

Central African Republic
Water, Sanitation and Hygiene (WASH)
Sectoral and OR+ (*Thematic*) Report
January - December 2016



Children at an IDP site in Kaga Bandoro fetching water from a water supply system installed by UNICEF
© UNICEF CAR/2017/Le Du

Prepared by:
UNICEF Central African Republic
March 2017

Table of Contents

A. Abbreviations and Acronyms	3
B. Executive Summary.....	4
C. Strategic Context of 2016	5
D. Results in the Outcome Area	7
E. Financial Analysis	12
F. Future Work Plan	14
G. Expression of Thanks.....	14
H. Annexes: Human Interest Stories and Donor Feedback Form.....	16

A. Abbreviations and Acronyms

ANEA	Agence Nationale de l'Eau et de l'Assainissement
CAR	Central African Republic
CBO	Community-based organisation
CCCs	Core Commitments for Children in Humanitarian Action
CLTS	Community Led Total Sanitation
CPD	Country Programme Document
CRC	Convention on the Rights of the Child
DGH	Direction Generale de L'Hydraulique
HAC	Humanitarian Action for Children
HRP	Humanitarian Response Plan
IDP	Internal Displaced People
IFAD	International Fund for Agricultural Development
ISF	Integrated Strategic Framework
MINUSCA	United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic
NGO	Non-governmental organisation
OCHA	Office for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
RRM	Rapid Response Mechanism
SAM	Severe acute malnutrition
SDG	Sustainable Development Goals
SODECA	Société des Eaux en Centrafrique
WASH	Water, Sanitation and Hygiene

B. Executive Summary

A year after the election of President Touadera, the situation in Central Africa Republic (CAR) remains extremely fragile. Entire regions are beyond the effective control or authority of the Government, as armed groups and criminal activities prevent the return of the rule of law. Clashes between armed groups are often accompanied by massive displacement of populations and the death and injury of civilians. Attacks and abuses against civilians have continued in the western and central part of the country. Furthermore, security issues are linked to the seasonal migration of livestock and the presence of competing armed groups. The number of displaced people increased to 420,000 in November as a result of clashes in the northwest and centre of CAR. There are still 90 IDP sites across the country and 10% of the Central African population have fled the country.

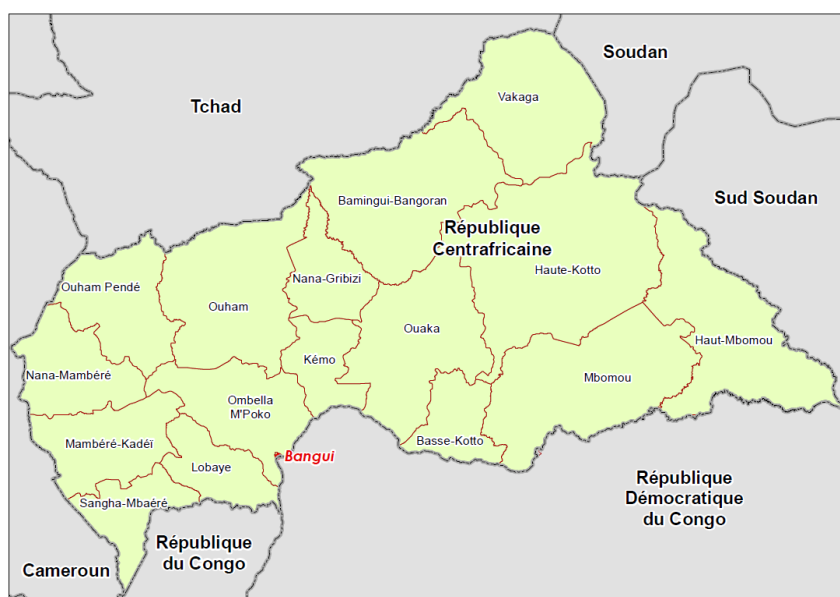
The prevailing insecurity is having a serious negative impact on the social sectors. Access to social services remains limited, government services remain absent in some areas, in particular health facilities, and vulnerable and most affected people lack access to safe drinking water. According to a national survey by the General Directorate for Hydraulics (DGH) in 2012, 68% of the population do not have access to safe water. According to the UNICEF/WHO Joint Monitoring Programme (2014) 65% of the population in CAR lack access to sanitation services, even more in rural areas, putting children at risk of water-borne diseases. All of these factors have a significant impact on children's morbidity and mortality. In 2016, CAR faced a cholera outbreak with 265 cases and 20 deaths mainly in Bangui and communities along the Oubangui river. Given the Government's weak capacities, this outbreak could only be controlled through the coordinated interventions from the WASH and Health clusters. Furthermore, CAR shows a high prevalence of sexual and gender-based violence and the safety of girls and women is of continuing concern as women are often excluded from information and decision-making processes, yet are most at risk when searching for water. Given the difficult situation for girls and women, UNICEF's WASH programme prioritized consultations with women throughout all interventions. Partners have been requested to collect feedback from women and girls on the situation and needs through different mechanisms, such as dedicated focus groups. To make sure women's and girls' voices were heard, UNICEF assured community bodies initiated during our activities had equal representation by women and men.

UNICEF CAR's WASH programme focused on providing access to potable water, basic sanitation and adaptation of good hygiene practices in the most vulnerable provinces. Despite the highly volatile security environment which prevented access to all vulnerable populations, in 2016 WASH actions were carried out with strong results. 262,500 people gained access to water through construction of 125 new water points and rehabilitation of 400 water points by private companies and ANEA, the National Agency for Water and Sanitation. However, government services are not yet fully operational. Throughout 2016 UNICEF reinforced the capacities of the Central African Water Distribution Company (SODECA) by providing chemical products and supporting the operation of SODECA Sub-offices in Bouar and Bossangoa to become independent by the end of the year. But due to the security context and lack of financial resources this process is still ongoing as the company advocates for government support. In the capital of Bangui, for a number of neighbourhoods the water network has been vandalized, causing considerable loss of water. The WASH cluster is supporting SODECA with the repair and installation of a new network.

More than 13,000 school children gained access to water in 40 learning facilities and more than 17,000 patients in 33 health facilities, including more than 8,000 patients who have now access to sanitation through latrines construction in 10 health centres. To improve sanitation and hygienic behaviour, more than 152,000 people were reached with the implementation of Community-led total sanitation (CLTS) campaigns in 280 villages that have been declared open defecation free (ODF). UNICEF's WASH emergency response focused on alleviating the situation in overcrowded IDP camps, as a major risk for the spread of diseases and epidemics due to a lack of adequate sanitation facilities which favour open defecation within the camps, exposing children especially during the rainy season. 422,000 affected people now access improved water sources and 78,500 affected people were provided with sanitation facilities. Applying a do-no-harm approach, UNICEF's WASH programme addressed both, IDPs' immediate needs during the emergency, such as the distribution of hygiene kits and installation of wash stations, as well as returnees' needs through sustainable activities, for instance the rehabilitation of water points and latrines and the launch of water point management committees. These longer-term activities in turn also benefited the host communities and facilitated the reintegration process.

C. Strategic Context of 2016

CAR's chronic crisis which started in 2013 greatly undermines the progress towards a normalization of the security situation and continues to affect the local population: in 2016, an estimated 2.2 million people (about half of the country's total population) were in need of humanitarian assistance, including 1.1 million children (370,000 children under five). The situation remains dire for children:



one in every two children is affected by stunting and 139 children in every 1,000 born die before their fifth birthday. An estimated 2 million people are in crisis and emergency food security phases and an estimated 39,000 children under 5 suffer from severe acute malnutrition (SAM) which is linked to poor WASH conditions (SMART survey 2014).

This context led to a shift in UNICEF's Country Programme 2012-2017¹ and WASH strategy. The initial programme had a clear development focus, including strengthening government capacities to deliver WASH services, developing policies, engaging communities in behaviour change and mobilizing the

¹ Initially 2012-2016 and extended to 2017

private sector. In response to the humanitarian crisis, with large numbers of displaced people and prevailing insecurity throughout the country, UNICEF shifted its development programming to an emergency response. Improved security environment after the new president took office in 2016 and developed his vision for CAR through the national recovery and reconciliation plan (RCPCA in French), allowed UNICEF to modify its programmatic focus and transition from emergency response towards an approach designed to cope with recovery and development interventions.

Further to contributing directly to the objective of providing humanitarian assistance and the enhancement of social services of the UN Integrated Strategic Framework (ISF), UNICEF's WASH programme also contributes to SDG 6, which aims to provide universal access to safe drinking water and sanitation by supporting the Government to define indicators for the WASH sector and establish baseline data. UNICEF's equity approach in CAR targets zones with most vulnerable people and without access to basic WASH services at all and, through integrated programming, combines WASH interventions with other programme areas and thus, other SDG targets, particularly related to child mortality, disease reduction, primary education, environmental sustainability, gender equality and poverty reduction. Furthermore, since 2015, UNICEF CAR's WASH programme is addressing Climate Action, by supporting the National Agency for Rural Water and Sanitation to promote a manual drilling programme as a more sustainable alternative to mechanized drilling, as well as a more equitable way to reach people living in remote areas that cannot be accessed by mechanical drilling machines.

The scope of UNICEF CAR's WASH programme in 2016 comprised of establishing WASH norms and standards, increasing water supply and maintenance systems, promoting the CLTS approach and hygiene practices, provide access to sanitation and hygiene in schools and timely assistance with emergency WASH interventions. UNICEF's WASH activities targeted districts showing the poorest access to and coverage of water and sanitation services to provide populations with access to drinking water and declare these targeted villages in the same districts "open defecation free" through the CLTS initiative. UNICEF also intended to increase water and sanitation services in health facilities and schools in the same districts. At national level, UNICEF promoted family hygienic practices, such as washing hands appropriately with soap, and, as cluster lead, UNICEF aimed to focus on preparedness and response activities and maintenance of a contingency response for people affected by crisis.

The WASH implementing partners include the Ministry of Hydraulic's main agencies: the National Agency for Water and Sanitation - *Agence Nationale de l'Eau et de l'Assainissement* (ANEA), the Central African Water Distribution Company - *Société de Distribution d'Eau de Centrafrique* (SODECA) and the *Direction Generale de l'Hydraulique* (DGH). UNICEF WASH also works with other government ministries and major development partners; international and national non-governmental organisations (NGOs), United Nations agencies and community based organisations (CBOs) to further children's rights.



D. Results in the Outcome Area

UNICEF CAR's WASH programme undertook a broad array of activities to achieve outputs in the areas of Emergency WASH, Water supply and maintenance systems, Environmental sustainability, Community-led total sanitation (CLTS), Sanitation and hygiene in schools, and creating an enabling environment by strengthening the WASH sector.

With the results achieved in 2016, progress for the WASH outcome remains on track. UNICEF's WASH programme in 2016 consisted to a large extent of providing emergency assistance and thematic funding was decisive to provide the Country Office with the necessary flexibility to quickly allocate resources for specific activities and technical assistance, such as the cholera outbreak intervention, until other resources were mobilized to continue with the implementation.

The WASH sector has taken a crucial step to setting forth a global vision and addressing the needs of children and families in CAR. In 2016, almost 782,000 people had access to safe water, and more than 266,000 people had access to basic sanitation and good hygiene practices in prefectures with the lowest rates of access to these services. The WASH cluster partners, including UNICEF, collaborated with the government, reinforcing partners' capacities and developing relevant policies, strategies and plans. However, insecurity continues in many parts of the country, where the most vulnerable populations remain without access to safe water and the state is not present. Furthermore, poor road conditions create logistical challenges as only two per cent of roads are paved and during the rainy season (at least six months of the year) more than half of the country is isolated or unreachable. In its response in 2016, UNICEF was determined to address equity issues, providing assistance to vulnerable populations in IDP sites as well as host communities. Where possible, the programme aimed to contribute to the transition of emergency programming to development assistance in order to increase the resilience of populations and the sector as a whole.

Emergency WASH

During 2016, thematic funds were decisive for UNICEF to scale up and improve the effectiveness of the emergency WASH response. Critical supplies were prepositioned in Bangui and the zonal offices. More than 422,000 affected people (not taking into account the population of 300,000 in Bangui who benefited from the UNICEF provision of chemical products for urban water treatment) had access to safe drinking water thanks to partnerships between UNICEF and NGOs to implement the emergency response. This population was also reached through focus groups and inter-personal messages to promote hygiene practices and received household water treatment to reduce water contamination, water storage materials (jerry cans) and soap. Over 78,500 persons accessed basic sanitation services through newly constructed latrines which were built in partnership with NGOs and ANEA. One of the main challenges for the implementation of the WASH programme in 2016 was the



Community sensibilization activities in cholera affected communities
© UNICEF CAR/2016/Le Du

funding situation. OCHA estimates that the 2016 Humanitarian Response Plan (HRP) was funded only by 36% which limited the number of people reached to 78,000 instead of the 250,000 planned.

In 2016, CAR faced a cholera outbreak along several remote villages of the Oubangi river. In total, 265 cases and 20 deaths were reported. In 2015, UNICEF as the WASH cluster lead, had put in place a preparedness strategies which proved effective, as the country office was able to quickly mobilize partners and supplies for the response. Supplies were distributed to 14,313 families in collaboration with the DGH government counterpart. Thanks to the coordinated actions from the WASH and Health cluster, the outbreak was stopped within 3 months. To strengthen the resilience of affected communities and to reduce the risk of future outbreaks, CLTS campaigns were conducted in targeted villages and water points were installed to provide access to safe water.

Following a capacity assessment of the Ministry of Social Affairs, Gender Promotion and Humanitarian Actions, UNICEF and the Ministry developed an action plan in 2016 to address identified gaps such as leadership for coordination of the WASH sector, in particular with regard to humanitarian action. The contingency and humanitarian response plan was developed and is implemented within the WASH Cluster, led by UNICEF. Under the country Humanitarian Response Plan (HRP) coordinated by OCHA, WASH Cluster meetings are organized on a monthly basis. Through the Rapid Response Mechanism (RRM) and partnerships with national and international NGOs, all partners, including UNICEF, are aligning their efforts to support humanitarian response during emergencies in affected areas. The prepositioning of emergency kits was completed in four UNICEF zonal offices (Bambari, Bossangoa, Bouar and Kaga Bandoro) and in Bangui for the use of partners. Stock was replenished regularly throughout the year.

Water supply and maintenance system

In 2016, 265,000 people in targeted communities had access to safe water through 125 newly constructed and 400 rehabilitated water points, exceeding UNICEF's planned results. Both construction and rehabilitation included training for 125 new water point management committees (including provision of equipment) and re-dynamisation of the water management committees at the rehabilitated water points. This increase in water points is mainly due to the establishment of new



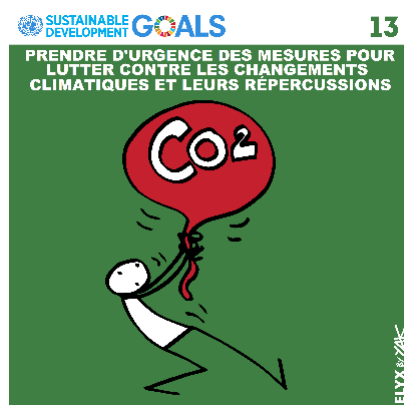
Access to clean water is key to survival. In Kaga Bandoro, UNICEF provides clean water to thousands of persons displaced by the crisis © UNICEF CAR/2017/Le Du

drilling companies in the country, as the private sector is gaining confidence with the improved security situation in some regions. ANEA with the support of UNICEF, has put a system in place which provides spare parts at their sub-offices to water point management committees to assure the repair of pumps who have broken down. UNICEF has also worked towards building the capacity of SODECA and putting durable WASH infrastructure countrywide in place that can be maintained by local stakeholders as the security situation becomes increasingly stable.

During the year, UNICEF developed a partnership with the International Fund for Agricultural Development (IFAD) for water point construction and rehabilitation which includes an innovative multiple-uses of water approach, where WASH interventions complement agricultural activities already ongoing in targeted villages in order to reinforce livelihoods and increase the resilience of the population.

Environmental sustainability

Almost one third of the population in CAR does not have access to safe water, a situation exacerbated by increasing dry spells and intensifying droughts, as well as damage and destruction to existing supply facilities as a result of the ongoing conflict. In 2016, to support climate change adaptation and mitigation, UNICEF CAR continued to support the National Agency for Rural Water and Sanitation to promote a manual drilling programme as a more sustainable alternative to mechanized drilling, as well as to reach people living in remote areas that cannot be accessed by mechanical drilling machines. This approach provides multiple social, economic and environmental cost-benefits, meeting highly-vulnerable communities' urgent humanitarian needs, and simultaneously reducing emissions' environmental impacts, and costs. Unlike mechanized drilling, the manual drilling technique does not tap into deep groundwater reserves – which are slow to recharge – but instead draws water from shallow aquifers that are replenished more regularly when rain falls and as such, directly supports SDG 6 and SDG 13.



The manual drilling achieved remarkable results to support the WASH sector, notably during the cholera outbreak, when a team of UNICEF NGO partners together with the Government counterpart was deployed to remote areas affected by the epidemic to construct water points using the manual drilling method. Providing access to safe water in this way was an important element to break the chain of the cholera transmission.

In 2016, more than 30 additional young men and women were trained on manual drilling. Some of these youths had been released from armed groups. As part of their transition to reintegrate in their communities they participated in vocational trainings to learn skills that help them to make a living, for instance by acquiring skills on manual drilling techniques, which will also strengthen the WASH sector in their communities. During the year, these apprentices were involved in the installation of 32 manually drilled boreholes together with ANEA in Ombella M'Poko prefecture.

The main challenge for the manual drilling is the low water table in boreholes due to the absence of rain during the dry season. These water points have therefore not been counted in this report. UNICEF CAR's manual drilling strategy is currently being refined, in particular with regard to the site selection, to ensure sustainability of the water points and reduce the drying rate of boreholes, especially during the dry season.

Community-Led Total Sanitation

The Community Led Total Sanitation (CLTS) approach is relatively new in CAR and was endorsed by the government in 2012, yet the crisis required emergency sanitation interventions rather than CLTS, which explains why the initial target of 450 ODF villages could not be reached in 2016. Yet, as some areas have become more stable, CLTS activities gained momentum and UNICEF assessed and trained new implementing partners. In 2016, more than 280 villages hosting 152,000 people have been declared ODF in Ombella M'Poko and Lobaye prefectures. This included the promotion of good hygiene practices within households and also community based initiatives to ensure community ownership and sustainability of the interventions. To reinforce this initiative in the national WASH advocacy strategy, the Government celebrated Global Hand Washing Day and World Toilet Day. CLTS activities were conducted through a partnership agreement with 4 national NGOs (EAA, IDC, REMOD and IDEAL). The capacities of ANEA and DGH were reinforced to be actively involved in the post-ODF monitoring through their local animators.



Celebration of International Handwashing Day 2016
© UNICEF CAR/2016/Le Du

Sanitation and hygiene in schools

During 2016, 40 schools were equipped with water points, benefiting 13,000 schoolchildren – 49 per cent of whom were girls. In 19 of these schools gender-segregated latrines were constructed. Furthermore, 33 health facilities were equipped with water points and 10 with latrines, benefiting 17,000 patients. The construction was accompanied by hygiene education including capacity development for teachers, establishment of hygiene clubs in schools and establishment of WASH committees in health centres. Schools and health centers are key points of intervention: Providing access to safe water in public institutions targets a large proportion of the population and the promotion of good hygiene practices in both schools and health centers contributes to the dissemination of the information which children and patients transmit to their families and communities.



Certification of a village's Open Defecation Free status
© UNICEF CAR/2016/Le Du

A challenge for the latrine construction in schools is the weak capacity in the sector as the bidding process takes long which is the main reason why it was not possible to build more latrines in 2016. To increase the number of latrines in the next year, UNICEF will also establish partnerships with NGOs to rehabilitate additional latrines. Supply and logistical challenges are a general constraint as most goods have to be imported which creates delays and increases cost. Also, companies are facing difficulties to access the sites and deliver construction material as many areas are only accessible half of the year, during the dry season, rendering large parts of the country isolated and unreachable.

Enabling Environment/ Sector Strengthening

With the election of the new government, UNICEF was able to work with national counterparts in order to organize the WASH sector after years of crisis and continue with the important reforms that had been undertaken in the past. In 2016, following UNICEF's advocacy, a national platform for concertation and coordination of the WASH sector was set up. The platform is composed of several ministries and institutions and was endorsed by the Prime Minister.

UNICEF supported the development and adoption of several regulatory instruments, norms and standards in support of safe water and improved sanitation at the individual and community level. As a result, the sector developed the national sanitation and hygiene policy which was endorsed by the government in 2016. However this document, as most sector documents (policy, strategy, norms and standards), still needs to be updated to comply with the SDGs and UNICEF has started working with the government to develop the indicators for the sector. Furthermore, in 2016 the government signed a decree for the creation of a national committee in charge of the CLTS implementation and monitoring. On top of this, the Government developed its 5-year strategy (*Plan de Relèvement et de Consolidation de Paix en Centrafrique – RCPCA*) for which UNICEF provided technical assistance, especially for the WASH sector and other domains that fall within the UNICEF mandate. The national norms for WASH infrastructure exist since 2015 and in 2016 UNICEF worked with the government on their dissemination among the WASH cluster to assure key stakeholders are aware and adhere with these norms. The annual sustainability check (a tool which is used to work with the Government and assess the sustainability of the WASH programme in a country) planned for 2016 did not take place as not enough conditions (e.g. infrastructure) were in place yet to implement the check. Therefore, the DGH and UNICEF worked on the terms of reference and prepared to launch the sustainability check in 2017.

Operational capacity of state structures for coordination and monitoring (DGH and ANEA) was strengthened in 2016 through the provision of computers, cars and motorbikes by UNICEF. This helped the two institutions to recover from the looting they experienced at the peak of the crisis. ANEA antennas in Mbaiki and Berberati reopened and are now able to implement and monitor their projects in the WASH sector. The regional DGH office Berberati was also opened and supported in conducting field monitoring activities.

Given the scarce data available on the WASH situation in CAR, UNICEF in 2016 also aimed to strengthen the ministry's knowledge management capacities to enhance efficiency and effectiveness. Jointly, a knowledge management action plan was developed and presented during the round table in Brussels in November 2016. The main objective of this plan is to improve data collection and analysis through a database for the WASH sector.

E. Financial Analysis

Table 1: 2016 Planned budget by Outcome area (in US Dollar)

Intermediate Results	Funding Type ¹	Planned Budget ²
03-01 Water supply	RR	92,324
	ORR	800,731
03-04 Hygiene	RR	93,423
	ORR	145,502
03-05 WASH in emergencies	RR	41,821
	ORR	28,041
03-06 WASH # General	RR	22,324
	ORR	49,6229
Unknown	RR	51,364
	ORR	220,884
Total Budget		1,546,042

¹ RR: Regular Resources, ORR: Other Resources - Regular

² Planned budget for ORR does not include estimated recovery cost.

ORR funded amount exclude cost recovery (only programmable amounts)

UNICEF CAR's Regular Resources funding for the WASH programme represent around 20% of the total planned budget, pointing to the fact that the programme continues to rely heavily on Other Resources to support its implementation.

Table 2: Country-level thematic contributions to Outcome area received in 2016 (in US Dollars)

Donors	Grant Number	Contribution Amount	Programmable Amount
*			

* In 2016, UNICEF CAR did not receive any thematic contributions to WASH

Table 3: 2016 Expenditures in the Outcome area (in US Dollar)

Organizational Targets	Expenditure Amount			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
03-01 Water supply	160,631	2,293,264	8,753	2,462,648
03-03 Hygiene	71,837	759,676	2,886	834,399
03-04 WASH in Schools and ECD centres	25,970	274,638	1,043	301,652
03-05 WASH in emergencies	5,395,426	529,533	955,510	6,880,469
03-06 WASH # General	15,920	116,061	87,963	219,944
Total	5,669,784	3,973,172	1,056,155	10,699,111

The initial planned budget for UNICEF CAR's WASH Programme in 2016 was done in 2011/2012 during the planning phase for the 2012-2016 Country Programme. Thus, before the onset of this crisis in CAR and therefore, actual expenditure for the WASH programme in 2016 was substantially higher to respond to the urgent WASH needs of affected populations. The expenditures for WASH in emergencies were about 100 times as much as planned, reflecting the tremendous needs of the

affected population as well as the extent, both in scope and scale, of UNICEF's WASH response to assist the most vulnerable children and families during the year.

Table 4: 2016 Thematic expenses by programme area (in US Dollars)

Organizational Targets	Expenditure Amount		
	Other Resources - Emergency	Other Resources - Regular	All Programme Accounts
03-01 Water supply	-55,897	132,011	76,114
03-03 Hygiene	438	-	438
03-04 WASH in Schools and ECD centres	158	-	158
03-05 WASH in emergencies	1,504,366	183,148	1,687,515
03-06 WASH # General	97	-	97
Total	1,449,163	315,159	1,764,323

The largest share of thematic funding was allocated to UNICEF's WASH emergency response and this funding was crucial for the country office to have the necessary flexibility to react quickly and provide initial support until other funds could be mobilized. Furthermore, thematic funding allowed the WASH programme to fill gaps for critically underfunded interventions as well as to extend the scope of ongoing activities to reach a larger number of people with life-saving support.

Table 5: 2016 Expenses by Specific Intervention Codes (in US Dollars)

Specific Intervention Code	Expense
03-01-02 Peri-urban and urban water supply	1,379,891
03-01-04 Water Supply Sustainability	671,257
03-03-02 Other hygiene promotion	676,352
03-04-01 WASH in Schools (general)	244,515
03-05-01 WASH coordination # humanitarian	405
03-05-02 WASH emergency preparedness	2,610,645
03-05-04 WASH emergency response # Sanitation	1,234,796
03-06-01 WASH sector coordination (non-humanitarian)	1,020
03-06-03 WASH # General	134,358
03-06-04 WASH # climate change adaptation and environment	14,507
08-01-01 Country programme process	20,986
08-01-02 Annual review	3,220
08-01-06 Planning # General	25,587
08-02-10 Humanitarian performance monitoring	10,744
08-03-01 Cross-sectoral Communication for Development	327,989
08-03-02 Communication for Development at sub-national level	20,933
08-05-01 Supply # General	239,999
08-05-03 Logistics	775,451
08-08-03 UNICEF support to programming and capacity development on gender	1,445
08-09-01 Innovation activities	11,129

08-09-06 Other # non-classifiable cross-sectoral activities	437,565
08-09-11 Emergency preparedness and response (General)	1,799,459
09-02-05 CO Programme coordination	
10-02-01 Finance, budget and account capacity at HQ level	-100
5021 Support to MICS, DHS and other data collection systems and their analyses	10,112
7921 Operations # financial and administration	46,849
Grand Total	10,699,111

F. Future Work Plan

This year 2017 will be a bridging year for UNICEF in CAR as the country office is preparing the new Country Programme Document for the cycle 2018-2021. In 2017, UNICEF will continue to work with its partners to provide WASH services for children and families in communities as well as in schools and health centres.

One of the major constraints in CAR continues to be accessibility to sites due to security reasons. UNICEF will continue to collaborate with MINUSCA to provide escorts for the transfer of supplies to the field offices and partners. Another strategy to have supplies readily available is the pre-positioning of materials in the field in order to reduce response time for emergency responses. Furthermore, the deployment of ANEA staff to sub-offices is crucial to reinforce the presence of the administration at the community level and assure coordination, implementation and monitoring of WASH activities.

To provide communities with access to safe water, UNICEF will support the rehabilitation of 250 and construction of 100 new boreholes. Public infrastructure, notably schools and health centers will be targeted for WASH interventions to provide potable water and promote hygienic practices. Water points and latrines will be constructed and rehabilitated in 30 schools and 20 health centers. A total of 180 villages will be targeted with CLTS campaigns to reach ODF status. To reinforce sustainability and community ownership, UNICEF will support the Government with the deployment of the decentralised services of ANEA and DGH for community capacity development and field level monitoring.

For UNICEF's HAC 2017, the WASH sector has planned to reach 450,000 internally displaced returnees and host community members with safe water and 280,000 people with improved sanitation facilities. To achieve this target of CAR's inter-agency Humanitarian Response Plan, UNICEF's WASH programme will require US\$8,000,000 to provide critical life-saving services to internally displaced and conflict-affected people.

G. Expression of Thanks

UNICEF in Central African Republic would like to express its sincere appreciation to all donors for their essential and highly valued support toward the Water, Sanitation and Hygiene programme. Your generous thematic contributions have allowed UNICEF to be flexible and provide comprehensive programmatic assistance to the WASH sector in CAR.

UNICEF also wishes to thank its WASH programme partners for their effective collaboration as part of the programme, and to all the National Committees and the Government of CAR without whom UNICEF's work would not have been achieved.



H. Annexes: Human Interest Stories and Donor Feedback Form

Cholera - how it all started

The little mud house is surrounded by four fresh graves. Actually, they can hardly be called graves. They are just earth mounds, hastily built when the family members started dying of a then unknown disease. "It all started when 11- year- old Claude, the second youngest of my 7 children, started vomiting and had a bad diarrhea," Marie Chantal recalls. "I bought medicines from a street vendor, but the next evening he was dead".

Soon after more people started dying. First, Alphonsine, Claude's older sister, who had cared after him while he was sick. Then Christian, a farmer from the nearby village who had come to pay a visit to the mourning family. Marie Chantal lost a total of 6 family members, four children and two adults, to cholera in a matter of days.

In the remote village that lies along the Oubangui river, none of the 800 inhabitants had ever heard of cholera. They thought Marie Chantal and her family were cursed, and that anyone visiting or helping would die.

As the days went by, people from the neighboring hamlets started getting sick. Some made it to the local healthcare center, in Ndjoukou, walking 18 km with the sick persons on their back, or navigating the river. But not much could be done there: the dispensary, which is the only one in the 14.000 people region, had no electricity, no latrines, no running water, not even a well to draw water from; the only water source was the river, further down the road.



The first week, they received 19 patients with the unknown disease.

The second week, 17 more.

A few days into the epidemic, the local priest decided to go to the neighboring town and sound the alarm. He took a motorbike to Sibut, 95 km away, on a poorly maintained road made impassable by the rainy season.

On the 1st of August, the first aid team arrived and started investigating the deaths. Local Ministry of Health officials, together with Médecins d'Afrique, an NGO, made it to the first village. "The inhabitants were scared," says Clément Ouassion, who works in sanitation in the municipality. "They had no idea what was happening. But that is when we realized that there were no latrines in that first village, and only one well. So most people would use the river as their primary water source, but also as a public toilet. That is when we started suspecting that it could be cholera."

After the mission returned to Sibut, where there is no electricity, and hardly a working cell phone network, it took two more days for the preliminary report to reach the capital Bangui.

Finally, after further investigations and verifications, the epidemic was officially declared on August 10. By then, it had reached the outskirts of the capital.

The Ministry of Health, WHO, UNICEF and partner NGOs immediately launched a joint effort in order to prevent cholera from spreading further.

« Cholera is also commonly called “the dirty hands disease,” says Mohamed Malick Fall, UNICEF CAR Representative. “With our partners, we are doing everything we can to provide clean water to the population, and we also have to educate them: cholera can be prevented by using clean water, but also by washing hands with soap».

Partner NGOs have deployed social mobilisers to the village, they use drawings and pictures to explain that cholera is not a curse, not an act of witchcraft, but a preventable disease. This is even more complicated in a village where access to information is limited. There has never been a school, no cell phone coverage and hardly any radio signals can reach the area.

In Ndjoukou, the local health center is now receiving support. A well is being drilled and latrines are being constructed. “We are trying to be ready”, says Emmanuel Balizou, the local nurse - “there is no doctor in Ndjoukou - because one day, this disease might come back.”

Weeks after the events unfolded, Marie Chantal and her remaining family members are no longer parias in the community, but they are still being observed with suspicion by their neighbors. As they sit in front of the house, they hold dearly a faded photograph of their loved ones, the only proof that they once existed: those who died never had a birth certificate.



Didier Martial Pabandji is a Communications Specialist in UNICEF Central African Republic

Photo credit: © UNICEF CAR/2016/Pabandji

Title of Report: Thematic Report 2016

UNICEF Office: UNICEF Central African Republic

Donor Partner:

Date:

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: Daniel Ziegler

Email: dziegler@unicef.org

**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!