Executive Summary

The deepening humanitarian crisis in 2013 has made Central African children some of the most vulnerable in the world. Children and families have been displaced and denied protection and basic services. Amidst a deteriorating humanitarian crisis, UNICEF delivered supplies and improved access to services for children and women in affected areas.

A national integrated measles campaign from regions 4, 5 and 6 showed the following performance figures: 595,734 children ages 6-59 months were vaccinated against measles (81 per cent for national coverage and 92 per cent for campaign coverage); 671,902 children 0-59 months were vaccinated against polio (82 per cent for national coverage and 93 per cent for campaign coverage); 597,013 children 6-59 months received Vitamin A supplements (81 per cent for national coverage and 92 per cent for campaign coverage); and 520,999 children 12-59 months were dewormed (79 per cent for national coverage and 90 per cent for campaign coverage). The operational capacity of 290 out of 356 health centres was strengthened and 13 hospitals were equipped with newborn reanimation kits. Thirty two obstetrical kits were delivered to 20 health centres and 13,854 severely malnourished children received treatment, with a recovery rate of 77 per cent. Approximately 6,000 adolescent girls and boys accessed prevention, treatment, and HIV care, and more than 10,000 people living with HIV/AIDS accessed anti-retroviral (ARV) and Prevention of Mother to Child Transmission of HIV (PMTCT) services.

The Education programme supported a “Back to School Campaign,” including provision of “school in a box” kits to 49 schools, remedial classes for 77,000 primary school students, the return of 1,352 teachers to their posts, and training for 464 teachers, 116 headmasters and 116 parents associations on school management capacity.

UNICEF provided access to safe water for 83,000 people and disseminated messages on improved hygiene to 220,000 people. Following the March coup, more than 470 tonnes of solid waste were collected to improve local sanitation.

The Child Protection programme obtained the release of 182 children from armed groups, including the Lord’s Resistance Army (LRA). Of this number, 109 were reunified with their families and communities. In total, 672 separated and unaccompanied children were reunited with their families and communities. Some 1,500 survivors of gender-based violence received comprehensive support and 12,102 children received psychosocial support. The programme also promoted birth registration and strengthened the capacity of magistrates, police and other security forces to prevent human rights violations. A total of 347 grave child rights violations were reported through the monitoring and response mechanism.

The Country Office (CO) revisited programme priorities to focus on emergency response while reinforcing its Human Resource (HR) capacities. The Office benefitted from several support missions from the Regional Office (RO) and headquarters, including two Emergency Programmes (EMOPS) Emergency Response Team (ERT) members.

Partnerships with international NGOs were essential to reach affected populations in rural areas. In an emergency context with a high level of displacement, rapid assessments and responses under the Rapid Response Mechanism (RRM) were vital to reducing vulnerability and reinforcing the humanitarian imperative.

UNICEF scaled up its humanitarian actions in 2013, but interventions were seriously challenged by security issues and limited funding. UNICEF’s 2013 emergency appeal tripled since March, leaving a funding gap of US$14.8 million (48 per cent) through the end of December.

Country Situation as Affecting Children & Women

In 2013, the weak Central African Republic (CAR) state collapsed, triggering a serious humanitarian crisis and displacing 785,000 people (almost a quarter of the total population). Most of the internally displaced population is made up of women and children. Even before the crisis, CAR faced a silent structural
emergency, as it consistently ranked among the bottom ten countries in development indicators, with little or no improvement over the last 20 years. The under-five mortality rate is 164, making it the sixth highest in the world. The maternal mortality rate is 890 and infant mortality rate is 108, the third and fourth highest rates in the world, respectively.

The current crisis in CAR began long before the Seleka rebellion seized power on 24 March 2013. CAR’s present situation stems from long-standing socio-political, structural and governance deficiencies, including weak state institutions, fragile social cohesion, and deep-seated feelings of marginalisation between communities. Muslim communities in the northern areas of the country in particular have expressed strong feelings of being discriminated against by the central Government.

The crisis exacerbated an already incredibly fragile situation for women and children in CAR. UNICEF estimates that the entire population of CAR (4.6 million people, half of whom are children) has been affected directly or indirectly by this multi-layered emergency and protection crisis. The lack of access to basic social services and exposure to lawlessness throughout the country seriously compromises the realisation of child rights. The situation has progressively deteriorated throughout 2013, with a dramatic impact on vulnerable populations, and children in particular. The increase in cases of sexual violence targeting women and girls, the recruitment of children into armed groups, and targeted killings of children have been particularly distressing.

The ongoing insecurity has had a particularly disastrous impact on the well-being of children and women. There have been countless reports of burned and pillaged houses as well as destroyed equipment and livelihoods.

The conflict in CAR has become increasingly characterised by inter-communal sectarian conflict, even though the various faith groups had previously co-existed peacefully. Attacks in Bangui in early December 2013 resulted in more than 1,000 deaths, including the death of 16 children.

In addition to the current conflict, CAR is also the main refuge for elements of the Lord’s Resistance Army (LRA), who are operating in the southeast, and moving toward the central-western region of Nzako, about 100 kilometres from the town of Bria. Reports from those regions have cited attacks against civilians, human rights violations, and kidnapping and recruitment of children.

The nature and scale of human rights abuses against civilians have been extremely worrying, particularly for children, who account for half of the population of CAR. Reports continue to identify cases of summary executions, torture, maiming, occupation, lootings and destruction of public and private property, including schools and hospitals, recruitment of children into armed groups, and widespread gender-based violence.

Failure to break the cycle of violence and re-establish a minimum degree of security throughout the country will seriously endanger children’s lives and futures. Throughout the year, access to affected families and children has been severely limited, with no guarantee of security for humanitarian groups. As looting by armed groups continues to undermine aid efforts, life-saving drugs and emergency supplies are unable to reach affected populations.

Many IDPs are hiding in rural or remote areas, in poor sanitary conditions and without access to basic services or clean water. Some 70,000 Central Africans have sought refuge in neighbouring countries.

More than 650,000 children were unable to go to school due to the closure and occupation of schools. As many as 6,000 boys and girls are believed to have been recruited and used by various armed groups. Those estimates will be verified by the United Nations as soon as human rights experts gain access to the affected regions.

Routine vaccinations and drug supplies have been partly interrupted, including for patients living with HIV/AIDS. Years of crisis have weakened the national health system and it is currently incapable of meeting the population’s pressing medical needs. Additionally, the Health Information System is unable to reveal the real magnitude of the problem. The number of cases of malaria between 2012 and 2013 increased by 2 per cent according the Ministry of Health, although only partial data is available. As a result of the insecurity caused by armed groups, one-third of the health services have been destroyed or looted and are unable to
provide malaria treatment. This has also led to a lack of preventive activities, such as the use of insecticide-treated mosquito nets. Families are more exposed to mosquitoes after leaving home to live in remote areas or other precarious conditions.

Despite significant efforts in recent years, access to safe drinking water and sanitation remains a challenge in CAR. Before the crisis, the last Multiple Indicator Cluster Survey (MICS) revealed that only 64 per cent of the population used an improved water source and that only 22 per cent used improved sanitation. The crisis has significantly exacerbated this situation. No cholera cases were reported in 2013. Proactive measures were carried out in Bangui following the coup in March 2013 to rapidly disseminate hygiene messages, provide chemicals for water treatment and organise waste management to prevent disease outbreaks.

**Country Programme Analytical Overview**

During the second year of the programme cycle (2012-2016), UNICEF attempted to continue its regular programme implementation while accelerating its humanitarian response. However, this response has been severely complicated by the limited presence of Government officials at the sub-national level, the limited capacities of key partner Ministries, and the limited coverage of NGO partners to effectively deliver basic services.

Programme interventions were seriously interrupted due to two evictions of international staff at the end of December 2012 and in March 2013. While great efforts were made to mitigate the impact of a three-month evacuation of all non-essential international staff to Cameroon after the coup d’état, programme implementation in CAR faced considerable challenges. The two Zone Offices in Kaga-Bandoro and Bossangoa were looted in March 2013. The Office and warehouse in Bangui also suffered losses, with the total value of the stolen supplies estimated at US$525,000. Those financial losses exacerbated an already difficult fiscal situation, as the 2013 UNICEF Humanitarian Response Plan was only half-funded.

While relocated in Yaounde, most UNICEF international staff participated in an inter-agency Programme Criticality exercise, which contributed to prioritising programming within a high-risk environment and determining ways to manage risks. This also enabled a prioritisation of critical staffing for implementation of critical programming. For more than 12 weeks, from the end of March to early July, UNICEF international presence was limited to four staff members (the UN system limited the total number of international staff to 40). During the period from March to June, many international non-government organizations (INGOs) were forced to close critical humanitarian programmes across CAR due to heavy looting and continued insecurity.

Despite the approval of the Programme Criticality Assessment in June 2013 and the resuming of Level 1 critical life-saving programmes across the country, UNICEF faced several challenges in re-establishing and expanding its presence outside Bangui to address the growing humanitarian needs. UNICEF redeployed its staff to Kaga-Bandoro in August. In Bossangoa, UNICEF programming was carried out through rotating teams who coordinated and implemented emergency Water, Sanitation and Hygiene (WASH), child protection and health activities in the two major IDP sites hosting 48,000 people. All programme components had to manage serious challenges and bottlenecks, including low partner capacity and high-level insecurity, which restricted movement and access to the interior of the country. Loss and damage of supplies and offices in Bangui, Bossangoa and Kaga-Bandoro occurred as a result of looting.

Data collection through regional statistical dashboards and other tools of the Statistical Institute and Subnational Offices of the Ministry of Planning was not possible in 2013, although emergency interventions were regularly monitored and reported. While serious efforts were made to prepare for MICS 5 to be carried out in early 2014, recent events have seriously compromised that important exercise.

**Humanitarian Assistance**

The Rapid Response Mechanism (RRM) was established to collect, manage and disseminate secondary data among clusters to increase understanding of major vulnerabilities in the most affected areas of displacement and provide an immediate response. It initially extended to 20,000 people (WASH/NFI) and led to the treatment of 2,500 cases of severe acute malnutrition (SAM). The RRM overcame significant constraints
related to the near shut down of Bangui operations in April and May, eventually reaching more than 45,000 children, women and families with emergency WASH and non-food items (NFI). The nutrition component reached more than 13,000 SAM cases. As of December 2013, the RRM conducted 24 emergency assessments focusing on the worst affected areas of the country.

The acute humanitarian crisis required a significant scaling up of UNICEF response. An emergency unit composed of six staff was created and led the development and coordination of overall UNICEF response, including the adoption of a mobile team strategy. Through this strategy, 11 multisectoral and integrated missions were launched between July and September, followed by the redeployment of 11 UNICEF staff to Kaga-Bandoro and 12 staff in Bossangoa field offices, which were heavily looted between January and April. A third zone office in Bambari was also established.

Effective Advocacy

*Partially met benchmarks*

The rapidly deteriorating situation required strong advocacy at the national, regional and global level. Collaboration with UN agencies and partners, including cluster members, to advance women’s and children’s rights, was strong across all UNICEF programmes.

Advocacy with SODECA enabled water distribution to be resumed in Bangui after the March coup. Similar advocacy was successfully carried out to ensure continuity of services to IDP camps in Bossangoa and Bangui following the December events.

Some 182 children were released beginning in June 2013 as a result of UNICEF’s advocacy with the Head of State. Advocacy efforts were sustained as the UNICEF Representative had several meetings with the President, the Minister of Disarmament, Demobilization and Reintegration and the Minister of Defence, to gain access to military camps and pursue its responsibilities under the Security Council Resolution 1612 for the release of children associated with armed forces or armed groups. After months of negotiations with transitional authorities, UNICEF secured access to cantonment sites to verify, identify and release children who had been recruited into armed groups throughout CAR.

As part of the Protection Cluster, an advocacy paper was submitted to the transitional Government, requesting for the protection of civilians and the return of administrative authorities to the provinces. It also called on the authorities to ensure an immediate resolution of the crisis, while respecting humanitarian principles.

Significant efforts were also made to advocate for a general lifting of the compulsory US$12- US$20 registration fee for children under the age of 6, including those born during the recent conflict. This would allow children to register and be issued birth certificates for the period of one year. A draft Presidential Decree was prepared in November, but recent events in Bangui have stalled further development on this front.

As part of the Inter-Agency Task Team on HIV in emergency situations, UNICEF advocated for a well-coordinated response of the humanitarian and health actors to retrace lost patients on anti-retroviral treatment (ART) and to ensure the provision of a minimum package for HIV. Before the crisis, up to 15,000 people living with HIV (PLHIV) were on ART and roughly another 50,000 eligible PLHIV could not be covered. The number of lost patients on ART is estimated to be in the thousands by the Comité national de lutte contre le SIDA (CNLS). As a result of advocacy efforts, measures have been taken by the MoH and the implementing partners to provide free care based on humanitarian principles. To be fully effective, this means the provision of essential drugs and medical equipment as well as supporting the running cost of health services, including the payment of salaries and incentives. The Representative and communication for development (C4D) team called on national authorities as well as religious and community leaders for inter-religious dialogue and co-existence.
Capacity Development

Partially met benchmarks

Rebuilding the operational capacity of public services after the disruptions linked to the March coup d’état governed the UNICEF capacity development approach in 2013.

The Child Survival and Development (CSD) programme supported the functioning of 290 health centres, equipped 13 hospitals with newborn reanimation kits and delivered 32 obstetrical kits to 20 health centres. The Education programme provided education kits to 77,000 primary school children through the “Back to School Campaign.” The WASH programme assisted the Government Urban Water authority units in Bangui and Bossangoa with chemicals and equipment and also supplied water pumps, spare parts and drilling equipment to the National Water and Sanitation Agency.

The Child Protection programme supported the functioning of two transit camps for 182 children released by armed groups and provided psychosocial assistance to 12,102 vulnerable children and children separated from their families. The programme also supported the functioning of the civil registration system in Bambari, Bangui, Bimbo, Bégoua and Damara, targeting 12,000 children.

Thematic training by sector was carried out to boost existing technical capacity to respond at the sectoral level. The CSD programme facilitated the training of 65 midwives on Kangorou method, 102 nutrition specialists on acute malnutrition management, and 360 health agents on cold chain maintenance. The CSD programme also sponsored the participation of seven Government staff to international meetings in Senegal, Switzerland, South Africa, and Brazil.

The Child Protection programme provided the following training:
- 57 birth registration officers and 105 community leaders in birth registration;
- 100 Multinational Force of Central Africa and CAR Defence and Security forces on grave violations of child rights;
- 40 journalists on ethics and grave violations of child rights;
- 47 child protection committees on community child protection mechanisms;
- 331 members of Community Child protection networks of the prefectures of Mbomou and Haut Mbomou on child protection issues;
- 300 social and health workers of Ouham on the prevention of sexual violence; and
- 66 teachers, social and health workers of Ouham prefecture on the identification and care of non-accompanied children and on psychosocial care of children affected by conflicts.

Financial and administrative school management capacity was also strengthened for 464 teachers, 116 headmasters and 116 parents associations.

Ten staff of the National Water and Sanitation Agency were trained on use of drilling equipment and 350 members of 70 water point management committees and 10 water points repair craftsmen were trained.

The C4D trained 5,000 social mobilisers on interpersonal communication for vaccination activities (polio, Vitamin A, etc.); 30 community animators on the promotion of hygiene and sanitation in emergency camps; and 40 journalists on grave violations of child rights and HIV/AIDS prevention during emergency. An additional 120 peer educators were trained on life skills, hygiene and sanitation and peace promotion in Bangui, Bimbo and Begoua.

Sixty partners were trained in results-based management (RBM), Monitoring and Evaluation, and 30 Government staff were also trained in DevInfo. These trainings aimed to improve the capacity of partners in quality analysis, planning and targeting of interventions through an equity lens.
Communication for Development

*Partially met benchmarks*

In 2013, the Communication for Development (C4D) programme supported all other programmes as well as developed activities to promote child participation and HIV prevention among adolescents. In response to the crisis, the C4D team focused on the promotion of three essential family practices. Efforts by C4D supported the integrated vaccination campaigns, the Long Lasting Insecticidal Nets distribution campaign, the “Back to School” campaign, cholera prevention, promotion on the elimination of mother to child HIV transmission (eMTCT) and prevention of gender-based violence (GBV). Communication tools targeting 18 key behaviours were launched. Interventions included the use of both mass media communication (several radio and television programmes) and interpersonal communication (theatre groups, 5,000 social mobilisers, traditional songs).

UNICEF facilitated discussions between the Government and the youth parliament. This exchange facilitated an intergenerational dialogue between children and representatives of the National Transition Council, line Ministries, United Nations, international and national NGOs and civil society. These discussions highlighted the importance of child rights in the context of the CAR crisis. Several recommendations on the protection and promotion of child rights were made and a special representative for children was appointed.

C4D also supported HIV prevention among high risk groups. A total of 5,000 adolescents and young people were reached with key messages, resulting in 411 young people being tested for HIV (280 male and 131 female). C4D also led peace promotion efforts in the cities of Bangui, Begoua and Bimbo by working with local youth structures and Mercy Corps to organise a talent show to promote peace and healthy behaviours. A total of 60 young people and 120 peer educators were mobilised for this talent show, which was attended by 10,000 adolescents and young people.

Service Delivery

*Partially met benchmarks*

Basic social services have largely collapsed as civil servants and government service providers have been unable to perform their duties as a result of widespread insecurity. Most health workers, teachers and other service providers have also fled their posts. Health facilities and schools throughout the country need to be rebuilt, rehabilitated, re-staffed and re-equipped.

Many years of underdevelopment have severely weakened and eroded CAR’s state institutions. UNICEF and other actors have been called upon to provide basic services in place of the Government, and it is also important to turn the crisis into an opportunity to rebuild national social service infrastructures. UNICEF will not be able to achieve that colossal task alone. It will be essential to mobilise all actors with a shared vision of recovery, peacebuilding and development.

The multi-sectoral programme, “Rehabilitation of social facilities in the north and south-east of the Central African Republic,” sponsored by the Government of Japan, made little progress this year. This programme aimed to improve education, health, and WASH through delivery of school equipment, construction of schools and water and sanitation facilities, rehabilitation of health centres and youth centres, as well as community-based capacity-building. However, the programme faced enormous challenges due to prevailing insecurity in the country.

Strategic Partnerships

*Partially met benchmarks*

UNICEF’s ongoing leadership of the Education, Nutrition and WASH Clusters and co-leadership of the Protection Cluster leverages the capacities and resources of all partners in emergencies and ensures UNICEF’s involvement in key sectoral developments. As the humanitarian situation has deteriorated, UNICEF has taken
key steps to strengthen its leadership role to effectively mobilise all actors.

Despite the fact that there has not been a regular presence of internationally affiliated journalists in Bangui who could have helped draw attention to the plight of children, UNICEF played a critical role in orchestrating a number of media visits. A total of 12 media visits (including The Independent, Al Jazeera, BBC, CNN, and Associated Press) and two donor visits (including with Goodwill Ambassador Mia Farrow and the Luxembourg National Committee) were organised by the Office. A series of in-country meetings were organised with the main donors, France and ECHO. Other donor visits were organised in Cameroon with representatives of Japan, Korea, Canada, and with several national committees (France, Belgium, Netherlands, Germany, and Luxembourg) in their various headquarters.

With support from ECHO, UNICEF was able to continue implementing the Rapid Response Mechanism through two key partners, ACTED and ACF. In 2014 the RRM partnership will be extended to other partners.

UNICEF organised six charter flights, two of which were sponsored by the Office of U.S. Foreign Disaster Assistance (OFDA) and one by Panalpina. Those flights contained a total of 306.20 metric tonnes (1,615 cubic metres) of essential life-saving items and other emergency goods for the most-affected populations.

The Global Partnership for Education, through its accelerated funding modality, allocated US$3.9 million to the Ministry of Education that will be managed by UNICEF. The grant will be used to benefit 115,000 children in 340 schools in 2014 and will boost efforts to support children’s education in CAR.

Knowledge Management

Partially met benchmarks

UNICEF CAR has strengthened its knowledge management as well as the analysis of data generated through surveys, rapid assessments, evaluations, field missions and programme reviews.

Following the training held in 2012 for all UNICEF partners on RCAInfo, two additional data entry sessions were held in the second half of 2013. Additional data were uploaded on the RCAInfo database by Government officials who are the focal points on RCAInfo in their respective Ministries. UNICEF also collaborated with MapAction and EUROSHA to provide real-time information and maps to supply data for decision-making and emergency coordination. Through partnership with IMMAP1 at regional level, the CO received support with information management in mapping the displacement situation triggered by fighting in December 2013 and UNICEF’s subsequent response. The emergency has forced UNICEF to change roles from a consumer of knowledge, where the Office collected knowledge from outside the organisation, to an innovator and influencer, where UNICEF creates knowledge to influence partners and advocate for actions in emergencies.

This has been realised through the utilisation of the RRM. As the lead agency for RRM implementation, UNICEF provided data and analysis for all rapid assessments. All analyses were uploaded in the OCHA website for CAR and used by the clusters to inform and coordinate the respective sectoral emergency responses. The 3PM approach is currently collecting data related to the situation of women and children in selected areas of the country as well as on the impact of UNICEF’s interventions. It is expected that the information generated will be used to sharpen future emergency responses. The CAR Yammer group is still active and was used to facilitate information exchange. The Office has begun exploring other knowledge management tools to streamline knowledge sharing. A staff member of UNICEF CAR attended a regional workshop on knowledge management. The analysis conducted for CAR during the workshop highlighted the importance for the Office to gradually move towards a focus on knowledge generation to enhance the quality of UNICEF programming. An internal meeting was organised to share the findings of the knowledge management workshop and develop a knowledge management road map for the Office.

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1 iMMAP is an international not-for-profit 501(c)3 non-governmental organization (NGO) that provides targeted information management support to partners responding to complex humanitarian and development challenges
Human Rights Based Approach to Cooperation

*Partially met benchmarks*

Concrete efforts were made to integrate human rights principles in all aspects of programming, strengthen the participation of rights holders in programme interventions and raise awareness of duty-bearers on child rights. However, it must be noted that the ongoing crisis constrained programme implementation. As the Office progressively shifted its development approach toward emergency response, the various programmes revisited their programme interventions based on the core commitments for children in humanitarian action.

Gender Equality

*Partially met benchmarks*

Concrete action has been taken to ensure the integration of gender in the planning, implementation and monitoring and evaluation of emergency interventions. The Gender Focal point is in charge of reviewing the CO and inter-agency plans to ensure gender mainstreaming. However, the Inter-Agency Group on Gender and Development was not operational in 2013, which limited possible programmatic synergies. The 2010 MICS highlighted an important gender gap with regard to the illiteracy rate of young men (48.9 per cent) and young women (72.6 per cent).

Efforts were made to disaggregate data by sex in all humanitarian assessments, which consistently highlighted the vulnerabilities of women and children with respect to violence. Numerous reports of sexual violence have been made, but most survivors (97 per cent female, 3 per cent male) hesitate to report cases for fear of retaliation by perpetrators, lack of a functional justice system to address complaints, and limited health and psycho-social assistance.

Environmental Sustainability

*Initiating action to meet benchmarks*

Efforts to minimise climate change impacts and promote environmental sustainability were constrained in 2013 due to the series of crises in CAR.

Waste management systems in Bangui came to a halt following the coup in March 2013. UNICEF worked with ACTED and the Mayor’s office in Bangui to organise waste management efforts to prevent serious epidemics. The population was sensitised in waste management and a positive response permitted the organisation of a three-level waste management system. Following the coup, UNICEF supported the delivery of chemicals to Bangui for the national water authority to re-establish running water for the whole population of Bangui, which is estimated at almost 800,000 people.

The Hydraulic General Direction has completed the Manual Drilling Guidelines in CAR, although their final approval is being delayed due to the political situation. This initiative will facilitate water access to populations in northern CAR, decreasing the dependency on technical issues related to drilling.

When managing the displaced people sites, special attention was given to account for latrines allocation, drainage control in water point areas, waste control and water pumping in order to minimise water contamination and ensure the control and sustainability of water table levels.

Child Protection and WASH programmes are currently exploring options for solar lighting of latrines to contribute to energy efficiency while reducing the risk of GBV for vulnerable women and girls in IDP sites in Bangui and Bossangoa.
South-South and Triangular Cooperation

As part of the Innovation Initiative, UNICEF organised a study visit of five staff to Kampala, Uganda, and explored best practices and innovations with potential applications in CAR, including technological innovations, products, research and programmes that could expedite programme implementation.

The WASH section sponsored the participation of several officials to capacity-building workshops. Four officials attended a “WASH in emergency” workshop in Burkina Faso, one official attended the sanitation marketing workshop in Senegal, and another official participated in a field visit to Chad to gain experience on their drilling methods. One official also attended the Annual Review of the regional Netherlands-funded WASH programme, another attended the Sanitation and Water For All meeting in Geneva, and two officials participated in the UNICEF CAR WASH planning exercise when international staff were evacuated to Yaoundé, Cameroon.

The CSD programme sponsored the participation of:
. three Ministry of Health officials to a meeting in Senegal on Health Districts Management and Nutrition Cluster Coordination;
. the Minister of Health to attend a Health Diplomacy conference held in Switzerland;
. one MoH official to South Africa for a Maternal Mortality workshop co-organised by UNICEF, WHO, UNFPA and the African Union;
. one MoH official to Burkina Faso to attend a workshop on Expanded Programme on Immunization (EPI) logistics; and
. two MoH staff to attend an international forum on Health Human Resources Management in Brazil.

The Social Policy, Planning and Monitoring and Evaluation programme sponsored the participation of four officials to attend the MICS Round 5 workshop in Senegal.
Narrative Analysis by Programme Component Results and Intermediate Results
Central African Republic - 0750

PC 1 - Child survival and development

On-track

**PCR 0750/A0/04/801**

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

**Progress:** Implementation of this programme component was affected by the ongoing crisis in 2013. As a result, the CSD programme implemented a one-year Humanitarian Response Plan (HRP) to focus on the Core Commitments for Children in humanitarian action. The main objective of the HRP was to reduce death among under-five children by providing an integrated package of high impact child survival and maternal health interventions in CAR. The already weak health system was seriously affected by the crisis. Most doctors have not resumed work outside the capital, and health facilities across the country lack essential supplies and medicines. At years’ end, it is estimated that at least one-third of the country’s health facilities are not functioning due to the lack of the essential drugs and equipment, the absence of health staff, or simply because the facility was destroyed or looted. This explains the deterioration of the situation below baseline levels on some indicators. Timelines and data collection coverage may also lead to disparities with baseline data. The risk of disease outbreak, particularly cholera, measles, polio and Yellow fever, has increased significantly, severely putting at risk the survival of children. UNICEF assisted the Government and partners to progressively provide basic health care, providing essential drugs, regularly assessing the situation, organizing integrated immunization campaign, and through rehabilitation of selected health facilities. These efforts demonstrate that life-saving interventions can be undertaken despite countless difficulties. The performance of the health system was poor before the crisis – for example, measles vaccination coverage was 66 per cent and Penta 3 coverage was 58 per cent; and the proportion of children 12-23 months completely immunized before their first birthday was 13 per cent. The proportion of children under 5 treated for acute malnutrition was 17 per cent. That situation worsened due to the crisis, but improved by the end of 2013, up to 89 per cent of the target. Measles coverage rate decreased from 66 per cent to 27 per cent and Pentavalent 3 from 58 per cent to 27 per cent.

On-track

**IR 0750/A0/04/801/001**

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

**Progress:** The country has adopted the health sector development plan 2006-2015 as an implementation tool of the National health policy. The plan aims to improve the health status of the population, particularly for the vulnerable and the poor. The intervention process was hampered by several factors, including the weak capacity of managers, the high turnover of senior health staffs, and irregular salaries. The planned decentralized district approach was not yet officially endorsed by the Government. The ongoing humanitarian crisis does not allow for adopting the planned sector strategic document and implementation tools. The UNICEF initiative supporting nine prefectures to scale up the accelerated Strategy for Child survival and development was interrupted. The national strategic plan to fight against malaria developed in 2012 was validated and a coordination meeting of partners was organized in 2013. The National Nutrition Policy was validated in October 2013 at the national level. Support was provided to the Ministry of Health to improve the management of malaria drugs related to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM) round 8 grant. As soon as the security situation and the sector governance allow for it, UNICEF will provide assistance to the Government and other stakeholder to implement a district health system as tool to respond to emergency and transition to recovery.

Constrained

**IR 0750/A0/04/801/002**

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

**Progress:** In 2012, the country revised the health norm and protocols, as well as the package of activities to be implemented at community and facility levels. The logistics capacity of partners has been weakened by the looting and pillaging caused by armed conflict. The looting of most vehicles, ambulances, motorcycles, and equipment delivered in 2012 to perform high impact interventions for the reduction of maternal, neonatal and infant mortality impedes access to life saving interventions. All of the 13 prefectures of the country and Bangui communes have been affected. Overall, the health facilities face challenges in terms of shortage of essential drugs and medical equipment. Even though most of the health practitioners, including the community health workers, have resumed work, the majority of district medical officers and regional health directors did not return to their duty stations. The main challenges include insecurity, the lack of logistic and medical supplies (medical equipment, cars, motorbikes) to perform the supervision and monitoring of activities; as well as irregular salaries. UNICEF, with support from the Regional Office, is developing a national approach with the MoH to implement and scale up the district approach. This approach will assist the national and district levels in planning and implementing a package of high impact interventions as well as performance based financing and decentralised monitoring mechanisms.

Constrained

**IR 0750/A0/04/801/003**

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

**Progress:** Following an assessment of Kangaroo mother care method implemented in 2012 in seven ACSD prefectures, 52 maternity wards and ANC staff in Bangui were trained on this approach. Twelve obstetrical kits (2 drugs kits and 10 equipment kits) to assist 2,800 normal deliveries and 1,400 obstetrical complications were provided in Bangui, Obo and Bimbo maternity wards. The report of the first semester on maternity in the country (“Hospital Communautaire”) indicated that there were 2,995 deliveries, 7.4 per cent of them by caesarean section. From January to March of 2013, 6,564 pregnant women received the first dose of intermittent preventive
treatment (IPT1) and 4,777 received the second dose (with 9.5 per cent of available reports), an d15,216 out of 190,338 pregnant women received Iron/Folic Acid (8 per cent) to prevent anaemia. Twenty health facilities were supplied with 32 obstetrical kits to support 5,400 normal deliveries and 1,500 complicated deliveries. Fifteen hospitals were supplied with new born resuscitation kits and 67 underweight newborns were managed according to the kangaroo care method in Bangui and Berberati hospitals.

IR 0750/A0/04/801/004 By 2016, the treatment of childhood diseases (malaria, pneumonia, diarrhoea) and multi-micronutrient supplementation are effective both at community level and in health facilities in the 13 targeted prefectures.

**Progress:** The ongoing crisis worsened the already fragile health status of children under five in CAR by limiting their access to basic preventive and curative care. In response to the present needs and based on the results of several assessments, UNICEF supplied 176 malaria kits and 225 basic kits containing essential drugs (Albendazole, SRO/Zinc, Amoxicillin, etc.) and consumables to health facilities in Bimbo, Begoua, Darara, Sibut, Dekoa, Bambari, Grimari, Ndule, Bamingui, MoBaiki, Boali, Bossembele, Mobaye and Bangui city for the management of at least 176,000 cases of simple malaria, 15,000 diarrhoeal diseases and 56,000 cases of pneumonia in children under five, based on the national protocol. UNICEF continues to provide critical technical support to boost the implementation of the Global Fund Tuberculosis, Aids & Malaria (GFTAM) round 8 malaria programme in CAR (securing anti-malarial drug provision to avoid shortages in the field, also assisting in field distribution of these drugs within the country, mentoring the principal recipients and secondary recipients to implement an effective programme).

**Constrained**

IR 0750/A0/04/801/005 By 2016, 100 per cent of EPI centres are functional, offer the EPI + package and conduct active research to understand and reduce dropout rates.

**Progress:** The on-going crisis in CAR negatively impacted efforts to improve the Extended Programme on Immunization and increase immunization coverage rates. Cold chain equipment was looted and insecurity totally disrupted access to EPI services across the country during the March and April periods. Beginning in May, EPI centres gradually restarted immunization activities in Bangui and its surroundings. With the gradual improvement of the security situation, UNICEF is working to re-establish the cold chain and vaccine supply, with the view to resume routine immunization activities through fixed and outreach strategies, including social mobilization. Thirty five refrigerators were distributed. As of 30 November 2013, 363 out to 372 health facilities (98 per cent) were providing immunization services. Only 27 per cent of vaccination coverage was achieved for both the third dose of pentavalent and measles as of the end of September 2013.

**Constrained**

IR 0750/A0/04/801/006 By 2016, in the 13 targeted health prefectures, 100 per cent 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.

**Progress:** In 2013, UNICEF provided technical assistance to the Government and partners to scale up integrated community management of acute malnutrition (CMAM) by aiming to reach the hard-to-reach children and assist communities to prevent malnutrition. Some 12,447 cases of acute malnutrition were admitted in nutrition programmes. This represents an 89 per cent coverage rate with regard to the expected estimated caseload of 14,077. A thorough assessment of coverage based on the number of cases admitted in 2013 shows that coverage remains a concern (53 per cent) in areas without or with insufficient numbers of nutrition facilities. The scale up process was impeded by the crisis, especially in Ombella Mbres, Nana Gribizi, Nana Mambere, Sangha Mbaere, Mbomou, Kemo and localities surrounding Mbres, Ouaka, Nana Mambere.

The performance indicators for outpatient therapeutic programmes (OPT) are: cured rate - 76 per cent; death rate – 2 per cent; defaulters’ rate – 8 per cent; and relapse rate – 2 per cent. A total of 102 OPT out of 150 (68 per cent) and 21 of 24 Inpatient therapeutic programmes (88 per cent) have reopened since the coup.

The deteriorating humanitarian situation and the increased insecurity have continued to deprive a large part of the CAR population of their right to integrated health and nutrition services. The situation also hampered technical and logistical support from implementing NGOs. The stock out of nutritional products was exacerbated by the over-reliance on the only road corridor to transit goods into the landlocked country. Closure of this corridor threatened the provision of life-saving commodities to all regions of the country. Emergency infant and young children feeding practises and messages were included into the package of the integrated vaccination campaign, which covered 14 prefectures.

**On-track**

IR 0750/A0/04/801/007 Each year from 2012-2016, the planned campaigns are conducted with quality and integrate vitamin A supplementation for children 6-59 months and deworming of children 1-5 years every 6 months.

**Progress:** Several measles outbreaks have been reported since December 2012 due to weak routine EPI vaccination coverage rates and disruption of EPI services due to humanitarian crisis. The response began with localized micro-campaigns, which were limited in their ability to stop the outbreaks. At the end of the first phase of the national integrated vaccination campaign (measles, polio, deworming, Vitamin A) covering four health regions (Lobaye, Mambere-Kadei, Nana Mambere, Ouham-Pende, Ombella-Mbres, including Bangui), more than half a million children out of a target 739,900 have been vaccinated against measles.

The second phase of the national campaign began on November 26 to cover the remaining regions, but Vakaga remains inaccessible due to poor road infrastructure during the rainy season. Since May of 2013, a national measles campaign was organized and conducted all over the country (except Vakaga Prefecture and part of Ouham prefecture planned for early 2014) and targeted children under five
years old. Measles campaign was integrated with polio Immunization, vitamin A supplementation and deworming.

**Constrained**

**IR 0750/A0/04/801/008 Provision of emergency health services for conflict affected populations.**

**Progress:** The crisis worsened the already weak emergency obstetrical and neonatal care available to assist women at risk. Most of the 254 health facilities, including referral hospitals, do not provide the required emergency obstetrical and neonatal care (EmNOC) package. The main causes for this are the lack of qualified staff and medical supplies, which is aggravated by limited resources allocated to EmNOC and PMTCT services. Only 80 health facilities are providing a comprehensive package of PMTCT activities. Half of those PMTCT sites benefited from UNICEF assistance through provision of antiretroviral drugs and diagnostic test kits. A PMTCT scale up plan including bottleneck analysis was adopted in 2013 but has not been implemented. UNICEF supplied 32 obstetric kits to 20 health facilities and resuscitation kits to 13 hospitals. The needs are huge and must be prioritised and addressed by several partners. UNICEF will support an emergency obstetrical and neonatal care needs assessment to identify the gaps and the components to strengthen.

**Constrained**

**PCR 0750/A0/04/802 By 2016, 70 per cent of girls and boys, young people and women of reproductive age, including those in emergency affected parts of the country, minority groups and the poorest quintile have access to knowledge, testing and treatment of HIV and AIDS.**

**Progress:** UNICEF, in partnership with other UN agencies, GFTAM and ESTHERAID, provided support to the MoH and the National AIDS Commission, to elaborate the National strategic HIV control plan 2012 -2016, which aims to guide national HIV response. A gap analysis was carried out in the area of PMTCT and a plan to eliminate MTCT was designed and is now being implemented. An M&E plan is being finalized to accompany the National Strategic HIV control plan. At the downstream level, the capacity of the health workers in providing PMTCT services was strengthened, and 49 per cent of PMTCT-supported sites are currently functioning. Early infant diagnosis of children under one through blood dry spot was rolled out in ten district hospitals. Systems have been set up to ensure referrals, samples collection and feedback of the results in high impact intervention districts. A strong partnership with ESTHERAID in this area proved beneficial in moving forward with planned interventions. Despite those efforts, only 30 per cent of women ages 24 to 49 years and 20 per cent of their partners have access to HIV testing services; only 10 per cent of HIV positive pregnant women and 8 per cent of children of HIV positive mothers have access to ARV; and only about 21 per cent of young people in need of ARV are covered. Improvement in those areas is impeded by limited access and poor quality of HIV services, coupled with increased demand for HIV prevention and treatment services. Approximately 75 per cent of PMTCT sites were re-established after the coup d'état, and were able to offer HIV information and testing to 11,408 young people. Only 19,338 out of 37,346 pregnant women seen in antenatal services were able to be effectively tested, because most sites suffered stock shortages of essential commodities and tests kits. The main challenges include resource mobilisation to scale up PMTCT activities and advocacy for more donors and national resources to be allocated to eMTCT activities.

**Constrained**

**IR 0750/A0/04/802/001 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.**

**Progress:** In 2013 UNICEF supported the finalisation and validated the national plan for the elimination of mother-to-child transmission of HIV. District plans were developed, but have not been validated as planned due to the crisis. In accordance with Global plan PMTCT priorities, WHO launched new recommendations toward the elimination of mother-to-child transmission of HIV. UNICEF, in close collaboration with WHO and ESTHERAID, launched a national discussion to support the review of the PMTCT protocol. An option B+ protocol for PMTCT was adopted, which led to the review and adoption of option B+ to allow enrolment of more mothers on treatment and improve PMTCT results. The Ministry of Health supported rapid assessments in the Bangui, Ouaka and Oualah Mpende regions and re-established PMTCT/ART services, including supply of commodities and drugs. Some 75 per cent of sites existing before the crisis are functioning.

**Constrained**

**IR 0750/A0/04/802/002 By 2016, at least 80 per cent Class A and B health facilities have adequate capacity for the prevention, diagnosis and treatment of children, youth and pregnant women and their partners infected/affected by HIV and AIDS in the 13 targeted prefectures.**

**Progress:** Despite efforts in 2013 to implement PMTCT in UNICEF supported zones, many of those sites were not functioning due to crisis. The exception was 16 sites in Bangui. Throughout the crisis period, efforts were made to support the Ministry of Health to conduct rapid assessment, and to support re-establishment of services, including provision of drugs and commodities. At the end of November, 80 of the 106 PMTCT sites functioning before the crisis had been re-established (75 per cent). More needs to be done to ensure the use of the services by pregnant women. Very limited resources are allocated to PMTCT services. The main funding sources include the Global funds and UNICEF. The resources mobilised are able to provide PMTCT and paediatric AIDS care to approximately 50 per cent of the case load. The country has adopted the B+ option, meaning lifelong treatment, which may increase the country’s needs for Antiretroviral drugs. UNICEF will continue its support to 45 PMTCT sites and will mobilise additional resources to scale up the programme, with a focus on integrating PMTCT into the reproductive health services.

**Constrained**

**IR 0750/A0/04/802/003 By 2016, 100 per cent of class A and B health facilities are strengthened in PMTCT and conduct systematic HIV testing for pregnant women and their partners in the 13 targeted prefectures.**
**PC 2 - Water, sanitation, and hygiene**

**Progress:** Approximately 75 per cent of PMTCT sites were re-established and able to offer HIV information and testing to 11,408 young people. Only 19,338 out of 37,346 pregnant women seen over the year in antenatal services were able to be effectively tested. These poor performances were due to the lack of ARV and diagnostic test kits, the lack of integration of PMTCT into reproductive health services, the poor management capacity of health staff at the decentralised level, aggravated by the fact that less than half of the PMTCT sites were able to provide services due to the crisis. UNICEF is advocating to mobilise additional resources for PMTCT programme and will continue to provide technical assistance in scaling up PMTCT services. In that regard, two HIV/AIDS specialists will be recruited by UNICEF to provide technical assistance in planning, implementing and monitoring programmes.

**Constrained**

**IR 0750/A0/04/802/005** By 2016, 100 per cent of PMTCT sites provide ART (prophylaxis and treatment) for women, their partners and children who tested HIV + in the 13 targeted prefectures and monitor those who drop out.

**Progress:** Out of a total of 9,327 tracked infants born to HIV mothers, 1,455 were tested for HIV and AIDS. Some 1,249 (14 per cent) HIV positive women received ARV prophylaxis to prevent mother to child transmission, and 8,176 HIV positive women and 1,001 infants received ART treatment.

**Constrained**

**PCR 0750/A0/04/803 By 2016, in the provinces of the country showing poorest access and coverage of WASH services, at least 50 per cent of the population accesses potable water and basic sanitation and implements good hygiene practices.**

**Progress:** Despite significant efforts in recent years, safe drinking water and sanitation access is still a challenge in CAR. The last MICS revealed that only 64 per cent of the population use improved water sources and that only 22 per cent use improved sanitation. A strategic planning exercise was conducted on the 2014-2015 packages of interventions in WASH during the annual programme review. Activities planned for 2014 with regard to water supply include increased manual drilling and household water treatments that use lighter equipment. Those are particularly relevant in CAR, where access is limited because of poor road conditions. UNICEF has launched a programme to “professionalize manual drilling” that aims to develop a network of local entrepreneurs. Resources available for both manual and mechanical drilling do not currently cover the substantial needs of the population. UNICEF focused its interventions on community led total sanitation (CLTS) to increase the number of the Open Defecation Free (ODF) villages. The hygiene promotion interventions focused particularly on girls. A waste disposal management system was implemented to ensure a proper environment during the three months after the March 2013 crises. UNICEF also supported the national water agency by providing essential water treatment products to ensure safe water accessibility to 180,000 people in Bangui. UNICEF constructed and rehabilitated water points in communities. The construction in schools and health facilities was limited due to the focus on addressing emergency needs. Emergency interventions included assuring WASH Cluster coordination among partners, providing access to safe water to more than 83,000 displaced people, and disseminating messages to improve hygiene practices to more than 223,000 displaced people. More than 470 tons of solid waste were collected and dumped, ensuring a proper environment after the 2013 March crises in Bangui. UNICEF's Rapid Response Mechanism (RRM) allowed immediate response after field assessments to improve access to water services and non-food items distribution. The WASH stocks in Bangui have been replenished, but they have not been replenished in zonal offices due to looting and prevailing insecurity. Partnership agreements were signed with NGOs that allowed prompt responses to meet most pressing needs. No cholera outbreaks were reported in 2013. The humanitarian situation has worsened and affected capacity to deliver results as originally planned.

**On-track**

**IR 0750/A0/04/803/001 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.**

**Progress:** The Government of CAR has led a series of reforms in the WASH sector since 2006, starting with national WASH sector policy and including strategies such as the National Policy and Strategies on Water and Sanitation, adopted in 2006. The latter policy was accompanied by the WASH Sector Round Table, organized in collaboration with UNICEF in October 2010, and by the Poverty Reduction Strategy Paper (PRSP II), adopted in 2011. Laws and regulations in the water and sanitation sector are still insufficient. The existing Government policy in the WASH sector emphasizes the following four points: low cost, sustainable drinking water supply in poor rural areas; implementation of CLTS at scale in rural areas throughout the country; community involvement in all WASH-related programmes; and sector liberalization toward more public-private partnership. With UNICEF’s technical support and financial assistance, the national policy and strategies on sanitation and hygiene were developed and validated in 2012. A working group was put in place to define norms and standards for water and sanitation facilities. A validation workshop was successfully organized. Next steps include development and implementation of a national action plan for drinking water, basic sanitation and hygiene promotion. A workshop was held to define main actions to be implemented within the framework of AfricaSan and the new alignment to the eThekwini declaration and commitments, which were presented to international partners. The main challenge remaining is to integrate cross sectoral aspects such as gender, equity and HIV issues in all WASH sector documents. Next steps also include official endorsement of the defined norms and standards by the Government.

**Constrained**

**IR 0750/A0/04/803/002 By 2016, 13 health prefectures have the necessary capacity to implement the high impact package of services.**

**Progress:** UNICEF and partners mainly rehabilitated health facilities; new construction was slower due to limited drilling capacity in the country, heavy workload of UNICEF partners, and prevailing insecurity in programme zones. UNICEF assisted the Government in purchasing a new drilling rig. The rig was first used by the NGO ACF, which also conducted on-the-job training of Government staff in rigs.
operations. The rig was handed over to the Government in order to scale up drilling activities in the country. Unfortunately some of the equipment was looted during the March crisis. UNICEF, in collaboration with the Government, launched a programme to “professionalize manual drilling.” The aim of the programme is to develop a network of local entrepreneurs capable of conducting manual drilling operations. Manual drilling uses lighter equipment than rig drilling. It is expected that manual drilling will contribute to increasing water coverage, particularly in remote areas where heavy machinery cannot be brought in. Resources currently available for manual and mechanical drilling do not cover the substantial needs of the population.

**Constrained**

**IR 0750/A0/04/803/003** By 2016, at least 60 per cent of targeted villages get open defecation free status (ODF) and communities adopt good hygiene practices, particularly hand washing with soap.

**Progress:** The Community Led Total Sanitation (CLTS) approach is relatively new in CAR. After the training workshops conducted in 2012, the main focus for 2013 was the elaboration of a national CLTS strategy and progressive roll-out of CLTS in the interior to improve sanitation coverage. The crises greatly limited access to project sites. UNICEF has signed a partnership agreement with two local firms to undertake third party monitoring to strengthen monitoring of activities. The fragile humanitarian situation called for sanitation interventions other than CLTS, as that approach is not suitable in unstable situations.

**Constrained**

**IR 0750/A0/04/803/004** By 2016, at least 70 per cent of health facilities (FOSA) and 50 per cent of primary schools in areas targeted by the program have adequate sanitation facilities, and students, teachers and health staff are implementing good hygiene practices.

**Progress:** Agreements were signed with NGOs and contracts signed with companies for the construction of latrines is an integral part of the contracts and agreements of schools construction and rehabilitation of health centres. As a result of the high level insecurity in the country, only a few latrines were constructed. Many project sites were looted and the prevailing insecurity has forced the programme to halt most activities. Only 25 per cent of all latrine constructions were started in the second half of the year, and are yet to be completed.

**On-track**

**IR 0750/A0/04/803/005** Households in areas affected by conflict and emergencies (including IDPs) have access to at least 5-15 litres/person/day of safe drinking water, basic sanitation and adopt good hygiene practices.

**Progress:** UNICEF successfully mobilized resources to implement the Rapid Response Mechanism (RRM) to improve the effectiveness of the emergency response. Supplies were prepositioned in Bangui, but not in the zonal Offices due to looting there in March. Partnership agreements were signed with NGOs. At year’s end, UNICEF provided safe water to 83,847 internally displaced people (without taking into account the 180,000 population in Bangui who benefited of UNICEF direct chemical product support for water treatment). Some 35,000 people were reached with direct hygiene promotion messages in certain neighbourhoods of Bangui through focus groups and inter-personal messages, and hygiene promotion campaigns on the radio reached more than 223,000 people in Bangui. Nearly 282,500 people were provided with household water treatment or water storage material to reduce water contamination and facilitate access to water and its storage (jerry cans), as well as essential hygiene supplies (hygiene kits, soap). No cholera outbreak was reported in 2013.

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**PC 3 - Basic education and gender parity**

**Constrained**

**PCR 0750/A0/04/804** By 2016, 80 per cent of school aged children, especially girls and the most vulnerable, benefit from access to basic education.

**Progress:** Much has been done in 2013 with regard to increasing access to primary education for girls and boys in the CAR. Campaigns in three mining regions increased awareness on the rights of children to education, the harms of illiteracy, and the dangers of child labour. National and local radio stations partnered with UNICEF to sensitize parents about school enrolment and retention, especially for girls.

UNICEF distributed 2,000 benches, 23,600 school bags, 37,565 textbooks, and 100 education kits in seven conflict affected prefectures, to encourage the return to school. Emergency projects succeeded in constructing temporary learning spaces, training parent teachers, and providing school supplies to support 49,507 displaced and returnee children in schools, exceeding the target of 40,000.

Much of that progress has been lost with the recent political events. Volatile security has tremendously disrupted the normal functioning of society, and with it, effective education infrastructure. Anecdotal evidence from recent Education Cluster surveys indicates that:

- Approximately 50 per cent of all schools are closed
- Almost half of the 2012-2013 school year has been lost (5.5 months on average)
- Seven out of ten primary school students have not returned to school
- A total of 39 per cent of all teachers from the assessed schools are still absent
- In addition to the 730,000 children (6-18 years old) who were already out of school before the crisis, at least an additional 500,000 students are out of school because of the crisis.

The flagship inter-sector programme funded by the Government of Japan to build 50 schools and related WASH and Health infrastructure within the vicinity of these schools is well underway. In partnership with five NGOs and four private enterprises, 14 schools have been built. and 27 are nearing completion. To enhance communities’ capacities to better utilise and maintain this infrastructure. a number of
local committees are being trained on the management of WASH facilities and the school infrastructure. Training on essential family practices, ownership of community assets, birth registration, and protection of girls and boys from sexual violence in schools is being carried out in these communities.

Constrained

IR 0750/A0/04/804/001 By 2016, the net enrolment rate is increased from 66 per cent to 80 per cent in seven post conflict prefectures.

Progress: The Education system in the CAR effectively came to a halt at the end of December 2012, when most schools were reported closed as a result of the escalating conflict. At year’s end, all prefectures of the CAR have been assessed as being “conflict-affected,” and almost 50 per cent of schools have been reported as closed. The number of affected prefectures has increased from 7 at the beginning of the cycle, to 16 by the end of 2013. It is likely that this target will be revised to 16 at the Mid Term Review, after agreement with government. Data available for the 2011-2012 school year are not sufficient to indicate current net enrolment rate for any of the 16 prefectures. While the Ministry of Education has reported that some administrative staff have returned to their posts, the lack of security, funding, and human resources hampers the collection of comprehensive data on the state of education in the CAR.

The programme to build 50 schools funded by the Government of Japan was not suspended; to date 14 schools have been built and 27 are nearing completion. UNICEF supported the Ministry of Education in a Back to School campaign, through the provision of school kits (School-in-a-Box), recreational kits, and benches as well as Accelerated Learning Programmes for 76,000 school children in 174 additional schools.

Constrained

IR 0750/A0/04/804/002 By 2016, 50 per cent of boys and girls of primary school age in situations of conflict have access to education.

Progress: The number of children assessed as being “in situations of conflict” increased dramatically after the March 2013 coup. UNHCR’s September 2013 report estimates that there are 394,979 IDPs and 64,717 new refugees from CAR. It is unclear how many children in those populations had prior access to education. UNICEF is yet to engage with them because of insecurity and the lack of partner presence to ensure a sustained education response is mounted. Informal interviews continue to indicate that despite receiving supplies and appropriate messaging, parents are reluctant to send their children to school fearing either abduction or rape. At year’s end two Child Friendly Spaces (CFS) have been opened in the town of Bossangoa (Ouham Pende) and supplied with educational and recreational material. Those CFS function more as protective environments than as educational infrastructure.

Constrained

IR 0750/A0/04/804/003 By 2016, the gender parity index in primary schools is 0.95 in the post conflict prefectures.

Progress: The project on “Portraits of Women” continues; 12 women’s success stories are being recorded to develop messages on girls’ and women’s education. A Back to School (BTS) Campaign is being implemented, with a specific communications strategy on encouraging the right of education for girls. UNICEF’s BTS initiative focuses on encouraging girls to return to school. Given the nascent nature of the new MEN, and the fact that the entire academic year and education system are in limbo, attempts at opening policy discussions on women/girl’s education are having limited returns.

On-track

PCR 0750/A0/04/805 By 2016, 50 per cent of enrolled girls and boys successfully complete quality primary education.

Progress: Before the crisis, UNICEF supported the Ministry of Education (MoE) to improve educational quality and increase school retention, completion, and achievement rates. UNICEF assisted the MoE in preparing for the next PASEC test to assess the level of knowledge in primary school children in math and French. This enabled the MoE to identify strategies to improve performance of children and teachers. UNICEF has since paid CAR’s contribution arrears to CONFEMEN in order to enable the country to participate in the next PASEC tests. The test will only be able to be carried out nationwide when stability and security permit.

UNICEF developed a reference document for the CAR CFS approach for the MoE. Application of those standards in all schools will lead to an improved quality education. The document will have to be validated again by the new Government, and a strategy for its implementation will have to be adopted.

Almost 50 per cent of “teachers” in CAR are unqualified parent teachers (PT). UNICEF supported the adoption of a national training plan for PT’s. This will be partially funded under the emergency GPE project of US$3.9 million awarded to CAR via UNICEF.

UNICEF carried out a micro-survey that identified bottlenecks to equity in the educational system. The results of the survey and the proposed tools to enhance equity measurement are to be validated by the MoE in order to develop strategies and the costs of removal of the bottlenecks. The current crisis has invalidated the survey data. UNICEF will still hold a validation workshop to establish an “equity baseline for education in CAR.” When possible, a new survey will be conducted nationwide to understand the impact of the conflict on equity variables.

In 2013, UNICEF partnered with six NGOs in to support the return of primary school children to school. Support included:

- 18 schools (1,320 children) were supported with recreational kits
- 1,840 school benches were distributed
- A package of essential activities was implemented in 178 schools in Ombella Mpoko, Lobaye, Basse Kotto, Kémo, Ouaka,
Some which emphasizes the urgency in identifying, releasing and reintegration in the emergency, transitional authorities adopted a national Disarmament, Demobilisation and Reintegration (DDR) strategy. Social Affairs and Justice policy and legal reforms, birth registration and justice for children were constrained because of repeated changes in the child protection. Organizations.

On juvenile justice, case management, transit care, and social and community reintegration. Concurrently, the provision of essential services, including recovery and reintegration, was strengthened through key partnerships with international non-governmental organizations. The humanitarian crisis that has affected the country since December 2012 has prevented further progress in the area of child protection. As a result, there was a shift of interventions in 2013 from development to emergency child protection. Key results in policy and legal reforms, birth registration and justice for children were constrained because of repeated changes in the Ministries of Social Affairs and Justice, and the lack of police, justice and social services throughout the country. In responding to child protection issues in the emergency, transitional authorities adopted a national Disarmament, Demobilisation and Reintegration (DDR) strategy, which emphasizes the urgency in identifying, releasing and reintegrating children associated with armed forces and groups (CAAFG). Some 17,000 children and youth affected by armed conflict had access to recreational and educational activities in 2013. Limited
presence of child protection partners in rural areas and a lack of child protection staff in UNICEF sub-offices constrained the scaling up of child protection interventions for assisting children most affected by the humanitarian crisis.

**Constrained**

**IR 0750/A0/04/806/001** By 2016, the National Council for Child Protection and the five sub-committees are operational, and prepare and submit key legislation, policies and strategies for the implementation of the CRC.

**Progress:** The humanitarian crisis that has affected the country since December 2012 led to a shift in child protection priorities from development to emergency response. Policy development and dissemination and revision of law were not addressed during 2013 as resources were geared toward improving coordination and leadership in the child protection and gender-based violence (GBV) sub-sectors. Child Protection and GBV sub-clusters held coordination meetings twice a month in order to guide and support the work of humanitarian agencies.

**Constrained**

**IR 0750/A0/04/806/002** By 2016 the juvenile justice system, including police, social workers and judges, is capable of ensuring the implementation of the Law 02/011 of 25 July 2002; and 500 children in contact with the law (victims and perpetrators) receive monitoring and appropriate support in the three courts of appeal.

**Progress:** Progress toward establishing a juvenile justice system involving justice, public security and social services was constrained in 2013 due to the collapse of the judiciary as a result of the political and military crisis in the country. No training of judges, police or prison guards was organized in 2013. Judges, police, prison guards and civil servants were targeted and killed in various districts as, according to the then-Seleka armed group, they represented the former regime. Judges, police officers and prison guards fled to rural areas or to Bangui to escape attacks and killings. As a result, police, gendarmerie and justice officers completely disappeared from the countryside, and only resumed services in Bangui and Begoua communes. During 2013, the Ministry of Justice visited some prisons and detention centres, and as a result, 157 children ages 14 to 17 in conflict with the law and deprived of liberty, including 10 girls, were released from jail and benefited from alternative measures to detention. The juvenile justice system, already weakened by a lack of resources, has been devastated by the destruction of its facilities since the coup of March 2013. Rebuilding infrastructure and enhancing the capacity of human resources in the police and justice system are long-term challenges that will require serious investment and financial commitments from the Government and its partners.

**On-track**

**IR 0750/A0/04/806/003** By 2016, orphans and vulnerable children (children affected and infected by AIDS, separated children, children in contact with the law, children affected by conflict, etc.) are reunited with their families or an appropriate alternate and have access to a package of services including medical, psychosocial, education.

**Progress:** During the humanitarian crisis that affected the country in 2013, children and youth living in the streets were reportedly recruited and exploited in self-defence groups. A monitoring mechanism has been set up with the network of organizations involved in supporting children without parental care to identify and refer vulnerable children to organizations offering protection services. During the takeover of Bangui by Seleka in March and the subsequent December 2013 crisis, the number of street children increased in child protection centres. Some 17,000 children and youth affected by conflict (out of a target of 20,000) have had access to recreational and educational activities and counselling in Bangui, Bossangoa, and Kanga Bandoro. Some 46 key personnel, including health workers, teachers and 16 social workers, acquired skills on key principles of psychosocial support and child protection, and on how to identify and support separated children and unaccompanied minors. The humanitarian crisis response focused on children affected by armed conflict, instead of on traditional work with Orphans and other Vulnerable Children (OVC). Technical and coordination capacity, and the establishment and application of harmonized standards, must be improved to ensure prevention and response to situations of extreme vulnerability, including children living on the street or separated from their family in conflict.

**Constrained**

**IR 0750/A0/04/806/004** By 2014, officials of key ministries civil services concerning the registration of births develop and validate a national birth registration policy and begin implementation.

**Progress:** According to MICS 2010, 39 per cent of children under five years old are not registered at birth. The humanitarian crisis in CAR was accompanied by the destruction of civil registration offices throughout the country. No birth registrations have taken place, except in Bambari, Bangui, Begoua, Bambo and Damaara districts. Those districts were only able to resume birth registrations because of office supplies, equipment and 117 registries provided by UNICEF. The capacity of birth registration personnel was strengthened during the year through a training of 57 officers in Bangui. At the community level, 105 leaders acquired information on the birth registration process. With the gradual return of peace, the challenge will be to undertake a nationwide birth registration campaign as well as rebuild civil registration services in various districts. It is also likely that, with the destruction of registries and individual birth certificates in looting and burning of offices and houses, an unknown number of children will have lost their birth certificate and the means to prove their identity, despite having been registered at birth.

**On-track**

**PCR 0750/A0/04/807** 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.
Progress: To ensure adherence with established Country Programme Document indicators, the intermediary results of this PCR were articulated to include the release and reintegration of children previously associated with armed forces and groups, as well as the Monitoring and Reporting Mechanism (MRM) on grave violations against child rights in conflict situations. Consequently, in 2013, the capacity of 348 institutional and non-institutional protection actors was enhanced at national and regional levels to provide gender-sensitive essential services, including recovery and reintegration, to children affected by the conflict and gender-based violence (GBV). Some 132,452 people acquired information on child protection issues and the prevention of child recruitment and other grave violations against children. The programme faced severe logistical and security constraints due to the rapid deterioration of the humanitarian situation in 2013. Efforts to release children associated with belligerent factions were hindered by the unwillingness of armed groups. Formation of new alliances and armed groups continuously altered the humanitarian landscape, requiring dialogue with different military actors without a clear chain of command. In the area of justice for children, capacity building efforts were hindered by a lack of police, justice and gendarmerie services throughout the country.

On-track

IR 0750/A0/04/807/001 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.

Progress: In June 2013, 149 children associated with armed forces Séléka, including 15 girls were released and placed in transit centres and guidance through advocacy conducted by UNICEF with senior officials of the Séléka before and after taking the city of Bangui in March 2013. Seventy two of those children have been reunited with their families, and 87 children started vocational training in the Don Bosco Vocational Training Centre in Bangui according to the Community social reintegration program. The identification of the first children associated with Séléka was made by the head of state of the transition to mark the Government’s willingness to separate the children. But many other children are associated with armed forces of Séléka in camps and cantonments that have not been verified. When removing the first group of children, UNICEF was accompanied by the social workers of the NGO COOPI under the supervision of the Ministry of Social Affairs, National Solidarity and Promotion of Gender, as representing governmental services. COOPI provided support under a partnership agreement signed with UNICEF. It continues through the generous contributions provided by the U.S. Government via OFDA, the National Committees (French, United Kingdom) and UNICEF. Efforts for the release of children associated with armed forces and groups have not yet managed to prevent recruitment and use of children by armed groups which are unwilling to cooperate with UNICEF, despite the signing of action plans with three armed groups that are PCJ, UFDR and APRD actors. The lack of opportunities in the community and school suspension for more than six months in some areas exacerbated the massive presence of children in armed groups and increased the risk of re-recruitment.

Constrained

IR 0750/A0/04/807/002 By 2013, a mechanism for monitoring and reporting on the six grave violations of children’s rights is in place and operational.

Progress: In 2013, the Monitoring and Reporting Mechanism (MRM) on grave violations against children pursuant to the United Nations Security Council Resolution 1612 achieved some expected results but was constrained. A total of 347 grave child rights violations in conflict areas were reported and three Global Horizontal Notes (GHN) were submitted to the Office of the Special Representative of the Secretary General (SRSG) on Children Affected by Armed Conflict (CAAC). However, the operationalization of the MRM, co-led with UN Integrated Peacebuilding Office in the Central African Republic (BINUCA), was constrained by the absence of child protection capacity within BINUCA. The national Task Force met twice, in March and December 2013. Renewed commitments from both UNICEF and BINUCA to strengthen the capacity of their respective child protection sections will enable the MRM Task Force to address the above-mentioned challenges. Due to the conflict, the Child Protection Unit (CPU) within the Ministry of Defence has not been operational. However, the Ministries of Disarmament, Demobilisation and Reintegration (DDR) and National Defence appointed focal points in order to facilitate the identification and release of children from armed forces and groups.

On-track

IR 0750/A0/04/807/003 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.

Progress: Since 2012, 2,546 GBV survivors received holistic assistance, including medical, psychosocial, protection and legal assistance. Those included 1,431 cases in 2013 that UNICEF identified in partnership with three NGOs. Among them, 97 per cent of survivors were female, and children represented 29 per cent of reported cases. All of the survivors received psychosocial assistance and 429 survivors of rape received medical assistance. UNICEF is continuing to provide technical support and to build capacity among implementing partners, with two teams of INGO implementing the Gender-Based Violence Information Management System (GBVIMS). UNICEF is officially the lead of the GBV sub-cluster, with Mercy Corps as the co-lead. Fifteen meetings were conducted in 2013. However, due to lack of a dedicated staff on GBV coordination, UNICEF’s leadership role in this area has been limited. Recent armed attacks in various parts of CAR have created insecurity which has limited GBV survivors’ ability to seek necessary medical and psychological assistance. Pervasive socio-cultural beliefs regarding GBV, which range from taboos, denial and stigma, to a certain attitude that preventing women from experiencing GBV from coming forward. Survivors who were subjected to attacks by armed men rarely take the issue to social workers or judiciary (where it exists) for fear of reprisal. Establishment of a data collection and monitoring system is in process, but lack of a national database system limits the possibility to measure the impact of GBV in CAR to better protect children and women.

On-track

IR 0750/A0/04/807/004 Support the resilience of families, care givers and communities to build a protective environment for children and women in post-conflict situation.

Progress: Repeated LRA attacks in the southeast prefectures of CAR have destroyed peoples’ assets, reducing their livelihoods options. In 2013, UNICEF worked with three international NGOs, namely, ACTED, COOPI and Mercy Corps, to enhance people’s ability to remain
resilient despite the humanitarian crisis. The main progress made in this area has been to endorse a holistic approach, including promoting education, strengthening community-based actors’ capacity to protect children, and supporting the most vulnerable households with income generating activities.

**PC 5 - Social policy, planning and monitoring and evaluation**

**Constrained**

**PCR 0750/A0/04/808** By 2016, partners have capacity to analyse, design, implement, monitor and evaluate child, women and vulnerable groups focused policies and budgets.

**Progress:** UNICEF’s strategic approach in 2013 included capacity building in RBM, Human Rights Based Approach to Programming (HRBAP), Gender mainstreaming, Monitoring and Evaluation and Rapid Response Mechanism (RRM) tools for appraising the emergency situation. The focus was mainly on strengthening the capacity of Government and NGO staff in the prefectures of Kemo and Nana Gribizzi in HRBAP and in applying the RRM tools to appraise and provide a timely programmatic response to the needs of the populations affected by the humanitarian crisis throughout the country. Insecurity and institutional instability constrained the design of regional development plans and review of social protection schemes and development of social protection programmes to improve the well-being of disadvantaged groups.

**Constrained**

**IR 0750/A0/04/808/001** Partners at national and sub-national levels regularly develop, implement, and monitor plans that apply the principles of HRBA, RBM, Gender and the approach of the "Marginal Bottleneck Budgeting" (MBB)

**Progress:** The capacity of 60 Government and NGO regional staff (in the prefectures of Kemo and Nana Gribizzi) involved in programme planning, implementation, monitoring and evaluation was strengthened in RBM, HRBAP and Gender mainstreaming. The capacity of UNICEF staff and Government regional planning staff was further supplemented through a training workshop on Third Party Monitoring tools. Funding was provided for RBM, HRBAP and Gender mainstreaming training workshops for three additional prefectures (Ombella Mpoko, Nana Mambere and Mambere Kadei) but those did not take place due to security issues. The HRAP training in those localities was delayed due to security issues, although funding was provided to a partner. The training workshops are tentatively scheduled for the end of January 2014. The MBB was taken off of the agenda with the outbreak of the emergency that generated instability of targeted beneficiary technical services.

**Constrained**

**IR 0750/A0/04/808/002** 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.

**Progress:** Progress on this IR was constrained by a delay in the design of training modules, the lack of funding, the institutional instability and security issues throughout the country as a consequence of the humanitarian crisis. Office absenteeism and lack of systematic submission of regular and annual reports by regional technical services were identified as major bottlenecks that impede the quality of the work of the regional technical services. The UNDP, UNICEF and UNFPA Decentralisation joint programme had planned to address this issue through increased prefectoral coordination, streamlined reporting channels and decentralised accountability and control of the quality. That joint effort was constrained by the humanitarian crisis.

**Constrained**

**IR 0750/A0/04/808/003 5.1.3:** National capacity for situation regularly published notes of current socio-economic analysis and industry newsletters on the situation of children, women and vulnerable groups

**Progress:** At UNICEF’s request, the funding provided for the drafting of the national economic and social report 2012 was used for MICS 5. UNICEF provided inputs for the drafting of the Government Emergency Response Plan 2013-2015, which has a large focus on humanitarian issues affecting children and women (Education, Health, Water and Sanitation and Child protection). UNICEF progressively informed and involved the technical services in the evaluation, preparation and monitoring of the emergency responses on the ground. Data collected through the RRM exercises was shared with Government officials and members of the various clusters. This information was used for the design of the Government emergency response. The annual review 2013 provided additional information on the overall situation of children and women. The review meeting called for increased Government involvement in multi-sector emergency responses. It highlighted the need to strengthen capacity of partners to evaluate, respond to and monitor and analyse data to inform corrective actions in line with the targeted needs of children and women. In 2014, UNICEF plans to draft and share with the Government and other partners thematic strategic analytical notes based on an analysis of the emergency responses. This in turn will help the Government strategize its own responses to critical issues affecting children and women.

**No Progress**

**IR 0750/A0/04/808/004** 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.

**Progress:** Progress on this IR was constrained again in 2013. The main constraints were the delay in the design of training modules, lack of funding, and institutional instability throughout the country as a consequence of the humanitarian crisis. The lack of leadership and coordination skills from the Institut Centrafricain des Statistiques et des Etudes Economiques et Sociales (ICASEES) have seriously impeded resource mobilisation and interest from other donors. This IR has been frozen and should be potentially reconsidered in 2015 when a new constitutional Government will be sworn in and when sub-national administrations will have resumed duties.
Constrained

IR 0750/A0/04/808/005 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.

Progress: UNICEF committed to support the Ministries of Planning and Social Affairs and other stakeholders to improve access of vulnerable and marginalized groups to basic social services, but could not make progress due to the prevailing institutional instability and lack of resources.

On-track

PCR 0750/A0/04/809 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.

Progress: UNICEF’s strategic approach included provision of financial and logistical support, training and technical expertise. In 2013, the focus was on the preparation of the MICS round 5; the printing and dissemination of six prefectural statistical dashboards; the training of partners in DevInfo tools and data entry for the institutionalisation of RCAInfo database; RRM exercises in emergency affected zones; the Third Party Monitoring evaluation of UNICEF programme responses to the humanitarian crisis; and the mid-year and annual country programme implementation reviews.

Constrained

IR 0750/A0/04/809/003 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.

Progress: MICS provides important data sources to inform evidence-based disaggregated policy and programmes in CAR. The current MICS 5 2013-2014 is intended to provide up-to-date data on the impact of the humanitarian crisis on the situation of children and women, and to provide evidence to sharpen any future policy design and prepare the country for the Millennium Development Goals (MDG) summit 2015. A post-MDG draft report survey on how the country’s vulnerable groups see CAR after 2015 has been developed in the view of preparing CAR’s inputs to the MDG Summit. To address the humanitarian crisis, a series of rapid response evaluations were conducted throughout the country to assess the situation and prepare programmatic responses to mitigate the effects of the crisis on children and women in the most affected areas. The Third Party Monitoring exercise will help assess the impact of UNICEF’s response in mitigating the effects of the crisis on children and women.

Several of the regional routine data collection exercises (i.e. prefectural statistical dash boards) which started in 2012 were finalised in 2013 amidst the crisis. Those dashboards aim to document past performance of technical services as an important step to strengthening knowledge management and improving social information systems in a country that does not have a tradition of systematically drafting annual reports. This effort was seen as an important step in the institutionalisation of the DevInfo database at a regional level. Training in the use of DevInfo at national and regional levels was provided for approximately 70 staff from Government, the UN, NGOs and other development partners. Limited capacity seriously constrains the ability of partners to provide strategic orientation to improve knowledge management.

Constrained

IR 0750/A0/04/809/004 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.

Progress: The National Steering Committee of the Country Programme of Cooperation has been revamped (ToR and membership revisited, plan of action drafted, meetings organised). Each targeted prefecture (zones covered by the two UNICEF sub-Offices) established its prefectural steering committee (with the exception of the isolated Vakaga prefecture). No prefectural coordination meetings were held to review programme implementation. Progress sector by sector and partner as well as data collection on programme performance could not be fed into mid-year and annual programme reviews. Consequently, the Office internally reviewed achievements made against the Humanitarian Response Plan during both the mid-year and end of year reviews with Government counterparts and NGO partners. Those reviews enabled UNICEF to further strategize on inter-sectoral collaboration as well as sharpen analysis of priorities. Discussions about geographic focus highlighted critical needs to scale up UNICEF presence in the interior.

On-track

IR 0750/A0/04/809/005 To ensure effective Humanitarian Response Monitoring, rapid assessments, and information management for Emergency Preparedness and Response.

Progress: The monitoring and evaluation unit played a key role in coordinating the emergency response in CAR. Technical support was provided to develop the Humanitarian Performance Monitoring (HPM) framework in close coordination with the Regional Office and Headquarters. The Rapid Response Mechanism project has been handed over to the emergency section. While the M&E unit continues to provide technical support to the development of technical tools, it also contributed to the development and update of the Humanitarian Response Plan and to other documents such as review of the Humanitarian Action for Children and Strategic Response Plan. UNICEF CAR signed a contract with two local institutions to implement the Third Party Monitoring (3PM) approach in CAR. The project will initially focus on four geographical areas (Bangui, Bossangoa, Bambari and Kaga-Bandoro) that are among the most affected areas in the country. Forty participants, including field monitors, regional and national coordinators and Government officials from the Ministry of Plan were trained on 3PM monitoring tools and focus group discussion techniques. The M&E unit also provided support in the development of monitoring tools for the mobile teams that provided initial response. A partnership M&E package is available to
accelerate the signing of programme agreements with partners and ensure report standardisation. The country context is extremely challenging and the overall capacity of the partners remains weak.

**On-track**

**IR 0750/A0/04/809/006 Staff cost emergency IM**

**Progress:** Technical support was provided in a timely manner.

### PC 6 - Communication for development

<table>
<thead>
<tr>
<th>Status</th>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>On-track</td>
<td>PCR 0750/A0/04/810</td>
<td>By 2016, families and communities - including vulnerable and disadvantaged groups - sustain positive behaviours and essential family practices. <strong>Progress:</strong> In partnership with the Ministries of Health, Social Affairs and Communication, civil society actors (Mentor Initiative, Network of Journalists for Human Rights, community radio associations, public media and Mercy Corps), UNICEF worked in 2013 to induce behavioural change in relation to essential family practices (EFP). The UNICEF C4D section supported the implementation of four immunization campaigns, engaging with more than 5,500 social mobilisers and more than ten communities and religious stations on EFP. During the second half of the year, the work was mainly focused on sites with displaced people in Bangui and Bossangoa. The C4D interventions were implemented through the association of community radios and 200 C4D facilitators who supported health, protection and WASH interventions to promote access to services and allow communities to express their needs and concerns. C4D also began working on production of communication tools that will be available early 2014. In order to promote a more secure and protected environment for children, C4D initiated peacebuilding actions through community and interreligious dialogue.</td>
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<td>Constrained</td>
<td>IR 0750/A0/04/810/001</td>
<td>By 2013, communication strategies for essential family practices are developed, approved and disseminated nationally and adapted and disseminated in the 13 targeted prefectures. <strong>Progress:</strong> In 2013, under the leadership of the Prime Minister's Office, a national communication for development strategy was developed. While this strategy is yet to be validated, the C4D programme referred to it when establishing 80 social mobilisation committees at the commune level. A national social mobilisation committee was established and includes representatives from the Government and international and national NGOs working on women's and children's rights. A series of training tools was developed on essential family practices (EFP) that encourage the adoption of healthy living practices to ensure the best start for children.</td>
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<td>Constrained</td>
<td>IR 0750/A0/04/810/002</td>
<td>6.1.2 Capacity Building for EFP. Increased knowledge of EFP 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. <strong>Progress:</strong> In 2012, UNICEF focused primarily on supporting capacity building of community networks that include approximately 5,000 social mobilisers tasked with responding to the polio epidemic. Training workshops and implementation of polio community activities (door-to-door communication, theatre, and community meetings) have been conducted by the Government in all sub-prefectures of the country on social mobilisation techniques, excepting prefectures where activities were conducted by humanitarian NGOs due to insecurity-related risks. (NGOs involved included Mentor Initiative, Jeunesse Unie pour la Protection de l'Environnement et le Développement Communautaire Premiere Urgence, the national Red Cross). Furthermore, 10 community radio stations have been trained by the Network of Human Rights Journalists, and they have been supported to disseminate interactive programmes. At policy level, key ministries have been trained in C4D approaches. Furthermore, UNICEF has supported the Government to develop a proposal for revising and developing communication tools and products (image flip charts, posters, radio scripts), which will be validated and produced in early 2014. The Ministry of Communication is implementing this activity, though there remains a need to advocate for the active participation and ownership of other sectoral partners. The focus on polio eradication has constrained UNICEF's time and resources for promoting essential practices other than immunisation. Key constraints for effective C4D programmes at all levels are related to the capacity of implementing partners in project and programme management, including planning, coordination and monitoring. For this reason, the social mobilisation committees established for polio immunisation promotion need to be strengthened to present an effective opportunity for mobilising communities around broader goals regarding child survival and development. The program does not yet have tools and communication equipment due to the current crisis, although activities started to be implemented in Cameroon where UNICEF CAR C4D staff were temporary relocated due to the emergency.</td>
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<td>Constrained</td>
<td>IR 0750/A0/04/810/003</td>
<td>6.1.3 Increased knowledge of EFP: EFP nationally has accurate knowledge of at least five key family practices and 60 per cent can state the importance of access to routine health services in the 13 targeted prefectures. <strong>Progress:</strong> In 2013, there was one national Knowledge, Attitudes and Practices (KAP) survey on the Expanded Programme on Immunization (EPI) conducted (against an overall target of three national KAP Surveys). One KAP survey on EFP was completed in the prefecture of Ouham. Fifteen KAP surveys were originally planned (13 prefectoral KAP as part of the communication Strategy on EFP; lone KAP on polio in Ouham; and one KAP survey on EFP in selected prefectures). Due to the crisis, KAP surveys planned for the prefectures of Lobaye, Mambere Kadei and Sangha Mbaere have been deferred to 2014.</td>
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**On-track**
IR 0750/A0/04/810/004 To ensure essential Communication for Development in conflict affected communities.

Progress: New Intermediate Results inserted in the planning outline due to emergency. The introduction of this IR will improve the management and reporting requirements against the HAC, CAP and HRP.

Constrained

PCR 0750/A0/04/811 6.2: HIV/AIDS and Youth 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.

Progress: UNICEF supported the Ministry of Youth and Sports, in partnership with the Ministries of Social Affairs, Education and Health, the National Committee for the Fight against AIDS, and national NGOs, to develop and validate the normative document for the prevention of HIV infection among adolescents and the most-at-risk young people. The work of C4D on HIV prevention issues was implemented by an intersectoral team (steering committee) that was established by ministerial decree but is not functional due to the crisis. The monitoring and evaluation of C4D work on HIV prevention was strengthened with the creation of a dynamic database established by the Ministry of Youth and Sports that identifies the presence of youth organizations in the country and maps their interventions. UNICEF also supported the Ministry of Communication, in partnership with Mercy Corps, to promote peace and health through four youth structures. Those activities were undertaken in Bangui, Bimbo and Begoua, reaching more than one million adolescents and young people. With the Children's Parliament, UNICEF facilitated an intergenerational dialogue between children, the Government, the National Transitional Council, the UN system, civil society and NGOs, to identify specific responses to be provided to children in emergency situations.

Constrained

IR 0750/A0/04/811/001 6.2.1: Strategies for HIV among young people are developed, approved and disseminated at national and local levels.

Progress: The C4D section provided technical assistance to the Government for the finalisation of the sectoral plan for HIV prevention among adolescents and young people that has now been validated. The document takes into account the emergency context. The country has a national strategy for youth development that was approved but it does not address emergency issues. This will be a future area of work in early 2014. Working with the Government and its partners, the C4D section is also committed to undertake a bottleneck analysis focusing on teenagers. The exercise, originally planned for the end of 2013, was postponed to 2014 due to the crisis. It will provide more reliable data to update the strategic plan for adolescents.

On-track

IR 0750/A0/04/811/002 6.2.2. Capacity building on HIV at local level, including government officials and civil society (community leaders, youth groups, associations of people living with HIV, the media) have the ability to plan and implement communication strategies for the prevention of HIV and to advocate for their rights.

Progress: UNICEF supported the Government to collect data and build a dynamic database on existing youth organizations in the CAR and to map the C4D interventions. UNICEF supported capacity development activities with strategic partners, with the main objective of catalysing and increasing HIV knowledge and life skills, and youth development in the country. Two networks of high-risk adolescents were trained as peer educators in Bangui. The plan is to scale-up the programme through these groups to support the "HIV Prevention Revolution" promoted by the Government in 2013. Four international NGOs were trained to provide additional training to youth centres in post-conflict zones. The training aimed to provide the youth centre staff with the necessary skills to become HIV peer educators and youth champions and to use modern technology including, the Internet and U-reports. The training also offered a definition of a minimum package of activities to be implemented in the youth centres. UNICEF, through the National AIDS Council, also advocated for the inclusion of 30 Youth Associations within the framework of the National AIDS Strategy, to better focus their programmes. UNICEF supported the elections of the new deputies of the Youth Parliament and successfully advocated for amending election procedures to ensure gender equality and representation of marginalised adolescent groups.

Constrained

IR 0750/A0/04/811/003 By 2016, 70 per cent of adolescents and young people most at risk (street children, female sex workers, men who have sex with men) have comprehensive knowledge on HIV prevention.

Progress: One qualitative study was produced to analyse youth vulnerabilities related to HIV infection, including young sex workers. An additional study was conducted to obtain data on needs and aspirations for the use of youth centres. A study regarding sex workers was postponed due the crisis. No quantitative studies have yet been conducted to inform the quantitative targets to measure knowledge and attitudes. A Knowledge, Attitudes and Practices (KAP) survey was planned at the end of 2013 in order to contribute to the indicators that will be included in the UNAIDS (UNGASS) report. The survey was postponed due to the crisis. The last available data is for 2011.

PC 800 - Cross-sectoral costs

On-track

PCR 0750/A0/04/800 Programme Support

Progress: On track
On-track

Progress: Most international staff (22 professional and two national staff) were evacuated to Yaounde from March-July 2013. An Office space was found and connectivity for remote work was established, including access to VISION. The Yaounde office ensured timely salary payments for evacuated staff. Repatriation of staff to CAR involved travel logistics and closing down the Yaounde Office. UNICEF’s Offices in Kaga Bandoro and Bossangoa were re-established (including connectivity) in August. Both Offices were pillaged and looted during the March events and needed to be rehabilitated. A contract for the renovation of the Office of Bossangoa and the staff guesthouse was signed. Upon return to Bangui, UNICEF launched the necessary procedures for adjustments in VISION to account for supplies and assets lost in looting; and request for write off for programme supplies. At year’s end the process is currently with NYHQ.

As of December 3, 2013, the stock value is US$1,478,128.35. The CAR CO organized distribution for US$3,090,204.39 of supplies representing more than 750 MT. Supply and logistics organized receipt of five full charter flights, 90 containers and 74 air shipments. Supplies are stored in two main warehouses.

Number of Offshore SO: 78
Number of local SO: 34
Number of DO: 40
Number of PO (local) Programmes supplies: 84
Number of PO (offshore) Programmes supplies: 172
Number of PO Admin (Local): 112
The total procurement value for the CAR CO as of the end November 2013 was US$15,840,916.36.

In 2013, UNICEF compiled and shared the ICT/Supply plan, including contracting with a company to implement the Internet Protocol Telephony (IPT) and re-cabling of the Office to ensure consistent and robust network connection. ICT installed BCP equipment at the UNICEF alternate site (Representative’s residence). All Key Activated Staff and Critical staff (Local and international) were given network connections using modems and wireless networks to ensure they could work away from the Office.

A company was contracted for cabling and installation of Internet Protocol Telephony (IPT). Bandwidth was upgraded in the CO to 2MB to support the increase in staffing and in preparation for the IPT and for Video Conferencing. All Office locations are MOSS compliant. BGANs were installed in all BCP locations. Users have radios, vehicles are MOSS compliant with COMCEN equipment available. All users are trained on VHF/HF, Thuraya use and allocated.

On-track

IR 0750/A0/04/800/002 Financial Resources and Stewardship

Progress: The Office reduced the time required for processing of payments to five days (when complete files are submitted) and made a concerted effort to improve the team’s understanding of procedures and guidelines. In 2014 the plan is to improve the filing system to ensure greater efficiency. To overcome the absence of a reliable banking system and ensure quick response to emergencies, the Office created a Cash on Hand Account. The Office also established a cash agreement with the Diocese of Bossangoa to overcome the absence of banking options in the region.

Constrained

IR 0750/A0/04/800/003 Effective and efficient programme management, supply, logistics and operational support to programme delivery

Progress: Two evacuations of international staff took place this year. The change in status to a non-family duty station led to the departure of seven staff. The HR specialist position was vacant from February until August 2013 and the sole HR assistant was on leave without pay for five months. These constraints impacted the ability of the Office to effectively execute the HR plan. The level of completion of performance evaluation system reports for 2013 reached 80 per cent in spite of two evacuations. 100 per cent ePAs completion is expected by end of the year. The Deputy Representative and Chief of Operations participated in the Deputy Representatives Operations Chiefs (DROPS) meeting in September. Two staff members completed the Management Development Programme (MDP). All staff completed mandatory Basic Security In The Field (BSITF) training and an all staff training session was conducted on sexual harassment and abuse of authority. An ethics training workshop was scheduled for early 2013, but could not be completed due to the crisis. The Office implemented recommendations of the staff retreat. Two Peer Support Volunteers (PSV) were nominated, but could not be trained due to the crisis situation. The newly constituted local staff association developed an action plan with detailed and measurable objectives. A training session was completed on stigma and discrimination against persons living with HIV and AIDS and condoms were distribution in CAR offices and vehicles.

Constrained

IR 0750/A0/04/800/888 HR

Progress: The Office made considerable efforts to accelerate recruitment processes. The following posts have been filled: Chief Emergency P-5, HR Specialist P-3, Chief Operations P-4, Deputy Representative P-4, Chief CSD P-4, Nutrition officer P-3, Chief Child Protection P-4, Operations officer P-2, Chief Field Office (Bossangoa) P-3, Chief Field Office (Kaga Bandoro) P-3, Reporting Officer P-2, Chief Education P-4. Fourteen posts at the P-3 level have been filled on temporary appointments. Seventeen consultants have been recruited in various programme/operations areas. Of the total 15 vacant IP posts in 2013, 12 were filled and three remain vacant. Of the total 12 vacant NO posts, four NO posts have been filled, two recruitment processes have been finalized and six NO posts are still
vacant. Recruitment processes have been initiated for the six vacant posts. Regularly updated staff lists (with eligible dependents) are available and shared monthly with the UNDSS Security Advisor and UNICEF Opscen. As a result of the two evacuations, it was not possible to execute planned recruitments, but vacant posts have been reviewed based on actual needs. The HR Specialist position was vacant for the first half of the year.

**PCR 0750/A0/04/812 Efficient and effective support and management of cross sectoral programming.**

**Progress:** On track

**IR 0750/A0/04/812/001 Information and Communication for advocacy of child rights in the CAR, with particular emphasis on the most vulnerable children and women.**

**Progress:** In 2013, the external communication section supported programmes by bringing visibility to UNICEF’s emergency response to the crisis in CAR and to the crisis as a whole. Since the beginning of the year, UNICEF has been working with media networks in Dakar, Johannesburg, Geneva and New York to engage directly with international media to convince them to come to CAR and see the situation on the ground for themselves. When renewed violence began in September, UNICEF was well positioned as a reliable source and partner for media.

UNICEF coordinated field visits and media interviews with the overall aim of featuring UNICEF programme interventions, namely: emergency response in Bossangoa, child protection and recruited children, health and nutrition, and the interruption of education in CAR. UNICEF also provided a media platform for UNICEF and the UN Country team to speak out strongly against child right violations and children bearing the brunt of the humanitarian crisis. UNICEF provided media support to BINUCA, WFP, and other UN agencies, and supported the high level visits of ECHO/OCHA of the Special Representative for Children and Armed Conflict.

**IR 0750/A0/04/812/002 Emergency Preparedness and Response in line with the CCCs.**

**Progress:** In 2013, the UNICEF Rapid Response Mechanism (RRM) was established to collect, manage and disseminate secondary data among the cluster to increase understanding of the major vulnerabilities in the most affected areas of displacement and advocating at the cluster level to ensure gaps are covered by humanitarian actors. This initially enabled rapid assessment and emergency response for 20,000 people (WASH and NFI) and support for 2,500 cases of severe acute malnutrition. The RRM reached more than 45,000 children and families with WASH and non-food assistance. The nutrition component reached more than 13,000 SAM cases. Until the December 2013 events, the RRM conducted 24 primary emergency assessments focusing on worst hit areas of northwest and central/south CAR.

The Emergency Unit led the development and coordination of overall Office emergency response, including the adoption of a mobile field office team strategy by which some 11 separate missions were launched between July and September. In 2013, the Early Warning Early Action system was partially updated due to emphasis on emergency response.

On 5 December, heavy fighting broke out in the capital and several parts of the CAR. On 10 December, the total number of IDPs was estimated to be at least 639,000. In Bangui, approximately 214,000 people were reportedly displaced in 37 sites, while a small percentage was in host families. This situation resulted in the declaration of a Level 3 Emergency in CAR. UNICEF HQ, RO and CAR CO are working to mobilize additional funds and supplies to scale up the UNICEF response in 2014.

In response to the December events, the RRM provided for 13 light Multi Sectorial Assessments (MSA) and distribution of essential NFI for 76,000 IDPs in 15 sites in Bangui. In Bossangoa UNICEF carried out emergency WASH and health activities in the two major IDP sites hosting 48,000 people.

**IR 0750/A0/04/812/003 Effective and efficient programme management, supply, logistics and operational support to programme delivery**

**Progress:**

Most internationals (22 professional and two national staff) were evacuated to Yaounde in March-July 2013. An office space was found and connectivity including access to VISION for remote work was established. In order to ensure timely salary payments for evacuated staff, the section found a solution with the Yaounde office. Repatriation of staff to CAR involved closing down the Yaounde office and all travel logistics. UNICEF presence in Kaga Bandoro and Bossangoa was re-established (including connectivity) in August. Both offices were pillaged and looted during the March events and need to be rehabilitated. A contract for the renovation of the office of Bossangoa and the staff guesthouse was signed. Finally, upon return to Bangui, the section launched the necessary procedures for adjustments in VISION to account for supplies and assets lost in looting; and request for write off for programme supplies; this process is currently with NYHQ. As of December 3rd the stock value is 1,478,128.35 USD. The CAR CO has organized distribution for 3,090,204.39 USD of supplies representing more than 750 MT. Supply & logistics has organized the reception of 5 full charter flights, 90 containers and 74 air shipments. Supplies are stored in two main warehouses, Number of Offshore SO: 78. Number of local SO: 34, Number of DO: 40, Number of PO (local) Programmes supplies: 84, Number of PO (offshore) Programmes supplies: 172, Number of PO Admin (Local): 112. The total procurement value for the CAR CO as of end November 2013 is 15,840,916.36 $. ICT Procurement; 2013, we compiled and shared the ICT/Supply plan including contracting with a company to implement the Internet Protocol Telephony (IPT) and re-cabling of the office to ensure consistent and robust network connection. BCP/DRP: ICT did the installation of BCP equipment at the UNICEF alternate site (Representative’s residence). All Key Activated Staff and Critical staff (CS) (Local and international were given network connections using modems, wireless networks to ensure they could work away from the office. Network and Networking
enhanced robust system; A company contracted for cabling and installation of Internet Protocol Telephony (IPT). Bandwidth upgrade in CO to 2MB to support the increase in staffing and preparation for the IPT also for Video Conferencing etc. Telecommunication/Security Communication: All office locations are MOSS compliant. BGANs installed in all BCP locations. Users have radios, vehicles are MOSS with COMCEN equipment available. All the users are trained on VHF/HF, Thuraya use and allocated.

**IR 0750/A0/04/812/004** Cross-cutting programmes effectively coordinated and ensure mainstreaming of gender, HRBA, and RBM.

**Progress:**

Please refer to programme coordination and Operations section
Effective Governance Structure

The Office established committees in various areas of management, and a TOA was reviewed and approved by the Country Management Team (CMT). Segregation of duties and oversight mechanisms exist and are functional. A total of three CMTs were held in 2013. The CO prepared for an audit to be organised in early 2014.

Strategic Risk Management

The Office is working to finalise the Enterprise Risk Management (ERM) as part of the strategy to mitigate risks. The Office set up a weekly meeting with all staff, which improved operations and programme management as issues and bottlenecks are identified and resolved.

The Office established committees to ensure transparency and efficiency and created an innovative Tender Opening committee to mitigate against risk of fraud and promote accountability. The Office maintained a level of readiness for emergency and crisis risks. A Business Continuity Plan was developed and reviewed to take into consideration new recovery sites and strong rooms with contingency food stock in Offices in case staff cannot leave the Office as a result of incidents or shootings outside. The Office made efforts to enable key staff to work from home with access to internet. In order to strengthen controls and mitigate risks, the Office reduced CRC level from US$50,000 to US$20,000. A total of 23 CRC meetings were held.

Evaluation

The 2013 annual Integrated Monitoring and Evaluation Plan (IMEP) was revised and endorsed by the CMT to reflect the prevailing humanitarian crisis in line with the objective of nurturing the UNICEF Emergency Response Plans and the 2013 UN Criticality Programme. The IMEP was regularly updated in coordination with programme sections. It was reviewed in-depth during the mid-year and annual reviews processes.

Amidst the emergency situation that has prevailed in CAR since March 2013, no evaluations were carried out, with the exception of the finalisation of the Knowledge, Attitudes and Practices (KAP) Survey conducted in the Ouham prefecture that started in 2012 and the ongoing Third Party Monitoring exercise of the CO emergency response. The quality assurance and review mechanism of Terms of Reference (ToR) for evaluations, studies and surveys established in 2011 continued to serve as reference to improve the quality of ToRs. This process inspired the PCA Peer Review Committee in reviewing the quality of project proposals. This has improved the documentation of results as partners have a clear understanding of indicators to include in their activity reports. Which also contributes to enhancing the quality of donor reports.

Evaluation capacity continues to be a serious concern both within UNICEF CAR and its partners, forcing the CO to use international consultants for that role. Apart from the two Third Party Mechanism contracts with local firms, no real progress was made to strengthen local capacity in 2013. The limitations on evaluation capacity are also linked to the absence of an evaluation policy framework within the Government and UNICEF CO. RBM trainings for planning staff of key ministries contribute to reducing the gap, but this remains largely insufficient.

Recommendations resulting from studies and evaluations continue to be used effectively. With the recruitment of an international Monitoring and Evaluation Specialist in 2012, studies and evaluation recommendations are progressively being translated into programmatic actions, including the recourse to RRM to respond to the actual emergency situation.

The Office strives to further develop in-country capacity for quality evaluations. UNICEF has renewed its commitment to working with the Ministry of Planning in 2014 to develop a policy framework to instil a culture of evaluation within the Government. With funding and progressive institutional stability, the draft ToRs availed in 2013 will be finalized to launch the policy design process in 2014.
The Office is planning to expand its work on social policy in 2014.

Effective Use of Information and Communication Technology

The office has set up an IPT system that enables communication within the Office and teleconferences with outside partners, RO and New York headquarters. The Office has established the communication system in the temporary office of Kaga-Bandoro with two Thuraya IP, and Lotus and VISION are working there. An internet connection is being established at Bossangoa office through a VISAT purchased through a global LTA. Thurayas are used during official trips within the country and, as a result, staff can connect to the Office regardless of the location of the mission. The Office has ensured that all vehicles are MOSS-compliant with the installation of Codan and radio in each vehicle.

Fund-raising and Donor Relations

All donor reports except for two were submitted on time in 2013. UNICEF’s 2013 emergency appeal has tripled since March, leaving a funding gap of US$14.8 million (48 per cent) through the end of December. The Office received US$12 million of EPF. The utilisation of other resources (OR) funds expiring in 2013 was 99 per cent.

The utilisation of funds was closely monitored through monthly Programme Coordination meetings, Monday Morning Meetings and regular reminders to programmes. In terms of resource mobilisation, several meetings with donors were carried out in-country, in Cameroon, in Canada and in Europe.

Management of Financial and Other Assets

The Office has consistently met the deadlines for bank reconciliations, and established the Harmonized Cash Transfer (HACT) committee for timely and accurate liquidation of cash. Despite the crises that stopped implementation of projects and triggered two evacuations of international staff in December 2012 and March 2013, the Office managed to significantly improve the liquidation rate of direct cash transfers (DCT). CMT has taken steps to improve contributions management with approval of a dedicated budget post to monitor budget management at NO.1 level. A monitoring system of PCA is being put in place through a third party contractor, thus clear gains in resources will be obtained at the end of the exercise.

Supply Management

As of 20 December 2013, the stock value is US$1,478,128.35. The Office has distributed US$3,090,204.39 of supplies, representing more than 306.20 metric tonnes (MT). The Office has also organized the receipt of six full charter flights, representing 90 containers and 74 air shipments. A total of 112 supply orders (SO) have been issued and 40 direct orders made.

An additional 172 purchase order (PO) offshore programme supplies were issued, against 112 PO for administrative supplies. The total procurement value for the CAR CO is US$15,840,916.36. The Office plans to increase competition in the supply base, and for that reason a market survey will be conducted in the first quarter of 2014. The Office developed strategic sourcing for the procurement of supplies through regular channels, as well as through collaboration with other UN agencies, thus complete shortage was avoided. Timely transportation and distribution of supplies was made possible through a WFP transportation LTA. Procurement services were not implemented in 2013.

Human Resources

The Office made significant effort in recruitment processes. Twelve full-time vacant posts were filled, and 14 posts were filled with temporary appointments. Additionally, 17 consultants were recruited in various fields. The level of completion of the performance appraisals (ePAS) for 2013 is 80 per cent. The Deputy Representative and Chief of Operations participated in the DROPS meeting. Two staff completed the
Management Development Programme. All staff completed mandatory Basic Security In the Field (BSITF) training and an all-staff training session was conducted on sexual harassment and abuse of authority. Ethics training planned for early 2013 was postponed due to the evacuation. The Office implemented the staff retreat recommendations. Two staff members were nominated to attend the Peer Support Volunteer (PSV) training and to serve as PSVs in the Office. The regional staff counsellor provided support to UNICEF CAR staff after the evacuations and throughout the crisis. A newly constituted local staff association has developed an action plan with detailed and measurable objectives. A training session was completed on stigma and discrimination against persons living with HIV/AIDS and funding was secured for condom distribution in CAR offices and vehicles. In December, activation of the IRT and the declaration of a UN system-wide Level 3 emergency launched a process of additional reinforcement to UNICEF that began in the last weeks of 2013. Salary advance was paid to staff during the crisis in December 2013.

Efficiency Gains and Cost Savings
The Office established a Tender Opening committee to ensure transparency in the procurement process. The Office also reduced the threshold for submission of tenders to 1,250,000 CFA, thus acquisitions of goods and services are mostly implemented through a competitive process. The Office issued a new TOA that reduced the threshold for authorizing requisition or sale orders and releasing POs. The CMT approved the principle of travelling in economy class and this measure was extended throughout 2013. The Office has fully adhered to the principle of "best value for money" and demonstrated it through the acquisition of vehicles where cost and disposal plans were taken into consideration with regard to the specific context of CAR. In a cost saving effort, the Office implemented the strategy of cost sharing in establishing the sub-office in Kaga-Bandoro and Bossangoa, including the setup of guest houses.

Changes in AMP & CPMP
CAR has been declared as L3 emergency country, thus in addition to regular UNICEF programme activities, the Office will be fully engaged in dealing with the L3 emergency situation. This will entail significant changes in operations. The Office will expand its programmatic activities to ensure that areas with severe humanitarian crises are covered. In that regard, the Office will open a sub-office in Bambari, which calls for an increased volume of supplies to assist vulnerable populations as a direct consequence of the crisis. Additional space for supply storage will be necessary. The Office will review the logistics arrangement and finalize LTAs for transit and transportation. The staffing will increase to take into consideration the expansion of programmatic activities and the need for decentralization of transactions processing. The Office will establish an IPT system similar to the one in Bangui in each sub-office to enable teleconference between zone offices and Bangui, as well as calls within each office. Given the particular context of CAR, and the lack of a reliable banking system, the Office obtained cash agreements with potential cash suppliers for cash delivery in the zone of Bossangoa. The process is ongoing for the offices in Kaga-Bandoro and Bambari.

Summary Notes and Acronyms
AMP – Annual Management Plan
ANE – Agence Nationale de l'Eau et de l'Assainissement
ART – Anti-Retroviral Treatment
C4D – Communication for Development
CAR – Central African Republic
CFS – Child-Friendly Schools
CLTS – Community-Led Total Sanitation
CMT – Country Management Team
CNLS – Comité National de Lutte Contre le SIDA
CO – Country Office
CSD – Child Survival and Development
DCT – Direct Cash Transfer
eMTCT – Elimination of Mother-to-Child Transmission (of HIV/AIDS)
ERM – Enterprise Risk Management
ERT – Emergency Response Team
DROPS – Deputy Representatives Operations Chiefs meeting
GAM – Global Acute Malnutrition
GBV – Gender-Based Violence
GBV-IMS – GBV Information Management System
HACT – Harmonized Cash Transfer
HRBA – Human Rights-Based Approach
ICT4D – Information and Communications Technology for Development
IMCI – Integrated Management of Child Illness
IMEP – Integrated Monitoring and Evaluation Plan
IRT – Immediate Response Team
KAP – Knowledge, Attitude and Practices
LRA – Lord’s Resistance Army
LTA – Long Term Agreement
MICS – Multiple Indicator Cluster Survey
MRM – Monitoring and Reporting Mechanism
MOReS – Monitoring Results for Equity System
MOSS – Minimum Operating Security Standards
NFI – Non-Food Items
OVC – Orphans and Vulnerable Children
PLHIV – People Living with HIV
PMTCT – Prevention of Mother-to-Child Transmission of HIV
PO – Purchase Order
RAM – Results Assessment Module
RBM – Results-Based Management
RMP – Results Monitoring Plan
RO – Regional Office
RRM – Rapid Response Mechanism
SAM – Severe Acute Malnutrition
SO – Supplies Order
TOA – Table of Authority
ToR – Terms of Reference
WASH – Water, Sanitation and Hygiene

### Document Centre

## Evaluation

<table>
<thead>
<tr>
<th>Title</th>
<th>Sequence Number</th>
<th>Type of Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Étude des connaissances, attitudes et pratiques des communautés dans</td>
<td>2013/001</td>
<td>Survey</td>
</tr>
<tr>
<td>les domaines de la santé, la protection, l’éducation, l’hygiène et le</td>
<td></td>
<td></td>
</tr>
<tr>
<td>développement dans la Préfecture de l’Ouham</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>