1. EXECUTIVE SUMMARY

2010 was characterised by a further consolidation of the peace process. While the programming environment did not change significantly, a strengthening of internal systems and a more stable operating environment in parts of the country allowed UNICEF to consolidate some of the gains of 2009, despite certain critical funding gaps.

Key Results
The most significant results for children in 2010 include the effective implementation and completion of numerous child survival and development (CSD) campaigns. During 2010, approximately 774,900 children were vaccinated against polio, 266,548 children against yellow fever, 473,565 children received vitamin A supplementation and 354,914 were de-wormed. Another achievement was the distribution of half a million mosquito nets to an equal number of households. Mother-Child Health Weeks took place with a bottom-up planning/implementation strategy launched in 4 districts. Driving this initiative was a renewed ACSD emphasis towards strengthening of the decentralised health system, which will be extended nationwide in 2011.

An inter-ministerial Child Protection Committee was created in 2010, comprised of all the key ministries and with a specific focus on Orphans and Vulnerable Children (OVC).

Limiting Factors
A significant gap in UNICEF’s programme in 2010 occurred in respect of tackling gender-based violence (GBV). While a small programme exists, nationwide programming has not been possible due to a shortage of funds. Another important shortfall is in HIV programming, where UNICEF was unable to take PMTCT and pediatric care programmes to scale due to insufficient national coordination and management mechanisms among government and other partners, and lack of funding within UNICEF.

Partnerships
Collaborative partnerships include a UNICEF initiated innovative programme with a forestry sector parastatal, supporting Community Development and Communication for Development. The partnership represents a new step for programming with the private sector. Another significant partnership has been with the NGOs Mentor Initiative and PSI/ACAMS, who assumed an umbrella-role for the mosquito net distribution campaign. The partnership reinforced the role that UNICEF and INGOs can play vis-à-vis the Government, with the comparative strengths of all three partners being brought to value.

UNICEF was a major convener of a partnership for the implementation of the MICS IV survey, which included both technical and financial contributions from UNFPA, WHO, UNDP and WFP.

2. COUNTRY SITUATION AS AFFECTING CHILDREN AND WOMEN

Despite registered progress on case detection and treatment of malnourished children (a 100% increase from 2009 for a total of 5,000 children treated during 2010), the prevalence of underweight among children U5 is 28.3% (boys 31%, girls 26%) and the prevalence of chronic malnutrition among the U5 children is 38%.

Progress has been noted in the reduction of U5MR and the infant mortality rates, respectively estimated at 171‰ and 112‰ in 2009. The MMR remains high at 850 per 100,000 live births in 2008, with 86.6% of deaths attributed to obstetrical complications. In the second half of 2010, UNICEF and partners redirected and intensified their support to decentralised health services, with a focus initially in 4 health districts. While progress
was noted, the impact on coverage rates is not yet evident (ANC: 53%, BCG: 55%, Penta3: 48%, Measles: 44%, VAA: 51%, VAT2: 36%). Mass campaigns for polio and yellow fever vaccination were completed and UNICEF has half completed the distribution of 1 million nets (one net per household), attaining a 96% household coverage rate in the seven completed districts.

A two-pronged approach in WASH consisted of (1) providing an emergency response to IDPs, refugees and schools in conflict affected zones (40,000 population, 18,000 refugees, and 2,000 school children) coupled with (2) the launching of the Community Led Total Sanitation approach in 2010, providing a strong basis for reaching the most vulnerable with required hygiene actions at the community level.

Major constraints in ACSD are linked with insufficient up-streaming and coordination of interventions, inadequate health infrastructure, limited qualified human resources and funding. Future efforts will address these constraints in order to expand and intensify high impact interventions within the country and ensure better results for children.

The national HIV prevalence rate in the Central African Republic (CAR) is 6.2%, (twice as high in women (7.8%), urban (8.3%) rural areas (4.7%), adolescent girls (5.7%) and adolescent boys (0.9%). Mother-to-child transmission rate is 24%. Of the 36,000 people in need of ARVs, only 40% are under treatment, of which 4.2% are children. Despite efforts to improve access to PMTCT and pediatric AIDS services (supplies provision, training and service delivery), inefficient coordination of the response to HIV/AIDS, insufficient human and financial resources and inefficient management of Global Fund Grants continue to impede the much needed action in this critical area.

In the Education sector, progress is noted in primary education, where the net enrolment rate increased from 56% in 2007 to 63% in 2009, (71% for boys and 55% for girls). In the last two years, UNICEF has focused almost entirely on increasing access to the most educationally marginalised children in the conflict-affected zones and balancing the effects of a large FTI grant dedicated solely to non-conflict regions. Additional efforts to address the needs of the most deprived in 2010 included: construction of schools to welcome a majority of children from ethnic minorities (around 2000 children); support to 2000 former CAAGFs returning to school; and delivery of birth certificates to 5,000 school children.

Despite impressive progress in terms of the validation of national policies on child protection, the adoption of a national strategic framework for OVC protection and the establishment of a National Inter-Ministerial Committee, creating sustainable systems for the protection of children’s rights remain a challenge and call for greater efforts by UNICEF and its partners in Government and outside.

3. CP ANALYSIS & RESULT

3.1 CP Analysis

3.1.1 CP Overview:
In 2010, UNICEF programmatic priorities sought to accelerate results for children in critical areas. These included: (1) child survival and development, with a renewed focus on providing support to decentralised health services while continuing to assure mass vaccination and LLITN campaigns, coupled with the launch of the CLTS, reaching communities with the provision of essential WASH interventions to displaced and conflict-affected populations; (2) contribute to fighting the spread of the AIDS pandemic and its impact on children by focusing on strengthening the supplies provision, training and service delivery of PMTCT and paediatric AIDS services, evidence-based studies with
emphasis on the most vulnerable and hard-to-reach youth and the finalisation of the HIV sectoral plan for Youth; (3) continue to meet the access and quality gaps for primary education in conflict-affected zones through the continued implementation and expansion of large-scale distributions of school materials, rehabilitation of schools and training of parent-teachers, school directors and PTAs; (4) provision of protection for the most vulnerable children through the adoption of a national strategic framework for protection of OVCs and the establishment of a National Inter-Ministerial Committee; (5) evidence-based advocacy, through the year-long support for Multiple Indicator Cluster IV Survey (MICS), ISF, CCA, UNDAF and revitalisation of the MRM on Resolution 1612 with the Political Mission; and (6) communication for behaviour change and social mobilisation (particularly of minority ethnic groups), which continue to underpin all programme activities.

The above programmatic priorities took place in an unstable setting with continued insecure conditions in some areas contributing to large population displacements (192,000 IDPs, 30,000 refugees, and 1.0 million conflict-affected persons). UNICEF assumed Cluster Leadership in the areas of nutrition, WASH, education, non-food and shelter items and the sub-cluster role for child protection. Resource constraints, particularly in the areas of child protection, HIV/AIDS and WASH, did not allow these programmes to meet a significant portion of their 2010 objectives.

The coming year holds promise of the country’s likely transition towards tangible peace and security, enabling UNICEF to assist the Government in expanding the coverage and quality of key services to reach the most disadvantaged children and making progress towards the fulfillment of rights for all children.

3.1.2 Programme Strategy

3.1.2.1 Capacity Development:

The public institutions in CAR are weakened by being over-stretched and their efficiency is particularly hampered at the decentralised level and in conflict-affected zones. To help build capacity of public services, UNICEF implemented several approaches including: (i) provision of financial assistance for trainings; (ii) procurement of equipment and transportation, materials and consumables; (iii) placement of technical assistants within public services to reinforce or build capacities; and (iv) provision of technical expertise to perform key tasks. Rehabilitation, construction and equipment of health centres, schools and youth centres were also an important aspect of capacity building. Central to the capacity-building approach is work with community-based organisations and leaders (traditional midwives, communicators and animators, Student/Parent Associations, water points committees, village health workers).

In conflict-affected zones and/or in regions where government services are absent or inadequate, UNICEF worked with NGOs and other UN agencies to deliver assistance to affected people. A network of community agents received training in the promotion of life-saving essential family practices (EFPs). Children and youth associations and the children’s parliament were trained to participate in child rights programmes and activities. Training in networking, communication, information technology and civic education for central and decentralised government staff; training in rights and results based approaches; education in emergency preparedness and response and Community Led Total Sanitation (CLTS) all played a central role in reinforcing the capacities of NGOs, communities, and partners.

In the area of child and maternal health and nutrition, collaboration with NGOs has evolved, shifting from an emergency-response approach towards one of development. Joint projects are built around the new ACSD strategy, which emphasised system building for high-impact, cost-effective services to the most vulnerable women and children. Towards supporting a scale-up, PMTCT and paediatric care programmes were reviewed. Sixty-nine medical doctors and nurses were trained on the WHO treatment protocols and 56 NGOs received HIV-in-emergencies training. To accelerate the UNITAID
project implementation, technical support from UNICEF Copenhagen enabled updating of
the supply chain for HIV commodities and training of 15 members on the HIV supply-
chain system.

3.1.2.2 Effective Advocacy:
Advocacy is a central pillar of UNICEF cooperation with government and other partners. The Government employed the 2009 SITAN during the 2010 World Summit in New York to present the situation of children and women and advocate for greater attention to CAR development prospects. The SITAN was also extensively referenced in the 2010 CAR MDG report and the 2010 UN CCA, providing the underpinning analysis for the 2012-2016 UNDAF, and more importantly serving to support the ongoing review for 2011-2015 PRSP. UNICEF used the SITAN analysis to support advocacy for the position of children and women in the new UNDAF domains of cooperation and will use the MICS IV report (2011) to further strengthen the UNDAF Action Plan and the Government PRSP.

Advocacy with Government is expected to result in the adoption of a Communication for Development (C4D) policy, the creation of C4D units within the Ministries of Social Affairs and Rural Development, the streamlining of the national health information system (NHIS) and the inclusion of EFPs interventions in the national health plan and budget.

The Child-Friendly Schools approach is being mainstreamed at national and regional levels as a result of sensitisation, workshops and participation in international conferences and an action plan for scaling up the approach is already available. UNICEF supported the Ministry of Education to work jointly with the Ministry of Social Affairs to elaborate a common approach for a policy on early childhood development.

Policy dialogue continues with the General Directorate of Hydraulics around the promotion of low cost technologies in water supply (promotion of manual drilling) and sanitation (CLTS). With the Ministry of Health, UNICEF efforts focused on creating a child-friendly policy environment that could enable the rapid expansion of the revised ACSD strategy. Sustained support is provided to translate existing policies into costed action plans so as to channel the flow of resources, including those from the government, and address bottlenecks limiting the delivery of high impact child survival services in CAR.

3.1.2.3 Strategic Partnerships:
Partnering with NGOs continues to be fundamental for UNICEF to ensure delivery of services to children and women in conflict-affected and emergency zones. Such collaboration has been especially effective in the areas of nutritional rehabilitation of children, vaccination and mosquito-net campaigns, provision of education services and extension services to communities.

The programming framework of the UNDAF, as well as the newly completed Integrated Strategic Framework, guided UN inter-agency collaboration. UNDAF theme groups worked together to ensure the elaboration of the CCA, the UNDAF draft and the 2010 CAR MDG report.

The Education Cluster continues to establish a dynamic education leadership amongst its technical and financial partners. UNICEF spearheaded discussions and an agreement amongst all major partners for the revitalisation of the education sector.

The UNICEF-chaired WASH Cluster initiated a partnership with the private sector for the provision of spare parts. The UNICEF-led Nutrition Cluster continues to facilitate capacity building of the Ministry of Public Health to ensure effective nutrition coordination, and
initiated partnership agreements with NGOs for implementation of emergency and transitional nutrition programmes.

Partnerships in the health sector evolved to address broader issues of child survival and maternal health, with UNICEF working to unify the major partners (WHO, UNFPA, EU, World Bank, WFP) around a new child survival strategy and ensure its rapid implementation (ACSD expansion plan under discussion). UNICEF also provoked interest and engagement from other partners for a reform of the health information system (HIS) and a roadmap to strengthening the HIS (agreement between the MoH and partners is being implemented).

A collaborative agreement was reached with PARPAF (a mixed public and private venture jointly funded by the state), the Agence Française de Développement and logging companies, for the design of a programme where community development and participation in three southern provinces is supported by logging companies’ taxes.

Partnerships with youth associations and the children’s parliament provide opportunities to tap into young people’s enthusiasm.

3.1.2.4 Knowledge Management:
In 2010 the CO made some notable progress in Knowledge management. The 2009 SITAN was among the few documents presented by the Government at the MDG Summit in September 2010. The MICS IV survey due out in 2011, will present, in addition to a standard set of indicators, the more innovative components of a Smart nutrition survey and HIV prevalence. The MICS is well-recognised by partners as a critical measure of the CAR’s progress on the Human Development Index. Partnerships for the generation and management of knowledge centre largely on the MICS.

UNICEF provided government and civil society organisations opportunities for enhanced technical learning. These included: a learning visit to Rwanda for exposure to PMTCT paediatric care and education sector’s role and responses towards HIV/AIDS; a multi-disciplinary learning visit to Burkina Faso to observe justice for children and diversionary justice mechanisms; and participation in a social protection workshop run by the RO, motivating the CAR’s Government to begin strategising in this innovative technical area.

As the co-chair of the Monitoring and Reporting Mechanism (MRM) for Resolution 1612 on grave violations of children’s rights in armed conflict, UNICEF stepped up collaboration with the UN Political Mission. Charged with the re-vitalisation of the MRM, UNICEF and the Political Mission intend to begin measuring grave violations reported in CAR over the last two years.

Internally, UNICEF has begun a review of all studies/surveys undertaken since 2008, documenting and sustaining recommendations contained therein and ensuring that knowledge is shared within the Country Office (CO) through PSPSE. Information Communication Technology (ICT) contributes through enterprise-wide information and knowledge-sharing infrastructures. The unit encourages a personal approach to tacit and unstructured knowledge, shared through direct personal communication, even with partners. Knowledge- and information-sharing with partners remains a security and policy concern. ICT cannot optimise knowledge management features and knowledge bases shared by UN agencies and partners, presenting a critical challenge for implementing Delivering as One (DaO).

3.1.2.5 C4D Communication for Development:
In partnership with PARPAF, a private sector/government venture working with the forestry sector, a C4D programme implemented in south-western CAR emphasised the participation of minority Aka people in local community development planning, helping
them and their youth gain a voice in the exploitation of their natural living environment. A baseline study on four EFPs and community participation practices was implemented at the beginning and another will be carried out at the end of the community development programme. Six KAP studies on four EFPs will be conducted in mid-2011 in the other six prefectures.

Another important initiative is the use of C4D tools to help strengthen ACSD interventions by promoting essential family practices—exclusive breastfeeding, hand washing with soap, sleeping under LLITNs, and learning how to recognize and treat diarrhoea—for child survival. The strategy includes sensitising care givers to the importance of immunisation, and promoting HIV testing and condom use among young people. Overall, the C4D interventions are implemented in seven of the country’s 17 prefectures, taking into consideration their population density and accessibility.

At the upstream level, UNICEF is currently working with the Government on the development and adoption of a national C4D policy and the creation of a C4D unit within the Ministries of Social Affairs and of Rural Development. Downstream, the programme focuses on the production of learning materials on EFPs and participatory communication, cascade training of health workers and community agents, and large-scale community dialogues and inter-personal communication to promote good practices. The programme also includes the production and dissemination at the national and local level of media material promoting EFPs and behaviour change.

Most C4D interventions are being implemented in cooperation with a range of partner organisations and are coordinated with health interventions of UNICEF CAR’s ACSD programme to ensure that they are linked with delivery of basic services.

3.1.3 Normative Principles

3.1.3.1 Human Rights Based Approach (HRBA) to Cooperation:

To strengthen the quality of the CCA, UNDAF, and UN support to the review of the PRSP, UNICEF and key members of the UN Resident Coordinator’s office participated in a regional HRBAP/RBM workshop in Accra, Ghana. This training, targeted at UNCT countries developing new programmes of cooperation, was supplemented by an in-country workshop on HRBAP/RBM facilitated by the Staff College as well as a gender mainstreaming training involving UN, government and local NGO staff.

Efforts to mainstream the application of the HRBA continued. UNICEF trained 29 regional staff of the Ministry of Education in results and rights-based approaches to planning. This initiative will be extended to the Ministry of Planning and civil society organisations to further mainstream the approach in 2011.

UNICEF provided technical and financial support to assist the Government in preparing the country CRC report, to be validated and submitted in 2011. UNICEF will also provide technical and financial support to NGOs to draft the alternative report in 2011.

3.1.3.2 Gender Equality and Mainstreaming:

As part of the preparation for the drafting of the new UNDAF, UNFPA coordinated the organisation of a gender mainstreaming workshop for UN, government and NGO staff.

With the support of a regional initiative led by WCAR, a gender audit of the Country Programme was conducted in 2010. The audit results will inform the design of the new Country Programme of cooperation. In addition to appointing a Gender Focal Point within UNICEF, the country office (CO), also recruited a gender specialist to help the UNICEF-led Clusters (WASH, Education, Non-food Items, Nutrition and the Child Protection Sub-cluster) mainstream gender in emergency response programmes.
Gender indicators included in the Office Management Indicators are discussed during each of the country programme and country management team meetings. Gathering disaggregated data for analysis and better design of interventions remains a challenge, given the limited capacity of the national information system to collect the needed data. The CO will address this challenge in the new Country Programme.

3.1.3.3 Environmental Sustainability:
The partnership with the PARPAF within the forestry sector addresses environmental issues even though implicitly. If additional funding is received in 2011, this programme could be expanded to enable marginalised communities, particularly the Aka people, to reflect their concerns and priorities in resource allocation and help balance the forestry business with environmental sustainability.

3.2 Programme Components:

Title:  Child Survival and Development

Purpose:
In line with MDGs 1, 4, 5, 6 and 7, the UNDAF 2007-2011 framework, national objectives in the PRS 2008-2010 and sector level strategies, the main goals of the ACSD programme are:
1. A package of high-impact preventive interventions to reduce young child mortality is developed and scaled with an effective coverage of at least 80% for each component: Expanded Programme on Immunization (EPI), de-worming, Vitamin A supplementation, LLITNs and adoption of Essential Family Practices (EFPs);
2. Fifty percent of children and women receive integrated, preventative, curative and promotional quality health care throughout the country;
3. A complete high-impact care package for maternal and neonatal mortality is developed and scaled up with effective coverage of 80% in at least four prefectures;
4. The following young-child feeding practices are improved: 60% of children are exclusively breastfed up to 6 months (baseline 15%), 100% of children receive appropriate complementary feeding when they reach 6 months (baseline 78%), 90% of children consume micronutrient rich food (baseline 25%), and 80% of mothers wash their hands with soap at appropriate times of the day (baseline 36%);
5. Access to potable water increased from 30.5% to 45% and the proportion of the population with access to basic sanitation services increased from 4% to 10%;
6. In line with the Medium-Term Expenditure Framework (MTEF), a child survival and development policy is developed, funded and scaled up;
7. Populations in emergency-affected zones benefit from emergency assistance in health, nutrition and WASH in line with the Core Commitments for Children (CCCs) and the Inter-Agency Standing Committee Cluster approach.

The main implementing partners are the Ministries of Public Health and of Mines, Energy and Hydraulics. Other partners include international and national NGOs: ACF, IPHD, IMC, IRC, MSF-F or E-B, Merlin, AMI, Solidarités, Premiere Urgence, Triangle Generation Humanitaire, Mercy Corps, Caritas, CREPA, and CRCA.

Resources Used:

Resources used: Total approved for 2010 as per CPD: US$4,736,000.00
Total available for 2010 from: RR: US$2,036,239.00; OR: US$6,882,681.00;
Total: US$8,918,920

Major 'Other Resources' donors are: French Committee for UNICEF, CIDA/HAND, United States Fund for UNICEF, Italian National Committee for UNICEF, United Kingdom
Result Achieved:

Results achieved versus results planned: Overall, 54 of 81 planned activities were implemented and 93% of funds requisitioned. The CSD programme achieved substantial results in 2010. Funds mobilization efforts proved to be very successful, although important sectors of the CSD programme like WASH and Mother and Child health did not fully meet their planned financial needs.

Nutrition: To improve the coverage of health services, a Mother and Child Health and Nutrition Week was organised in November 2010, with an integrated high impact package of activities. Eleven trainers were trained on the use of the new WHO growth monitoring standards. Management of the acute malnutrition programme is in effect in 10 prefectures, therapeutic feeding units increased from 8 to 16 and outpatient therapeutic programmes from 32 to 62, leading to a substantial increase in the number of monthly admissions of severe malnourished children (more than 220%).

Mother and Child Health: The main focus in 2010 was the improvement of U5 care and the reduction of child mortality. In this context (i) five districts were trained in clinical Integrated Management of Child Illness (IMCI); (ii) 24 teachers of the Faculty of Health Sciences were trained to incorporate IMCI into the basic curriculum of health workers; (ii) the operational capacity of the Kangaroo Mother Paediatric Complex was reinforced through training of staff and provision of equipment; (iii) a series of trainings on emergency obstetrical and neonatal care and PMCT were organised in three health districts; antenatal care coverage increased from 34% in 2009 to 53% in 2010 and tetanus immunization coverage was 61% in 2010; (iv) the operational plan for the reduction of maternal and neonatal mortality was revised and a roadmap for accelerating the reduction of maternal and neonatal mortality was adopted; (v) to prevent malaria among U5, 1,050,000 LLITNs were distributed throughout the country in two phases.

WASH: UNICEF supported the construction of 13 new and the rehabilitation of 82 existing boreholes and 63 shallow wells in seven of the 17 prefectures in CAR. An additional 40,000 people have better access to safe drinking water in Bossangoa from the rehabilitation of the existing water production and distribution system. UNICEF supported the construction of 52 VIP latrines in seven schools and health facilities, allowing approximately 2,000 school children and 10,700 outpatients to access safe water, adequate sanitation and hygiene education in seven prefectures. An additional 4 water treatment units were put in place in Lobaye prefecture to accommodate 18,000 refugees from DR Congo. UNICEF contributed to the construction of 3,200 improved latrines in both refugee and IDP camps. In partnership with the General Directorate of Hydraulics and NGO members of the WASH Cluster, UNICEF has launched the CLTS approach in eleven villages in the sub-prefecture of Boali.

Most critical factors or constraints affecting performance and lessons learned: WASH activities were drastically hampered in 2010 due to lack of funding; only 26% of the planned budget was funded. Other constraints include limited infrastructure and equipment, insufficient funds and capacity in government counterparts, and difficulty in accessing some regions due to geographic or security reasons.

Summary of monitoring, studies and evaluations in 2010: Four rapid assessments conducted in 2010 in four prefectures revealed alarming statistics on children’s nutritional status and helped to re-orient the scope and implementation of nutrition programmes.
In terms of strategic partnerships and inter-agency collaboration, UNICEF, WHO, UNFPA and the EU are working together to strengthen the existing partnership for child survival and maternal and neonatal health within the country. INGO partnerships have also been effective in planning, implementing and evaluating integrated health campaigns and routine activities in 2010.

**Future Workplan:**
The child survival and maternal and neonatal priorities for 2011 include: (i) finalising the National Child Survival Strategy to enhance the strategic environment that supports child survival and maternal health interventions; (ii) gradually intensifying high-impact preventive, curative and promotional services in the country; (iii) strengthening community-based interventions, including management of severe acute malnutrition, oral rehydration for diarrhoea treatment, malaria prevention and treatment, pneumonia treatment and promotion of key family practices; (iv) providing support for a strong monitoring of interventions at the field level; (v) strengthening the ongoing reforms of the HIS; (vi) strengthening existing coordination mechanisms in the health sector. The ACSD will be intensified in 6 prefectures and gradually expanded throughout the country with strong participation/contribution from other key partners.

In the WASH sector, the strategic priorities for 2011 are built around four pillars: (i) promotion of a professional manual-drilling private sector, (ii) promotion of CLTS, (iii) promotion of hygiene and hand washing with soap, (iv) WASH in schools and health facilities. The promotion of a professional manual-drilling private sector will occur in six prefectures selected for their hydro-geological potential for that technique. This is a long-term development programme that will take four years to complete.

The promotion of CLTS began in the last quarter of 2010, with a pilot project in 11 villages in the sub-prefecture of Boali. Starting in 2011, the objective will be to scale up this approach to the entire country, employing lessons learnt from the pilot project, and linking the intervention to the package of high-impact services, therefore increasing the expected impact on child and maternal mortality reduction. Basic hygienic and hand-washing with soap has proven to be very efficient in the fight against morbidity and mortality related to diarrhoea and other water-borne diseases. This is a continuation of a programme that began in the previous Country Programme. Most primary schools and health centres do not have adequate water supply systems and sanitation facilities, adding to the burden of the health system. The WASH programme aims to increase sanitation and the safety of the water supply in primary schools and health facilities.

**Title: HIV/AIDS and children**

**Purpose:**
In line with MDGs 2 and 6, the programme aims to reduce the incidence of HIV in infants, adolescents and young people, to address stigma/discrimination associated with HIV and AIDS and to ensure access to treatment, care and support for HIV+ children and HIV+ pregnant women. The response is aligned with the National Strategic Framework (NSF) 2006-2009 and the UNDAF, and focuses on three HIV programming axes:

1. Strengthened leadership, coordination and resource mobilisation mechanisms for HIV programming;
2. Education for preventative behaviours among the reproductive age population; and
3. Psychosocial support and care for HIV-infected and affected populations. [As per Country Programme Document (CPD) 2007-2011].

Expected results included:

1. Functional youth HIV networks and alliances in-school and out-of-school in emergency zones;
2. Adequate information on HIV and AIDS provided to members of HIV networks and alliances;
3. Members of adolescent and youth alliances and networks knowledgeable about HIV prevention and reduction of vulnerability to HIV and AIDS;
4. Youth have required skills to manage youth-friendly spaces;
5. A communication strategy for behaviour change to reduce stigma and to promote solidarity among people living with HIV and AIDS is implemented and evaluated within 32 new Prevention of Parent-Child HIV/AIDS Transmission sites in 8 provinces and supported to develop plans of action;
6. In the intervention zones, at least 50% of youth aged 10-24 have information on HIV and

**Resources Used:**
Total approved as per CPD: US$ 3,913,000.00. Total available for 2010 from all sources: RR: US$472,296.31; OR: US$534,760.05; Total: US$1,007,056.37

Major 'other resources' donors are: Global HIV Thematic Fund, HIV/AIDS and Children, United States Fund for UNICEF, and Global Thematic Humanitarian Response Thematic Fund.

**Result Achieved:**
Overall, 22 of the 37 (59%) planned activities were implemented and 100% of funds mobilised requisitioned.

**Primary Prevention:** Results achieved in 2010: (i) the Ministry of Youth and Culture was supported to develop coordination mechanisms and the capacity of youth inspectors was strengthened; (ii) support was provided for the finalisation of HIV sectoral plan for youth; (iii) Two evidence-based studies of youth were implemented to inform policies, strategies and youth packages. These studies were aimed at measuring youth vulnerability and knowledge on HIV. The findings were shared at the national level and group discussions carried out with 95 youth members and managers in youth structures. The findings of the ongoing KAP study will be shared in 2011.

**Mother to Child Transmission:** Results planned in 2010: (i) coordination mechanisms supported; (ii) PMTCT and paediatric care programme implementation accelerated through an adjusted scale up plan; (iii) policy reviewed; and (iv) capacity of selected staff enhanced through training. Results achieved as follows: The capacity of the PMTCT and paediatric care technical working team was strengthened through a country-to-country exchange learning opportunity, the rehabilitation of work space, and the provision of logistics and equipment to improve the monitoring of results. In close collaboration with WHO, HIV counselling guidelines and the PMTCT protocol were reviewed. Thirty-four district medical doctors and 35 Bangui health workers were trained on the protocol. The PMTCT and paediatric care programme was reviewed and the scale-up plan adjusted and costed.

**Paediatric Care:** Though planned for completion in 2010, the Ministry of Health supported evaluation of five potential sites for the scale up paediatric care was not completed due to insufficient funding. An agreement was signed with the Pasteur Institute to launch HIV testing for children using dried blood spot analysis: 5,000
children are to be tested in the initial phase. To support ongoing paediatric care services, UNICEF contributed to the rehabilitation of the Paediatric Care Hospital to offer comprehensive diagnosis and care to children, including those affected by HIV/AIDS.

**Protection of affected and infected children:** Results planned in 2010: (i) HIV coordination mechanisms in emergency zones supported, (ii) HIV knowledge and voluntary counselling and testing (VCT) uptake among youth increased, and (iii) community participation encouraged and capacity strengthened. Results achieved are as follows: Four training sessions were implemented in close collaboration with the prefectoral HIV and AIDS Committees to review roles, requirements and inefficiencies. Three CPLS structures were supported in the development of their plan of action, however implementation is pending. Youth structures at both provincial and decentralised levels were supported to oversee and address HIV coordination needs. Six coordination meetings were organised by CPLS sub committees in six prefectures of the UNICEF sub offices. To increase the participation of PLWA, an orientation workshop was organised to support the PMTCT support group actions, and 144 PMTCT support group members were trained. Three HIV testing and prevention campaigns were implemented and 5,642 pregnant women were sensitised to undertake HIV testing. UNICEF supported the VCT service to undertake three rounds of community HIV testing, reaching 3,841 youth; 40 peer educators were trained and a regional Youth Centre was equipped.

**Most critical factors or constraints affecting performance:** HIV programming and progress are constrained by limited funds, insufficient coordination mechanisms, and inadequate management of the Global Fund grants, especially at the decentralized level. These limit the ability especially to take PMTCT and paediatric care programmes to scale. These constraints are being, and will continue to be, addressed as part of the Country Programme.

**Future Workplan:**

Based on the revised Component Programme Result (CPR) and Intermediate Result (IR), and the recommendations of the 2010 MTR, the following priorities have been identified for 2011: (i) accelerate the implementation of HIV interventions in line with the ‘4 Ps,’ under the ‘Three Ones Principle;’ (ii) support processes to scale up services, including implementation of the communication strategy and capacity building for the decentralisation process with government and civil society; (iii) improve partnerships for resources leveraging and programme networking; (iv) support validation of new guidelines, policies and plans (v) support the Ministry of Youth, Ministry of Education and Ministry of Social Affairs in the development of an HIV coordination mechanism for youth in the context of the in- and out-of-school programmes; (vi) improve youth-friendly services, develop a start-up youth-friendly service programme to refine the model, draw lessons learnt and inform policy and advocacy strategy development and reviews; (vi) review of existing youth-related policy to formulate and integrate a Minimum Service Package for all young people, including those living with HIV, based on youth study findings; and (vii) support to scale up PMTCT and paediatric care component and promote community support to HIV response.

**Important and specific adjustments are related to the MTR recommendations.**

These concern the HIV and Youth component of the CPD as a cross-cutting programme, with clear roles, responsibilities and accountabilities. **Major adjustments include a focus on three areas:** (i) overall HIV programme upstream work; (ii) refinement of youth-friendly prevention models and evaluation to inform scale-up; and (iii) mitigation of the effects of HIV on all youth and creation of a Minimum Service Package, including psychosocial support for all affected young people. The HIV and youth programme will continue to provide technical support on implementation and effective integration within other sectors, and liaise adequately with Social Policy, Communication and the Emergency Unit for quality M&E, C4D and emergency systems.
Title: Basic education and gender parity

Purpose:
In line with MDGs 2 and 3, the aim of the Education Programme is to support Government’s commitment to achieving Universal Primary Education and Education for All by 2015 and other education-related priorities expressed in the PRSP and the National Sector Strategy for Education 2008-2020 by improving access to education, educational quality, and building the national institutional capacity.

Within the framework of the UNDAF 2007-2011, the education programme seeks to contribute to the four main outcomes:

(i) Improve school access and equity by increasing the net enrolment rate (NER) in 13 prefectures whose Net Enrolment Rate (NER) is less than 40%, ensuring gender parity and reducing regional disparities;

(ii) Ensure physically and socially protective Child-Friendly School environment conducive to participation and retention for all children;

(iii) Ensure that in the 13 prefectures where the NER is below 40%, at least 70% of enrolled children successfully complete primary school and acquire basic life skills, especially for HIV and AIDS prevention; and

(iv) Support the provision of emergency education such that all children in conflict-affected areas benefit from humanitarian assistance in education according to the CCCs and cluster approach.

Resources Used:

Resources used: Total approved for 2010 as per CPD: US $3,273,000
Total available for 2010 from all sources: RR: US $287,360.77; OR: US $2,259,227.69;
Total: US $2,546,495.08
Major ‘other resources’ donors are: Thematic funds, Netherlands, UNDP and UN CERF.

Result Achieved:
The following results were achieved from the 55 planned activities implemented and 100% of funds mobilised requisitioned:

School Access and Equity: A total of 306,000 school-age children (40% girls) were enrolled and received school materials. A group of ‘marraine and parrain’ mentors was established to promote girl’s education in communities where girls’ access to education is most at risk. An action plan for UNGEI was initiated.

School environment: School environments were improved with 37 classrooms rehabilitated or built. Educational access for ethnic minorities was addressed through the construction of nine classrooms. Some 610,000 students were de-wormed.

Quality of education: (i) Some 2,350 teachers were trained in classroom management; (ii) 500 school directors and 1000 members of the Parent Teacher Association (PTA) were trained in school-management, community participation and income-generating revenues; (iii) A total of 3,000 revised curricula, integrating HIV and AIDS components, and 1000 teachers’ pedagogical guides were printed and distributed; (iv) eight regional pedagogical centres staff were trained on new competency-based pedagogical approach; and (v) the Child-Friendly School approach was adapted to the regional context and an action plan for implementation initiated.
**Education in emergency:** About 130,000 conflict-affected children benefited from emergency educational assistance through the training of 50 Government and NGO staff in emergency preparedness and response. Emergency governmental focal points have been appointed at central and decentralised levels. These results have contributed towards meeting UNDAF outcomes for access and retention. However, the lack of qualified teachers in the northern regions of the country, where education is mainly delivered by the community, does not guarantee that children’s learning achievements are met, in spite of initial and in-service trainings provided to parent-teachers.

**Most critical factors or constraints affecting performance (internal or external) and any lessons learned to address constraints:** (i) Lack of adequate human and material resources, (ii) insufficient ownership of the programme at the central and decentralised levels, (iii) insecure conditions that prevent access to all conflict-affected areas, (iv) community involvement (using parents to serve as teachers) cannot supply the education demand and needs such as to significantly improve educational access and retention for all children.

**Key partnerships and interagency collaboration:** The restoration of education in conflict-affected areas was made possible through a partnership between UN agencies and international NGOs and through cluster coordination.

**Future Workplan:**

**School Access and Equity:** (i) Achieve children’s preparedness for school through Early Childhood Care in Community Care Centres (ECE) and parental education; (ii) improve access to education for the most vulnerable children through sensitisation, education opportunities and catch-up classes; (iii) strengthen girls’ educational access and retention, and implement participatory communication strategy to improve demand and supply; (iv) develop non-formal community schools for unschooled children age 8-16.

**School Environment:** (i) improve school environment through the provision of water/sanitation facilities and promote good hygiene practices across 76 schools; (ii) mainstream Child-Friendly Schools approach into national norms and standards; (iii) improve child participation through the establishment of school governments; (iv) install mechanisms for the prevention and mitigation of violence in schools; (v) improve the health of pupils through de-worming and the child-to-child approach.

**Quality of Education:** (i) Build the capacity of the Ministry of Education in results-based, human rights-based programming; (ii) distribute life skills-based curricula and teachers’ guides to all schools, and train teachers on their use; (iii) support the Ministry of Education to develop a strategy for the training of parent teachers; (iv) strengthen Parent Teacher Associations in school management and community involvement.

**Education in emergency:** (i) Build capacity of education partners in emergency education preparedness and response and development of action plans; (ii) support resumption of education for crisis-affected children; (iii) rehabilitate additional schools, where security conditions allow; (iv) support the Ministry of Education in developing an emergency education strategy to fill coverage and funding gaps in the existing national sector strategy for education; and (v) improve Education Cluster mechanisms of coordination.

**Important and Specific adjustments:** Following the MTR and the annual review recommendations, the programme has four priorities: (i) upstream work on policy and strategy on school readiness/early childhood care; (ii) girls’ education and access to education for vulnerable groups; implementation of CFS approach; education in emergencies; (iii) improve coordination among partners for clearer responsibilities, better management, use of resources, and results; (iv) capacity building of government
and NGO partners in results-based and human rights-based programming, and in emergency preparedness and response.

Title: **YS 704 - Child Protection**

**Purpose:**
In line with MDGs 1 and 3, the Child Protection Programme seeks to achieve the following three results:

(i) Laws, National Policies and Protection measures enhanced through the establishment of child protection systems and a protective environment for children by strengthening and harmonising the legal framework and developing social policies and services, building partners’ capacities, conducting social mobilisation activities, birth registration, protection of minorities and monitoring;

(ii) Protection response to OVCs enhanced, in particular those at risk of violence, exploitation and abuse, including reintegration into the community and family and access to basic social and protection services and care;

(iii) Protection of Children Affected by Armed Conflict (CAAC) strengthened to support the release and community reintegration of children associated with armed groups and forces (CAAGF). Women and children affected by armed conflict who are victims of armed and sexual violence are better protected and gain increased awareness on HIV issues and prevention. Protection referral systems, access to social services and monitoring & reporting on human rights violations improved.

Main expected results include: (i) harmonisation of national legislation with international conventions through documentation and advocacy for ratification of additional protocols to CRC; (ii) establishment of mechanisms for the reintegration of children in conflict with the law; (iii) establishment of the Resolution 1612 mechanism and reporting to the Security Council; (iv) capacity building of stakeholders to insure protection to children against various forms of violence, abuse and exploitation; (v) developing a response mapping system in the domain of OVC; (vi) development of the new OVC National Plan of Action for 2010-2013; and (vii) implementation of National Action Plan to prevent Sexual Exploitation.

**Resources Used:**

*Resources used:* Total approved for 2010 as per CPD: US$4,075,000.00
Total available for 2010 from all sources: RR: US$947,080.00; OR: US$2,961,644.51;
Total: US$3,908,724.51

Major ‘other resources’ donors are: Finland National Committee, CHF, Thematic Humanitarian Fund; PBF, Global Thematic, and CERF.

**Result Achieved:**

A total of 30% of planned activities were implemented and 90% of funds mobilised requisitioned. The programme contributed to the elaboration and validation of the national policies on child protection and supported the Government to establish a National Inter-Ministerial Committee, led by the Prime Minister, to coordinate the country’s response to child protection issues. The country has a national strategic framework for OVC protection and recently has signed the two additional protocols to CRC.

To help achieve the planned result i.e., promoting national legislation in harmony with international instruments and taking practical measures for protection, UNICEF provided
technical and financial support to: (i) the Prime Minister’s cabinet for the establishment of a national coordination structure for Child Protection; (ii) the Ministry of Justice for an evaluation of the child justice system (police, prosecutors and courts), (iii) the Bangui Court for Children and the judicial police in the provision of legal assistance to 120 children (51 girls); and (iv) nine key players of the criminal justice system to undertake a learning exchange visit to Burkina Faso to learn from their experience with the reintegration of children in conflict with the law.

In terms of planned results for the responses to Child Vulnerability and Protection of OVCs, UNICEF provided (i) technical and financial support to the Government to validate the national strategic framework for OVC protection, the National Plan of Action and for the integration into national law of ILO (International Labour Organisation) Convention 169; (ii) local authorities and CARITAS, with UNICEF support, identified and implemented follow-up with 12,800 vulnerable children (5,534 girls), of which 2,786 were oriented to primary school and 1,615 received birth registration certificates; and (iii) four trainings on the identification and monitoring of vulnerable children were organised for 115 community actors.

In terms of planned results for child protection in emergencies, UNICEF provided immediate assistance and support to CAAC. Specific actions included (i) in partnership with the IRC, IMC and DRC, 108 children (83 boys and 25 girls) underwent an integrated DDR programme when released from the Armée Populaire pour la Restauration de la Démocratie (APRD); (ii) 8,820 children participated in recreational activities at the primary schools, as well as in sensitisation campaigns and community-led activities; (iii) 1,018 vulnerable children were identified by community protection networks, including 152 orphans; (iv) 43 children’s groups (643 former CAAF and non-CAAF children) are managing a conservation and agriculture programme; (v) 2,000 children/youth placed in families and communities benefited from an agricultural support scheme; (vi) 425 members of the APRD movement were sensitised to the issues of children associated with armed groups; (vii) 30 actors of defence services (FACA) and security (police) received a Training of Trainers course on protection of children before, during and after conflicts.

As the co-chair of the Monitoring and Reporting Mechanism (MRM) for Resolution 1612 on grave violations of children’s rights in armed conflict, UNICEF has stepped up collaboration with the UN Political Mission. Charged with the re-vitalisation of the MRM, UNICEF and the Political Mission intend to begin measuring grave violations reported in CAR over the last two years.

The chief constraints affecting performance are: (i) limited information on child rights abuses and on the overall child protection situation in the country; ii) slow mobilisation of resources, particularly in the first half of the year; iii) insufficient capacity and absence of the Government’s institutional structure at the regional level; and iv) the dependence of NGOs on UNICEF and donor funding, which limits response to protection issues.

**Future Workplan:**

Based on the recommendations of the 2010 Annual Review, the following priorities have been identified for 2011:

(i) Provide funds and technical assistance for care, protection and provision of integrated psychosocial support to vulnerable and war-affected children, including support to children associated with armed groups and their families;

(ii) Improve and enhance the Child Protection Sub-Cluster within the Protection Cluster and focus on decentralised child protection coordination
(iii) Assist the Government of CAR to develop a framework, an implementation plan, and tools for strengthening interventions in the area of capacity building for judiciary, judicial administration actors including law enforcement agents, and social service actors;
(iv) Support the Government and child protection partners in refining and strengthening the tools for the delivery of psychosocial support and other dimensions of social work, to children affected by distress, trauma and abuse;
(v) Develop a new national Plan of Action for OVCs;
(vi) Develop Government and community based monitoring, protection and referral mechanisms;
(vii) Support the Government to develop an effective system to regularly update the database on partner interventions for OVCs.

Title:  Child Rights advocacy for policies and partnerships

Purpose:
The Social Policy, Planning, Monitoring and Evaluation (SPPME) programme component contributes to the UNDAF domain of cooperation on “Reinforcement of democratic governance and respect of human rights”, in line with MDGs 1, 3 and 8, the Government’s commitment to good governance, gender equality, and international human rights instruments and the MTSP FA5. It contributes to the UNDAF outcome, “By 2011, CAR populations live in a peaceful, secured and prosperous economic environment where human rights are respected; the populations participate with equity in the decentralisation and peace consolidation process.”

The SPPME programme intends to (i) develop up-to-date disaggregated data on disparity and status of children, women and vulnerable groups; and (ii) conduct research and quality analysis on the impact of public policies, strategies and legislation on the rights of children and women.

The main results planned for 2010 were: (1) disaggregated information and data on the situation of children and women updated and available at national and regional levels for programme design and policy analysis (2) analysis of the impact of policies on children and women available for policy formulation, programme design and policy dialogue; and (3) capacity of partners strengthened in results and rights-based planning, evidence-based policy analysis and formulation, and data collection and database management.

One national and two regional AWPs outlined the activities of the three projects to achieve results. Main partners are the Ministry of Planning at national and regional levels and Institut National des Statistiques, des Etudes Economiques et Sociales (ICASEES).

Resources Used:

Resources used: The total approved 2010 budget for Advocacy for Policy and Partnership for the Rights of Children programme component was US$1,420,000.00 (US$200,000.00: RR and US$1,220,000.00: OR). The total funding mobilized in 2010 for SPPME was US$19,850.00: RR and US$588,440.00: OR.

Major ‘other resources’ donors are: Basic Education and Gender Parity, United States Fund for UNICEF, UNDP - USA Administrative Services Section, Italian National Committee for UNICEF, HIV/AIDS and children (thematic fund), Japan, Spain, UN OCHA, and European Commission/ECHO.
**Result Achieved:**

**Results achieved in relation to results planned:** 60% of the 35 planned activities were implemented and 100% of funds mobilised committed. Specific results for 2010 are outlined per project below:

**Social Policy:** Main achievements included (i) the validation of the 2009 Situation Analysis (SITAN) of children and women in CAR report. The SITAN report was translated into English and the two versions were used during the MDG Summit by the Government for advocacy purposes; (ii) as lead of the UNDAF thematic group on Social Sectors, the contribution of UNICEF was critical during the review and enrichment of the CCA. Equally, the participation of UNICEF during the **UNDAF strategic planning workshop** was important as the UNDAF domains of cooperation will help shape the **CPD** and the new UNICEF Country Programme of Cooperation 2012-2016; (iii) the SPPME section coordinated the participation of UNICEF in the evaluation of the Poverty Reduction Strategy Paper (PRSP) 2008-2010 and the design of the Government’s new PRSP to be adopted in 2011; and (iv) in line with the guidance of the Regional Office, 8 representatives (4 government, 2 NGO, one UNICEF and one from the integrated mission-BINUCA) participated in a social protection training in December, 2010. The training equipped participants with tools and a road map to begin development of a social protection strategy in CAR in 2011.

**Capacity building**: main achievements included (i) the provision of technical expertise for the training of 29 staff of the Ministry of Education in rights- and results-based planning; (ii) provision of computer equipment to two regional delegations of the Ministry of Planning; and (iii) funding of the participation of 6 national staff in the social cash transfer workshop.

**Research, Evaluation and Monitoring:** Main achievements included the following: (i) UNICEF led a major partnership with UN agencies and World Bank in the implementation of the **MICS IV survey** designed to collect information that will inform future programme design and analysis of vulnerable children and women. UNICEF also provided daily technical assistance, and the expertise of the RO and NYHQ will continue to be instrumental through the MICS IV process. In support of the decentralisation process, the programme sponsored the conduct of four regional data collection exercises that are expected to be validated in 2011 and which will be a pillar for regional data bases. The programme sponsored a study on the evaluation of the level of implementation and programmatic use of the recommendations of studies and evaluation sponsored by UNICEF from 2007 to 2009. It supported the functioning of the National and Regional Steering Committees for the Country Programme that provide leadership and interface for the implementation of activities. The programme also provided guidance and coordinated the reviews of the 2010 AWP and the amendments of the 2010/2011 Rolling Work Plans.

**Most critical factors or constraints affecting performance are** (i) limited capacity of child rights stakeholders within the government and civil society organisations to fully assume ownership of the programme, (ii) insufficient resource mobilisation for the programme, (iii) and dearth of qualified local experts knowledgeable in child rights and causal analysis.

**Future Workplan:**

Priority actions planned for 2011 include:

**Social Policy:** Technical and financial support will be provided to the Ministry of Planning to: (i) lead the design of a social protection policy and its strategic plan; (ii) scale up the Integrated Young Child Development approach in three prefectures (Lobaye, Ouham and Nana Gribizi); and (iii) design a policy on statistics. The section will also lead the gender mainstreaming approach within the office and in country programming.
**Capacity Building:** Technical and financial support will be provided to the Ministry of Planning to: (i) strengthen the capacity of partners in rights and results-based planning; (ii) enable the Direction Générale des Stratégies et des Politiques (DGSP) to improve the monitoring and reporting of activities on the field; and (iii) support regional Country Programme Steering Committees to improve their ability to monitor the implementation of activities, collect and produce data, design/publish regional dashboards, and undertake programme implementation reviews.

**Surveys, Studies, Monitoring and Evaluation:** Technical and financial support will be provided to ICASEES to (i) finalise the MICS IV process; (ii) validate and begin implementation of the National Strategy for the Development of Statistics; and (iii) publish regularly updated sector level data. Similar support will be given to the Ministry of Planning for (i) validation and dissemination of the regional statistical dash boards, (ii) the operationalisation of DevInfo; and (c) research, evaluations and policy analysis on children and women in the context of the PRSP.

**Title:** Communications

**Purpose:**
The communication programme component covers four areas: (i) Mobilizing Resources, (ii) C4D, (iii) Children's Participation and Media Partnerships and (iv) Communication in Emergencies. The programme contributes to UNDAF outcome result 2, 'By 2011, the trend towards worsening social indicators is reversed, poverty is reduced and the country is engaged in a sustainable development process with full community participation', in line with MDGs 1, 2, 3, 4, 5, 6 and 7; and with MTSP FAs 1, 2 and 3. The main results planned for 2010-2011 were:

**Resource mobilization:** Advocacy material and information on the situation of children and women and UNICEF activities is produced and disseminated regularly to international and local media outlets, donors and other partners, to keep children in CAR on the agenda and increase contributions to the UNICEF Country Programme. At national and local levels, advocacy for child rights, youth participation and child survival is reaching political and civil society leaders and decision-makers, teachers, the general public, parents and children.

**C4D:** The Government has adopted a national C4D policy and created C4D units within relevant ministries. Government capacity is strengthened to manage, monitor and evaluate integrated communication for child survival and to coordinate C4D activities with delivery of essential services at the community level. Families and caregivers have adopted family practices that are essential for child survival. Community development plans have been developed and are being implemented in selected communities in south-western prefectures where international logging companies are operating, with a view to using taxes paid by these companies to finance basic services in 2011.

**Children’s participation and media partnerships:** Youth organizations have knowledge of child rights, child survival issues and networking skills. Meaningful youth participation in programmes affecting youth exists. Partnerships with national and local media outlets are developed and special events are celebrating milestones in child rights history. HIV and AIDS youth activities are being coordinated.

**Communication in emergencies:** Communication in emergencies is being funded and populations in emergency areas know about and have adopted essential family practices. Capacities of journalists are strengthened to report on the situation of children and women affected by emergency situations.

**Resources Used:**
Total approved for 2010 as per CPD*:
Total available for 2010 from all sources: RR: USD52,648.84; OR: USD842,837.49; Total: USD895,486.33

Major ‘other resources’ donors are: Italian National Committee for UNICEF, UNDP, Basic Education and Gender Equality, Young Child and Development, USA Centers for Disease Control, CIDA/HAND, Child Protection Thematic Fund, Spain, French Committee for UNICEF, The GAVI Fund, and UNDP.

Result Achieved:

Overall, 36 of 70 planned activities for 2010/2011 were implemented and 95% of funds mobilised requisitioned.

Resource mobilization: (1) 13 press releases and human interest stories plus a letter to the editor of the Financial Times led to seven interviews with international media. (2) Three NatCom visits with partners, media and a Goodwill Ambassador resulted in international media coverage and a high profile gala event collecting €100,000 for UNICEF CAR. (3) Four media campaigns promoting EFPs and the CRC and three public debates reached at least 15,000 people. (4) Preparations for a CRC advocacy campaign with the new government elected in 2011 are underway, including information material, media and public events. (5) Agreements with seven radio stations include regular broadcasts on CRC issues.

C4D: (1) In line with the planned result to support adoption of a national C4D policy, participation of the Prime Minister’s Advisor in a C4D workshop in Abidjan and that of a Ministry of Health official in a workshop on health plans’ development in Douala was sponsored, resulting in Government commitment to adopt C4D policy. (2) Support to three polio and two yellow fever campaigns reached over 1.5 million people. (3) During distribution of over 1 million LLITNs, 3,376 community agents held more than 20,000 community dialogues promoting net use, reaching 580,000 households (2.9 million persons). (4) Ten MoH officials and 48 religious leaders were trained in C4D and 375 community agents and 50 government officials in EFPs. (5) In south-western CAR, 35 community agents were trained in participatory facilitation and held 130 community talks, helped set development priorities and promoted EFPs in 65 of 122 targeted villages. The communication strategy resulted in some 2.3 million people adopting four EFPs. (6) Community development and follow-up plans were drafted in three ‘communes’ (comprised of several villages and communities, with a total population of 65,000. Community development plans were also developed and are being implemented in 222 south-western villages and 18 Aka camps in south-western CAR, benefiting 140,000 Bantu and minority Aka people.

Children’s participation: (1) 75 members of youth organisations were trained in CRC, child survival issues and networking. (2) 10 youth, including 5 girls, were trained in information technologies and French language. (3) Participation of one youth in the launch of the International Year of Youth in Mexico was sponsored, and 90 scouts and 75 young religious leaders were trained in child rights and EFPs. (4) Partnerships with seven radio stations include provisions for youth participation in programmes. (5) Special events were organised to commemorate the CRC, the Day of the African Child and International Handwashing Day. (6) Support was provided to HIV and AIDS youth programme activities organized by UNICEF HIV and AIDS section.

Communication in emergencies: The planned results were: (1) Increased resource allocation, (2) Promotion of EFPs in emergency areas, and (3) Reporting capacity of local journalists strengthened. In view of the postponement of the elections to 2011, activities were postponed.
Challenges: Frequency of vaccination campaigns consumed most C4D staff time, preventing implementation of other planned interventions. Lack of systems and mechanisms for child participation prevented meaningful youth contributions to programme planning, implementation and monitoring.

Partners: UN Communication Group; Fondation les Enfants d’Abord; PARPAF; CAR journalists and youth networks.

Future Workplan:
Most activities implemented in 2010 will continue in 2011. Some highlights for the resource mobilisation component include the advocacy campaign, ‘Leaders for Children’, which will ask the newly elected president and parliamentarians to commit to child rights, and a visit by Goodwill Ambassador Mia Farrow in support of the campaign and child protection issues.

One of the priorities for the C4D programme is the finalization of community development plans and use of forestry tax money for basic services in south-western CAR. The involvement of Aka minority groups will require special attention. For the programme being implemented in both the south-west and the north, it will be important that C4D activities be linked to child survival interventions and delivery of basic services such as distribution of soap, LLITNs, therapeutic feeding, ORT, etc.

Important aspects for the children’s participation programme are the provision of a dedicated space for the children’s parliament and advocacy with government, partner organizations and within UNICEF for meaningful youth participation in programmes that affect them. Cooperation with the HIV and AIDS and Youth programme is another priority.

4. OPERATIONS & MANAGEMENT
4.1 Governance & Systems
4.1.1 Governance Structure:
Throughout 2010, the country office prioritised the consolidation of management and control systems. Of the 19 audit recommendations made in January, the office closed 14 in 2010. The remaining five are ongoing and expected to be closed in 1st quarter 2011. The audit is a standing item on the CMT agenda.

With the audit recommendations, the CMT identified the need to review current SOPs and three new SOPs were adopted (travel, PCAs and DCT). Four new SOPs are being finalised (local procurement, fuel, complex contracts and small value procurement). Moreover, special attention has been given to the reinforcement of DCT management. A HACT expert from the Maputo CO was brought in to train both UNICEF staff and counterparts.

To improve the identified need for warehouse management, an international consultant was hired and the CO now meets warehousing established standards. Inland logistics have also been approved.

As an emergency country, the office’s preparedness, staff security and emergency response is systematically reviewed. To ensure adequate leadership within the office, a WASH Cluster Coordinator was recruited. In addition to the WASH cluster accountabilities, this international staff member is responsible for support and quality assurance for UNICEF’s role as Cluster Lead in the areas of Education, Protection and Nutrition.
The CMT met regularly (once a month), systematically reviewing all office management indicators. Minutes document actions to be taken and follow-up is also monitored. In addition, section heads meetings (with the participation of Operations) and office assistants meetings occur on a monthly basis and have proven useful in improving collaborative spirit, preventing bottlenecks between sections and reinforcing common approaches and understanding between the Programme and Operations sections. They also constitute two check-points for management performance.

In the framework of the MTR, the office reviewed its structure and systems to ensure efficient programme and operations management; consequently, 40 positions were established and all office panels and committees reviewed in Bangui and zone offices. The recruitments are in process and the CO should have a reinforced and adequate structure in early 2011.

**4.1.2 Strategic Risk Management:**

In the spirit of ERM, the office reviewed the majority of its processes and controls, removing a number of redundancies and obstacles. Responsibilities and authorities have been streamlined at all levels.

The Bangui CO and the Kaga Bandoro and Bossangoa zone offices are MOSS compliant, despite the difficulty in finding appropriate technology and expertise within the local market.

UNICEF actively participates in weekly SMT meetings. All threats or security risks are systematically addressed either through the CMT or a senior management meeting and security concerns are shared with staff. Constant communication is maintained with the two zone offices to ensure staff safety and security in the field. UNICEF compliance with security requirements has been cited as an example by the FSA. Nevertheless, the CO must improve the regularity of staff security stock-checks and communications exercises.

The EPRP is regularly updated and all programmes have an integral emergency response component. Programme emergency supplies have been identified and prepositioned at a centralised level in the Bangui warehouse, and at the zone offices levels in Kaga Bandoro and Bossangoa. This preparedness significantly reduces response time in emergencies, in a country where restrictions on transportation occur and inland logistics are quite complex.

A UN/humanitarian partner’s emergency simulation, with regional level facilitation, was completed in June. UNICEF was able to respond effectively to different emergencies during the year. The quality and timeliness of responses proved that an adequate level of preparedness had been achieved.

**4.1.3 Evaluation:**

**IMEP:** The five year IMEP for the Country Programme of Cooperation for 2007-2011 remains valid. In early 2010, the annual IMEP was developed through a participatory approach and shared with the Regional Office. The 2010 IMEP was streamlined as the number of planned activities (studies, evaluations reviews and other events) needed to be reviewed for reasons of affordability. The IMEP is discussed on a quarterly basis during programme coordination meetings.

**Objective, fair and impartial evaluations:** A new strategy institutionalised in 2010 resulted in improved TORs. All TORs must now be reviewed by the social policy section and endorsed by the Deputy Representative before publication.
**Evaluation capacity** is lacking within the office, necessitating the recruitment of international consultants on several occasions to fill the capacity gap.

The effective **use of findings and recommendations** resulting from studies and evaluation remains a challenge and is difficult to demonstrate. In response to this challenge as well as a specific audit recommendation, a study to review the programmatic use of study and evaluation recommendations and measure their implementation has been commissioned.

**The office strives to further develop in-country capacity for quality evaluations:** In line with the RO policy, the CO has developed a draft policy for strengthening and mainstreaming evaluations among UNICEF and its partners. This strategic vision has been adopted and implementation will begin in 2011, within the context of the UNDAF framework.

**Management response for evaluation findings are made in a timely manner.** The current evaluation of the implementation of recommendations will establish a monitoring and follow-up mechanism ensuring that evaluations result in policy change and programmatic actions.

**4.1.4 Information Technology and Communication:**

All CO users/clients have access to UNICEF systems and applications as defined by ICT standards and guidelines. Standard applications such as Lotus Notes 8.5; ProMs 8.5, Briefing Book, PnP, shared folders and files and Internet connection are 99.9% available.

A bandwidth upgrade for the country office and two zone offices was completed in 2010. This upgrade ensured continuous availability of system applications and faster/more reliable connections to all users. Improved VoIP connections followed the upgrade.

All office locations are MOSS compliant, with BGANs installed in all BCP locations. All users have radios and all mission vehicles have the required communication systems; (Thuraya and Mini Ms are regularly tested). All essential staff have connection and access to VPN, which enables them to work away from the office and access Citrix. Office applications and data are regularly backed-up and sent to the host back-up country (Cameroon) and an off-site, in-country location.

UNICEF CAR leads the UN ICT working group. Although the Kaga Bandoro staff share common office premises with 2-3 UN agencies, the DoA remains a distant objective. The UN shares an ICT connection in Paoua and Ndele though a common project led by UNICEF and is administered both by UN agencies and INGOs. The project’s principle constraints are user ownership and maintenance.

As there are no local vendors in country, UNICEF CAR uses global LTAs for ICT equipment. The ICT equipment is disposed of as defined by UNICEF PSB guidelines, whereby all ICT equipment not supported with the new UNICEF applications in Q4 were eliminated in November. Recycling is still limited in CAR, but global vendors may be engaged in 2011.

The Disaster Recovery Document is frequently updated as required. With the recent completion of the BCP, testing will be completed in 1st quarter 2011. Securing UNICEF resources, data and network is a priority and this enables all clients in the system access to required applications.
4.2 Fin Res & Stewardship

4.2.1 Fund-raising & Donor Relations:

Donor reports: The CO’s performance on donor reporting improved dramatically in 2010, with 100% of donor reports submitted on time and the feedback from donors indicating improvement in quality. Reports are reviewed by a Quality Assurance Officer and the Deputy Representative before the Representative submits the reports.

CO mobilized 75% of the OR CPD ceiling resources: A concerted effort on fundraising and systematic approach to funds management has produced results. Despite a very difficult funding environment, UNICEF mobilised 105% of the OR ceiling. Unfortunately, a significant portion of the funding became available too late in the year to make the required impact on programme implementation.

CO mobilized adequate resources to meet emergency appeal needs: Through the Common Humanitarian Fund, the CERF and the HAR, UNICEF was able to mobilise 51% of the funding requirement for the year. With the majority of these funds arriving in the second half of the year, the CO found it difficult to meet its commitments to partners - particularly in those clusters where it plays a lead role.

Funds utilized optimally and mechanisms in place to monitor use of funds and avoid extensions of PBA durations: A set of Programme Management Indicators generated by the office, which compliments the Business Information Report, monitor monthly requisition and expenditure rates of expiring funds. This same mechanism minimises PBA extension requests.

CO mobilizing resources and participating in new modalities: With UNICEF CAR designated as a ‘pilot’ country for the PFP-led Tool Kits, the CO intends to have its first Tool Kits on-line in 1st quarter of 2011. Due to the CO’s fund-raising efforts noted earlier and an improved funds management system, the office is partially funded into 2011. In addition to approaching specific key partners in the country and abroad, the CO has hosted two important NatCom visits: the French NatCom with Procter&Gamble, and the Italian National Committee with Goodwill Ambassador Roberto Bolle. Both visits should yield additional funding in 2011.

4.2.2 Management of Financial and Other Assets:

The CO was audited in October 2009 and accepted all 19 recommendations of the final audit report. This year the UNICEF CAR team actively worked to improve management systems, resulting in the closure of 15 recommendations by September. The remaining four should close within the first three months of 2011. The CO has concentrated its efforts particularly on reinforcing internal controls and supply management.

The CMT had 12 monthly meetings in 2010 the standing agenda items for which include systematic assessment of contributions status, DCTs and levels of expenditure. As a result, DCTs of more than 9 months dropped from 12% to 3%. At year-end, the expenditure rates were: RR 99%, OR 74%, ORE 93%, and SB 97%.

To ensure appropriate financial monitoring of PCAs and small scale agreements, a tracking system, jointly maintained by Finance and Coordination, has been put in place. Furthermore, to avoid any unsupported obligations, all commitments will be fully funded prior to signature, in strict observance of the rules.

The TOA and the signatory panels were reviewed twice this year to ensure balance between the necessity of maintaining control and efficiency of programme implementation. At the request of the CMT two refresher sessions were held for all staff on financial controls, responsibilities and accountability.
All bank reconciliations have been submitted on time and the number of outstanding items minimised; cheques of more than six months of age were systematically cancelled. Cash forecasts were improved throughout the year with constant advocacy and support from the Finance Unit; as a result, cash shortages or over estimates were rare this year.

As a follow up of audit and preparedness to IPSAS, CAR offices have reinforced inventory control and office vehicle use and maintenance (fuel consumption and maintenance management systematised). As such the utilisation of emergency tanks has not occurred this year and the overall office fuel consumption has dropped. All PSB recommendations have been implemented and the amount of obsolete equipment and furniture has significantly dropped.

4.2.3 Supply:
In 2010, the CAR Supply Unit processed 320 PGMs and 290 POs, providing quality programme supplies in a timely manner.

Development of the Supply SOP is in progress, with three chapters completed (namely, CRC, Fuel, and Small Scale Purchases) and should be completed in early 2011.

New stock management and goods issuance procedures were instituted, resulting in warehouse inventory stock reductions and a reduction of average stock age through optimal communication with Programme Officers. At present, the warehouse stocks approximately 400 line items.

In early November 2010, UNICAF stock inventory software (UNITRACK) was re-installed and a 100% physical inventory was conducted to ensure accuracy of data. This tool should produce even better stock management results in 2011.

The lead time for surface shipments has been considerably reduced to four months for container shipping from Europe. This is due to the close tracking and monitoring of cargo movements and good relationships with the UNICEF freight forwarder.

Relationships with local vendors and service providers have been stabilised by ensuring prompt invoices payments.

2010 saw the development and capacity building of a new construction division within the Supply Unit, which oversees two construction sites (Ndele Hospital and Bangui Paediatric hospital) in cooperation with the Ministry of Health. This type of project assigns management to engineers appointed by the Ministry and encourages capacity building of UNICEF governmental partners, with monitoring and quality control by UNICEF.

The Supply Unit ensures smooth delivery of vaccines from the airport to the Bangui cold-room which includes maintenance of the PEV refrigerated trucks and the cold room generators and cooling system.

Among the special projects conducted during the reporting period is the national LLITN distribution (dollar value in stock in January 2010: 5.0 million); the campaign is still ongoing, but the supply portion is now 70% complete due to a valuable partnership with the WFP Logistics Unit.

4.3 Human Resource Capacity:
Within the MTR framework, the office has conducted a thorough review of its HR capacity in view of new programmatic needs and financial situation. As a result a new structure was submitted and approved by the PBR. All positions should be filled by the first quarter
of 2011. This new recruitment will allow the CO to reinforce its operational capacity particularly for the Supply functions which was deemed inadequate in view of the growing supply component. The recruitments will also refine the CO programmatic capacity to address emerging priorities such as youth participation, Nutrition and C4D. In order to maximize the use of financial resources the office has whenever possible combined functions in zone offices (Supply and ICT, Head of Office and Programme Sector).

Due to the financial situation in 2010, the CO could not invest as much as planned in learning.

Performance Management has significantly improved through sustained follow up and regular reminders. As a result 90% of 2009 PERs have been completed and more than 90% of 2010 PERs initiated. It should be noted that particular attention in the PER process was given to the results based approach.

The stabilization of staff through the creation of positions instead of temporary assignments and the systematic inclusion of an emergency component in all job descriptions will improve the CO’s response capacity in case of emergency. The strengthened national staff capacity will ensure business continuity in case of major crisis leading to the evacuation of IPs. To reinforce immediate response, the office recruited, on TA/SSA basis, one WASH Cluster Lead and one Emergency Officer.

The CO participated as well in global emergencies. Two staffs were sent on support missions to Haiti, and one each to the COs in Entebbe and Guinea Bissau. The office also organized two training sessions on first aid for SMs and dependents.

The CO has a PSV; other counseling services can be accessed through the UN Medical Doctor. Information on HIV/AIDS has been widely disseminated through the UN Cares Committee but due to financial constraints the planned trainings were not organized. Most of the prescribed standards are in place.

4.4 Other Issues

4.4.1 Management Areas Requiring Improvement:

With a very restricted budgetary situation and high communications costs, the CO solicited bids from local mobile phone companies and thereby obtained fleet service wherein calls within the fleet are free of charge and calls with other providers charged at a preferential rate. As a result the cost of phone bills has dropped by 52%. This opportunity was introduced to the members of the Operations Management Team and several UN agencies are now willing to join the fleet, which could result in further costs savings to UNICEF in 2011.

4.4.2 Changes in AMP:

The AMP was revised after the MTR, and therefore no significant change is foreseen before elaboration of the new Country Programme, to start in 2012.

5. STUDIES, SURVEYS, EVALUATIONS & PUBLICATIONS

5.1 List of Studies, Surveys & Evaluations:

1. CAR Situation Analysis of Children and Women
5.2 List of Other Publications

1. CAR Situation of Children and Women
2. CAR MDG report 2010
3. Survey on vulnerability of households to food insecurity

6. INNOVATION & LESSONS LEARNED:

Title: Participatory Community development and C4D in Southern CAR
Contact Person: Brigitte Stark-Merklein/CAR/WCAR/UNICEF,

Abstract:
The collaborative agreement with PARPAF (a public/private joint venture in forestry management) (see also section 3, Strategic Partnerships), is an example of UNICEF’s successful engagement with the private sector to leverage resources for children. The project presented as an innovation here adopts a community-led, bottom-up approach to promote sustainable development whereby the ultimate decision for priorities and control over resources lies with the beneficiaries themselves who become actors and not recipients of interventions. The project is grounded in human rights principles enabling rights holders (local and indigenous people) to be more aware and empowered to claim their rights, while helping duty bearers (local governments and businesses operating in the forestry sector) to be better prepared for, and adequately resourced to, meet those claims.

A main focus is the promotion of sustainable forest exploitation to protect forest-resource dependant indigenous people who are extremely marginalized and economically and socially vulnerable.

Innovation or Lessons Learned:
Community participation in decision making, especially of minorities such as Aka, women and young people, is a new concept in CAR. This project has the potential to help communities gain access to basic services and to negotiate better terms for the exploitation of forestry and natural resources in their area. The project also offers international forestry companies with measurable gains in terms of putting into practice a corporate social responsibility culture that will benefit local communities and simultaneously also the corporate companies, by enhancing their image and reputation.

Potential Application:
If successful, this project could be replicated in other regions and countries in the Congo basin that are confronted with similar conditions of forestry exploitation.

Issue/Background:
Logging concessionaries exploiting CAR’s rich tropical forests are required to pay specific fees and taxes that are slated for investment in social services to local communities. Working with PARPAF, the companies now are required to prepare forest management and participatory community development plans designed to guarantee the sustainability of CAR’s natural resource, and give local communities a voice in the development of their habitat and in the services ensuring their wellbeing.

Despite the aforesaid provisions, local communities thus far are observed to have little access to basic services. They are rarely consulted or actively involved in resource
management and community development plans, mostly because the Government currently lacks the resources to monitor and enforce legislation properly.

**Objectives:**
The objectives of the project are twofold:

1. **Empower local and indigenous communities** to participate in community development plans and negotiate better living conditions, access to basic services and sustainable, environmentally friendly forest exploitation processes with local government and logging companies.

2. **Improve child survival indicators, early childhood development and child protection outcomes** through community mobilization, communication for development and behaviour change interventions and processes – with a focus on essential family practices (EFPs).

**Strategy and Implementation:**
- Advocacy and community mobilization to bring together local government, civil society, community members/leaders and private companies.
- Development of training modules on participatory facilitation and EFPs.
- Capacity building at the community level, e.g., community agents, supervisors and coordinators (community participation processes; negotiation skills; planning and priority setting; monitoring and evaluation; EFPs).
- Data for an initial baseline study on child survival, involvement of women in decision-making and participatory practices has been collected and is being evaluated. So far, 35 community agents have been trained in participatory facilitation and EFPs and are receiving periodic refresher training and coaching on the ground.

The trained facilitators have held 130 community talks and reached 65 of 122 targeted villages, helping them identify development priorities for their communities and promoting EFPs.

Community development and follow-up plans have been drafted and shared with the mayors of three ‘communes’ (comprised of several villages and communities, and administered by a mayor and municipal council), covering a total population of 65,000. These plans will be validated by local committees in January 2011.

**Challenges and Constraints:**
Challenges faced include the low educational level of local populations, including the community facilitators, and the widespread prevalence of traditional beliefs that discourage seeking medical care for diseases. A long-term, tenacious approach is required to open minds and influence behaviours.

Implementation of the programme in one of the three selected prefectures had to be put on hold as the forest use permit for an international company is still under negotiation.

**Next Steps:**
The next step is validation and finalization of community development plans so that taxes paid by forestry companies can be allocated to the communities. This process has to go hand in hand with improved access to basic services identified in the plans. In turn, this necessitates coordination among the respective UNICEF programme sectors and with the concerned Government Ministries. The development of monitoring and evaluation plans at the community level is part of the continuous capacity building being promoted on the ground.
7. SOUTH-SOUTH COOPERATION:

In 2010, UNICEF CAR was associated with the following activities and initiatives:

UNICEF and UNAIDS provided financial support for an experience-sharing programme in Rwanda, which exposed eight decision makers to scaled up PMTCT and Paediatric Care programmes. The team had in-depth discussions with HIV and AIDS institutions; visited a local NGO project promoting care and community reintegration of people with HIV and AIDS; and participated in the 5th Annual Paediatric Conference focused on HIV and AIDS affected and infected children and mothers. The exchange programme will help CAR improve the focus of its HIV and AIDS policy and programmes, including awareness programmes in its Education sector.

The Child Protection programme supported two major initiatives in support of South-South cooperation.

UNICEF CAR provided technical and financial assistance and led the organisation, in Bangui on November 26/27, of the second follow-up meeting of the Ndjamena conference to "End the recruitment and utilisation of children by armed forces and groups, contribution to peace, justice and development." The activities and lessons learned by Chad, Cameroon, Sudan and CAR were shared and participants agreed on an Action Plan whose level of implementation will be reviewed every six months.

UNICEF CAR provided financial support for a learning visit in November 2010 to Burkina Faso for a team of 8 members drawn from the police, justice, and social work departments and NGOs to learn about the Burkina Faso model of care and protection of children in conflict with the law. In view of commonalities of problems and challenges encountered in CAR and Burkina Faso in Child Protection, close relationship has been established between key players in this sector in the two countries for continued dialogue and exchange of experience. A visit by Burkina Faso delegates is planned in June 2011 for them to appreciate progress on a juvenile justice project in CAR to be funded by UNICEF and UNDP.