

# Central African Republic

## Consolidated Emergency Report 2018



Child in Alindao © UNICEF CAR/2018/Le Du

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## Table of Contents

A. Abbreviations and Acronyms .....	3
B. Executive Summary .....	5
C. Humanitarian Context .....	6
D. Humanitarian Results .....	11
a) Child Survival and Development (CSD).....	11
b) Water, Sanitation and Hygiene (WASH).....	13
c) Education.....	15
d) Child Protection .....	17
e) Cross-cutting priorities.....	19
a. Rapid Response Mechanism.....	19
b. Communications for Development (C4D).....	20
f) Humanitarian leadership .....	21
E. Results Achieved from Humanitarian Thematic Funding.....	21
F. Assessment, Monitoring and Evaluation .....	25
G. Financial Analysis.....	25
B. Future Work Plan .....	29
C. Expression of Thanks.....	30
D. Annexes to the CER.....	30

## A. Abbreviations and Acronyms

ANC	Ante-natal care
ANEA	Agence Nationale de l'Eau et de l'Assainissement
ART	Antiretroviral Treatment
CAAC	Children affected by armed conflict
CAR	Central African Republic
CBO	Community-Based Organisation
CCCs	Core Commitments for Children in Humanitarian Action
CFS	Child Friendly Space
CIRGL	International Conference of the Great Lakes Region Countries
CLTS	Community Led Total Sanitation
CMAM	Community-based management of acute malnutrition
CNPE	National Council for Child Protection
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CSD	Child Survival and Development
CTO	Interim Transit Centre
DDR	Disarmament, Demobilization and Reintegration
DDRR	Disarmament, Demobilization, Reintegration and Repatriation
DGRH	Direction Générale des Ressources Hydrauliques
EiE	Education in Emergencies
EFP	Essential Family Practices
GBV	Gender-Based Violence
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
i-CCM	Integrated Management of Childhood Illnesses
IDP	Internally Displaced Person
IOM	International Organization for Migration
IPC	Interpersonal communication
ISF	Integrated Strategic Framework
IYCF	Infant and young child feeding
MICS	Multi Indicator Cluster Survey
MINUSCA	United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic
MoE	Ministry of Education
MoH	Ministry of Health
MRM	Monitoring and Reporting Mechanism
MSA	Multiple Sector Assessment
NAC	National AIDS Commission
NFI	Non-food items
NGO	Non-governmental organization
OHCHR	Office of the United Nations High Commissioner for Human Rights
ODF	Open Defecation Free
OVC	Orphans and other vulnerable children
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of mother-to-child transmission
PSEA	Prevention of sexual exploitation and abuse
RCPA	Rehabilitation and Consolidation of Peace in the Central African Republic
RRM	Rapid Response Mechanism
RUTF	Ready-to-use therapeutic food

SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SEA	Sexual exploitation and abuse
SITAN	Situation Analysis
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOP	Standard Operating Procedure
SRSG	Special Representative to the Secretary General
TCC	Troop contributing countries
TLS	Temporary learning space
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UMIRR	Joint Unit for Rapid Response and Repression of Sexual Violence
WHO	World Health Organization

## B. Executive Summary

UNICEF CAR delivered humanitarian assistance against the targets outlined in the HAC, which focused on identifying and assessing the needs of the most vulnerable crisis-affected populations, and providing a response based on the UNICEF Core Commitments for Children. As of 31 December 2018, UNICEF had US\$34.5 million available against the US\$56.5 million appeal (61 per cent funded). Unfortunately, funding gaps did not allow UNICEF CAR to reach all the HAC targets, while the humanitarian situation continued to deteriorate. At the end of December 2018, the number of internally displaced people in the country was 641,000 with an estimated of 2.9 million persons affected by the crisis. Humanitarian access has remained a significant challenge due to the volatile security situation and increased targeting of aid workers. In 2018, OCHA recorded 396 attacks against aid workers, a 17% increase over 2017. Using the Cluster approach, UNICEF continued to work closely with line ministries to strengthen government capacity in humanitarian response.

In 2018, UNICEF and partners delivered life-saving interventions to affected populations. A total of 250,831 children aged 6-59 months were screened for acute malnutrition (during passive screening and screening campaigns) and referred for treatment when needed. In total, 32,232 (86 per cent) of the 37,281 targeted children under five (out of the caseload of 42,225) suffering from SAM were treated compared to 77 per cent in 2017 (out of a caseload of 30,521). More than 171,027 internally displaced people living on sites, most of them children, gained access to safe water. Specific multi-antigens immunization activities were organized for hard-to-reach, vulnerable, crisis-affected populations (IDPs, nomads, pygmies) and 33,748 children aged 6- 59 months were vaccinated against measles. In response to the polio outbreak in the Lake Chad Basin, three synchronized subnational immunization activities were conducted in three priority health regions bordering Cameroon and Chad reaching around 600,000 children under 5 during each round.

Some 121,514 displaced and host community children benefited from psychosocial support in child-friendly spaces and 913 children were released from armed groups and received interim care and reintegration programme. A caseload of 756 released children in 2017 were integrated too. Some 69,700 children, most of them internally displaced, gained access to education in protective learning environments. 237,131 vulnerable children and their family members were provided with essential household items, to replace crisis-related loss and destruction.

**In 2018, the flexible funding was key to enabling the office to immediately respond to children in acute and urgent need through a ‘blended approach’.** For instance, In November and December 2018, in Batangafo, without UNICEF Child protection and Education partner in the field, UNICEF deployed through Bangui, Kaga-Bandoro and Bossangoa Sub-Offices an emergency team by road and air. In this emergency and insecurity context, less than 15 days after the large attack on the IDP site, more than 8,000 children returned to school 68 teachers received educational material. Over 1,500 children benefited from a protective environment in two Child Friendly Spaces. In December 2018, following the attack on the IDP sites in Alindao, the Head of the Bambari Office was able to travel to this remote area with a multisectoral mission to assess needs and conduct an initial emergency response. The flexible funding also contributed to support emergency response in areas that were underfunded and to strengthen overall coordination of the emergency response.

### C. Humanitarian Context



CAR is the third largest humanitarian crisis in the world, after Yemen and Syria, in terms of the proportion of the population in need of humanitarian assistance. According to the 2019 Humanitarian Needs Overview (HNO), 2.9 million people (more than half of whom are children) are in need of humanitarian and protection assistance, an increase of 16% over 2018. 1.6 million people have acute and immediate humanitarian needs. Despite a certain lull in some localities, which facilitated the return of more than 230,000 people to their places of origin, forced and continuous displacement took place in several regions of the country throughout 2018. In November 2018, there were more than 648,500 internally displaced persons throughout the country. The total number of displaced persons has decreased by 6% since 2017. It is worth noting the persistence of multiple and secondary displacements due to attacks on internally displaced persons sites (IDPs), including Bangassou (Mbomou), Ippy (Ouaka), Tagbara (Ouaka), Batangafo (Ouham) and Alindao (Ouaka). In addition to displacement, these attacks resulted in the deaths and injuries of several hundred-displaced people. The Central African refugees increased from 542,896 in 2017 to 573,242 in 2018. Two-thirds of the IDPs are in host families and one-third in 77 internal displacement sites. In 2018, the protection cluster recorded 14,195 protection incidents in the 9 prefectures covered by the protection monitoring out of 16, an average of more than 1,100 protection incidents per month. This is almost three times the number of incidents reported in 2017 (5,547 incidents).

The root causes of violence are multiple. Conflict factors are political and economic, resulting in ethnic, religious and inter-community tensions and exploited for political purposes. Some armed groups have reached a level of organization and access to resources that allows them to acquire weapons and strengthen or increasing their positions over territory. The number of



groups have increased since 2015 mainly through fragmentations. They operate in more than half of the country and organize parallel administration systems, or in some areas replace the decentralized services of the State.

The transhumance (movement of cattle during the dry season) is also a destabilizing factor in the North-West (Bouar-Bocaranga-Baboua), West (Berberati, Gamboula, Amada-Gaza), Centre-West (Bossembélé-Yaloké region), Centre-East (Kouango-Bambari-Alindao-Kembé region), North of the Ouham prefecture and in the Nana-Gribizi prefecture. During the transhumance, there is an increase in crime and violence.

CAR ranks 188th of 189 countries on the United Nations Human Development Index. Extreme poverty is alarming countrywide. Infrastructure destruction, clashes between armed groups, attacks against the civilian population, and incidents against humanitarian actors have affected humanitarian access and operations. In 2018, six humanitarian workers were killed, and 21 others were injured. Between January and October 2018, 20 organizations had to temporarily withdraw from their intervention areas, depriving the population of vital assistance. Hostilities have spread to new areas, some of which are extremely difficult to access for security but also logistical reasons (e.g. villages far from major urban centers or without road access), making assessment missions and humanitarian response difficult.

Chronic underfunding affects the ability of humanitarian actors to respond to the ever-increasing needs. As of November 10, 2018, US\$222 million had been mobilized for the 2018 HRP, which represents only 43% of the target.



An internally displaced child plays with a grass AK-47 rifle at Sangaris camp in Bambari. With a population of 54,000 people, and 40,000 I.D.P.s, Bambari is CAR's second largest city. © UNICEF/UN0239511/GILBERTSON VII PHOTO

CAR suffers an 'extremely alarming' level of hunger, ranking 119th out of 119 countries on the 2018 Global Hunger Index. The national average of SAM is 2.1 per cent (2018 SMART survey) and global acute malnutrition (GAM) prevalence is 7.1% with two prefectures (Basse-Kotto and Vakaga) with a prevalence above 10%. The prevalence rate of GAM is above the emergency threshold in 16 of the 18 IDP sites according to rapid SMART surveys conducted in 2017-18. Preliminary data SMART connects acute malnutrition to the lack of access to basic water and sanitation services and other essential family practices. In total, 1.9 million people (40 per cent of the population) experience food insecurity (CPI phases 3 & 4, Sept. 2018).

CAR has the second-highest new-born death rate in the world, with 1 in 24 new-borns who do not survive their first 28 days. It also has the second-highest maternal mortality ratio, at 882 out of 100,000 live births. A mother has a one in 27 chances of dying due to complications related to pregnancy and childbirth.



Rachelle Kondghando, 49, an assistant delivery nurse at the maternity ward at Bambari University Hospital, the only hospital in the region, serving around 220,000 people. The hospital is staffed by two doctors, one midwife, and three nurses. The facility receives only sporadic electricity. The hospital becomes a target when fighting breaks out. Twice this year, bullet holes pock-marked buildings during battles inside the grounds, and today armed United Nations soldiers are at the gate full time. © UNICEF/UN0239511/GILBERTSON VII PHOTO

In 2018, CAR was at substantial risk of Ebola Virus Disease and faced several epidemics (Monkey Pox, measles, yellow fever, meningitis). Insecurity jeopardized the polio campaign in the districts of Kabo, Batangafo and Ngaoundaye. In 2018, the immunization coverage for the third dose of pentavalent vaccine increased from 54% (85,170 children) to 70% (93,610 children).

The fighting across more and more of CAR's territory, and the displacement associated with it, threaten to crush an education system already on its knees. In February 2018, six education workers – including a UNICEF consultant – were gunned down near Markounda, a remote



area close to the Chadian border. They were on mission to train community teachers for the benefit of 280,000 Central African children between the ages of 3 and 18 who had been displaced from their homes. Sixty per cent of these children have dropped out of school. Community teachers make up 60 per cent of CAR's educators. In areas worst hit by the fighting, they are the only teachers. The deadly incident near Markounda was one of 89 attacks against education facilities and personnel (including those on Temporary Learning and Protection Spaces) that have been reported since January 2017. This figure marks a sharp escalation in such attacks perpetrated by armed groups – ranging from looting and burning to occupying or fighting in close proximity to schools.

As a result of continued killings, abductions, assaults and threats, qualified teachers have fled their posts outside Bangui and major agglomerations. Newly trained teachers decline deployment and request for safe work environment and regular salary payment, which is nearly impossible as there are very few banks outside Bangui. Numerous schools have shut down because of the violence or because lack of teachers and population displacement. And in many cases, fear is keeping children away. Children who are not in school are at tremendous risk of exploitation, recruitment into armed groups or involvement in criminal activity. Girls are at acute risk of sexual abuse, early marriage and early pregnancy. At the national level in CAR, seven out of ten children and adolescents drop out of school. Fewer than three in five finish primary school, and just six per cent complete the higher secondary education. Strikingly, in conflict-affected areas where UNICEF has programmes, the proportion of children who go to school and take their exams is *higher* than in non-emergency settings. That's because education-in-emergencies initiatives bring many children into a learning environment for the first time – especially girls, who, for cultural or socioeconomic reasons, would not be able to attend school under ordinary circumstances. In emergency settings, as opposed to many 'normal' public schools in CAR, volunteer teachers from the community are paid regularly, receive training and are more consistently in the classroom. And schools become more than spaces for learning. They offer a critically needed protective environment and an opportunity for children to be children.



Child friendly space in an IDP camp in Kaga-Bandoro | © UNICEF/CAR/2018

Of the 2.9 million people in need of humanitarian assistance, 1.9 million need of water, hygiene and sanitation (WASH) services (2019 HRP). According to Government statistics, almost half of the population does not have access to clean water, three quarters lack access to basic sanitation, only 54 per cent of the households use a drinking water source and 34 per cent practice open defecation. Due to insecurity, access to provide humanitarian WASH assistance is difficult. The delay and difficulty to deliver WASH assistance is also caused by poor road conditions, which couple with poor hygiene practices contribute to the spread of epidemics. In 2018, the country also experienced flooding in some localities and neighborhoods of the capital city, Bangui. They resulted in the destruction of habitats, latrines and contamination of water points. The UNICEF Global database reports the proportion of the population practicing open defecation at 22% and the proportion of the population using unimproved drinking services at 29%.

A high number of violations of children's rights was recorded in 2018 including 48 incidents which led to the recruitment of 76 children into the armed groups, 59 cases of sexual violence, 89 attacks on schools and hospitals, 38 killings, 31 maiming (GHN, Dec. 2018).

Women and children continue to pay the heavy price for this violence. From January to August 2018, 5,733 cases of gender-based violence (GBV) were recorded in the Gender-Based Violence Information Management System (GBVIMS), including 21 per cent cases of sexual violence. In relatively stable areas of the country, most of the perpetrators of sexual and physical violence are in the child victim's communities (neighbours, extended family members, motorcycle taxi drivers and school teachers). In conflict-affected areas, the majority of sexual and physical violence are committed by armed groups. In addition, eight per cent of all cases of violence against children registered in 2018 were related to accusation for witchcraft. In 2018, as a result of forced population displacements, an increasing number of unaccompanied and separated children (704) were identified (2019 HRP).



IDP camp in Bambari | . © UNICEF/UN0239511/GILBERTSON VII PHOTO

## D. Humanitarian Results

Despite CAR humanitarian and security context, the following results have been achieved.

### a) Child Survival and Development (CSD)

#### Emergency Nutrition

A total of 250,831 children aged 6-59 months were screened for acute malnutrition (during passive screening and screening campaigns) and referred for treatment when needed. In total, 32,232 (86 per cent) of the 37,281 targeted children under five (out of the caseload of 42,225) suffering from SAM were treated compared to 77 per cent in 2017 (out of a caseload of 30,521). The performances against standards was good: 89.9 per cent of cured rate (>75 per cent), a death rate of 1.9 per cent (<5 per cent) and a defaulter rate of 6.8 per cent (<15 per cent). Thanks to UNICEF's support, the geographic coverage of nutrition services increased by 33.5 per cent (from 409 in 2017 to 546 therapeutic units including 46 intensive therapeutic food units in 2018) through mobile and fixed strategies allowing the delivery of nutrition services to hard-to-reach populations located in insecure and remote areas. Two rounds of Vitamin A supplementation and deworming were organized in 21 out of 35 Health Districts with 35.4 per cent of coverage (291,157 children aged 6-59 months out of 821,496, nationwide).

To ensure parents and families in targeted areas have the knowledge and skills to adopt behaviours conducive to good nutrition for children and pregnant women, 974 community health workers and 704 health workers were trained to promote Infant Youth and Child Feeding (IYCF) and others family practices. More than 55,000 pregnant and lactating women received IYCF counselling in 546 health centres and in 974 communities - Villages and IDPs sites (25,778 pregnant and lactating women).

Despite the efforts made in the management of SAM, the coverage of children in CAR is low and the management of moderate acute malnutrition (MAM) is almost non-existent, thus magnifying the cohort of children with SAM. The lack of a robust system of nutritional surveillance and early warning at the national level that would help to identify the onset of nutritional crises in real time is also a challenge. A nutrition surveillance and early warning system will be designed and implemented in 2019. The capacity of UNICEF to provide ready to use therapeutic food (RUTF) for the management of severe and moderate acute malnutrition by using simplified protocol in complex and humanitarian settings is expected to increase. The emergency nutrition response will be coupled with a stronger approach to prevent high levels of stunting (30 per cent).



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UNICEF in collaboration with WFP and members of the humanitarian nutrition cluster supported the completion of a national nutrition survey (SMART). As the national nutrition cluster lead, UNICEF provided technical support to Government and NGO partners to ensure coordination, data management and nutrition surveillance. The mobile approach was strengthened to increase the geographic nutrition services coverage in 58 high priority sub-prefectures. Rapid nutrition responses for hard-to-reach populations were coordinated in insecure areas such as Nzangba, Bria, Kembe, Mobaye, Langandji, Alindao, Pombolo, Paoua, Bangassou, Bakouma and in IDP sites in Alindao and Bambari with nutrition partners (MSF, IMC, CORDAID, MENTOR, ACF, AHA, COHEB, MDA and AID). 31 rapid nutrition needs assessments and/or rapid nutrition SMART surveys were conducted countrywide.

### Emergency HIV

In 2018, the coverage of prevention of mother to child transmission (PMTCT) services is 72% (258 / 354 facilities), including 69 new PTMCT sites. The capacity of 154 medical staff has been strengthened through on-site coaching leading to quality service delivery. As a result, 2,878 pregnant and lactating HIV positive women (56% of the target) and 1,068 children born from HIV positive mothers (58% of the target) and 2,752 (28% of the target) infected children had access to ART.

To accelerate the identification of infected children, HIV family testing campaigns were organized in four high HIV prevalence cities (Paoua, Bambari, Carnot and Berberati). A total of 10,230 families of people living with HIV were reached, of which 6,776 children were tested and 83 detected positive (1.2%) and put on ART. 24, 649 adolescents and youth (14,683 female) were tested for HIV with 636 detected positive and put on ART. UNICEF supported the Ministry of Health in developing policy, planning and normative documents: HIV operational plan 2018-2019, HIV prevention plan, review of ART guidelines, integrated MNCH/PMTCT/paediatic HIV training module.



Baby Cyrielle (3 weeks) screened, tested HIV positive and put under anti-retroviral treatment | © Ilvy Njiokiktjen

### Emergency Health

In 2018, specific multi-antigens immunization activities were organized for hard-to-reach, vulnerable, crisis-affected populations (IDPs, nomads, pygmies) and 33,748 children aged 6-59 months were vaccinated against measles. In response to the polio outbreak in the Lake Chad Basin, three synchronized subnational immunization activities were conducted in three

priority health regions bordering Cameroon and Chad reaching around 600,000 children under 5 during each round. UNICEF sustained its support to the development of the cold chain equipment optimization plan (CCEOP) funded by GAVI which avail the EPI programme more than 300 solar-powered cold chain equipment in 2019.

During the reporting year, UNICEF contributed to the activation of the national Ebola contingency plan in response to the May and August DRC Ebola epidemics, taking the lead on awareness raising activities. The findings of a Knowledge, Attitude and Practices (KAP) study on Ebola informed the Ebola national preparedness plan. UNICEF was instrumental in providing technical and financial assistance to the Ministry of Health and Population in implementing the C4D component of this plan. The Rapid Response Mechanism (RRM) was also involved in Ebola preventive WASH activities, setting up hand-washing stations and training officials on hygiene measures at 23 border crossings with the DRC.

	Cluster/Sect or 2018 Target	Cluster/ Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
<b>NUTRITION</b>				
Children aged 6-59 months with Severe Acute Malnutrition (SAM) admitted for therapeutic care	27,961	31,602	27,961	29,222
Recovery rate (%)	≥75%	89.93	>75%	89.71
Caregivers of children reached with infant and young child feeding counselling	108,276	58,679	85,000	45,043
<b>HEALTH</b>				
Children under 5 vaccinated against polio	n/a	n/a	910,000	485,812
People and children under 5 in IDP sites and enclaves with access to essential health services and medicines.	n/a	n/a	500,000	66,867

## **b) Water, Sanitation and Hygiene (WASH)**

### **Emergency WASH**

In total, 171,027 affected people gained access to safe water, and 61,748 additional affected people to sanitation facilities through water point rehabilitation, water trucking, water pumping from borehole, water chlorination, latrines and showers construction, maintenance and management, solid wastes collection and final disposal. Beneficiaries were sensitized on good hygiene practices through mass awareness campaigns and home visits. In addition, 5,647 Crisis-affected girls/women accessed menstrual hygiene management services Hygiene promotion, particularly hand washing with soap, is systematically conducted during water supply and sanitation interventions.





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UNICEF CAR managed intense contingency planning and prepositioning of emergency WASH supplies in four UNICEF zonal offices (Bambari, Bossangoa, Bouar and Kaga Bandoro) and in Bangui. This has been critical in ensuring a timely and children-focused response throughout the country. The contingency planning was particularly important at the end of the year to timely provide assistance during the Hepatitis E outbreak in Bocaranga and during population movement in Batangafo.

Humanitarian access has been a significant challenge due to the volatile security situation and the targeting of humanitarians and peacekeepers in 2018. Partnerships with local partners such as CARITAS in Bambari and Bangassou, Echelle in Kaga Bandoro helped to deliver life-saving assistance. In some cases, UNICEF, DGH and ANEA deployed staff to fill the gaps.

### Cluster Leadership

Led by UNICEF, the WASH cluster hold bi monthly meetings for coordination and information sharing in Bangui. Bi-monthly meetings were held in four regional sub-clusters and additional bilateral meetings with key partners for a better coordinated humanitarian response. Information flow was systematized to allow a bottom-up approach to better address the identified gaps with a coordinated child-centered response.

Specific needs of children and protection-related issues in regards to water, sanitation and hygiene activities were identified. Corrective measures were undertaken and reflected in the HRP 2018 indicators. Technical working groups are operational to develop strategic decision-making tools and processes and, to facilitate the implementation of strategic frameworks: WASH in Schools (with Education Cluster), WASH in Nut and, CCCM-WASH-Protection.

A strategic framework for operations is available and includes sector standards and multisectoral strategies to respond to displaced persons and returnees' needs, prevent cholera outbreaks, address malnutrition and, strengthen basic services.

In 2018, the WASH Cluster mobilized \$6,389,156 (against \$42.5M required) including \$1,500,322 for UNICEF through CERF allocation.

	Cluster/Sect or 2018 Target	Cluster/ Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
<b>WATER, SANITATION &amp; HYGIENE</b>				
Crisis-affected people with access to safe water for drinking, cooking and personal hygiene	900,000	747,867	600,000	171,027
Crisis-affected people accessing appropriate sanitation facilities	600,000	390,002	300,000	61,748
Crisis-affected girls/women accessing menstrual hygiene management services	60,000	8,647	45,000	5,647

### **c) Education**

The Global Thematic Humanitarian Response Funds allowed UNICEF CAR and its partners including the Ministry of Education (MoE) to ensure the overall stages of Education in Emergency (EiE) programming including humanitarian situation evaluation, EiE project designing, monitoring, supervision and project evaluation. In 2018, UNICEF CAR reached 97,193 affected children.

To achieve this result, three strategies were identified and implemented in EiE programming: (1) the set-up of temporary learning spaces in IDP sites, (2) the transition in the accessed schools and (3) the reinforcement of governance. The targeted children were preschool, and school aged 3-18 years affected by the crisis.

Through the Education in emergencies programme, UNICEF reached a total number of 88,769 children among whom 39,043 girls (44%) in both schools and temporary learning spaces (TLS) in 45 IDPs sites and host communities. In addition to access to a learning space, these children received school kits and benefited from improved skills of the community teachers. UNICEF supported access to 69,719 displaced children (32,155 girls) who attend 296 Temporary learning spaces (TLS) with 798 community teachers, 271 women of whom were women. These community teachers, who do not have appropriate qualifications or teacher training are recruited by the community. 660 of them benefitted from training on basic pedagogical skills and in psychosocial support in nine (9) prefectures (Ouaka, Ouham, Nana- Gribizi, Ouham-Pende, Mbomou, Haut- Mbomou, Haute Kotto, Basse Kotto and Ombella Mpoko).

A Radio Education Programme was adopted by the Ministry of Education with UNICEF's support. The translation of the lessons in the main local language (Sango) aimed at attaining

out-of-school children, children who are in hard-to-reach areas and children with limited learning time. A digital library comprising of e-books for teachers continued to expand. Two digital libraries were established in two additional regional pedagogical centres (Bouar and Bossango) to ensure the quality of education as well as developing the capacity for education managers, curriculum designers and trainers of trainers.

In May 2018, UNICEF was reappointed by the Local Education group as the managing agent for the fast-track allocation (20% of the total) approved by the GPE Board in September 2018. Furthermore, UNICEF was able to mobilize resources from EU to respond to the critical needs in the education sector for both the humanitarian and recovery interventions. Through its Education Cluster lead role, UNICEF was instrumental in securing funding from the Education Cannot Wait consortium for education in emergency activities.



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### Cluster leadership

As the Education Cluster lead, UNICEF worked closely with education partners to ensure that the educational needs of crisis-affected children were addressed. The cluster activities focused on providing sector coordination, mapping education programming, updating 5W surveys on a regular basis and building the capacity of the government and partners to oversee the implementation of EIE programming. Additionally, as a means to strengthen advocacy for the evacuation of armed groups from school premises and prevent other attacks targeting schools or education staff, the education cluster provided regular information on attacks against education to the Monitoring and Response Mechanism (MRM) and monitored with this mechanism, actions taken to allow children to access to school.

	Cluster/Sect or 2018 Target	Cluster/ Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
<b>EDUCATION</b>				
Children (boys and girls 3-17yrs) in areas affected by crisis accessing education	94,400	98,349	85,000	88,327
Children receiving learning materials	204,600	146,310	100,000	97,193
Children (boys and girls 3-17yrs) attending school in a class led by a teacher trained in psychosocial support	195,000	110,469	100,500	83,603

#### **d) Child Protection**

The monitoring and reporting mechanism on grave violations against children was strengthened in the country in coordination of the MINUSCA and other UN Agencies and led an intensive advocacy for the protection of children, particularly for the released of children from armed groups. In 2018, UNICEF, in partnership with national and international NGOs supported the release of 913 children, including 242 girls from armed groups and provided socio-economic support for the reintegration of 1,669 children, including 431 girls. 4,520 child victims of physical and sexual violence in emergency or non-emergency settings, including 1,953 girls, received holistic care. In addition, 121,514 children, including 53,611 girls, received psychosocial and recreational support in a safe environment in either child-friendly spaces or other childcare facilities. 332 child victims of violence were registered by the special brigade for minors in Bangui. Those children were provided with necessary support including family mediation and alternative care solution, in coordination with MINUSCA and UNDP.

The office provided support to the Ministry of Social Affairs to strengthen the coordination and management of the child protection sector at national level, as well as to support children and families at community level. Support was also given for the capacity development of 780 local actors (service providers of government and civil society) in child protection.

With the adoption of the national strategy on prevention of gender-based violence including child marriage, several awareness raising activities were carried out by government and civil society actors. Community-based mechanisms (child protection networks and youth clubs) have been reinforced to address harmful social norms including child marriage, sexual violence and female genital mutilation. 121,000 adolescents participated in activities to contribute to ending violence against children including sexual violence in humanitarian and development settings.

Since 2014, a total of 302 Sexual Exploitation and Abuse (SEA) allegations have been recorded by UNICEF. The analysis of the reported SEA allegations shows that the peak of these incidents took place between 2014 and 2015 and were reported in 2016. It appears that there is a downward trend. In 2018, 17 SEA allegations against children were reported in 11 significant incident reports (SIR). The alleged perpetrators of the reported SEA cases were MINUSCA/MISCA elements for 14 cases, an element from international force for 1 case, and NGOs staff for 2 cases. The alleged victims were provided with necessary assistance by



UNICEF and its partners. The field Victim Rights Advocates, in collaboration with the humanitarian PSEA Task Force, carried out a mapping to identify the challenges related to the availability of services to victims of SEA. In 2018, a total of 4,520 children (1,893 girls) victims of physical and sexual violence were provided with holistic support.

UNICEF supported the reinforcement of the PSEA coordination mechanism and development of 2 new protocols in CAR. One is related to information sharing and was adopted on 3 September 2018 by the SRSG and PSEA humanitarian actors. The other is a draft of protocol on victim assistance which is under validation. Those initiatives have improved the quality and consistency of interventions in terms of prevention of and response to SEA.

A total of 131 UNICEF staff completed the online mandatory training on SEA for UN personnel. In addition, 94 UNICEF staff (26 female) participated in a PSEA orientation during the office retreat held in October 2018. All the focal points for PSEA, based in Bangui and in the four field offices received a specific training and have terms of reference.



Child friendly space | © UNICEF/UN0239511/GILBERTSON VII PHOTO

### Child protection sub-cluster coordination

In 2018, UNICEF, as the lead of the child protection sub-cluster, played an important role in many areas. Despite challenges related to the staffing, the child protection sub-cluster maintained its proactive function in Bangui, Paoua, Kaga- Bando, Bambari and Bossangoa



(field level). It conducted the capacity building of key child protection actors (government and NGOs) on child protection in emergency and also reinforced the coordination of child protection partners at sub-national level through guidance on standards and analysis of gaps in the child protection response. Furthermore, the cluster ensured information collection and analysis on child protection issues and the update of situation analysis tools.

The sub-cluster has maintained the coordination framework on a regular basis at the national level with the lead cluster or with the child protection section. The sub-cluster coordinated and supported the implementation of the updated national strategy for child protection in emergency. Furthermore, the sub-cluster worked through technical working groups on specific issues such as unaccompanied minors, children associated with armed groups as well as a referral mechanism system for children in needs including children accused of witchcraft.

In addition, the sub-cluster facilitated the resource mobilization for UNICEF as well as for child protection actors through close communication with OCHA for humanitarian response funding. It successfully resulted in funding mobilization for the urgent child protection response in locations such as Bangassou (Mbomou prefecture), Zemio and Obo (Haut-Mbomou prefecture) and Bria (Haute-Kotto prefecture), Paoua (Ouahm Pende), Mala, Kagabamodoro (Nana Gribizi), Dekoa (Kemo), Ippy, Seko, Tagabara (Ouaka)

	Cluster/Sect or 2018 Target	Cluster/ Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
<b>CHILD PROTECTION</b>				
Children reached with psychosocial support through child friendly spaces	200,000	198,367	100,000	121,514
Children released from armed forces/groups reached with reintegration support	4,874	978	3,500	913
Registered unaccompanied/ separated children supported with reunification services	2,000	1,232	800	962
Women and children reached with gender-based violence prevention and response interventions	n/a	n/a	1,000	777

## **e) Cross-cutting priorities**

### **a. Rapid Response Mechanism**

The Rapid Response Mechanism (RRM), led by UNICEF since 2013, continued to be an essential part of the CO's emergency response. In 2018, the RRM through its three NGO partners Action Contre la Faim (ACF), ACTED and Solidarités International covered about 75% of the country with a humanitarian surveillance system, which recorded 84 confirmed alerts, almost all conflict related. The alerts led to a total of 29 exploratory missions and 38 multi-sector assessments. As a result, 43 non-food item (NFI) distributions took place reaching 237,131 vulnerable children and their family members with essential household items, to replace crisis-related loss and destruction. The 33 WASH relief operations, mostly conducted

alongside the NFI distributions, benefitted 162,173 people. They included the rehabilitation of 143 water points, the construction of 56 emergency latrines as well as 216 group hygiene promotion sessions. The RRM globally reached almost twice as many people in 2018 as in 2017, reflecting the deteriorating humanitarian situation in CAR, as well as robust donor support (over 100% funding against the original requirements). In 2018, the RRM successfully piloted voucher-based NFI fairs and unconditional cash transfers as alternatives to NFI distributions. The information gathered through the humanitarian surveillance system, as well as the assessment reports shared with the humanitarian community, allowed for sector responses in sectors not covered by the RRM.

The CO has started using the RRM as an entry point to facilitate and enable complementary UNICEF responses for increased multisector impact. In November, following the attack of the Batangafo IDP site by armed groups, UNICEF responded to the acute child protection and education needs alongside the RRM NFI intervention, and also contributed to the immunization and WASH responses. As soon as the security context allowed it, and in the absence of immediately available partners, UNICEF Education and Child Protection staff from the Bangui office directly implemented the initial response in these sectors. Until partners could take over, they worked with support from the Security Advisor, an Emergency Specialist and staff from the Bossangoa and Kaga Bandoro field offices, also deployed to Batangafo.

In 2018, UNICEF continued to lead the Nutrition, Education and WASH clusters and coordinated the Child Protection sub-cluster, in addition to be an active member of the Health Cluster facilitated by the World Health Organization (WHO). In these functions, UNICEF CAR ensured effective humanitarian leadership and accountability.

	Cluster/Sect or 2018 Target	Cluster/ Sector Total Results	UNICEF 2018 Target	UNICEF Total Results
<b>RAPID RESPONSE MECHANISM</b>				
Acutely vulnerable people rapidly provided with non-food items after a shock	n/a	n/a	160,000	237,131
Affected people receiving appropriate WASH interventions after a shock	n/a	n/a	70,000	162,573

#### **b. Communications for Development (C4D)**

The C4D portfolio was significantly reshuffled to embrace a stronger focus on the priorities of the office, including the two regional KRCs (immunization and child protection from violence) and two office specific priorities (SAM and quality education in an emergency context). Hence, existing partnerships (with Catholic Scouts, Mentor Initiative and Radio Ndekeluka) have been fleshed out, aligning to a bigger scale of results as well as integrating a stronger cross-sectoral dimension. Meanwhile, new and innovative partnerships have also been crafted. The Cinéma Numérique Ambulant (CNA), consisting of mobile screenings in areas where people have no access to media have reached 40,000 people on 6 thematic (Ebola Virus Disease, Immunization, HIV, birth registration, education and WASH). A group of young people practicing capoeira have been capacitated to dialogue with children in and out-of-school

settings. This pilot intervention is expected to pave the way to a more comprehensive Sport for Development programme, which does not exist in CAR yet. A group of clowns, puppeteers and traditional story tellers (known as “the Parrots”) have been trained to interact with Internally Displaced Peoples (IDP) on their sites. A documentary movie about the role of entertainment in C4D interventions is being produced. These innovative approaches have not only contributed to reinforce C4D but have also contributed to build trust between Government entities and civil society organizations.

C4D played a critical role in supporting the Ebola Virus Disease (EVD) preparedness plan. A Knowledge, Attitude and Practices (KAP) survey was conducted through the Ministry of Health and Population (MoHP) to inform communication strategies and operational plan; specific radio products (spots and sketches) were crafted and aired through a network of 6 community radio stations for a period of one month; A meeting gathering more than 60 community leaders was organised to advocate about roles and responsibilities of local authorities in Bangui; Training of 80 scouts to carry out doors-to-doors interventions resulted in the reach out of 14,500 people in 2 districts of Bangui. Finally, printed materials (posters and leaflets) were revised, printed out and distributed through the Directorate of Community Health.

#### **f) Humanitarian leadership**

UNICEF is a member of the Humanitarian Country Team (HCT), UN Country Team (UNCT) and Security Management Team (SMT). UNICEF leads WASH, Nutrition Education clusters and Child Protection sub-cluster. The Government co-chairs WASH and Education clusters, Child Protection sub-cluster and is an active member of the Nutrition cluster. Child Protection sub-cluster covers all the Prefectures directly or indirectly. Nutrition is paired with health and works through three sub-clusters at the sub-regional level. The Education and WASH clusters are also functional at the sub-regional level. UNICEF host and coordinates the Rapid Response Mechanism (RRM) and is an active member of the Health cluster and, through the RRM Coordinator, Shelter/NFI/Camp Management clusters. The Cluster/Sub-Cluster leads and RRM Coordinator are members of the Inter-Cluster Coordination team (ICC).

### **E. Results Achieved from Humanitarian Thematic Funding**

#### **Child Survival and Development**

In 2018, around 108,298.79 \$ of the humanitarian Thematic Fund were used to support some underfunded nutrition crisis. More specifically the flexible funding contributed to:

- Provide Therapeutic food and reaching 2,000 children with SAM;
- Reinforce capacity of 17 community focal points in health centres and 162 community health workers on community management of childhood diseases and detection of malnutrition;
- Support formative supervision in Dekoa, Bangui, Bambari, Bouar, Berberati and Carnot Gazi.

In addition, 104,816 pregnant women (out of 175,910 targeted) attended at least one antenatal care (ANC) while 47,149.14 attended four antenatal visits in four health regions (1,2,3,4) and 77,180 gave birth with the assistance of qualified staff. In conflict zones (11 district in Health regions 4,5,6) and with the support of humanitarian actors (UNICEF, OMS and UNFPA), **23,876 pregnant women** benefitted from at least one ANC and 11,246 women gave birth with the assistance of qualified personnel. 2,878 pregnant and lactating HIV positive women (56%

of the target) and 1,068 children born from HIV positive mothers (58% of the target) and 2,752 (28% of the target) infected children had access to ART.

### WASH

A contribution amounting to \$14,663 was assigned to the assistance to vulnerable population in Bangassou. Activities were conducted in collaboration with local CARITAS to provide WASH package to 1,500 IDPs mainly Muslims who flee their houses to seek protection in the catholic mission compound. UNICEF and CARITAS were able to ensure 15 liters of drinkable water per person per day (24 hours availability) to IDPs through emergency water system (pump from a borehole, chlorination and distribution via bladder and taps stands). Additionally, hygiene and sanitation needs were addressed through the construction/rehabilitation of 12 latrines and 12 showers gender-separated as well as hygiene promotion, WASH kits distribution and solid wastes management. Menstrual hygiene was addressed through sensitisation and distribution of menstrual hygiene kits.

More than 2,000 people were sensitized on hygiene, community water management and particularly hand washing with soap during the celebration of the Hand Washing Day.

Thanks to the emergency thematic fund, at the WASH cluster coordination level, the coordinator and the IMO positions have been filled for a period of twelve months. Also, the National Cluster Coordinator was seconded by a formal co-facilitator. The recruitment of WASH specialists in the UNICEF zonal offices has enabled the reactivation of the sub-cluster in Bambari, Bouar, Kaga Bandoro and Bossangoa. Periodic meetings at national and sub-cluster level have been held normally.

### Child Protection

The contributions made it possible to pay Protection Specialists salaries to ensure children care management. It contributed to strengthen the partners capacity on information and quality management. It also contributed to conduct the monitoring of the reintegration of children previously associated with armed groups, separated or unaccompanied and street children. Advocacy activities conducted helped to bring the MPC (Patriotic Movement) armed group to sign the action plan to end the use and recruitment of children as well as serious violations of children's rights. In 2018, UNICEF supported the reinforcement of the PSEA coordination mechanism and the development of two new protocols in CAR. One is related to information sharing and was adopted on 3 September 2018 by the SRSG and PSEA humanitarian actors. More than 300 children living on the streets in Bangui have been cared for.

### Education

Thanks to the thematic emergency funding, strong technical support was provided by UNICEF to the MoE both at Central level and decentralized level to uphold EiE and to consolidate the EiE Unit. Social awareness activities were conducted on the importance of education. Field missions were conducted to monitor the effectiveness of school activities.

Thanks to the flexible funding the construction of 5 schools and the rehabilitation of 18 schools were monitored in the North East Academic Inspection. School kits were purchased, transported and prepositioning in the four field offices to be distributed in the most affected localities. 1,000 school furniture for an average of 3,000 children were produced and transported. 78 community teachers received 5 months' arrears due to the interruption of agreement following the deadly incident in Markounda.

Two Small Scale Funding Agreement (SSFA) were established with two NGO for respectively integrating peace building and social cohesion in the school programmes and inclusive

education in emergencies for blind students. Digital libraries were set up in the Regional Pedagogic centres and 500 teachers were trained on e-books utilisation.

Support was provided to several NGOs to ensure access to quality education for children who are directly affected by the crisis: NGO TGF reached 5,097 children in Bambari by setting up 5 TLS, rehabilitating 2 schools and providing school furniture and furthermore, training to community teachers on basic pedagogy and psycho-social support. Further support was provided to IDEAL, ECAC, Caritas Bangassou which are all national NGOs which maintained not only a presence in the field but to ensure the continuity of schooling in those affected areas during the peak period of crises and international NGO War Child.

In the South East Academic Inspection 62 teachers were trained on psycho-social support and Protective School Environment benefitting to 3,720 children.

### RRM

Thanks to the Thematic Humanitarian funds, UNICEF was able to fund positions in the Emergency Section in Bangui and several Heads of Field Offices positions.

In November 2018, following the attack of the Batangafo IDP site by armed groups, UNICEF responded to the acute child protection and education needs alongside the RRM NFI interventions. In addition, UNICEF contributed to the immunization and WASH responses. As soon as the security context allowed it, and in the absence of partners, UNICEF Education and Child Protection staff from Bangui directly implemented the initial response in these sectors. Until partners could take over, they received support from the Security Advisor, an Emergency Specialist and staff from the Bossangoa and Kaga Bando field offices, also deployed to Batangafo. In this emergency and insecurity context, less than 15 days after the large attack on the IDP site, more than 8,000 children returned to school, 68 teachers received educational material. Over 1,500 children benefitted from a protective environment in two Child Friendly Spaces.

In December 2018, following the attack on the IDP sites in Alindao, the head of Bambari Office could travel to this remote area with a multisectoral mission to assess needs and conduct an initial emergency response.





# Thematic Funding Case Study

## Top Level Results

Thanks to the GHT funding, the RRM conducted an innovative cash-based intervention in 2018. The intervention took place in Kabo (Ouham) in four distribution sites simultaneously in a single day benefitting 2,234 beneficiary households affected by natural disaster. The allocated resource covered the deployment cost of the Emergency Response Team (ERT) member for Humanitarian Cash Transfers. The ERT member after a series of Key Informant Interviews (KII) organized a training for the field staff of the Implementing Partner (Solidarités International) in Kabo. The training allowed field staff to adopt the required data collection tools to complement the Multi Sector Assessment methodology with a humanitarian cash feasibility analysis.

## Issue/Background

In Kabo between 22 and 27 August 2018, more than 2,000 houses were destroyed during a storm which resulted in severe floods. Disaster-affected households lost their essential household items, food supplies and livelihoods. The RRM intervened with a first in-kind NFI response. Despite this intervention, residual vulnerabilities of the affected population were considered acute due to lack of access to basic services and livelihoods with negative coping strategies affecting children being adopted (e.g.: withdrawing children from school).

## Resources Required/Allocated

UNICEF used the GHT to fund the deployment of the Emergency Response Team (ERT) member for a Humanitarian Cash Transfers. The ERT mission carried out a feasibility study on cash transfer which took place from 13 September 2018 to 9 October 2018. ERT member after a series of Key Informant Interviews (KII) organized a training for Implementing Partners (Solidarités International) in Kabo. The training allowed field staff to adopt the required data collection tools to complement the Multi Sector Assessment methodology with a humanitarian cash feasibility analysis.

## Progress and Results

The encouraging results of this mission led to a humanitarian cash intervention which assisted 2,234 households with \$44 on November 2018. An initial monitoring showed a high level of satisfaction among beneficiaries and an increase in the volume of activity on the Kabo market. In the absence of financial services in Kabo, the RRM resorted to the services of a local trader to distribute the cash. The intervention showed that humanitarian cash transfers can be possible in conflict-affected areas of CAR, under certain circumstances and when carefully planned and implemented. RRM Implementing partners were trained on market analysis and a [humanitarian cash transfer feasibility report](#) was produced.

## Criticality and value addition:

The multi-sector vulnerability of affected families could not have been addressed by a single sector NFI in-kind delivery. The increasing trend of negative coping strategies affecting children called for a more flexible tool which could address the acute needs of the affected families. Cash could have represented this option. However, the CO did not have the expertise to evaluate the feasibility of adopting such a tool. The GHT resources allowed for the relevant HR support to perform the feasibility analysis which resulted in a successful intervention.

## F. Assessment, Monitoring and Evaluation

To ensure the links between humanitarian response and the transition to recovery and development, UNICEF CAR continued to monitor its interventions through field missions and programmatic visits in the context of the implementation of the Harmonized Approach to Cash Transfers (HACT) throughout the different stages of the project cycle and, where possible, jointly with national counterparts or/and non-governmental partners. On quarterly basis or/and before each subsequent disbursement, implementing partners submit to UNICEF progress reports. Project progress reports as well as reports from programmatic visits, highlight constraints and opportunities for achieving planned results and guide corrective measures. Furthermore, statutory review meetings of all UNICEF CAR programme components were conducted twice a year with key implementing partners. During these meetings, UNICEF shared the main results achieved and the identified constraints with all national stakeholders to jointly develop the most effective mitigation strategies. These reviews were organised through a bottom-up process that started from the zonal offices and the results from the field were key for the comprehensive review at the central level. Cluster coordination mechanism also were used regularly to compile, organise and analyse data, and discuss progress made in each sector towards the planned HRP targets.

A more systematic review was conducted with NGOs receiving more than US \$ 100,000 per year. After the third-party monitoring experiment with the local red cross, the office signed a partnership with the National NGO based within the Ministry of planning. At least four field visits were planned for a total of 24 projects in the West and South-Western zones of the country. The results of these visits, which also include beneficiary perceptions, should provide lessons for adjusting interventions. Discussions are underway with the regional office to enlarge the third-party monitoring exercise to the central and northern parts of the country.

The four UNICEF zonal offices, Bouar, Bossangoa, Bambari and Kaga Bandoro, have been strengthened and have provided close technical support to implementation partners on the ground, reinforce intersectoral and synergies, compile data on regular basis and forward them to Bangui for required decision.

## G. Financial Analysis

In 2018, UNICEF CAR raised 51 per cent of the Humanitarian Action for Children appeal. UNICEF wishes to express its deep gratitude to donors for the contributions received in 2018, that have made the current response in CAR possible. With the spread of conflicts leading to more displaced children and families in new areas, continued donor support is critical. Child protection, health, WASH, and education needs are increasing while significant funding gaps are hampering effective response. Details are provided in the below sectoral table.

**Table 1: 2018 Funding status against the Appeal by Sector (in USD)**

Appeal Sector	Requirements	Funds available against appeal as of 31 December 2018*		Funding gap	
		Funds Received Current Year	Carry-Over	\$	%
Nutrition	7,800,000	7,723,350	156,576	0	0%
Health & HIV/AIDS	9,000,000	-	59,240	8,940,760	99%
Water, Sanitation, Hygiene	9,600,000	1,271,736	488,711	7,839,553	82%
Child Protection	8,900,000	3,340,564	377,766	5,181,670	58%
Education	8,000,000	3,002,526	256,051	4,741,423	59%
Rapid Response Mechanism	11,700,000	13,969,651	3,574,739	0	0%
Cluster/sector Coordination	1,500,000	300,000	-	1,200,000	80%
<b>Total</b>	<b>56,500,000</b>	<b>29,607,827</b>	<b>4,913,082</b>	<b>27,903,406</b>	<b>49%</b>

\* Funds available includes funds received against current appeal and carry-forward from previous year.

**Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type  
(in USD)**

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
<b>I. Humanitarian funds received in 2017</b>		
<b>a) Thematic Humanitarian Funds</b>		
See details in Table 3	SM/18/9910	<b>2,832,645</b>
<b>b) Non-Thematic Humanitarian Funds</b>		
USA (USAID) OFDA	SM180/222	5,750,000
European Commission/ECHO	SM18/0133	2,839,506
European Commission /ECHO	SM18/0123	981,595
USAID/Food for Peace	SM18/0368	1,636,225
SIDA - Sweden	SM180/179	1,602,686
Ireland	SM18/0377	1,340,326
Switzerland	SM18/0241	1,225,957
European Commission /ECHO	SM18/0123	981,595
Japan	SM180/057	500,000
SIDA - Sweden	SM180/192	385,078
Spanish Committee for UNICEF	SM/18/0319	315,356
USA (USAID) OFDA	SM180/273	300,000
Spanish Committee for UNICEF	SM/18/0040	299,500
Spanish Committee for UNICEF	SM/18/0477	233,918
USAID/Food for Peace	SM18/0368	118,391
Poland	SM18/0513	172,224
Spanish Committee for UNICEF	SM/18/0044	64,864
Spanish Committee for UNICEF	SM/18/0041	60,294
<b>Total Non-Thematic Humanitarian Funds</b>		<b>18,807,515</b>
<b>c) Pooled Funding</b>		
<b>(i) CERF Grants</b>		
<b>(ii) Other Pooled funds</b>		
CERF	SM18/0389	3,114,761
	SM18/0391	
	SM180392	
Humanitarian Response Fund	SM18/0054	3,135,838
	SM18/0278	
	SM18/0299	
	SM18/0306	
	SM18/0456	
	SM18/0496	
	SM18/0506	
	SM18/0507	

<b>d) Other types of humanitarian funds</b>		
USAID/Food for Peace	KM18/0026	717,600
USAID/Food for Peace	KM18/0028	153,360
<b>Total humanitarian funds received in 2018 (a+b+c+d)</b>		<b>28,761,719</b>
<b>II. Carry-over of humanitarian funds available in 2018</b>		
<b>e) Carry over Thematic Humanitarian Funds</b>		
Thematic Humanitarian Funds	SM/14/9910	<b>1,106,236</b>
<b>f) Carry-over of non-Thematic Humanitarian Funds</b> (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
Global - Thematic Humanitarian Resp	SM149910	1,106,236
German Committee for UNICEF	SM150623	3,420
German Committee for UNICEF	SM160030	2,264
German Committee for UNICEF	SM160034	2,761
Spanish Committee for UNICEF	SM170450	104,945
Spanish Committee for UNICEF	SM170549	218,157
Spanish Committee for UNICEF	SM170661	63,565
USAID/Food for Peace	KM160032	27,839
USAID/Food for Peace	KM160034	7,141
USAID/Food for Peace	SM160373	10,520
UNOCHA	SM170502	44,861
UNOCHA	SM170505	485,441
Netherlands Committee for UNICEF	SM160249	6,383
USA (USAID) OFDA	SM170235	730,237
UNDP - MDTF	SM170362	253,787
UNDP - MDTF	SM170402	128,786
Japan	SM170058	45,959
<b>Total carry-over non-Thematic Humanitarian Funds</b>		<b>3,242,302</b>
<b>Total carry-over humanitarian funds (e + f)</b>		<b>4,348,538</b>
<b>III. Other sources</b>		
Regular resources set-aside for unfunded OR used for emergency	GS/18/0048	250,000
	GS/18/0070	560,000
	GS/18/0105	1,600,000
EPF	GE/17/0034	582,323
<b>Total other resources</b>		<b>2,992,323</b>

\* Programmable amounts of donor contributions, excluding recovery cost.

\*\* 2017 loans have not been waived; COs are liable to reimburse in 2018 as donor funds become available.



**Table 3: Thematic Humanitarian Contributions Received in 2018**

In this example, CAR has received country-specific Thematic Humanitarian Funds from Denmark, the German, Spanish and United Kingdom Committees for UNICEF and, the United States Fund for UNICEF, as well as an allocation from global Thematic Humanitarian Funds in 2018.

<b>Thematic Humanitarian Contributions Received in 2018 (in USD) Donor</b>	<b>Grant Number<sup>1</sup></b>	<b>Programmable Amount (in USD)</b>	<b>Total Contribution Amount (in USD)</b>
Denmark	SM/18/9910/0049	1,404,444	1,502,755
German Committee for UNICEF	SM/18/9910/0352	598,744	643,811
	SM/18/9910/0387	105,802	113,766
United Kingdom Committee for UNICEF	SM/18/9910/0277	125,149	131,406
	SM/18/9910/0335	64,869	68,112
Spanish Committee for UNICEF	SM/18/9910/0017	170,678	179,211
United States Fund for UNICEF	SM/18/9910/0375	13,367	14,373
Allocation from global Thematic Humanitarian*	SM189910	170,677.59	179,211.47
<b>Total</b>		<b>2,653,731</b>	<b>2,832,645</b>

A. \*Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2017 Annual Results Reports.

## B. Future Work Plan

Despite the signing of a peace agreement in February 2019, the security and humanitarian context is likely to remain highly volatile in CAR. The 2018 achievement with the strengthening emergency response must be consolidated in 2019. To this end, the Emergency team will continue to support intersection coordination and strengthen links between the CO and the Field Offices. Thematic funds will be particularly useful in maintaining the emergency team in its current capacity; in ensuring good emergency preparedness, including the pre-positioning of contingency stocks, and providing assessment and response missions in areas where our implementing partners are unable to reach.

In line with the Central African Republic 2018-2019 Humanitarian Response Plan, UNICEF will continue to provide life-saving assistance to crisis-affected and displaced children in 2019. Nutrition interventions, including an emergency infant and young child feeding package and micronutrient supplementation, will reach 38,000 children under 5 with SAM. UNICEF will also target populations affected by conflict and violence with access to safe water, sanitation and emergency health services. Through the Rapid Response Mechanism and working with non-governmental organization partners, UNICEF will provide emergency water, sanitation and

<sup>1</sup> International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting.

<http://iatistandard.org/>

hygiene (WASH) services and household supplies to the most vulnerable children and families.

UNICEF will continue to focus on the monitoring and the protection needs of children, including their release from armed groups, the reunification of these children with their families and the provision of psychosocial support and their reintegration (3,000). Over 110,000 crisis-affected children will benefit from psycho social support in child and community friendly spaces.

Crisis-affected children will also be supported to access safe learning spaces and quality education especially in hard-to-reach localities through radio programmes. Support will be provided to strengthen the Education in Emergencies Unit in the MOE. Further support will be provided for data collection on school capacity to integrate IDP children in classrooms. UNICEF will also continue to support education, nutrition, health and WASH core supply pipelines.

### C. Expression of Thanks

The valuable contributions from numerous government donors and UNICEF National Committees, from multilateral partners and intergovernmental organisations made it possible for UNICEF CAR to provide timely and efficient support to the Government of the Central African Republic to respond to the multiple deprivations that children and families faced in 2016 by providing both emergency assistance and transitioning to recovery and development programming. On behalf of the children of Central African Republic, UNICEF expresses its gratitude to the donors who chose to provide their funds flexibly and thematically to contribute to our humanitarian action for children appeal in CAR so that we could, in close collaboration with our partners, achieve results for children.

### D. Annexes to the CER

- I. Two-pagers
- II. Donor Statement
- III. Human Interest Story
- IV. Donor Feedback Form

## Human Interest Stories

### *“I was praying as I walked”*

*Prosper carried his emaciated son miles to the nearest clinic.*

*That was just the start of their journey.*



BANGUI, Central African Republic – Pierre’s mother died three years ago, soon after he was born. He lives with his father, Prosper, sister and grandmother in a little village outside Bangui, the capital of the Central African Republic. Pierre’s father doesn’t have a job, their lives have been ripped apart by ongoing conflict in the country. Every day is a struggle to find enough to eat. Surviving mostly on dwindling supplies of corn that they could collect from a nearby farm, Pierre’s weight began to drop. By July 2018, he was regularly getting sick, refusing to eat and becoming emaciated. Worried that he couldn’t afford to go to the hospital, Prosper tried treating Pierre with traditional medicine, but he kept getting worse.

Pierre weighed just 9 kgs and he had severe diarrhoea. Fearing Pierre was close to death, Prosper walked the 12 kms to the nearest health facility, carrying his emaciated son in his arms. “I was praying as I walked. I didn’t know if Pierre was going to make it to the hospital alive. I wondered if God’s plan was to send this child, only to take him back. I’m a man, so I didn’t want to cry. But inside, I was worried.”

Pierre and his father spent an agonising week in the acute stabilisation ward, where Pierre received two hourly treatments of fortified milk, too weak to eat. The hospital’s malnutrition stabilisation wards are overwhelmed, every bed is full, many with two children, all of them weak and fragile and in need of lifesaving care. After seven days, he was strong enough to move wards for the next phase of treatment. Prosper and Pierre spent four more days in the hospital. Every day Pierre got a little stronger. He started to smile again, and was eating up supplies of ready-to-eat the therapeutic food – a fortified peanut paste provided by UNICEF – so vital for a child’s recovery from malnutrition.

Finally, after 10 days of meticulous, around the clock care, it was time for Prosper to take Pierre home to see his sister. Prosper received strict instructions to refer Pierre to an outpatient feeding programme at the health centre near his village.

For the next few weeks, Pierre received regular follow up health checks and a supply of therapeutic food to help him gain weight. On 16 August 2018, Prosper woke at 5 am to carry Pierre the 12 kms to the health centre so he could receive his first check-up. "I feel relieved. Now that Pierre is doing much better I can go and work in the field or chop some wood to provide something for him." After a month in the outpatient feeding programme, Pierre has bounced back to life. He still clings to his father, but he laughs when he is placed in the bucket that weighs him at the health centre.

On 16 August 2018, Prosper woke at 5 am to carry Pierre the 12 kms to the health centre so he could receive his first check-up. "I feel relieved. Now that Pierre is doing much better I can go and work in the field or chop some wood to provide something for him." After a month in the outpatient feeding programme, Pierre has bounced back to life. He still clings to his father, but he laughs when he is placed in the bucket that weighs him at the health centre.



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*I was associated with an armed group.  
I had neither freedom nor the right to make mistakes.  
Today, I want to live again.*



Oscar is 16 years old. He lives in Paoua, a small town in the north-west of the Central African Republic, in the Cité Aéroport district, 30 minutes from the market. Oscar lives with his mother who is a farmer and his four sisters. He is the eldest in the family. Oscar stopped going to school at the age of 13 when his father died.

"Our father was our only support. My mother couldn't afford to feed us anymore. As I am the first son, I decided to find a way to support my family and I joined an armed group. I committed many unsociable acts when I was with them. I was aggressive and brutal, but I didn't benefit from anything. I wasn't making any money. I had no freedom and I was not allowed to make mistakes because of the severe punishments I would face if I did not act as the chiefs wanted."

After his withdrawal from the armed group, with the support of UNICEF and its partners, Oscar participated in a socio-economic reintegration programme. As part of this program, Oscar received psycho-social support and participated in numerous group discussions. He also chose to follow a sewing program. His training lasted three months. When he passed his sewing class, Oscar received a sewing machine and some fabrics to start his small business "The needs for sewing here in Paoua are enormous. I chose this job to have the means to help my mother who takes care of the family alone. Today, I have a lot of orders. This program has made me want to live. Psychosocial support and focus groups were very helpful. Now, in addition to having a job, I know forgiveness, I have learned what social cohesion is and how to live together."

One day I went to ask forgiveness from a person I had seriously wounded with a knife. He forgave me. It gave me the courage to be positive in life, to become a good citizen, to be respected, to earn a living and to build my family. I also want to have a lot of money thanks to my training and the sewing machine I received through the program. I was a child associated with armed groups. I have committed serious acts. Today, I want to train young people and become a role model for the children in my community



Kindly click on [the video](#),  
and listen to a former child soldier speaking out for children in Central African Republic





#### ESTHER'S STORY

### *'I don't want to suffer anymore'*

The day Esther, age 17, was chained and raped by a militant began like any other. An ordinary day meant helping to clean the house, fetching water and buying vegetables at the market in Kaga-Bandoro town, near the home where she lived with her parents, an older brother and a younger sister. She liked to play hide-and-seek and dance with her sister.

When the first shots rang out, her parents shouted to Esther. Then there was utter chaos as an armed group attacked unarmed villagers. She fell to the floor, then ran and ran. She was alone when darkness fell. She entered an abandoned home to hide, but a militant found her there. He bound her with a chain and told her he would shoot if she shouted. She regained consciousness the next morning, her lower body bloodied.

A passer-by eventually found Esther and unchained her. She made her way to a displacement site, where she learned that her parents had been killed. Alone, she got on a truck bringing other displaced people to the capital, Bangui, where she had relatives. Esther soon realized she was pregnant when she didn't get her period. By then, she was living with an aunt at a family compound near the Bangui airport. She gave birth without any relatives present, her frame so small that she needed a Caesarean section. No one from her family came to visit her at the hospital, she says, "because of what happened to me in Kaga-Bandoro."

Esther has no friends in Bangui, but she doesn't want to return to Kaga-Bandoro because she's afraid she will be killed. Her sister and brother live separately, each placed with other relatives. Her aunt forces her to work at the family compound, cleaning up and preparing food for nearly a dozen other family members. She doesn't go to school with the other children. "I don't want to suffer anymore," says Esther. "I want vocational training so I can learn how to sew." Bethanie, a UNICEF-supported NGO, helped Esther through the pregnancy and is now helping her raise her daughter by providing food, clothing and psychosocial support. Today, the baby is all that matters to her. "The baby brings me peace," she says.

**Consolidated Emergency Report 2018**  
**UNICEF Central African Republic**

**Report Feedback Form**

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Alexandra Jonnaert

Email: [ajonnaert@unicef.org](mailto:ajonnaert@unicef.org)

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**SCORING:**      5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

**SCORING:** 5 indicates “highest level of satisfaction” while  
0 indicates “complete dissatisfaction”

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we could do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

**Thank you for filling this form!**