

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

EXECUTIVE SUMMARY

In 2011, UNICEF CAR's most important achievements included a coordinated, rapid and effective response to contain the country's first cholera outbreak in 15 years. The collaborative efforts shared among MSF, ACF, UNICEF and WHO in support to government partners and communities ensured that case-fatality rates were controlled following the initial weeks of outbreak and that cholera did not take full-hold in the densely populated capital city, Bangui. In addition to coordinating the sector response in the capacity of WASH Cluster Lead, UNICEF mobilized thousands of community communicators to ensure house-to-house dissemination of prevention messages.

UNICEF's advocacy and support to partners caused 10 Central African villages to declare themselves 'open defecation free'. The Community Led Total Sanitation (CLTS) approach has been successfully launched in 61 villages with the construction of 804 family latrines in 4,000 households and is being incorporated into government sanitation policies.

After concerted multi-level advocacy efforts, CAR ratified the two Optional Protocols to the Convention on the Rights of the Child (CRC) on 26 December 2011. Likewise, following the operationalization of the Country Task Force on the Monitoring and Reporting Mechanism on Security Council Resolution 1612 and 1829, two action plans were signed for the release of children within armed forces and groups, and commitment made for a third action plan.

Finally, a significant achievement to ensure increased access and quality to the most deprived areas of CAR was the adoption and integration of parent-teacher training into the National Education Strategy.

Certain noteworthy shortfalls occurred across programme areas. Due to funding restrictions, the Child Protection section was unable to emphasize programming and support to orphans and vulnerable children to the extent anticipated and needed.

Despite four national polio campaigns in 2011, new cases of the virus were observed in the country. Furthermore, the planned strengthening of the routine immunization programme was not achieved due to the conflicting prioritization for campaigns over system strengthening.

A planned national advocacy campaign targeted at newly elected parliamentarians for child rights was halted due to constraints of a UN integrated mission in a politically sensitive election environment.

UN inter-agency collaboration for conducting the MICS 4 and designing the integrated UNDAF and UNDAP has considerably enhanced UN coherence in planning towards higher level, integrated results. The government's PRSP 2012-2015, benefitted from the participatory investment in the UNDAF process and as such both the UNDAF and the PRSP are closely aligned, leading to greater harmonisation of planned results both within the UN and with the government.

UNICEF's partnerships with international NGOs continued to be critical for delivering basic social services, including health, education, WASH, and protection to children and women, especially in conflict-affected areas that the government has difficulty accessing and where basic services are lacking.

The UNICEF/BINUCA joint chairmanship of the Monitoring and Reporting Mechanism (MRM) task force has effectively facilitated access to and engagement with Non-State Entities, resulting in the signing of two Action Plans (with two armed groups) for the release and reintegration of children.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

COUNTRY SITUATION

The political landscape in 2011 was marked by Presidential and Legislative elections in January and March respectively after which President Bozizé was sworn in for a second five-year term. The lack of state authority outside the capital meant a serious security vacuum in many parts of the country. The situation continued to be characterized by frequent violent attacks by rebel groups, foreign rebel elements, bandits, and poachers operating in the country.

Significant progress has been made in the disarmament and demobilization of former combatants following the launch of related activities by the President in June. The operations have so far led to the disarmament and demobilization of 4,777 combatants including 350 women. The nexus between disarmament, demobilization and reintegration (DDR) and security sector reform has yet to be fully developed.

The end of the year saw increased hope for peace and security with a commitment made by a rebel group, not party to the original agreement, to adhere to the 2009 Libreville Comprehensive Peace Agreement. However, the withdrawal of rebel groups from the peace process in early 2012 speaks to the fragile state of peace and security in the country.

In 2011, the government developed and presented a second round Poverty Reduction Strategy Paper. Unfortunately, public trust remains a challenge with regard to the transition towards development.

In addition to the violence and insecurity, deficiency in governance of public affairs, poverty, corruption, inequitable distribution of resources, constraints in the justice and security sectors continue to be the underlying causes of the little progress in realizing the rights of the population. The limited capacity of the political and judiciary system to adequately address these issues are major challenges to solidifying the democratic process. Lack of progress in the decentralization of governance and development remains a major handicap for an accelerated, equity based child rights development delivery approach throughout the country.

In 2011, the preliminary results for the 2010 MICS were validated by the government, indicating some, if only minor progress towards the MDGs:

In education, the net primary school enrolment rate increased from 63 per cent in 2010 to 66 per cent in 2011. The conflict-affected zones of the North East and West continue to have the lowest enrolment rates, respectively 46 per cent and 52 per cent. About 43 per cent of teachers are unqualified Parent-Teachers recruited to offset the lack of available qualified teachers and the low achievement rate (36 per cent in 2010, down from 43 per cent in 2008), suggests that 64 per cent of children are at risk of returning to illiteracy.

For MDG 4 and 5, both infant and under five child mortality rates were reduced between 2006 and 2010, respectively from 106 to 105 per cent and 175 to 174 per cent^[4]. However, the Maternal Mortality ratio remains high at 850 in 2008, with 86.6 per cent of deaths attributed to obstetrical complications. UNICEF in collaboration with partners expanded the implementation of the Accelerated Child Survival and Development strategy from four to six health districts and routine Expanded Programme of Immunization (EPI) was revitalized in seven health districts. Vaccination coverage by antigen improved in 2011 compared to 2010. The Integrated Management of Child Illness (IMCI) was also revitalized in seven health districts serving on average 319,000 U5 children.

For MDG 1, MICS 2010 results indicate mixed progress in child malnutrition with a decrease in (i) underweight birth rate from 28.3 per cent in 2006 to 23.4 per cent in 2010 and (ii) in emaciation from 10.2 per cent in 2006 to 7.4 per cent in 2010. However, the prevalence of chronic malnutrition

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

increased from 37.5 per cent in 2006 to 40.7 per cent in 2010.

MICS 2010 indicated that **HIV prevalence** rate decreased from 6.2 per cent in 2006 to 4.9 per cent in 2010 among 15-49 year olds. Prevalence is twice as high among 15-49 year old women (6.3 per cent) as among men of the same age group (3 per cent). These indicators are correlated with the level of knowledge on HIV and AIDS prevention estimated at 19 per cent among 15-49 year old women.

The proportion of households using improved **drinking water sources** increased from 64 per cent in 2006 to 66.8 per cent in 2010 but the proportion of households using improved **sanitation facilities** decreased from 52.5 per cent in 2006 to 36.7 per cent in 2010. In 2011, UNICEF assisted the government with a diagnostic of the status of existing water and sanitation infrastructures, including a study of the water table in six prefectures. The Community Based Sanitation approach is being expanded in nine prefectures.

UNICEF assisted the government to strengthen the protective environment of vulnerable children and women. About 56 per cent of children aged 5-14 were working, 92 per cent of children aged 2-14 have experienced some form of violent discipline, 56 per cent of women aged 20-49 were married before 18 years old, the proportion of women approving of female genital mutilation dropped from 14 to 11 per cent while birth registry increased to 61 per cent in 2011 from 49 per cent in 2006.

Major publications in 2011 included the preliminary results of the 2010 MICS. UNICEF completed a CAR Child Equity Profile focusing on statistical mapping of key drivers and trends in deprivation and a 2011 KAP study on Youth and HIV and AIDS 2011.

Who are the deprived children in your country context?

The biggest determinant of inequities in CAR is wealth. After wealth, the urban/rural divide and region combined have an even bigger contribution than that of wealth to inequity. Rural children are over twice more likely to suffer from deprivations than urban children (40 versus 15 per cent). In terms of region, the difference ranges from 9 per cent in Bangui to 43 per cent in Basse Kotto. Wealth-related analysis revealed that among children aged 0 to 18 in rural areas, 58 per cent belong to the poorest two wealth quintiles. In Ouham, the worst performing region, 67 per cent of children belong to the poorest two wealth quintiles. This is followed by Basse Kotto and Kemo where 62 per cent and 61 per cent of children belong to the poorest two quintiles respectively.

After wealth and location, the mother's and/or head of household's educational level contribute to disparities. Among children whose mother does not have education, 40 per cent suffer from three or more deprivations versus 30 per cent and 12 per cent for children whose mother has primary and secondary education respectively. Lastly, gender and ethnicity do not seem to play a role in the inequities of children under the age of 5. In fact, 33 per cent of boys suffer from three or more deprivations versus 30 per cent for girls.

Lastly, children from ethnicities such as Mboum are considerably poorer.

Data/Evidence

The new country programme document (CPD) 2012-2016 benefited from a wealth of new data and evidence on deprived children, families and groups. The recent MICS 2010 provided quintile-based disaggregated indicators. The 2011 equity profile also provided an analysis of the inequity determinants by sector. It was this combined information that led to the selection of 13 prefectures with the worst indicators to form a priority for UNICEF action in the new country program. The programme's new intermediate results supported further targeting and the selection of indicators that will help measure progress and provide evidence that most the marginalised are being reached.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

To strengthen planning and targeting, Marginal Budgeting for Bottlenecks (MBB) will be expanded to the sub-national level for health and HIV and will also be done for the education sector in 2012.

Using the MBBs, the Equity Profile and other key analyses, UNICEF CAR will work to develop mapping tools and databases (using DevInfo and other) to enable improved evidence-based, gender-appropriate programming for increased equity.

There is a serious lack of accurate information and disaggregated data on children from indigenous groups (Mbororo and Baaka) in specific prefectures. The consequence is that it masks the profound disparities in both access to different services and outcomes among indigenous groups, rendering it harder to overcome exclusion. Without accurate data, policy and planning cannot be effective and it becomes impossible to monitor change and progress. There is a significant need to collect data in areas where indigenous peoples live and future data collection activities including MICS and national poverty surveys should aim at filling this gap.

Monitoring Mechanism

In 2012, UNICEF has planned to support the government to design and implement a national monitoring and evaluation policy within the public sector to improve evidence-based analysis, planning and reporting on the impact of policies and programmes, in line with the PRSP 2011-2015 and UNDP 2012-2016 monitoring and evaluation plan. A data management and analysis specialist will be recruited by UNICEF to help institutionalize a DevInfo database to provide key analysis of data on child rights and to improve evaluation capacity. UNICEF CAR will also develop strategies to ensure monitoring based on 'the cup' model, especially with regards to monitoring of results at the prefectural, district and community levels. As part of improved monitoring, UNICEF CAR will explore the use of innovative technologies such as Rapid SMS for monitoring results at the community level.

Support to National Planning

UNICEF CAR continuously supports government and other partners to monitor programme progress through the design and bi-annual review of results-based rolling workplans. In 2012, UNICEF will support results management plans for each programme component and all partners that support the programme components to design monitoring tools and systems that will ensure and enhance monitoring of results at all levels.

UNICEF also conducts quarterly monitoring sessions at the decentralized level for government and other health partners and supports the routine health information system to ensure regular data collection and analysis.

Trainings for education ministry personnel and decentralized education staff have been conducted for improved results-based management and to improve monitoring and assessment tools. The capacity of education inspectors has been built to enable them to supervise the schools in their areas. UNICEF has also supported the hosting of sub-national education management forums to present and share statistics from the different education regions, enhance knowledge sharing and improve M&E.

For water system support, UNICEF has prepared the distribution of kits to enhance the capacity of sub-national water ministry offices to plan, monitor and evaluate.

In the area of HIV, UNICEF supported the CNLS with the installation of a database system to track ARV needs across the country. This will be further enhanced for the delivery of malaria medicines and PMTCT supplies as part of partnership and technical support to the Global Fund activities in CAR.

Any other relevant information related to data/evidence?

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

COUNTRY PROGRAMME ANALYTIC OVERVIEW

Evidence-based advocacy among partners, the government, donors and other key stakeholders for the targeting of the most deprived children and women will be essential for ensuring that limited resources and capacities are used to maximise results to narrow the gaps for the most vulnerable children and women in CAR.

UNICEF will continue to strengthen capacity development at decentralised levels to ensure that essential service delivery is reaching all areas of the country, especially those areas where conflict and the presence of armed groups has prevented government access.

Community-based approaches such as CLTS, Child Friendly Schools, Community Case Management, investment in community child protection networks and development of community plans especially among indigenous groups, will enhance sustainable development and address disparities. An analytical study on 'what makes a community' in CAR will further enable appropriate and effective and integrated community level engagement and planning.

Exploration and use of innovative technologies for improved monitoring of results, such as Rapid SMS and Emergency Info, matched with decentralised MBB analyses, and strategies for monitoring at the community level will greatly enhance our ability to monitor and measure the effectiveness of community based approaches as well as enable improved decentralised planning for service delivery.

Stepping up strategic partnerships with Global Fund and its primary recipients to fill critical gaps, strengthen capacity and deliver essential services for PMTCT and Malaria, will help ensure that there are no major gaps in these two essential areas for children and women prior to the roll out of Round 11 and help prepare CAR for its round 11 submission with a focus on health system strengthening.

EFFECTIVE ADVOCACY

Mostly met benchmarks

The 2009 SITAN and the MICS 2006 and 2010 results served as principle sources of evidence underlying the PRSP, the UNDAF and the CPD. Intense advocacy was undertaken in the lead up to an international Donor Round Table in Brussels in April 2011, to ensure that the government's key message to donors on priorities was not limited to MDG 1, economic growth and agricultural investment. Likewise, advanced work on the UNDAF helped to facilitate discussions on priorities and influence strategies and targets within the third pillar of the PRSP which focused on providing basic social services to the most vulnerable. The CAR Equity profile study has begun to be used in policy dialogue and to improve planning and targeting of the most vulnerable.

On a more sector-based approach, successful advocacy by UNICEF with the Ministry of Education resulted in parent-teachers being incorporated into the National Education Policy and a national capacity development plan uniquely targeted at parent-teachers. The Child Friendly School (CFS) concept shifted from the project approach to the system approach with the development of National Standards of Quality Education in the CFS framework.

There is also a continuous advocacy effort with the government to increase the share of education in the national budget as well as improving equity programming, early childhood education and care and accelerating girls' education throughout the country.

UNICEF advocacy with partners, donors and NGOs has improved the uptake of the accelerated child survival and development approach, thus increasing the demand and interest for a rapid expansion

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

to 15 out of 24 districts in the country, including in areas affected by insecurity. The Marginal Budgeting for Bottlenecks exercise served to identify key constraints in CSD and provide the data to facilitate a discussion on prioritization.

UNICEF's support to government participation in the Bamako sub-regional meeting on CLTS, the AfricaSan Kigali meeting, and pilot testing the approach in 61 villages has substantially contributed to building national adherence to the CLTS approach.

Multilateral advocacy by donors and the Special Representative of the Secretary General on Children Affected by Armed Conflict (SRSG-CAAC), shouldered UNICEF's and the SRSG for CAR's successful signature of Action Plans for CAAC with two armed groups, and the reaffirmation of an existing Action Plan with a third armed group. The SRSG CAAC's visit also served to reinforce UNICEF advocacy for the successful Ratification of the two Additional Protocols in December. Participation in a Niamey Forum served to reinforce buy-in for the integration of a Child Rights Curricula into security and defense forces standard professional training.

Changes in Public Policy

Concerted advocacy efforts have led to the finalisation and validation of a National Strategic Plan for HIV and Aids, which has been a critical bottleneck ensuring that those affected and infected are reached. Both the National Child Survival and Maternal Health Strategic Plan were finalised in 2011.

Parent-teachers being incorporated into the National Education Policy is a significant policy change for the Ministry of Education and directly addresses concerns of access and quality education for the most deprived children since 45-50 per cent of all educators are parent-teachers. This percentage of parent-teachers increases further in conflict-affected regions, reaching 80 per cent in the worst impacted prefecture.

As mentioned above, the Standard Operating Procedure for Gender Based Violence has been drafted and the two Optional Protocols to the Convention on the Rights of the Child (CRC) were ratified. A National Forum held led to a draft action plan to further strengthen the process and improve the birth registration rate. The National Council on Child Protection (NCCP) was established in July 2011 by decree of the Prime Minister's office. Its primary responsibilities are to support the development and validation of policies and strategies for child protection, ensuring their proper implementation. A national strategy to assist orphans and vulnerable children (OVCs) has been drafted and will soon be validated.

Leveraging Resources

In spite of Japan's own national emergency, UNICEF CAR was the recipient of a US\$12 million Japanese Government grant to build schools and WASH infrastructures and rehabilitate health posts in the conflict affected regions in 2011. This grant was the result of several years of advocacy to redress the inequity of the Fast Track Initiative investments in uniquely non-conflict areas and address the needs for the most basic social services in conflict-affected communities in CAR.

Despite a No-Go decision by the Global Fund for almost two years and drastically reduced investments in the health sector by other traditional donors such as the European Union, UNICEF advocacy contributed to the World Bank prioritizing the sector and committing US\$ 20 million to a new Performance-Based Financing Programme in the health sector.

UNICEF initiated consultations to support the government in drafting CAR's national commitments for increased budget allocation for the Water and Sanitation sector, in preparation for a 2012 World Bank, UNICEF and WHO high-level meeting in Washington.

The newly-completed National Strategic Plan for HIV and AIDS will help facilitate coordination and leverage resources for this critically under-resourced emergency.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

CAPACITY DEVELOPMENT

Mostly met benchmarks

The Ministry of Education (MoE) has been supported to launch a national school mapping exercise to identify where schools currently exist. Based on this exercise the MoE will be able to prioritise gaps and develop a long-term plan for the construction of new schools. A similar initiative is underway in partnership with the University of Bangui to map all WASH infrastructures in health centres and schools nationwide. MoE capacity has also been strengthened for the development of an Early Childhood Development curricula and to review and update education legal frameworks to ensure conformity with the CRC and adapt to them to the current context. This capacity development support is dovetailed with a UNICEF grant to build 50 new schools and ECD centres in the next two years.

Within the Health sector, capacities to plan, implement and monitor child survival and maternal health services have been progressively improved within the central MoH and at the operational level with the introduction of the MBB tools. A critical component for the expansion of the ACSD strategy has been to support the MoH to apply bottleneck analysis for micro-planning at the decentralized level in 15 districts out of a total of 24 in the country. The package of high-impact intervention is currently being implemented, supervised and monitored through fixed, outreach/mobile delivery modes in the targeted districts. Successful capacity building efforts in the area of severe malnutrition has allowed for the expansion from 90 to 140 centres nationally. Particular focus has been provided to reinforce the capacity of the nutritional referral treatment centre at the Bangui Paediatric hospital. To support adequate capacity to deliver outreach services, UNICEF continues to provide transport for and rehabilitation of key health posts. Healthcare providers received accelerated refresher training on medical protocols for cholera patients as in-country know-how no longer existed after a period of 15 cholera-free years. Thousands of community workers identified through grass-root organisations and international NGOs were rapidly trained to deliver key messages for the household level prevention and management of cholera.

UNICEF support to the HIV response in CAR has improved the capacity of the Conseil National de Lutte contre le SIDA (CNLS) for effective coordination and planning through the revision of the National Strategic Plan 2012-2016. The MoH has been assisted to launch Paediatric Care and to address E-MTCT bottlenecks and accelerate actions to meet the 2015 elimination targets using the MBB tool.

The Ministry of Youth and Sport was assisted to address youth and HIV-related issues based on evidence drawn from the findings of the KAP study, the Youth Vulnerability study and a HIV serology study that have already led to the review of the youth sectoral plan in line with the HIV National Strategic Plan.

A diagnostic of the national juvenile justice systems initiated in 2011 will be completed in 2012. Key actors such as social workers, judges and security forces have been trained on standards to be applied when processing cases of children in conflict with the law.

COMMUNICATION FOR DEVELOPMENT

Mostly met benchmarks

C4D has been applied across programmes as a strategy to change knowledge, attitude and behaviours in the areas of essential family practices for child survival, HIV and AIDS, child

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

protection, education and WASH. The approach has been used for the general population but has also been adapted to communities with indigenous people.

In the area of essential family practices, including immunization campaigns, capacity has been built among central and local government as well as civil society organizations to implement communication plans and programmes, including capacity building among their outreach agents to raise awareness in households through the use of visual aids and dialogue. Furthermore, monitoring systems are in place to control the resources and large number of activities and community agents involved in each campaign. For the promotion of nutritional practices, mother support groups initiated at health centres have been supported to promote exclusive breastfeeding.

Also in the area of health, a C4D strategy was successfully employed as an essential emergency response to the sudden outbreak of cholera in the 4th quarter 2011. The programme supported the coordination of a national C4D committee to organize dissemination of information on modes of transmission and how to protect oneself from infection. The programme benefitted from the existing community networks for health communication, which is supported during non-emergency periods and which enabled rapid communication. Evaluations have shown that the majority of the population in the affected areas has been reached with C4D information and report to have become more conscious of protective behaviours, such as hand washing and boiling water before drinking.

Comprehensive knowledge on HIV and on HIV prevention among youth has been promoted through support to peer educator networks.

With regard to protection of the rights of children, campaigns have been rolled out to promote birth registration and communication materials have been produced and disseminated to address gender-based violence.

Finally, the enrollment of girls in schools has been promoted through the capacity building of interpersonal communication skills among school teachers.

SERVICE DELIVERY

Mostly met benchmarks

The cluster leadership approach remained active in CAR in 2011. As Cluster Lead for Nutrition, Water and Sanitation, Education, Child Protection and non-food items (NFIs), UNICEF plays a key coordination, fundraising and service delivery support role for international and national NGOs. UNICEF remains a provider of last resort and provided NFI supplies and LLITNs to respond to a crisis in the North. Strong partnerships with NGOs allow basic health, WASH, and education services to be delivered in areas inaccessible to the government.

UNICEF directly supports service delivery of critical high-impact CSD interventions to approximately 2.5 million people in seven prefectures via partnerships with NGOs and/or decentralized Ministry of Health structures. Similar partnerships in nutrition allowed for 11,000 children to be detected and treated for severe malnutrition. Performance data on nutritional treatment centres was consolidated and disseminated. Cold chain status assessment was completed and bottlenecks addressed with government partners.

UNICEF provided direct financial service support to 106 PMTCT centres for the testing and management of HIV positive pregnant women and children. UNICEF also supported the distribution of UNITAID ARVs to cover gaps resulting from the Global Fund's No-Go decision.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

In education, UNICEF continues to provide school equipment, Early Childhood Development kits and school supplies. UNICEF expanded its support to the educational inspection system at the district level in post conflict prefectures to improve monitoring and supervision of schools.

STRATEGIC PARTNERSHIPS

Mostly met benchmarks

UN inter-agency collaboration was significantly strengthened during the design of the integrated UNDAF (including the UN Political Mission BINUCA), and the decision to develop an UNDAF Action Plan instead of individual agency Country Programme Action Plans (CPAPs), and the completion thereof, has considerably enhanced UN coherence in planning towards higher level, integrated results. The government's PRSP 2012-2015, was able to benefit from the participatory investment in the UNDAF process and as such both the UNDAF and the PRSP are very closely aligned, leading to greater harmonisation of planned results both within the UN and with the government.

UNICEF's partnerships with International NGOs continued to be critical to ensure delivery of basic social services, including health, education, WASH, and protection to children and women, especially in conflict-affected and general emergency zones that the government has difficulty accessing and where basic services are not functioning. Of particular note is the expansion therapeutic feeding centers, vaccination and insecticide treated net campaigns, provision of basic education in post-conflict zones, and the extension of health services to communities. A cholera outbreak at the doorstep of the capital Bangui was quickly contained as a result of a coordinated response and support to the government by Action contre la Faim (ACF), Medecins sans Frontieres (MSF), UNICEF, and WHO.

An important partnership with the University of Bangui for research got off to a good start in 2011 with the mapping of all WASH infrastructure in health centers and schools in six prefectures. This partnership will continue in 2012 for the remaining 10 prefectures and other research projects as identified in the IMEP will also consider engaging with the University. The University also conducted a study on urban and peri urban water availability in and around Bangui, in preparation for the design of a major proposal submission for the EU for a large-scale urban and peri-urban water programme.

The joint chairmanship of the Monitoring and Reporting Mechanism (MRM) task force between UNICEF and BINUCA has effectively leveraged UNICEF's expertise on child protection with BINUCA's political mandate and facilitated access and engagement with Non-State Entities. Results of this partnership have included the signing of two Action Plans (with two armed groups) for the release of children from their ranks and their reintegration into their families and communities.

Key partnerships and collaboration between UNICEF and the research group Play Therapy Africa, indigenous communities themselves, and the government project responsible for forest preservation, Projet d'Appui à la Realisation des Plans d'Aménagement Forestiers (PARPAF), supported the participatory creation of community development plans for indigenous communities (Ba'aka) in three communes. These plans were developed by the indigenous communities themselves and submitted to the government to enable them to access taxes leveraged on logging and mining companies for the benefit of the communities living in those areas as laid down in the Forestry Code. This model for self-engagement of indigenous communities in community planning has been identified as a best practice.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Mobilizing Partners

The country programme has identified key partners per programme component who are critical for achieving the results as defined in the CPD. In many cases where key partnerships are with the government and local NGOs, partnership agreements include significant technical support and capacity building to ensure effective and scaled up progress. Ensuring that monitoring and evaluation (M&E) is integral in all partnership agreements also helps to motivate partners in the work that they do once they are able to demonstrate significant progress.

The World Bank is currently developing a performance-based health financing system that will improve motivation among health workers who have traditionally received very little support. UNICEF will complement this approach to ensure that capacity is built among health workers to enable improved performance and therefore increased financial rewards, especially in areas where qualified health workers have been reluctant to be posted- which are most often the areas with the worst child and maternal health indicators.

Mobilizing partnerships in the conflict and post conflict areas (which are equally where the most vulnerable children live- for the most part) will require ensuring that International NGOs are able to continue to operate, despite difficulties with fundraising in the donor-poor context of CAR. Effective fundraising and advocacy by UNICEF will help ensure that these critical, life-saving partners are able to maintain their services.

Continued partnership with BINUCA to engage non-State Entities and include child protection issues in political discussions with the government and armed groups will enable the implementation of the two Action Plans with armed groups for release and reintegration of children and the signature of two more action plans.

KNOWLEDGE MANAGEMENT

Mostly met benchmarks

In 2011, UNICEF released the MICS 2010 preliminary results, completed a CAR Child Equity profile study, drafted four regional statistical dashboards and undertook a KAP study on HIV/AIDS and Youth. In order to measure the effectiveness of the cholera response, UNICEF also conducted a before and after KAP for cholera prevention. UNICEF also continues to support the Ministries of Education and Health to revitalize sector specific databases. For instance, in collaboration with UNESCO, UNICEF support ensures the regular publication of the education sector statistical yearbook and in the health sector, with WHO, UNICEF supported the first edition of the health sector statistical yearbook for 2011 and plans to continue to work with the Ministry of Health to ensure that this is produced annually.

The PRSP and the UNDAF Monitoring and Evaluation plans provide the background for strengthening social information systems in CAR, including database management using DevInfo technology. UNICEF sponsored the design of a National Strategy for the Development of Statistics which lays the groundwork for data collection and statistics in CAR and in 2012, UNICEF intends to support the elaboration of a national Evaluation Policy to enhance programme and policy monitoring and evaluation and reporting on results, including the institutionalization of a public database.

Efforts continued around the MRM for Resolution 1612 on grave violations of children's rights in armed conflict, in collaboration with the UN Political Mission, BINUCA, with the bi-monthly production of Global Horizontal Notes on the six grave violations of child rights in CAR.

A Juvenile Justice diagnostic is on-going and will better orient 2012 programming to improve access to child-sensitive justice for marginalised, excluded and most vulnerable girls and boys, including

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

those accused of witchcraft (the first cause of deprivation of liberty for children). UNICEF is also co-funding a national survey on GBV with UNFPA, the results for which will be validated and disseminated in the first semester 2012.

Mapping of all WASH infrastructure in health centres and schools in six prefectures was conducted in partnership with the University of Bangui. This partnership will continue in 2012 for the remaining 10 prefectures and other research projects as identified in the IMEP will also consider engaging with the University. The University also conducted a study on urban and peri urban water availability in and around Bangui, in preparation for the design of a major proposal submission for the EU for a large-scale urban and peri-urban water programme.

Analysis during the development of the CPD highlighted the limited understanding of UNICEF, UN, government and other partners on what defines a community in CAR and how sustainable and appropriate planning across all sectors should be done to take into account community dynamics. To fill this knowledge gap and ensure that UNICEF and partners have the correct and adequate knowledge for planning and implementation of sustainable development and community appropriate programming, UNICEF is commissioning a study on communities in CAR in 2012 that will include a capacity building component for UNICEF and partners.

HUMAN RIGHTS BASED APPROACH TO COOPERATION

Mostly met benchmarks

The design of the CPD and UNDAF was based on human rights principles and standards and causal, evidence-based analysis supported the development of key results. Within the framework of the UNDAF and PRSP design process, key UN and government partners completed a country-based Human-Rights Based Approach to Programming/Results-Based Management (HRBAP/RBM) workshop. This capacity was then used by UNICEF to influence a pro-poor and child focused PRSP 2011-2015. Youth representatives actively participated in the UNDAF and CPD design processes.

Efforts to mainstream the application of the HRBA at the sub-national level continued with the training of 40 regional staff from all technical services. This initiative will continue to be extended within the framework of the CPD and UNDAP 2012-2016. It is envisaged to initiate a pool of trainers to boost and further disseminate human rights and results based approaches throughout the country. A training plan will be developed with the Ministry of Plan in line with the PRSP and UNDAP Monitoring and Evaluation Plans.

UNICEF provided technical and financial support to assist the government to complete and submit the country CRC report that was drafted using a rights based approach.

In support of Indigenous rights among the Baaka (Pygmy) communities, UNICEF worked with the research group Play Therapy Africa, indigenous communities themselves, and the government project responsible for forest preservation, PARPAF, to create community development plans for indigenous communities in three communes. These plans were developed by the indigenous communities themselves and submitted to the government to enable them to access taxes leveraged on logging and mining companies for the benefit of the communities living in those areas as laid down in the Forestry Code.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

GENDER

Mostly met benchmarks

In September 2010, EMOPS launched an Initiative to strengthen gender equality programming (GEP) within UNICEF-led clusters and sub-clusters. The specific objectives of the multi-country initiative include: (i) integrate a gender analysis into all stages of UNICEF-led Cluster response; (ii) strengthen the understanding and capacity of UNICEF Clusters, staff and partners on GEP; (iii) demonstrate the application of GEP through implementation of Quick Win projects; and (iv) enhance UNICEF's global understanding of gender equality programming in Cluster response.

A full-time gender advisor was deployed to CAR to support country-level activities for a period of six months. UNICEF CAR's Gender Advisor arrived in the final months of 2010. The country-specific deliverables included (i) a gender assessment of each UNICEF-led Cluster at national and sub-national levels; (ii) a series of core training modules on gender responsive programming tailored to specific Clusters/sector needs; (iii) a series of capacity building workshops and action learning activities for UNICEF staff and cluster members including training aimed at improving knowledge of and increasing capacity to carry out: gender analysis; participatory planning processes; results based gender responsive projects; gender-sensitive monitoring and evaluation in their sector/Cluster; (iv) a series of gender-responsive 'Quick Win' projects demonstrating practical results (in the context of the initiative, quick wins refer to a short term pilot activity that aims to address a gender gap identified within an ongoing emergency project). Rather than design a new project, the Quick Wins are intended to 'retro fit' gender onto an existing project. The goal is to demonstrate in very concrete ways how gender perspectives can be applied to emergency projects, and how this contributes to improving humanitarian outcomes; (v) a revised set of gender-sensitive Cluster-specific planning, programme and monitoring frameworks and a related gender mainstreaming strategy to guide CAR Cluster activities beyond the departure of the gender advisor and (vi) progress reports, a final report and a case study documenting the initiative.

In the Central African Republic, UNICEF is working closely with the Humanitarian Country Team to increase the substantial and meaningful participation of women in community water and sanitation management in collaboration with the WASH Cluster and local partners. The UNICEF-led WASH Cluster developed a set of five commitments to promote the dignity and security of girls, boys, women and men in WASH, and used these as a basis for awareness-raising, training and monitoring to ensure WASH programmes were gender-sensitive.

In 2011, UNICEF completed a gender audit of its programme, as part of a regional initiative. The findings clearly demonstrated limited reflection of gender issues in programming and recommended an action plan to boost capacity in gender mainstreaming and programming. The team of consultants provided key inputs that were integrated into the CPD, UNDAF and UNDAP 2012-2016.

ENVIRONMENTAL SUSTAINABILITY

Partially met benchmarks

Although an environmental sustainability assessment was not performed during the design of the new country programme, construction and rehabilitation activities planned under Education, Health and WASH programme components systematically conduct environmental impact assessments of such activities on the living environment of targeted communities.

As mentioned under strategic partnerships, collaboration between UNICEF and the research group Play Therapy Africa, indigenous communities themselves, and the government project responsible for forest preservation, PARPAF, supported the participatory creation of community development plans for indigenous communities (Baaka) in three communes. These plans were developed by the

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

indigenous communities themselves and submitted to the government to enable them to access taxes leveraged on logging and mining companies for the benefit of the communities living in those areas as laid down in the Forestry Code. This model for self-engagement of indigenous communities for their own sustainable community planning has been identified as a best practice.

SOUTH-SOUTH AND TRIANGULAR COOPERATION

CAR participated in both the 'Delivering WASH in Fragile States' conference in May 2011 in Nairobi, Kenya, and the third AfricaSan workshop in July 2011 in Kigali, Rwanda, alongside more than 30 other African countries. The two conferences provided a platform for experience sharing and to engage state commitments in the area of Water Supply and Sanitation.

Africa Immunization Week in 2011 enhanced cross border cooperation for polio eradication and was simultaneously synchronised in CAR, Cameroun, and Chad.

Sub-regional coordination for support and case management of children and women who escape from armed groups has started with Uganda, Sudan, and DRC including dissemination and training on harmonised Standard Operating Procedures. Further cooperation, information sharing and strengthened networks for case management need to be explored and enhanced in 2012.

Future actions for enhanced South-South cooperation include: i) a plan to organise a mission with key members of security and defense forces to a francophone speaking country to see how other countries have put in place child protection units in the security and defense forces; ii) a study tour with MoE officials to see how Rwanda is implementing Child Friendly School standards; iii) sharing experiences in MBB between the MoHs of CAR and Cameroun; iv) strengthening of indigenous populations' community networks and share experiences regarding the development of community development plans for the Mbororo and the Ba'aka across borders; and v) develop cross border early warning systems with DRC, Congo and Cameroun.

COUNTRY PROGRAMME COMPONENT: Survival and development of child

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
50% of children and women in the country are effectively covered by quality integrated preventive, curative and promotional services.	2	FA1OT7, FA1OT13 (b), FA3OT1
A complete package of high impact interventions to reduce maternal and neonatal mortality is developed and scaled up with an effective coverage of 80% in at least 4 prefectures.	3	FA1OT1, FA1OT2, FA1OT4, FA1OT7, FA3OT2
A package of high impact interventions to reduce childhood mortality is developed, scaled up with effective coverage of at least 80% of its components	2	FA1OT4, FA1OT5, FA1OT9
CAR has a child survival and development policy based on the scale up of high impact interventions, coordinates its implementation and ensures its funding in relation to medium term expenditure.	1	FA1OT10

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

In all prefectures, infant and young child feeding practices are improved: 60% of children are exclusively breastfed up till 6 months; 100% of children receive adequate complementary foods as from six months; 90% of children consume micronutrient rich foods and 80% of mothers wash their hands with soap after using the toilet, before breastfeeding and preparing children's food.	1	FA1OT1, FA1OT2, FA1OT3
In the targeted areas, access to potable water increased from 30.5% to 45% and proportion of the population with access to basic hygiene services increased from 4% to 10%.	3	FA1OT12, FA1OT13 (c)
The populations in conflict affected areas benefit from emergency assistance in the domain of health, nutrition, water, hygiene and sanitation in conformity with the CCCs and the cluster approach as identified by IASC.	3	FA1OT13 (b)

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	4616689.49	4500509.23	97.48
OR-R	4000000.00	5935508.95	3022773.15	50.93
RR	736000.00	872384.85	842787.13	96.61
Total	\$4,736,000.00	\$11,424,583.29	\$8,366,069.51	

Results Achieved

PCR 1: A package of high impact preventative interventions to reduce child mortality was developed using bottleneck analysis and micro-planning at the district level in 15 districts out of a total of 24. These are currently being implemented, supervised and monitored through fixed, outreach/mobile delivery modes serving approximately 700,000 children and 175,000 pregnant women. This has helped to improve routine immunization with no shortage of vaccines noted, increasing vaccine coverage as follows: Diphtheria-Tetanus-Pertussis (DTP3) from 56 to 68%, Polio (OPV3) from 57 to 71%, Measles from 63 to 91%, Tuberculosis (BCG) from 64 to 70% and Yellow fever from 64 to 87% during the year. In addition to routine immunization, mass campaigns reached more than 80% of children aged 0-5 with polio vaccine four times during the year, 97% of households were reached with one insecticide treated net, 72% of children aged 6-59 months with vitamin A, and 82.9% of children aged 1-5 with deworming during the year.

PCR 2 and 3: Capacities to deliver Antenatal Care and assisted deliveries were improved in 6 out of 17 prefectures, reaching an additional 81,000 pregnant women and increasing Tetanus Toxoid coverage from 50% to 93%. The kangaroo mother method has been effective, decreasing the percentage of premature deaths from 31 to 11%. Approximately 319,000 children under 5 were reached with improved health services through rehabilitation of paediatric wards with equipment, training of health workers on Integrated Management of Childhood Illness (IMCI) and provision of essential drugs.

PCR 4: Exclusive breastfeeding for children under 6 months increased from 23% in 2006 to 34% in 2010. In 2011, infant and young child feeding practices were improved with the promotion of

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

exclusive breastfeeding among 10,000 women reached with key exclusive breastfeeding messages. Iron folic acid supplementation to pregnant women was secured at national level but additional efforts are still needed to effectively integrate it into all ANC services. 9,320 malnourished children under 5 were treated with a cure rate of 83.7% through strengthening the network of 90 out-patient and 21 in-patient therapeutic units with direct support to health facilities and partnerships with NGOs.

PCR 5: During 2011, the construction of 50 new boreholes in schools and health facilities in 7 prefectures, the rehabilitation of 74 existing wells in 5 prefectures, the creation of 50 water committees and the revamping of 228 others has helped improve access to safe drinking water for 37,000 persons. 25 school settings have improved access to sanitation following the construction of 150 Ventilation Improved Pit (VIP) latrines and handwashing facilities in 7 prefectures. 16,000 pupils were sensitized on handwashing. The CLTS approach has been successfully launched in 61 villages with the construction of 804 family latrines in 4,000 households and 10 villages were declared 'open-air defecation free'.

PCR 6: At the policy level, coordination mechanisms for child survival have been progressively built and strengthened; the national child survival strategic plan to achieve the MDGs was drafted and costed; the national protocol for referring emergency obstetric care was designed; and a national communication strategy for child survival and development was put in place.

PCR 7 is reported under 'humanitarian' below.

Most Critical Factors and Constraints

The 2011 Marginal Budgeting for Bottlenecks (MBB) analysis revealed that poor and limited health infrastructure, coupled with weak capacity of government health sector personnel, limited geographical and financial access, poor decentralization of decision-making and resources, insufficient equipment, regular shortages of supplies, insufficient supervision and monitoring, and insecurity in some districts of the country are the main constraints limiting the overall performance in the child survival and development sector. The registration of wild polio cases in CAR has brought attention back to the poor quality of polio eradication campaigns linked to the above listed factors. It is important that strong advocacy, together with effective strategic partnerships and decentralization of resources, are considered to create minimum conditions for boosting high impact child survival interventions in CAR. The key constraints in the WASH sector are weak capacity and lack of qualified persons of government counterparts and poor decentralization of governmental services.

Key Strategic Partnerships and Interagency Collaboration

UNICEF, WHO, UNFPA, the World Bank and the European Union are progressively working together to strengthen the existing partnerships for child survival and maternal and neonatal health within the country. A new World Bank programme focused on performance based-financing is enhancing partnerships to find creative solutions for health sector financing to boost child survival indicators. International NGO partnerships have also been effective in planning, implementing and evaluating integrated health campaigns and routine activities, even in conflict-affected prefectures.

The main implementing partner is the government (Ministry of Public Health and Ministry of Mines, Energy and Hydraulics). International NGOs partnering with the UNICEF CSD programme are: ACF, Premiere Urgence - Agence Medical International (PU-AMI), International Medical Corps (IMC), International Rescue Committee (IRC), MSF France, Spain and Belgium, Merlin for health and nutrition; and Solidarités, Triangle Generation Humanitaire, Agency for Technical Cooperation and Development (ACTED), Danish Refugee Council (DRC), Mercy Corps and Caritas for WASH interventions.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Humanitarian Situations

Populations in three conflict affected prefectures, with a total population of approximately 465,000, were covered with free medical care through partnerships with international NGOs. A cholera epidemic declared in October 2011 was successfully contained through prevention and case management in the cholera-affected areas, reducing the cumulative case fatality rate from 25 per cent in week 38 to 6 per cent in week 51, indicating an increased capacity to identify and treat cases successfully by the end of the project. 29,000 Internally Displaced Persons (IDPs) have been reached with non-food items during the year. The CSD section leads two clusters (WASH and Nutrition) and contributes significantly to emergency preparedness and responses in the country. More than 50 participants from UNICEF, NGOs and Government in both clusters were trained on 'gender in emergency' and 'nutrition in emergency situations'. Sites for pre-positioning of emergency stock for maintaining water pumps have been created.

Summary of Monitoring, Studies and Evaluations

The Evaluation of Vaccines Management (EVM) report provides insights into cold chain and vaccines management bottlenecks in CAR. Health care delivery assessment performed by the World Bank has provided insight on progress being achieved in this area. Rapid assessments of the health, nutrition and WASH situation in conflict-affected areas of the country and in communities affected by the cholera epidemic were carried out during the year and used to drive appropriate responses in the field. The geography department of Bangui University led a situation analysis on WASH in six prefectures for better planning. The publication of preliminary results from MICS 2010 has helped to run the MBB tool for CSD and HIV as well as several other analysis processes aiming at better developing high impact service delivery schemes in CAR.

Future Work Plan

PCR 1.1: Accelerated child survival and development

IR 1.1.1: By 2016, key policies and strategies necessary for the scale up of high impact integrated interventions are coordinated, strengthened and implemented.

IR 1.1.2: By 2016, 13 health prefectures have the necessary capacity to implement the high impact package of services.

IR 1.1.3: By 2016, at least 80% of pregnant and lactating women and newborns benefit from ANC + services through fixed and advanced strategies in 13 targeted prefectures.

IR 1.1.4: By 2016, the treatment of childhood diseases and multi-micronutrient supplementation are effective both at community level and in health facilities in the 13 targeted prefectures.

IR 1.1.5: By 2016, 100% of EPI centers are functional, offer the EPI + package and conduct active research to understand and reduce dropout rates.

IR 1.1.6: By 2016, in the 13 targeted health prefectures, 100% of UNTA and UNT detect and treat cases of severe acute malnutrition according to the national protocols, activities for prevention of malnutrition are developed and a nutritional surveillance system is established.

IR 1.1.7: Planned campaigns are conducted with quality and integrate vitamin A supplementation for children 6-59 months and deworming of children 1-5 years every 6 months.

PCR 1.2: HIV and AIDS

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

IR 1.2.1: By 2016, the CNLS and key stakeholders in the fight against HIV and AIDS have developed the necessary strategic and policy documents and coordinate, monitor and evaluate the multi-sectoral response.

IR 1.2.2: By 2016, at least 80% Class A and B health facilities have adequate capacity for the prevention, diagnosis and treatment of children, youth and pregnant women and their partners infected / affected by HIV and AIDS in the 13 targeted prefectures.

IR 1.2.3: By 2016, 100% of class A and B health facilities conduct systematic HIV testing for pregnant women and their partners in the 13 targeted prefectures.

IR 1.2.4: By 2016, 100% of PMTCT sites provide ART for women, their partners and children who tested HIV + in the 13 targeted prefectures and monitor those who drop out.

PCR 2.1: WASH

IR 2.1.1: By 2016, CAR has regulatory norms and standards and action plans for the effective implementation of drinking water supply and sanitation at individual and community levels.

IR 2.1.2: By 2016 drinking water points are available for at least 70% of people in targeted areas of the program and a community management and maintenance system for hand pumps is developed and functional.

IR 2.1.3: By 2016, at least 60% of targeted villages get ODF and communities adopt good hygiene practices, particularly hand washing with soap.

IR 2.1.4: By 2016, at least 70% of health facilities and 50% of primary schools in areas targeted by the program have adequate sanitation facilities and students, teachers and health staff are implementing good hygiene practices.

IR 2.1.5: Households living in areas affected by conflict and emergencies (including IDPs) have access to at least 5-15 liters / person / day of safe drinking water, basic sanitation and adopt good hygiene practices.

COUNTRY PROGRAMME COMPONENT: HIV/AIDS and children

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Adolescents and women vulnerability and risks reduced and 50% of adolescents, out of school youth and women with their partners are organised into networks and alliances, access information and have relevant capacities and access services to reduce vulnerability and risks	3	FA3OT4, FA3OT5, FA3OT6
Community-based organisations have capacity to implement HIV response targeting women and youth	3	FA3OT2, FA3OT3, FA3OT6
Ministries, national and decentralised	3	FA3OT6

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

directorates involved in the fight against HIV/AIDS are supported to coordinate and effectively monitor the implementation of HIV response using appropriate tools and provide evidence of progress in the implementation of the 4 Ps at national and regional levels.		
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Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	0.00	0.00	0.00
OR-R	3510000.00	305194.55	288562.42	94.55
RR	403000.00	566227.72	561774.99	99.21
Total	\$3,913,000.00	\$871,422.27	\$850,337.41	

Results Achieved

Key upstream results included the mainstreaming of children's HIV priorities in national strategic documents such as the PRSP and United Nations Development Assistance Framework (UNDAF). UNICEF provided technical and financial support to the completion of a National HIV Strategic Plan (2012 -2016) that focuses on primary prevention among 15 -24 year olds, eliminating mother-to-child transmission (E-MTCT), and care and support to infected and affected children.

UNICEF completed a youth vulnerability study and, with UNICEF's support, the National Committee for the Fight against AIDS (CNLS) undertook a KAP study on youth and HIV. The findings of this strategic document were used to inform the youth sectoral plan and will guide Ministries in key actions to reduce HIV infection and the impact among youth.

The Ministry of Health validated Early Infant Diagnosis protocols and Paediatric Care training manuals. Early Infant Diagnosis was launched immediately in partnership with Institut Pasteur de Bangui and 516 children exposed to HIV have been tested so far, of which one per cent are HIV positive. So as to accelerate the expansion of 15 Paediatric Care Units, trainings and site evaluations were completed. The Ministry of Health undertook a marginal bottlenecks analysis of Mother-to-Child Transmission programmes and an E-MTCT plan is under development.

At a more operational level, thanks to a UNICEF partnership with UNITAID, 102 Prevention of Mother-to-Child Transmission (PMTCT) centres were able to offer PMTCT services to pregnant women during ANC: 23,400 women were seen in ANC; 18,345 were tested; and 105 tested positive. 34 medical personnel have been trained to offer paediatric HIV care services, which will enable early care for children exposed to HIV and AIDS. In the area of primary prevention, youth centres have been supported to carry out peer education programmes: 1,650 young people have been trained in Bossangoa and 2,450 young people and 240 supervisors in Kaga Bandoro. Additionally, 2,450 peer educators in schools have been trained in life skills. At the community level, partnerships have been developed with eight HIV support groups to carry out community mobilization to improve demand for comprehensive PMTCT and paediatric care services.

Most Critical Factors and Constraints

Despite some progress achieved, lack of Global Fund financing to CAR in 2010 and 2011 has had a tremendous impact on HIV interventions. In addition to the governance concerns, there is weak ownership of the HIV response, weak health systems and infrastructure, poor monitoring systems, a limited decentralisation strategy and insufficient and qualified personnel at all levels. These factors

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

have made it difficult to shift strategy to support the rapid scale-up of services. Socio-economic and geographical barriers linked to antenatal care needs, shortages and regular stock out of drugs and laboratory consumables have also impacted negatively on the programme. Funding constraints, both internally and externally, have also slowed down progress towards results. It is therefore important to strengthen governance of the HIV response, to build capacity of health personnel particularly at the decentralized level, and advocate for revised strategies to improve human resources for health, to enhance ownership and effective partnership and to mobilize resources for HIV interventions in CAR.

Key Strategic Partnerships and Interagency Collaboration

CNLS has been empowered to undertake multi-sector response analysis, advocacy and mobilization sessions to reengage a multi-sector response to HIV and AIDS in CAR that involves the public sector, private sector and civil society. This has resulted in the drawing up of the 2012 -2016 National Strategic Plan. As part of this, the operational and monitoring plan is currently under development and multi -sector coordination mechanisms require further review.

Partnerships with WHO, the Institut Pasteur, Ester's Aid and UNICEF for establishing paediatric care services for early diagnosis of HIV among infants have been critical. Likewise, community based organisations whose leaders and members are people living with HIV and AIDS serve to drive demand and quality adherence for PMTCT, early care and support for exposed children. In partnership with the World Bank, French Red Cross and UNAIDS, civil society and government, UNICEF contributed to the coordination of HIV and AIDS and Malaria through active participation in the Country Coordinating Mechanism (CCM) for the Global Fund.

CNLS /CCM has been empowered to carry out the required Global Fund clarifications which has resulted in the lifting of the No-Go decision for funds as of December 2011. Despite some governance issues around national procurement systems, UNICEF was able to maintain a good partnership with and support to UNITAID project implementation in CAR for provision of Anti Retrovirals.

Humanitarian Situations

In 2011, UNICEF, in close collaboration with the HIV in Emergency Task Team, rolled out the HIV in Emergency Guidelines with the government. CNLS subsequently launched the training of 35 humanitarian NGOs working in UNICEF-supported districts on HIV in emergency contexts, aimed at encouraging HIV mainstreaming in humanitarian actions plans to ensure delivery of HIV services.

Summary of Monitoring, Studies and Evaluations

In 2011, UNICEF supported CNLS to carry out a KAP study on HIV and youth to inform the sectoral plan, building on the vulnerability study carried out last year. The findings of these two studies, as well as the MICS 2010 results, have been used to support a youth situation analysis in HIV and AIDS and to redefine key actions and needs in the National Strategic Plan 2012-2016. UNFPA also published its survey results on the integration of HIV and reproductive health, giving more insights in programming in terms of gaps and needs for better integration and results.

Future Work Plan

In the new country programme 2012-2016, UNICEF will continue to focus on the four practices (4P) to reduce HIV infection and its impact on women and children. To support the new country programme, HIV interventions will be delivered across all UNICEF programmes (in the education programme through child friendly schools, in child protection, in communication for development

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

with emphasis on youth and HIV, and in health with greater focus on E-MTCT and paediatric care) as well as through coordination and support to joint UN HIV programming.

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

IR 2.1: By the end of 2016, the CNLS and others sectors will develop strategic/political documents, coordinate, implement, follow-up and evaluate the multi-sectorial response for the fight against AIDS.

IR 2.2: By the end of 2016, the capacities of at least 80 per cent of category A and B health facilities will be strengthened for detection, testing, prevention and management of children, youth, pregnant women and their partners infected/affected by HIV/AIDS in 13 health prefectures.

IR 2.3: By 2016, 100 per cent of category A and B health facilities in 13 health prefectures strengthened on PMTCT will systematically test pregnant women and their partners for HIV.

IR 2.4: By 2016, 100 per cent of PMTCT sites in 13 health prefectures will provide ARV (prophylaxis and treatment) to seropositive pregnant women, their partners and children tested HIV+ and will search for defaulters.

COUNTRY PROGRAMME COMPONENT: Basic education and parity of sexes

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children in areas affected by humanitarian crises receive emergency assistance for education in accordance with the CCC and the cluster approach	3	FA2OT9
Completion rates in primary school increased from 49% to 70%	2	FA2OT4, FA2OT6
Enrollment rates in primary school increased from 40 to 80%, girls / boys parity in access to school is reached and the regional disparity is reduced	3	FA2OT3, FA2OT5
In the Child Friendly Schools the average drop-out rates decreased from 8% to 4%	2	FA2OT6, FA2OT7

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1320855.00	1320000.00	1320855.00	100.06
OR-R	2570338.00	2647495.00	2525603.00	95.40
RR	422313.00	423891.00	423928.00	100.01
Total	\$4,313,506.00	\$4,391,386.00	\$4,270,386.00	

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Results Achieved

In 2011, the education programme achieved impressive implementation rates: 82% of planned activities and 88% financial implementation.

PCR 1: In PCR 1, from 2007 to 2011, 220,941 out of 350,000 targeted children now have access to equipped schools as a result of the construction and rehabilitation of hundreds of school facilities. In 2011 alone, enrolment rates of children aged 3 to 16 increased from 63 per cent to 66 per cent, of which 42 per cent are girls. 1,800 particularly vulnerable children from the Peulh minority group, of which 741 are girls, were enrolled in preschools and primary schools. Six schools have been constructed for particularly vulnerable communities and a study is underway to analyse the educational situation of the most vulnerable children to better support their access to school in the next UNICEF Country Programme. A nationwide campaign led by the groups of 'godfathers and godmothers' was organized to advocate at the community level in favour of education for all children.

PCR 2: In PCR 2, the preparation, adoption and implementation of a Code of Conduct for Zero Violence by school principals has led to improved physical and protective environments in schools, with more children staying in school and achieving better academic results. The pass rate has increased by 15 per cent nationwide, while the repetition and dropout rates have decreased between 5 to 10 per cent each year since 2009. Child Friendly School national norms are being applied and a policy document will soon be validated. The promotion of the Child Friendly Approach has increased community and child participation, the outcome of which is schools completely managed and piloted by communities. The Orientation Law of Education was revised to include the principle elements of the Convention on the Rights of the Child (CRC).

PCR 3: In PCR 3, greater emphasis was given to the quality of education by improving teachers' pedagogical performance. Over 1,300 parent-teachers received training on life skills, a competency based approach and safe classroom management. A national plan has been developed to train 2,000 additional parent-teachers between 2012 and 2020. Ministry personnel, academic inspectors, school directors and Parent Association members have all been trained or involved in workshops to improve their knowledge and practices in results-based management and planning and supervision of schools. 42,400 books provided by UNICEF and 50,000 books provided by the Fast Track Initiative (FTI) have increased the ratio of French books per pupil from 6 to 3 and the ratio of maths books per pupil from 8 to 3.

In terms of humanitarian response, the distribution of equipment and emergency supplies enabled 13,500 internally displaced and refugee children to access temporary protective learning spaces and continue in school. 36 focal points nominated by the government are prepared and able to respond to education needs in emergencies.

Most Critical Factors and Constraints

The limited capacity of government counterparts in management and systems at both the central and regional levels, limited resources allocated to the sector, ongoing insecurity in some parts of the country and logistical inaccessibility of other remote areas are the main constraints limiting supervision and monitoring within the sector. Given these constraints, as well as the fact that government agents cannot work in areas controlled by armed groups, the work of implementing partners is essential. However, only a few actors are working in the area of education and their presence and programs cannot cover all of the crisis-affected zones.

In order to stay informed about the current situation and limitations, UNICEF supports the Ministry of Education to organise annual academic councils as a means of collecting up-to-date information about the education sector.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Key Strategic Partnerships and Interagency Collaboration

UNICEF's work in CAR complements that of the Fast Track Initiative project and has a strong monitoring component. Civil society and NGOs are critical partners for UNICEF in providing viable alternatives to weak or completely lacking public institutions in emergencies and post conflict zones. In 2011, under the framework of a Peace Building Fund program, UNICEF developed a strategic partnership with UNHCR and UNESCO to introduce education for peace to children in post conflict regions.

Humanitarian Situations

In 2011, UNICEF enabled 148,215 school-age children (70,441 girls, 88,215 boys) to return to school in the conflict-affected regions of the North and North East. From 2007 to 2011, 760,422 displaced and refugee children of the South and North East benefited from humanitarian assistance in education in line with the Core Commitments for Children (CCCs).

The cluster approach has allowed education in emergency to be better managed with an increased number of partners trained in emergency education preparedness and response. With the appointment of 36 emergency education government focal points, the government is progressively becoming better prepared to assume the management of the education in emergencies at the national level. Each year emergency items and supplies are purchased and pre-positioned in order to adequately respond to the needs of affected children.

Summary of Monitoring, Studies and Evaluations

To better understand inequity, a study on vulnerable children in the education sector has been ongoing since mid 2011 and will be completed in 2012. The expected result of this research is that UNICEF, the government and other education partners will be better able to locate and identify the most vulnerable children with regard to access to and quality of education, as well as their degree of vulnerability. This will then be linked to an MBB analysis for education planned for 2012.

Future Work Plan

For the new CPD 2012-2016, increased focus has been placed on equity in education, from both a gender and geographic region of conflict perspective, so as to reduce disparities and discrimination. The following results have been integrated into the rolling work plans for 2012-2013:

PCR 3.1: By 2016, 80% of school age children, especially girls and the vulnerable children, benefit from access to basic education.

IR 3.1.1: By 2016, the net enrolment rate is increased from 66% to 80% in seven post conflict prefectures.

IR 3.1.2: By 2012, 50% of boys and girls of primary school age in situations of conflict have access to education.

IR 3.1.3: By 2016, the gender parity index in primary schools is 0.95 in the seven post conflict prefectures.

PCR 3.2: By 2016, 50% of enrolled girls and boys successfully complete quality primary education.

IR 3.2.1: By 2013 policies strategies and budgets for equity, gender, early childhood and parent teachers are prepared and adopted.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

IR 3.2.2: By 2016, 50%, of the schools in post conflict prefectures apply the child friendly school standards.

IR 3.2.3: By 2014, 90% of parent teachers in the seven post conflict prefectures are able to provide a minimum standard of quality education.

IR 3.2.4: By 2016, Ministry of Education personnel at the central and decentralized levels have strengthened the information and management system for education.

COUNTRY PROGRAMME COMPONENT: Protection of the child

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Child Protection in Emergency. Children in conflict affected areas are protected against all forms of violence, abuse and exploitation, accordingly to the CCCs and cluster approach.	3	FA4OT7
Protect Orphans and Vulnerable Children (OVCs). Over 30% among OVCs receive a multi-sectoral protection and assistance package for their survival and development, including health and psychosocial support.	2	FA4OT1, FA4OT7
Strengthen the protective environment for children. Democratic institutions fulfill their role in ensuring respect of democratic principles and fundamental rights. Furthermore, populations especially women and other vulnerable groups participate in the exercise of their rights.	3	FA4OT1, FA4OT2

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	1128176.00	1128176.00	1193796.00	105.82
OR-R				
RR	300000.00	492889.00	395379.00	80.22
Total	\$1,428,176.00	\$1,621,065.00	\$1,589,175.00	

Results Achieved

PCR 1: Significant progress was made with the ratification of the two Optional Protocols to the Convention on the Rights of the Child (CRC) on 26 December 2011, and the finalization of the CAR second state party report on CRC implementation. Additionally, the birth registration rate increased from 49 per cent in 2006 to 59 per cent in 2010 (MICS 2010). A National Forum held in July 2011 included an analysis of the birth registration process and led to a draft action plan to further strengthen the process and improve the birth registration rate. The National Council on Child Protection (NCCP) was established in July 2011 by decree of the Prime Minister's office. Its primary

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

responsibilities are to support the development and validation of policies and strategies for child protection, ensuring their proper implementation. Children were better protected, with 150 cases of girls and boys in contact with the law (victims and perpetrators) addressed by the appropriate authorities. A juvenile police brigade and three child tribunals are now operational, and a total of 90 juvenile justice actors were trained on procedures for managing children in conflict with the law during preliminary investigations and court rulings, including alternative measures to detention. These procedures were also integrated into the January 2011 Penal Code.

PCR 2: A national strategy to assist orphans and vulnerable children (OVCs) has been drafted and will soon be validated; approximately 415,000 OVCs will benefit from implementation of this strategy. In Bangui, local referral networks that assist OVCs, particularly children living in the street, were reinforced and 500 street children and other OVCs received health, psychosocial, legal, and educational support.

PCR 3: Many key results were achieved for child protection in emergencies. Two action plans were signed for the release of boys and girls within armed forces and groups, and a third action plan re-engaged -- major achievements that followed the operationalization of the Country Task Force on the Monitoring and Reporting Mechanism on Security Council Resolution 1612 and 1829. Additionally, 180 key actors were trained on children's rights and violations. In 2011, 53 grave violations were reported against 69 girls and 154 boys, as well as denial of humanitarian access and attacks on schools and hospitals. Targeted assistance was provided to 500 survivors of gender based violence (GBV), 50 community protection networks were reinforced and national standard operating procedures for Government and non-Government actors on GBV developed, resulting in the training of 100 key actors on GBV coordination, international standards and procedures, and security and confidentiality, in partnership with UNFPA and UNHCR. Conditions were established for the release of 1,000 children previously associated with armed forces and groups, including self-defense groups, ensuring multi-sectorial support for family and community reintegration.

Most Critical Factors and Constraints

The presence and the recruitment of children into armed groups continues to be observed among armed groups who have not yet demobilized, foreign uncontrolled armed groups, and self-defence groups. A worsening of the economic and social environment has weakened the ability of families, institutions and the Government to care for children. Lack of data collection systems represent a significant challenge for accurate analysis of vulnerabilities affecting girls and boys, and subsequent planning of programmes and strategies. The lack of mid and long term funding for early recovery and development activities severely compromises their durability and sustainability.

Key Strategic Partnerships and Interagency Collaboration

Implementation of activities under UN Security Council Resolutions 1612 and 1882 is ensured through close collaboration with BINUCA, which co-leads with UNICEF the Country Task Force on the Monitoring and Reporting Mechanism (MRM); members include UNHCR, UNFPA, WFP, OCHA and UNDP. Further expansion of this task force to include international NGOs in 2012 will further enhance the reporting capacity on grave violations.

The National Council on Child Protection that was established in 2011 includes representatives of all key ministries related to child protection, including the Ministry of Justice, Ministry of Territory Administration, Ministry of National Defense, Ministry of Public Security and Ministry of Social Affairs. This is the first mechanism at the national level to bring together all key ministries in support of implementation and monitoring of child rights, with a specific focus on protection, and provides new opportunities for enhanced programming, legislation, and strategies for child protection going forward.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Strategic partnerships for child protection have been established with international NGOs such as the Danish Refugee Council, International Rescue Committee, Caritas, Cooperazione Internazionale, Mercy Corps, War Child, International Medical Corps, and Triangle Humanitaire, and national NGOs such as Voix du Coeur and Kizitu.

Humanitarian Situations

With supplementary funds raised from Central Emergency Response Fund (CERF) for US\$ 550,000 and the Office of U.S. Foreign Disaster Assistance for US\$ 160,000, the child protection programme was able to assist approximately 300 survivors of GBV and 1,200 OVCs with multi-sectoral support in conflict-affected areas, and over 750 vulnerable girls and women, including survivors of GBV, in the north-west where sporadic conflict is ongoing.

Summary of Monitoring, Studies and Evaluations

UNICEF implemented a study on Child Equity in 2011, a comprehensive analysis of child vulnerability. A juvenile justice diagnostic on is on-going and will better orient 2012 programming to improve access to child-sensitive justice for marginalised, excluded and most vulnerable girls and boys, including those accused of witchcraft (the first cause of deprivation of liberty for children). UNICEF is also co-funding a national survey on GBV with UNFPA, the results for which will be validated and disseminated during the first semester 2012.

Future Work Plan

PCR 4.1: The most vulnerable and marginalized children in emergency and non-emergency regions are better protected from violence, exploitation, abuse and neglect.

IR 4.1.1: By 2016, the National Council for Child Protection and the five sub-committees are operational, prepare and submit 3 key legislations, policies and strategies for the implementation of the CRC.

IR 4.1.2: By 2016 the juvenile justice system, including police, social workers and judges, is capable of ensuring the implementation of the Law 02/011 of 25 July 2002 and of the Code of Criminal Procedure of 6 January 2011, furthermore 500 children in contact with the law (victims and perpetrators) receive follow up and appropriate support in the district of three courts of appeal.

IR 4.1.3: By 2016, orphans and vulnerable children (girls and boys affected and infected by AIDS, without parental care, in contact with the law, from ethnical minorities, affected by conflict, etc.) are reunified with their families or in host families, protected from abuse, violence and exploitation, and have access to a package of services including medical, psychosocial, education.

IR 4.1.4: By 2016, officials of key ministries civil services concerning the registration of births develop and validate a national birth registration policy and begin implementation.

PCR 4.2 The capacity of institutional and non-institutional protection actors is enhanced at the national and regional levels to enable them to provide gender-sensitive medical, psychosocial, legal, and livelihoods support and life skills training to vulnerable and sexually abused women and girls.

IR 4.2.1: By 2015, children associated with armed forces and armed groups, including self-defence groups, are released and receive a multi-sectoral support for their rehabilitation and reintegration into their families and communities.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

IR 4.2.2: By 2013, a mechanism for monitoring and reporting on the six grave violations of children's rights is in place and operational.

IR 4.2.3: Survivors of GBV benefit from holistic assistance (medical, psychosocial, socio-economic and legal) and protection against all forms of violence, exploitation and abuse, according to the standard operating procedures.

COUNTRY PROGRAMME COMPONENT: Plea for the policies and partnership for the rights of children

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
Children of both sexes participate equitably and effectively in the design, implementation and monitoring of child focused programmes and participate in thematic medias and audiovisual broadcasts and magazines and disseminate the CRC .	3	FA50T6, FA50T7
Data and information on disparities and life conditions of vulnerable and marginalised groups of population are regularly availed for decision makers'	1	FA50T1, FA50T2, FA50T3
La Capacity of partners strengthened in C4D on selected thematics	3	FA50T6, FA50T7
Partners have necessary competency and capacity to analyze, design, and implement women and child focused programmes and budgets'	1	FA50T5, FA50T7
Studies, surveys, researches and quality analysis of the impact of public policies, development strategies and national legislation on women and child status are availed'	1	FA50T1, FA50T2, FA50T3

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	0.00	173218.07	164659.32	95.06
OR-R	1220000.00	601766.95	442102.64	73.47
RR	200000.00	258273.75	254193.32	98.42
Total	\$1,420,000.00	\$1,033,258.77	\$860,955.28	

Results Achieved

PCR 1: Progress towards ensuring that data and information on disparities and the situation of vulnerable and marginalised groups are regularly availed for decision makers included the release of MICS 4 preliminary results, the initiation of MICS 4 prefecture level analysis, and the Child Equity

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Study – all of which contributed to defining the new UNICEF Country Programme Document 2012-2016, the UNDAF and UNDAP 2012-2016 and the National Poverty Reduction Strategy Paper (2012-2015). Financial and technical support was also provided to the drafting and the validation of the National Strategy for the Development of Statistics which was instrumental in laying down a more solid basis for strengthening the social information system in the country.

PCR 2: Progress towards ensuring that partners have the necessary competencies and capacities to analyze, design, and implement women and child-focused programmes and budgets include 40 staff of public services of the prefectures of Haute Kotto and Bamingui Bangoran trained in rights and results-based planning and 60 staff of public services of the prefectures of Kemo, Nana Gribizi, Haute Kotto, Bamingui Bangoran, and Vakaga trained on data collection, treatment and analysis; the Ministry of Planning at the national and regional level received computer equipment, electric power and transportation support to augment their ability to conduct monitoring and data collection; and a conference room for the regional programme steering committee in Kaga Bandoro was rehabilitated and provided with equipment for enhanced monitoring.

PCR 3: Studies, surveys, research and quality analysis of the impact of public policies, development strategies and national legislation on women and child status included the implementation of MICS 4 including data analysis and report writing; the development of four regional statistical dash boards that are expected to be a pillar for regional databases; the production of the CAR Child Equity Profile based on the MICS 2006 report, MICS 2010 Preliminary Results and the CAR Poverty Profile 2008, which provided better insights on child inequity in access to basic social services in key domains. The findings of the Equity Profile are being used to guide future targeting of programming at national and regional levels to ensure that equity is being addressed during the preparation of the 2012/2013 Rolling Work Plans at national and regional levels.

Most Critical Factors and Constraints

Critical constraints in 2011 included (i) lack of significant progress in database management beyond training, especially with regards to the use of DevInfo technology due mostly to the absence of a national vision and policy on monitoring and evaluation and a limited culture and practice of monitoring and evaluation throughout government institutions; (ii) limited capacity of partners to fully assume ownership and leadership for the country programme, including delays in liquidation of cash advanced to government, lack of decisions to address key constraints identified during programme reviews, and a high turnover of civil servants in the regions; (iii) limited national budgeting and allocations for key child rights, especially at the regional levels; and (iv) limited cadre of qualified and reliable local experts knowledgeable on child rights and causality analysis.

Key Strategic Partnerships and Interagency Collaboration

The two key strategic partnerships for this programme included (i) collaboration with the Ministry of Planning at the national and regional levels for the design of the PRSP 2012-2015, implementation of the MICS4 process, the design of the National Strategy for the Development of Statistics and the coordination of the implementation of the country programme 2007-2011; and (ii) partnerships with all UN resident agencies around the coordination, implementation and funding of the MICS4 process and the design of the Country Common Assessment (CCA), UNDAF and UNDAP 2012-2016.

Humanitarian Situations

No humanitarian response was conducted as part of this programme component.

Summary of Monitoring, Studies and Evaluations

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

Major studies in 2011 included the completion of the MICS4 analysis and preliminary report; a study of Child Equity in CAR based on MICS3, MICS4 preliminary results and the CAR Poverty Profile 2008. The programme also sponsored the compilation of routine social data leading to the creation of regional statistical dash boards as a basis for establishing statistics databases at the sub-national level.

Future Work Plan

In the context of rolling work plan, priority actions planned for 2012/2013 are outlined by PCRs and their related IRs:

PCR 5.1: By 2016, partners have capacity to analyze, design, implement, monitor and evaluate child, women and vulnerable groups focused policies and budgets.

IR 5.1.1: Partners at national and sub-national levels regularly develop, implement, monitor and plans that apply the principles of HRBA, RBM, Gender and the approach of the 'Marginal Budgeting for Bottlenecks ' (MBB).

IR 5.1.2: By 2013, the capacity of technical personnel in the prefectures and communes in the targeted areas of intervention is strengthened for improved work planning, delegation of authority and statistics on civil status.

IR 5.1.3: The Ministry of Planning and Economy regularly publishes notes of current socio-economic analysis and industry newsletters on the situation of children, women and vulnerable groups.

IR 5.1.4: By 2013, the capacity of the regional planning offices in the targeted prefectures is reinforced for the collection, processing and analysis of routine data and statistics.

IR 5.1.5: The Ministry of Planning and Economy and key stakeholders design a policy and develop and implement a social protection programme for most vulnerable groups and design and analyse budgets focusing on children, women and most vulnerable groups.

PCR 5.2: By 2016, the social information system develops regularly disaggregated data on the situation of children, women and vulnerable groups at national and regional level, including in emergency zones.

IR 5.2.1: By 2012, ICASEES has developed and approved a statistics policy and a national action plan for the development of statistics budgeted for implementation.

IR 5.2.2: By 2012, the Ministry of Planning and Economy has developed and approved a national monitoring and evaluation policy and an action plan for its implementation.

IR 5.2.3: By 2016, the capacity of ICASEES, the Ministry of Planning and Economy, and other key stakeholders is strengthened to conduct regular surveys, develop dashboards, socio-economic profiles of the prefectures and publish regular statistical yearbooks and disaggregated data on the situation of children and women at national and regional levels and all key data is disaggregated and available in CAR DevInfo.

IR 5.2.4: Each year from 2012-2016, planning, monitoring and evaluation of UNICEF programming in CAR is conducted and approved with the government of CAR and key stakeholders.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

COUNTRY PROGRAMME COMPONENT: Cross-sectoral costs

PCRs (Programme Component Results)

PCR	EQRank	OTDetails
By 2011, information reading emergency zones is collected and disseminated, and the populations know and apply essential family practices.	2	FA4OT10, FA5OT1
By 2011, the capacities of government structures, NGOs, local private sector, religious organization, women's organizations, community-based organizations, in the 8 most populated prefectures, are strengthened and supporting the delivering results for the survival and development of children, girls education, child protection and fight against HIV/AIDS	2	FA1OT4, FA2OT3, FA2OT9, FA3OT7, FA3OT8, FA4OT7
Children, youth of both sexes participate equitably and effectively to the elaboration, the implementation and the monitoring of programmes intended for them. They participate in media events, and support the dissemination of the CRC	1	FA5OT4, FA5OT9

Resources Used in 2011 (USD)

Resource Type	Planned for 2011 (as per CPAP ceiling)	Allocated in 2011	Estimated Year-End Expenditure	%Spent (4)/(3) * 100
OR-E	614607.00	614607.00	561204.00	91.31
OR-R				
RR	160668.00	160668.00	156969.00	97.70
Total	\$775,275.00	\$775,275.00	\$718,173.00	

Results Achieved

PCR 1: A revised national Communication for Development (C4D) strategy was one of the key results achieved for PCR 1. This strategy constitutes an important step towards better coordination and strategic direction for government and civil society.

Households and children, including in some of the most insecure areas, were reached by an increased number of and better quality messages on essential family practices due to improved capacity among government agencies and civil society partners at national and local levels. Increased capacity included the expansion of a network of community mobilisers to deliver interpersonal messages and conduct household dialogues. Knowledge of the techniques and importance of C4D for improving social indicators was increased among a range of partners across the country, also including international NGOs, teachers and community leaders.

Progress in terms of increasing equity of access to communication platforms to receive and disseminate information and ideas was achieved through building the capacity of ethnic minorities

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

(Ba'Aka people) to develop community plans and to manage communication programmes on essential family practices.

PCR 2: A key result for PCR 2 is the increased access to communication platforms, where young people can receive and disseminate information and ideas. Examples include support to office facilities for youth associations and events where youth created awareness on a series of problems in the Central African Society, including children's rights, women's rights and the vulnerabilities of street children.

PCR 3: For PCR 3, a key result was the increased capacity of implementing partners to respond with communication to an emergency situation at the time of the cholera outbreak in 2011. UNICEF supported a coordination group put in place by the Government to develop a response, including a rapid first phase and a second phase for longer term behavioral impact. The capacity was developed by the Government to map communication partners that could quickly be deployed to the field to train and supervise community mobilisers and to ensure the use of image boxes for community dialogues.

Most Critical Factors and Constraints

Communication outreach in Central African Republic is severely constrained by limited access to geographical areas of humanitarian crisis, weak or non-existent infrastructure, limited access to communication channels and platforms and weak mobilization by civil society around communication and advocacy programmes.

Critical factors and lessons learned for scale-up and effective communication programmes for behaviour change and participation includes improved coordination and leadership by Government agencies at both central and local levels. There is a need for implementing partners to have access to and understand social data which will enable them to better target programmes and to monitor behavioural results. Furthermore, there is a need for increasing capacity in programme planning and monitoring among all C4D partners, including the capacity to manage community mobilisers' networks and youth organizations.

Key Strategic Partnerships and Interagency Collaboration

In addition to partnerships with the Government counterpart, partnerships were established with civil society including the media, the Youth Parliament and youth associations, to allow for youth and other stakeholders to advocate, debate, share ideas and information and to promote healthy behaviours.

At the local level, informal partnerships were created with prefectural and sub prefectural authorities to expand the outreach of messages related to vaccination campaigns and essential family practices, mainly through community mobilisers.

Finally, partnerships were established with the University of Bangui to enable access to social data, including KAP studies on essential family practices, to inform and improve future programmatic planning.

Humanitarian Situations

C4D was used as a critical approach to control the cholera outbreak in the Autumn of 2011, which affected communities mainly located in inaccessible riverine areas. Communication materials (posters, brochures, image boxes, radio emissions, sms messages) were disseminated in the affected areas and in the capital of Bangui to prevent further cases. The communication intervention

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

successfully created awareness among the population to avoid behaviours that would put them and their children at risk of cholera infection.

Summary of Monitoring, Studies and Evaluations

Two KAP studies were conducted by UNICEF in 2011 on knowledge, attitudes and behaviours to prevent and control cholera, in the context of the epidemiological outbreak. The studies furthermore explored the sources of information on the cholera outbreak and will be used to monitor programmatic and behavioral indicators.

Future Work Plan

The C4D programme will undergo significant changes in 2012 following the decision to focus the programme on a limited number of behavioural objectives which will make a radical change in child mortality rates and the health of young people: HIV prevention and essential family practices.

While the main focus will be on health outcomes, it is necessary to take a holistic approach in order to trigger social change, and the C4D programme will also work with the education sector and the promotion of child protection and human rights principles, including the right to information and freedom of expression, participation and non-discrimination.

In order for the C4D programme to strengthen the prefectures that have launched the Accelerated Child Survival initiative, and to ensure that the communication programme will reach beyond the capital of Bangui, it will be necessary to develop communication plans and capacity to implement at the level of the prefecture and sub prefectures.

PCR 6.1: By 2016, families and communities- including vulnerable and disadvantaged groups- sustain positive behaviours and essential family practices.

IR 6.1.1: By 2013, communication strategies for essential family practices are developed, approved and disseminated nationally and adapted and disseminated in the 13 targeted prefectures.

IR 6.1.2: By 2013, key stakeholders at national and local levels, civil servants and civil society (community leaders, youth groups, private sector and the media) have the capacity to implement C4D strategies on the five key family practices at the national level and to adapt them to the 13 targeted prefectures.

IR 6.1.3: By 2016, 50% women, men, girls and boys nationally have accurate knowledge of at least five key family practices and 60% can state the importance of access to routine health services in the 13 targeted prefectures.

PCR 6.2: By 2016, 70% of girls and boys, young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge of HIV and AIDS.

IR 6.2.1: By 2013, a strategic policy to prevent HIV among young people is developed, approved and disseminated at national and local levels.

IR 6.2.2: By 2013, key stakeholders at national and local level, including government officials and civil society (community leaders, youth groups, associations of people living with HIV, the media) have the ability to plan and implement communication strategies for the prevention of HIV and to advocate for their rights.

IR 6.2.3: By 2016, 70% of adolescents and young people most at risk (street children, female sex workers, men who have sex with men) have comprehensive knowledge on HIV prevention.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

EFFECTIVE GOVERNANCE STRUCTURE

a) In 2011 the country office continued to prioritise the consolidation of management and control systems. The five outstanding 2009 audit recommendations were closed. The 2012 self-assessment exercise will assist the CO review the durability of the systems established. Attention has been given to the reinforcement of Direct Cash Transfer (DCT) management. However, the macro and micro-evaluations were not completed in 2010, but have been heavily prioritised for the first quarter 2012.

b) As an emergency country, the CO's preparedness, staff security and emergency response is systematically reviewed. To ensure adequate leadership within the CO, a WASH Cluster Coordinator remains on staff. 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.

c) In addition to the Country Management Team (CMT) meetings, section heads meetings, with the participation of Operations, and office assistants meetings occur on a monthly basis and have proven useful in improving collaboration, 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. The five outstanding 2009 audit recommendations are now closed.

d) The CMT met regularly (once a month, except for August), systematically reviewing all office management indicators. Minutes of the meeting document actions to be taken and follow-up is also monitored. The Office Management report and all management indicators are updated each month and circulated to all country office staff. Trends in management indicators are analysed to pinpoint areas for quality improvement and improvements are tracked over time.

e) The country office has closed all its audit recommendations and so is functioning with the recommended system. It is only with a new audit in 2013 that the CO can verify whether it has a satisfactory rating. In the framework of the new CPD, the CO reviewed its structure and systems to ensure efficient programme and operations management. In line with the Programme Budget Review structure, 40 positions were established along with recruitment panels and committees in Bangui and zone offices. Of the 40 positions established, 30 recruitments were completed in 2011.

STRATEGIC RISK MANAGEMENT

a) Using the Enterprise Risk Management approach, the CO reviewed the majority of its processes and controls, removing a number of redundancies and unnecessary obstacles. Levels of responsibility and authority have been streamlined.

b) Control of inventory has been a priority to ensure appropriate management and follow-up. The CO recruited a Logistics Specialist at L3 level on Temporary Appointment. This has allowed the CO to establish appropriate processes and the incumbent will also provide training of national staff as per international standards.

c) The Bangui office and the Kaga Bandoro and Bossangoa zone offices are Minimum Operating Security Standards (MOSS) compliant. UNICEF actively participates in weekly Security Management team 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.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

d) The CO capitalised on the opportunity of the April 2011 Presidential and Legislative Elections to test the office's updated Business Continuity plan.

e) An inter-agency Emergency Preparedness and Response Plan 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.

EVALUATION

a) In February 2011, the annual Integrated Monitoring and Evaluation Plan (IMEP) was developed through a participatory approach and shared with the Regional Office. The IMEP was discussed on a quarterly basis during section head meetings based on inputs collected for programme components.

b) The strategy institutionalised in 2010 continued to be enforced in 2011 and this has resulted in an improvement in ToRs. All ToRs are endorsed by the Deputy Representative before publication. Selection of consultants follows bidding procedures.

c) In-country capacity of UNICEF CAR in evaluation needs to be developed, requiring the recruitment of an international data management specialist in 2012 for the social policy section. In 2011 the CO used international consultants on several occasions to cover the capacity gap.

d) The effective use of findings and recommendations resulting from studies and evaluations remains a challenge. The CO will recruit a data management specialist in 2012 to address this weakness and to strengthen the capacity of programme component managers to integrate and transform findings and recommendations into programmatic actions.

e) The CO strives to further develop in-country capacity for quality evaluations: In line with the RO policy, support to the Ministry of Planning is programmed to design and adopt a National Policy on Monitoring and Evaluation and work to instill a culture of evaluation within government institutions. Both the PRSP and UNDAF/UNDAP 2012-2016 have developed Monitoring and Evaluation Plans to strengthen the function and the culture of monitoring and evaluation in the country.

f) Management response for evaluation findings are made in a timely manner. This is an area for on-going development in the new programme. The monitoring and evaluation specialist and the data management specialist will develop a monitoring and follow-up mechanism to ensure that findings and recommendations are translated into advocacy for policy change and programmatic actions.

EFFECTIVE USE OF INFORMATION AND COMMUNICATION TECHNOLOGY

a) All users/clients in CAR have access to UNICEF systems and applications as defined within the ICT standards and guidelines. Standard applications such as Lotus Notes 8.5.x; ProMs 9.2 Briefing Book 570, PnP, shared folders and files and internet connection are 99.9 per cent available and SAP/HR 7200.x for the authorised staff members. VISION roll out is still ongoing and the CO is ready to go live January 2012. Migration to Window Version 7.0.x has been completed for all staff and virtualisation of the servers (Windows 2008R) was completed in June 2011 to ensure concrete business continuity.

b) All office locations are MOSS compliant, with Broadband Global Area Network installed in all BCP locations as well as alternate internet connection options with Moov and Orange, two local Internet Service Providers. All users possess radios and vehicles going on mission have the necessary communication tools installed; Thuraya are tested regularly for use in the field. All essential staff have connections and access to Virtual Private Network or Citrix, enabling them to work away from

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

the office. Office applications and data are regularly backed-up and sent to the host back-up country, Cameroun, and an off-site, in-country location.

c) The ICT Unit of UNICEF CAR presides over the inter-agency ICT working group and works to ensure Delivery as One. Kaga Bando staff continue to share office space with several UN organisations and the connection is also shared in Paoua and Ndele; the Datacomm project is run by UN communities and INGOs in CAR, handed over to World Food Programme as the cluster lead. The main constraint of this project is ownership, technical capacity and maintenance.

d) Because there are no local vendors in country, UNICEF CAR uses global Long Term Agreements (LTAs) for ICT equipment.

e) The ICT equipment is disposed of according to defined UNICEF Property Survey Board (PSB) guidelines and beginning in August 2011, all ICT equipment not supported with the new applications for UNICEF CAR for the VISION rollout were eliminated. Recycling is still limited in CAR, but global vendors may be engaged in 2012.

f) The Disaster Recovery Document is frequently updated as required, with testing still pending the completion of the BCP document. Securing UNICEF resources, data and network is a priority and this enables all clients in the system have access to required applications.

FUND RAISING AND DONOR RELATIONS

a) In 2011, 99 per cent of donor reports were submitted on time and feedback on quality has indicated improvement in this area too. Reports are reviewed by a Reporting Officer and the Deputy Representative before the Representative submits the reports.

b) A concerted effort in fundraising and a more systematic approach to funds management has produced results, despite a very difficult funding environment: UNICEF CAR mobilised 149 per cent of the Other Resources ceiling, though some funding became available too late in the year to translate into a similar rate of programme implementation.

c) UNICEF CAR mobilized adequate resources to meet emergency appeal needs: Through the Common Humanitarian Fund, the Government of Japan Supplementary Funds, the CERF and the HAR, UNICEF was able to mobilise 79 per cent of the emergency funds requirement for 2011. The main under-funded sectors were 'Youth and HIV/AIDS' and Cluster coordination. In contrast with previous years, timely availability of funds allowed UNICEF to meet most of its commitments to partners - notably in those clusters where it plays a lead role.

d) With respect to funds utilisation, at year end 2011, the CO had the following expenditure rates per category of funds: Regular Resources (RR) 99 per cent, Other Resources (OR) 95 per cent and Support Budget (SB) 97 per cent.

e) A set of Programme Management Indicators generated by the CO, which complements the Business Information Report, monitors monthly requisition and expenditure rates of expiring funds. This same mechanism minimises PBA extension requests.

f) UNICEF CAR kept women and children at the forefront of international and local media: 11 press releases and human interest stories were published in international and local media outlets, notably on child survival issues and in response to the cholera outbreak at the end of 2011. Materials were further distributed on UNICEF websites and were included in NatCom fundraising efforts.

Agreements were made with seven radio stations which included regular broadcasts on CRC issues.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

National press releases were issued in French and disseminated to national media. Four media campaigns promoting EFPs and the CRC and three public debates reached at least 15,000 people. An emergency media campaign was also rolled out around the cholera outbreak which included radio spots, distribution of flyers and a SMS campaign to convey messages to local population.

UNICEF CAR built and strengthened relationships with donors: Three NatCom visits (Sweden, Germany and Denmark) with partners, media and a high profile Goodwill Ambassador resulted in international media coverage and led to private donor contributions of around \$80,000. Furthermore, photographs taken during the visit by Danish photographer, Jan Grarup were selected as part of the best pictures for UNICEF in 2011. In June, the communication team also organized a 'signature ceremony' marking the US\$12 million donation by the Government of Japan to UNICEF CAR.

UNICEF CAR was designated as a 'pilot' country for the PFP-led Tool Kits, has submitted a toolkit for CSD and is in the process of finalising its toolkits for Protection and HIV/AIDS.

MANAGEMENT OF FINANCIAL AND OTHER ASSETS

- a) The CO was audited in October 2009 and accepted all 19 recommendations of the final audit report. In 2011, the UNICEF CAR team closed the five outstanding recommendations.
- b) The CMT has met once per month, except for August, in 2011. Standing agenda items include systematic assessment of contributions status, DCTs and levels of expenditure. As a result, DCTs of more than 9 months dropped from 12 per cent to 2 per cent. At year end 2011 the expenditure rates are as follows: RR 99.87 per cent, OR 95 per cent, ORE 83 per cent and SB 97 per cent.
- c) To ensure appropriate financial monitoring of Programme Cooperation Agreement (PCAs) and small-scale agreements, a tracking system, jointly maintained by the Finance and Coordination Units, 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.
- d) The Table of Authority and the signatory panels were reviewed on a quarterly basis 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.
- c) All bank reconciliations have been submitted on time and the number of outstanding items minimised; cheques of more than 6 months of age have been 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 very rare this year.
- d) As a follow up of audit and preparedness for International Public Sector Accounting Standards, UNICEF CAR offices have reinforced inventory control and office vehicle use and maintenance; fuel consumption and maintenance management have been 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.

Communications costs have been closely monitored and reduced as much as possible through the use of a fleet (all calls among fleet users are free of charge).

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

SUPPLY MANAGEMENT

At end of December, the three warehouses (Bangui, Kaga Bandoro and Bossangoa) recorded a total of 436 line entries for a total value of US\$ 1,711,608 in stock. The Logistics Unit processed 584 release orders to partners. Two 100 per cent physical inventories were conducted in July and December, immediately followed by full reconciliation with the electronic inventory. The December inventory was done together with the external auditor KPMG, as a preliminary measure to data migration in VISION.

Throughout the year, the Supply Unit actively supported routine vaccination as well as special campaigns programmed by the Ministry of Health and WHO, ensuring smooth delivery of vaccines and vaccination items from Bangui airport to the country main warehouse and cold-room. This included regular maintenance of cold chain assets such as refrigerated trucks, and power supply and cooling systems of the cold room. In December a National Officer was recruited to act in 2012 as an operational interface between the national Vaccination Programme (PEV) and UNICEF.

Among the special projects conducted during the reporting period, the national LLITN distribution campaign was completed in March 2011 thanks to a valuable partnership with WFP Logistics Base.

In August 2011, the construction cell of the Supply Unit completed the extension of Bangui Pediatric Hospital, in close cooperation with the Ministry of Health. In this pilot project, the construction cell actively supported a Ministry engineer, who undertook full site management on behalf of the Ministry. This process built up the capacity of our partner, as well as encouraging project ownership, while UNICEF monitored payments and quality.

In October 2011, a civil engineer was recruited to reinforce the internal capacities of the Supply Unit. He immediately started work on several construction projects: 50 primary schools, health centers and youth centers as part of a two year Government of Japan grant, as well as a UNICEF Bangui office extension and a special low temperature storage room for nutritional products in the main UNICEF warehouse.

HUMAN RESOURCES

a) Of the posts approved in the 2010 Programme Budget Review, 27 remain unfilled and the aim is to fill all posts within the first half of 2012. Another aim is to also achieve 40-50 per cent gender parity in all categories of all international professional and national officer staff. For GS staff, similar efforts will be made, for example active networking in areas such as recruitment of one to two female drivers. Recruitment shall be done in a more proactive, networking manner in 2012. A training plan will be developed in 2012, and where possible gap fill will be handled through opportunities for intra-UNICEF staff mobility, providing development opportunities and continued use of interns and volunteers.

b) Training sessions will be conducted in 2012 on the proper, positive and proactive use of the Performance Evaluation (PER) system (e-PAS) for all staff. This will ensure that the system is used in a manner that makes clear the connection between individual objectives and team/organizational results.

c) The systematic inclusion of an emergency component in all job descriptions ensures UNICEF CAR's response capacity in case of emergency. The establishment of a strong national staff capacity ensures business continuity in case of major crisis leading to the evacuation of International Professionals (IPs). To reinforce immediate emergency response, the CO recruited one WASH Cluster Lead.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

d) UNICEF CAR has a Peer Support Volunteers group; other counseling services can be accessed through the UN Medical Doctor.

e) Following its Staff Retreat, held on 9-11 January 2012, the UNICEF CAR Country Office has committed to the following actions as regards UN Cares:

- 100 per cent of staff members and their families to have access to information on HIV/AIDS prevention and counseling. Demonstrations were carried out during the Staff Retreat on the use of male and female condoms, as well as details on how HIV is transmitted and the importance of testing for prevention, living with HIV/AIDS and prevention of the spread of HIV/AIDS.
- 2 training sessions per year for UNICEF staff members on HIV/AIDS – divided into sessions for adults/adolescents and children.
- PEP kits to be available to all UNICEF offices (Bangui, Bossangoa and Kaga Bandoro). Training will be provided to PEP kit custodians.
- 2 sessions on 'anti-stigma' will be organized each year.
- Promotion and awareness-raising activities to be organized to promote voluntary HIV testing.

EFFICIENCY GAINS AND COST SAVINGS

The main gains achieved during 2011 were linked to cost savings in the area of communications. The investment in a fleet has proved to be cost efficient and a good tool to monitor and control phone use. Unfortunately the project to widen the fleet to other UN agencies could not be achieved. The Operations Management Team met only on an ad hoc basis and focused on budget and security issues and therefore did not meet the objectives set at the end of 2010.

The rationalisation of office vehicle use should also be a source of gains on a longer term. An assessment will be organised next year to measure the impact. In order to further consolidate fuel control a new process will be implemented before the end of February 2012 to ensure optimal use and transparency.

The CO managed its limited resources as efficiently as possible prioritizing the most necessary disbursements.

While shared premises are typically an opportunity for efficiencies, unfortunately lack of funding of sister agencies has meant increased costs for UNICEF in 2011. Rationalising number of residences creates cost efficiencies.

In view of the new Minimum Operating Residential Safety and Security adopted at the end of the year, the CO will need to ensure in the first quarter that all adopted compulsory measures are duly implemented.

CHANGES IN AMP AND CPMP

There were no significant changes in the AMP. A new AMP was written for the Country Programme starting in 2012.

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

SUMMARY NOTES AND ACRONYMS

ACF	Action Contre la Faim
ACSD	Accelerated Child Survival and Development
ACTED	Agence d'Aide à la Coopération Technique et au Développement
ANC	Antenatal Care
APRD	Popular Army for the Restoration of the Republic and Democracy
BINUCA	Bureau Intégré des Nations Unies en Centrafrique
BCG	Bacille Calmette-Guérin
CCA	Country Common Assessment
CCM	Country Coordination Mechanism
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFS	Child-Friendly Schools
CLTS	Community Led Total Sanitation
CMT	Country Management Team
CNLS	Comité National de Lutte contre le SIDA
CPAP	Country Programme Action Plan
CPJP	Convention des Patriotes pour la Justice et la Paix
CRC	Convention on the Rights of the Child
CSD	Child Survival and Development
DCT	Direct Cash Transfer
DDR	Disarmament, Demobilisation and Reintegration
DRC	Danish Refugee Council
DTP3	Diphtheria-tetanus-pertussis (3 doses)
EBF	Exclusive Breastfeeding
EFP	Essential Family Practice
EmOC	Emergency Obstetric Care
EMTCT	Elimination of mother-to-child transmission
EVM	Evaluation of Vaccine Management
GBV	Gender-Based Violence
GEP	Gender Equality Programming
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HRBAP/RBM	Human-Rights Based Approach to Programming/Results-Based Management
IASC	Inter-Agency Standing Committee
ICASEES	Institut Centrafricaine des Statistiques et des Etudes Economiques et Sociales
IDP	Internally Displaced Person
IMC	International Medical Corps
IMCI	Integrated Management of Child Illness
IMEP	Integrated Monitoring and Evaluation Plan
IPT	Intermittent Preventive Treatment
IRC	International Rescue Committee
KAP	Knowledge, Attitude and Practices
LLITN	Long Lasting Insecticide-Treated Net
LRA	Lord's Resistance Army
LTA	Long Term Agreement
MBB	Marginal Bottleneck Budgeting
M & E	Monitoring and Evaluation
MD	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MoE	Ministry of Education
MoH	Ministry of Health

Country Office Portal

Annual Report 2011 for Central African Republic, WCARO

MOSS	Minimum Operating Security Standards
MRM	Monitoring and Reporting Mechanism
MSF	Médecins Sans Frontières
MTSP	Medium-Term Strategic Plan
NatCom	National Committee
NCCP	National Council on Child Protection
NFI	Non Food Item
NGO	Non-Governmental Organisation
NYHQ	New York Headquarters
OPV 3	Oral Polio Vaccine (3 doses)
OR-E	Other Resources - Emergencies
OR-R	Other Resources - Regular
OT	Organization Targets
OVC	Orphans and Vulnerable Children
PARPAF	Projet d'Appui à la Realisation des Plans d'Aménagement Forestiers
PBF	Performance Based Financing
PCA	Programme Cooperation Agreement
PCR	Programme Component Result
PEV	Programme Elargi de Vaccination
PMTCT	Prevention of Mother-to-Child Transmission (of HIV/AIDS)
PRSP	Poverty Reduction Strategy Paper
PSB	Property Survey Board
PU-AMI	Premiere Urgence - Agence Medical International
RR	Regular Resources
SB	Support Budget
SMART	Standardized Monitoring and Assessment of Relief and Transition
SRSR-CAAC	Special Representative of the Secretary General on Children Affected by Armed Conflict
ToR	Terms of Reference
TT2	Tetanus Toxoid vaccine (2 doses)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDAP	UNDAF Action Plan
UNDP	United Nations Department of Political Affairs
UNESCO	United Nations Education, Science and Culture Organisation
UNFPA	United Nations Funds for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNITAID	An international drug purchasing to provide medicine and treatment against HIV/AIDS, malaria and tuberculosis
VIP	Ventilation Improved Pit
WASH	Water, Sanitation and Hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organisation

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DOCUMENT CENTRE

Evaluation

	Title	Sequence Number	Type of Report
1	CAR Child Equity Profile	001	Study

Other Publications

	Title
1	CAR PRSP II 2011-2015