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## United Nations Children's Fund

Executive Board

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Item 4 (a) of the provisional agenda\*

### **Draft country programme document\*\***

#### **Central African Republic**

#### *Summary*

The draft country programme document (CPD) for the Central African Republic is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$33,025,000 from regular resources, subject to the availability of funds, and \$170,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2023 to December 2027.

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\* [E/ICEF/2023/1](#).

\*\* In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 15 November to 5 December 2022. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2023 first regular session and in the other designated languages four weeks in advance.

## Programme rationale

1. The Central African Republic has a population of 6.1 million,<sup>1</sup> half of whom are children under the age of 18 years. The implementation of the National Recovery and Peacebuilding Plan for the Central African Republic 2017–2023 (Plan de Relèvement et de Consolidation de la Paix en Centrafrique) laid the foundation for socioeconomic recovery. Progress has been recorded towards the achievement of the Sustainable Development Goals, including the infant and child mortality rate decreasing from 179 to 99 per 1,000 live births<sup>2</sup> and the neonatal mortality rate decreasing from 43 to 28 per 1,000 live births between 2010 and 2019. However, the country is ranked 188th out of 191 on the Human Development Index<sup>3</sup> and is affected by recurrent crises that have led to a decline in living conditions and in several development indicators. Despite the 2019 peace agreement, the security environment has deteriorated since the presidential elections in late 2020. Armed groups remain active and there are increasing clashes. The United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) continues to support national reconciliation and civilian protection, inter alia.

2. Insecurity, combined with the coronavirus disease 2019 (COVID-19) pandemic, has resulted in economic contraction since 2020, with impacts on already low access to basic social services. The extreme poverty rate rose from 70.5 per cent in 2019 to 72.5 per cent in 2020, with women particularly affected (78.9 per cent).<sup>4</sup> In 2022, 3.1 million people, including 1.4 million children, are in need of humanitarian assistance,<sup>5</sup> and 484,000 people are internally displaced.<sup>6</sup> The war in Ukraine has indirectly led to increased inflation and food insecurity.

3. Health indicators remain a concern. Only 3 in 10 children receive care for the main deadly childhood diseases.<sup>7</sup> The maternal mortality rate remains the highest in the world (882 per 100,000 live births).<sup>8</sup> HIV prevalence is 2.9 per cent among 15–49-year-olds, with adolescent girls disproportionately affected.<sup>9</sup> Among children under 12 months of age, 28 per cent have never received any vaccinations; this figure is up to 40 per cent among the poorest. Immunization and maternal, newborn and child health interventions are hampered by a lack of qualified staff (5.5 health professionals per 10,000 inhabitants),<sup>10</sup> low availability of essential drugs and equipment, and limited storage and supply capacity. Community health services remain inadequate.

4. The prevalence of stunting has worsened over the past two decades, reaching 42 per cent in 2019 (50 per cent in rural areas),<sup>11</sup> while 5.8 per cent of children suffer from acute malnutrition.<sup>12</sup> The main factors for child malnutrition are lack of adequate

<sup>1</sup> Central African Institute of Statistics and Economic and Social Studies (Institut Centrafricain des Statistiques, des Etudes Economiques et Sociales), 2022.

<sup>2</sup> Unless otherwise indicated, sectoral data are from the 2019 and 2010 Multiple Indicator Cluster Surveys.

<sup>3</sup> United Nations Development Programme, Human Development Report 2021/2022.

<sup>4</sup> United Nations Common Country Analysis for the Central African Republic, 2022.

<sup>5</sup> United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Central African Republic Humanitarian Needs Overview*, October 2021. The number of people in need is out of a population of 4.9 million.

<sup>6</sup> OCHA, Report from the Population Movement Commission, September 2022.

<sup>7</sup> Malaria, respiratory tract infections, diarrhoea.

<sup>8</sup> World Bank, World Development Indicators 2019.

<sup>9</sup> Joint United Nations Programme on HIV/AIDS estimates, 2020.

<sup>10</sup> Service Availability and Readiness Assessment/Health Resources and Services Availability Monitoring System survey, 2019.

<sup>11</sup> United Nations Children's Fund (UNICEF), Standardized Monitoring and Assessment of Relief and Transitions survey, 2019.

<sup>12</sup> Ibid.

nutrition services, limited access to water and to health services, and poor feeding practices. Only 50 per cent of children under 6 months of age are exclusively breastfed; 7.8 per cent of children aged 6–23 months have a diversified diet.

5. Worsened by conflict and natural disasters, access to basic water services had deteriorated by 2020 to 37 per cent (28.1 per cent in rural areas) and access to basic sanitation facilities to 14.1 per cent (5.9 per cent in rural areas). One quarter of the population practises open defecation (39 per cent in rural areas).<sup>13</sup> Only 16 per cent of primary schools have access to basic water services and 41 per cent to sanitation services, exposing children to waterborne diseases. Institutional capacity, limited funding and low community involvement remain major challenges.

6. In 2019, one quarter of children were not enrolled in primary or lower secondary education. This rate was higher among girls (30 per cent) and the poorest (about 40 per cent). The preschool attendance rate was less than 6.3 per cent. In March 2021, the security crisis and the pandemic led to the closure of 1,000 schools.<sup>14</sup> The primary school completion rate is 27 per cent, and the literacy rate for 15–24-year-old adolescent girls and young women is only 30 per cent. The main bottlenecks for access to education, student retention and quality of education are sociocultural and gender norms, education costs for families, lack of adequate facilities, inadequate curriculum and materials, and shortage of qualified teachers. Two thirds of teachers in primary education are parent-teachers, paid by the pupils' parents and untrained.

7. Sexual violence is the number one protection risk for children,<sup>15</sup> with girls at greater risk. In 2021, nearly 11,600 victims of gender-based violence were identified, 17 per cent of whom were children.<sup>16</sup> In 2019, 26 per cent of women aged 20–25 years had married before the age of 15. The main bottlenecks are still family coping mechanisms that are detrimental to child protection, poor institutional capacity for prevention and limited access for children to care services.

8. As the conflict deteriorated, the number of grave violations committed against children increased by 3 per cent by 2021.<sup>17</sup> There is continuing recruitment and use of children by armed groups. More than 17,000 children associated with armed forces or armed groups have been identified since 2014, including 3,125 in 2021 (30 per cent of them girls).<sup>18</sup>

9. Between 2010 and 2019, birth registration of children under 5 years of age fell from 61 per cent to 45 per cent (35 per cent in rural areas and 26 per cent among the poorest). The main barriers remain the insufficient capacity of the civil registration system and the lack of interoperability with the health system.

10. In 2022, 11.22 per cent of the government budget is allocated to health and 11.41 per cent to education,<sup>19</sup> below the targets set by the 2001 Abuja Declaration (15 per cent for health) and the 2015 Incheon Declaration (15–20 per cent for education). The country still does not have a national social protection policy. Social safety net programmes still have limited coverage and impact, due to a poor institutional

<sup>13</sup> World Health Organization/UNICEF Joint Monitoring Programme, water, sanitation and hygiene data, 2020.

<sup>14</sup> OCHA, *Humanitarian Needs Overview*, October 2021.

<sup>15</sup> REACH in the Central African Republic, Multi-Sectoral Needs Assessment, March 2021.

<sup>16</sup> Gender-Based Violence Information Management System (GBVIMS) in the Central African Republic, Annual Report 2021.

<sup>17</sup> Office of the Special Representative of the Secretary-General for Children and Armed Conflict, "Monitoring and reporting on the six grave violations", 2021.

<sup>18</sup> United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic, "Human Rights Situation 2020–2021".

<sup>19</sup> Central African Republic Ministry of Finance, "Amended Finance Act 2022" (Loi de Finances Rectificative 2022", 12 September 2022.

framework, limited national capacity to design and implement safety net programmes, and a lack of social protection systems.

11. The efficiency of programmes is constrained by the lack of national data on the situation of children and very high operational costs as a result of the country's isolation and insecurity. Based on assessments, recommendations are to: strengthen the link between humanitarian action, development and peace; use the Rapid Response Mechanism as an entry point for complementary humanitarian interventions; and increase community involvement in interventions to improve accountability and sustainability.

## **Programme priorities and partnerships**

12. The vision of the country programme is that all children in the Central African Republic, both girls and boys and especially the most vulnerable, fully benefit from high-quality, inclusive and sustainable basic social services in a protective environment. To achieve this vision, UNICEF will work with the Government, United Nations entities, partners, communities and young people. The programme is derived from the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2023–2027 and is aligned with the National Recovery and Peacebuilding Plan for the Central African Republic 2017–2023, the UNICEF Strategic Plan, 2022–2025, the UNICEF Gender Action Plan, 2022–2025, Africa's Agenda for Children 2040, the African Union's Agenda 2063, the Sustainable Development Goals and the United Nations Convention on the Rights of the Child.

13. The vision will be achieved if: (a) the quality and coverage of essential social services for children and families are improved through capacity-strengthening for the Government, service providers and communities; (b) systems and populations have improved resilience to shocks; and (c) communities, families and children demand and use high-quality social services and adopt protective and gender-sensitive behaviours. The underlying assumptions are for improved governance and efficiency in public spending.

14. Building on the previous programme, and using an evidence-based approach, the programme will use the following key strategies:

(a) Improve linkages between humanitarian, development and peace interventions, using the triple nexus approach, guided by the Core Commitments for Children in Humanitarian Action.

(b) Strengthen institutional and technical capacity of systems at the national and local levels.

(c) Foster community engagement, through localizing interventions and collaborating with community-based organizations for social and behavioural change, with adolescents, young people and women as agents of change and peace.

15. The programme will provide equitable, context-specific humanitarian assistance, supported by emergency preparedness – through the Rapid Response Mechanism and its humanitarian surveillance system – which will enable effective and timely multisectoral responses. UNICEF will continue to act as lead agency for the nutrition, education, and water, sanitation and hygiene (WASH) clusters, the child protection subcluster, and the implementation of the principles of accountability to affected populations.

16. By building on stronger local and national partnerships, the programme will improve community and system preparedness and resilience to shocks. It will increase risk-informed programming and linkages between humanitarian and development interventions, including through post-Rapid Response Mechanism responses and

emergency cash transfers. Conflict-sensitive and gender-sensitive interventions will contribute to social cohesion.

17. UNICEF will strengthen multisectoral interventions to improve efficiency and access to services, in collaboration with communities, local authorities and civil society. Scaling up will be supported by evidence generation and strategic advocacy.

18. The programme will focus on contributing to key results for children in immunization and in prevention of and response to sexual violence against children. UNICEF will scale up gender-sensitive approaches, focusing on girls' education, maternal health, reduction in gender-based violence and in sexual exploitation and abuse, and involvement of women and girls in community action.

19. The programme will support the collective outcomes of the UNSDCF: (a) "sustainable solutions to internal displacement"; and (b) "peacebuilding through socioeconomic reintegration of ex-combatants", under which UNICEF will focus on the reintegration of children and adolescents, especially girls.

### **Every child survives and thrives**

20. In line with UNSDCF outcome 2.1, the programme will help to ensure that children and women, especially the most vulnerable and hard-to-reach, have increased access to high-quality health and nutrition services and benefit from positive health-care practices. The programme will help to accelerate a reduction in maternal and child mortality in order to achieve the Sustainable Development Goals. Among other things, this will be achieved through an increase in immunization coverage (diphtheria/tetanus/pertussis, hepatitis B and Hib (Penta 3): from 41 per cent to 65 per cent) and a reduction in the number of children under the age of 5 suffering from global acute malnutrition (from 5.8 per cent to 4 per cent). Under the leadership of the Ministry of Public Health and Population, UNICEF will collaborate with the Global Fund to Fight AIDS, Tuberculosis and Malaria; the World Bank; Gavi, the Vaccine Alliance; United Nations agencies; civil society organizations; and local communities.

21. Health system strengthening, particularly for the multisectoral community component, will form the foundation of the programme. There will be an emphasis on improving primary health care, providing an integrated package of services, increasing community participation in the programme, and ensuring emergency preparedness and response. Geographic coverage will be national for immunization, and subnational based on deprivation for the other components. The programme will implement multisectoral interventions involving the WASH, education, child protection and social protection sectors.

22. UNICEF will contribute to improving: (a) the quality of services offered by health facilities by strengthening basic infrastructure, equipment and human resources; (b) the supply chain for vaccines, essential drugs, and medical and nutritional supplies; (c) the national health information system and institutionalization of decentralized monitoring; (d) public financing for health and nutrition; and (e) the leveraging of partnerships.

23. In terms of immunization, this will involve increasing vaccination coverage, reducing the number of zero-dose children, vaccinating target populations against COVID-19 and other epidemics, introducing new vaccines, maintaining the country's polio-free status, and helping to halt the circulation of vaccine-derived polio and to eliminate maternal and neonatal tetanus and measles.

24. With regard to nutrition, support for high-impact interventions will aim to improve the nutritional status of children and mothers and to ensure a lasting

reduction in acute and chronic malnutrition, through a multisectoral approach using preventive, promotional and curative interventions anchored in the continuum of care. The programme will support the development of policies, strategies and action plans; capacity-building for service providers; and data generation, interpretation and utilization.

25. With regard to maternal, newborn, child and adolescent health and HIV, the emphasis will be on: (a) improving the quality of prenatal, neonatal and postnatal care by building and monitoring the skills of providers at health facilities; (b) ensuring community-based management of deadly childhood diseases and establishing a referral network at all levels of the health pyramid; (c) preventing mother-to-child transmission of HIV; (d) expanding “point-of-care” early detection services; and (e) ensuring access to HIV prevention, testing and care services for adolescents and especially young girls.

### **Every child learns**

26. In line with the Education Sector Plan 2020–2029 and UNSDCF outcome 2.1, and under the leadership of the Ministry of National Education, UNICEF will work with the United Nations Educational, Scientific and Cultural Organization, the United Nations High Commissioner for Refugees, the Global Partnership for Education, Education Cannot Wait, the European Union, the World Bank and non-governmental organizations to ensure that children and adolescents complete primary and lower secondary education and acquire the skills they need in a protective environment. The programme will help to increase the primary school completion rate to 31 per cent and the rates of children achieving a minimum level of proficiency in reading and mathematics at the end of primary school to 20 per cent and 10 per cent, respectively, with gender parity.

27. UNICEF will focus on strengthening the capacity and resilience of the education system – both at the national level, through advocacy and technical support, particularly for the national teacher strategy, and at the local level, through enhanced community engagement.

28. To ensure improved and lasting access to inclusive high-quality education, including preschool, the programme will focus on packages of integrated, multisectoral, high-impact interventions. UNICEF will support the development of temporary learning spaces and alternative learning opportunities in emergency situations, as well as the construction or repair of infrastructure. To promote student retention, particularly for girls, the programme will focus on WASH services in schools, menstrual hygiene, improved mechanisms for identifying and referring cases of violence, and easier access to birth certificates. Integration of the most vulnerable children, especially those with disabilities, will be improved through cash transfers.

29. To support the quality of learning, including in emergency situations, UNICEF will focus on curriculum review, in-service training for teachers and parent-teachers, scaling up of alternative educational arrangements and distribution of educational materials, including for out-of-school children.

### **Every child is protected from violence and exploitation**

30. In accordance with the child protection code and the strategy to combat gender-based violence, and contributing to UNSDCF outcomes 1.1 and 2.2, the programme will improve protection from violence for the most vulnerable children, especially sexual violence, exploitation and abuse. This will be done in conjunction with the Ministry for the Promotion of Gender and Protection of Women, Families and Children and the Ministry of Territorial Administration, Decentralization and Local

Development. UNICEF will work with MINUSCA, the United Nations Population Fund, the United Nations High Commissioner for Refugees and civil society organizations to, in particular, double the number of child survivors of sexual violence who receive appropriate services.

31. At the national level, the programme will help to improve child protection services, by supporting the implementation of the strategy to strengthen the social services workforce and the roll-out of the national harmonized case management system. There will be greater synergies with the education and health sectors to ensure registration of births, and prevention of and response to sexual violence.

32. In order to prevent and respond to violations of children's rights in armed conflict, the programme will strengthen the monitoring and reporting mechanism on children and armed conflict; the capacity of front-line actors to provide psychosocial support; and community education on the risks of explosive devices, with greater community anchoring. It will support the expansion of mechanisms to identify, demobilize and reintegrate children associated with armed forces and armed groups, with a particular focus on girls, by increasing families' and communities' participation.

33. The programme will help to improve access to local systems for preventing and responding to violence against children, particularly sexual and gender-based violence. This will be done through local capacity-building, improved referrals to legal and judicial assistance, and access to health and psychosocial support services for survivors of violence.

### **Every child lives in a safe and clean environment**

34. The programme will contribute to the national water and sanitation policy, and to UNSDCF outcome 2.1, by supporting the Ministry of Energy and Water Resources to increase access to sustainable and climate-resilient water and sanitation services and the adoption of appropriate hygiene and environmental practices, including in humanitarian settings. UNICEF will work with technical and financial partners, local authorities and communities to help increase the proportion of the population using basic water services from 37 per cent to 48 per cent and to decrease the proportion practising open defecation from 25 per cent to 19 per cent.<sup>20</sup>

35. UNICEF will build the capacity of national and local water management systems, support coordination and engage in advocacy to develop inclusive and sustainable WASH services at scale, informed by analysis of the impacts of conflict and climate change.

36. The programme will expand intersectoral approaches at the community level, as well as in schools and health centres. It will focus on equitable and sustainable access to essential water and sanitation services in rural and peri-urban areas, through the construction and upgrading of climate-resilient infrastructure for water supply. UNICEF will support community-led total sanitation. It will promote better management and maintenance of local WASH services through community empowerment, and a clean and safe sanitary environment in schools and health centres. The menstrual hygiene management approach will be enhanced in schools. UNICEF will support preparedness and contingency plans and respond to emergency needs, through the construction/upgrading of boreholes and latrines as well as the distribution of emergency kits for water collection and treatment, hygiene and menstrual hygiene.

<sup>20</sup> UNICEF, Standardized Monitoring and Assessment of Relief and Transitions survey, 2019.

## **Every child has access to inclusive social protection**

37. The programme will contribute to UNSDCF outcome 2.1 by supporting the Ministry of Labour, Employment, Social Protection and Vocational Training and the Ministry of Humanitarian Action, Solidarity and National Reconciliation to help to provide integrated and shock-responsive social protection for children. UNICEF will work with the World Bank, the International Monetary Fund and United Nations agencies.

38. UNICEF will support the Government to develop and implement a national social protection policy and to introduce shock-responsive social protection systems. UNICEF will model a child-sensitive and gender-inclusive cash transfer programme that promotes linkages with complementary sectors to build resilience to shocks. UNICEF will continue to scale up humanitarian cash transfers, aiming to accelerate sectoral outcomes for children, while strengthening linkages with the national social protection system.

39. The programme will support the Government to improve the rate and quality of spending in the social sectors. In conjunction with the Ministry of Finance, the programme will strengthen capacity in public financial management and increase the use of evidence to improve fiscal accountability and the efficiency of public spending in the social sectors.

## **Programme effectiveness**

40. This component will help to ensure effective programme delivery through coordinating programmes, including those in response to emergencies.

41. All interventions will be supported by a social and behavioural change component. This will be designed to improve community practices and demand for services through community engagement, especially among women and young people. It will focus on co-creating homegrown solutions with communities and on promoting essential family practices. Interventions will be informed by action research into social norms and practices that act as barriers to the protection of children's rights and to gender equality.

42. Under the leadership of the Ministry for the Promotion of Youth and Sports, UNICEF will support the response to the needs of adolescents and young people and their participation and engagement. UNICEF will initiate a model life skills and entrepreneurship programme for young people, to increase their employability. Accountability to affected populations, a central element of the programme, will be scaled up through innovative complaint and feedback mechanisms. UNICEF will work with other United Nations entities to leverage internal capacity and partner capacity to prevent sexual exploitation and abuse.

43. The subnational offices, with increased staff, will monitor the interventions and ensure rapid response and service continuity thanks to their close proximity to local authorities and communities.

## Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Every child survives and thrives	2 500	54 775	57 275
Every child learns	2 500	56 150	58 650
Every child is protected from violence and exploitation	4 025	9 100	13 125
Every child lives in a safe and clean environment	3 000	34 940	37 940
Every child has access to inclusive social protection	4 000	7 250	11 250
Programme effectiveness	17 000	7 785	24 785
<b>Total</b>	<b>33 025</b>	<b>170 000</b>	<b>203 025</b>

<sup>a</sup> An additional \$73 million per year is expected to be allocated for other resources (emergency operations).

## Programme and risk management

44. Potential risks include: sudden deterioration in socioeconomic conditions; increased insecurity leading to deterioration in the humanitarian context and in access to populations; and inappropriate use of resources.

45. UNICEF will support advocacy to secure humanitarian access, including in conjunction with MINUSCA, and will improve emergency preparedness and response. Strengthening the harmonized approach to cash transfers to partners and raising ethical awareness among actors will help to ensure the effective and efficient use of resources.

46. This CPD outlines UNICEF contributions to national outcomes and serves as the primary tool for accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

## Monitoring, learning and evaluation

47. The Ministry of Economy, Planning and Cooperation will be the main partner for coordination of the programme. Programme monitoring will be strengthened through annual reviews under government leadership, increased capacity to monitor progress towards results, and programmatic visits, supported by third parties in hard-to-reach areas.

48. The programme will aim to fill data gaps through: analyses of the situation of children and of risks and vulnerability factors; support for national sectoral information systems; research and evaluation, in line with the costed evaluation plan, informing new programming areas; and improved knowledge management.

## Annex

## Results and resources framework

## Central African Republic – UNICEF country programme of cooperation, March 2023–December 2027

<p><b>United Nations Convention on the Rights of the Child:</b> Articles 2–40</p> <p><b>National priorities: National Recovery and Peacebuilding Plan for the Central African Republic 2017-2023:</b> 1) support peace, security and reconciliation; 2) renew the social contract between the State and the population; and 3) ensure economic recovery and the restoration of productive sectors</p>
<p><b>United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:</b></p> <p>Pillar 1 – Outcome 1</p> <p>Pillar 2 – Outcomes 1 and 2</p>
<p><b>Related UNICEF Strategic Plan, 2022–2025 Goal Areas:</b> 1–5</p>

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)			
						RR	OR	Total	
Pillar 2, Outcome 1: By 2027, populations in the Central African Republic – particularly women, children, young people and other vulnerable groups – have equitable and sustainable access to and use of high-quality services for education,	1. By 2027, more children, newborns and families equitably benefit from high-quality, high-impact interventions for health, immunization, nutrition and HIV	Percentage of children aged 0–11 months vaccinated with three doses of DTP-containing/Penta vaccine (diphtheria/tetanus/pertussis, hepatitis B and Hib) B: 41% T: 65%	World Health Organization (WHO) and UNICEF National Immunization Coverage, Multiple Indicator Cluster Surveys (MICS)	Health system strengthened in terms of capacity and resilience, including at the community level	Ministry of Public Health and Population	2 500	54 775	57 275	
		Percentage of children under the age of 5 suffering from global acute malnutrition* B: 5.8% T: 4%	Standardized Monitoring and Assessment of Relief and Transitions	Children, women and communities have equitable access to high-quality immunization services, including in emergency situations	World Bank				Global Fund to Fight AIDS, Tuberculosis and Malaria
		Percentage of children aged 0–59 months treated	MICS	Children under the age of 5 years, adolescent girls, pregnant and	Gavi, the Vaccine Alliance				United Nations agencies

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
health, nutrition, water, sanitation and hygiene (WASH), food security and social protection		for pneumonia with an antibiotic B: 35% T: 65%	Spectrum MICS	breastfeeding women, and communities receive high-impact nutrition interventions, including in emergency situations  Newborns, children, women, young and adolescents girls receive high-impact maternal, newborn, child and adolescent health and HIV interventions, including in emergency situations				
		Percentage of HIV-positive pregnant women receiving antiretroviral treatment* B: 71% T: 80%						
Pillar 2, Outcome 1	2. By 2027, children and adolescents aged 3–18 years, particularly the most disadvantaged, girls and those affected by the humanitarian	Primary school completion rate* (girls and boys) B: 27% T: 31%	MICS Education Management Information System (EMIS)	The Ministry of National Education has improved coordination and governance	Ministry of National Education  World Bank  European Union  United Nations	2 500	56 150	58 650
		Transition rate from primary to lower secondary education (outside Bangui)* B: 56% T: 60%	EMIS	There is improved access to education in a protective environment, including in				

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
	crisis, complete primary and lower secondary education in a protective environment and have acquired basic skills	Percentage of girls and boys achieving minimum proficiency levels at the end of primary school (outside Bangui)* Reading: B: 15.4% T: 20%  Mathematics: B: 5.3% T: 10%	MICS	humanitarian situations  The quality of teaching is improved, including in humanitarian situations	Educational, Scientific and Cultural Organization			
Pillar 1, Outcome 1: By 2027, populations in the Central African Republic live in an environment where peacebuilding, national reconciliation and governance mechanisms are inclusive, accountable and effective  Pillar 2, Outcome 2: By 2027, populations in the Central African Republic – particularly women, children,	3. By 2027, the most vulnerable girls and boys are better protected from violence, exploitation and abuse, including in humanitarian situations	Percentage of children (girls and boys) under 1 year of age whose births are registered B: 41% T: 50%	MICS	Services and stakeholders at the national level have the tools and capacity to plan, implement, monitor and coordinate integrated protection services	Ministry for the Promotion of Gender and Protection of Women, Families and Children	4 025	9 100	13 125
		Number of girls and boys who have experienced violence reached by health, social services or justice/law enforcement services All forms of violence B: 17 635 T: 31 200  Sexual violence* B: 1 473 T: 3 200	Programme data	Girls and boys have improved skills and access to services to prevent and respond to child rights violations in situations of armed conflict  Girls, boys and communities are better equipped to protect themselves and have access to local multisectoral and inclusive protection services	Ministry of Territorial Administration, Decentralization and Local Development  Ministry of Justice  United Nations Multidimensional Integrated Stabilization Mission in the Central African			

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
young people and other vulnerable groups – are protected from all forms of violence, exploitation and discrimination (including gender-based), in an enabling environment for gender equality					Republic (MINUSCA)			
Pillar 2, Outcome 1	4. By 2027, populations – especially the most disadvantaged, including those affected by humanitarian situations – live in an environment with sustainable and climate-resilient water and sanitation services and adopt adequate hygiene and environmental practices	Percentage of the population (women and men) using at least one basic water service* B: 37.2% T: 48%	WHO/UNICEF Joint Monitoring Programme (JMP)	National and local systems for managing WASH services are strengthened and resourced to promote equitable, inclusive, affordable and sustainable services and to address the impacts of climate change, disaster risk and environmental degradation  Vulnerable communities, including those affected by humanitarian situations, use and manage sustainable water and basic sanitation facilities	Ministry of Energy and Water Resources  Directorate General of Hydraulics  National Water and Sanitation Agency  Central African Republic water supply company (SODECA)  Ministry of Public Health and Population	3 000	34 940	37 940
		Percentage of the population (women and men) practising open defecation B: 25.1% T: 19%	JMP					
		Percentage of the population (women and men) using at least basic sanitation services* B: 21.5% T: 25%	JMP					

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
				<p>and services and adopt adequate hygiene and environmental practices</p> <p>Schools and health facilities, including those in areas affected by humanitarian situations, have adequate and sustainable water and sanitation infrastructure and improved hygiene conditions</p>	<p>Ministry of National Education</p> <p>Ministry of the Environment and Sustainable Development</p> <p>Regional and Local authorities</p>			
Pillar 2, Outcome 1	5. By 2027, children and young people – especially the most vulnerable, including those in humanitarian situations – benefit from a more inclusive, child-friendly and shock-responsive social protection system	<p>Percentage of budget implementation rates for social sectors:</p> <p>Health B: 6.71% T: 9%</p> <p>Education B: 6.08% T: 7%</p> <p>Social protection B: 2.85% T: 3.5%</p> <p>Number of girls and boys benefiting from a cash transfer programme supported by UNICEF B: 18 705 T: 150 000</p>	<p>Finance acts</p> <p>Budget implementation reports</p>	<p>There is an improved policy and strategy environment for social protection</p> <p>The Government has greater capacity to effectively and equitably finance child-friendly and gender-sensitive social services</p> <p>Systems and tools are in place to manage shock-responsive social protection programmes, including in</p>	<p>Ministry of Finance</p> <p>National Assembly</p> <p>Ministry of Labour, Employment, Social Protection and Vocational Training</p> <p>Ministry of Humanitarian Action, Solidarity and National Reconciliation</p>	4 000	7 250	11 250

UNSDCF outcomes	UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
						RR	OR	Total
			National Management and Information System	humanitarian situations	International Monetary Fund  World Bank			
	6. Programme effectiveness	Percentage of key performance indicator benchmarks met B: 81% T: 95%	Insight	Programme coordination  Partnerships and communication  Planning, monitoring and evaluation  Emergencies and field operations		17 000	7 785	24 785
<b>Total resources</b>						<b>33 025</b>	<b>170 000</b>	<b>203 025</b>

\* Outcome indicator aligned with the UNSDCF indicator.