cent in 2014 (partial results, administrative data); the coverage rate for the diphtheria, pertussis, tetanus vaccine (DPT3) reached 60 per cent over the January-July 2014 period.

Inequities remain, however. Preliminary results from the SMART survey on measles coverage (data collection in September/October 2014) indicate important disparities between regions, from 87 per cent in the Bangui area (Health Region 7) to 29 per cent for Basse Kotto Prefecture (Health Region 6).

Future plans to address inequities in 2015 include the rehabilitation of health services, the enhancement of data monitoring, supervision and service delivery, and the development of a community-based approach.

Summary Notes and Acronyms

3PM  Third Party Monitoring
AFD  French Agency for Development (Agence Française de Développement)
ANC  Antenatal care
ANEAL  Agence Nationale de l’Eau et de l’Assainissement
ARV  Antiretroviral
BCG  Bacillus Calmette-Guerin
BCP  Business Continuity Plan
C4D  Communication for Development
CAR  Central African Republic
CCCs  Core Commitments for Children
CCTV  closed circuit television
CIMCOORD  Civil Military Coordination
CLTS  Community-Led Total Sanitation
CMAM  community-based management of acute malnutrition
CMT  Country Management Team
CNLS  Comité National de Lutte Contre le SIDA
COHA  cash on hand account
CRC  Convention on the Rights of the Child
DCT  direct cash transfer
DPR  disarmament, demobilisation and reintegration
DPT3  diphtheria, pertussis, tetanus vaccine
ECD  early childhood development
ECHO  European Commission Humanitarian Office
EFP  essential family practices
EIE  education in emergencies
EMOPS  Office of Emergency Programmes
EPI  Expanded Programme on Immunization
EU  European Union
EVD  Ebola Virus Disease
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>EWEA</td>
<td>Early Warning Early Action</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
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<td>GBV</td>
<td>gender-based violence</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</td>
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<td>HACT</td>
<td>Harmonized Approach to Cash Transfer</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HPM</td>
<td>Humanitarian Performance Monitoring</td>
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<td>HQ</td>
<td>UNICEF Headquarters</td>
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<td>HRBAP</td>
<td>human rights-based approach to programming</td>
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<td>HRP</td>
<td>Humanitarian Response Plan</td>
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<td>ICT</td>
<td>information and communication technology</td>
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<td>IDP</td>
<td>internally displaced person</td>
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<td>IMEP</td>
<td>Integrated Monitoring, Evaluation and Research Plan</td>
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<td>KMC</td>
<td>Kangaroo Mother Care</td>
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<td>LLIN</td>
<td>long-lasting insecticidal net</td>
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<td>LRA</td>
<td>Lord’s Resistance Army</td>
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<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<td>MBB</td>
<td>Marginal Bottleneck Budgeting</td>
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<td>MDG</td>
<td>Millennium Development Goal</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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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MOSS</td>
<td>Minimum Operating Security Standards</td>
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<td>MORSS</td>
<td>Minimum Operating Residential Security Standards</td>
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<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>ODF</td>
<td>open defecation free</td>
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<td>OFDA</td>
<td>Office for United States Foreign Disaster Assistance</td>
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<td>OR</td>
<td>other resources</td>
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<td>ORE</td>
<td>other resources emergency</td>
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<td>ORR</td>
<td>other resources regular</td>
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<tr>
<td>PCA</td>
<td>programme cooperation agreement</td>
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<td>PCV</td>
<td>pneumococcal conjugate vaccine</td>
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<td>PEP</td>
<td>post-exposure prophylaxis</td>
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<td>PIRI</td>
<td>Periodic Intensified Routine Immunization</td>
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<tr>
<td>PMTCT</td>
<td>prevention of mother-to-child transmission of HIV</td>
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<tr>
<td>PPP</td>
<td>Programme Planning Process</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>RBM</td>
<td>results-based management</td>
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<td>REC</td>
<td>Reaching Every Child</td>
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<td>RR</td>
<td>regular resources</td>
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<td>RRM</td>
<td>Rapid Response Mechanism</td>
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<td>SAM</td>
<td>severe acute malnutrition</td>
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<td>SMART</td>
<td>Standardized Monitoring and Assessment of Relief and Transitions</td>
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<td>SODECA</td>
<td>Central African Water Distribution Company (Société de Distribution d’Eau de Centrafrique)</td>
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<tr>
<td>TLS</td>
<td>temporary learning space</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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Participatory communication for development strategies promoted reconciliation and empowered individuals to adopt positive behaviours. UNICEF developed nine inclusive communications plans to encourage parents to send their children back to school, increase demand for polio, yellow fever and measles vaccination services, empower communities to protect themselves against Ebola and cholera, and promote positive social norms to prevent HIV transmission. Two innovative campaigns, I Am a Child and Show Your Peace, also positioned child rights as a priority during the transition period.

In 2014, UNICEF established partnerships with 11 community radio stations and built their capacities to produce participatory programming. Positive social norms were promoted through the broadcast of public service announcements, and the production of 12,000 posters, 48,000 pamphlets and 60 signboards in both French and the local language Sango.

To promote demand for immunization services, UNICEF increased the capacity of 8,182 social mobilisers to lead more than 600,000 educational talks monitored by trained supervisors. An independent assessment confirmed the effectiveness of this approach: 78 per cent of parents questioned at vaccination clinics had been encouraged to attend by social mobilisers.

Social cohesion was a key priority for UNICEF CAR this year. Collaboration with international NGOs strengthened the capacity of local associations to promote reconciliation and essential family practices through more than 300 plays, discussion forums and sports activities. More than 16,332 young people were empowered to communicate about peace and positive health behaviours with their peers. These motivated young people reached more than 580,000 young people and IDPs with their messages.

Building the capacity of health workers was a key strategy to prevent and prepare for an outbreak of Ebola or cholera. UNICEF CAR built the capacity of health and community workers to carry out effective surveillance and treatment. WASH actors were also trained on the preparation of chlorine solutions and interventions in case of a mixed cholera/Ebola crisis. Empowering families to protect themselves was critical. At least 800,000 people were exposed to messages about Ebola, and more than 200 teachers were trained in Ebola prevention and awareness raising. For emergency preparedness, UNICEF supported the training of 14 prefectural crisis management committees nationwide.

Evidence Generation, Policy Dialogue and Advocacy

In 2014, UNICEF CAR generated evidence used to advocate for government strategies and humanitarian responses that reached the most vulnerable.
UNICEF CAR played an instrumental role in the development of the three-year Education Sector Transition Plan, in collaboration with the Government and donors. The Plan clearly identified the Government’s priorities for the next three years (2015-2017), based on a bottleneck analysis carried out in partnership with the MoE in July.

Monitoring by the education cluster provided key figures on the functioning of schools, including the presence of teachers and attacks on education. This supported advocacy with the Government to reopen schools in areas where security permitted, and with armed groups to vacate schools they had occupied.

High-level advocacy was also used to help improve service delivery in the education sector. In a meeting with the Prime Minister in December, the UNICEF Regional Director sought support to ensure the deployment and payment of 1,100 teachers under the 2015 budget.

The increased UNICEF field presence and comprehensive emergency assessments produced concrete evidence of the changing context. RRM partners produced 45 multi-sector field assessments, which enabled standardised and rapid evaluations of community vulnerability as a basis for triggering immediate emergency response. These assessments generated evidence to advocate within the humanitarian community for rapid response, while serving as a de facto emergency alert system.

A nutrition SMART survey was completed in 2014, in order to generate evidence of the nutrition situation in the country, and prioritise areas of intervention. The SMART survey was carried out in all prefectures, despite high levels of insecurity and poor access. Preliminary results showed the stunting rate had worsened, with over 41 per cent of children stunted in seven of the 15 prefectures with data processed, compared to 34 per cent in 2012. The survey also produced data on the two other components of the nutrition status of children under 5: underweight and wasting.

With evidence from assessments and monitoring, the WASH programme advocated for greater investment by donors, including the EU, the European Commission Humanitarian Office (ECHO) and the African Development Bank, to address key structural problems in water distribution systems in urban areas.

**Partnerships**

The overwhelming scale of humanitarian needs in CAR called for harmonized actions in 2014. Collaborations with other United Nations agencies were sought through the RRM and coordinated by UNICEF with support from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA). Rapid assessments were carried out to identify the needs of conflict-affected populations and provide rapid responses for 20,666 vulnerable households through WASH interventions and the distribution of non-food items. This was implemented through five stand-by international NGO partners (Action Against Hunger, Agency for Technical Cooperation and Development, Solidarites International, International Rescue Committee, and Première Urgence - Aide Médicale Internationale), with funding from ECHO and the Office for United States Foreign Disaster Assistance (OFDA).

A partnership with ECHO also supported the Urban Water WASH project, through which 500,000 inhabitants and IDPs in urban areas have benefitted from a functioning water supply system since December 2013. UNICEF built a strong partnership with CAR’s national water utility company, SODECA, to increase water production capacity through the provision of critical
supplies and the rehabilitation of infrastructure. It is expected that SODECA will reduce its
dependence on UNICEF over time as a result of UNICEF efforts to build capacity and the
gradual return to security.

In view of rebuilding sub-national capacity in rural areas, the WASH programme also built a
partnership with the National Water and Sanitation Authority to improve hygiene, water and
sanitation. Reinforcing government entities to provide greater assistance to returnees in rural
areas would not only considerably reduce costs, but would also reduce UNICEF dependence on
international NGOs to provide vital assistance.

Partnerships with NGOs were instrumental in the UNICEF response to the humanitarian crisis.
A record 136 programme cooperation agreements (PCAs) were signed in 2014, including 34
with national NGOs, for a total value of US$ 22,829,209.

A Memorandum of Understanding was formalized between UNICEF and the French Forces
(Sangaris Operation) in October to support the release of children from armed groups in line
with a formal standard operating procedure. UNICEF CAR was also part of the protection and
civilians and civil-military coordination groups created to increase synergy between
humanitarians and peacekeeping forces.

In partnership with UNICEF Norway, UNICEF CAR pursued a corporate engagement
opportunity with Norwegian Air. In October, the airline donated a charter flight to Bangui, and
delivered critical emergency supplies.

**External Communication and Public Advocacy**

UNICEF inspired international concern about the rights and well-being of children in the CAR
crisis, by boosting the organization’s voice, reach and engagement in line with the Global
Communications Strategy.

UNICEF established itself as the leading voice for children in CAR. In January, June and
October, UNICEF spoke out forcefully against violence against children, based on evidence
from monitoring of grave violations. Global press releases called for increased protection for the
most vulnerable children, and major media, including *The Guardian*, *Le Monde* and others,
quoted UNICEF spokespeople. UNICEF also advocated for improving humanitarian access in
October when attacks peaked. In addition to global press releases, UNICEF helped organize
community radio discussions and statements in the local language.

Public advocacy resulted in action on behalf of children in CAR, including the release of more
than 2,800 children from armed groups in 2014. High-level advocacy garnered political support,
at the same time as UNICEF child protection officers secured signed pledges from local armed
group leaders to release children. External communications supported rehabilitation
programmes for freed children, with site visits by key donors and stories on Al Jazeera, RFI, and
other major media.

The external communications team increased the UNICEF reach by supporting over 50
international journalist visits to CAR this year. The resulting media coverage inspired action in
key donor media markets, including an online fundraising campaign in Germany and a supply
drop donated by Norwegian Air. In mid-December, compelling messaging around resource
mobilization gaps refocused attention on CAR, one year after violence peaked. The critical
UNICEF funding shortage was covered by the Associated Press, Reuters, BBC and others.
An expansion of digital media increased engagement with UNICEF CAR. A new Facebook page and blogs on UNICEF Connect inspired key audiences with stories about innovations for children. UNICEF CAR has nearly 25,000 followers on Facebook and 3,000 on Twitter (up from 2,500 Twitter followers at the start of the year). A recent blog post was quoted in *The New York Times*. Engaging with children locally was a priority during the Convention on the Rights of the Child 25th anniversary celebration, when UNICEF hosted a debate by the CAR Children’s Parliament.

**South-South Cooperation and Triangular Cooperation**

The CAR crisis is layered on top of a chronic and silent structural emergency. In 2014, key counterparts benefitted from development experience in other countries to improve the situation of children. The WASH programme initiated steps to encourage the transfer of low-cost, high-impact technology to CAR from Southeast Asia. In compliance with the national water law, UNICEF secured funding to launch a pilot project to introduce manual drilling using complementary techniques (such as hammer drilling). The project not only aimed to train national authorities and private providers on these new techniques, but also to demonstrate how drilling material and pumps could be made exclusively from locally available materials. This would allow for rapid scale up to improve sustainable access to safe water resources for 90 per cent of the rural population who access water through underground sources either through traditional shallow wells (which often dry up or become contaminated) or mechanised drilled boreholes (which are expensive to install and maintain).

In 2014, UNICEF CAR also sponsored a number of counterparts to take study tours to other developing countries to facilitate knowledge exchange and share lessons learned. For example, the Social Policy, Planning and Monitoring Evaluation programme supported the participation of two government officials in two African Union high-level meetings on social protection in Cape Town and Addis Ababa. A representative of the Ministry of Planning also participated in the African Union-led meeting on social inequities and children held in Accra.

Based on a request from the Government, contacts were made with UNICEF Rwanda to facilitate a study tour next year for two officials from the Ministry of Planning to learn about Rwanda’s experience in establishing donor aid coordination mechanisms.

**Identification Promotion of Innovation**

From the outset of the emergency response, UNICEF CAR sought to better integrate principles of participation, accountability and feedback as key pillars for both response plans and monitoring systems. Children’s voices were heard in intercommunity dialogues with religious leaders on promoting peace; mobile teams increased the timeliness of humanitarian assistance; and new monitoring systems ensured that emergency response was sensitive to the needs of the most marginalised communities.

In 2014, UNICEF CAR introduced an innovative Third Party Monitoring (3PM) system to independently assess the level of beneficiary satisfaction with UNICEF interventions implemented by partners. UNICEF CAR engaged and trained two local organisations on two data collection tools (household and locality questionnaires). Surveys were conducted in different IDP sites and communities in Bangui (south), Bossangoa (west), Kaga Bandoro (north), and Bouar (west). The results of the 3PM approach were used to show progress, adjust the UNICEF response, and improve the quality of assistance.
UNICEF CAR also innovated in order to respond quickly to outbreaks of violence and displacements. In situations where vulnerable populations required urgent assistance in areas where the Bangui office or zonal offices did not have access or available staff, temporary mobile teams, led by Emergency Unit staff and sectoral emergency focal point staff, were deployed to strengthen the UNICEF response and ensure ‘protection by presence’. Mobile teams enabled a multi-sector response until implementing partners and/or zonal offices were in a better position to sustain assistance and follow up. Approximately 12 mobile team missions were carried out in 2014, including multiple missions to monitor and support the humanitarian response to communities living in enclaves in Boda (west) and Yaloke (west).

Support to Integration and cross-sectoral linkages

Programme synergies were encouraged throughout the year. In support of the MoE Back to School campaign, the UNICEF education team worked across sectors to develop a holistic strategy. As part of an ad hoc Steering Committee consisting of MoE officials, UNICEF education and C4D staff and other education partners, key messages were developed and disseminated through various media (radio, community mobilisation and SMS messaging) to encourage more than 662,000 children and 8,200 teachers to return to school in secure areas.

In support of EiE programming, work was carried out across sectors to provide valuable information to teachers working in safe TLSs. UNICEF education and protection staff developed guidelines on the integration of TLS and child-friendly spaces, incorporating important elements from health and WASH. In addition, education, child protection, health, and WASH staff carried out trainings for over 600 teachers and education authorities, as part of GPE and EiE programming.

A birth registration campaign reached 25,200 children in Bangui, thanks to the joint efforts of UNICEF child protection and health teams in partnership with the Ministry of Health (MoH) and the Ministry of Social Affairs. The community reintegration of more than 2,800 children formerly associated with armed groups was carried out through synergetic interventions with the education, WASH, health and HIV programmes. Child protection and C4D teams collaborated closely to launch the I Am a Child campaign, which advocated for prioritizing children’s rights during the transition phase in CAR, and opened up dialogue within the wider community. In other sectors, C4D also contributed to the achievement of results through evidence-based communications campaigns. Partnerships with media and community networks empowered parents to vaccinate their children and protect themselves against HIV.

Throughout 2014, UNICEF teams across programme sectors and field offices tracked results for children using the Humanitarian Performance Monitoring (HPM) framework. Updated monthly, the HPM framework was a key knowledge management tool used to document evidence of UNICEF CAR impact. Synergies were also demonstrated in the areas of cholera/Ebola preparedness activities, which involved health, WASH, C4D and emergencies.

Service Delivery

The conflict in CAR has been disastrous for the country’s basic social services. Improving access to and use of services for the most vulnerable children was a key priority in 2014.

UNICEF CAR gathered information on the functioning of health centres in CAR and prioritised areas to increase access, capacity and monitoring. In the worst affected Ouham prefecture, UNICEF rebuilt three destroyed health facilities and supported the reopening of 60 per cent of health facilities. In Nana-Gribizi, UNICEF supported 95 per cent of health facilities to become
A total of 37 health centres and one hospital maternity ward were rehabilitated in five prefectures. Overall, UNICEF reached nearly 1.4 million people with free health care services, after developing a practical guidance note and distributing essential drugs and equipment to 70 health facilities.

Increasing immunization services was another priority after the crisis nearly destroyed the cold chain in the interior. UNICEF supported the reopening of 80 per cent of EPI centres by supplying over 103 refrigerators and 150,000 litres of fuel. The storage capacity of vaccines at the central level was increased through the rehabilitation of cold chain equipment. With regards to nutrition services, from December 2013, the number of in-patient therapeutic programmes increased from 21 to 30 while out-patient therapeutic programmes increased from 102 to 189.

To promote access to education and address the issue of damaged or destroyed infrastructure, UNICEF launched the rehabilitation of approximately 247 schools for over 115,000 children in target areas with GPE funding. UNICEF worked with WFP to launch food-assisted education in the most food insecure areas. Construction of 16 out of 50 target schools (32 per cent) was completed in 2014 with funding from the Government of Japan.

Thanks to an important EU-ECHO contribution, safe water services in urban areas were provided to over 500,000 people in Bangui (south), Bossangoa (west), Bouar (west) and Carnot (west). UNICEF increased the capacity of the national water agency (SODECA) by providing pumps and spare parts as well as water treatment products. Twice this year, UNICEF played an essential role in averting stock outs of essential chemicals for water treatment in the capital.

**Human Rights-Based Approach to Cooperation**

As the office crafted its programme results to respond to the acute humanitarian crisis, efforts were made to integrate human rights principles into all interventions. All programmes concentrated their results on the realisation of the CCCs.

As co-chair of the MRM Task Force with the MINUSCA Special Representative of the Secretary-General, UNICEF played a pivotal role in monitoring and reporting on the six grave child rights violations. In 2014, new partnerships and expanded geographical coverage increased the monitoring network. UNICEF verified 2,806 individual cases of grave violations (recruitment, rape, abduction, maiming and killing of children) and 78 cases of attacks against schools, health facilities and humanitarians. This compared to the 347 individual cases and 63 institutional attacks reported to the United Nations Security Council in 2013. In 2014, more than 2,800 children were released from armed groups. More than 400 of these children are in host families; 82 boys are in a transit site in Grimari; and 1,385 children were reunited with their families. This includes the 110 children who were in a transition centre in Bria (centre), which was closed on 31 December 2014 due to financial constraints. Currently, 852 children (of which 287 are girls) were certified as associated with anti-Balaka armed groups in Boali (west) and in Lobaye prefecture but are waiting to be released. An anthropologic study is being undertaken on the dynamics of child recruitment in CAR to inform future disarmament, demobilization and reintegration (DDR) programming.

UNICEF organized several training workshops on human rights-based approaches to programming (HRBAP), gender mainstreaming and humanitarian principles in 2014. About 120 government and NGO staff in the prefectures of Nana Gribizi (centre), Nana Mambere (west) and Sangha Mbaere (south) were trained on human rights and results-based management (RBM) principles, with a focus on how these could be integrated during emergencies. The
training was highly relevant as discussions centred on the responsibilities and roles of duty bearers and rights holders in planning interventions for child rights, especially during a humanitarian response.

In addition, 65 UNICEF staff benefited from Programme Planning Process (PPP) training, which included an important HRBAP session.

**Gender Mainstreaming and Equality**

Gender-based inequality and violence is multidimensional and deeply rooted in social norms in CAR. Pre-crisis MICS data pointed to important gender gaps: 68 per cent of girls were married before they reached 18 and only 48 per cent of girls completed primary education compared to 62 per cent of boys (MICS 2010). During the crisis, armed groups used sexual violence against children and women to terrorise communities and break family ties. In CAR in 2014, members of the GBV sub-cluster recorded more than 5,000 cases of GBV. Child rape represented 30 per cent of all recorded cases among children.

In 2014, the child protection programme prioritised the scale up services for survivors of GBV, and a total of US$ 2.1 million was invested in addressing GBV. Two full-time specialists (one international and one national) were recruited. The programme also benefited from the advice of a GBV consultant whose time was shared between UNICEF CAR and UNICEF Chad.

In partnership with local and international NGOs, UNICEF provided support to 2,287 GBV survivors in 2014 compared to 1,473 in 2013, representing a 64 per cent increase in the number of GBV survivors reached. More than 26 GBV crisis centres were established throughout the country. These centres offered mostly psychosocial support and legal aid with referrals to medical care and other key services. Services were open to all without discrimination, and GBV service providers received both male and female survivors and offered them the same quality of psychosocial support, legal aid and medical care. However, there remained significant gaps in capacity for reaching remote communities and those most acutely affected by insecurity. Children who had been demobilized from armed groups routinely received training and information on GBV and HIV/AIDS. Social workers who provided follow up care for demobilized children did not record any incidents of sexual violence against children upon reintegration into their communities.

**Environmental Sustainability**

Although UNICEF CAR did not carry out an environmental impact assessment in 2014, the programme has identified the following areas of need:

- At community level and in IDP sites, there is heavy reliance on wood for cooking and boiling water.
- While latrines in IDP sites have been de-sludged, faecal sludge is rarely processed in a treatment facility.
- IDP sites generate large amounts of solid waste.
- Surface water treatment facilities generate alumina sulphate particles that are systematically dumped in the environment.
- Safe disposal of medical waste and vaccine vials has been compromised following the pillage/damage of health centres throughout the country.
- Solar lighting should be promoted to reduce the risk of GBV for vulnerable women and girls in IDP sites and in urban areas deprived of electricity for long hours.
The WASH cluster and programme played a pivotal role in providing advice on the location of latrines in IDP sites, drainage control in water point areas, waste control and water pumping to minimise water contamination and ensure control and sustainability of water table levels. The WASH programme also started working on a pilot project to introduce new low-cost high-impact technologies to facilitate well drilling, as there are only five drilling rigs currently available in the country. It is expected that this initiative would considerably increase access to safe water in rural areas.

Given the limited electricity coverage outside the capital, it is important to note that UNICEF operations (offices and guest houses) in the interior depend solely on generators. As petrol stations are not operational outside of Bangui, fuel restocking of field bases is logistics-intensive and expensive. In October 2014, prolonged insecurity along some access roads forced field offices to ration their fuel consumption and limit business continuity.

At the end of 2014, UNICEF initiated a research project on the exploitation of natural resources during the crisis. This will serve as an advocacy tool for better management of natural resources to support sustainable national development and will highlight the adverse impact of environmental exploitation on the country’s ecosystems, its children and national development.

**Effective Leadership**

Throughout 2014, UNICEF CAR constantly worked to improve operations and programme management performance. Eight Country Management Team (CMT) meetings were held in 2014, compared to three held in 2013. These meetings enabled greater review of programme and operation indicators and improved office performance. Office committees were reviewed twice to adjust to rapid staff increases and reflect changes brought with the introduction of Level-3 procedures. Six programme coordination meetings were held alongside bi-monthly Emergency Task Force meetings. Senior management also participated in weekly/bi-weekly/monthly Emergency Management Team conference calls led by the General Emergency Coordinator and Headquarters (New York, Geneva, Brussels and Copenhagen) and diligently followed up on key actions identified during these calls. In 2014, UNICEF CAR benefited from assistance to manage emergency risks (from Immediate Response Team members, the Office of Emergency Programmes (EMOPS) mission in April and various missions from the West and Central Africa Regional Office (WCARO)), which strengthened emergency preparedness and response. UNICEF CAR also addressed recommendations made during an assessment of Level-3 support mechanisms for the UNICEF response to the CAR crisis.

Mitigation measures adopted by UNICEF CAR ensured that programme delivery was not disrupted during periods of insecurity. In 2014, UNICEF implemented a Business Continuity Plan (BCP) that ensured that core functions were maintained during staff ‘lockdowns’. Investments in internet connectivity and equipment enabled key staff to work from home during two ‘lockdowns’ in May and October. UNICEF also updated its list of essential staff and tested and regularly updated a telephone tree. Armoured vehicles in Bangui and sub-offices allowed restricted mobility during periods of high insecurity. The office kept a minimum amount of cash on hand to ensure that the office continued to function when major banks were closed. In the absence of a banking system outside of the capital, cash agreement systems were established to enable cash payments in zonal offices. The comptroller also authorised UNICEF to transport cash using United Nations flights.

Financial and asset management risk was also mitigated in 2014. UNICEF CAR reinforced security, used United Nations-escorted convoys for supplies, insured all equipment and
minimised the amount of cash transferred to sub-national levels through cash on hand accounts (COHA.) Strict observation and compliance with security rules protected vehicles against looting. In 2014, UNICEF CAR also identified programmatic areas with high reputational and organisational risk, including the weakness and instability of the Government and low capacity of implementing partners. To address these challenges, UNICEF assessed more than 90 per cent of implementing partners as part of the Harmonised Approach to Cash Transfers (HACT) and consolidated a plan of quality assurance. The PCA Review Committee ensured oversight of key aspects such as programmatic coherence and conformity with UNICEF procedures. After several months of close monitoring, the CMT revised the threshold for the Contract Review Committee, following a recommendation made by the Level-3 assessment in August.

Throughout the year, UNICEF CAR worked to increase efficiency and mitigate risks in its operations management using standard audit tools.

**Financial Resources Management**

In 2014, the CMT promoted greater accountability, adherence to procedures and improved performance indicators. Tables outlining resources received, implementation rates and outstanding direct cash transfers (DCTs) were shared systematically. Programme implementation rates, DCTs, and the situation of grants with financial closure were also shared weekly. The Table of Authority was reviewed twice to ensure stronger separation of duties after a rapid surge in staff numbers. Steps were also taken to improve bank reconciliation processes.

UNICEF CAR boosted its budget management capacity. A newly appointed national budget officer benefited from intensive on-the-job training from an international budget officer. A number of clinics were organised with programme assistants and budget owners to strengthen budget management. As of 27 December 2014, the DCT liquidation rates were: less than three months was 49.82 per cent of DCT (US$ 4,337,226), 3-6 months was 32.6 per cent (US$ 2,838,589), 6-9 months was 16.52 per cent (US$ 1,438,413) and more than 9 months was 1.06 per cent (US$ 92,074). The implementation rate of regular resources (RR) was 98.53 per cent, other resources (OR) (other resources regular (ORR) plus other resources emergency (ORE)) was 97.74 per cent and support budget was 48.38 per cent.

UNICEF CAR recruited two HACT professionals at Level-3 and general staff level to accelerate implementation. A HACT plan was developed and endorsed by the CMT. It was shared with the Deputy Special Representative of the Secretary-General (DSRSG)/Resident Coordinator and Representatives of the other ExCom agencies to encourage greater synergies and reduce costs of micro-evaluations/audits and capacity development initiatives. Programme staff took part in a series of spot checks, light assessments and programme visits as developed in the HACT plan. A series of HACT training workshops for UNICEF staff and counterparts will be rolled out in 2015.

Checklists were developed and reviewed and the Supply Section undertook a peer review for the audit, which was planned in 2014, but postponed to the first quarter of 2015.

**Fundraising and Donor Relations**

In a very competitive fundraising environment, UNICEF was able to mobilise key resources for children in CAR. In 2014, UNICEF raised more than US$ 45.5 million in ORE and over US$ 51 million in OR (including the three-year GPE and EU funding), the most money that has ever been donated to UNICEF CAR. A proactive resource mobilisation strategy helped UNICEF CAR to mobilise 74.9 per cent of resources of the OR ceiling in Country Programme Document.
UNICEF CAR also raised 56 per cent of the Humanitarian Action for Children (HAC) appeal. Nevertheless, the remaining funding shortages hampered the delivery of emergency aid.

In support of its fundraising strategy, UNICEF positioned itself strategically as an organisation with a long history in CAR with a strong network of field offices in the interior of the country. Promoting the UNICEF comparative advantage helped to secure major pledges from donors such as the World Bank, which donated over US$ 5 million to support the scaling up health, nutrition and HIV services, and EU-ECHO, which supported WASH and RRM projects.

The strong relationship with EU-ECHO was fostered through proactive donor visibility. Throughout 2014, the communications team ensured that timely and high-quality visibility materials were produced, notably two global and two regional press releases acknowledging EU-ECHO contributions.

All donor reports were submitted on time thanks to an internal system of alerts, which gave programmes ample time to provide inputs. Funding was optimally used, and the CAR office established systems, including weekly monitoring reports, programme coordination meetings, and CMT meetings, to monitor the use of funds and avoid unnecessary extensions. The UNICEF CAR grant utilisation rate was over 98 per cent. UNICEF CAR has a plan in place to ensure full utilization by the end of 2014.

**Evaluation**

The Integrated Monitoring and Evaluation Plan (IMEP) was prepared and validated by the CMT in 2014, but the on-going crisis prevented its full implementation. A nutrition SMART survey was a key part of the IMEP. The survey was completed in Bangui and in all 16 prefectures, and provided updated information on levels of malnutrition throughout the country.

For its strategic planning in 2014, UNICEF CAR relied heavily on data collected through clusters, RRM and emergency response reports (vaccination figures, child protection reports, etc.) and the 3PM initiative, as well as data collected by United Nations agencies (i.e. UNOCHA and the Food and Agriculture Organization (FAO)/WFP food insecurity assessment) and other partner assessments. This evidence formed the basis of UNICEF CAR advocacy efforts to improve education, WASH, health and child protection services.

MICS-Round 5 activities were suspended in July due to prevailing insecurity. Some steps were completed in the MCS5 process before the suspension of all activities: a MICS5 coordinator was recruited and housed at the National Statistics Institute, the MICS5 questionnaires were pre-tested and validated, and required materials for data collection were procured.

In lieu of a mid-term review of the current country programme (2012-2016), a Strategic Moment of Reflection was held in December to take stock of results achieved and articulate a vision for programme results in 2015.

No evaluations took place in 2014. However, UNICEF CAR worked closely with WCARO and New York Headquarters (HQ) to review the terms of reference and recruit the technical team, which will undertake the evaluation of UNICEF programme strategies and response to the humanitarian and protection crisis. Fieldwork is scheduled to start in February 2015.

Policy dialogue documents planned to be designed or validated (i.e. for nutrition, social protection, national evaluation and the Child Code) were delayed due to the on-going crisis.
Efficiency Gains and Cost Savings

In a context of scarce funding, UNICEF CAR made it a priority to identify cost savings and increase its efficiency and effectiveness. The efficiency of supply deliveries improved with the purchase of three 15 metric ton trucks. The trucks were procured in response to the scarcity of commercial truck operators in the country after the crisis, and the rising costs of transportation. An analysis carried out by the Supply Section on the cost of deliveries to five of the most-frequented locations in CAR found that on average, UNICEF saved US$ 400 per delivery by using UNICEF trucks.

Other efficiency gains and cost savings were generated through the implementation of a regional strategy for the procurement of goods. Two key examples include communication printing materials procured in Cotonou, Benin for a value of US$ 20,250 instead of local procurement, which would have cost US$ 83,050; and school kits procured in Cameroon for a value of US$ 93,023. Had these items been procured in Bangui, they would have cost US$ 286,806. UNICEF CAR saved more than US$ 250,000 on these two purchases alone.

UNICEF CAR reduced the cost of its ambitious scale-up to the interior of the country by sharing office premises with other United Nations agencies. A Memorandum of Understanding with the United Nations Population Fund (UNFPA) established the terms and conditions for the use of common premises in Bossangoa. Agreements were also made on shared premises in Ndele (OCHA) and in Zemio (United Nations High Commissioner for Refugees (UNHCR)); and for the MSB-supported rehabilitation of the Kaga Bandoro sub-office (with WFP) that is used as common premises for United Nations agencies. These arrangements resulted in an average cost savings of US$ 50,000 per year in running costs, as well as a one-time cost savings of US$ 15,000 on office rehabilitations.

Supply Management

Supply management functioned well in 2014, with the implementation of efficient workflow processes, standard operating procedures, and checklists for key functions.

Initiatives were undertaken to shorten lead-time by relying on regional procurement as well as on local providers. This reduced UNICEF CAR reliance on offshore procurements, and enabled the office to significantly increase the volume of supplies procured and distributed in response to the crisis.

However, the proportion of offshore orders still represented 85 per cent of orders in 2014. These offshore procurements were dispatched efficiently with valuable support from the Supply Division. However, UNICEF CAR accumulated long-standing fees for containers at Bangui Container Terminal, due to congestion and slow customs processes. Alongside the weak distribution capacities of implementing partners, these two factors affected the timely distribution of supplies inside the country.

The Supply Section managed US$ 1.78 million of in-kind assistance donated by the United States Agency for International Development (USAID), OFDA, UNICEF Norway and the Micronutrient Initiative. The Section also managed several high-value construction activities worth over US$ 10 million, despite numerous challenges.
Due to lack of government capacity in logistics and the limited warehousing facilities of counterparts, UNICEF continued to manage all in-country logistics, including customs clearance, warehousing, and transportation of supplies.

The Supply and Logistics Section contributed significantly to the logistics cluster and collaborated with other United Nations agencies, including with MINUSCA.

**Security for Staff and Premises**

In 2014, the crisis in CAR was persistent and volatile, and tension between the different actors remained high. The two main armed groups in the conflict, the ex-Seleka, Anti-balaka and their sympathisers conducted continuous exactions against the population, and the multiplication of armed groups and factions caused a significant increase in criminality due to impunity, weakened security forces and the disintegration of the national army. UNICEF CAR submitted 16 Security Incident Reports in 2014.

**Human Resources**

UNICEF CAR rapidly increased its number of staff on the ground in 2014. At the time of the Level-3 declaration in CAR on 9 December 2013, there were 86 staff members with UNICEF CAR. Within weeks, UNICEF CAR benefited from the rapid deployment of 13 Immediate Response Team members, followed later by 221 surge appointments, including temporary appointments, missions and standby personnel. By December 2014, the office had a team of 186 staff to scale up programme delivery (78 international staff from 34 different nationalities and 108 national staff; gender breakdown: 54 female and 132 male; 18 staff on permanent contract; 89 on fixed-term appointments and 79 on temporary appointments).

The performance management cycle ensured that staff members were supported to achieve results in line with UNICEF CAR priorities. In September, the rate of response for the mid-year electronic Performance Appraisal System (e-PAS) stood at 62.6 per cent, while the 2013 Performance Evaluation Review completion rate was 99 per cent. Given the complex nature of the on-going emergency and the high number of staff newly recruited to UNICEF, UNICEF CAR conducted two six-day PPP workshops attended by 65 staff members.

The UN Cares committee was active again in 2014, and organised staff welfare day activities, raised awareness about HIV/AIDS and encouraged staff to complete an online HIV training. A Special Compensatory Time Off measure for local staff working in the interior was developed and approved to allow staff members (currently 40) to return to Bangui to visit their families. A stress counsellor joined the office in July and provided assistance to distressed staff and dependants in Bangui and in the interior. A total of 17 reports were documented in 2014, involving two international and 15 local staff; 10 took place in Bangui while the remaining seven were in the interior. Assistance was also extended to other United Nations agencies and NGOs.

Human capacity needs were constantly reviewed to ensure UNICEF CAR could effectively respond to the crisis. An emergency PBR organised in April assessed staffing gaps to ensure effective humanitarian response. Conducted through a mail poll, it recommended the creation of 20 new fixed term positions (of which 10 were recruited); 11 changes in reporting lines; one upgrade; one change of duty station and two abolitions. A Strategic Moment of Reflection was held in December to analyse the changed context, discuss the results achieved and articulate a vision for 2015. While the office was able to scale up results for children in 2014, resources needed to maintain the current staff structure were critically lacking. Given this situation, a
change in management process was planned for the first quarter of 2015 with the view to present a PBR submission at the end of March 2015.

Given the poor medical facilities in CAR, 12 medical evacuations were carried out in 2014. More than 70 cases of malaria among staff were identified through the administration of rapid tests by the health section (not including cases directly managed by the United Nations doctor).

Surge support staff: 12 Immediate Response Team members; 103 from missions; 1 from a National Committee; 21 from standby partners; 10 on special service agreement; 71 temporary appointments; and 2 United Nations Volunteers.

**Effective Use of Information and Communication Technology**

In 2014, UNICEF CAR completed its migration to the Microsoft cloud-based business suite with Office 365, Outlook and Lync. Microsoft Outlook, combined with mobile connectivity, has expanded the number of users reachable and accessing emails during emergencies. Microsoft Lync has created new capabilities for CAR staff to connect and collaborate.

Information and communication technology (ICT) solutions and internet connections were installed in Bossangoa (west), Kaga Bandoro (north) and Bambari (centre), enabling continuous delivery of programmes in those areas. WiFi connections were installed through the office VSAT in the residences of senior management located near the office. This enabled critical staff to work remotely during periods of insecurity and lock downs. In addition, the Bangui Office internet bandwidth was increased twice in 2014 in response to the influx of staff. Work began in December to increase it again to serve 120 users.

In 2014, UNICEF CAR scaled up its social media presence to liaise with key influencers and engage followers in the forgotten #CARcrisis. UNICEF CAR started 2014 with 2,500 followers on Twitter. Facebook was launched in February 2014 at the same time that UNICEF CAR started blogging regularly on UNICEF Connect. UNICEF CAR now has more than 25,000 followers on Facebook and 3,000 followers on Twitter. Influential followers have included famous American NBC journalist Ann Curry, who tweeted about UNICEF during her visit at the peak of the crisis. Goodwill Ambassador Mia Farrow also tweeted regularly about UNICEF CAR throughout the year to her more than 500,000 followers, as did Japanese superstar and UNICEF Japan Ambassador Agnes Chan. Other key influencers included academics and think tanks. More than 9,000 people read the regular blogs entries made on UNICEF Connect; and one blog entry was quoted by *The New York Times*.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1  Programme Support**

**OUTPUT 1  Operations**

**Analytical Statement of Progress:**

In 2014, UNICEF CAR completed its migration to the Microsoft cloud-based business suite with Office 365, Outlook and Lync. Microsoft Outlook, combined with mobile connectivity, has expanded the number of users reachable and accessing emails during emergencies. Microsoft Lync has created new capabilities for CAR staff to connect and collaborate. Remote
connections through the office VSAT were installed in the residences of senior management located near the office. This enabled critical staff to work remotely during periods of insecurity and lock downs.

ICT solutions and internet connections were installed in Bossangoa (west), Kaga Bandoro (north) and Bambari (centre), enabling continuous delivery of programmes in those areas. UNICEF partnered with sister agencies within the telecommunications cluster to ensure internet services for staff where UNICEF does not have its own premises (Bouar, Ndele and Zemio).

The Bangui Office benefited from a network re-cabling project in late 2013 and Cisco internet provider telephony and videoconferencing facilities were introduced to enhance collaboration inside the office as well as with other UNICEF offices.

**OUTPUT 2 Staff Costs**

**Analytical Statement of Progress:**
In 2014, the CMT promoted greater accountability, adherence to procedures and improved performance indicators. Tables outlining resources received, implementation rates and outstanding DCTs were shared systematically at each CMT meeting. Programme implementation rates, DCTs, and the situation of grants with financial closure were also shared weekly through monitoring reports. The Table of Authority was reviewed twice to ensure segregation of duties in response to the rapid surge in staff numbers. Steps were also taken to improve bank reconciliation processes and again ensure separation of duties.

UNICEF CAR boosted its budget management capacity. A newly appointed national budget officer benefited from intensive on-the-job training from an international budget officer. A number of clinics were organised with programme assistants and budget owners to strengthen budget management. As of 27 December 2014, the DCT liquidation showed the following performance: less than three months was 49.82 per cent of DCT (US$ 4,337,226), 3-6 months was 32.6 per cent (US$ 2,838,589), 6-9 months was 16.52 per cent (US$ 1,438,413) and more than 9 months was 1.06 per cent (US$ 92,074).

UNICEF CAR recruited two HACT professionals at Level-3 and General Service staff to accelerate HACT implementation. A HACT plan was developed and endorsed by the CMT. It was shared with the Office of the Deputy Special Representative of the Secretary-General (DSRSG)/Resident Coordinator and Representatives of the other ExCom agencies to encourage greater synergies and reduce costs of micro-evaluations/audits and capacity development initiatives. In addition to specific HACT implementation activities in their performance appraisals, programme staff took part in a series of spot checks, light assessments and programme visits as developed in the HACT plan. A series of HACT training workshops for UNICEF staff and counterparts will be rolled out in 2015.

Checklists were developed and reviewed for the audit, which was planned in 2014, but postponed to the first quarter of 2015. Also in view of the audit, the Supply Section undertook a peer review exercise.

**OUTPUT 3 Qualified staff are recruited and provided with necessary HR support to complete their duties.**

**Analytical Statement of Progress:**
Given the complex nature of the on-going emergency and the high number of newly recruited staff, UNICEF CAR conducted two six-day PPP workshops attended by 65 staff members. The UN Cares committee was active again in 2014, and organised staff welfare day activities, raised awareness about HIV/AIDS and encouraged staff to complete an online HIV training. A Special Compensatory Time Off measure for local staff working in the interior was developed and approved to allow staff members (currently 40) to return to Bangui to visit their families. A stress counsellor joined the office in July and provided assistance to distressed staff and dependants in Bangui and in the interior. A total of 17 reports were documented in 2014, involving two international and 15 local staff; 10 took place in Bangui while the remaining seven were in the interior. Assistance was also extended to other United Nations agencies and NGOs. Given the poor medical facilities in the country, 12 medical evacuations were carried out in 2014. More than 70 cases of malaria among staff were identified through the administration of rapid tests by the health section (not including cases directly managed by the United Nations doctor).

OUTPUT 4 Regional HACT Action Plan

Analytical Statement of Progress:
UNICEF CAR rapidly increased its number of staff on the ground in 2014 in order to achieve results for children affected by the crisis. At the time of the Level-3 declaration in CAR on 9 December 2013, there were 86 staff members with UNICEF CAR. Within weeks, UNICEF CAR benefited from the rapid deployment of 13 Immediate Response Team members, followed later by 221 surge appointments, including temporary appointments, missions and standby personnel. By December 2014, the office had a team of 186 staff to scale up programme delivery (78 international staff from 34 different nationalities and 108 national staff; gender breakdown: 54 female and 132 male; 18 staff on permanent contract; 89 on fixed-term appointments and 79 on temporary appointments).

Human capacity needs were constantly reviewed to ensure UNICEF CAR could effectively respond to the crisis. An emergency PBR organised in April assessed staffing gaps to ensure effective humanitarian response. Conducted through a mail poll, it recommended the creation of 20 new fixed term positions (of which 10 were recruited); 11 changes in reporting lines; one upgrade; one change of duty station and two abolitions. A Strategic Moment of Reflection was held in December to analyse the changed context, discuss the results achieved and articulate a vision for 2015. While the office was able to scale up results for children in 2014, resources needed to maintain the current staff structure were critically lacking. Given this situation, a change in management process was planned for the first quarter of 2015 with the view to present a PBR submission at the end of March 2015. The Human Resources Unit now comprises one Level-3, three general service staff. The team has facilitated a high number of recruitments, strengthened systems (archiving personal files, processing leave etc.) and attended to staff welfare.

OUTCOME 2 By 2016, at least 60 per cent of girls and boys under 5 and pregnant/lactating women use high impact gender-responsive integrated services (curative, preventive and promotional) in the country for an accelerated reduction of infant and under-five mortality and maternal mortality.

Analytical Statement of Progress:
The implementation of this programme component continued to be affected by the on-going crisis. In 2014, the Child Survival and Development programme implemented a Humanitarian Response Plan (HRP) focused on the CCCs. The main objective of the HRP was to reduce deaths among children under 5 by providing an integrated package of services. The already
A weak health system has been seriously affected: most doctors have not resumed duty outside the capital and health facilities across the country lack essential supplies and medicines. A rapid assessment of the availability of health services in May 2014 showed that only 55 per cent of health facilities were functioning and 28 per cent were partially or fully destroyed during the crisis. This explains the deterioration of some indicators. The risk of disease outbreaks, particularly cholera, measles, polio, yellow fever, and Ebola, increased significantly in 2014 as a result of the population displacement and EVD, poliomyelitis and cholera outbreaks in neighbouring countries. UNICEF assisted the Government and partners to resume health services and provide free basic health care by supplying essential drugs, conducting regular analysis of the situation, organizing periodic intensified routine immunization and integrated measles and polio campaigns countrywide, including in IDP sites and enclaves, and rehabilitating selected health facilities. Life-saving interventions were undertaken despite countless difficulties. Overall, 66,909 IDP households (315,158 people), including 104,000 children under 5, received mosquito nets during long-lasting insecticidal net (LLIN) distributions in Bangui and Bimbo IDP camps. In addition, 555,334 LLINs were distributed to 1,072,206 people to achieve the universal coverage of one net for every two people in Bangui. The rest of the internally displaced persons living outside of Bangui (Ouham and Nana-Gribizi) received nets before the end of 2014. Over 1.4 million people benefited from free health care in targeted areas, including vulnerable populations living in the enclaves and IDP sites.

A transition plan for the health sector covering the period 2014-2016 was adopted in September 2014. The plan aims to adequately respond to the humanitarian situation while building the health system. It focuses on five results, including health system strengthening, maternal and child health, and emergency preparedness and response.

**OUTPUT 1** Effective and efficient programme management, supply, logistics and operational support to programme delivery

**Analytical Statement of Progress:**
CAR adopted the Health Sector Development Plan 2006-2015 as an implementation tool of the National Health Policy. It aims to improve the health status of the population, with a particular focus on high-impact interventions for the most vulnerable. However, progress was hampered by the weak capacity of managers, high turnover of senior health staff, and irregular salaries. The Government has not yet officially endorsed a district approach.

The UNICEF initiative to support nine prefectures to scale up the accelerated strategy for child survival and development was interrupted. However, both the National Strategic Plan for Reproductive Health 2012-2016, and the Security Plan for Reproductive Health (developed in 2013) were validated in early 2014. The National Nutrition Guidelines for the management of acute malnutrition are currently under revision. Technical assistance was provided to the MoH to improve the management of malaria drugs and mosquito nets provided by the Global Fund. As soon as security and sector governance allow, UNICEF CAR will assist the Government to implement a district health system to support emergency response and transition to recovery.

The health and nutrition clusters were strengthened to better coordinate sectorial humanitarian response. UNICEF is the cluster lead for nutrition and participates actively in the health cluster. Both clusters developed their 2014 strategic plans in line with the Strategic Response Plan. The key implementation strategy was a free care policy for children under 5, pregnant women and lactating women.
An interim health sector transition plan was developed for the period 2014-2016. It has five key strategic areas.

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

Analytical Statement of Progress:
In 2012, CAR revised the health norms and protocols, as well as activities to be implemented at both community and facility levels. However, the armed conflict in 2013 and 2014 weakened the logistical capacity of partners. Life-saving interventions were greatly impacted by the looting of most vehicles, ambulances, motorcycles and other equipment delivered in 2012 to perform high impact interventions for the reduction of maternal, neonatal and infant mortality. All 16 prefectures, as well as Bangui, were affected by the crisis. Even if most health practitioners, including community health workers, have resumed work, the majority of district medical officers and regional health directors have not returned to their duty stations. The main challenges include insecurity, irregular salaries, as well as the lack of logistical and medical supplies (i.e. medical equipment, cars, motorbikes) to perform the necessary supervision and monitoring activities. UNICEF, with support from WCARO, worked with the MoH to develop a national approach to implementing and scaling up the district approach. This approach will assist the national and district levels to plan and implement a package of high-impact interventions, as well as a performance-based financing and decentralised monitoring mechanisms. Since the beginning of the reporting period, UNICEF and partners have managed to scale up high impact child survival interventions and strengthen district management team capacity in the prefectures of Ouham and Nana-Gribizi, as well as in the Bimbo district. UNICEF has also provided life-saving interventions in displacement sites in Bangui, Bimbo, Bossangoa and Kaga-Bandoro, as well as in the enclaves in Yaloke and Boda.

OUTPUT 3 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 Kangaroo Mother Care (KMC) method, implemented since 2012 in seven Accelerated Child Survival and Development prefectures, was interrupted due to the crisis; only the paediatric hospital in Bangui continued to implement KMC following three months of interruption. Since the beginning of the year, 67 newborns with low birth weight benefited from the KMC method. In addition, 178 obstetrical drug kits and 68 obstetrical equipment kits for 17,800 normal deliveries and 9,000 obstetrical complications were provided in Bangui and to eight health prefectures, for a total of 67 health facilities. The report of the country’s referral maternity unit (Hôpital Communautaire) showed that 2,750 deliveries took place, including 7.2 per cent by caesarean section. Under preventive care for pregnant women, 39 per cent of pregnant women received two doses of intermittent preventive treatment of malaria (IPT1) during their antenatal care (ANC) visit; 39 per cent received iron/folic acid to prevent anaemia; 45,620 attended at least one ANC visit (99 per cent of target) and 36,340 assisted deliveries took place between January and September.

OUTPUT 4 By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) and multi-micronutrient supplementation are effective both at community level and in health facilities in the 13 targeted prefectures.
Analytical Statement of Progress:
The on-going crisis worsened the already fragile health status of children under 5 in CAR by limiting their access to basic preventive and curative care. In response to the present needs and based on the results of several assessments, UNICEF supplied 67 health facilities and 15 IDP camps with 260 malaria kits, 7,754 boxes of malaria treatment (30 per box), 347 basic kits and 59 drugs kits containing essential drugs and consumables for the management of at least 337,020 cases of simple malaria, 590,000 other infectious diseases, 19,601 diarrhoeal diseases and 52,008 cases of pneumonia in children under 5, based on the national protocol. In addition, 555,334 long lasting mosquito nets were distributed in Bangui (based on two nets per person) and 133,818 were distributed in IDP sites. UNICEF continued to provide critical technical support to scale up the management of common illnesses in the most-affected prefectures, including Bangui and outlying areas, through the provision of essential drugs and medical equipment; training and supportive supervision of implementing partners; and health promotion. With the support of the World Bank, UNICEF is providing antimalarial drugs and rapid diagnostic test kits for the management of simple malaria to cover 62 per cent of the country gap over one year.

OUTPUT 5 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:
In 2014, the routine immunization system remained weak but efforts were made to restore service delivery (free services). Vaccination was performed in IDP camps and in areas with no functional health centre. PIRI activities were organized to ensure equitable access to immunization services.

In line with these strategies, the following activities were undertaken: phased polio campaigns reached 1,144,165 children under 14 with immunization (95 per cent coverage); specific campaigns in IDP camps and enclaves protected 238,000 children under 5 against measles (88 per cent coverage); and support was provided to mobile clinics for remote and hard-to-reach areas. The first round of PIRI activities with an extended age target was organized in April 2014 and reached 109,000 children under 24 months. The second phase, organized in May, reached 141,315 children under 23 months. A third round started in December 2014. These efforts increased the routine immunization coverage rate from 37 per cent to 60 per cent for the DPT3-containing vaccine (January-July period).

To restore the cold chain, a new cold room (30 cubic metres) was installed and new cooling boxes were installed in the other three pre-existing cold rooms. The cold chain warehouse at the central level was rehabilitated. In addition, 164 new refrigerators, 800 vaccine carriers and 300 cool boxes were purchased and distributed in health prefectures following the cold chain inventory performed in five health regions (out of seven) and the related rehabilitation plan. The country is replacing kerosene refrigerators with solar refrigerators.

On the vaccine supply side, UNICEF ensured the procurement of traditional vaccines (BCG, polio, tetanus, and measles) and the GAVI Alliance provided the new and under-used vaccines (DPT-containing vaccine, pneumococcal conjugate vaccine (PCV) 13 and yellow fever). On the service delivery side, UNICEF ensured payment of salaries and incentives to health workers, first aid workers and community mobilizers in targeted areas. Additional EPI officers were deployed in UNICEF sub-offices.
OUTPUT 6  By 2016, in the 13 targeted health prefectures, 100 per cent of United Nations Regular Programme for Technical Assistance and Union Nationale Tchadienne detect and treat cases of severe acute malnutrition according to the national protocols, activities for prevention of malnutrition are developed and a nutritional surveillance system is established.

Analytical Statement of Progress:
UNICEF CAR continued to scale up its nutrition response. Between December 2013 and November 2014, the number of nutrition units increased from 21 to 31 for inpatient therapeutic programmes and from 102 to 189 for outpatient therapeutic units. Up to 24,657 children were admitted for SAM treatment across the country, including children admitted from IDP sites and enclaves. This represents 88 per cent of the annual revised target of 28,000 cases of SAM in CAR (foreseen for 2014). The overall case management performance indicators improved and remain within global standards: 83 per cent cured rate (global standard ≥75 per cent), 3 per cent death rate (global standard <5 per cent) and 14.7 per cent default rate (global standard <15 per cent). UNICEF CAR successfully carried out the nutrition SMART survey, the results of which point to a global acute malnutrition prevalence of 6.5 per cent and a SAM rate of 1.8 per cent.

In addition to community-based management of acute malnutrition (CMAM) interventions, UNICEF led cluster coordination, strengthened nutritional rapid assessment and nutrition surveillance systems at the community level, maintained access to micronutrient supplementation, including vitamin A, and deworming, and encouraged the adoption of appropriate feeding practices. Overall, 247 metric tonnes of ready-to-use therapeutic food and other therapeutic commodities were procured and distributed. Although the CMAM coverage target increased by up to 70 per cent, the integration of CMAM into the minimum health package remained very challenging (up to 35 per cent) in the majority of prefectures. The new revised CAR national protocol and scaling up of CMAM strategy aims to improve the capacity of health care providers and improve the quality of care and performance indicators, and additional staff have been recruited, including two field nutrition specialists (United Nations Volunteers) in Bossangoa and Kaga Bandoro, two nutrition officers in Bouar and Bambari and a Professional Level 4 nutrition specialist in Bangui.

OUTPUT 7  Each year from 2012-2016, the planned campaigns are conducted with quality and integrate vitamin A supplementation for children 6-59 months and deworming of children 1-5 years every six months.

Analytical Statement of Progress:
No cases of wild poliovirus have been confirmed in CAR since 2012. However, due to low immunization coverage of CAR children, reported wild polio cases in neighbouring countries (mainly Cameroon) and poor health services associated with high population mobility/displacements due to the insecurity, the country remains at risk of importing wild poliovirus. CAR conducted localized polio campaigns in five health regions in 2014 to prevent the importation of wild poliovirus from neighbouring countries. As a result, over 1 million children under 10 from Health Regions 7, 1, 2 and 3 were immunized against poliomyelitis (95 per cent coverage). This polio campaign, along with the IPIR and National Immunization Days, provided an opportunity to integrate vitamin A supplementation and deworming. Although the remaining health regions (4, 5, 6) were planned to be covered during November and December 2014, this schedule was postponed in January 2015 due to persisting insecurity.

OUTPUT 8  Provision of emergency health services for conflict affected populations.
Analytical Statement of Progress:
The health and nutrition status of the CAR population remains fragile, particularly for children under 5 and women, including people living in enclaves and IDP sites and minority groups. Despite the on-going crisis and the weak health care system, continuous support to the MoH from UNICEF and the rest of the humanitarian community generated the following results: 1,458,267 persons benefited from free health care in targeted areas, including vulnerable populations living in enclaves and IDP sites; 596 out of the 814 health facilities have implemented basic emergency obstetrical and neonatal care; and 405 of these facilities have implemented complete emergency obstetrical and neonatal care (HeRAM report, 2014). Although these figures may seem encouraging given the situation in CAR, they mask serious shortcomings related to the lack of qualified staff, insufficient technical equipment and medical supplies, and limited resource allocations to emergency obstetric and newborn care and prevention of mother-to-child transmission of HIV (PMTCT) services. During the reporting period, UNICEF supplied 72 obstetric kits to 38 health facilities and resuscitation kits to eight hospitals. Many needs remain, however. UNICEF will support an emergency obstetric and neonatal care needs assessment to identify gaps and components that need to be strengthened. UNICEF actively participated in preparedness and response measures for potential EVD and cholera outbreaks by supplying individual protective equipment, essential drugs and other interventions, including the provision tents for the construction of 23 Ebola surveillance sites and training on cholera outbreak prevention and management to 20 members of a cholera trainer team and 172 managers and service providers. UNICEF also provided support for the training and reorganization of 14 prefectural crisis management committees nationwide, two of which have already been completed, resulting in 61 members trained.

OUTCOME 3 By 2016, 70 per cent of girls and boys, young people and women of reproductive age, including those in emergency-affected parts of the country, minority groups and the poorest quintile have access to knowledge, testing and treatment of HIV and AIDS.

Analytical Statement of Progress:
In partnership with other United Nations agencies and the Global Fund, UNICEF supported the MoH and the National AIDS Commission to develop the National HIV Strategic Plan, which will guide implementation through 2012 -2016. UNICEF also supported a bottleneck analysis of PMTCT and aided the development of the Mother to Child Transmission Elimination Plan. Neither plan was implemented due to the crisis, however. Instead, UNICEF supported the HIV response based on the CCCs, which focused on HIV prevention among affected populations, the re-launching of HIV/ PMTCT services, and ensuring that HIV-positive patients continued treatment.

Key results included: 1) the reestablishment of HIV/PMTCT interventions in 81 of 94 planned health structures (86 per cent of target); 2) capacity building of 102 health workers to re-establish services in supported zones (72 per cent of target); 3) provision and distribution of antiretroviral (ARV) drugs and tests kits (including ARVs for Option B+) in 14 PMTCT sites in Bangui; 4) support for UNICEF-MoH missions to further assess PMTCT and paediatric care needs in six highly-affected provinces and implementation of micro plans to reinstall services in those areas; 5) signed partnership agreement with Institut Pasteur to implement early infant diagnosis. In addition, a strong partnership with Esther Aid supported tracking of cases for follow up by PMTCT support groups and local associations. Despite sensitization activities and the availability of test kits, only 4 per cent of male partners were tested. In addition, only 42 per cent of HIV-positive pregnant women and 24 per cent of children of HIV-positive mothers had access to ARV treatment in the UNICEF-targeted zone. Approximately 29 per cent of young people in need of ARV have access to treatment. Improvement in access is impeded by the
poor quality of HIV services, coupled with increased demand for HIV prevention and treatment services.

With improved security, re-established health structures offering PMTCT interventions were able to offer HIV information and testing to 45,043 pregnant women. However, only 35,510 of these women were tested due to low utilisation of ANC services, security incidents that increased fear of accessing services, stock outs of diagnostic test kits in some remote sites, lack of integration of PMTCT into reproductive health services and the poor management capacities of health staff.

A Professional Level 3 and General Service staff member were recruited to help scale up PMTCT and a Level 3 staff member was transferred to the HIV Unit to support primary prevention among adolescents.

OUTPUT 1 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 multi-sectorial response.

Analytical Statement of Progress:
The National HIV/AIDS Strategic Plan (2012-2016) was developed in 2012 with three main components: 1) intensification of HIV prevention among youth, pregnant women and children to prevent new infections among children; 2) care for people living with HIV and AIDS; and 3) strengthening HIV coordination, as well as the monitoring and evaluation (M&E) of key HIV results. In 2014, due to the emergency situation, the focus was on HIV prevention among the affected population and ensuring access to services by providing drugs and other commodities. However, this increased support did not include follow up on patients. Along with other agencies, UNICEF supported HIV evaluations through a UNHCR support mission, which helped gather information related to HIV needs following the crisis. UNICEF supported the Government, while closely collaborating with partners, to improve PMTCT service delivery in IDP camps and assist the re-establishment of services. In accordance with global PMTCT priorities, WHO launched new recommendations for the elimination of mother-to-child transmission of HIV. In close collaboration with WHO and ESTERAID, UNICEF launched a national discussion to support the review of the PMTCT protocol. An Option B+ protocol for PMTCT was adopted for the country. UNICEF will support the evaluation of the key conditions for launching the implementation of Option B+ in Bangui as a pilot intervention.

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

Analytical Statement of Progress:
Although efforts to re-establish and consolidate the implementation of PMTCT services are underway, due to insecurity and tension between armed groups and communities, these efforts have been weakened in some of the UNICEF-supported zones. UNICEF supported the MoH to conduct a rapid assessment and to support the re-establishment of services, including the provision of drugs and other supplies for service trainings. As a result, through UNICEF support, 81 PMTCT sites were re-established out of the total 94 planned sites targeted in 2014. More needs to be done to ensure the use of these services by pregnant women. Indeed, very limited resources are allocated to PMTCT services; the main funding sources for HIV drugs are currently UNICEF and the Global Fund. The country has adopted the Option B+, meaning lifelong treatment, which may increase the need for ARVs. WHO and UNICEF will provide guidance to ensure a smooth transition from Option A to Option B+ during the pilot phase in
Bangui. UNICEF will continue to support the re-establishment of quality services in the 94 PMTCT sites and will mobilise additional resources to scale up the programme, focusing on integrating PMTCT into reproductive health services.

**OUTPUT 3** By 2016, 100 per cent of class A and B health facilities are strengthened in PMTCT and conduct systematic HIV testing for pregnant women and their partners in the 13 targeted prefectures.

**Analytical Statement of Progress:**
About 86 per cent of PMTCT sites were re-established and offered HIV counselling to 45,043 pregnant women during their first antenatal care visits [ANC1]. However, only 35,510 of these women (75 per cent) were tested for HIV. This poor performance is due to: lack of ARV and diagnostic test kits in certain sites where the security situation did not permit the delivery of supplies; lack of integration of PMTCT into reproductive health services; and poor management of health staff at the national and decentralised levels. In response to UNICEF advocacy for more technical support for PMTCT, a Professional Level 3 and General Service staff member were recruited to support the PMTCT scale up. Efforts to support resource mobilisation are also underway to implement the scale up of the PMTCT strategy in health facilities offering ANC.

**OUTPUT 4** 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:**
It was expected that 56,732 pregnant women would seek ANC and that all of these women would receive HIV counselling by the end of 2014. To date, 45,043 were counselled (79 per cent of target). Of the 4,392 HIV-positive women targeted for ARV prophylaxis, 1,838 were provided with ARV prophylaxis (42 per cent of target).

In 2014, out of a total of 4,392 babies, only 1,060 (24 per cent) born to HIV-positive mothers received ARV prophylaxis. The main problems included the high number of dropouts for ANC and postnatal care, low utilisation of services due to limited geographic access to PMTCT services and the poor quality of services.

**OUTPUT 5** By 2016, 100 per cent of PMTCT sites provide ART (prophylaxis and treatment) for women, their partners and children who tested HIV-positive in the 13 targeted prefectures and monitor those who drop out.

**Analytical Statement of Progress:**
In close collaboration with partners, UNICEF supported MoH efforts to integrate interventions to reduce mother to child transmission of HIV. Before the crisis, 106 health structures offered PMTCT interventions, but due to the on-going crisis, less than 50 per cent of these are able to continue to offer HIV prophylaxis for PMTCT and support women's enrolment in treatment. UNICEF supported the MoH to assess needs and re-establish PMTCT services in 81 out of 106 health centres; this also included the provision of HIV drugs and commodities. In addition, district plans were developed to further extend services in early 2015 in order to reach the pregnant women of reproductive age that are most in need. Furthermore, efforts were made to build the capacities of local associations (ANGEFAS and PMTCT support groups) to actively track women and children who have dropped out of programmes. As a result, 449 children exposed to HIV were identified and tested, and 39 of them (8 per cent) were found to be HIV positive.
OUTCOME 4 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:
Despite significant efforts since the beginning of the country programme, access to safe drinking water and sanitation remains a challenge in CAR. According to the MICS, only 64 per cent of the population of CAR uses improved water sources, and only 22 per cent uses improved sanitation. Progress towards this outcome was constrained by the need to refocus activities on humanitarian response in 2014.

In terms of major achievements in 2014, UNICEF supported the national water agency (SODECA) by providing essential water treatment products to ensure access to safe drinking water for 412,000 people in the capital Bangui and the major towns of Bossangoa, Bouar and Carnot. Emergency interventions included WASH cluster coordination among partners; access to safe drinking water for more than 224,000 internally displaced people through water trucking; and the dissemination of messages on hygiene practices to more than 310,000 internally displaced people. The UNICEF RRM coordinated immediate responses following field assessments to improve access to safe drinking water services and distribute non-food items (including soap and jerry cans) within 15 days of displacement. Under the RRM, more than one million litres of water were distributed to 7,333 households through water trucking to displacement sites, and 8,534 households were provided with sustainable access to safe water through the rehabilitation of boreholes. The WASH stocks in Bangui and zonal offices were replenished. Partnership agreements were signed with NGOs and allowed prompt responses to meet the most pressing WASH needs.

In rural areas, the WASH programme built a partnership with the National Water and Sanitation Authority to improve hygiene, water and sanitation for returnees. On-going activities include the rehabilitation of facilities and the construction of new water points, training and equipment. Planned activities to increase water supply by professionalizing manual drilling and improving access to household water treatment were put on hold due to insecurity, but will be scaled up in secure regions in 2015.

Due to insecurity, sanitation activities were mainly conducted for internally displaced people (emergency latrines) and returnees (family latrines). With security improving in some localities, the intention is to re-focus resources to support the initial Community-Led Total Sanitation (CLTS) strategy, with an amendment to add support in the form of tools for latrine construction. Cholera was averted in 2013 and 2014, and effective preparedness strategies were put into place, following the regional ‘shield and punch’ strategy. This included pre-positioning key supplies, training WASH actors on cholera response, and building national and cross-border surveillance.

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

Analytical Statement of Progress:
The Government of CAR has led a series of reforms in the WASH sector since 2006, starting with the National Policy and Strategies on Water and Sanitation. This policy was accompanied by the WASH Sector Round Table, organized in collaboration with UNICEF in October 2009, and by the Poverty Reduction Strategy Paper (PRSP II), adopted in 2011. Laws and regulations in the water and sanitation sector are still insufficient, however, which creates significant
distortions in the roles and responsibilities of actors involved in the sector. The existing Government policy in the sector emphasizes the following four points: 1) low cost, sustainable drinking water supply in poor rural areas; 2) implementation of CLTS in rural areas throughout the country; 3) community involvement in all WASH-related programmes; and 4) sector liberalization for increased public-private partnerships. With UNICEF technical support and financial assistance, the national policies and strategies on sanitation and hygiene were developed and validated in 2012. The norms and standards for water and sanitation facilities defined in 2013 were revised, as was the National Policy and Strategies on Water and Sanitation, with the integration of cross-sectorial aspects, such as gender, equity and HIV issues. The official endorsement of these two documents is in process. Next steps include the development and implementation of a national action plan for drinking water, basic sanitation and hygiene promotion. A workshop was held to define main actions to be implemented within the framework of AfricaSan and in alignment with the eThekwini declaration and commitments, which were presented to international partners. The fourth AfricaSan meeting that was planned to take place in Dakar in October 2014 has been postponed to May 2015. The aim of the workshop is to evaluate the eThekwini declaration and the commitments of each country.

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

Analytical Statement of Progress:
UNICEF and partners conducted the rehabilitation of water points. New construction was delayed due to limited drilling capacity in the country, the limited number of partners with the required equipment, and prevailing insecurity in programme zones. UNICEF assisted the Government to purchase a new drilling rig in 2012, but part of this equipment was looted during the March 2013 crisis. UNICEF recently replaced the looted equipment to speed up drilling activities. It is important to note that the French Red Cross also brought in a new drilling rig, which has contributed to increasing drilling capacity in the country. In parallel, in collaboration with the Government, UNICEF launched a programme to ‘professionalize manual drilling’. The aim of this programme is to develop a network of local entrepreneurs capable of conducting manual drilling operations. Manual drilling uses lighter equipment than rig drilling. It was expected that manual drilling would contribute to increased water coverage, particularly in remote areas where heavy machinery cannot be brought in. Unfortunately, due to prevailing insecurity, manual drilling activities could not be conducted. Available resources for both manual and mechanical drilling do not currently cover the substantial needs of the population. Due to the crisis that began in December 2012, activities have been concentrated on life-saving initiatives, such as the rehabilitation of water points, water trucking and support to the national water company (SODECA) to secure water supply in Bangui, Bossangoa, Bouar and Carnot through the rehabilitation of equipment and the supply of chemical products for water treatment.

To assist the return of internally displaced persons in rural areas, UNICEF will support access to safe drinking water in collaboration with the National Water and Sanitation Authority. Activities include the rehabilitation of existing facilities, the construction of new water points and training of water point management committees and equipment.

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 hand washing with soap.

Analytical Statement of Progress:
The CLTS approach is relatively new in CAR and was endorsed by the Government in 2012. Following workshops organised in 2012, the main focus for 2013 was the development of a
national CLTS strategy and the progressive rollout of CLTS throughout the country in order to improve sanitation coverage. The crisis greatly limited access to project sites. At the same time, the fragile humanitarian situation called for emergency sanitation interventions rather than CLTS. In 2014, emergency latrines were successfully constructed in IDP sites, and returnee families were assisted to build latrines. UNICEF CAR will return to the initial CLTS strategy as soon as the situation stabilizes. Nevertheless, discussion is already on-going to amend the strategy to include the provision of tools for latrine construction and to develop other models for better access to latrines.

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 program have adequate sanitation facilities and students, teachers and health staff are implementing good hygiene practices.

Analytical Statement of Progress:
UNICEF CAR signed agreements with NGOs and contracts with private companies. Latrine construction was an integral part of the contracts and agreements signed for school construction and the rehabilitation of health centres. However, as a result of high-level insecurity in the country, few latrines were constructed. Many project sites were looted and the prevailing insecurity forced most activities to a halt.

OUTCOME 5 By 2016, 80 per cent of school aged children, especially girls and the most vulnerable, benefit from access to basic education.

UNICEF successfully mobilised resources to implement the RRM to improve the effectiveness of the emergency response in 2014. Critical supplies were prepositioned in Bangui and the zonal offices. Partnership agreements were signed with NGOs to implement emergency response. During 2014, UNICEF provided safe drinking water to more than 419,000 internally displaced people (without taking into account the 300,000 people in Bangui who benefited from UNICEF provision of chemical products for urban water treatment). In addition, 515,350 people were reached through focus groups and inter-personal messages promoting hygiene practices. Overall, 231,500 persons accessed basic sanitation services through partnerships with NGOs and the National Water and Sanitation Authority. Nearly 282,500 people were provided with household water treatments to reduce water contamination, as well as water storage materials (jerry cans) and essential hygiene supplies (hygiene kits, soap). Regarding outbreak control, cholera was not reported in 2014 and UNICEF and partners developed response plans and pre-positioned supplies for prevention purposes.

Analytical Statement of Progress:
The on-going crisis in CAR has dramatically affected provision of and access to basic social services in CAR, devastating the education sector. Under EiE programming, 36,498 children had access to safe TLS. These safe temporary spaces ensured that children have access to a protective learning environment and safe areas to play. The development and validation of content used in the TLS by the MoE was a significant achievement and will allow children who have participated in TLS to return to the appropriate grade level, based on evaluation tests, when security returns and schools are opened. The essential training of 812 teachers in the basic provision of EiE services and in child protection, psychosocial support, and peace building, was also carried out in 2014.

Great progress has been made in supporting the restoration of basic education services under the GPE. Over 88,000 children are currently registered in the 247 schools supported by this World Bank funded programme. As part of efforts to ensure safe and quality education, UNICEF
worked on programme implementation with five implementing partners (Save the Children International, the Norwegian Refugee Council, CORDAID, Finn Church Aid and Enfants Sans Frontières).

To date, 36 schools have been rehabilitated and a remaining 211 will be completed by June 2015. The programme provided valuable institutional support to the MoE through the provision of critical training for 75 provincial education authorities, basic office supplies, telephones and monthly credit, which facilitated M&E of teachers and is keeping field staff linked with regional inspectors.

UNICEF is also working with WFP to support Food Assisted Education in GPE schools in the most food insecure areas. This will be progressively rolled out in 2015 to increase the number of schools receiving this important support.

With funding from the GPE Secretariat and in close collaboration with key education stakeholders such as the EU, AFD, the French Embassy and WFP, UNICEF supported the MoE to develop and validate a three year Education Sector Transition Plan. Key priorities outlined in the Transition Plan include: to restore basic education to a pre-crisis level; increase and improve the pool of qualified teachers; support community teachers through community-based grants; and strengthen MoE capacity by supporting studies, surveys and data collection in order to develop long term strategies.

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

**Analytical Statement of Progress:**

To date, all 16 prefectures have been assessed as ‘conflict-affected’. The datasets that are currently available (valid for the school year ending in 2011-2012) are not sufficient for indicating the current net enrolment rate for any of the 16 prefectures. While the MoE has reported that some administrative staff have returned to their posts, the lack of security, funding and human resources hamper the collection of comprehensive data on the key indicators that reflect the overall state of education in CAR.

However, UNICEF is supporting children to return to school wherever access is possible. In 2014, UNICEF supported over 88,000 primary school aged children to return to 247 schools in seven conflict-affected prefectures (Kemo, Mbomou, Nana-Gribizi, Ombella-Poko, Ouham, Ouham Pende and Ouaka) and Bangui. The key results are listed below:

- 36 schools rehabilitated and the remaining 211 schools will be rehabilitated by June 2015.
- 30 school district heads and 45 heads of education sectors trained in teacher supervision and accompaniment and data collection techniques. With their capacities enhanced, they are now providing increased supervision to teachers in the GPE supported schools.
- 622 teachers are currently participating in the GPE programme, including: 389 qualified teachers, 165 community teachers and 68 qualified teachers (pending recruitment as civil servants).
- 38 school sector heads received office supplies, cellular phones, and phone credit for their work, which will facilitate regular and on-going monitoring and supervision.

**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:
The EiE Project established 120 TLS in areas affected by the on-going crisis (Bangui, Bimbo, Begoua, Boda, Bossangoa, Yaloke, Grimari, Bambari, Kaga Bandoro and Dekoua). The Project was carried out over three phases to match the changing security situation. Programme content in these TLSs has also evolved with the overall aim of meeting the demand for quality education. An improved curriculum was therefore developed and validated by the MoE with support from the cluster and UNICEF. This improved content will allow children to be integrated into the public school system when full normalcy is restored and public schools are functional again.

Key results of the EiE Project include:
- 36,498 children (46 per cent girls) accessed TLS (36 per cent the 100,000 children targeted).
- 812 teachers trained on psychosocial support and EiE.
- Education materials distributed to 92,860 children between the ages of 3-17.
- 160 early childhood development (ECD) caregivers benefited from training and materials.
- Training of 207 volunteer teachers on the validated content is on-going by the MoE with UNICEF support.

In addition, while ECD was not included in the Country Programme Document, the following activities were carried out in 2014:
- 7,500 children between the ages of 3-5 have access to pre-school education.
- 500 ECD kits prepositioned.
- 182 caregivers trained.
- 200 ECD kits distributed.
- UNICEF technical support to Plan International resulted in the finalization of illustrated curricula, the assessment of the ECD context (in Bangui and two other prefectures), and the provision of pedagogic materials to 15 ECD centres in Bangui.

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

Analytical Statement of Progress:
Girls’ education was promoted in the Back to School Campaign and through the development of sensitization materials, such as the production of a video portraying women as role models for girls’ education. The production has been delayed due to insecurity but the video will be available for distribution through local community awareness raising initiatives in mid-January 2015.

OUTCOME 6 By 2016, 50 per cent of enrolled girls and boys successfully complete quality primary education.

Analytical Statement of Progress:
Getting children back in school in areas where security permits remains a critical priority for UNICEF. There has not been a complete school year since the crisis erupted in 2012. In 2014, key activities included supporting children to return to school and advocating for the opening of schools in areas where security permitted. UNICEF supported the MoE to reopen schools in March 2014 as the majority of schools were closed at the peak of the crisis in December 2013. While the security situation did not allow all children to return to school, according to the MoE, by June 2014, over 65 per cent of schools were functioning. This represents a marked increase...
over the February data from the education cluster, which showed that only 35 per cent of schools were open.

UNICEF worked diligently with the MoE to launch the official school year on 20 November 2014. Activities under the Back to School Campaign included the distribution of school materials, mobilization efforts with communities to ensure security at schools, advocacy with armed forces for the evacuation of schools, and radio spots and SMS messages. UNICEF will continue to support this progressive rollout of the opening of the school year in areas where security permits, in close collaboration with the MoE and education stakeholders. UNICEF aims to provide school materials to over 400,000 children in support of the Back to School initiative.

Support for the restoration of basic social services under the Japanese funded Kekereke programme continued in 2014 with the completion and handover of 16 of the 50 schools (32 per cent) to be constructed. Although another 28 schools are nearing completion, those that are complete have integrated WASH facilities, including segregated latrines for girls and boys and hand-washing facilities. Drilling of new boreholes for each school is under development, and when finished in June 2015, will provide clean drinking water for students and teachers at each school. All schools have been fully furnished with locally constructed tables and benches for students and teachers.

UNICEF also supported ECD by training 182 caregivers, providing over 200 ECD kits, and providing technical and financial support to Plan International to carry out an important assessment of pre-school conditions for children between the ages of 3-5.

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

Analytical Statement of Progress:
- The Government set up a multi-sectorial technical committee comprised of actors from health, nutrition, WASH, protection and education to ensure integration for ECD programming.
- UNICEF, the MoE and the Ministry of Social Affairs supported the development of a parental education guide.
- In July 2014, a bottleneck analysis was carried out under the leadership of the Regional Advisor for Education. Two of the major issues identified as hindering education were: limited education coverage throughout the country and a lack of qualified teachers. Strategies and actions that were developed include an increase in education infrastructure, a sensitization campaign on the rights of children to education, emphasizing the importance of at least primary school completion, and recruiting and training qualified teachers.

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 the on-going insecurity, which shifted program priorities, this output was not addressed in 2014. It is envisioned that in 2015, where security permits, UNICEF in collaboration with the MoE will roll out this important component to ensure that schools provide quality education and promote a welcoming child-cantered 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:
- Under EiE programming, 812 teachers were trained on psychosocial support and in the basic principles of EiE.
- Among the 622 teachers working in the 247 schools targeted by GPE, 165 community teachers (Maître Parents) received two types of professional incentive, which contributed to improving motivation and competency levels. First, improved and regular supervision was provided by the heads of school districts and heads of school sectors. This on-going and regular support includes feedback on classroom management, advice on best teaching practices and important information on how to provide appropriate psychosocial care and support to students affected by the crisis. Second, under the GPE programme, community teachers received nominal monetary compensation (approximately US$ 50 per month) to provide catch up courses.
- These two activities improved motivation and commitment to providing classroom instruction under the existing challenging circumstances.

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

Analytical Statement of Progress:
The GPE Information Management Specialist and the MoE Directorates (General Directorate for Statistics and the M&E Unit) drafted an Information Management Plan that takes into account existing M&E mechanisms and educational data collection systems. The Plan will be fully operational under the upcoming GPE programme, which will support the MoE three year Transition Plan.

OUTCOME 7 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:
Important progress was accomplished in 2012 toward the protection of the most vulnerable and marginalized children from abuse, violence and exploitation. The operationalization of the National Child Protection Council in 2012 marked the Government's commitment to improve existing child protection systems. The Government’s capacity was also reinforced through the training of trainers on juvenile justice, case management, transit care and social and community reintegration. Concurrently, the provision of essential services, including recovery and reintegration, was strengthened through key partnerships with international non-governmental organizations. However, the humanitarian crisis that has affected the country since December 2012 prevented further progress in the area of child protection. As a result, there was a shift of interventions from development to emergency child protection. Key results in policy and legal reforms, birth registration and justice for children were constrained because of repeated changes in the Ministry of Social Affairs and the Ministry of Justice and the lack of police, justice and social services throughout the country. In responding to child protection issues arising in the context of emergency, transitional authorities adopted a national DDR strategy, which emphasizes the urgency of identifying, releasing and reintegrating children associated with armed forces and groups. The escalation of the conflict since 2013 led to mass recruitment and use of children by ex-Seleka and Anti-balaka armed groups. UNICEF and partners adopted a community-based approach, including the use of a family-based care system, and worked with national organizations operating in areas controlled by armed groups. GBV is widespread,
particularly in conflict-affected areas. However, the response to GBV is so far limited to the provision of psychological support and referral of survivors to medical services; and legal protection services are limited because police and judiciary services are not operational in various prefectures. Despite this constraint and in a very difficult security context, in order to reach out to more survivors, the number of GBV listening centres was increased from three in 2013 to 13 in 2014. Another effect of the conflict has been the exposure of children to violence and atrocities, which calls for the scaling up of psychosocial support beyond the child-friendly spaces approach. However, the current programmatic and political context in CAR is very different from the prevailing environment in 2012. This explains the fact that although the reported achievements indicate that the programme is on track against the planned targets, the scale of child protection issues (GBV, killings and the recruitment and use of children in armed conflict) requires a major shift in programmatic response in order to meet the massive protection needs of children in CAR. The deployment of United Nations peacekeeping forces in September 2014 will likely improve physical security and access to remote areas where children are associated with armed groups. In 2015, UNICEF will have more access to more conflict-affected children, and so the protection needs are likely to increase.

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

**Analytical Statement of Progress:**
The humanitarian crisis that has affected the country since December 2012 led to a shift in child protection priorities, from development to emergency response. Policy development and dissemination, and the revision of laws were not priorities during the reporting period as resources were instead geared towards improving coordination and leadership in child protection and GBV sub-sectors. As a result, child protection and GBV sub-clusters held weekly coordination meetings to guide and support the work of humanitarian agencies. Government leadership in coordinating child protection humanitarian response was lacking throughout 2014, except in the area of birth registration where the Ministry of Decentralisation maintained a certain level of leadership. Child protection police services and representatives from the Ministry of Social Affairs did, however, actively participate in child protection and GBV sub cluster meetings.

**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:**
Progress towards establishing a juvenile justice system that includes both justice and social services was constrained due to the collapse of the judiciary as a result of the political and military crisis. However, some rule of law institutions, including police services and children’s courts, resumed their services in Bangui, Begoua and Bimbo in 2014. The most functional police child protection unit is the one in Bangui, with one director and 10 inspectors involved in criminal investigations into cases involving children. Their services were destroyed and equipment looted during the conflict. In June 2014, UNICEF provided this brigade with a vehicle and office equipment to enable its personnel to process cases related to juveniles.
Training on justice for children took place in Bangui in December and 55 magistrates, police officers and judges enhanced their capacities to prevent and deal with child protection issues according to national and international standards.

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

Analytical Statement of Progress:
During the humanitarian crisis, children and youth living in the streets were reportedly recruited into and exploited by self-defence groups. UNICEF advocated for the prevention of such practices with the President of the Transitional Government when she was the Mayor of Bangui in January 2013. However, there are still indications of the presence of children in various armed groups and forces. A monitoring mechanism was set up with the network of organizations involved in supporting children without parenting care, to identify and refer vulnerable children to organisations offering protection services. During the takeover of Bangui by Seleka in March, and during the December 2013 crisis, the number of children in host structures for street children increased in various child protection centres. The humanitarian crisis response has focused on children affected by armed conflict, instead of traditional work with orphans and other vulnerable Children. In May 2014, UNICEF signed an agreement with Triangle, in order to provide mobile medical and counselling services to street children, encourage them to return to school and reintegrate children with their families. In addition, the MoH and the Ministry of Social Affairs is promoting family-based care of children without parental support. In Bangui in May 2014, 47 families were trained on child protection standards, and are caring for children released from armed forces in need of family tracing.

OUTPUT 4 By 2014, officials of key ministries civil services concerning the registration of births develop and validate a national birth registration policy and begin implementation.

Analytical Statement of Progress:
According to MICS 2010, 39 per cent of children under 5 are not registered at birth. The humanitarian crisis in CAR was accompanied by the destruction of civil registration offices throughout the country. The lack of civil registration services has made the situation worse; no new birth registrations have taken place in the country since December 2013, except in Bambari, Bangui, Begoua, Bimbo and Damara districts, which received office supplies, equipment and 117 registries from UNICEF to resume birth registration.

The capacity of birth registration personnel was strengthened during the year through a training of 57 officers in Bangui. At the community level, 105 leaders acquired information on birth registration processes. With the gradual return of peace, the challenge will be to undertake a nationwide birth registration campaign and rebuild civil registration services in various districts.

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

At the policy level, the President of the Transitional Government signed a decree in June 2014 to allow children born during the conflict period (December 2012 to March 2014) to receive their birth certificates without paying a fee. The Ministry of Local Government conducted a birth
registration campaign from 16 to 26 June 2014 in Bangui, Begoua and Bimbo, targeting 30,000 children.

OUTCOME 8 The capacity of institutional and non-institutional protection actors is enhanced at the national and regional levels to enable them to provide gender-sensitive medical, psychosocial, legal, and livelihoods support and life skills training to vulnerable and sexually abused women and girls.

Analytical Statement of Progress:
To ensure adherence with established Country Programme Documents indicators, the outcome 8 outputs were articulated to include the release and reintegration of children previously associated with armed forces and groups, as well as the MRM on grave violations against child rights in conflict situations. Consequently, during the reporting period, the capacity of 348 institutional and non-institutional protection actors was enhanced at the national and regional levels to provide gender-sensitive essential services, including recovery and reintegration, to children affected by the conflict and GBV. In addition, 332,452 persons received information on child protection issues and the prevention of child recruitment and other grave violations against children during sensitization campaigns. Despite these important achievements, the programme faced severe logistical and security constraints due to the rapid deterioration of the humanitarian situation in 2013. Indeed, efforts to release children associated with belligerent factions were hindered by the unwillingness of armed groups that were previously engaged in action plans. Furthermore, the formation of new alliances and armed groups continuously altered the humanitarian landscape, requiring dialogue with different military actors without a clear chain of command. In the area of justice for children, capacity building efforts were hindered by a lack of police, justice and gendarmerie services throughout the country.

OUTPUT 1 By 2015, children associated with armed forces and armed groups, including self-defence groups, are released and receive a multi-sectorial support for their rehabilitation and reintegration into their families and communities.

Analytical Statement of Progress:
Recruitment and use of children by armed forces and groups continued in the first half of 2014. At the policy level, the transitional authorities drafted a new national policy on DDR, which included a section on the identification, release and reintegration of children associated with armed forces and groups in CAR. The new draft has yet to be validated. At the programmatic level, dialogue by UNICEF and MINUSCA enabled access to, and programming for 2,806 children, including 646 girls and 2,160 boys, most of whom were associated with ex-Seleka and Anti-balaka. Based on field work, the number of children associated with these groups is far beyond the November estimates of 6,000 children, and could be as high as 10,000, as indicated by the Ministry of Defence and DDR.

Released children benefited from psychosocial assistance in transit centres and underwent vocational training in Bangui. Limited reintegration opportunities in the community and the suspension of schooling for more than one year in many prefectures made socioeconomic reintegration challenging for children returning to their communities.

OUTPUT 2 By 2013, a mechanism for monitoring and reporting on the six grave violations of children’s rights is in place and operational.

Analytical Statement of Progress:
During the reporting period, the MRM on grave violations against children pursuant to the United Nations Security Council Resolution 1612 achieved some important results. The Country Task Force on MRM on grave violations against children resumed with technical meetings held every month, and Representative meetings held every quarter. In the 25 February 2014 meeting, the Task Force decided that efforts should be deployed at the technical level to identify and facilitate the release and reintegration of children associated with the defence groups known as Anti-balaka and ex-Seleka. The Task Force maintained its regular meetings both at the technical and strategic levels.

Dialogue with armed groups resumed, in particular with ex-Seleka and Anti-balaka. The armed conflict between ex-Seleka forces and Anti-balaka that has been on-going since 5 December 2013, has led to a significant number of children being recruited and used by these groups. Limited access to armed commanders led UNICEF and the Ministry of Defence and DDR to estimate the number of children associated with armed groups in CAR at between 6,000 and 10,000. In addition, the Task Force adopted its terms of reference and a training plan. Some training activities were carried out, and two project cooperation agreements were signed with the NGOs Enfants Sans Frontières, Observatoire Centrafricaine de Droits de l'Homme and CARITAS Bossangoa, in order to enhance community-based monitoring.

OUTPUT 3 Survivors of GBV 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:

UNICEF scaled up its interventions to prevent and respond to GBV in the first half of 2014. As a result, the number of listening centres increased from three to 21.

Since 2012, 4,653 GBV survivors have received holistic assistance, including medical, psychosocial, protection and legal assistance. These include 1,115 cases in 2012, followed by 1,431 cases in 2013, and 2,287 cases between January and November 2014.

New armed attacks in various parts of CAR have created insecurity, which limited the ability of GBV survivors to seek the medical and psychological assistance they need. Pervasive socio-cultural beliefs, which range from taboos, denial and stigma around GBV, to a certain fatalism/resignation that GBV is an inevitable part of the female condition, prevent those who experience GBV from coming forward. In addition, survivors who were subjected to attacks by armed men rarely take the issue to social workers or the judiciary (where it exists) for fear of reprisal. Furthermore, even though the establishment of a data collection and monitoring system is in process, the lack of a national database limits the possibility of measuring the impact of GBV in CAR to better protect children and women.

No progress was achieved in the adoption of national standing operating procedures on GBV. In addition, access to services is often limited to short-term psychological assistance and the provision of post-exposure prophylaxis (PEP) kits to survivors of sexual violence. There is a need to strengthen referrals to medical and HIV testing services, provide vocational and livelihood opportunities to survivors, and address gaps in medical services for GBV survivors arriving at the centres after 72 hours.

OUTPUT 4 Support the resilience of families, care givers and communities to build a protective environment for children and women in post conflict situation.
Analytical Statement of Progress:
Repeated attacks by the Lord’s Resistance Army (LRA) in the southeast prefectures of CAR have destroyed peoples’ assets and their livelihoods. In 2013, UNICEF worked with three international NGOs, ACTED, COOPI and Mercy Corps, to enhance individual’s resilience, despite the humanitarian crisis. The main progress made in this area has been to promote a holistic approach, including promoting education, strengthening community-based actors’ capacity to protect their children, and supporting the most vulnerable households with income generating activities. The reporting period has been characterized by a new wave of LRA attacks, in particular in the areas around Djemah, Mboki and Obo. In total, 14 attacks against civilians were reported in the first quarter of 2014: seven in January, four in February and three in March 2014. The Obo-Mboki corridor was the most affected by LRA attacks during the reporting period, as combatants were reportedly in search of foodstuff. The local population lives under permanent fear of the LRA and cannot go more than five kilometres from the main roads or villages, which limits livelihood opportunities. Inter-communal tensions between Muslims and non-Muslims broke out in Zemio in November 2014, threatening the safety of women and children already affected by LRA attacks. MINUSCA deployed its peacekeeping forces in the area to maintain the physical security of civilians.

Interventions undertaken by partners in the southeast led to supporting 143 households with income generating activities as well as providing psychosocial support to displaced communities affected by the LRA.

OUTCOME 9 By 2016, partners have capacity to analyse, design, implement, monitor and evaluate child, women and vulnerable groups focused policies and budgets.

Analytical Statement of Progress:
The strategic approach to achieving of this outcome involved capacity building in RBM, HRBAP, gender mainstreaming, M&E and RRM tools for assessing humanitarian needs. In 2013, the focus was mainly on strengthening the capacity of government and NGO staff in the prefectures of Kemo and Nana Gribizzi in HRBAP and applying the RRM tools to assess and provide a timely response to populations affected by humanitarian crisis. Insecurity and institutional instability constrained the design of regional development plans, the screening of social protection practices and the design of a social protection framework. In 2014, a capacity building training on RBM, HRBAP, gender mainstreaming, and M&E was organized in Bouar for government and NGO staff of the prefectures of Mambere Kadei and Nana Mambere, amidst the prevailing insecurity. As part of the UNICEF CAR learning development plan, the section coordinated two six-day PPP workshops for 65 participants from the main office in Bangui and the sub-offices in Bambari, Bossangoa, Bouar, Kaga Bandoro and Zemio, amidst the challenges of a Level-3 emergency situation. The PPP workshops were timely, as the on-going complex emergency has resulted in a rapid increase in new staff, including a large proportion of newcomers to UNICEF. The results were overwhelmingly positive. The content of the workshop was rated highly. The three most popular sessions were RBM, HRBAP (including three steps of analysis), and equity. Participants were armed with new skills for instilling and applying human rights and RBM principles, which should guide the adjustment of the UNICEF CAR programme results structure to align with the requirements of the UNICEF Strategic Plan 2014-2017.

It is worth noting that the section participated in the design of the Government’s Emergency Response and Sustainable Development Plan 2014-2016. A social protection specialist was recruited in early March. The incumbent has been networking with selected NGOs and government units to instil a vision of social protection for the most vulnerable populations
affected by the crisis in CAR. Funding proposals have been drafted and shared with donors. Progress towards the achievement of this outcome is still constrained.

**OUTPUT 1** Partners at national and sub-national levels regularly develop, implement, and monitor plans that apply the principles of HRBA, RBM, gender and the approach of the 'Marginal Bottleneck Budgeting' (MBB)

**Analytical Statement of Progress:**
By December 2014, the capacities of 180 government and NGO regional staff (prefectures of Kemo, Nana Gribizi, Nana Mambere and Mambere Kadei) involved in programme planning, implementation, M&E were strengthened in RBM, HRBAP and gender mainstreaming. The capacity of UNICEF staff and government regional planning staff was further supplemented through a training workshop on 3PM tools. The Marginal Budget Bottleneck (MBB) is no longer on the agenda due to the outbreak of the emergency, which generated instability of targeted beneficiary technical services. Progress towards the achievement of the output was constrained.

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

**Analytical Statement of Progress:**
The implementation of this output was constrained by the humanitarian crisis. Upon the request of UNICEF, the funding provided for the drafting of the National Economic and Social Report 2012 was used to support the MICS5. UNICEF provided inputs for the drafting of the Government Emergency Response Plan 2013-2015, which has a large focus on humanitarian issues affecting children and women (education, health, water and sanitation and child protection). Throughout 2013, and during the first semester of 2014, UNICEF progressively informed and involved the technical services in the evaluation, preparation and monitoring of emergency responses on the ground. Data collected through the RRM exercises was shared with government officials and members of the various clusters. This information was used to finalize the Government Emergency Response Plan in 2014. The 2013 annual review provided additional information on the overall situation of children and women. The review meeting called for increased government involvement in multi-sector emergency responses. It highlighted the need to strengthen the capacity of partners to evaluate, report, monitor and analyse data to inform corrective actions, in line with the targeted needs of children and women. In September 2014, a mid-year review was conducted, which provided details on the progress made towards the achievement of annual targets. The UNICEF-led Strategic Moment of Reflection meeting held on 11-12 December 2014 helped shape the strategic orientation of the country programme in 2015. Contextually, the drafting and sharing of all thematic analytical notes with government and other partners is up to date. This in turn, will help the government to strategize and decide its own responses to critical issues affecting children and women.

**OUTPUT 3** By 2013, the capacity of the regional planning offices in the targeted prefectures is reinforced for the collection, processing and analysis of routine data and statistics.

**Analytical Statement of Progress:**
Progress on this output was constrained in 2013 and 2014. The main constraints included lack of funding and institutional instability throughout the country, due to the humanitarian crisis. In addition, the lack of leadership and coordination skills from the Institut Centrafricain des Statistiques et des Etudes Economiques et Sociales (National Statistics Institute) seriously impeded resource mobilisation and interest from other donors. This output has been frozen and
deferred to 2015 when a new constitutional government will be sworn in and sub-national administrations will have resumed duties.

**OUTPUT 4** 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:**
Some progress was made during the first semester of 2014 upon the recruitment of a social protection specialist and two support missions from WCARO. Contacts were established and networks are rapidly being developed with government divisions and international NGOs with vested interests in social protection and cash transfer mechanisms to design a common political and institutional vision of social protection in CAR, beyond the small-scale initiatives tied to emergency responses targeting selected populations affected by the crisis. UNICEF has designed several project proposals to mobilise resources and every effort is being made to integrate a social protection chapter into relevant programme cooperative agreements. UNICEF also sponsored the participation of two government staff members in two successive African Union-led high-level meetings on child focused social protection in Cape Town, South Africa, and Addis Ababa, Ethiopia, to build a common conceptualised vision and approach to social protection in Africa. UNICEF also sponsored the participation of another staff member in a high-level meeting on social inequality in Accra, Ghana, in line with the post-Millennium Development Goals (MDG) agenda. Progress towards this output was constrained due to lack of financial resources and the current crisis.

**OUTCOME 10** By 2016, the social information system develops regularly disaggregated data on the situation of children, women and vulnerable groups at national and regional level, including in emergency zones.

**Analytical Statement of Progress:**
The strategic approach to achieving of this outcome involved the provision of financial and logistical support, training and technical expertise. In 2014, focus remained on the preparation of the MICS5; the printing and dissemination of three prefecture statistical dashboards; the training of partners on DevInfo tools and data entry for the institutionalisation of the RCAInfo database; the conducting of RRM exercises in emergency affected zones; and the 3PM evaluation of the UNICEF programme responses to the humanitarian crisis.

In coordination with other programme sections and clusters, the section produced the monthly situation report, an update of the HPM dashboard generated from the field results trackers, and the bi-monthly EMT briefing notes. Since the beginning of the year, the section coordinated and supervised the 3PM exercise, including the refinement of the questionnaire to make it more contextual and a one-day refresher training of the enumerators and data collection supervisors. Periodic reports were produced. A CAR factsheet highlighting the situation of children and their poverty profile was drafted as a resource mobilisation tool.

Progress towards achieving the outcome was constrained because the MICS5 was suspended due to the prevailing insecurity in CAR. Lack of funding also constrained the poverty profile exercise.

**OUTPUT 1** By 2012, the Ministry of Planning and Economy has developed and approved a national monitoring and evaluation policy and an action plan for its implementation.
**Analytical Statement of Progress:**
Although the Programme of Cooperation Steering Committee was revamped in 2013, its functioning has been constrained by the outbreak of insecurity and administrative dysfunctions, making it very difficult to have meetings with appropriate decision makers within government institutions. Progress towards this output has been constrained.

**OUTPUT 2**
By 2016, the capacity of National Statistics Institute 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:**
The implementation of this output has slowed down at both national and regional levels. The MICS5 was halted due to insecurity and institutional instability. The latest progress includes the preparation of the prefectural maps indispensable to the selection of households and the handling of data collection.

The common United Nations post-MDG survey was interrupted. However, the UNICEF-led survey report on how the country’s vulnerable groups see CAR after 2015 has been produced.

To address the humanitarian crisis, a series of rapid response evaluations were conducted throughout the country to assess the situation and prepare programmatic responses to mitigate the effects of the crisis on children and women. Results trackers and snapshots were regularly compiled with data filed and analysed; and the situation report was updated and published each month. A 3PM exercise assessed the impact of the UNICEF response on mitigating the effects of the crisis on children and women and the level of satisfaction of beneficiaries. Progress reports were produced.

Several of the regional routine data collection exercises (i.e. prefectural statistical dashboards), which were initiated in 2012, were finalised in 2014, amidst the crisis. These dashboards aimed to document the past performance of technical services as an important step towards strengthening knowledge management and improving social information systems in a country that does not have a tradition of systematically drafting annual reports. This effort was seen as an important step towards the institutionalisation of the DevInfo database at the regional level. It is also important to note that the training of about 70 staff members from the Government, the United Nations, NGOs and other development partners increased staff familiarity with the use of DevInfo at national and regional levels. However, limited capacity seriously constrained the ability of partners to provide strategic orientation to improve knowledge management.

**OUTPUT 3**
Each year from 2012-2016, planning, M&E of UNICEF programming in CAR is conducted and approved with the government of CAR and key stakeholders.

**Analytical Statement of Progress:**
The implementation of this output progressed with difficulty in 2013 and was constrained in 2014. The National Steering Committee of the Country Programme of Cooperation has been revamped (terms of reference and membership revisited, plan of action drafted, meetings organised, etc.). Each country programme targeted prefecture (zones covered by UNICEF sub-offices) established a steering committee (with the exception of the isolated Vakaga prefecture). No prefectural coordination meetings were held to review programme implementation. Sector-by-sector and partner-by-partner progress, as well as data collection on programme
performance, could not feed into mid-year and annual programme reviews. Consequently the office internally reviewed achievements made against the Humanitarian Response Plan during both the mid-year and end of year reviews with government counterparts and NGO partners. These reviews enabled UNICEF to further strategize on inter-sectorial collaboration, sharpen its analysis of priorities and discuss its geographic focus. Following the review of the 100-day plan in March 2014, discussions highlighted the critical need to first scale up our presence in the interior and second to scale up crosscutting initiatives. In 2014, the compilation of the results tracker and the snapshots was systematised and these monitoring tools have been extensively used to draft and update the situation report.

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

Analytical Statement of Progress:
As in the previous year, in 2014, the M&E Unit continued to play a key role in the coordination and monitoring of the emergency response in CAR. Technical support was instrumental in developing the HPM framework in close coordination with WCARO and HQ and in updating the situation report with inputs from the sub-office-driven results trackers and snapshots. M&E officers on the ground continued to support the RRM assessments in collaboration with the emergency section. While the M&E Unit continued to provide technical support to the development of technical tools, it also contributed to the development and update of the Humanitarian Response Plan, as well as other documents, such as the review of the HAC and the Strategic Response Plan. UNICEF CAR signed a contract with two local institutions to implement the 3PM approach in CAR with four geographical focus areas (Bangui, Bossangoa, Bambari and Bouar), which are among the most affected areas in the countries. In total, 40 participants, including field monitors, regional and national coordinators and government officials from the Ministry of Planning were trained on 3PM monitoring tools and focus group discussion techniques. When the data collection tool had been revised, a refresher training was organised for the same targeted people. Critical technical expertise continued to be provided in support of programme agreements with partners. An M&E officer was recruited to help assess the performance of programmes through PCAs. The implementation of this output is on track.

OUTPUT 5 Staff costs - emergency

Analytical Statement of Progress:
Technical support was provided in a timely manner.

OUTCOME 11 By 2016, families and communities- including vulnerable and disadvantaged groups- sustain positive behaviours and essential family practices.

Analytical Statement of Progress:
In 2013, in partnership with the MoH, the Ministry of Social Affairs and Communications, international organisations and civil society (the Network of Journalists for Human Rights, community radio associations, Search For Common Ground, the platform of youth, public media and Mercy Corps), UNICEF worked to encourage behaviour change for child survival and development through the adoption of family practices. The C4D section supported the implementation of four vaccination campaigns with the participation of over 8,182 social mobilisers and more than 10 religious communities. During the second half of the year, the work was mainly focused on IDP sites in Bangui and Bossangoa. The interventions were organized around social cohesion, the promotion of access to health services, protection, education, HIV prevention, hygiene and sanitation. C4D also launched the production of communications tools
on polio, Ebola, protection, education, cholera and some family practices. Consolidation of the dialogues of peace and peaceful coexistence were held with community and religious leaders and youth through community action and interfaith dialogue.

In the context of strengthening capacity, 16,332 communications actors were trained. These actors organized 594,825 educational talks for the community and young people on child survival and development, social cohesion and Ebola. Overall, 510,800 young people and 80,000 IDPs in Bangui were exposed to messages, including around non-violence, HIV, peace and hygiene.

**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:**
In 2014, under the leadership of the Ministry of Communication and the MoE, nine communications plans were developed covering the eradication of polio, the fight against yellow fever outbreaks, measles, cholera and Ebola prevention. A communications plan was elaborated for Back to School, HIV/AIDS prevention among youth, the introduction of the injectable polio vaccine and child survival. Tools and communications materials were developed and disseminated across districts. Approximately 261 listening committees were set up in Bangui. More than 5,000 solar radios were made available to these committees. Integrated communication media for child survival is being developed. The messages and materials produced in line with the strategic plan will support interventions in 2015.

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

**Analytical Statement of Progress:**
In 2012, UNICEF support focused on building the capacity of 5,000 mobilizing community networks to respond to the poliomyelitis epidemic. Ten community radio stations and the Network of Journalists for Human Rights were trained and broadcast interactive programmes. At the central level, communications staff from key ministries were trained on C4D approaches. From June 2013 to November 2014, more than 12,000 community volunteers were trained on health promotion activities. They worked within the following NGOs and associations: Mercy Corps, Red Cross, National Youth Council, Communication Network for Development, National Network of Youth for Human Rights and the Religious Platform. Communications actors reached 2 million people (432,000 households). This contributed to the vaccination of 883,688 children (oral polio vaccine and measles), according to monitoring data from WHO. UNICEF supported the Government to develop communications tools (pictures boxes, posters, and radio spots). As part of capacity building for the back-to-school effort, the promotion of essential family practices (EFP), health and the fight against Ebola, 13,142 communications actors were trained to lead communication interventions at the household level.

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

**Analytical Statement of Progress:**
In 2014, the EFP knowledge, attitude and practice survey was validated.
OUTPUT 4 To ensure essential Communication for Development in conflict affected communities.

Analytical Statement of Progress:
New outputs were inserted into the planning outline due to the emergency situation. The introduction of this output improved the management and reporting requirements against the 2014 HAC, Strategic Response Plan and Humanitarian Response Plan.

OUTCOME 12 HIV/AIDS and young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge on HIV and AIDS.

Analytical Statement of Progress:
In partnership with the Ministry of Social Affairs, the MoE, the MoH, the National Committee for the Fight against HIV/AIDS and national NGOs, UNICEF supported the Ministry of Youth and Sport to develop and validate the normative document for the prevention of HIV infection among adolescents and young people most at risk. In the context of the crisis, the National Committee for the Fight against AIDS developed an emergency plan on HIV and AIDS. As part of this plan, UNICEF mobilised movements, youth associations and an association of people living with HIV at different displacement sites in Bangui, Bossangoa and Bimbo. An inter-sectorial team (management committee) established by ministerial decree but currently not functional due to the crisis, implemented C4D on HIV prevention issues. M&E of the C4D work in HIV prevention was strengthened through the creation of a dynamic database developed by the Ministry of Youth and Sport that identifies the presence of youth organisations in the country and maps their interventions. UNICEF also supported the Ministry of Communications, in partnership with Mercy Corps, to promote peace and health in four youth structures. These activities were conducted in Bangui, Bimbo and Begoua, and reached more than 1 million adolescents and young people. Working with the Children's Parliament, UNICEF facilitated an intergenerational dialogue between children, the Government, the National Transitional Council, the United Nations system, civil society and NGOs to identify specific answers for children in emergency.

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

Analytical Statement of Progress:
In the context of HIV prevention among adolescents and youth, UNICEF CAR has normative documents that address the emergency. In line with these documents, UNICEF CAR worked with ANJEFAS to support seropositive pregnant women and HIV testing of young girls and boys in displacement sites. In the context of Sport for Life, HIV prevention activities were carried out at three IDP sites (Monastere, M’poko Airport, Castors) and in the Muslim enclave of PK5.

A behavioural study on sex workers is currently underway, in partnership with the National Committee for the Fight against AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNFPA. This study will provide useful data for understanding the dynamics and design of effective prevention strategies.

OUTPUT 2 Capacity building on HIV at local level, including government officials and civil society (community leaders, youth groups, associations of people living with HIV, the media) have the ability to plan and implement communication strategies for the prevention of HIV and to advocate for their rights.
Analytical Statement of Progress:
UNICEF CAR strengthened the capabilities of the following partners:
- 30 leaders (imams, priests, pastors, district chiefs)
- 40 peer educators from 12 support groups that make up the ANJEFAS associations for people living with HIV
- 80 peer educators from the National Youth Council, a network of all youth associations
- 80 hosts of the network
- 160 peer educators from two associations, CISJEU and CIEE, both of which work to combat HIV and AIDS
- Partnerships were established with all associations on HIV prevention, provision of care of HIV and AIDS and the promotion of peace.

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

Analytical Statement of Progress:
To strengthen the participation of adolescents in Bangui and at 16 IDP sites, a partnership was signed with Mercy Corps and the Youth Platform. As part of this partnership, 200 peer educators (100 girls and 100 boys) were trained to conduct outreach activities. These activities helped to establish 75 teams (40 football teams and 35 volleyball teams) composed of 1,340 adolescents and young people (940 footballers and volleyball players aged 10-24 years). Through sports, forum theatre, radio, public games and artistic activities, these adolescents and young people raised the awareness of 50,000 peers on peace, HIV prevention, HIV testing, protection and EFP. Awareness has enabled 5,000 young people, including 2,816 girls and 1,184 boys, to get tested for HIV. Two girls and three boys were HIV-positive and were referred for care. HIV indicators were included in the MICS5 data collection tools, but the MICS5 process has been interrupted since July 2014.

OUTCOME 13  Efficient and effective support and management of cross-sectorial programming.

Analytical Statement of Progress:
Programme synergies were encouraged throughout the year. In support of the MoE Back to School Campaign, the UNICEF Education Team worked closely with C4D and all other sections to develop a holistic strategy in areas where security permitted. As part of an ad hoc Steering Committee consisting of MoE officials, UNICEF education and C4D staff and other education partners, key messages were developed and disseminated through various media (i.e. radio, community mobilization and SMS messaging) to encourage parents to send children to school. The campaign, launched in November, aimed to foster the return to school for more than 662,000 children and 8,900 teachers in secure areas.

In support of EiE programming, work was carried out across sections to provide valuable information to teachers working in safe TLS. UNICEF education and protection staff developed guidelines on the integration of TLS and child-friendly spaces that incorporated important elements from health and WASH. In addition, education, child protection, health, and WASH staff trained over 700 teachers and education authorities, as part of GPE and EiE programming. Topics covered included Ebola awareness and prevention, hand washing and availability of safe drinking water, identification of separated or unaccompanied children, referral mechanisms, and understanding the psychosocial needs of children in crisis.
A birth registration campaign reached 25,200 children in Bangui, thanks to the joint efforts of UNICEF child protection and health teams working in partnership with the MoH and the Ministry of Social Affairs. The community reintegration of more than 2,800 children formerly associated with armed groups was also carried out through synergetic interventions with the education, WASH, health and HIV programmes. Child protection and C4D teams collaborated closely to launch the I Am a Child campaign, which advocated for children’s rights to be prioritised during the transition phase in CAR, and opened up dialogue in the wider community.

Throughout 2014, UNICEF teams across programme sectors and field offices tracked results for children using the HPM framework. Updated monthly, the HPM was a key knowledge management tool used to document evidence of UNICEF CAR impact. Synergies were also demonstrated in the areas of cholera/Ebola preparedness activities, which involved health, WASH, C4D and emergencies.

OUTPUT 1 Information and communication for advocacy of child rights in the CAR, with particular emphasis on the most vulnerable children and women.

Analytical Statement of Progress:
A communication strategy was developed to place children and women’s issues in the public domain, and to mobilize funds for and increase the visibility of the UNICEF Country Programme. Information and communications helped to build and develop relationships and partnerships with internal and external individuals, groups and organizations.

In 2014, UNICEF was the leading advocate for the children of CAR, both locally and globally. Through the strategic use of new and traditional media, UNICEF helped to shape the public conversation about CAR and frame it as a children’s crisis.

Media engagement was the primary focus of the communications strategy this year. Working with media networks in Dakar, Johannesburg, Geneva and New York, UNICEF engaged the public on the impact of the CAR crisis on children and women. Major media mentions for the year include at least five stories on Al Jazeera TV, several interviews on the BBC, and a story on the UNICEF CAR response in the Japanese newspaper Yomiuri Shimbun, which has the highest circulation in the world (over 10 million readers).

Developing relationships with National Committees was another priority this year, with three key results in the area of resource mobilisation. Our relationship with the Norwegian Committee for UNICEF was key to securing the donation by Norwegian Air of a cargo flight of essential emergency supplies for CAR. Government advocacy by the Finnish Committee for UNICEF helped to convince the Finnish Government to invest more than US$ 2 million for the UNICEF CAR emergency response. UNICEF Canada has engaged Members of Parliament as key CAR advocates, and ensured the continued support of the Canadian Government.

Relationships with National Committees also increased visibility for CAR in donor countries, including through the visit of a well-known UNICEF Goodwill Ambassador, the Danish and Norwegian national television broadcasts of two short films featuring the work of UNICEF CAR, and the pro-bono work of a high-profile photographer, whose photos of CAR were published in major European media outlets.
UNICEF also reached a large audience with the innovative use of social media. UNICEF CAR now has more than 21,000 followers on social media, and a blog post on the UNICEF emergency response in CAR was quoted in *The New York Times*.

The communications strategy was adapted throughout the year as the context changed. While continuing to be a strong voice for children who are bearing the brunt of this forgotten crisis, UNICEF recently adapted its key messaging to focus on the re-building phase.

**OUTPUT 2** Emergency Preparedness and Response in line with the CCCs.

**Analytical Statement of Progress:**  
From 1 January 2014 to 31 December 2014, UNICEF CAR was in full Level-3 corporate emergency activation mode. Although the overwhelming focus was on scaling up effective humanitarian response in a complex emergency environment, UNICEF CAR did undertake specific emergency preparedness measures around the threat of cholera and Ebola outbreaks. In this regard, UNICEF CAR worked at multiple levels, at inter-agency and cluster levels as part of a coherent strategy, and when possible, in support of government leadership. The primary focus of these efforts was around supporting communication and sensitization activities, pre-positioning select supply items and supporting early warning systems.

**OUTPUT 3** Effective and efficient programme management, supply, logistics and operational support to programme delivery

**Analytical Statement of Progress:**  
As of 17 December 2014, stock value is US$ 2.8 million. UNICEF CAR organized the distribution of US$ 9.3 million of supplies, representing 3,492.3 metric tons or 426,357 cubic meters of sea and air offshore shipments. Supply and logistics organised the reception, storage and dispatch of 18 full charter flights (representing 958 metric tons or 5,122 cubic meters), 216 containers and 107 air shipments. Supplies are stored in four main warehouses in Bangui and four small warehouses in zonal offices. There were over 162 sales orders during the reporting period.

The total procurement value for UNICEF CAR during the reporting period was over US$ 23 million, including offshore freight value (which corresponded to US$ 19.6 million of all supply value – goods and services). In January 2015, the Supply and Logistics Section will issue a new supply and logistics strategy, including a new procurement plan and sourcing options. It is worth noting that the in-country logistics cost for 2014 was more than US$ 1.3 million. Work processes, checklists and standard operating procedures related to various supply and logistics transactions were put into place to ensure audit trail accountability and compliance with the Supply Manual.

**OUTPUT 4** Cross-cutting programmes effectively coordinated and ensure mainstreaming of gender, HRBA, and RBM.

**Analytical Statement of Progress:**  
Please refer to the programme coordination and operations sections.

**OUTCOME 14** Emergency preparedness response - EWEA

**Analytical Statement of Progress:**
The UNICEF-coordinated RRM was strengthened in April 2014 to improve the acute humanitarian response to people affected by conflict. In 2014, RRM provided an important part of the UNICEF emergency response through non-food items and WASH items/services to over 103,000 persons. It supported the provision of 1.03 million litres of water to 7,333 households through water trucking, and 8,534 households were provided with more sustainable access to safe water. In addition, the five operational partners of RRM together conducted 33 multi-sectorial assessments.

UNICEF focused on identifying the most vulnerable populations, assessing their needs and responding in an adequate manner. Mobile teams were deployed on numerous occasions to accelerate CCC-based emergency partner response for highly vulnerable children and women, identify and resolve on-the-ground constraints, accelerate implementation, validate wider contextual requirements and promote ‘protection by presence’. This was carried out in Yaloke (six missions), Boda (five missions), Bambari and Batangafo (two-week mission).

In March 2014, an office was opened in Bouar with an emergency specialist as the temporary head of office. This support enabled UNICEF to obtain real-time and in-depth knowledge of the context and vulnerabilities of women and children in the southwest of the country, resulting in increased mobilisation of programmes and partners to address the needs of this population.

The UNICEF Emergency Unit also took the lead in the coordination of durable solutions, for access to basic social services, to encourage the return of IDPs in Bangui, Bimbo and Begoua. The Unit has coordinated the production of an action plan comprising WASH, health and education interventions.

In the past year, the unit increased its emergency preparedness activities through the coordination of cholera and Ebola preparedness plans. The Early Warning Early Action (EWEA) system was partially updated in 2014 and will be further developed in 2015.

**OUTPUT 2 Emergency preparedness and response**

**Analytical Statement of Progress:**
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**OUTCOME 15 Development effectiveness**

**Analytical Statement of Progress:**
Participatory C4D strategies promoted reconciliation and empowered individuals to adopt positive behaviours. UNICEF developed nine inclusive communications plans to encourage parents to send their children back to school, increase demand for polio, yellow fever and measles vaccination services, empower communities to protect themselves against Ebola and cholera, and promote positive social norms to prevent HIV transmission. Two innovative campaigns, I Am a Child and Show Your Peace, also positioned child rights as a priority during the transition period.
In 2014, UNICEF established partnerships with 11 community radio stations and built their capacities to produce participatory programming. Positive social norms were promoted through the broadcast of public service announcements and the production of 12,000 posters, 48,000 pamphlets and 60 signboards in both French and the local language Sango.

To promote demand for immunisation services, UNICEF increased the capacity of 8,182 social mobilisers to lead more than 600,000 educational talks monitored by trained supervisors. An independent assessment confirmed the effectiveness of this approach: 78 per cent of parents questioned at vaccination clinics were encouraged to attend by social mobilisers.

Social cohesion was a key priority for UNICEF CAR in 2014. Collaboration with international NGOs strengthened the capacities of local associations to promote reconciliation and essential family practices through more than 300 plays, discussion forums and sports activities. More than 16,332 young people were empowered to communicate about peace and positive health behaviours with their peers. These motivated young people reached more than 580,000 peers and IDPs with their messages.

Building the capacity of health workers was a key strategy for preventing and preparing for an outbreak of Ebola or cholera. UNICEF CAR built the capacity of health and community workers to carry out effective surveillance and treatment. WASH actors were also trained on the preparation of chlorine solutions and interventions in case of a mixed cholera/Ebola crisis. Empowering families to protect themselves was critical. At least 800,000 people were exposed to messages about Ebola, and more than 200 teachers were trained in Ebola awareness. For emergency preparedness, UNICEF supported the training of 14 prefectural crisis management committees nationwide.

OUTPUT 2 Advocacy/communication

Analytical Statement of Progress:
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#### Lessons Learned

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